

NHS WAKEFIELD CLINICAL COMMISSIONING GROUP

LIST OF MEMBER PRACTICES (JANUARY 2018)

For a copy of the CCG's **current Register of Members** please contact the Governance & Board Secretary at contactus@wakefieldccg.nhs.uk.

Practice Name	Lead Commissioner
Alverthorpe Surgery Balne Lane Wakefield WF2 0DP	Dr Selwyn Barnsley
Ash Grove England Lane Knottingley WF11 0JA	Dr Dutta Soumitra
Dr Bance & Partners Pinfold Surgery, Pinfold Lane Methley LS26 9AA	Dr Hans Bance
Castleford Medical Practice 12 Welbeck Street Castleford WF10 1DP	Dr Sree Harsha Vinta
Chapelthorpe Standbridge Lane Wakefield WF2 7GP	Dr Jane Schindler
Church Street Surgery Ossett Health Village Kingsway Ossett WF5 8DF	Dr Michael Langton
College Lane Surgery Barnsley Road Ackworth Pontefract WF7 7HZ	Dr Karen Needham
Crofton Health Centre Slack Lane Crofton Wakefield WF4 1HT	Dr Carolyn Hall
Eastmoor Health Centre Windhill Road Wakefield WF1 4SD	Dr E Okine
Ferrybridge Medical Centre 8-10 High Street Ferrybridge WF11 8NQ	Dr Phillip Earnshaw
Friarwood Carleton Glen	Dr David Watson

Pontefract WF8 1SU	
Henry Moore Clinic 26 Smawthorne Lane Castleford WF10 4EN	Dr Matthew Blackamore
Homestead Medical Centre Homestead Drive Wakefield WF2 9PE	Dr Kusum Rogbeer
King's Medical Practice King Edward Street Normanton WF6 2AZ	Dr Jacinta Walsh
Drs Diggle & Phillips Chruch View Health Centre Langthwaite Road South Kirkby WF9 3AP	Dr Douglas Diggle
Lupset Health Centre George A Green Court Lupset Wakefield, WF2 8FE	Dr Adam Sheppard
Maybush Medical Centre Portobello Road Maybush Wakefield WF1 5PN	Dr Ansar Hayat
Middlestown New Road Middlestown Wakefield WF4 4PA	Dr Terence Gair
New Southgate Buxton Place Off Leeds Road Wakefield WF1 3JQ	Dr Debbie Hallott
Newland Lane Surgery The Surgery Newland Lane Normanton WF6 1QD	Dr Ram Gupta
Northgate Surgery Northgate Pontefract WF8 1NF	Dr Gwenan Davenport
Orchard Croft Cluntergate Horbury Wakefield WF4 5DA	Dr Som DeSilva
Outwood Park Medical Centre Potovens Lane Outwood Wakefield WF1 2PE	Dr Shakeel Sarwar

Park View The Surgery 148 Castleford Road Normanton WF6 2EP	Dr C Phipps-Jones
Patience Lane Surgery Patience Lane Altofts Normanton, WF6 2JZ	Dr G Arunaprasad
Prospect Road Ossett Health Village Kingsway Ossett WF5 8DF	Dr Adrian North
Queen Street Surgery 60 Queen Street Normanton WF6 2BU	Dr Patrick Wynn
Riverside Saville Road Castleford WF10 1PH	Dr Nadim Nayyar
St Thomas Road Group Surgery St Thomas Road Featherstone WF7 5HE	Dr David Roberts
Dr Singh & partners Church View Health Centre Langthwaite Road South Kirkby West Yorkshire WF9 3AP	Dr Surendra Singh
Stanley Health Centre Lake Lock Road Stanley Wakefield WF3 4HS	Dr David Brightman
Station Lane Medical Centre Station Lane Featherstone WF7 6JL	Dr Beverley Soar
Stuart Road Stuart Road Pontefract WF8 4PQ	Dr John Taylor
The Grange Highfield Road Hemsworth Pontefract WF9 4DP	Dr Lutfе Kamal
Tieve Tara Medical Centre Parkdale Airedale Castleford WF10 2QP	Dr Anne Godridge
Trinity Medical Centre Thornhill Street Wakefield WF1 1PG	Dr Abdul Mustafa

Warrengate Medical Centre Warrengate Wakefield WF1 4PR	Dr Patrick O'Connell
White Rose Surgery Exchange Street South Elmsall WF9 2RD	Dr Dr C Tobin

STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS**1.1. Introduction**

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS Wakefield Clinical Commissioning Group so that group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the group is established.

1.1.2. The Standing Orders, together with the group's Scheme of Reservation and Delegation¹ and the group's prime financial policies², provide a procedural framework within which the group discharges its business. They set out:

- a) the arrangements for conducting the business of the group;
- b) the appointment of member practice representatives;
- c) the procedure to be followed at meetings of the group, the Governing Body and any committees or sub-committees of the group or the Governing Body;
- d) the process to delegate powers,
- e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate³ of any relevant guidance.

1.1.3. The Standing Orders, Scheme of Reservation and Delegation and prime financial policies have effect as if incorporated into the group's constitution. CCG members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the group's committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions.

Failure to comply with the Standing Orders, Scheme of Reservation and Delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2. Schedule of matters reserved to the clinical commissioning group and the Scheme of Reservation and Delegation

1.2.1. The 2006 Act (as amended by the 2012 Act) gives the CCG powers to delegate its functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's Scheme of Reservation and Delegation (see Appendix D).

¹ See Appendix D

² See Appendix E

³ Under some legislative provisions the group is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

2. THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1 Composition of membership

2.1.1 Section 3 of the CCG's constitution provides details of the membership of the group.

2.2 Composition of the Governing Body

2.2.1 Paragraph 6.6.2 of the group's constitution sets out the composition of the group's Governing Body whilst Section 7 of the group's constitution identifies certain key roles and responsibilities within the group and its Governing Body. These Standing Orders set out how the group appoints individuals to these key roles.

2.3 Role of the Chair and Clinical Leader

2.3.1 Eligibility for appointment: the Chair and Clinical Leader must be a General Medical Practitioner already elected to the Governing Body in accordance with Standing Order 2.5.

2.3.2 Appointment process: the Clinical Leader will be appointed as follows:

2.3.2.1 The Deputy Chair and Chief Officer will oversee the process to identify potential candidates, including inviting expressions of interest from the General Practitioners already elected to the Governing Body.

2.3.2.2 The Governing Body will vote and select a candidate from one of the General Medical Practitioners elected to the Governing Body. When considering potential candidates the Governing Body will ensure that they meet the national role guidance issued by NHS England and have the attributes and competencies required. From the date of selection the candidate will assume the role of 'Chair and Clinical Leader – Designate'.

2.3.2.3 Within three calendar months the candidate selected by the Governing Body will be presented to the members for approval (by simple majority) on a one GP one vote basis (in accordance with Standing Order 2.3.2.4). The Local Medical Committee will have responsibility for conducting elections and communicating results on behalf of the CCG.

2.3.2.4 Eligibility of GP to vote: every partner GP (of a Member practice in Wakefield district) and every salaried GP (employed by a Member practice in Wakefield district) will be able to vote. In addition Locum GPs will be entitled to vote if they can provide evidence to the Local Medical Committee that they have worked in excess of 99 sessions with Member practices (in Wakefield district) within the past 12 months.

2.3.2.5 If the members reject the candidate the Governing Body will (within two calendar months) vote again and select a different candidate from one of the General Medical Practitioners elected to the Governing Body. In the intervening period the Deputy Chair and Assistant Clinical Leader will jointly assume the responsibilities of the Chair and Clinical Leader.

2.3.3 Term of office: three years from date the candidate is approved as Chair and Clinical Leader by the Members (on a one GP one vote basis).

2.3.4 Eligibility for reappointment: the Clinical Leader may serve no more than three terms of office (including any previous terms of office they have served as a General Practitioner member of the Governing Body).

2.3.5 Notice period: the Clinical Leader is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

- 2.3.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Clinical Lead will be removed from office with immediate effect if:
- a) they are suspended from the Wakefield District Performers List;
 - b) their registration with the GMC is suspended;
 - c) they have been removed from the medical register;
 - d) they cease to be a provider of primary medical services, or employed to deliver primary medical services within Wakefield;
 - e) the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.4 Role of the Assistant Clinical Leader

- 2.4.1 Eligibility for appointment: the Assistant Clinical Leader must be a General Medical Practitioner who has been elected by the membership to the Governing Body and is employed by, or a partner of, a Member practice and on the Wakefield District Performers List. In addition candidates must be able to demonstrate satisfactory leadership potential against an appropriate competency framework that is agreed between the LMC and the CCG.
- 2.4.2 Appointment process: the Assistant Clinical Leader will be appointed by the Chair and Clinical Leader.
- 2.4.3 Term of office: will be determined by the Chair and Clinical Leader, but will not exceed three years since they were elected as a General Practitioner (GP) member by the Member Practices.
- 2.4.4 Eligibility for reappointment: the Assistant Clinical Leader may serve no more than three terms of office.
- 2.4.5 Notice period: the Assistant Clinical Leader is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.4.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Assistant Clinical Lead will be removed from office with immediate effect if:
- 2.4.6.1 they are suspended from the Wakefield District Performers List;
 - 2.4.6.2 their registration with the GMC is suspended;
 - 2.4.6.3 they have been removed from the medical register;
 - 2.4.6.4 they cease to be a provider of primary medical services, or employed to deliver primary medical services within Wakefield
 - 2.4.6.5 the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.5 Role of the General Practitioner members of the Governing Body

- 2.5.1 Eligibility for appointment: candidates must be a General Medical Practitioner employed by, or a partner of, a Member practice and on the Wakefield District Performers List. In addition candidates must be able to demonstrate (subject to approval by the Nominations Committee) satisfactory leadership potential against an appropriate competency framework that is agreed between the LMC and the CCG.
- 2.5.2 Appointment process:

- 2.5.2.1 the General Practitioner (GP) members of the Governing Body will be elected by the Member Practices on a one GP one vote basis (in accordance with Standing Order 2.5.2.6).
 - 2.5.2.2 The Local Medical Committee will have responsibility for conducting elections and communicating results on behalf of the CCG.
 - 2.5.2.3 Nominations: candidates for election will be sponsored by their practices, with an outline of their qualifications and experience and sponsorship from both their practice and at least one other member practice. Single-handed GPs should gain sponsorship from two other member practices.
 - 2.5.2.4 All candidates will be considered (vetted) by the Nominations Committee in order to ensure that they demonstrate satisfactory leadership potential against an appropriate competency framework that is agreed between the LMC and the CCG.
 - 2.5.2.5 If following consideration of the candidates by the Nominations Committee, the number of approved vetted candidates is equal to (or less than) the number of positions open for election the candidates will automatically be appointed to the Governing Body; there will be no need to hold a formal vote of GPs.
 - 2.5.2.6 Eligibility of GP to vote: every partner GP (of a Member practice in Wakefield district) and every salaried GP (employed by a Member practice in Wakefield district) will be able to vote. In addition Locum GPs will be entitled to vote if they can provide evidence to the Local Medical Committee that they have worked in excess of 99 sessions with Member practices (in Wakefield district) within the past 12 months.
 - 2.5.2.7 If following the election process described above no one has been appointed to the vacant position on the Governing Body, a further election process will be run within six month period.
- 2.5.3 Term of office: three years from date of election.
 - 2.5.4 Eligibility for reappointment: GP members of the Governing Body may serve no more than three terms of office.
 - 2.5.5 Notice period: GP members of the Governing Body are required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
 - 2.5.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, GP Members of the Governing Body will be removed from office with immediate effect if:
 - 2.5.6.1 they are suspended from the Wakefield District Performers List;
 - 2.5.6.2 their registration with the GMC is suspended;
 - 2.5.6.3 they have been removed from the medical register;
 - 2.5.6.4 they cease to be a provider of primary medical services, or employed to deliver primary medical services within Wakefield
 - 2.5.6.5 the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.6 Role of the Independent Registered Nurse

- 2.6.1 Eligibility for appointment: the Independent Registered Nurse must be registered on the Nursing and Midwifery Council (NMC) register. The Independent Registered Nurse cannot be an employee or member of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made significant commissioning arrangements.
- 2.6.2 Appointment process: the Independent Registered Nurse will be appointed by the Governing Body upon the recommendation of the Nominations Committee.
- 2.6.3 Term of office: three years from date of appointment.
- 2.6.4 Eligibility for reappointment: the Independent Registered Nurse may serve no more than three terms of office.
- 2.6.5 Notice period: the Independent Registered Nurse is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.6.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Independent Registered Nurse will be removed from office with immediate effect if:
 - 2.6.6.1 they are struck off or removed from the Nursing and Midwifery Council (NMC) register;
 - 2.6.6.2 they become an employee or member of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made significant commissioning arrangements.
 - 2.6.6.3 the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.7 Role of the Independent Secondary Care Doctor

- 2.7.1 Eligibility for appointment: the Independent Secondary Care Doctor will be a consultant employed currently, or in employment at some time in the period of 10 years ending with the date they are appointed to the governing body. If the Independent Secondary Care Doctor no longer practises medicine, they will need to demonstrate that they still have a relevant understanding of care in the secondary setting.
- 2.7.2 Appointment process: the Independent Secondary Care Doctor will be appointed by the Governing Body upon the recommendation of the Nominations Committee.
- 2.7.3 Term of office: three years from date of appointment.
- 2.7.4 Eligibility for reappointment: the Independent Secondary Care Doctor may serve no more than three terms of office.
- 2.7.5 Notice period: the Independent Secondary Care Doctor is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.7.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Independent Secondary Care Doctor will be removed from office with immediate effect if:
 - 2.7.6.1 their registration with the GMC is suspended;
 - 2.7.6.2 they have been removed from the medical register;

- 2.7.6.3 they were not employment as a consultant in the period of 10 years ending with the date they are appointed to the governing body.
- 2.7.6.4 they are an employee or member (including shareholder) of, or a partner in, a provider of primary medical services, or a provider with whom the CCG has made significant commissioning arrangements.
- 2.7.6.5 the Governing Body vote by a majority of 75% (of all members of the Governing Body) to remove the individual.

2.8 Lay Member - Deputy Chair of the Governing Body

- 2.8.1 Eligibility for appointment: the Deputy Chair of the Governing Body will be a Lay Member.
- 2.8.2 Appointment process: the Deputy Chair of the Governing Body will be appointed by the Governing Body upon the recommendation of the Nominations Committee.
- 2.8.3 Term of office: three years from date of appointment.
- 2.8.4 Eligibility for reappointment: the Deputy Chair of the Governing Body may serve no more than three terms of office.
- 2.8.5 Notice period: the Deputy Chair of the Governing Body is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.8.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Deputy Chair of the Governing Body will be removed from office with immediate effect if they are:
 - 2.8.6.1 an officer or employee of the Department of Health;
 - 2.8.6.2 a member or employee of the Care Quality Commission or Monitor;
 - 2.8.6.3 a chairman, director, member or employee of an NHS body;
 - 2.8.6.4 a chairman, director, governor, member or employee of an NHS Foundation Trust;
 - 2.8.6.5 a provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
 - 2.8.6.6 a provider of social services, or their employees who contract with a local authority; and
 - 2.8.6.7 employed by parties to arrangements to provide primary medical services, ophthalmic services, dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

2.9 Lay Person – Audit

- 2.9.1 Eligibility for appointment: the Lay Person – Audit will have qualifications, expertise, or experience which enable them to express informed views about financial management and audit matters.
- 2.9.2 Appointment process: the Lay Person – Audit will be appointed by the Governing Body upon the recommendation of the Nominations Committee.
- 2.9.3 Term of office: three years
- 2.9.4 Eligibility for reappointment: the Lay Person – Audit may serve no more than three terms of office.

- 2.9.5 Notice period: the Lay Person – Audit is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.9.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Lay Person – Audit will be removed from office with immediate effect if they are:
- 2.9.6.1 an employee of a local authority in England and Wales, or an equivalent body in Scotland and Northern Ireland;
 - 2.9.6.2 an officer or employee of the Department of Health;
 - 2.9.6.3 a member or employee of the Care Quality Commission or Monitor;
 - 2.9.6.4 a chairman, director, member or employee of an NHS body;
 - 2.9.6.5 a chairman, director, governor, member or employee of an NHS foundation trust;
 - 2.9.6.6 a provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
 - 2.9.6.7 a provider of social services, or their employees who contract with a local authority; and,
 - 2.9.6.8 employed by parties to arrangements to provide primary medical services, ophthalmic services , dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

2.10 Lay Person – patient and public participation matters (PPI)

- 2.10.1 Eligibility for appointment: the Lay Person – PPI will live within Wakefield District or have sufficient knowledge of Wakefield District to enable them to express informed views about the discharge of the CCG functions and act as a champion for patient and public involvement.
- 2.10.2 Appointment process: the Lay Person – PPI will be appointed by the Governing Body upon the recommendation of the Nominations Committee.
- 2.10.3 Term of office: three years
- 2.10.4 Eligibility for reappointment: the Lay Person – PPI may serve no more than three terms of office.
- 2.10.5 Notice period: the Lay Person – PPI is required to provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.
- 2.10.6 Grounds for removal from office: In addition to the provisions of Standing Order 2.17, the Lay Person – PPI will be removed from office with immediate effect if they are:
- 2.10.6.1 an employee of a local authority in England and Wales, or an equivalent body in Scotland and Northern Ireland;
 - 2.10.6.2 an officer or employee of the Department of Health;
 - 2.10.6.3 a member or employee of the Care Quality Commission or Monitor;
 - 2.10.6.4 a chairman, director, member or employee of an NHS body;
 - 2.10.6.5 a chairman, director, governor, member or employee of an NHS foundation trust;
 - 2.10.6.6 a provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners, or shareholders;
 - 2.10.6.7 a provider of social services, or their employees who contract with a local authority; and,
 - 2.10.6.8 employed by parties to arrangements to provide primary medical services, ophthalmic services , dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.

2.11 Role of the Chief Officer (Accountable Officer)

- 2.11.1 Eligibility for appointment: the Chief Officer will be a member of the Governing Body and an employee of the CCG. The Accountable Officer may not be the Chair of the Governing Body.
- 2.11.2 Appointment process: Chief Officer will be appointed as the Accountable Officer by the Governing Body in accordance with national guidance and regulations.
- 2.11.3 Term of office: not applicable, subject to a contract of employment.
- 2.11.4 Grounds for removal from office: the Chief Officer will be subject to the provisions of Standing Order 2.17.

2.12 Role of the Chief Finance Officer

- 2.12.1 Eligibility for appointment: the Chief Finance Officer will be a member of the Governing Body and an employee of the CCG. The Chief Finance Officer must have a recognised professional qualification in accountancy. The Chief Finance Officer may not undertake the Accountable Officer role.
- 2.12.2 Appointment process: Chief Finance Officer will be appointed by the Chief Officer in accordance with agreed CCG policies and taking into account national guidance and regulations.
- 2.12.3 Term of office: not applicable, subject to a contract of employment.
- 2.12.4 Grounds for removal from office: the Chief Finance Officer will be subject to the provisions of Standing Order 2.17.

2.13 Role of the Executive Nurse

- 2.13.1 Eligibility for appointment: the Executive Nurse must have a recognised nursing or midwifery qualification and will be appointed by the Chief Officer in accordance with agreed CCG policies, taking into account national guidance and regulations.
- 2.13.2 Appointment process: Executive Nurse will be appointed in accordance with agreed CCG policies and procedures by the Chief Officer.
- 2.13.3 Term of office: not applicable, subject to a contract of employment.
- 2.13.4 Grounds for removal from office: the Executive Nurse will be subject to the provisions of Standing Order 2.17.

2.14 Role of the Chief Operating Officer

- 2.14.1 Eligibility for appointment: the Chief Operating Officer will be appointed by the Chief Officer in accordance with agreed CCG policies and taking into account national guidance and regulations.
- 2.14.2 Appointment process: the Chief Operating Officer will be appointed in accordance with agreed CCG policies and procedures by the Chief Officer.
- 2.14.1 Term of office: not applicable, subject to a contract of employment.
- 2.14.2 Grounds for removal from office: the Chief Operating Officer will be subject to the provisions of Standing Order 2.17.

2.15 Role of the Local Authority Executive

- 2.15.1 Eligibility for appointment: the Local Authority Executive will be an employee or officer, but not an elected member, of Wakefield Council.
- 2.15.2 Appointment process: the Local Authority Executive will be appointed by Wakefield Council following consultation and agreement with the Chair of the Governing Body.
- 2.15.3 Term of office: three years from date of appointment.
- 2.15.4 Notice period: the Local Authority Executive will provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.16 Director of Public Health

- 2.16.1 Eligibility for appointment: the Director of Public Health will be an employee or officer, but not an elected member, of Wakefield Council.
- 2.16.2 Appointment process: the Director of Public Health will be appointed by Wakefield Council following consultation with the Governing Body.
- 2.16.3 Notice period: the Director of Public Health will provide the CCG with not less than three months' written notice if they wish to leave before the end of their term of office.

2.17 Disqualification from membership of the Governing Body from office

- 2.17.1 In line with The National Health Service (Clinical Commissioning Groups) Regulations 2012 the following individuals may not become or continue as a member of the Governing Body with immediate effect:
 - a) MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
 - b) members including shareholders of, or partners in, or employees of commissioning support organisations;
 - c) a person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:
 - (i) in the United Kingdom of any offence,
 - (ii) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
 - d) a person subject to a bankruptcy restrictions order or interim order;
 - e) a person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and

social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority.

- f) a healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;
- g) a person disqualified from being a company director;
- h) a person who has been removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.

2.17.2 In addition to Standing Order 2.17.1 members of the Governing Body will be suspended with immediate effect in the event of:

- a) proven gross misconduct, including breach of a Nolan principle.
- b) serial non-attendance at meetings of the Governing Body; 4 meetings per year unless for exceptional reasons accepted by the Chair.
- c) persistent failure to abide by the terms of this constitution;
- d) persistent failure to respond to requests in relation to the provisions of the constitution made by the Group;
- e) repeated refusal to comply with, or engage with, activities decided by the Group;
- f) persistently behaving in a way that jeopardises the reputation of the Group;
- g) attempting and or committing fraud against the Group;
- h) proven failure to comply with the CCG's agreed policies and procedures relating to management of conflicts of interest.

A decision shall be made by the Governing Body on the outcome of any investigation or report shall be final.

3. DECISIONS OF THE MEMBERS

3.1 All other matters reserved to the Members, in accordance with the Schedule of Matters Reserved to the CCG and Scheme of Delegation (Appendix D to the Constitution) shall be considered on a one Member practice, one Vote basis (not a one GP one vote basis).

3.2 Decisions will either be made via a Written Resolution or at a Members Meeting.

3.3 A representation of more than thirty percent of Members may come forward in writing to the Chair and Clinical Leader where for whatever reason the membership has 'no-confidence' in the CCG Governing Body. A Members Meeting will be called in accordance with Standing Order 3.4. If at that meeting 75% of Members in attendance pass a resolution certifying 'no-confidence' in the Governing Body NHS England will be invited to coordinate or directly assist in immediately replacing elected members of the Governing Body and temporarily supporting the CCG pending completion of new elections.

3.4 Members Meetings

3.4.1 The group will hold an annual meeting for the Members; the Annual Members Meeting.

3.4.2 Notice

- 3.4.2.1 The Chair of the Governing Body may call a Members meeting at any time. All Members Meetings must be called by either:
- 3.4.2.1.1. at least 21 clear days' notice, or
 - 3.4.2.1.2. less than 21 clear days' notice if it is so agreed by resolution at the start of the Members Meetings.
- 3.4.2.2 Every notice calling a Members meeting must specify the place, day and time of the meeting and the general nature of the business to be transacted.
- 3.4.2.3 Notice of Members Meetings must be given to every member, and to all members of the Governing Body.
- 3.4.2.4 Members of the public will not be permitted to attend a Members Meeting unless it is deemed appropriate by the Chair and Clinical Leader.

3.4.3 Quorum

- 3.4.3.1 The quorum for a Member's meeting will be one third of the total Member practices. No formal decisions may be transacted at a Members' Meeting unless a quorum is present.
- 3.4.3.2 If a quorum is not present within fifteen minutes from the time appointed for the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place, or to such day, time and place as the Chair and Clinical Leader may determine.
- 3.4.3.3 All members of the Governing Body may attend and speak at a Members' Meeting.

3.4.4 Chair – Members' Meeting

- 3.4.4.1 The Chair and Clinical Leader, or in his/her absence the Deputy Chair, shall preside as chair of every Members' Meeting. If neither the Chair nor the Deputy Chair is present within fifteen minutes after the time appointed for holding the meeting. The Members present shall elect one of their number to chair the meeting.

3.4.5 Adjournment

- 3.4.5.1 The Chair of the Members' meeting may adjourn a Members' meeting at which a quorum is present if:
- 3.4.5.1.1. those present at the meeting consent to an adjournment; or
 - 3.4.5.1.2. a majority of Members present at the meeting direct the Chair to call an adjournment; or
 - 3.4.5.1.3. it appears to the Chair of the meeting that an adjournment is necessary to protect the safety of any person attending the meeting or ensure that the business of the meeting is conducted in an orderly manner.
- 3.4.5.2 When adjourning a Members' meeting, the Chair of the meeting must either:
- 3.4.5.2.1. specify the time and place to which it is adjourned, or
 - 3.4.5.2.2. state that it is to continue at a time and place to be fixed by the Governing Body.

3.4.6 Voting

- 3.4.6.1 Decisions will be made by a simple majority, one Member practice, one Vote basis.

- 3.4.6.2 Unless a poll is demanded, an item / resolution put to the vote of a Members' meeting will be decided on a show of hands. The Chair will declare that outcome of the vote.
- 3.4.6.3 A poll on a resolution may be demanded in advance of the Members' Meeting or during the Members' meeting. A poll may be demanded by the Chair of the meeting, a member of the Governing Body, or the representatives of two or more Members. The Chair will declare the outcome of the Poll.
- 3.4.6.4 In the case of an equality of votes, whether on a show of hands or on a poll, the Chair of the Members' meeting shall be entitled to a casting vote in addition to any other vote he/she may have.

3.4.7 Proxies

- 3.4.7.1.1. Each Member practice will appoint one person (a 'proxy') to attend, speak and vote at a Members' Meeting of the CCG. The proxy will have the authority to act on behalf of the Member practice at the Members' Meeting; this will include voting on resolutions presented to the Members' Meeting.
- 3.4.7.1.2. Appointment: Proxies will be appointed by the Member in writing and sent to the CCG a minimum of 24 hours before the start of the meeting.
- 3.4.7.1.3. If the Member practice has not appointed a proxy they will not have the right to speak or vote at a Members' Meeting of the CCG. They will have the right to attend the meeting.

3.4.8 Minutes

- 3.4.8.1 Minutes will be prepared documenting decisions made at Members' Meetings.

3.5 Written Resolutions

- 3.5.1 A copy of each proposed written resolution must be sent to every Member practice and every member of the Governing Body.
- 3.5.2 Members will have 20 working days in which to respond. A Member signifies agreement to a proposed written resolution when the CCG receives an authenticated document in hard copy, email or fax.
- 3.5.3 Each Member practice will have one vote.
- 3.5.4 A written resolution can be agreed by 75% of all Member practices. If 75% has not been achieved after 20 working days the resolution will fail.

4. MEETINGS OF THE GOVERNING BODY

4.1 Calling meetings

- 4.1.1 Ordinary meetings of the group shall be held at regular intervals at such times and places as the CCG may determine.
- 4.1.2 The Chair may call a meeting of the Governing Body at any time.
- 4.1.3 One third or more members of the Governing Body may request a meeting in writing to the Chair. If the Chair refuses or fails to call a meeting within seven days of receipt of the request presented, the members of the Governing Body signing the request may forthwith call a meeting.

4.1.4 Meetings of the Governing Body shall be open to members of the public. The Chair may determine that members of the public may be excluded from a meeting in accordance with Standing Order 10.

4.2 Notice of meetings and business to be transacted

4.2.1 The Chair of the Governing Body, with support from the Chief Officer, will draw up the agenda specifying the business to be transacted.

4.2.2 A member desiring a matter to be included on an agenda shall make their request in writing to the Chair at least ten clear working days before the meeting. Requests received less than ten days before a meeting will be included on the agenda at the discretion of the Chair.

4.2.3 The agenda and supporting papers will be sent to every members of the Governing Body at least five days before the meeting takes place, save in an emergency.

4.2.4 Save in emergencies or the need to conduct urgent business members of the Governing Body will be given fourteen days written notice of the date and place of every meeting of the Governing Body.

4.2.5 Agendas and supporting papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the CCG website at <http://www.wakefieldccg.nhs.uk/about-us/governing-body-meetings/> as set out in 1.3.2.

4.3 Petitions

Where a petition has been received by the CCG, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

4.4 Chair of the Governing Body

4.4.1 At any meeting of the Governing Body, the Chair shall preside. If the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.

4.4.2 If the Chair is absent temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, a member of the Governing Body shall be chosen by the members present, or by a majority of them, and shall preside.

4.5 Chair's ruling

The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies at the meeting, shall be final.

4.6 Quorum

4.6.1 No business shall be transacted at a meeting of the Governing Body unless at least one-third of the whole number of the Chair and members (including at least one member who is also an officer member of the CCG, one Lay Member and one General Practitioner) is present.

4.6.2 Members of the Governing Body may participate in meetings by telephone or by the use of video conferencing facilities where they are available. Participation in a meeting by any of these means shall be deemed to constitute presence in person at the meeting.

- 4.6.3 An officer in attendance for the Chief Officer, Chief Finance Officer, Chief Operating Officer or Executive Nurse but without formal acting up status may not count toward the quorum. If however the officer has been formally appointed to act up for an Executive Officer during a period of incapacity or temporarily to fill an Executive Officer vacancy they shall be entitled to exercise voting rights of the Executive Officer. The officer's status when attending a meeting will be recorded in the minutes.
- 4.6.4 If any member of the Governing Body has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of a declaration of a conflict of interest, that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.
- 4.6.5 For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

4.7 Decision making – voting

- 4.7.1 Section 6 of this constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally, it is expected that at the Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:
- 4.7.2 Eligibility – only members of the Governing Body can vote. Each member of the Governing Body shall have one vote. In no circumstance may an absent member vote by proxy.
- 4.7.3 Voting - at the discretion of the Chair all questions put to a vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot. If a member of the Governing Body so requests, their vote shall be recorded by name.
- 4.7.4 Majority necessary to confirm a decision – decisions will be made by a simple majority.
- 4.7.5 Casting vote – in the event of a tied vote the Chair will hold a second and casting vote.
- 4.7.6 Dissenting views – in exceptional circumstances where there is disagreement with a decision made, those members taking a dissenting view may have their dissent recorded in the minutes.
- 4.7.7 No resolution of the Governing Body shall be passed if it is opposed by all of the Lay Members present, or by all of the Executive Officers present, or by all of the GP Governing Body members present.
- 4.7.8 For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

4.8 Emergency powers and urgent decisions.

- 4.8.1 Subject to the agreement of the Chair, a member of the Governing Body may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to

one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Governing Body at the commencement of the business of the meeting as an additional item included in the agenda. The Chair's decision to include the item shall be final.

4.8.2 Urgent decisions made during the meeting will be recorded in the minutes.

5. SUSPENSION OF STANDING ORDERS

5.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided that at least two thirds of the whole number of the members of the Governing Body are present and are in agreement (including at least one member who is an officer member of the CCG and one member who is not).

5.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. APPLICATION FOR VARIATION AND AMENDMENT OF STANDING ORDERS

6.1 This constitution can only be varied in two circumstances:

6.1.1 where the CCG formally applies to NHS England and that application is granted;

6.1.2 where in the circumstances set out in legislation NHS England varies the CCG's constitution, other than on application by the CCG.

6.2 Any changes will be communicated to members.

7. RECORD OF ATTENDANCE

7.1 The names of all members present shall be recorded in the minutes of the CCG's meetings. The names of all members of the Governing Body present shall be recorded in the minutes of the Governing Body meetings. The names of all members of the Governing Body's committees / sub-committees present shall be recorded in the minutes of the respective Governing Body committee / sub-committee meetings.

8. MINUTES

8.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting, where they shall be signed by the person presiding at it. Signed minutes will be conclusive evidence of the events of the meeting.

8.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.

8.3 Where providing a record of a public meeting the minutes shall be made available to the public as required by the Code of Practice on Openness in the NHS.

9. EMERGENCY POWERS AND URGENT DECISIONS

9.1 The powers which the Governing Body has reserved to itself within these Standing Orders may in an emergency or for an urgent decision be exercised by the Chief Officer and the Chair, after having consulted at least two Lay Members. The exercise of such powers by

the Chief Officer and the Chair will be reported to the next meeting of the Governing Body in public session for noting.

10. ADMISSION OF PUBLIC AND THE PRESS

10.1 Subject to the conflict of interest provisions included in the constitution all meetings of the CCG Governing Body will be open to the membership of the CCG.

10.2 The public and representatives of the press may attend all meetings of the Governing Body that are held in public, and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the Freedom of Information Act 2000. Guidance on the Freedom of Information Act exemptions can be found in the CCG Freedom of Information Act policy.

10.3 The public and representatives of the press shall be required to withdraw upon a resolution as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

10.4 In the event of general disturbances the Chair of the meeting shall give such directions as they think fit to ensure that the CCG's business shall be conducted without interruption and disruption. Without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving:

That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public. '

10.5 The Chair may exclude any member of the public from a meeting if they are interfering with, or preventing, the proper conduct of the meeting.

11. BUSINESS PROPOSED TO BE TRANSACTED WHEN THE PRESS AND PUBLIC HAVE BEEN EXCLUDED FROM A MEETING

11.1 Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided above, shall be confidential to the members of the CCG.

11.2 Members of the Governing Body and officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the meeting, without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting which may take place on such reports or papers.

11.3 Minutes will be taken during this part of a meeting and will be marked confidential.

12. USE OF MECHANICAL OR ELECTRICAL EQUIPMENT FOR RECORDING OR TRANSMISSION OF MEETINGS

12.1 Nothing in these Standing Orders shall be construed as permitting the introduction of recording, transmitting, video or similar apparatus into meetings of the Governing Body.

Such permission shall be granted only by the Chair.

13. OBSERVERS

- 13.1** The Governing Body will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Governing Body meeting. The Governing Body may change, alter or vary these terms and conditions as it sees fit.

14. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

14.1 Appointment of committees and sub-committees

- 14.1.1** The CCG may appoint committees and sub-committees of the group, subject to any regulations made by the Secretary of State⁴, and make provision for the appointment of committees and sub-committees of its Governing Body. Where such committees and sub-committees of the group, or committees and sub-committees of its Governing Body, are appointed they are included in Section 6 of the group's constitution.
- 14.2** Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration Committee, the Governing Body shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the Governing Body.
- 14.3** The provisions of these Standing Orders shall apply where relevant to the operation of the Governing Body, the Governing Body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.
- 14.4** Meetings of the CCGs committees and sub-committees will not usually be open to the public and representatives of the press.

15. TERMS OF REFERENCE

- 15.1** Terms of reference shall have effect as if incorporated into the Standing Orders.

16. DELEGATION OF POWERS BY COMMITTEES TO SUB-COMMITTEES

- 16.1** Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the group.

17. APPROVAL OF APPOINTMENTS TO COMMITTEES AND SUB-COMMITTEES

- 17.1** The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the Governing Body.
- 17.2** Where the group determines that persons, who are neither members nor employees, shall be appointed to a committee or sub-committee the terms of such appointment shall be within the powers of the group. The group shall define the powers of such appointees and shall agree such travelling or other allowances as it considers appropriate.

⁴ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act
Constitution appendices approved 17
January 2018

18. APPOINTMENTS FOR STATUTORY FUNCTIONS

- 18.1** Where the Governing Body is required to appoint persons to a committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Governing Body such appointments shall be made in accordance with the regulations and directions made by the Secretary of State.

19. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

- 19.1** If for any reason these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification. All members of the group and staff have a duty to disclose any non-compliance with these Standing Orders to the Chief Officer as soon as possible.

20. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

20.1 Clinical Commissioning Group's seal

- 20.1.1** The CCG may have a seal for executing documents where necessary. At least two of the following individuals or officers are authorised to authenticate its use by their signature:

- 20.1.1.1 the Chief Officer;
- 20.1.1.2 the Clinical Chair ;
- 20.1.1.3 the Chief Finance Officer;
- 20.1.1.4 the appropriate Director, Associate Director or Head of Service or nominated deputy.

- 20.1.2** An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealing's will be made to the Audit Committee at least twice per year.

20.2 Use of Seal – General guide, the seal shall be used for:

- 20.2.1 All contracts for the purchase/lease of land and/or building;
- 20.2.2 All contracts for capital works exceeding £100,000;
- 20.2.3 All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years;
- 20.2.4 Any other lease agreement where the total payable under the lease exceeds £100,000;
- 20.2.5 Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £500,000.

21. EXECUTION OF A DOCUMENT BY SIGNATURE

- 21.1** The following individuals are authorised to execute a document on behalf of the group by their signature.

- 21.1.1 the Chief Officer;
- 21.1.2 the Clinical Chair
- 21.1.3 the Chief Finance Officer;
- 21.1.4 the appropriate Director, Associate Director or Head of Service or nominated deputy.

22. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

22.1 Policy statements: general principles

22.2 The group will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Wakefield Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the group's Standing Orders.

SCHEME OF RESERVATION AND DELEGATION

1. Schedule of Matters Reserved to the CCG and Scheme of Delegation

- 1.1 The arrangements made by the CCG as set out in this Scheme of Reservation and Delegation of decisions shall have effect as if incorporated in the CCGs Constitution.
- 1.2 The CCG remains accountable for all of its functions, including those that it has delegated.

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
GENERAL	The Governing Body may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers		✓											
REGULATION AND CONTROL	Determine the arrangements	✓ One												

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	by which the members of the CCG approve those decisions that are reserved for the membership.	Member Practice one vote (Standing Order Error! Reference source not found.)												
REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution.	✓ One Member Practice one vote (Standing Order Error! Reference source not found.)												
REGULATION AND CONTROL	Consideration and approval of any matter concerning		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	changes to the appendices to the CCG's constitution, including terms of reference for the committees of the Governing Body, the overarching scheme of reservation and delegated powers, Standing Orders and prime financial policies.													
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been				✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	retained as reserved by the CCG, delegated to the Governing Body or other committee or sub-committee or [specified] member or employee.													
REGULATION AND CONTROL	Prepare the CCG's overarching Scheme of Reservation and Delegation, which sets out those decisions reserved to the membership and those delegated to the CCG's				✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	Governing Body, committees and groups, individuals or specified persons, for inclusion in the CCG's constitution.													
REGULATION AND CONTROL	Approval of the CCG's overarching Scheme of Reservation and Delegation		✓											
REGULATION AND CONTROL	Ensure effective arrangements for the management of conflicts of interest		✓											
REGULATION AND CONTROL	Prepare the CCG's				✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG's constitution.													
REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the CCG's overarching Scheme of Reservation and Delegation as set out in its		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	constitution.													
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCGs Prime Financial Policies.					✓								
REGULATION AND CONTROL	Approve detailed financial policies.											✓		
REGULATION AND CONTROL	Approve arrangements for managing individual funding requests.											✓		
REGULATION AND CONTROL	Calling meetings of the Governing Body and chairing meetings			✓										

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
REGULATION AND CONTROL	The powers which the Governing Body has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Officer after having consulted at least two lay members			✓	✓									
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal and maintain a register of sealing (as per Standing Order		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	20 & 21)													
REGULATION AND CONTROL	Execute a document on behalf of the CCG in accordance with Standing Order 21			✓	✓	✓	✓							
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for: 1. Identifying practice members to represent practices in matters concerning the work of the CCG; and 2. Appointing clinical leaders to represent the CCG's	✓ One Practice Manager One Vote (Standing Order Error! Reference source not found.)												

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	membership on the CCG's Governing Body, for example through election.	One GP One Vote (Standing Order) Error! Reference source not found.												
PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
PRACTICE MEMBER REPRESENTATIVE+ MEMBERS OF THE GOVERNING BODY	Approve arrangements for identifying the CCG's proposed Chief Officer.		✓											
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.	✓ One Member Practice one vote (Standing Order Error! Reference source not found.)												
STRATEGY AND PLANNING	Approval of the CCG's operating structure.		✓											
STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's corporate budgets that meet the financial duties as set out in 5.3 of the constitution.		✓											
ANNUAL REPORT AND ACCOUNTS	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure.		✓											
ANNUAL REPORT AND ACCOUNTS	Approval of the CCG's Annual Report and Annual		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	Accounts													
ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.		✓											
HUMAN RESOURCES	Approval of the terms and conditions, remuneration and travelling or other allowances for Lay Members of the Governing Body.		✓											
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other								✓					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	allowances for Governing Body members, including pensions and gratuities. This excludes Lay Members, whose remuneration is determined by the Governing Body													
HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or								✓					

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	other allowances payable to employees and to other persons providing services to the CCG.													
HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.								✓					
HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Chief Officer (where he/she is an employee or member of the CCG) and for other		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	persons working on behalf of the CCG.													
HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's statutory duties as an employer.		✓											
HUMAN RESOURCES	Approve HR policies for employees and for other persons working on behalf of the CCG.											✓		
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise											✓		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.													
QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.										✓			
OPERATIONAL AND RISK	Prepare and recommend an				✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
MANAGEMENT	operational scheme of delegation that sets out who has responsibility for operational decisions within the CCG.													
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements. (Compliance responsibilities in accordance with Secretary of State Directions.)				✓	✓								
OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).		✓											
OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpins the		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	effective, efficient and economic operation of the CCG.													
OPERATIONAL AND RISK MANAGEMENT	Approve proposals for action on litigation against or on behalf of the CCG.				✓									
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for handling complaints.											✓		
OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.											✓		
INFORMATION	Approval of the											✓		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
GOVERNANCE	arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.													
INFORMATION GOVERNANCE	Approving arrangements for handling Freedom of Information requests.				✓									
INFORMATION GOVERNANCE	Determining arrangements for handling Freedom of Information requests.				✓									
TENDERING AND	Approval of the		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
CONTRACTING	CCG's contracts for any commissioning support.													
TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision).		✓											
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG participating in joint arrangements on behalf of the CCG can make. Such delegated				✓									

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	decisions must be disclosed in this Scheme of Reservation and Delegation.													
PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006		✓		✓									
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to		✓											

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Chair	Chief Officer	Chief Financial Officer	Director/ Head of Service or Deputy	Audit Committee	Remuneration Committee	Clinical Cabinet	Probity Committee	Integrated Governance Committee	Finance Committee	Nominations Committee
	promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.													
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority,		✓											

	Nominations Committee	
	Finance Committee	
	Integrated Governance Committee	
	Probity Committee	
	Clinical Cabinet	
	Remuneration Committee	
	Audit Committee	
	Director/ Head of Service or Deputy	
	Chief Financial Officer	
	Chief Officer	
	Chair	
	Reserved or delegated to Governing Body	
	Reserved to the Membership	
Policy Area	Decision	where appropriate.

PRIME FINANCIAL POLICIES**1. INTRODUCTION****1.1. General**

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the group's constitution.
- 1.1.2. The prime financial policies are part of the group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Scheme of Reservation and Delegation found at Appendix D.
- 1.1.3. In support of these prime financial policies, the group has more detailed policies, prepared by the Chief Finance Officer known as *detailed financial policies*. The group refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for preparing all detailed financial policies.
- 1.1.5. A list of the financial policies will be published and maintained on the CCG website at www.NHSWakefielddistrict.nhs.uk/WakefieldCCG as set out in 1.3.2 in the main body of the document.
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group's constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.1.7. Failure to comply with prime financial policies and Standing Orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding prime financial policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Governing Body's Audit Committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of group's members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out in sections 6 and 7 of this constitution.
- 1.3.2. The financial decisions delegated by members of the group are set out in the Scheme of Reservation and Delegation (see Appendix D).

1.4. Contractors and their employees

- 1.4.1. Any contractor or employee of a contractor who is empowered by the group to commit the group to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

- 1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least bi-annually. Following consultation with the Chief Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval.

2. INTERNAL CONTROL

- 2.1. The CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.
- 2.2. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body (see paragraph 6.6.3(a) of the group's constitution for further information).
- 2.3. The Chief Officer has overall responsibility for systems of internal control.
- 2.4. The Chief Finance Officer will ensure that:
 - a) financial policies are considered for review and update bi-annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies;
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

- 3.1. The CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.
- 3.2. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the group to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Chief Officer

and Chief Finance Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

- 3.3. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Chief Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Chief Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.4. The Chief Finance Officer will ensure that:
- a) the group has a professional and technically competent internal audit function;
 - b) the Governing Body's Audit Committee reviews any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND CORRUPTION

- 4.1. The CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The group will not tolerate any fraud perpetrated against it and will actively chase any loss suffered.
- 4.2. The Governing Body's Audit Committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.3. The Governing Body's Audit Committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

- 5.1. The group is required by statutory provisions¹ to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Chief Officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The Chief Finance Officer will:
- a) provide reports in the form required by NHS England;
 - b) ensure money drawn from NHS England is required for approved expenditure only, is drawn down at the time of need and follows best practice;
 - c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

⁵ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

6. ALLOTMENTS²

6.1. The group's Chief Finance Officer will:

- a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds;
- b) prior to the start of each financial year submit to the Governing Body for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve;
- c) regularly update the Governing Body and the Integrated Governance Committee on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

7.1. The CCG will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium-term financial plans and annual budgets.

7.2. The Chief Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.

7.3. Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Officer, prepare and submit budgets for approval by Governing Body.

7.4. The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body and Integrated Governance Committee. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.5. The Chief Officer is responsible for ensuring that information relating to the accounts or to income or expenditure, or use of resources is provided to NHS England as requested.

7.6. The Chief Officer will approve consultation arrangements for the commissioning plan³.

8. ANNUAL ACCOUNTS AND REPORTS

8.1. The Governing Body of the CCG will produce and submit to NHS England accounts and reports in accordance with all statutory obligations relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

8.2. The Chief Finance Officer will ensure the group:

² See section 223(G) of the 2006 Act, inserted by section 27 of the 2012 Act.

³ See section 14Z13 of the 2006 Act, inserted by section 26 of the 2012 Act

- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors;
- b) prepares the accounts according to the timetable;
- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales;
- e) publishes the external auditor's management letter on the CCG website at www.NHSWakefielddistrict.nhs.uk/WakefieldCCG .

9. INFORMATION TECHNOLOGY

9.1. The Chief Finance Officer as Senior Information Risk Owner (SIRO) is responsible for the accuracy and security of the CCG's computerised financial data and shall:

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- b) ensure 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;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

9.2. In addition, the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

10.1. The CCG will run an accounting system that creates management and financial accounts.

10.2. The Chief Finance Officer will ensure:

- a) the group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
- b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

10.3. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek

assurances that adequate controls are in operation.

11. BANK ACCOUNTS

11.1. The CCG will keep enough liquidity to meet its current commitments.

11.2. The Chief Finance Officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions⁴, best practice and represent best value for money;
- b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.3. The Audit Committee shall review the banking arrangements.

12. INCOME, FEES AND CHARGES, AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.

12.1. The CCG will:

- a) operate a sound system for prompt recording, invoicing and collection of all monies due;
- b) seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions;
- c) ensure its power to make grants and loans is used to discharge its functions effectively.

12.2. The Chief Finance Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

13.1. The CCG will:

- a) ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending;
- b) seek value for money for all goods and services;
- c) ensure that competitive tenders are invited for:
 - i. the supply of goods, materials and manufactured articles;
 - ii. the rendering of services including all forms of management

⁴ See section 223H(3) of the NHS Act 2006, inserted by section 27 of the 2012 Act

consultancy services (other than specialised services sought from or provided by the Department of Health);

- iii. for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

13.2. The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Officer of the Governing Body and be reported to the Audit Committee.

13.3. The Governing Body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- a) the group's Standing Orders;
- b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law;
- c) take into account as appropriate any applicable guidance from NHS England or NHS Improvement that does not conflict with (b) above.

13.4. In all contracts entered into, the group shall endeavour to obtain best value for money. The Chief Officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.

14. COMMISSIONING

14.1. Working in partnership with relevant national and local stakeholders, the group will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility.

14.2. The group will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health and Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

14.3. The Chief Officer will establish arrangements to ensure that regular reports are provided to the Integrated Governance Committee detailing actual and forecast expenditure and activity for each contract.

14.4. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

15.1. The CCG will put arrangements in place to evaluate and manage its risks as described in its risk management policy and procedures. These will specify how risks will be identified, assessed, managed, reported and evaluated.

The Integrated Governance Committee will be responsible for overseeing and reporting risks to the Governing Body.

The Board Assurance Framework will be developed and populated by identified leads using a 5x5 risk scoring matrix. The CCG's Governing Body Assurance Framework will be received and reviewed at regular intervals by the Governing Body.

16. PAYROLL

- 16.1. The CCG will put arrangements in place for an effective payroll service.
- 16.2. The Chief Finance Officer will ensure that the payroll service selected:
 - a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.3. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

17. NON-PAY EXPENDITURE

- 17.1. The CCG will seek to obtain the best value-for-money goods and services received.
- 17.2. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Chief Officer will determine the level of delegation to budget managers.
- 17.3. The Chief Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.4. The Chief Officer will:
 - a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; these thresholds will be incorporated in the operational Scheme of Delegation;
 - b) be responsible for the prompt payment of all properly authorised accounts and claims;
 - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.
- 17.5. Authorisation limits are included in the Standing Financial Instructions.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

- 18.1. The CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of any fixed assets.
- 18.2. The Chief Officer will:
 - a) ensure that there is an adequate appraisal and approval process in place for

determining capital expenditure priorities and the effect of each proposal upon plans;

- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

18.3. The Chief Finance Officer will prepare detailed procedures for the disposals of assets and report to the Integrated Governance Committee.

19. RETENTION OF RECORDS

19.1. The CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management (2006) and other relevant notified guidance.

19.2. The Chief Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management (2016) and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

20. TRUST FUNDS AND TRUSTEES

- 20.1. The CCG will put arrangements in place to provide for the appointment of trustees if the group holds property on trust.
- 20.2. The Chief Finance Officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

NHS WAKEFIELD CCG STANDING FINANCIAL INSTRUCTIONS

This document should be read in conjunction with the following CCG documents:

- Standing Orders and Prime Financial Policies
- Scheme of Delegation and operational Scheme of Delegation
- Policy for the issue and receipt of tender documents
- Policy on procurement.

This document is part of the CCG's detailed financial policies, which support the Prime Financial Policies, and together are referred to as the CCG's financial policies.

Key considerations

The delegation shown is the lowest level to which authority is delegated. Where subordinate staff assist in dealing with an issue, appropriate control must be maintained.

1 Compliance

- 1.1 All employees or third parties engaged to act in any capacity relating to procurement or management of contracts, e.g. eMbed for the CCG shall comply with the Standing Orders Prime Financial Policies (except where Standing Order No. 5 Suspension of Standing Orders is applied), Standing Financial Instructions, procurement policies and the latest guidance produced by NHS England.
- 1.2 Failure to comply with the Standing Orders, Prime Financial Policies, Standing Financial Instructions and the related Procurement Procedures may result in disciplinary action against employees, or steps being taken against third parties in line with contractual terms.
- 1.3 All employees and companies / contractors / suppliers engaged on the CCG's behalf must ensure that any conflicts of interest are declared to the Chief Finance Officer or their nominated representative.
- 1.4 Current regulations require the advertisement of opportunities in the Official Journal of the European Union (OJEU), if applicable. The limits and rules often change, therefore, confirmation must be sought.

Part B services include health and social care services. OJEU advertising is not currently required for Part B services. A notice of contract award in the Official Journal of the European Union (OJEU) is required.
- 1.5 When EU Directives may be applicable, managers must consult the Chief Finance Officer or their nominated representative to ensure full compliance with EU requirements.
- 1.6 Where an appropriate standard or code of practice is current at the time of tender, each written contract should require that the goods, services or works will be in accordance with that standard.
- 1.7 The procurement of contracts must comply with relevant legislation.

2 Exemptions/Exclusions

- 2.1 No exemptions can be made to the CCG's Prime Financial Policies or Standing Financial Instructions unless authorised by the Chief Officer after considering a written report. A written record of the reasons for the decision must be retained and reported to the Audit Committee.
- 2.2 A Register of Exemptions will be maintained centrally by the Chief Finance Officer or their nominated representative, detailing the nature and value of all the contracts where an exemption has been obtained. A report will be provided to the Audit Committee.

3 Values and the inclusion of Value Added Tax

- 3.1 All amounts quoted in these financial policies refer to values inclusive of Value Added Tax.

4 Pre Contract Requirements and Assessment of Risk

- 4.1 All procurement activity must comply with the CCG's procurement policies.
- 4.2 In all cases before **commencing any procurement** process for goods, services or works with an estimated value in excess of £50,000, the following is required:
- (a) A business case to justify planned procurement and include:
 - (i) a written risk assessment, identifying key risks and the actions required to ensure that an acceptable level of risk is maintained
 - (ii) a written record of the reasons for decisions, updated as appropriate
 - (iii) an appropriate specification which will form the basis for the contract
 - (iv) an estimate of the total cost of the contract (including costs for the full term of the contract, maintenance and continuing costs, and any disposal costs, i.e. whole life time cost)
 - (v) signed authorisation in line with the authority limitations.
 - (b) consultation with the Chief Finance Officer or their nominated representative on appropriate contract documentation, including terms and conditions
 - (c) for expenditure on buildings the Chief Finance Officer needs to be consulted to advise on process. In addition the business case will need to set out the service need, the capital and the revenue costs.
 - (d) a schedule of prioritised and weighted evaluation criteria, including (as appropriate), price, technical merit, quality, sustainability, equality, analysis of cost or any other relevant criteria. The evaluation criteria must not include any non-commercial considerations
 - (e) unless provided for in paragraph 8 (Aggregation of Contracts), confirmation that supplies of a similar nature are being purchased together, and that orders are not split or disaggregated. To do so is a breach of these financial policies, and may be a breach of EU and UK legislation.

- 4.3 In all cases before **commencing any contract** for goods, services or works with an estimated value in excess of £50,000, the following is required:
- (a) evidence that each supplier has the technical capability and capacity to enter into a contract
 - (b) a report detailing the financial standing of any proposed supplier for any contract exceeding £100,000 or less where the procurement is considered business critical.
- 4.4 Pre-tender consultation with suppliers must be transparent and not prejudice any potential supplier.
- 4.5 Technical advice for the preparation of a specification may not be sought from a supplier where it will provide an unfair advantage to any supplier or distort equal and fair competition.
- 4.6 Where there is a relevant Approved List of Contractors, this must be used as the source of providing the names of contractors from whom quotations and tenders are sought. There must be a consistent selection process in line with EU Directives, Department of Health guidance and these financial policies.

5 **Competition Requirements for Contracts below £20,000**

- 5.1 For contracts where the estimated expenditure or income does not, or is not reasonably expected to, exceed £20,000 the Head of Service should select the most efficient method of procurement, which demonstrates value for money, keeping a written record of the reason and action taken. As a minimum written quotations should be sought from **at least one** provider/supplier.
- 5.2 Procurement should be carried out in accordance with these financial policies and Department of Health Guidance.

6 **Competition Requirements for Contracts above £20,000**

- 6.1 For contracts with whole life costs **between £20,000 and £50,000** a minimum number of **three competitive written quotations** should be obtained.
- 6.2 Formal tendering procedures must be applied where the estimated whole life costs exceeds £50,000.
- 6.3 When assessing the potential value of a contract the whole life costs of the contract should be considered. The cumulative costs of a service with contractors must also be taken into account when assessing what competition requirements are needed.
- 6.4 For contracts valued above £20,000 up to £50,000, the Chief Officer may give permission for procurement to take place without competitive quotations being sought in exceptional circumstances for the reasons provided in 7.1 below.
- 6.5 For contracts valued over £50,000, the Chief Officer in conjunction with a Lay Member may give permission for procurement to take place without a tender process for the reasons provided in 7.1 below.

- 6.6 Where it is decided that competitive quotations are not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate CCG record and reported to the Audit Committee at each meeting.
- 6.7 Where it is decided that competitive tendering is not applicable, and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate CCG record and reported to the Audit Committee at each meeting.

7 Exceptions and Instances Where Formal Quotations or Tendering is Not Required

- 7.1 The requirement for formal quotations may be waived by the Chief Officer, and the requirement for tendering procedures may be waived by the Chief Officer in conjunction with a Lay Member, in the following circumstances:
- (a) in very exceptional circumstances where the Chief Officer decides that competitive quotations or tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal competitive quotations or tender procedures, and the circumstances are detailed in an appropriate CCG record
 - (b) where the requirement is covered by an existing NHS contract
 - (c) where Buying Solutions Agreements (formerly PASA) are in place and have been approved by the Governing Body
 - (d) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members
 - (e) where the timescale genuinely precludes competitive quotations or tendering. Failure to plan the work properly would not be regarded as a justification for waiving the requirement for competition
 - (f) where specialist expertise/service/works/goods are required and these are available from only one source (specialised service)
 - (g) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate
 - (h) there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competition
 - (i) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the CCG is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.
 - (j) where allowed and provided for in the Capital Investment Manual.

- 7.2 The waiving of competitive quotations or competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.
- 7.3 If, after a contract has been agreed, the contractor requests a revision and the revision brings the total contract value to less than the original approved and allocated funding then the revision can be considered with the approval of the relevant Head of Service.
- 7.4 If after a contract has been agreed the contractor requests a revision which brings the total amount to greater than the original approved and allocated funding then the contract has to be resubmitted for approval depending on the contract value to the original approval authorities.
- 7.5 Procurements which subsequently breach thresholds after original approval, without the appropriate authorised notices of variation, shall be considered a breach of financial policies and will be acted upon in line with para 1.2. Such breaches will be documented in an appropriate CCG record and reported to the Audit Committee at each meeting.

8 Aggregation of Contracts

- 8.1 If a number of contracts of a similar nature are to be tendered, and the total cost of the contracts exceeds the tender threshold of £50,000, they must be tendered as one contract. If the total aggregated contract value exceeds the EU Threshold (see paragraph 1.5) they **must** be tendered as one contract under EU Procurement law. (Total cost means whole life costs of the contract.)
- 8.2 Tenders for services which require a number of providers to be working in the market place in order to introduce flexibility and competition contracts can be tendered as one, however, separate contracts can be awarded to more than one provider.

For the avoidance of doubt, the value of the contract over the whole contract term represents the total value of the contract.

9 Approved Lists

- 9.1 The CCG's advisor on supplies shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists. Where in the opinion of the Chief Finance Officer it is desirable to provide tenders from entities not on the approved lists, the reason shall be recorded in writing to the Chief Officer.
- 9.2 Where the Chief Finance Officer has decided in writing that a new approved list of contractors is required for the supply of goods and services an approved list may be compiled.
- 9.2.1 At least four weeks before the approved list is compiled the approved list must be advertised on Supply2Health or any in other journal, newspaper etc. where it is considered that this would be beneficial, inviting contractors to indicate their interest in inclusion on the list.
- 9.2.2 The list must be kept by the Contracts Team, or approved local supplies function and should:
- (a) Contain the names of all suppliers who wish to be included and who have been approved by the Chief Finance Officer following an evaluation process.

- (b) Indicate the level of contract value as recommended by the Chief Finance Officer and the categories of work for which approval is given.

9.2.3 The list may be amended by the addition of further contractors approved by the Chief Finance Officer or by the exclusion of contractors who are not meeting the requirements of the CCG. The Contracts Team will maintain a written record of the reasons for inclusion or exclusion.

9.2.4 The list must be reviewed at least every four years in accordance with EU Directives.

9.3 Tendering from Approved Lists

9.3.1 Tenders should be sent to a minimum of three suppliers on the approved list, selected by strict rotation. The Chief Finance Officer shall maintain a written register recording details of all invitations to tender, including reasons for selection and the responses received.

9.3.2 If a contract falls under the EU public procurement regime, then existing approved lists cannot be used, and the contract must be advertised under EU regulations.

10 Tendering and Procurement

10.1 Unless the competition requirements have been waived in accordance with paragraph 7.1, contractors must be appointed by one of the following methods:

(a) Selective tendering from an Approved List

Selective tendering from an Approved List is appropriate when there is a need to tender for a particular type of service on a frequent basis.

(b) Contracting with “Any Willing Provider” from an Accredited Approved List

Contracting with “Any willing Provider” is appropriate when services are required on an ad- hoc basis or to facilitate patient choice. It may be described as an accreditation process underpinned by a framework agreement or “call off” contract. Use of an Approved List will be required in accordance with Paragraph 5.2 (Setting up Approved Lists).

(c) The Open Tendering Procedure

Under the Open Tender Procedure all interested candidates who respond to a Government’s Contract Finder (<https://www.gov.uk/contracts-finder>) advertisement and an OJEU advertisement if appropriate (and other adverts placed where it is considered that this would be beneficial) must be invited to tender. The best bid is chosen according to evaluation criteria. Under this procurement route, the advertisement and Service Specification must be very clearly defined so that bidders know exactly what is being procured. There is no scope to negotiate with bidders.

This procurement route is more appropriate for goods/services that are not complex in nature.

(d) The Restricted Tendering Procedure

Under the Restricted Tendering Procedure, interested candidates are invited to respond to the Government’s Contract Finder (<https://www.gov.uk/contracts-finder>) advertisement and the OJEU if appropriate (and other adverts placed where it is considered that this would be beneficial) by submitting an expression of interest.

A shortlist of candidates is then drawn up and invited to tender. There is no scope to negotiate with tenderers following receipt of bids.

The Restricted Tendering Procedure should be used for goods or services that are more complex in nature and where short listing is required to ensure that the contractor has the appropriate technical ability to provide the goods or services being tendered for. A detailed specification will be sent to short-listed providers when they are invited to tender.

(e) *Competitive Dialogue Tendering*

The use of the Competitive Dialogue Procedure is applicable only for particularly complex contracts where development of the detailed specification will take place during the tender process.

Under the Competitive Dialogue Procedure shortlisted parties are invited to participate in dialogue which may have several stages. Once the dialogue is concluded, suppliers are invited to submit a final tender. There is one provision for bidders to clarify, specify and fine-tune their final bids before a preferred bidder is chosen.

Robust governance is required as there needs to be careful management of bids and avoidance of conflicts of interest to ensure equality of treatment and avoid any unfair advantage between bidders.

Use of the Competitive Dialogue Procedure must be approved by the Director of Finance or their nominated representative. The use of this procedure is governed by EC Directive rules.

11 Invitation to Tender or to be Included on an Approved List

11.1 All invitations to tender or for expressions of interest in a tender or inclusion on an Approved List must be advertised on Government's Contract Finder (<https://www.gov.uk/contracts-finder>) advertisement and the OJEU if appropriate. If it is considered that it would be beneficial the tender or Approved List may also be advertised in one or more newspapers or appropriate journals.

11.2 All requests for expressions of interest or invitations to tender shall state the date and time as being the latest time for receipt.

11.3 The CCG will keep a register of the companies that have expressed an interest and whether or not they have been invited to tender.

11.4 All tenders, other than those being submitted via electronic tendering software, shall be submitted in accordance with the following requirements:

- Tenders must be submitted in a plain sealed package or envelope addressed to the Chief Officer bearing a pre-printed label supplied by the appropriate CCG and the latest date and time for the receipt of such tender.
- Tender envelopes shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

12 Evaluation of Tender, Quotations and Expressions of Interest

- 12.1 Prior to accepting a tender, quotation or expression of interest, the Tender Evaluation Team must evaluate all submissions in accordance with the criteria set out in paragraph 4 (Pre Contract Requirements and Risk Assessment).
- 12.2 Tenders must be evaluated by a Tender Evaluation Panel comprised of a minimum of three appropriately experienced people.
- 12.3 The Tender Evaluation Panel is required to maintain written records of :
- the weighting and evaluation criteria used to assess the submissions
 - the recorded schedule of scoring for each panel member, including detailed reasons for scoring decisions
 - a signed record of attendance and agreement with the scoring decisions and choice of tenderer.

13 Acceptance of Tender or Quotation

- 13.1 Successful tenderers will be those offering the best value for money to the CCG, in accordance with the Tender Evaluation Criteria, or where price is the only consideration, the cheapest.
- 13.2 No tender or quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these financial policies.
- 13.3 A written, signed record of the decision to award a contract will be kept by the CCG and will be reported on to the Audit Committee at each meeting.
- 13.4 A Notice of an award of contract must be published in the OJEU in accordance with EU Procurement Rules.
- 13.5 All tenderers must be informed of the outcome of the tender process and provided with detailed feedback on their submission in relation to each of the evaluation criteria.
- 13.6 A standstill period will be required in accordance with EU Procurement Rules or the latest guidance produced by the Department of Health.

14 Use of Seal and execution of documents by signature

- 14.1 Authority to execute documents by seal and/or signature is held by the Chief Officer, Chair of the Governing Body, Chief Finance Officer, appropriate Director/Head of Service or nominated deputy, in accordance with Standing Order 20 & 21. It is important that final contracts are physically signed by the appropriate authority prior to commencement of activity.

Delegated Authorities and Requisition Limits

Key	Abbreviatio
Governing Body	GB
Chair of Governing Body or Deputy Clinical Chair	C / DCC
Clinical Member of Clinical Cabinet	CMCC
Lay Member	LM
Chief Officer	CO
Chief Operating Officer	COO
Chief Finance Officer	CFO
Director (Executive member of Governing Body or Associate Director)	Director
Head of Service (reporting to Director)	HoS
Head of Department (reporting to Head of Service)	HoD
Associate Director of Finance	ADF
Director of Corporate Affairs	DCA
Board Secretary	BS

Finance and Procurements Delegated Limits

Re	Delegated Matter	Detail	Authority
1	Operational Budget	Department budgets	HoD
		Commissioning budgets	HoS
		Budget virements between headings	HoS
2a	Commitment of expenditure, for NHS contracts and other commissioned health care services	Under £20k	HoD
	NB : Business case required for amounts above £50k(except those covered in 2b below) – see section 15 of table	£20k - £100k	HoS
		£100k-£500k	CMCC + HoS
		£500k-£1m	CMCC + Director
		Over £1m	CO or CFO
2b	Continuing Healthcare packages (Reported in the quarterly CHC report to Integrated Governance Committee)		
	Approval of Continuing Healthcare packages Physical and Mental Health/LD placements	Up to £50,000 (Tier 1)	Clinical Nurse Advisers
	Approval of Continuing Healthcare Package for Physical and Mental Health/LD placements,	between £50,000 and £150,000 (Tier 2)	Head of Service / Deputy Head of Service
	Approval of Continuing Healthcare Package for Physical and Mental Health/LD placements,	between £150,000 and £500,000 (Tier 3)	Head of Service / Deputy Head of Service and Director

Standing Financial Instructions

	Approval of Continuing Healthcare Package for physical and Mental Health/LD placements,	between £150,000 and £500,000 (Tier 3)	Head of Service / Deputy Head of Service and Director
	Approval of an Urgent Continuing Healthcare Package for physical and Mental Health/LD placements,	between £150,000 and £500,000 (Tier 3)	Head of Service / Deputy Head of Service and Director or On-call Manager
	Approval of an Urgent Continuing Healthcare Package for physical and Mental Health/LD placements,	between £150,000 and £500,000 (Tier 3)	Head of Service / Deputy Head of Service and Director or On-call Manager
	Approval of Continuing Healthcare Package for physical and Mental Health/LD placements,	between £500,000 and £1 Million (Tier 4)	Chief Finance Officer and Accountable Officer
3a	Commitment of expenditure, for non health care NB : Business case required for amounts above £50k – see section 15 of table	Under £20k	HoD
		£20k - £100k	HoS
		£100k - £500k	Director
		£500k - £1m	C / DCC + Director
		Over £1m	GB
		NB where expenditure has previously been approved by the Board then requisitions/procurement authorisations may be signed at Director level	
3b	Management consultancy	Up to £1m Over £1m	Director +LM GB
4	Lease agreements (see also Standing Order 20)		CFO / CO
5	Charitable Funds		CFO / CO

Re	Delegated Matter	Detail	Authority
6 Competitive Quotes / Tendering processes :			
6a)	Competitive quotes for procurement values	£20k - £50k	HoS
6b)	Tendering procedures for procurement values	Over £50k	HoS
6c)	Waiver of :- (i) competitive quotations (ii) tendering (See section 7.1)	£20k - £50k Over £50k	CO/COO/ CFO* CO/COO/ CFO* + LM
6d)	Opening Competitive Quotes / Tenders	Under £50k (ie quotes)	2 of : BS, HoF, or Director
		£50k - £250k (ie tenders)	2 of : BS, HoF or Director,
		£250k and over	Director + BS/HoF or
6e)	Acceptance of lowest quote / tender		Director/BS
6f)	Acceptance of quote / tender on a "best value" basis :	Under m Over £1m	CO/CO O/CFO*
6g)	Notice where tenders are in excess of pre-tender estimates £5k or 5% which is lower		CO/COO/CFO*
7	Disposals / condemnation /redundant items		CFO / CO
8	Losses and Special Payments (including fruitless payment, cash, abandoned claims, damage to chattels)	Under £50k	CFO
		£50k and over	GB
9	Write-off non-NHS debts	Under £10k	HoF
		£10k - £50k	CFO
		Over £50k	GB
10	Non-enforcement of NHS debtors	Under £50k	CFO
		£50k and over	GB

- * Where the Chief Operating Officer or Chief Finance Officer are formally deputizing for the Chief Officer during a period of absence

Ref	Delegated Matter	Detail	Authority
11	Compensation claims, ex-gratia payments, extra-contractual payments to suppliers	Under £1k	HoS + ADCA/BS
		£1k - £20k	HoS + HoF
		£20k and over	GB
12	Petty Cash	Under £50	HoS
		£50 and over	HoS + HoF
13	Use of Seal – authentication by signature (see Standing Order 20)	At least two of :	CO, CFO, Clinical Chair, Director, HoS
14	Execution of document by signature on behalf of CCG (see Standing Order 21)		CO, CFO, Director Clinical Chair
15	Business case required prior to procurement process (for further detail see section 4 of document)	Under £50k Above £50k	No Yes
16	Authorisation of course/conference fees & travel expenses for educational or development purposes		Director