

**NHS WIRRAL
CLINICAL COMMISSIONING GROUP**

**CCG GOVERNANCE HANDBOOK
FINAL**

Version: 1.0 – January 2020

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CCG COMMITTEE HANDBOOK

1. Introduction

NHS Wirral Clinical Commissioning Group Governing Body has established a number of Committees other than those mentioned within the Constitution to assist it with the discharge of its functions. These Committees are set out in the Scheme of Reservation and Delegation (SoRD) and this handbook includes further information about these Committees, including terms of reference. This handbook is published on the Clinical Commissioning Group's website.

2. Terms of Reference

2.1 Quality and Performance Committee

Introduction

The Quality and Performance Committee (the Committee) is established in accordance with NHS Wirral Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee

The Governing Body resolves that, in the period between formal Board meetings, the QPF Committee can exercise the functions of the Governing Body on a delegated basis. Any decisions made on this basis will be reported to the next Governing Body meeting.

Membership

The committee shall be appointed by the clinical commissioning group's Governing Body, membership to include:

- Chief Financial Officer
- Director of Quality & Safety
- Director of Commissioning
- Director of Corporate Affairs
- Lay Member – Audit & Governance
- Lay Member – Quality and Outcomes (Chair)
- One GP from Governing Body

The QP meeting will be chaired by the Lay Member (Quality and Outcomes). In the absence of the Chair, the meeting will be chaired by a member nominated by the group.

Deputies may be sent who have been fully briefed and who have delegated responsibilities for decision making.

Attendance

The following key posts are also co-opted to attend in a non-voting capacity:

- Assistant Director of Quality and Safety
- Corporate Affairs Manager
- Other individuals as appropriate

Secretarial support will be provided to the committee and for supporting the chair in the management of business.

Relationship to the Governing Body

The Quality and Performance Committee is a subcommittee of the Governing Body. The minutes of the Committee shall be formally recorded by the Committee Secretary and submitted to the Governing Body for information and oversight.

The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the Governing Body, or require executive action.

Reports will be received from and relating to:

- Performance against Targets / Objectives
- Contract Monitoring meetings
- Patient experience
- Workforce matters relating to sickness/ turnover / disciplinary

Quoracy

In order for the committee to be quorate, the following members will be present:

- Director of Commissioning Director of Quality & Safety
- One Lay Member
- One GP from Governing Body

Frequency and notice of meetings

- The meetings will be held monthly, there will be no less than 8 meetings per year.
- Agendas and papers will be sent out 7 days before the meeting is held (some information may exceptionally need to be tabled on the date of the meeting for purposes of ensuring that the committee receives the most up to date information for the purposes of decision making)
- Action points will be sent out within 48 hours of the meeting occurring.
- Full minutes will be available within 2 weeks of the meeting.

In the event of an additional meeting being required outside of this, an extraordinary meeting may be called with 5 days minimum notice.

Duties

The remit and responsibilities of the Committee will be to:

Contract monitoring & Performance

- Report to the Governing Body on quality, governance, contract performance monitoring and work force issues.
- Receive assurance that the CCG meets all its relevant obligations with regards to the quality of commissioned services including patient experience and infection control.
- Oversee and review the performance of all contracts and service level agreements commissioned by the CCG in all aspects of quality, activity, waiting times and financial performance.
- Receive regular performance monitoring reports outlining the CCGs performance against
 - Activity and work force plans
 - Activity performance of providers
 - Any other areas where the CCG is required to report performance to NHS England and their Local Area Team

- Quality & Patient Experience
- Receive reports and consider assurance required for action plans which are relevant to integrated governance issues from external agencies including Care Quality Commission, internal / external audit recommendations, patient surveys / complaints etc.
- Review the outcomes and action plans associated with all serious untoward incidents to ensure that learning is shared across the CCG and its commissioned services.
- Review all exception reports relating to the quality of the patient experience including Freedom of Information requests, complaints, patient survey results ensuring that action is taken to address significant lapses.
- Consider the assurance that the relevant standards in relation to safeguarding children and adults are being complied with and that the risks associated with those are identified and controlled.
- Receive assurance that relevant standards are in place relating to equality and human rights.

Corporate Affairs

- Undertake the oversight of development and update approval of CCG policies, reporting for information only to the Governing Body
- Receive regular reports on areas of risk via the risk management process (risk register) reviewing and agreeing the assessment of risk scoring
- At the request of the Governing Body, undertake deep dives around specific risks on the Assurance Framework,

Policy and best practice

The committee will apply best practice in the decision making processes, and has delegated authority from the Governing Body to commission any reports surveys it deems necessary to help fulfil its obligations.

Conduct of the committee

The committee will conduct its business in accordance with national guidance and codes of conduct / good governance including Nolan's seven principles of public life (appendix 1).

These Terms of Reference shall be reviewed annually by the Governing Body, with recommendations made for any amendments in line with development requirements.

Date of next review: July 2021

2.2 Finance Committee

Introduction

The Finance Committee (the Committee) is established as a subcommittee of the Governing Body. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

Membership

Membership is:

- Registered Nurse (Chair)
- Lay Member - Audit and Governance (Vice Chair)
- CCG Chair
- Chief Officer
- Chief Finance Officer
- Director of Commissioning
- Director of Corporate Affairs
- Director of Quality and Safety
- Medical Director

The Finance Committee meeting will be chaired by the Registered Nurse of the Governing Body. In the absence of the Chair, the meeting will be chaired by the Vice Chair, the Lay Member – Audit and Governance.

Deputies may be sent who have been fully briefed and who have delegated responsibilities for decision making.

Attendance

The following key posts are also co-opted to attend:

- Assistant Director of Delivery and Performance
- Business Intelligence Lead
- Deputy Chief Finance Officer
- Planning and Programme Management Office (PMO) Lead

Secretarial support will be provided to the committee and for supporting the Chair in the management of business. The Planning and PMO Lead will also support the Committee's business.

Relationship to Governing Body

The Finance Committee, as a subcommittee of the Governing Body, reports to the Governing Body. The business and minutes of the Committee shall be formally recorded by the Committee Secretary and submitted to the Governing Body.

The Chair of the Committee shall draw to the attention of the Governing Body any specific issues that require disclosure or action.

Reports will be received relating to:

- Financial Performance and Activity Information, including contractual performance.
- Financial and Operational Plans
- QIPP Plans
- QIPP Delivery
- Financial Turnaround and Recovery

Quoracy

In order for the committee to be quorate, the following members will be present:

- Chair or Vice Chair
- Any two Executive Directors
- Chief Finance Officer or Deputy Chief Finance Officer

Frequency and notice of meetings

- The meetings will be held monthly.
- Agendas and papers will be sent out no later than 3 working days before the meeting is held (some information may exceptionally need to be tabled on the date of the meeting for purposes of ensuring that the committee receives the most up to date information for the purposes of decision making)
- Action points will be sent out within 48 hours of the meeting occurring.
- Full minutes will be available within 2 weeks of the meeting.
- The Chair will also provide a written update to the next scheduled Governing Body.

In the event of an additional meeting being required outside of this, an extraordinary meeting may be called with 5 days minimum notice.

Duties

The remit and responsibilities of the Committee will be to:

- Report to the Governing Body on financial issues and performance.
- Provide assurance that the CCG is meeting, or has plans to meet, all its relevant obligations with regards to statutory financial duties.
- Review the CCG annual finance plan for incorporation with the operational plan and recommend to the Governing Body for Approval.
- Report to the Governing Body on contractual performance in respect of activity and expenditure and on the negotiation and agreement of contracts.
- Review progress against the CCG's financial recovery and improvement plan as approved by the Governing Body
- Review and seek assurance of actions for the delivery of the QIPP programme and agree corrective action when required on behalf of the Governing Body.
- Review and provide assurance on the CCG's overall Operational Plan, ensuring that the plan optimises levels of activity and performance consistent with the CCG's duty to deliver financial balance and to meet the NHS Mandatory requirements and other duties including those under the Equality Act 2010.

- Challenge and verify all Improvement and Delivery Plans associated with turnaround recovery and QIPP through the Responsible Owners, to ensure that they are mutually consistent and supportive, realistic and robust, holding Executive and Clinical Responsible Owners to account for their delivery.
- Identify, monitor, manage and review risks, issues and dependencies within the Financial Recovery Programme, considering and analysis of risk across the delivery of the overall programme.
- Receive reports from the Financial Recovery Group (FRG)
- Approve Business Cases
- Receive Long Term Financial Planning projections
- Make recommendations to Governing Body on changes to the Section 75 agreement
- Monitoring of pooled budget within the Section 75 agreement

Policy and best practice

The Committee will apply best practice in its processes, and has the ability to commission any reports surveys it deems necessary to help fulfil its obligations.

Conduct of the committee

The Committee will conduct its business in accordance with national guidance and codes of conduct / good governance including Nolan's seven principles of public life.

These Terms of Reference shall be reviewed annually by the Finance Committee, with recommendations made for any amendments in line with development requirements.

Date of next review: January 2022

3. 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 and lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Financial 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 prepared more detailed policies, approved by the Accountable Officer / Chief Financial Officer – Clinical Commissioning Group to select, 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 Accountable Officer and the Chief Financial Officer are responsible for approving all detailed financial policies.
- 1.1.5. A list of the Group's detailed financial policies will be published and maintained on the Group's website at <http://www.wirralccg.nhs.uk/>
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Accountable Officer or the Chief Financial 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 Financial Officer as soon as possible.

1.3. Responsibilities and delegation

- 1.3.1. The roles and responsibilities of the 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 chapters 6 and 7 of this constitution.

- 1.3.2. The financial decisions delegated by the Group's Governing Body are set out in the Group's 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 Clinical 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 Financial Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Financial Officer will recommend amendments, as fitting, to the Governing Body for approval. As these prime financial policies are an integral part of the Group's constitution, any amendment will not come into force until the Group applies to NHS England and that application is granted.

2. INTERNAL CONTROL

Policy

The Group 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

- 2.1. The Governing Body is required to establish an audit committee with terms of reference agreed by the Governing Body (see paragraph 6.7.1 of the Group's constitution for further information).
- 2.2. The Accountable Officer has overall responsibility for the Group's systems of internal control.
- 2.3. The Chief Financial Officer will ensure that:
- a) financial policies are considered for review and updated annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

Policy

The Group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

- 3.1. 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 appointed external auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Governing Body, Accountable Officer and Chief Financial Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. 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 Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The Chief Financial Officer will ensure that:
 - a) the Group has a professional and technically competent internal audit function
 - b) the Governing Body / Governing Body's Audit Committee approves any changes to the provision or delivery of audit services to the Group

4. FRAUD AND CORRUPTION

Policy

The Group requires all staff to always act honestly and with integrity to safeguard the public resources for which they are responsible. The Group will not tolerate any fraud perpetrated against the population who fund the NHS and will actively chase any loss suffered

- 4.1. The Governing body shall ensure that its members and, as far as reasonably practicable the CCG as a whole, conduct all business with due consideration of general duties and obligations arising from the bribery Act 2010.
- 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 for more see <http://www.nhsbsa.nhs.uk/protect.aspx>

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 Accountable 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 Financial Officer will:

¹ See section 223H of the 2006 Act, inserted by section 27 of the 2012 Act

- a) provide reports in the form required by NHS England;
- b) ensure money drawn from NHS England is required for approved expenditure only and is drawn down only 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

6. ALLOTMENTS²

6.1. The Group's Chief Financial 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 on significant changes to the initial allocation and the uses of such funds

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

Policy

The Group will produce and publish an annual 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

- 7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body
- 7.3. The Accountable Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variance reports will identify on any significant departures from agreed financial plans or budgets.
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the Group's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.5. The Accountable Officer will approve consultation arrangements for the Group's commissioning plan³.

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

8. ANNUAL ACCOUNTS AND REPORTS

Policy

The Group 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

- 8.1. The Chief Financial Officer will ensure the Group:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body
 - b) prepares the accounts according to the timetable approved by the Governing Body
 - c) complies with statutory requirements and relevant directions for the publication of an 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 Group's website at <http://www.wirralccg.nhs.uk/> once reviewed by the Governing Body

9. INFORMATION TECHNOLOGY

Policy

The Group will ensure the accuracy and security of the Group's computerised financial data

- 9.1. The Chief Financial Officer is responsible for the accuracy and security of the Group'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 General Data Protecting Regulation (GDPR).
 - 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 Financial Officer may consider necessary are being carried out
- 9.2. In addition the Chief Financial 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

Policy

The Group will run an accounting system that creates management and financial accounts

- 10.1. The Chief Financial 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
- 10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Financial Officer shall periodically seek assurances that adequate controls are in operation.

11. BANK ACCOUNTS

Policy

The Group will keep enough liquidity to meet its current commitments

- 11.1. The Chief Financial 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
- 11.2. The Accountable Officer shall approve the banking arrangements.

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

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

Policy - the Group will

- **operate a sound system for prompt recording, invoicing and collection of all monies due**
- **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**
- **ensure its power to make grants and loans is used to discharge its functions effectively**

12.1. The Chief Financial 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

Policy– the Group:

- **will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending**
- **will seek value for money for all goods and services**
- **shall ensure that competitive tenders are invited for**
 - o **the supply of goods, materials and manufactured articles;**
 - o **the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and**
 - o **for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals**

13.1. 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 Financial Officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the Group's Governing Body.

- 13.2. 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) and take into account as appropriate, any applicable NHS Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above
- 13.3. In all contracts entered into, the Group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the Group.

14. COMMISSIONING

Policy

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

- 14.1. The Group will coordinate its work with NHS England, other clinical commissioning Groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary, community and faith sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Financial 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

Policy

The Group will put arrangements in place for evaluation and management of its risks

- 15.1. The Accountable Officer has overall accountability for Risk Management within the CCG and the Governing Body demonstrates commitment through the endorsement of the Risk Management Strategy.
- 15.2. The Board of each level sub-committee is responsible for identifying, assessing, evaluating, treating, monitoring and recording risks as set out in their Risk Management policy. Following assessment, all identified high or complex risks that cannot be controlled within the respective area will be escalated to the NHS Wirral CCG Corporate Risk Register.
- 15.3. The Board of the Audit Committee will review and monitor those risks escalated from sub committees along with all other risks entered onto the Corporate Risk Register. A quarterly report will be sent to the Governing Body for review, with risks identified as requiring urgent attention being forwarded for the next meeting. The Audit Committee will also be responsible for ensuring that the Risk assurance procedures are being followed and reviewed on an annual basis.
- 15.4. The Governing Body will receive the quarterly reports from the Audit Committee and where necessary will provide guidance on the actions to be taken for all risks identified as requiring urgent attention which have been forwarded on from the Audit Committee. The Governing Body will also review the Corporate Risk Register on a monthly basis to ensure appropriate actions have been carried out.

16. PAYROLL

Policy

The Group will put arrangements in place for an effective payroll service

- 16.1. The Chief Financial 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
- 16.2. In addition the Chief Financial Officer shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

Policy

The Group will seek to obtain the best value-for-money goods and services received

- 17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The Chief Financial Officer will:
 - a) advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and 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.

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

Policy

The Group 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 the Group's fixed assets

- 18.1. The Accountable 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
- 18.2. The CCG shall maintain a registers of assets, taking account of the advice of the Chief Financial 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 Financial Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

Policy

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

19.1. The Accountable Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 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

Policy

The Group will put arrangements in place to provide for the appointment of trustees if the Group holds property on trust

20.1. The Chief Financial 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.

4. 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 Wirral Clinical Commissioning Group so that the 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 delegation⁵ and the Group's prime financial policies⁶, 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 to the Governing Body;
- 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 appropriate⁷ 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. Group members, employees, members of the Governing Body, members of the Governing Body'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) provides the Group with powers to delegate the Group's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The Group has decided that certain decisions may

⁵ See Appendix D

⁶ See Appendix E

⁷ 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.

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).

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

2.1. Composition of membership

2.1.1. Chapter 3 of the Group's constitution provides details of the membership of the Group (also see Appendix B).

2.1.2. Chapter 6 of the Group's constitution provides details of the governing structure used in the Group's decision-making processes, whilst Chapter 7 of the constitution outlines certain key roles and responsibilities within the Group and its Governing Body, including the role of practice representatives (section 7.1 of the constitution).

2.2. Key Roles

2.2.1. Paragraph 6.6.2 of the Group's constitution sets out the composition of the Group's Governing Body whilst Chapter 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. All eligibility requirements include any requirements for specific roles laid down by law (in particular, the National Health Service (Clinical Commissioning Groups) Regulations 2012), regardless of whether such requirements are stated in these standing orders or not.

2.2.2. The **Chair of the Governing Body** as listed in paragraph 6.6.2. of the Group's constitution, is subject to the following appointment process:

- a) **Nominations** – when the position is, or about to become vacant, GPs from a member practice of Wirral CCG interested in serving as Chair of the Group's Governing Body should express their interest to the Director of Corporate Affairs, who will publish nomination and election process details at least two weeks in advance of a ballot, and circulate the list of candidates when nominations close
- b) **Eligibility** – candidates must be registered practising GPs, practising substantively (that is, not a locum) in one of the Group's member practices. For the Chair of the Governing Body, the candidate must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues. A defined person specification outlining key competencies of the role will be developed and those wishing to stand must be able to demonstrate that they fulfill the requirements of this post. Candidates must have successfully completed an assessment process that ensures that the competencies and standards required are fully met
- c) **Election process** – the Director of Corporate Affairs will notify member practices of the candidates and their eligibility criteria, for the position of Chair and make arrangements to conduct a ballot over a period of not more than 21 days.

Voting will be based upon the member practices each casting a single weighted vote, with the weighting applied on the basis of 1 vote per 2,500 registered patients or part thereof. A mathematical representation and examples are set out below:

	<u>Number of registered patients</u>	<u>Weighted vote</u>
<u>Mathematical Representation</u>	x	$\left\lceil \frac{x}{2,500} \right\rceil$ (rounded up to the nearest whole number)
<u>Example 1</u>	1,000	1
<u>Example 2</u>	2,500	1
<u>Example 3</u>	2,501	2
<u>Example 4</u>	10,000	4
<u>Example 5</u>	10,001	5

The number of registered patients for each member practice will be determined with reference to the list of the patients maintained by NHS England as on the last day of the ballot.

Votes will be for a single candidate and cannot be split.

The results of the ballot, including a summary of voting analysed by candidate, will be recorded and made available to member practices, though individual votes will remain confidential. The candidate who receives the highest number of weighted votes will take the Chair at the next meeting of the Governing Body. In the event it is not possible to declare a single successful candidate, a second ballot will be conducted over a period of not more than 10 days between those two candidates who received the highest number of votes in the first ballot.

The Local Medical Committee shall be consulted on the election process and invited to observe elections

- d) **Term of office** – the Chair will serve for a period of 4 years, unless removed from office or resigning from the post.
- e) **Eligibility for reappointment** – provided they meet the eligibility criteria at (b) above, GPs may put themselves forward for reappointment without limit on the number of terms served
- f) **Grounds for removal from office** – a GP serving as Chair will be automatically removed from office, without notice, in the event that s/he is removed from the List of Registered Medical Practitioners (note: removed from office temporarily, if suspended pending investigation), or ceases to practice in one of the Group’s member practices, or is not approved/accredited through NHS England or other assessment process(es) where that requirement is stipulated for the position.

A vote of no confidence by the majority of member practices via the Membership Council or by the majority of Governing Body voting members will also have the effect of removing the Chair from office without notice. If vacated, the Assistant

Chair will immediately assume the Chair and remain in that position until a new Chair is appointed via the due process.

- g) Notice period** – a Chair wishing to resign the post should give a minimum of 60 days’ notice, in writing, addressed to the Deputy Chair, who will ask the Director of Corporate Affairs to initiate proceedings for an election without delay. Election proceedings to appoint a Chair after a completed term of office should be initiated by the Director of Corporate Affairs such that the newly-elected Chair may take office on completion of the term of his/her predecessor

2.2.3. The **Medical Director** as listed in paragraph 6.6.2. of the Group’s constitution, is subject to the following appointment process:

- a) Nominations** – when the position is, or about to become vacant, GPs from a member practice of Wirral CCG interested in serving as Medical Director of the Group’s Governing Body should express their interest to the Director of Corporate Affairs, who will publish nomination and election process details at least two weeks in advance of a ballot, and circulate the list of candidates when nominations close
- b) Eligibility** – candidates must be registered practising GPs, practising substantively (that is, not a locum) in one of the Group’s member practices. For the Medical Director role, the candidate must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues. A defined person specification outlining key competencies of the role will be developed and those wishing to stand must be able to demonstrate that they fulfill the requirements of this post. Candidates must have successfully completed an assessment to ensure that the competencies and standards required are fully met
- c) Election process** – the Director of Corporate Affairs will notify member practices of the candidates and their eligibility criteria, for the position of Medical Director and make arrangements to conduct a ballot over a period of not more than 21 days.

Voting will be based upon the member practices each casting a single weighted vote, with the weighting applied on the basis of 1 vote per 2,500 registered patients or part thereof. A mathematical representation and examples are set out below:

	<u>Number of registered patients</u>	<u>Weighted vote</u>
<u>Mathematical Representation</u>	x	$\left\lceil \frac{x}{2,500} \right\rceil$ (rounded up to the nearest whole number)
<u>Example 1</u>	1,000	1
<u>Example 2</u>	2,500	1
<u>Example 3</u>	2,501	2
<u>Example 4</u>	10,000	4

<u>Example 5</u>	10,001	5
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The number of registered patients for each member practice will be determined with reference to the list of the patients maintained by NHS England as on the last day of the ballot.

Votes will be for a single candidate and cannot be split.

The results of the ballot, including a summary of voting analysed by candidate, will be recorded and made available to member practices, though individual votes will remain confidential. The candidate who receives the highest number of weighted votes will take the Medical Director role at the next meeting of the Governing Body. In the event it is not possible to declare a single successful candidate, a second ballot will be conducted over a period of not more than 10 days between those two candidates who received the highest number of votes in the first ballot.

The Local Medical Committee shall be consulted on the election process and invited to observe elections

- d) **Term of office** – the Medical Director will serve for a period of 3 years, unless removed from office or resigning from the post.
- e) **Eligibility for reappointment** – provided they meet the eligibility criteria at (b) above, GPs may put themselves forward for reappointment without limit on the number of terms served
- f) **Grounds for removal from office** – a GP serving as Medical Director will be automatically removed from office, without notice, in the event that s/he is removed from the List of Registered Medical Practitioners (note: removed from office temporarily, if suspended pending investigation), or ceases to practice in one of the Group’s member practices.

A vote of no confidence by the majority of member practices via the Membership Council or by the majority of Governing Body voting members will also have the effect of removing the Medical Director from office without notice.

- g) **Notice period** – a Medical Director wishing to resign the post should give a minimum of 60 days’ notice, in writing, addressed to the Chair, who will ask the Director of Corporate Affairs to initiate proceedings for an election without delay. Election proceedings to appoint a Medical Director after a completed term of office should be initiated by the Director of Corporate Affairs such that the newly-elected Medical Director may take office on completion of the term of his/her predecessor

2.2.4. The **GP Executive Lead – Primary Care** as listed in paragraph 6.6.2. of the Group’s constitution, is subject to the following appointment process:

- a) **Nominations** – when the position is, or about to become vacant, GPs from a member practice of Wirral CCG interested in serving as GP Executive Lead – Primary Care of the Group’s Governing Body should express their interest to the Director of Corporate Affairs, who will publish nomination and election process details at least two weeks in advance of a ballot, and circulate the list of candidates when nominations close
- b) **Eligibility** – candidates must be registered practising GPs, practising substantively (that is, not a locum) in one of the Group’s member practices. For

the GP Executive Lead – Primary Care role, the candidate must disclose any criminal record, their GMC disciplinary record (including any fitness to practice issues) and any current or potential conflict of interest issues. A defined person specification outlining key competencies of the role will be developed and those wishing to stand must be able to demonstrate that they fulfill the requirements of this post. Candidates must have successfully completed an assessment to ensure that the competencies and standards required are fully met

- c) **Election process** – the Director of Corporate Affairs will notify member practices of the candidates and their eligibility criteria, for the position of GP Executive Lead – Primary Care and make arrangements to conduct a ballot over a period of not more than 21 days.

Voting will be based upon the member practices each casting a single weighted vote, with the weighting applied on the basis of 1 vote per 2,500 registered patients or part thereof. A mathematical representation and examples are set out below:

	<u>Number of registered patients</u>	<u>Weighted vote</u>
<u>Mathematical Representation</u>	x	$\left\lceil \frac{x}{2,500} \right\rceil$ (rounded up to the nearest whole number)
<u>Example 1</u>	1,000	1
<u>Example 2</u>	2,500	1
<u>Example 3</u>	2,501	2
<u>Example 4</u>	10,000	4
<u>Example 5</u>	10,001	5

The number of registered patients for each member practice will be determined with reference to the list of the patients maintained by NHS England as on the last day of the ballot.

Votes will be for a single candidate and cannot be split.

The results of the ballot, including a summary of voting analysed by candidate, will be recorded and made available to member practices, though individual votes will remain confidential. The candidate who receives the highest number of weighted votes will take the GP Executive Lead – Primary Care role at the next meeting of the Governing Body. In the event it is not possible to declare a single successful candidate, a second ballot will be conducted over a period of not more than 10 days between those two candidates who received the highest number of votes in the first ballot.

The Local Medical Committee shall be consulted on the election process and invited to observe elections

- d) **Term of office** – the **GP Executive Lead – Primary Care** will serve for a period of 3 years, unless removed from office or resigning from the post.

e) **Eligibility for reappointment** – provided they meet the eligibility criteria at (b) above, GPs may put themselves forward for reappointment without limit on the number of terms served

f) **Grounds for removal from office** – a GP serving as GP Executive Lead – Primary Care will be automatically removed from office, without notice, in the event that s/he is removed from the List of Registered Medical Practitioners (note: removed from office temporarily, if suspended pending investigation), or ceases to practice in one of the Group's member practices.

A vote of no confidence by the majority of member practices via the Membership Council or by the majority of Governing Body voting members will also have the effect of removing the GP Executive Lead – Primary Care from office without notice.

g) **Notice period** – a GP Executive Lead – Primary Care wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the Chair, who will ask the Director of Corporate Affairs to initiate proceedings for an election without delay. Election proceedings to appoint a GP Executive Lead – Primary Care after a completed term of office should be initiated by the Director of Corporate Affairs such that the newly-elected GP Executive Lead – Primary Care may take office on completion of the term of his/her predecessor

2.2.5. The **Accountable Officer**, as listed in paragraph 6.6.2. of the Group's constitution, is subject to the following appointment process:

a) **Nominations** – an **Accountable Officer** must be appointed to the Governing Body, and will be the managing director of, and employed by, the Group. The post, when vacant, will be advertised in the usual manner and candidates must meet the attributes and competencies set out in the national role outlines guidance

b) **Eligibility** – candidates must be able to demonstrate significant senior-level managerial experience, meet the attributes and competencies set out in the national role outlines guidance, meet any designated person specification of the job description, and have successfully completed an assessment process that has the support of NHS England in ensuring that the competencies and standards required are fully met.

c) **Appointment process** – a selection process will be devised and conducted by the Governing Body. The successful candidate's appointment requires confirmation by NHS England

d) **Term of office** – the Accountable Officer will serve for the duration of his/her employment

e) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, and remains in employment with the Group, there is no reappointment process

f) **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he fails to satisfy the requirements of the defined assessment process(es), or, where employment is terminated by resignation, redundancy or as a result of disciplinary proceedings

g) **Notice period** – an Accountable Officer wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the Chair of the Governing Body, notwithstanding the notice requirements of the post holder's employment

2.2.6. **The GP Executive Lead –Planned Care, GP Executive Lead – Unplanned Care and GP Executive Lead – Long Term Conditions** as listed in paragraph 6.6.2. of the Group's constitution, are subject to the following appointment process

- a) **Nominations** – The above Executive GP Leads will be appointed to the Governing Body, following a period of advertising for the post, applications and selection process
- b) **Eligibility** – candidates must be able to demonstrate significant senior-level managerial and leadership experience, meeting any designated person specification or job description. They must be a practising substantively within a member practice of the Group
- c) **Appointment process** – a selection process will be devised and conducted as a minimum by the Chair, the Accountable Officer and the Medical Director
- d) **Term of office** – the Executive GP Leads will serve for the duration of his/her employment
- e) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, and remains in employment with the Group, there is no reappointment process
- f) **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he is removed or suspended from the relevant professional membership register, or where employment is terminated by resignation, redundancy or as a result of disciplinary proceedings
- g) **Notice period** – a GP Executive Lead wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the Accountable Officer of the Governing Body; this applies notwithstanding any contrary notice requirements of the post holder's contract of employment

2.2.7. **Lay Members**, as listed in paragraph 6.6.2. of the Group's constitution, are subject to the following appointment process:

- a) **Nominations** – Individuals interested in serving as lay members on the Governing Body will answer advertisements for such positions, or may be canvassed by local public bodies, including the Group, to make an application
- b) **Eligibility** – candidates must be local residents, preferably residing in the Group's area, and possess relevant skills and experience in the three areas defined in 6.6.2 (which are: Audit and Governance, Patient Champion and Quality and Outcomes) which might enhance the Governing Body's deliberations, offering challenge to the clinicians and managers thereon, and enable a beneficial contribution to be made to the wider functioning of the Group, including leading on audit and governance, and on patient and public engagement and participation, for example. Candidates employed by the NHS, or with current clinical or associated interests or affiliations will not be considered as this might prompt conflicts of interest
- c) **Appointment process** – a selection process will be conducted by the Chair and Accountable Officer using a process recommended in guidance from the NHS England. They may be assisted by colleagues or an external senior public official in their deliberations
- d) **Term of office** – Lay Members will serve for four years, unless removed from office or resigning from the post

- e) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, a Lay Members may serve without limit on the number of terms served
- f) **Grounds for removal from office** – a Lay Members will be automatically removed from office, without notice, in the event of a majority vote of the Governing Body, duly convened, or if s/he is rendered ineligible through professional membership, affiliation or association, or employment with a primary or secondary care provider or supplier
- g) **Notice period** – a Lay Member wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the Governing Body

2.2.8. A **Secondary Care Specialist Doctor**, as listed in paragraph 6.6.2. of the Group's constitution, is subject to the following appointment process

- a) **Nominations** – a secondary care specialist will be appointed to the Governing Body, following a period of advertising for the post, the receipt of applications or recommendations and a robust selection process
- b) **Eligibility** – candidates must be currently registered on the GMC Specialist Register, and be able to demonstrate significant professional and managerial experience, meeting any designated person specification or job description; candidates must meet the conditions set out in the CCG Regulations 2012.
- c) **Appointment process** – a selection process will be devised by the Chair and Accountable Officer, who may enlist professional clinical support in their deliberations
- d) **Term of office** – the secondary care specialist doctor will serve for four years, unless removed from office or resigning from the post
- e) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, secondary care specialists may apply for reappointment without limit on the number of terms served
- f) **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event of a majority vote of the Governing Body, duly convened, or in the event that s/he is removed or suspended from the GMC Specialist Register
- g) **Notice period** – a secondary care specialist wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the Governing Body
- h) **Conflict of Interests:** Whilst the individual may well no longer practise medicine, they will need to demonstrate that they still have a relevant understanding of care in the secondary setting. The individual should not be employed by any organisation from which the CCG secures any significant volume of provision.

2.2.9. A **Registered Nurse**, as listed in paragraph 6.6.2. of the Group's constitution, is subject to the following appointment process

- i) **Nominations** – a Registered Nurse will be appointed to the Governing Body, following a period of advertising for the post, the receipt of applications or recommendations and a robust selection process
- j) **Eligibility** – candidates must be currently registered on the NMC register, and be able to demonstrate significant professional experience, meeting any designated

person specification or job description; candidates must meet the conditions set out in the CCG Regulations 2012.

- k) **Appointment process** – a selection process will be devised by the Chair and Accountable Officer, who may enlist professional clinical support in their deliberations
- l) **Term of office** – the Registered Nurse will serve for four years, unless removed from office or resigning from the post
- m) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, secondary care specialists may apply for reappointment without limit on the number of terms served
- n) **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event of a majority vote of the Governing Body, duly convened, or in the event that s/he is removed or suspended from the NMC Register
- o) **Notice period** – a Registered Nurse wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the chair of the Governing Body
- p) **Conflict of Interests:** Whilst the individual may well no longer practise nursing, they will need to demonstrate that they still have a relevant understanding of care in the nursing profession. The individual must meet the conditions set out in the CCG Regulations 2012.

2.2.10. The **Director of Commissioning**, the **Director of Corporate Affairs** and the **Director of Quality and Safety** will continue as members of the CCG's Governing Body as long as they remain employees of the Group. When vacant, these posts will be advertised in the usual manner

2.2.11. The **Chief Financial Officer**, as listed in paragraph 6.6.2. of the Group's constitution, is subject to the following appointment process

- a) **Nominations** – a Chief Financial Officer must be appointed to the Governing Body, and will be employed by the Group, or, under exceptional circumstances, an officer imposed by the NHS England for a fixed period, not exceeding six months; the post, when vacant, will be advertised in the usual manner
- b) **Eligibility** – candidates must be able to demonstrate significant senior-level financial and managerial experience, meeting any designated person specification or job description, be currently registered with a member body of the Consultative Committee of Accountancy Bodies and have successfully completed the NHS England assessment process, and any continuing process(es) for CCG top roles, and be a candidate acceptable to the NHS England
- c) **Appointment process** – a selection process will be devised and conducted as a minimum by the Chair, the Accountable Officer and the Chair of the Audit Committee
- d) **Term of office** – the Chief Financial Officer will serve for the duration of his/her employment
- h) **Eligibility for reappointment** – provided the post holder continues to meet the eligibility criteria at (b) above, and remains in employment with the Group, there is no reappointment process
- i) **Grounds for removal from office** – the post holder will be automatically removed from office, without notice, in the event that s/he is removed or suspended from the relevant professional membership register, or fails to satisfy the requirements of the

NHS England assessment process(es), or where employment is terminated by resignation, redundancy or as a result of disciplinary proceedings

- j) **Notice period** – a Chief Financial officer wishing to resign the post should give a minimum of 60 days' notice, in writing, addressed to the Clinical Chief Officer of the Governing Body, notwithstanding the notice requirements of the post holder's employment

2.3 Disputes with member practices

In the event of a dispute arising between the CCG and a member practice the following process will be applied:

- a) *Resolution at Head of Direct Commissioning:* In the first instance the practice should contact the Head of Direct Commissioning. In the event that the dispute cannot be resolved at this level or should the practice wish to appeal the decision then the dispute can be escalated to the Director of Commissioning
- b) *Resolution at Director of Commissioning Level:* In the event that a dispute cannot be resolved at the Director of Commissioning Level, the Accountable Officer, supported by the Chief Finance Officer and Director of Corporate Affairs where necessary, will attempt to resolve the dispute.
- c) *Appeal to the CCG Chair:* In the event that a dispute remains unresolved the practice has a right of appeal to the CCG chair. Under such circumstances the chair will convene an dispute panel that will consist of
- CCG Chair
 - Lay Member – Audit and Governance
 - Lay Member– Patient Champion
- d) In the rare event that a dispute cannot be resolved through these local mechanisms the practice can refer the case to the Local Area Team of NHS England

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Membership of the Clinical Commissioning Group

- 3.1.1. Ordinary meetings of the Group shall be held at regular intervals at such times and places as the Group may determine.
- 3.1.2. Meetings of the Governing Body shall normally be held in public, scheduled in advance, and the date, time and location publicised on the Group's website and other media. No fewer than six meetings shall be held annually, and these scheduled meetings will be agreed by the Governing Body in advance of each financial year.
- 3.1.3. Unscheduled meetings of the Governing Body can also be called by
- a) the Chair, in the event that urgent business prompts convening a meeting ('special' meeting), by giving at least 7 days' notice thereof
 - b) written request, from at least 1/3rd members of the Governing Body ('extraordinary' meeting), requiring a meeting to be convened within 14 days in either event, the Director of Corporate Affairs will notify all members of the Governing Body by post or email, indicating the purpose and likely duration of the meeting, indicating date, time and venue, giving at least 7 days' notice. The conduct of confidential business shall warrant a closed meeting, or closed session of a meeting held in public, and the Chair shall require only members of the Governing Body and any person(s) invited for the purpose of discussing the confidential matter(s) to be present.
- 3.1.4. All meetings of the Governing Body shall be preceded by the distribution at least seven days in advance of the meeting to its members and the general public via approved methods (see meetings policy for details) of an agenda and supporting papers. Papers may only be tabled at a meeting under exceptional circumstances and by agreement from the Chair. The Chair will determine the time allocated for each agenda item and has sole discretion in this respect. Public comment and questions will be allowed during a ten minute period at the start of the meeting after any declarations of interest have been raised.
- 3.1.5. Meetings of the Group's Audit Committee shall be held at regular intervals at such times and places as the Group may determine, but not less than five times annually, against a schedule agreed by members of that committee. The Chair of the Audit Committee may call additional meetings as required by the business of the Group, giving at least 14 days' notice.
- 3.1.6. Meetings of the Group's Remuneration committee shall be held at regular intervals at such times and places as the Group may determine, occasioned by the needs of the Group or the requirement to provide advice to the Governing Body. The Chair of the Committee will call meetings as required, giving at least 5 days' notice.

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business for inclusion on the agenda of a meeting of the Governing Body should be notified to the Director of Corporate Affairs at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 8 working days before the meeting takes place. The agenda and supporting papers should normally be published on the CCG website (see below) and circulated to all members of a meeting 5 working days, but not less than 3 working days, before the date the meeting will take place.
- 3.2.2. Details of the dates, times and venues of meetings of the Group's Governing Body will be published, including in the Group's Member Practices' premises. Agendas and all of

the non private papers for meetings of the Group's Governing Body, including details about dates, times and venues, will be published on the Group's website at <http://www.wirralccg.nhs.uk/> and as detailed in the Group's publication policy.

3.3. Petitions

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

3.4. Chair of a meeting

- 3.4.1. At any meeting of the Group or its Governing Body or of a committee, sub-committee or sub-Group, the Chair of the Group, Governing Body, committee, sub-committee or sub-Group, if any and if present, shall preside. If the Chair is absent from the meeting, the Assistant Chair, if present, shall preside.
- 3.4.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the Lay Member Governance if present, shall preside. If both the Chair and Lay Member Governance are absent the Chair shall be taken by the Lay Member Patient Champion. If neither of these are available, a participating member of the particular meeting shall be chosen as acting Chair by the members present provided that such a member is available and not subject to a conflict of interest. In the event of there being no available member who is not subject to a conflict of interest, the issue giving rise to the conflict of interest shall not be discussed and shall be deferred to another occasion when one of the Lay Members are available.

3.5. Chair's ruling

- 3.5.1. The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and on interpretation of the constitution, standing orders, conflicts of interest, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

- 3.6.1. Meetings of the Governing Body shall be quorate provided there are no fewer than five voting members present, including the Chair or Deputy Chair (unless absent due to a conflict of interest) and at least two other GP Executive Leads, plus at least one Lay Advisor and one management representative member (Chief Financial Officer or one of the Directors).
- 3.6.2. Where an issue cannot be resolved due to problems of quoracy, guidance to enable the issue to be progressed is available under section 8.4.j of the Group's constitution. Decisions reached under those alternative arrangements are binding on the Group.
- 3.6.3. Unless the Governing Body has been constituted and convened for the specific purpose of resolving an issue (following guidance under the constitution section 8.4.j), which otherwise could not be dealt with because conflicts of interest disqualified members from participating, deputies or attendees representing a particular member of the Governing Body may speak but cannot vote on any issue.
- 3.6.4. For all other of the Group's committees, sub-committees and sub-Groups, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7. Emergency powers and urgent decisions

- 3.7.1. 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 on the agenda. The Chair's decision to include the item shall be final.
- 3.7.2. The powers which the Governing Body has reserved to itself within these Standing Orders may in emergency or for an urgent decision be jointly exercised by the chair and the Accountable Officer after having consulted, and obtained the agreement of, at least one representative member and one Lay Advisor – if available the Lay Advisor – Audit and Governance. The exercise of such powers shall be reported to the next formal meeting of the Governing Body in public session for ratification.

3.8. Suspension of Standing Orders

- 3.8.1. 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 half the Group members are in agreement.
- 3.8.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.8.3. 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.
- 3.8.4. Suspended Standing Orders will be reviewed by the Audit Committee within six months of the suspension occurring.

3.9. Application for variation and amendment of Standing Orders

- 3.9.1. This constitution can only be varied in two circumstances:
- a) where the CCG formally applies to NHS England and that application is granted
 - b) where in the circumstances set out in legislation NHS England varies the CCG's constitution other than on application by the CCG
- 3.9.2. Any variation of the Constitution will be communicated to all members, stakeholders and the public via the approved communications outlets and the CCG website with two weeks' notice.
- 3.9.3. Standing Orders will be reviewed at least annually

3.10. Record of Attendance

- 3.10.1. 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.

3.11. Minutes

- 3.11.1. 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 as a true record.
- 3.11.2. No discussion shall take place upon the minutes except upon their accuracy or matters arising where the Chair considers discussion appropriate.
- 3.11.3. Minutes of meetings held in public shall be made available to members and the public via the CCG website and through the other approved communications methods as detailed in the CCG's publication policy
- 3.11.4. Further guidance on taking and writing minutes can be found in the Meetings policy available on the CCG website <http://www.wirralccg.nhs.uk/> and as detailed in the CCG's publication policy

3.12. Admission of public and the press

3.12.1. Admission and exclusion on grounds of confidentiality of business to be transacted

- i) All formal meetings of the CCG Governing Body will be open to the general public.
- ii) The CCG will agree and publicise criteria for exclusion of business from the public part of any meeting.
- iii) The public and representatives of the press may attend all meetings of the CCG or its Governing Body held in public, and should only be required to withdraw from these meetings where any information being shared is exempt from publication under the agreed criteria.
- iv) 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

3.12.2. Business proposed to be transacted when the press and public have been excluded from a meeting

- i) Matters to be dealt with by the CCG or its 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.
- ii) Members of the CCG 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.
- iii) Minutes will be taken during this part of a meeting and will be marked confidential.

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

4.1.1. The Group may appoint committees and sub-committees of the Governing Body, subject to any regulations made by the Secretary of State⁸. Where such committees and sub-committees of the Governing Body, are appointed they are included in Chapter 6 of the Group's constitution.

4.1.2. Other than where there are statutory requirements, such as in relation to the Governing Body's audit committee or remuneration committee, the Group 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 of the Group.

4.1.3. 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.

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the constitution and shall be added to this document as appendices.

4.3. Delegation of Powers by Committees to Sub-committees

4.3.1. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Governing Body.

4.4. Approval of Appointments to Committees and Sub-Committees

4.4.1. The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted and shall agree such travelling or other allowances as it considers appropriate.

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

5.1. 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 Clinical Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

6.1.1. The Group may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

⁸ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

- a) the Accountable Officer;
- b) the Chair of the Governing Body;
- c) the Chief Financial Officer;

6.2. Execution of a document by signature

6.2.1. The following individuals are authorised to execute a document on behalf of the Group by their signature.

- a) the Accountable Officer
- b) the Chair of the Governing Body
- c) the Chief Financial Officer

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

7.1. Policy statements: general principles

7.1.1. 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 Wirral 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.

5. Scheme of Reservation and Delegation (SORD)

ⓘ If the Accountable Officer is absent, two members of the CCG Management team will be required to ratify any decisions within the Accountable Officer's relevant thresholds. Powers delegated to them may only be exercised by the nominated officer(s) acting in the Accountable Officers absence after taking appropriate financial advice.

The CCG Management Team consists of (Chief Financial Officer, Director of Quality & Safety, Director of Corporate Affairs, Medical Director and Director of Commissioning)

Table A - Delegated Authority

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
1. Audit Arrangements		
a) Advise the Governing Body on Internal and External Audit Services.	Audit Committee	Chief Financial Officer
b) Monitor and review the effectiveness of the internal audit function.	Audit Committee	Chief Financial Officer
c) Review, appraise and report in accordance with Government Internal Audit Standards (GIAS) and best practice.	Audit Committee	Head of Internal Audit
d) Provide an independent and objective view on internal control and probity.	Audit Committee	Internal Audit / External Audit
e) Ensure cost-effective audit service	Audit Committee	Chief Financial Officer
f) Implement recommendations	Accountable Officer	Relevant Officers
2. Bank/GBS Accounts/Cash (Excluding Charitable Fund (Funds Held on Trust) Accounts)		
a) Operation: <ul style="list-style-type: none"> Managing banking arrangements and operation of bank accounts (Governing Body approves arrangements) Opening bank accounts Authorisation of transfers between CCG bank accounts 	Chief Financial Officer The Governing Body Chief Financial Officer	Head of Financial Services Chief Financial Officer To be completed in accordance with bank mandate/internal procedures. Head of Financial Services
<ul style="list-style-type: none"> Approve and apply arrangements for the electronic transfer of funds 	Chief Financial Officer	To be completed in accordance with bank mandate/internal procedures Head of Financial Services
<ul style="list-style-type: none"> Authorisation of: <ul style="list-style-type: none"> GBS schedules BACS schedules Automated cheque schedules Manual cheques Manual payments Credit memos/ Sales orders 	Chief Financial Officer	To be completed in accordance with bank mandate/internal procedures Head of Financial Services Deputy Chief Finance Officer Senior Planning and Reporting Accountant Senior Contracts and Primary Care Accountant
b) Petty Cash	Chief Financial Officer	Refer To Table B Delegated Limits
3. Capital Investment – subject to CCG Delegated Limits and where applicable		
a) Programme: <ul style="list-style-type: none"> Ensure that there is an adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on business plans / Service development Strategy 	Accountable Officer	Chief Financial Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Preparation of Capital Investment Programme Preparation of a business case Financial monitoring and reporting on all capital scheme expenditure including variations to contract Authorisation of capital requisitions Assessing the requirements for the operation of the construction industry taxation deduction scheme. 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Chief Financial Officer</p> <p>Accountable Officer</p> <p>Chief Financial Officer</p>	<p>Chief Financial Officer</p> <p>Heads of Service / Commissioning Managers (with appropriate support)</p> <p>Head of Financial Services / Deputy Chief Finance Officer</p> <p>Refer to Operational Delegated Limits</p> <p>Chief Financial Officer</p>
<ul style="list-style-type: none"> Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost. Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences. Issue procedures to support: <ul style="list-style-type: none"> capital investment Staged payments Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes. Issuing the capital scheme project manager with specific authority to commit capital, proceed / accept tenders in accordance with the SO's and SFI's <p>b) Private Finance:</p> <ul style="list-style-type: none"> Demonstrate that the use of private finance represents best value for money and transfers risk to the private sector. Proposal to use PFI must be specifically agreed by the Governing Body. <p>c) Leases (property and equipment)</p> <ul style="list-style-type: none"> Granting and termination of leases with Annual rent < £100k Granting and termination of leases of > £100k should be reported to the Governing Body. 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Governing Body</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Accountable Officer/ Chief Financial Officer.</p>
4. Clinical Audit	Accountable Officer	Audit Committee
5. Commercial Sponsorship		
<ul style="list-style-type: none"> Agreement to proposal 	Accountable Officer	Approval and registration in line with Wirral CCG Standards of Business Conduct and relevant policy.
6. Commissioning and Service Agreements		
a) Commissioning of Acute and Community Services from both NHS and non NHS providers, having regard for quality, cost effectiveness, and CCG strategic commissioning plan.	Accountable Officer	Chief Financial Officer/ Heads of Service/ Director of Quality & Safety/ Director of Commissioning
b) Commissioning of Mental Health, Learning Disability and Continuing / Intermediate care services from both NHS and non NHS providers, having regard for quality, cost effectiveness, and CCG strategic commissioning plans	Accountable Officer	Chief Financial Officer/ Heads of Service/ Director of Quality & Safety/ Director of Commissioning
c) Negotiation of all other contracts	Accountable Officer	Chief Financial Officer/ Heads of Service / Director of Quality & Safety/ Director of Commissioning
d) Signing of Contracts	Accountable Officer	Refer to Table B Delegated Limits
e) Quantifying and monitoring of Non Contracted Activity	Chief Financial Officer	Deputy Chief Finance Officer / CCG Finance Staff
f) Costing SLA Contract and Non Commercial Contracts	Chief Financial Officer	CCG Finance Staff

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
g) Ad hoc costing relating to changes in activity, developments, business cases and bids for funding h) Sound system of financial monitoring to ensure effective accounting of expenditure under the contract/SLA. Including suitable audit trail but maintaining patient confidentiality.	Chief Financial Officer Chief Financial Officer	CCG Finance Staff CCG Finance Staff
7. Complaints		
a) Overall responsibility for ensuring that all complaints are dealt with effectively b) Responsibilities for ensuring complaints are investigated thoroughly.	Accountable Officer Accountable Officer	Director of Corporate Affairs Director of Corporate Affairs
8. Confidential Information		
Review of the CCGs compliance with the Caldicott report on protecting patients' confidentiality in the NHS Freedom of Information Act compliance code	Accountable Officer Accountable Officer	Caldicott Guardian Director of Corporate Affairs
9. Data Protection Act		
Review of CCG compliance	Accountable Officer	Chief Financial Officer (SIRO)
Undertake duties and responsibilities of Senior Information Risk Officer	Accountable Officer	Chief Financial Officer (SIRO)
10. Declaration of Interest		
a) Maintaining a register of interests b) Declaring relevant and material interest	Accountable Officer Accountable Officer	Director of Corporate Affairs All Staff
11. Disposal and Condemnations		
<ul style="list-style-type: none"> • Items obsolete, redundant, irreparable or cannot be repaired cost effectively • Develop arrangements for the sale of assets 	Chief Financial Officer	Head of Financial Services in accordance with agreed policy Refer to Table B Delegated Limits
12. Environmental Regulations		
Review of compliance with environmental regulations, for example those relating to clean air and waste disposal	Accountable Officer	Director of Corporate Affairs
13. Financial Planning / Budgetary Responsibility		
a) Setting: <ul style="list-style-type: none"> • Submit budgets to the Governing Body • Submit to Governing Body financial estimates and forecasts 	Chief Financial Officer Chief Financial Officer	CCG Finance Staff CCG Finance Staff
<ul style="list-style-type: none"> • Compile and submit to the Governing Body a business plan which takes into account financial targets and forecast limits of available resources. The Business Plan will contain: <ul style="list-style-type: none"> - a statement of the significant assumptions on which the plan is based; - details of major changes in workload, delivery of services or resources required to achieve the plan. 	Accountable Officer	Chief Financial Officer
b) Monitoring: <ul style="list-style-type: none"> • Devise and maintain systems of budgetary control. • Monitor performance against budget • Delegate budgets to budget holders 	Chief Financial Officer Chief Financial Officer Accountable Officer	CCG Finance Staff CCG Finance Staff / Budget Holders Refer to Table B Delegated Limits re: journal authorisation limits. Chief Financial Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> • Ensuring adequate training is delivered to budget holders to facilitate their management of the allocated budget. • Submit in accordance with the NHS Commissioning Board's requirements for financial monitoring returns • Identify and implement cost improvements and QIPP activities in line with the Business Plan <p>c) Preparation of:</p> <ul style="list-style-type: none"> • Annual Accounts • Annual Report <p>d) Budget Responsibilities</p> <p>Ensure that</p> <ul style="list-style-type: none"> • no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Governing Body; • approved budget is not used for any other than specified purpose subject to rules of virement; • no permanent employees are appointed without the approval of the Accountable Officer other than those provided for within available resources and manpower establishment. 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Chief Financial Officer</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer / Executive Team / Deputy Chief Finance Officer / PMO / Assistant Directors</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>All budget holders</p>
<p>e) Authorisation of Virement:</p> <p>It is not possible for any officer to vire from non-recurring headings to recurring budgets or from capital to revenue / revenue to capital. Virement between different budget holders requires the agreement of both parties.</p>	<p>Accountable Officer</p>	<p>Refer To Table B Delegated Limits</p>
<p>14. Financial Procedures and Systems</p>		
<p>a) Maintenance & Update on CCG Financial Procedures</p> <p>b) Responsibilities:-</p> <ul style="list-style-type: none"> • Implement CCG financial policies and co-ordinate corrective action. • Ensure that adequate records are maintained to explain CCG transactions and financial position. • Providing financial advice to members of the Governing Body and staff. • Ensure that appropriate statutory records are maintained. • Designing and maintaining compliance with all financial systems 	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p>	<p>CCG Finance Staff</p> <p>CCG Finance Staff.</p>
<p>15. Fire precautions</p> <ul style="list-style-type: none"> • Ensure that the Fire Precautions and prevention policies and procedures are adequate and that fire safety and integrity of the estate is intact. 	<p>Accountable Officer</p>	<p>Director of Corporate Affairs</p>
<p>16. Fixed Assets</p>		
<p>a) Maintenance of asset register including asset identification and monitoring</p> <p>b) Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with CONCODE and ESTATECODE.</p> <p>c) Calculate and pay capital charges in accordance with the appropriate requirements</p> <p>d) Responsibility for security of CCG's assets including notifying discrepancies to the Chief Financial Officer</p>	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Chief Financial Officer / Head of Financial Services</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>All staff</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
and reporting losses in accordance with NHS Wirral CCG's procedures		
17. Fraud (See also 26, 36)		
a) Monitor and ensure compliance with Secretary of State Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Financial Officer	Local Counter Fraud Specialist.
b) Notify NHS Counter Fraud Authority and External Audit of all suspected Frauds	Chief Financial Officer	Local Counter Fraud Specialist
18. Funds Held on Trust (Charitable and Non Charitable Funds) NHS Wirral Clinical Commissioning Group does not plan to hold any funds on trust. The Constitution makes provision for the introduction of a Charitable Funds Committee if this situation changes.		
a) Management: <ul style="list-style-type: none"> Funds held on trust are managed appropriately. 	Governing Body	Chief Financial Officer
b) Maintenance of authorised signatory list of nominated fund holders.	Accountable Officer	Chief Financial Officer
c) Expenditure Limits	Chief Financial Officer	Refer To Table B Delegated Limits
d) Developing systems for receiving donations	Chief Financial Officer	Chief Financial Officer
e) Dealing with legacies	Chief Financial Officer	Chief Financial Officer
f) Fundraising Appeals	Chief Financial Officer	Chief Financial Officer
g) Preparation and monitoring of budget	Chief Financial Officer	Chief Financial Officer
h) Reporting progress and performance against budget.	Chief Financial Officer	Chief Financial Officer
i) Operation of Bank Accounts: <ul style="list-style-type: none"> Managing banking arrangements and operation of bank accounts Opening bank accounts 	Accountable Officer	Chief Financial Officer
j) Investments: <ul style="list-style-type: none"> Nominating deposit taker Placing transactions 	Charitable Trustees Committee	Chief Financial Officer
	Accountable Officer	Chief Financial Officer
k) Regulation of funds with Charities Commission	Accountable Officer	Chief Financial Officer
19. Health and Safety		
Review of all statutory compliance with legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations	Accountable Officer	Director of Corporate Affairs
20. Hospitality/Gifts		
a) Keeping of hospitality register	Accountable Officer	Director of Corporate Affairs
b) Applies to both individual and collective hospitality receipt items.		Refer To Table B Delegated Limits All Staff
21. Infectious Diseases & Notifiable Outbreaks		
	Accountable Officer	Director of Quality & Safety
22. Information Management & Technology		
Finance & Information Systems <ul style="list-style-type: none"> Developing systems in accordance with the CCG'S IM&T Strategy. Implementing new systems and ensure they are developed in a controlled manner and thoroughly tested. Seeking third party assurances regarding financial systems operated externally. 	Accountable Officer	Chief Financial Officer

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Ensure that contracts for computer services for financial applications define responsibility re security, privacy, accuracy, completeness and timeliness of data during processing and storage. 		
<p>Information Governance</p> <ul style="list-style-type: none"> Ensure that risks to the CCG from use of IT are identified and considered and that disaster recovery plans are in place. Undertake duties and responsibilities of Senior Information Risk Officer 	<p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p>
<ul style="list-style-type: none"> Ensure compliance with Information Governance requirements and annual completion of IT toolkit 	Chief Financial Officer	Information Governance Manager, Midlands & Lancashire Commissioning Support Unit.
23. Legal Proceedings		
a) Engagement of CCG's Solicitors / Legal Advisors	Accountable Officer	Chief Financial Officer / Director of Corporate Affairs
b) Approve and sign all documents which will be necessary in legal proceedings, i.e. executed as a deed.	Accountable Officer	Chief Financial Officer
c) Sign on behalf of the CCG any agreement or document not requested to be executed as a deed.	Accountable Officer	Chief Financial Officer
24. Losses, Write-off & Compensation		
a) Prepare procedures for recording and accounting for losses and special payments including preparation of a Fraud Response Plan and informing NHS Counter Fraud Authority of frauds	Accountable Officer	Chief Financial Officer
<p><u>Losses</u></p> <ul style="list-style-type: none"> Losses of cash due to theft, fraud, overpayment & others. Fruitless payments (including abandoned Capital Schemes) Bad debts and claims abandoned Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to culpable causes (e.g. fraud, theft, arson). 	Accountable Officer	Refer to Operational Delegated Limits
<p><u>Special Payments</u></p> <p>Compensation payments by Court Order</p>	Accountable Officer	Refer to Operational Delegated Limits
<p>Ex-gratia Payments:-</p> <ul style="list-style-type: none"> To patients/staff for loss of personal effects For clinical negligence after legal advice For personal injury after legal advice Other clinical negligence and personal injury Other ex-gratia payments 		Refer to Operational Delegated Limits
b) Reviewing appropriate requirement for insurance claims	Accountable Officer	Chief Financial Officer
c) A register of all of the payments should be maintained by the Chief Financial Officer and made available for inspection	Chief Financial Officer	Head of Financial Services
d) A report of all of the above payments should be presented to the CCG's Audit Committee	Chief Financial Officer	Chief Financial Officer
25. Meetings		
a) Calling meetings of the Governing Body and associated responsibilities	CCG Chair	Director of Corporate Affairs
b) Chair all Governing Body meetings - In case of Absence	CCG Chair Medical Director	CCG Chair Medical Director

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
- In case of Conflicts of Interest	Lay Advisor (Audit)	Lay Advisor (Audit)
26. Medical		
<ul style="list-style-type: none"> • Clinical Governance arrangements • Medical Leadership • Programmes of education • Medical Research 	<p>Governing Body</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Accountable Officer</p> <p>Medical Director</p> <p>Accountable Officer</p> <p>Medical Director</p>
27. Nursing and Allied Health Professionals		
a) Compliance with statutory and regulatory arrangements relating to professional nursing / midwifery practice	Accountable Officer	Director of Quality & Safety
b) Compliance with statutory and regulatory arrangements relating to allied health professionals practice	Accountable Officer	Director of Quality & Safety
28. Safeguarding - Adults		
a) Discharge the duties of the Lead Director of Safeguarding Adults	Accountable Officer	Director of Quality & Safety
b) Review and develop the Strategy for Safeguarding Adults	Accountable Officer	Director of Quality & Safety
c) Review and develop the policies and procedures for Safeguarding Adults	Accountable Officer	Director of Quality & Safety
d) Ensure compliance with statutory requirements and policies and procedures for Safeguarding Adults	Accountable Officer	Designated Nurse Safeguarding Adults
29. Safeguarding - Children		
a) Discharge the duties of the Lead Director of Safeguarding Children	Accountable Officer	Director of Quality & Safety
b) Review and develop the Strategy for Safeguarding Children	Accountable Officer	Director of Quality & Safety
c) Review and develop the policies and procedures to Safeguarding Children	Accountable Officer	Director of Quality & Safety
d) Ensure compliance with statutory requirements and policies and procedures for Safeguarding Children	Accountable Officer	Designated Nurse Safeguarding Children
30. Non Pay Expenditure		
a) Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B – Delegated Limits	Accountable Officer	Chief Financial Officer
b) Obtain the best value for money when requisitioning goods / services	Chief Financial Officer	All Staff
c) Non-Pay Expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. (Subject to the limits specified above in (a))	Accountable Officer	Chief Financial Officer
d) Develop systems for the payment of accounts	Chief Financial Officer	Head of Financial Services
e) Prompt payment of accounts	Chief Financial Officer	Head of Financial Services
f) Financial Limits for ordering / requisitioning goods and services	Chief Financial Officer	Refer To Operational Delegated Limits
g) Approve prepayment arrangements	Chief Financial Officer	Head of Financial Services
31. Personnel & Pay		
a) Nomination of officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts	Accountable Officer	Chief Financial Officer
b) Develop Human resource policies and strategies for approval by the Governing Body including training.	Accountable Officer	HR Manager, Midlands & Lancashire Commissioning Support Unit.

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<p>industrial relations.</p> <p>c) Authority to fill funded post on the establishment with permanent staff.</p> <p>d) The granting of additional increments to staff within budget</p> <p>e) All requests for re-grading shall be dealt with in accordance with CCG's procedures.</p> <p>f) Establishments</p> <ul style="list-style-type: none"> • Additional staff to the agreed establishment with specifically allocated finance. • Additional staff to the agreed establishment without specifically allocated finance. • Self-financing changes to an establishment <p>g) Pay</p> <ul style="list-style-type: none"> • Presentation of proposals to the Governing Body for the setting of remuneration and conditions of service for those staff not covered by the Remuneration Committee. • Authority to complete standing data forms effecting pay, new starters, variations and leavers • Authority to complete and authorise electronic staff record forms (ESR's) • Authority to authorise overtime • Authority to authorise travel & subsistence expenses <p>h) Leave</p>	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Chief Financial Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer</p> <p>Head of Financial Services</p> <p>Head of Financial Services</p> <p>Head of Financial Services</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer/ Director of Quality & Patient Safety / Director of Corporate Affairs / Assistant Directors / Deputy Chief Finance Officer</p> <p>Chief Financial Officer/ Director of Quality & Patient Safety / Director of Corporate Affairs / Assistant Directors / Deputy Chief Finance Officer</p> <p>Chief Financial Officer/ Director of Quality & Patient Safety / Director of Corporate Affairs / Assistant Directors / Deputy Chief Finance Officer</p> <p>Chief Financial Officer/ Director of Quality & Patient Safety / Director of Corporate Affairs / Assistant Directors / Deputy Chief Finance Officer</p> <p><i>Refer to Annual Leave Policy</i></p>
<p><u>Annual Leave</u></p> <ul style="list-style-type: none"> • Approval of annual leave • Annual leave - approval of carry forward (up to maximum of 5 days) • Annual leave – approval of carry forward over 5 days (to occur in exceptional circumstances only) 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Line Management Structure as appropriate</p> <p>Line Management Structure as appropriate</p> <p>Accountable Officer</p>
<p><u>Special Leave</u></p> <ul style="list-style-type: none"> • Compassionate leave • Special leave arrangements for domestic/personal/family reasons <ul style="list-style-type: none"> • paternity leave • carers leave • adoption leave <p>(to be applied in accordance with CCG Policy)</p> <ul style="list-style-type: none"> • Special Leave – this includes Jury Service, Armed Services, School Governor (to be applied in accordance with CCG Policy) 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Line Management Structure as appropriate</p> <p>Line Management Structure as appropriate</p> <p>Line Management Structure as appropriate</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> • Leave without pay • Time off in lieu • Maternity Leave - paid and unpaid <p><u>Sick Leave</u></p> <ul style="list-style-type: none"> • Extension of sick leave on pay • Return to work part-time on full pay to assist recovery <p><u>Study Leave</u></p> <ul style="list-style-type: none"> • Study leave outside the UK • All other study leave (UK) <p>i) Removal Expenses, Excess Rent and House Purchases</p> <p>All staff above Band 5 (agreed at interview) Maximum £8,000</p> <p>Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview)</p>	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Line Management Structure as appropriate</p> <p>Line Management Structure as appropriate</p> <p>Automatic approval with guidance</p> <p>Line Management Structure as appropriate</p> <p>Line Management Structure as appropriate</p> <p>Accountable Officer</p> <p>Line Management Structure as appropriate</p> <p>Chief Financial Officer</p> <p>Refer to Operational Delegated Limits</p>
<p>j) Grievance Procedure</p> <p>k) Authorised - Car Users</p> <ul style="list-style-type: none"> • Leased car • Regular user allowance 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>As per procedure</p> <p>Chief Financial Officer</p> <p>Chief Financial Officer/ Director of Corporate Affairs / Assistant Directors / Deputy Chief Finance Officer</p>
<p>l) Mobile Phone Users / Mobile Devices</p> <p>m) Renewal of Fixed Term Contract</p> <p>n) Staff Retirement Policy</p> <ul style="list-style-type: none"> • Authorisation of return to work in part time capacity under the flexible retirement scheme. <p>o) Redundancy</p> <p>p) Ill Health Retirement</p> <p>Decision to pursue retirement on the grounds of ill-health following advice from the Occupational Health Department.</p> <p>q) Disciplinary Procedure (excluding Executive Directors)</p> <p>r) Ensure that all employees are issued with a Contract of employment in a form approved by the Governing Body and which complies with employment legislation.</p> <p>s) Engagement of staff not on the establishment</p> <ul style="list-style-type: none"> • Management Consultants 	<p>Chief Financial Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Director of Corporate Affairs</p> <p>Chief Financial Officer</p> <p>Line Management Structure as appropriate</p> <p>Chief Financial Officer</p> <p>Line Management Structure as appropriate</p> <p>To be applied in accordance with the CCG's Disciplinary Procedure</p> <p>Director of Corporate Affairs</p> <p>Refer to Operational – Delegated Limits</p>
32. Quotation, Tendering & Contract Procedures		
<p>a) Services:</p> <ul style="list-style-type: none"> • Best value for money is demonstrated for all services provided under contract or in-house • Nominate officers to oversee and manage the contract on behalf of the CCG. <p>b) Competitive Tenders:</p> <ul style="list-style-type: none"> • Authorisation Limits 	<p>Accountable Officer</p> <p>Accountable Officer</p> <p>Accountable Officer</p>	<p>Chief Financial Officer</p> <p>Director of Commissioning</p> <p>Refer To Operational Delegated Limits</p>

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
<ul style="list-style-type: none"> Maintain a register to show each set of competitive tender invitations despatched. 	Accountable Officer	Director of Commissioning
<ul style="list-style-type: none"> Receipt and custody of tenders prior to opening Opening Tenders 	Accountable Officer Accountable Officer	Director of Commissioning, delegated to officer with use of an auditable electronic tendering system. Director of Commissioning, delegated to officer with use of an auditable electronic tendering system.
<ul style="list-style-type: none"> Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote. 	Accountable Officer	Director of Commissioning
c) Quotations	Accountable Officer	Refer To Operational Delegated Limits
d) Waiving the requirement to request <ul style="list-style-type: none"> tenders quotes - subject to SOs 	Audit Committee (by approval of tender waiver form)	Accountable Officer Chief Financial Officer
33. Records		
a) Review CCG's compliance with the Records Management Code of Practice	Accountable Officer	Director of Corporate Affairs / Heads of Service
b) Ensuring the form and adequacy of the financial records of all departments	Accountable Officer	Chief Financial Officer/ Head of Financial Services
34. Reporting of Incidents to the Police		
a) Where a criminal offence is suspected <ul style="list-style-type: none"> criminal offence of a violent nature arson or theft other 	Accountable Officer	All Staff – Informing Manager On-call
b) Where a fraud is involved (reporting to the Directorate of Counter Fraud Services)	Accountable Officer	Internal Auditor / Local Counter Fraud Specialist
c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.	Accountable Officer	Chief Financial Officer
35. Risk Management		
<ul style="list-style-type: none"> Ensuring the CCG has a Risk Management Strategy and a programme of risk management 	Accountable Officer	Director of Corporate Affairs
<ul style="list-style-type: none"> Developing systems for the management of risk. Developing incident and accident reporting systems Compliance with the reporting of incidents and accidents 	Accountable Officer Accountable Officer Accountable Officer	Director of Corporate Affairs Director of Corporate Affairs All staff
36. Seal		
a) The keeping of a register of seal and safekeeping of the seal	Accountable Officer	Director of Corporate Affairs
b) Attestation of seal in accordance with Standing Orders	Accountable Officer	Director of Corporate Affairs
c) Property transactions and any other legal requirement for the use of the seal.	Accountable Officer	Chief Financial Officer
37. Security Management		
Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.	Accountable Officer	Chief Financial Officer/ Local Security Management Specialist
38. Setting of Fees and Charges (Income)		
a) Non patient care income	Chief Financial Officer	Head of Financial Services
b) Informing the Accountable Officer of monies due to the CCG.	Chief Financial Officer	All Staff

DELEGATED MATTER	DELEGATED TO	OPERATIONAL RESPONSIBILITY
c) Recovery of debt	Chief Financial Officer	Head of Financial Services
d) Security of cash and other negotiable instruments	Chief Financial Officer	Head of Financial Services
39. Stores and Receipt of Goods		
a) Responsibility for systems of control over stores and receipt of goods, issues and returns.	Chief Financial Officer	Procurement Manager, Midlands & Lancashire Commissioning Support Unit.

Table B – Operational Delegated Limits from 1st January 2020

Section	Description	Delegated to						
		Governing Body	Accountable Officer	Chief Finance Officer	Director of Quality & Safety	Director of Corporate Affairs	Director of Commissioning	Other CCG Officer (as specified by authorised signatory list)
A	GIFTS & HOSPITALITY Director of Corporate Affairs to maintain a register of declared gifts and hospitality received.							Items over £20 or of a repetitive nature
B	LITIGATION CLAIMS Medical negligence and other litigation payments made on the advice of NHSLA	Over £1,000,000	£100,001 up to £1,000,000	£20,000 to £100,000	Up to £20,000	Up to £20,000	Up to £20,000	
C	LOSSES & SPECIAL PAYMENTS Chief Financial Officer to maintain a register of losses and special payments. All to be reported to the Audit Committee.	Over £250,000	£100,001 up to £250,000	up to £100,000				
D	PETTY CASH			Up to £100 (float)				Up to £100
E	REQUISITIONING GOODS & SERVICES: NON-HEALTHCARE Services including IT, consultancy, maintenance and	Over £250,000	Up to £250,000	Up to £100,000	Up to £20,000	Up to £20,000	Up to £20,000	Up to £20,000

	support services – over lifetime of contract.							
F	RELOCATION EXPENSES Require approval by Remuneration Committee		Over £8,500	Up to £8,500				
G	SIGNING OF HEALTHCARE CONTRACTS		Over £150,000,000	Up to £150,000,000			Up to £25,000,000 (Plus signature from Chief Finance Officer)	
H	APPROVAL OF MONTHLY HEALTHCARE CONTRACT PAYMENTS All healthcare contract payments must be supported by signed contract (see G).		£5,000,000 to £50,000,000 (Plus signature from either Chief Finance Officer / Director of Quality & Safety / Director of Corporate Affairs)	£5,000,000 to £50,000,000 (Plus signature from either Accountable Officer/ Director of Quality & Safety/ Director of Corporate Affairs/ Director of Commissioning)		Up to £200,000	£5,000,000 to £50,000,000 (Plus signature from either Accountable Officer/ Chief Financial Officer/ Director of Quality & Safety/ Director of Corporate Affairs)	Up to £5,000,000 Up to Unlimited (Deputy CFO only as delegated by CFO)
I	APPROVAL OF AD-HOC HEALTHCARE PAYMENTS See authorised signatory list for approval limits for other CCG officers.		Over £100,000 to £600,000 (Plus signature from either Chief Finance Officer/ Director of Quality & Safety/ Director of Commissioning)	Over £100,000 to £600,000 (Plus signature from either Accountable Officer/ Director of	Over £100,000 up to £250,000	Over £100,000 up to £250,000	Over £100,000 to £600,000 (Plus signature from either Accountable Officer/ Director of Quality & Safety/ Chief Financial Officer)	Up to £100,000 Up to Unlimited (Deputy CFO only as delegated by CFO)

				Quality & Safety/ Director of Commissioning)				
J	ACCEPTANCE OF QUOTATIONS AND TENDERS:	Over £50,000,001 total value over lifetime of contract.	Up to £50,000,000 Total value over lifetime of contract	Up to £50,000,000 Total value over lifetime of contract (Plus signature from Accountable Officer)	Up to £50,000,000 Total value over lifetime of contract (Plus signature from Accountable Officer or Chief Finance Officer)	Up to £50,000,000 Total value over lifetime of contract (Plus signature from Accountable Officer or Chief Finance Officer)	Up to £50,000,000 Total value over lifetime of contract (Plus signature from Accountable Officer or Chief Finance Officer)	Up to £663,540 Total value over lifetime of contract (Plus signature from Accountable Officer or Chief Finance Officer)
J1	Requirement to obtain a minimum of 3 written competitive tenders:			£100,000 to £663,540				
J2	Requirement to obtain a minimum of 3 formal written quotes			£5,000 to £100,000				
J3	No requirement to obtain quotes: Although no formal requirement, it is deemed to			Up to £5,000				

	be best practice and demonstrates assurance of value for money.							
K	VIREMENT In accordance with the virement policy, a virement form must be completed and signed by both parties.	Over £5,000,000	Up to £5,000,000	Up to £2,500,000				Up to £100,000
L	DISPOSALS AND CONDEMNATION All assets disposed at market value.		Over £1,000 per item	Up to £1,000 per item				
M	CHARITABLE FUNDS If charitable funds received in the future a Charitable Funds committee will be established.			The CCG does not currently hold any charitable funds				
N	VISA/PURCHASE CARDS			Up to £20,000		Up to £3,000		

O JOURNAL LIMITS

Up to £100,000,000 as per delegated limits in table C

Table C – Authorised Signatory List as per table B (Other CCG Officer)

	Description	Other CCG Officer (as specified by authorised signatory list)	Authorised Signatory
D	PETTY CASH	Up to £100	Corporate Officer

E	<p>REQUISITIONING GOODS & SERVICES: NON-HEALTHCARE Services including IT, consultancy, maintenance and support services – over lifetime of contract.</p>	<p>Up to £20,000</p> <p>Up to £10,000</p>	<p>Iain Stewart – Assistant Director of Primary Care & Partnerships Stephen Cocks – Assistant Director of Performance and Delivery Martyn Kent – Assistant Director of Primary Care Transformation Richard Crockford – Assistant Director of Quality & Safety Ken Jones – Deputy Chief Finance Officer Iain Hart - Midlands & Lancashire Commissioning Support Unit</p>
H	<p>APPROVAL OF MONTHLY HEALTHCARE CONTRACT PAYMENTS All healthcare contract payments must be supported by signed contract (see G).</p>	<p>Unlimited (as Delegated by CFO)</p> <p>Up to £5,000,000</p>	<p>Ken Jones – Deputy Chief Finance Officer Iain Stewart – Assistant Director of Primary Care & Partnerships Stephen Cocks- Assistant Director of Performance and Delivery Martyn Kent – Assistant Director of Primary Care Transformation Richard Crockford – Assistant Director of Quality & Safety Paul Edwards – Director of Corporate Affairs Paula Cowan – Medical Director Lorna Quigley – Director of Quality & Safety Nesta Hawker – Director of Commissioning</p>

I	<p>APPROVAL OF AD-HOC HEALTHCARE PAYMENTS</p> <p>See authorised signatory list for approval limits for other CCG officers.</p>	<p>Unlimited (as Delegated by CFO)</p> <p>Up to £100,000</p> <p>Up to £20,000</p> <p>Up to £10,000</p>	<p>Ken Jones – Deputy Chief Finance Officer</p> <p>Iain Stewart – Assistant Director of Primary Care & Partnerships</p> <p>Stephen Cocks - Assistant Director of Performance and Delivery</p> <p>Martyn Kent – Assistant Director Primary Care Transformation</p> <p>Richard Crockford – Assistant Director of Quality & Safety</p> <p>Ken Jones – Deputy Chief Finance Officer</p> <p>Sakat Jalan – GP Lead - Urgent Care</p> <p>Lorna Quigley – Director of Quality & Safety</p> <p>Nesta Hawker – Director of Commissioning</p> <p>Norma Currie – Commissioning Manager - Partnerships</p> <p>Louise Morris – Senior Contracts & Primary Care Accountant</p> <p>Emma Edwards – Senior Reporting and Planning Accountant</p> <p>Sarah Boyd-Short – Senior Commissioning Lead</p> <p>Heather Harrington – Senior Commissioning Lead</p> <p>Zoe Delaney – Senior Commissioning Lead</p> <p>Sue Borrington – Senior Commissioning Lead</p>
J	<p>ACCEPTANCE OF QUOTATIONS AND TENDERS</p>	<p>Up to £663,540</p>	<p>Iain Stewart – Assistant Director of Primary Care & Partnerships</p> <p>Stephen Cocks - Assistant Director of Performance and Delivery</p> <p>Martyn Kent – Assistant Director Primary Care Transformation</p> <p>Richard Crockford – Assistant Director of Quality & Safety</p>

K	VIREMENTS	Up to £100,000	Ken Jones – Deputy Chief Finance Officer Emma Edwards – Senior Reporting and Planning Accountant Louise Morris – Senior Contracts & Primary Care Accountant
O	JOURNAL LIMITS	Up to £100,000,000 Up to £25,000,000 Up to £20,000,000 Up to £5,000,000	Louise Morris – Senior Contracts & Primary Care Accountant Emma Edwards – Senior Reporting and Planning Accountant Nicola Phillips – Senior Contracts Accountant Clare Shelley – Head of Financial Services Ken Jones – Deputy Chief Finance Officer David John – Assistant Financial Accountant Heather Hastewell – Reporting Accountant Lucy Morgan – Contracts Accountant Kathy Pickles – Contracts Accountant Andrew Troy – Senior Finance Officer Jessica Partridge – Senior Finance Officer Ashley Hegarty – Finance Officer Kieran Houghton (Shelby Shepherd maternity leave) – Finance Officer Tom Smullen - Finance Officer Michael Beatham - Finance Officer

P	CREDIT MEMOS (Exceptional)	<p>Up to £50,000,000</p> <p>Up to £4,000,000</p> <p>Up to £20,000</p>	<p>Ken Jones – Deputy Chief Finance Officer</p> <p>Emma Edwards – Senior Reporting and Planning Accountant</p> <p>Louise Morris – Senior Contracts & Primary Care Accountant</p> <p>Clare Shelley – Head of Financial Services</p> <p>Matt Phillips – Senior Treasury Accountant</p>
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