DELEGATED DECISION NOTIFICATION

This form is used both to give notice of an officer's intention to make a Key decision and to record any delegated decision which has been taken. The decision set out on this form therefore reflects the decision that it is intended will be made, or that has been made. Although set out in the past tense a decision for which notice is being given may be subject to amendment or withdrawal.

LEAD DIRECTOR ⁱ :	Director of Adults and Health			
SUBJECT":	Arrangements for the interim transfer of agency staff from Leeds South and East Clinical Commissioning Group to Leeds City Council			
DECISION				
DETAILS***:	The Director of Adults and Health approved the waiver of the contracts procedure rule(s) no 8.1 and 8.2 intermediate value procurements and place an order for an agency worker directly with Practicus without seeking competition to cover an interim period of up to 6 months to work on the Procurement and Estates enabling programmes of the Leeds Health and Care Plan, commencing on 24th August 2017, whilst the fixed-term posts to continue this programme of work are finalised and recruited to. This decision will be implemented with immediate effect by the Chief Officer Resources and Strategy, Adults and Health. This will maintain continuity of the development and delivery of the Leeds Plan as agreed at the Leeds Health and Care Partnership Executive Group on 6th October 2016.			
TYPE OF	Council function (not subject to call-in)			
DECISION:	☐ Executive decision (Key)			
	Is the decision eligible for call-in?iv			
	Is the decision exempt from call-in? Yes No			
NOTICE ^{vii} / CALL-	Date the decision was published in the List of Forthcoming Key Decisions:			
IN (KEY				
DECISIONS	If not on the List of Forthcoming Key Decisions for at least 28 clear days, the			
ONLY):	reason why it would be impracticable to delay the decision:-			
If exempt from call-in, the reason why call-in would prejudice the int				
	Council or the public:-			
AFFECTED	N/A			
WARDS:				

CONSULTATION UNDERTAKEN: Ward Councillor Date consulted: Interest disclosed? Yes (Date of dispensation:) No	DETAILS OF	Executive Member	Date consulted:	Interest disclosed?viii		
Ward Councillor Date consulted: Interest disclosed? Yes (Date of dispensation:) No Othersix (please specify:) Date consulted: Interest disclosed? Yes (Date of dispensation:) No CAPITAL INJECTION APPROVAL REQUIRED: CAPITAL INJECTION APPROVAL (If yes, you must complete the Approval box below) REQUIRED: CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) CONTACT Telephone number*:	CONSULTATION		9/8/17	Yes (Date of dispensation:)		
Yes (Date of dispensation:) No No Othersix (please specify:) Date consulted: Interest disclosed? Yes (Date of dispensation:) No No No No No No No	UNDERTAKEN:			⊠ No		
No Othersix (please specify:)		Ward Councillor	Date consulted:	Interest disclosed?		
Othersix (please specify:) Othersix (please specify:) Date consulted: Interest disclosed? Yes (Date of dispensation:) No CAPITAL INJECTION APPROVAL REQUIRED: CAPITAL INJECTION APPROVAL (If yes, you must complete the Approval box below) CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) CONTACT Telephone numberxi:				☐ Yes (Date of dispensation:)		
Specify:) Yes (Date of dispensation:) CAPITAL INJECTION Injection approval required? Yes No APPROVAL REQUIRED: CAPITAL INJECTION APPROVAL (If yes, you must complete the Approval box below) CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation CONTACT Telephone number*:				☐ No		
CAPITAL INJECTION Injection approval required? Yes No APPROVAL (If yes, you must complete the Approval box below) REQUIRED: CAPITAL INJECTION (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) CONTACT Telephone number ^{xi} :		\ ·-	Date consulted:	Interest disclosed?		
CAPITAL INJECTION		specity:)		Yes (Date of dispensation:)		
INJECTION APPROVAL REQUIRED: CAPITAL INJECTION APPROVAL (If yes, you must complete the Approval box below) CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation CONTACT Telephone numberxi:				☐ No		
APPROVAL REQUIRED: CAPITAL INJECTION APPROVAL (If yes, you must complete the Approval box below) CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation CONTACT Telephone number*:	CAPITAL					
REQUIRED: CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) CONTACT Capital Scheme Number: XXXXX / XXX / XXX Date: Telephone numberxi:	INJECTION	Injection approval required?				
CAPITAL INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation Capital Scheme Number: XXXXX / XXX / XXX Date: Telephone number*i:	APPROVAL	(If yes, you must complete the Approval box below)				
INJECTION APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation (CONTACT Telephone number*i:	REQUIRED:					
APPROVAL (Name:) (Title:) Date: IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation CONTACT (Name:) Date: Telephone numberxi:	CAPITAL			Capital Scheme Number:		
(Title:) Date: IMPLEMENTATION Officer accountable for implementation (KEY DECISIONS ONLY) Timescales for implementation* CONTACT Telephone number*i:	INJECTION			XXXXX / XXX / XXX		
IMPLEMENTATION (KEY DECISIONS ONLY) Timescales for implementation CONTACT Telephone numberxi:	APPROVAL		(Name:)			
(KEY DECISIONS ONLY) Timescales for implementation* CONTACT Telephone number*i:			(Title:)	Date:		
ONLY) Timescales for implementation ^x CONTACT Telephone number ^{xi} :	IMPLEMENTATION	Officer accountable for	or implementation			
CONTACT Telephone number ^{xi} :	(KEY DECISIONS					
	ONLY)	Timescales for implementation ^x				
· ·						
PERSON: Steve Hume 0113 3783884	CONTACT			Telephone numberxi:		
	PERSON:	Steve Hume		0113 3783884		
DECISION MAKER Date:	DECISION MAKER			Date:		
/ AUTHORISED	/ AUTHORISED					
SIGNATORY ^{xii} :	SIGNATORYXII:					
(Name:) Cath Roff		(Name:) Cath Roff				

ⁱ The Leader of the Council may also make executive decisions and should be specified as the Lead Director where appropriate.

ⁱⁱ A brief title should be inserted here. If the decision is Key and has appeared on the List of Forthcoming Key Decisions, the title of the decision should be the same as that used in the List.

ⁱⁱⁱ Brief details of the decision should be inserted. This note must set out the substance of the decision, options considered and the reason for deciding on the chosen option, although care must be taken not to disclose any confidential or exempt information.

- iv See the Executive and Decision Making Procedure Rules for eligibility. The decision will not be eligible for call-in if it has already been subject to call-in i.e. considered by the relevant Scrutiny Board. This includes a decision which has been modified by the decision maker following a recommendation by a Scrutiny Board after call-in of the earlier decision.
- v If the decision is exempt from call-in a reason must be provided in the 'Notice / Call-In' box and in the report. The call-in period expires at 5pm on the 5th working day after publication. Scrutiny Support will notify decision makers of matters called-in no later than 12 noon on the 6th working day. vi If the decision would have been a Key decision but for an exception set out in Article 13.2.1, please refer to the connected Key decision in the decision details (either by the title or the reference number). vii All Key decisions should appear on the List of Forthcoming Key Decisions for 28 clear days before the decision can be taken. If 28 clear days' notice has not been provided, a reason must be provided here
- viii No Member having a disclosable pecuniary interest or officer having an interest in any matter (whether pecuniary or otherwise required to be declared) should take a decision in relation to that matter. Other interests of a non-disqualifying nature should be recorded here. Any dispensation in place in relation to the matter should also be recorded here.
- ix This may include other elected Members, officers, stakeholders and the local community.
- * Please include proposed timescales for commencement and / or completion of implementation as appropriate.
- xi Please insert a complete telephone number whether land line or mobile, rather than an extension number so that you can be contacted from outside the Council.
- xii The signatory must be duly authorised by the Lead Director to make a decision in accordance with the relevant sub-delegation scheme. It is not acceptable for the signature to be 'pp' for the authorised signatory. For Key decisions only, the date of the authorised signature signifies that, at the time, the officer was content that the decision should be taken. However, should representations be received following public availability of reports the signatory will consider the effect which such representations should have on the final decision.