

APPENDIX C – 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 Mid Essex Clinical Commissioning Group Board 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 delegation¹ and the group's Standing Financial Instructions², provide a procedural framework within which the group discharges its business. They set out:

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

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

1.1.3. The standing orders, scheme of reservation and delegation and Standing Financial Instructions have effect as if incorporated into the group's constitution. Group members, employees, members of the Clinical Commissioning Group Board, members of the Clinical Commissioning Group Board's committees and sub-committees, members of the group's committees and sub-committees and persons working on behalf of the group should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply

¹ See Appendix D

² See Appendix E

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

with the standing orders, scheme of reservation and delegation and Standing Financial Instructions 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 Clinical Commissioning Group Board to certain bodies (such as committees) and certain persons. The group has decided that certain decisions may only be exercised by the group in formal session. These decisions and also those delegated are contained in the group's scheme of reservation and delegation (see Appendix D).

2. THE CLINICAL COMMISSIONING GROUP BOARD: 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 Clinical Commissioning Group Board, 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 Clinical Commissioning Group Board whilst Chapter 7 of the group's constitution identifies certain key roles and responsibilities within the group and its Clinical Commissioning Group Board. These standing orders set out how the group appoints individuals to these key roles.

2.2.2. The Elected GP members are subject to the following appointment process:

- a) **Nominations** – these will be forthcoming from those GPs working within the Mid Essex locality, irrespective of contractual status
- b) **Eligibility** – Those registered on the Mid Essex Performers list who meet the qualifications / skills necessary for consideration as part of the agreed job description

- c) **Appointment process** – Through election and selection via the LMC process
- d) **Term of office** - Elected members will serve for a period of two or three years, for a maximum of two terms
- e) **Eligibility for reappointment** – Elected members will not be eligible to stand again if they have completed two terms of two or three years (to a maximum of six years) without a one year break.
- f) **Grounds for removal from office**

Members of the Board shall vacate their office:-

- i) If a receiving order is made against him, or he makes any arrangement with his creditors.
 - ii) If in the opinion of the Board (having taken appropriate professional advice in cases where it is deemed necessary) he becomes or is deemed to be of unsound mind.
 - iii) If he ceases to be a provider of primary medical services, or engaged in or employed to deliver primary medical services, other than those lay Members of the Board who have been duly appointed or elected by the Board.
 - iv) If he is suspended from providing primary medical services in which case the removal or suspension from the Board shall be at the discretion of the Board.
 - v) If he shall for a period of 5 consecutive meetings of the Board have been absent and shall at the discretion of the Board be vacated from his office.
 - vi) If he shall be convicted of a criminal offence whereby the sentence imposed shall be for a minimum of 6 months imprisonment (whether such sentence is held to be suspended or conditional).
- g) **Notice period** relating to cessation of eligibility due to practice membership, is as follows;
- i) A Member practice ceases to be a Member where that practice no longer satisfies the criteria of membership as set out herein.
 - ii) The Member practice shall give written notice to the NHS Commissioning Board and the Board as soon as practicable in the event of any of the circumstances which may give rise to termination of membership, together with a formal request that his/her membership is terminated.
 - iii) The NHS Commissioning Board shall be entitled to terminate a practice's membership of the Clinical Commissioning Group, if it becomes aware of any of the circumstances as set out in this paragraph and as applicable to any current Member practice.

- iv) Any Member practice, if served with a notice of termination of membership shall have the right of appeal against that decision by application to the NHS Commissioning Board.
- v) The decision of the NHS Commissioning Board on consultation with the Clinical Commissioning Group, Local Medical Committee and any other relevant party shall be final. The notice period is three months

2.2.3. The roles and responsibilities of each of these key roles are set out herein

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP BOARD

3.1. Calling meetings

3.1.1. Ordinary meetings of the Board shall be held at regular intervals at such times and places as the group may determine.

3.1.2. Formal Meetings will be held on a bi-monthly basis, with a minimum of 4 a year

3.1.3. The Chairman of the CCG may call a meeting of the CCG Board at any time

3.1.4. One third or more members of the CCG Board may requisition a meeting in writing. If the Chairman refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

3.2. Notice of meetings and the business to be transacted

- a) Before each meeting of the CCG Board a written notice specifying the business proposed to be transacted shall be delivered to every member, or sent by post to the usual place of residence of each member, so as to be available to members at least three clear days before the meeting. The notice shall be signed by the Chairman or by an officer authorised by the Chairman to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.
- b) In the case of a meeting called by members in default of the Chairman calling the meeting, the notice shall be signed by those members.
- c) No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.7.

- d) A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chairman at least 15 clear days before the meeting. The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the Chairman.
- e) Before each meeting of the CCG Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at each of the CCG's principal office at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).
- f) Agenda, supporting papers and business to be transacted
The Agenda will be sent to members 6 days before the meeting and supporting papers, wherever possible shall accompany the agenda, but will certainly be despatched no later than three clear days before the meeting, save in emergency.

Notice of Motion

- i. Subject to the provision of 'Motions: Procedure at and during a meeting' and 'Motions to Rescind a Resolution', a member of the CCG Board wishing to move a motion shall send a written notice to the Accountable Officer who will ensure that it is brought to the immediate attention of the Chairman.
- ii. The notice shall be delivered at least 15 clear days before the meeting. The Accountable Officer shall include in the agenda for the meeting all notices so received that are in order and permissible under governing regulations. This Standing Order shall not prevent any motion being withdrawn or moved without notice on any business mentioned on the agenda for the meeting.

Emergency Motions

- i. Subject to the agreement of the Chairman, and subject also to the provision of 'Motions: Procedure at and during a meeting', a member of the CCG Board 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 CCG Board at the commencement of the business of the meeting as an additional item included in the agenda. The Chairman's decision to include the item shall be final.

Motions: Procedure at and during a meeting

i) Who may propose?

A motion may be proposed by the Chairman of the meeting or any member present. It must also be seconded by another member.

ii) Contents of motions

The Chairman may exclude from the debate at their discretion any such motion of which notice was not given on the notice summoning the meeting other than a motion relating to:

- the reception of a report;
- consideration of any item of business before the CCG Board;
- the accuracy of minutes;
- that the CCG Board proceed to next business;
- that the CCG Board adjourn;
- that the question be now put.

iii) Amendments to motions

A motion for amendment shall not be discussed unless it has been proposed and seconded.

Amendments to motions shall be moved relevant to the motion, and shall not have the effect of negating the motion before the CCG Board.

If there are a number of amendments, they shall be considered one at a time. When a motion has been amended, the amended motion shall become the substantive motion before the meeting, upon which any further amendment may be moved.

iv) Rights of reply to motions

a) Amendments

The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original motion, which shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

b) Substantive/original motion

The member who proposed the substantive motion shall have a right of reply at the close of any debate on the motion.

c) Withdrawing a motion

A motion, or an amendment to a motion, may be withdrawn;

- Motions once under debate
 - When a motion is under debate, no motion may be moved other than:
 - ◆ an amendment to the motion;
 - ◆ the adjournment of the discussion, or the meeting;
 - ◆ that the meeting proceed to the next business;
 - ◆ that the question should be now put;
 - ◆ the appointment of an 'ad hoc' committee to deal with a specific item of business;
 - that a member/director be not further heard;
 - a motion under Section I (2) or Section I (8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press
- In those cases where the motion is either that the meeting proceeds to the 'next business' or 'that the question be now put' in the interests of objectivity these should only be put forward by a member of the CCG Board who has not taken part in the debate and who is eligible to vote.
- If a motion to proceed to the next business or that the question be now put, is carried, the Chairman should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.
- Motion to Rescind a Resolution
 - Notice of motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the member who gives it and also the signature of three other members, and before considering any such motion of which notice shall have been given, the CCG Board may refer the matter to any appropriate Committee or the Accountable Officer for recommendation.

- When any such motion has been dealt with by the CCG Board it shall not be competent for any director/member other than the Chairman to propose a motion to the same effect within six months. This Standing Order shall not apply to motions moved in pursuance of a report or recommendations of a Committee or the Accountable Officer.

3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least seven 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 six working days before the meeting takes place. The ambition is for the agenda and supporting papers will be circulated to all members of a meeting at least six working days before the date the meeting will take place.

3.2.2. Agendas and certain papers for the group's Clinical Commissioning Group Board – including details about meeting dates, times and venues - will be published on the group's website at www.midessexccg.nhs.uk

3.3. Petitions

3.3.1. Where a petition has been received by the group, the chair of the Clinical Commissioning Group Board shall include the petition as an item for the agenda of the next meeting of the Clinical Commissioning Group Board.

3.4. Chair of a meeting

3.4.1. At any meeting of the group or its Clinical Commissioning Group Board or of a committee or sub-committee, the chair of the group, (Clinical Commissioning Group Board, committee or sub-committee), if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the group, Clinical Commissioning Group Board, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

3.5.1. The decision of the chair of the Clinical Commissioning Group Board on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum

3.6.1. The quorum of the Board shall be 50% total voting members. No business shall be transacted unless the clinical cohort is in the majority and least one third of the voting members are present.

3.6.2. Any quorum of the Board or its sub-committees shall exclude any member affected by a Conflict of Interest under Section 8 of this Constitution. If this has the effect of rendering the meeting non quorate, then the Chairman shall decide whether to adjourn the meeting to permit the appointment or co-option of additional members.

3.6.3. No Observer or co-opted member shall carry a vote. In the case of an equality of votes, the Chairman shall carry the casting vote.

3.6.4. Any elected Member of the Board shall be entitled to nominate a proxy to vote on his behalf in the event that he cannot attend a meeting of the Board. In those circumstances the Chairman (or acting Chairman) should be informed one week prior to the meeting of the non-attendance and shall receive a duly completed and authorised proxy form.

3.6.5.

- a) The group is quorate when in excess of 50% of the voting membership is present and when clinicians are in the majority across the Lay, Executive officer and Clinical representative groups;
- b) If members have sent representation, they will not count towards the quorum if they have formal acting up status;
- c) If the quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest then the CCG Board Chair will have the casting vote.

3.6.6.

- i. At the discretion of the Chair all questions out to the vote shall be determined by oral expression or by show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote taken by paper ballot.
- ii. If at least one third of the members present so request, the voting on any question may be recorded as to show how each member present voted, or did not vote (except when conducted by paper ballot)
- iii. If a member so requests, their vote shall be recorded by name

3.6.7. For all other of the group's committees and sub-committees, including the Clinical Commissioning Group Board's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7. Decision making

3.7.1. Chapter 6 of the group's constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally it is expected that at the group's / Clinical Commissioning Group Board's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out below:

- a) **Eligibility** – Only designated members (listed in the composition) are allowed to vote
- b) **Majority necessary to confirm a decision** – a 50% majority is required for a decision to be agreed unless otherwise stated within the committees current terms of reference
- c) **Casting vote** – the Chair of the committee will have the casting vote
- d) **Dissenting views** - members taking a dissenting view, while losing a vote will have their dissent recorded in the minutes

3.7.2. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.3. For all other of the group's committees and sub-committees, including the Clinical Commissioning Group Board's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8. Emergency powers and urgent decisions

3.8.1. The powers which the CCG Board Group has reserved to itself within these Standing Orders may in emergency or for an urgent decision to be exercised by the Accountable Officer and the Chairman after having consulted at least one lay member and one non executive Board clinician or two lay members. The exercise of such powers by the Chair and/or Accountable Officer shall be reported to the next formal meeting of the CCG Board in public session for formal ratification.

3.8.2. The CCG Board shall agree from time to time to the delegation of executive powers to be exercised by the CCG's sub committees which it has formally constituted. The constitution and terms of reference of these committees or subcommittee or joint committees and their specific executive powers shall be approved by the CCG Board or by a committee of the Board for a subcommittee.

3.9. Suspension of Standing Orders

- 3.9.1.** Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided a minimum of 50% of the group members are in agreement.
- 3.9.2.** A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3.** A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Clinical Commissioning Group Board's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

- 3.10.1.** Variation and amendment of standing orders
- These standing orders shall not be varied except in the following circumstances:
 - Upon notice or motion
 - Upon a recommendation
 - Or the Chair or Accountable Officer included on the agenda for the meeting that at least half of the CCG members are present at the meeting where the variation or amendment is being discussed.
- 3.10.2.** The names of all members of the Clinical Commissioning Group Board present shall be recorded in the minutes of the Clinical Commissioning Group Board. The names of all members of the Clinical Commissioning Group's committees / sub-committees present shall be recorded in the minutes of the respective Clinical Commissioning Group committee / sub-committee meetings.

3.11. Conflict of Interest

- 3.11.1** Chapter 8 sets out the arrangement for the identification of declarations of interests and the management of conflicts of interests.

The NHS Code of Accountability requires Board members and Committee members to declare interest which are relevant and material to the NHS Board of which they are a member. This is further supported by the Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services.⁴ All existing Board

⁴ See Appendix Q for Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services

members and members of the Board's formal Committees should declare such interests. Any members appointed subsequently should do so on appointment.

3.12. Minutes

3.12.1. The Board shall keep records and proper minutes of all Board meetings, resolutions and business conducted.

3.12.2. Minutes of all formal meetings will be a matter of public record

3.13. Admission of public and the press

3.13.1. The Board shall meet in public as a minimum [4] times per year. Every Board member shall be given at least 3 days' notice to attend.

3.13.2. The date, time and venue of all Board meetings will be made public with at least 3 days' notice on the CCG website. The notice shall include the agenda and papers related to the meeting.

3.13.3. No meeting of the Board shall be held without either the Chairman or Deputy Chairman being present. If neither is present then a temporary Chairman shall be nominated from the remaining Board members.

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 group, subject to any regulations made by the Secretary of State⁵, and make provision for the appointment of committees and sub-committees of its Clinical Commissioning Group Board. Where such committees and sub-committees of the group, or committees and sub-committees of its Clinical Commissioning Group Board, 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 Clinical Commissioning Group'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 group.

4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the Clinical Commissioning Group, the Clinical Commissioning Group Board's committees and sub-committee and all

⁵ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

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 an appendix.

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 Clinical Commissioning Committee Group.

4.4. Approval of Appointments to Committees and Sub-Committees

4.4.1. The group shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the Clinical Commissioning Group Board. The group shall agree such travelling or other allowances as it considers appropriate.

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

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 Clinical Commissioning Group Board 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 accountable 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 has a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

- a) The Accountable officer;
- b) The Chair of the Clinical Commissioning Group Board;
- c) The Chief Finance Officer;
- d) The Deputy Accountable Officer/Director of Strategy and Primary Care;

- e) The Director of Nursing and Quality;
- f) The Chief Operating Officer;
- g) The Director of Transformation.

6.2 Custody of Seal

- 6.2.1 The common seal of the CCG shall be kept by the Accountable Officer or a nominated Manager by him in a secure place.

6.3 Sealing of Documents

- 6.3.1 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two senior managers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.

6.4 Register of Sealing

- 6.4.1 The Accountable Officer shall keep a register in which he/she, or another manager of the CCG authorised by him/her, shall enter a record of the sealing of every document.

6.5 Use of Seal – General guide

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

6.6 Signature of documents

- 6.6.1 Where any document will be a necessary step in legal proceedings on behalf of the CCG, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive Director.
- 6.6.2 In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

6.7 Execution of a document by signature

6.7.1 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 Clinical Commissioning Group Board;
- c) The Chief Finance Officer;
- d) The Deputy Accountable Officer/Director of Strategy and Primary Care ;
- e) The Director of Nursing and Quality;
- f) The Chief Operating Officer;
- g) The Director of Transformation

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 Mid Essex 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.

