

Standing Orders

1. Standing Orders

1.1. Introduction

1.1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS North East Essex Clinical Commissioning Group (CCG) 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 Reservations 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 Governing Body (the Board) and of any the committees or sub-committees to the 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 Reservations and Delegation and Standing Financial Instructions have effect as if incorporated into the group's Constitution. Group members, employees, members of the Board, members of the Board'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 Reservations and Delegation

¹ See Appendix 5

² See Appendix 6

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.

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 Reservations 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 CCG's Governing Body 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 groups Scheme of Reservation and Delegation (see Appendix 5).

2. The Board: Composition of Membership, Key Roles and Appointment Process

2.1. Composition of membership

2.1.1. Chapter 5 of the group's Constitution provides details of the membership of the group (also see Appendix 1).

2.1.2 Paragraph 5.3.1. of the group's Constitution sets out the composition of the members of the Board.

2.2. Key Roles

2.2.1. Chapter 5 and Chapter 6 sets out key roles and responsibilities within the group and the Board with Chapter 10 setting out the role of practice representatives.

2.2.2. Chapter 7 of the group's Constitution provides details of the governing structure used in the group's decision-making processes.

2.2.3. The Elected GP members are subject to the appointment process as set out in Schedule 3 of the Constitution. This includes the process for nominations, eligibility, appointment process and term of office and eligibility for reappointment.

2.2.4. Grounds for removal from office are stated under Chapter 9 of the Constitution.

2.2.5. 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 in Schedule 3 of the group's Constitution.
- ii) The Member practice shall give written notice to the NHS England 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 membership is terminated.

- iii) The NHS England shall be entitled to terminate a practice's membership of the CCG, 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 England.
- v) The decision of the NHS England on consultation with the CCG, Local Medical Committee and any other relevant party shall be final. The notice period is three months.

3. Meetings of the 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 Board may determine.
- 3.1.2. Meetings will be held in public at least 6 times per year.
- 3.1.3. The Chairman of the Board may call a meeting of the Board at any time.
- 3.1.4. One third or more members of the 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

- 3.2.1. Before each meeting of the Board will provide 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 seven 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. Every Board member shall be given at least 14 days' notice to attend.
- 3.2.2. 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.
- 3.2.3. No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under Standing Order 3.7.

- 3.2.4. 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.
- 3.2.5. Before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the CCG's principal offices and on the CCG's website at least seven clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) (a)).

3.3 Petitions

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

3.4 Notice of Motion

- (1) Subject to the provision of 'Motions: Procedure at and during a meeting' and 'Motions to Rescind a Resolution', a member of the Clinical Commissioning Group's 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.
- (2) 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.

3.5 Emergency Motions

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 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 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.

3.6 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 Board;
- the accuracy of minutes;
- that the Board proceed to next business;
- that the 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 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.

v) Withdrawing a motion

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

vi) 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 (see Standing Order 3.18).

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 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.

3.7 Motion to Rescind a Resolution

- (i) 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 Board may refer the matter to any appropriate Committee or the Accountable Officer for recommendation.
- (ii) When any such motion has been dealt with by the 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.

3.8. Chair of a meeting

3.8.1. At any meeting of the Board or of a committee or sub-committee, the chair of the Board, or 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.

3.8.2. 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 Board, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.9. Chair's ruling

3.9.1. The decision of the chair of the 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.

3.10. Quorum

3.10.1. This group will be considered quorate when 7 members are present of which the majority must be non-executive, as mapped out within the constitution.

The quorum must include the Chair or Vice chair and the Accountable Officer or the Chief Financial Officer.

3.11 Voting

3.11.1 Any voting member of the Board shall be entitled to nominate a proxy vote on his/her behalf in the event he/she cannot attend a meeting of the Board.

In those circumstances the Chairman (or Deputy Chairman), should be informed one week prior to the meeting of the non-attendance and shall receive a duly completed and authorised proxy form.

Deputies will be expected to have been fully briefed by the substantive member.

3.11.2 Voting members must inform the chairman should they have a potential conflict of interest relating to any of the agenda items within 2 working days of receiving the agenda.

3.11.3 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.

- 3.11.4.** 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.

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).

If a member so requests, their vote shall be recorded by name

3.12. Decision Making

- 3.12.1.** Chapter 7 of the group's Constitution, together with the Scheme of Reservations and Delegation, sets out the governing structure for the exercise of the group's statutory functions. Generally it is expected that at the Board meetings or the committees or sub-Committees to the Board, 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) allowed to vote
- b) **Majority necessary to confirm a decision** – a 50% majority is required for a decision
- 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

- 3.12.2.** For all of the Board's committees and sub-committees, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.13. Emergency powers and urgent decisions

- 3.13.1.** The powers which the Board 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 two lay members. The exercise of such powers by the Accountable Officer shall be reported to the next formal meeting of the Board in public session for formal ratification.

- 3.13.2.** The Board shall agree from time to time to the delegation of executive powers to be exercised by the Board'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 Board or by a committee of the Board for a sub-committee.

3.14. Suspension of Standing Orders

3.14.1. 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 a minimum of 50% of the group members are in agreement.

3.14.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

3.14.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Board's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.15. Variation and amendment of standing orders

3.15.1. 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 Board members are present at the meeting where the variation or amendment is being discussed.

3.16. Record of Attendance

3.16.1. The names of all members of the Board present shall be recorded in the minutes of the Board. The names of all members of the Board's committees / sub-committees present shall be recorded in the minutes of the respective Board's committee / sub-committee meetings.

3.17. Minutes

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

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

3.18. Admission of public and the press

3.18.1. The Board shall meet in public as a minimum 6 times per year. Every Board member shall be given at least 14 days' notice to attend.

- 3.18.2. The date, time and venue of all Board meetings will be made public with at least 7 days' notice on the CCG website. The notice shall include the agenda and papers related to the meeting.
- 3.18.3. At any meeting of the Board or of a committee or sub-committee, the chair of the Board, or 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.
- 3.8.2. 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 Board, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

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 Board, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub-committees of the Board.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the Board'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 Board, the Board'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. The Board's terms of reference and the terms of reference of each of the committees and sub-committees of the Board are included in Chapter 7 of the group's Constitution.

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 Board.

4.4. Approval of Appointments to Committees and Sub-Committees

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

4.5. Delegation to Officers

4.5.1. Those functions of the CCG which have not been retained as reserved by the Board or delegated to committees or sub committees shall be exercised on behalf of the CCG by the Accountable Officer. The Accountable Officer shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain accountability to the CCG.

4.5.2. The Accountable Officer shall prepare a Scheme of Reservations and Delegation identifying his/her proposals which shall be considered and approved by the Board. The Accountable Officer may periodically propose amendment to the Scheme of Reservations and Delegation which shall be considered and approved by the Board.

4.5.3. Nothing in the Scheme of Reservations and Delegation shall impair the discharge of the direct accountability to the Board of the Chief Finance Officer to provide information and advise the Board in accordance with statutory or Department of Health requirements. Outside these statutory requirements the roles of the Chief Finance Officer shall be accountable to the Accountable Officer for operational matters.

4.6. Appointments for Statutory Functions

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

5. OVERLAP WITH OTHER GROUP'S POLICY STATEMENTS/PROCEDURES, REGULATIONS AND THE STANDING FINANCIAL INSTRUCTIONS

5.1 Policy statements: general principles

The Board will from time to time agree and approve Policy statements/procedures which will apply to all or specific groups of staff employed by the group. The decisions to approve such policies and procedures will be recorded in an appropriate Board minute and will be deemed where appropriate to be an integral part of the group's Standing Orders and Standing Financial Instructions.

5.2 Specific Policy statements

These Standing Orders and Standing Financial Instructions must be read in conjunction with the following Policy statements:

- The Standards of Business Conduct and National Conflicts of Interest Guidance;
- Code of Conduct for NHS Managers 2002;
- ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry;
- The staff Disciplinary and Appeals Procedures adopted by the group both of which shall have effect as if incorporated in these Standing Orders.

5.3 Standing Financial Instructions

Standing Financial Instructions adopted by the Board in accordance with the Financial Regulations shall have effect as if incorporated in these Standing Orders.

5.4 Specific guidance

These Standing Orders and Standing Financial Instructions must be read in conjunction with the following guidance and any other issued by the Secretary of State for Health:

- Caldicott Guardian 1997;
- Human Rights Act 1998;
- Freedom of Information Act 2000.
- Equality Act 2010

6. DUTIES AND OBLIGATIONS OF BOARD MEMBERS/DIRECTORS AND SENIOR MANAGERS UNDER THESE STANDING ORDERS

6.1. The standards of business conduct and managing conflicts of interest are stated in Chapter 8 of the group's Constitution. Chapter 8 is therefore part of these Standing Orders.

7. Waiver of Standing Orders made by the Secretary of State of Health

(1) Under regulation 11(2) of the NHS (Membership and Procedure Regulations SI 1999/2024 ("the Regulations")), there is a power for the Secretary of State to issue waivers if it appears to the Secretary of State in the interests of the health service that the disability in regulation 11 (which prevents a chairman or a member from taking part in the consideration or argument of, or voting on any question with respect to, a matter in which he has a pecuniary interest) is removed. A waiver has been agreed in line with sub-sections (2) to (4) below.

(2) Definition of 'Chairman' for the purpose of interpreting this waiver

The "relevant chairman" is—
at a meeting of the Board, the Chairman of the Board;

(3) Application of waiver

A waiver will apply in relation to the disability to participate in the proceedings of the Board or its committees on account of a pecuniary interest.

It will apply to:

(i) A member of the Board, or the Board Committee, who is a healthcare professional, within the meaning of regulation 5(5) of the Regulations, and who is providing or performing, or assisting in the provision or performance, of—

a) services under the National Health Service Act 1977; or

b) services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997;

for the benefit of persons for whom the Board is responsible.

(ii) Where the pecuniary interest of the member in the matter which is the subject of consideration at a meeting at which he is present:-

- (a) arises by reason only of the member's role as such a professional providing or performing, or assisting in the provision or performance of, those services to those persons;
 - (b) has been declared by the relevant chairman as an interest which cannot reasonably be regarded as an interest more substantial than that of the majority of other persons who:–
 - are members of the same profession as the member in question;
 - are providing or performing, or assisting in the provision or performance of, such of those services as he provides or performs, or assists in the provision or performance of, for the benefit of persons for whom the Board is responsible.
- (4) Conditions which apply to the waiver and the removal of having a pecuniary interest

The removal is subject to the following conditions:

- (a) the member must disclose his interest as soon as practicable after the commencement of the meeting and this must be recorded in the minutes;
- (b) the relevant chairman must consult the Accountable Officer before making a declaration in relation to the member in question pursuant to paragraph 7.3.3 (2) (b) above, except where that member is the Accountable Officer;
- (c) in the case of a meeting of the Board:
 - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded; but
 - (ii) may not vote on any question with respect to it.
- (d) in the case of a meeting of the Board Committee:
 - (i) the member may take part in the consideration or discussion of the matter which must be subjected to a vote and the outcome recorded; and
 - (ii) may vote on any question with respect to it; but
 - (iii) the resolution which is subject to the vote must comprise a recommendation to, and be referred for approval by the Board.

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

- 8.1.** 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 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.

9. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

9.1. Clinical Commissioning Group's Seal

- 9.1.1.** 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:

- a) the accountable officer;
- b) the chair of the Board;
- c) the chief finance officer;
- d) the chief operating officer

9.1.2. Execution of a document by signature

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 Board
- c) the chief finance officer
- d) the chief operating officer

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

10.1. Policy statements: general principles

- 10.1.1.** 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 North East Essex CCG. 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.

