

Standing Orders

2014

FINAL

Review needed April 2016

Version Control

Last Updated	Updated By	What was changed	File Version
31 st July 2014	Anoop Seera	Board Approved – Final Version	SMCCG-Standing Orders 2014- v1-final

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 NHS South Manchester Clinical Commissioning Group (**SMCCG**) so it can fulfil its obligations, as set out largely in the NHS Act 2006, as amended by the Health and Social Care Act 2012 and related regulations. **They became effective from April 1st 2013.**

1.1.2. The standing orders, together with the scheme of reservation and delegation¹ and the prime financial policies², provide a procedural framework within which the Group discharges its business. They set out:

- a) the arrangements for conducting the business of the Group;
- b) the appointment of member practice representatives;
- c) the procedure to be followed at meetings of the group, the Board and any committees or sub-committees of the group or 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 the requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate³ of any relevant guidance.

1.1.3. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the Group's constitution. Group members, employees, members of the Board, members of the 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.

1.1.4. 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 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 (Available on the SMCCG website).

¹ Available on SMCCG website

² Available on SMCCG website

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

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

2.1. Composition of membership

2.1.1. Details of the membership of the group are available on SMCCG's website.

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 SMCCG's constitution sets out the composition of the SMCCG's Board whilst Chapter 7 identifies certain key roles and responsibilities within the group and its Board. These standing orders set out how SMCCG appoints individuals to these key roles.

2.2.2. The Chair, as listed in 6.6.2 of SMCCG's constitution is subject to the following appointment process:

- a) **Nominations** – self nomination / application following advertisement of the role;
- b) **Eligibility** – assessment of skills, experience and attributes against the specification within the role outline
- c) **Appointment process** – shortlisting and interview process by a clinical representative, representative from SMCCG and lay person that has held a similar role previously
- d) **Term of office** – 3 years
- e) **Eligibility for reappointment** – if the person wishing to continue and SMCCG's governance body determine that this is appropriate and this is agreed with NHS England and / or the extension is required until a replacement is found and takes up the position
- f) **Grounds for removal from office** - the person resigns, the Board have no confidence in the person or NHS England formally request this of SMCCG
- g) **Notice period** - Three months' notice

2.2.3. The Vice Chair, as listed in 6.6.2 of SMCCG's constitution, is subject to the following appointment process:

- a) **Nominations** – self nomination / application following advertisement of the role;
- b) **Eligibility** – assessment of skills, experience and attributes against the specification within the role outline and voted by members;
- c) **Appointment process** – shortlisting and interview process by a clinical representative, representative from SMCCG and a clinical representative from another CCG followed by election by members;
- d) **Term of office** – 3 years

- e) **Eligibility for reappointment** – if the person wishes to continue and SMCCG's governance body determine that this is appropriate and / or the extension is required until a replacement is found and takes up the position;
- f) **Grounds for removal from office** – the person resigns, the Board or members have no confidence in the person;
- g) **Notice period** – three months' notice

2.2.4. The Chief Officer (as listed in paragraph 5.13 of SMCCG's constitution) is subject to the following appointment process:

- a) **Nominations** – self nomination / application;
- b) **Eligibility** – assessment of skills, experience and attributes through national assessment framework;
- c) **Appointment process** – nationally determined and appointments made through NHS England and / or their representative organisations (assessment centre process and interview);
- d) **Term of office** – Permanent;
- e) **Grounds for removal from office** – the person resigns, the Board or members have no confidence in the person or NHS England request this;
- f) **Notice period** – 3 months

2.2.5. The Chief Financial Officer (as listed in paragraph 6.6.2 of SMCCG's constitution) is subject to the following appointment process:

- a) **Nominations** – self nomination / application;
- b) **Eligibility** – assessment of skills, experience and attributes through regional assessment process;
- c) **Appointment process** – regionally determined and appointments made through NHS Commissioning Governing body and / or their representative organisation (assessment centre process and interview);
- d) **Term of office** – Permanent;
- e) **Grounds for removal from office** – the person resigns, the Board or members have no confidence in the person or NHS England request this
- f) **Notice period** – 3 months

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

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

3.2. Agenda, supporting papers and business to be transacted

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

3.2.2. Agendas and certain papers for the group's Board – including details about meeting dates, times and venues - will be published on SMCCG's website.

3.3. Petitions

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

3.4. Chair of a meeting

3.4.1. At any meeting of the Group or its Board or of a Committee or sub-committee, the chair of the 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, 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 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 will be a minimum of 50% of members including at least one GP representative.

3.6.2. For all other of the Group's committees and sub-committees, including the 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 SMCCG'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 Board 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** – all members of the Board identified in paragraph 6.6.2 of the group's main constitution are eligible to vote;
- b) **Majority necessary to confirm a decision** - a majority vote is where over half of the eligible members vote to confirm a decision.
- c) **Casting vote** - where a vote is tied, the Chair (or Vice Chair in the Chair's absence) has an additional vote that can be used as a casting vote.

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 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. **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 the NHS Commissioning Board, any part of these standing orders may be suspended at any meeting, provided 51% of 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 Board's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.9. **Record of Attendance**

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

3.10. Minutes

- 3.10.1. The minutes of Board meetings will record those members present and those that have sent apologies.
- 3.10.2. The minutes of Board meetings will record those people in attendance of the meeting and include a record of any declarations of interest / conflicts of interest.
- 3.10.3. The minutes of the meeting will be recorded by the PA to the Chief Officer (or appropriate deputy).
- 3.10.4. The minutes of the meeting will be drafted within five working days of the meeting and passed to the Board as a draft.
- 3.10.5. The minutes of a meeting will be taken to the following meeting to be agreed as a true record of the meeting. Where amendments are made at the meeting these will be made and the Chair will then have the power to formally sign the revised minutes off as true record on behalf of the Board.
- 3.10.6. The minutes of the meeting will be made available to members and the public by way of their inclusion in the papers for meetings that will be published on SMCCG's website.

3.11. Admission of public and the press

- 3.11.1. The public and the press may attend meetings, however are unable to participate and contribute.

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 State⁴, and make provision for the appointment of committees and sub-committees of its Board. Where such committees and sub-committees of the group, or committees and sub-committees of its 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 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. Terms of reference shall have effect as if incorporated into SMCCG's constitution and are available on SMCCG's website.

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 group.

⁴ See section 14N of the NHS Act 2006, inserted by section 25 of the Health and Social Care Act 2012

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 of the Board. The group 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 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 Chief Officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Clinical Commissioning Group's seal

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

- a) the Chief Officer;
- b) the Chair of the Board;
- c) the Chief Finance 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 Chief Officer
- b) the Chair of the Board
- c) the Chief finance 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 South Manchester 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.