



**Heywood, Middleton
and Rochdale**
Clinical Commissioning Group

Standing Orders



Healthier People, Better Future

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 HMR Clinical Commissioning Group so that 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 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 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 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 governing body, members of the governing body'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 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 See Appendix 5

² See Appendix 4

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.

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 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 5).

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.
- 2.1.2 Chapter 5 of the group's constitution provides details of the governing structure used in the group's decision-making processes and outlines certain key roles and responsibilities within the group and its governing body, including the role of practice.

2.2 Key Roles

- 2.2.1 Paragraph 5.5 of the group's constitution sets out the composition of the group's governing body. These standing orders set out how the group appoints individuals to these key roles.
- 2.2.2 **The Clinical Chair** as listed in paragraph 6.9.2, composition of the Governing Body of the group's constitution, is subject to the following appointment process:
- a) **Nominations** – Nomination shall comprise self-nomination of clinicians from eligible member practices for the vacant position
 - b) **Eligibility** – Eligibility shall comprise clinicians from member practices
 - c) **Appointment process** – GPs currently registered with the GMC and registered to practice within NHS HMR member practices determines the Chair appointment, following an application and interview process.
 - d) **Term of office** - A term of office shall comprise 3 years
 - e) **Eligibility for reappointment** - Reappointment following the nomination process and appointment process set out in sections 2.2.2 a) and 2.2.2 c) respectively of the standing orders, shall be granted. An individual is only eligible for reappointment for a maximum of 3 terms of office.
 - f) **Grounds for removal from office** - Removal from office will be applied should the clinician in question be no longer a clinician from a member practice, be found to be in breach of the General Medical Council (GMC) members' Code of

Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere, including declared bankruptcy and any criminal conviction in organisations outside the CCG. The mechanism for this removal will be by Council of Members majority vote;

- g) **Notice period** – The notice period for the role of Chair shall be no longer than six months confirmed in writing to the Governing Body and council of members.

2.2.3 The Clinical Board members as listed in paragraph 5.5 composition of the Governing Body, of the group's constitution, are subject to the following appointment process:

- a) **Nominations** – Nomination shall comprise self-nomination of clinicians from eligible member practices for the vacant position(s)
- b) **Eligibility** – Eligibility shall comprise clinicians from member practices
- c) **Appointment process** – Application and interview process of eligible clinicians.
- d) **Term of office** – via Terms & Conditions of Contract
- e) **Eligibility for reappointment** - following the appointment process set out in sections 2.2.3 a) and 2.2.3 c) respectively.
- f) **Grounds for removal from office** - Removal from office will be applied should the clinician in question no longer be a clinician from a member practice, be found to be in breach of the General Medical Council members' Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by Council of Members majority vote;
- g) **Notice period** – The notice period for the role of Clinical Board member shall be no longer than six months confirmed in writing to the Governing Body and council of members.

2.2.4 The Locality Clinical Leads as listed in paragraph 5.5, composition of the Governing Body, of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – Nomination shall comprise self-nomination of clinicians from eligible Locality member practices for the vacant positions
- b) **Eligibility** – Eligibility shall comprise clinicians from Locality member practices
- c) **Appointment process** – Application and interview process of eligible clinicians
- d) **Term of office** - A term of office shall comprise 3 years
- e) **Eligibility for reappointment** - Reappointment following the nomination process and appointment process set out in sections 2.2.4 a) and 2.2.4 c)

respectively, shall be granted. An individual is only eligible for reappointment for a maximum of 3 terms of office.

- f) **Grounds for removal from office** - Removal from office will be applied should the clinician in question be no longer a clinician from a Locality member practice, be found to be in breach of the General Medical Council members' Code of Conduct or found to be bringing the CCG into disrepute through their actions as a clinician either in their role in the CCG or elsewhere. The mechanism for this removal will be by Council of Members majority vote;
- g) **Notice period** – The notice period for the role of the Locality clinical Leads shall be no longer than six months confirmed in writing to the Governing Body and council of members.

2.2.5 The Executive Nurse as listed in paragraph 5.5, composition of the Governing Body, of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – via application and interview
- b) **Eligibility** – Eligibility shall comprise of appropriate qualified individual meeting specification and associated competencies
- c) **Appointment process** – Application and interview process of eligible candidates.
- d) **Term of office** – via Terms & Conditions of Contract
- e) **Eligibility for reappointment** - Reappointment following the nomination process and appointment process
- f) **Grounds for removal from office** - Removal from office will be applied should the Executive Nurse in question breach Terms & Conditions of Contract
- g) **Notice period** – The notice period for the role of Executive Nurse shall be no longer than six months confirmed in writing to the governing body and council of members.

2.2.6 The Accountable Officer as listed in paragraph 5.5, composition of the Governing Body, of the group's constitution, is subject to the following appointment process:

- a) **Nominations** – Via application
- b) **Eligibility** – Successful outcome of Accountable Officers Assessment
- c) **Appointment process** –Application and interview process of eligible candidates.
- d) **Term of office** – via Terms and Conditions of contract
- e) **Eligibility for reappointment** - Reappointment following the nomination process and appointment process

- f) **Grounds for removal from office** - Removal from office will be applied should the Accountable Officer breach Terms and Conditions of Contract
- g) **Notice period** – The notice period for the role of Accountable Officer will be in line with Contract.

2.2.7 The roles and responsibilities of each of these key roles are set out in paragraph 5.5 of the group's constitution.

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 of the meeting at least 5 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 5 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

3.2.2 Agendas and certain papers for the group's Governing Body – including details about meeting dates, times and venues - will be published on the group's website at www.hmr.nhs.uk and will also be available upon request via email hmrcommunications@nhs.net or in writing to NHS HMR CCG, P.O. Box 100, Rochdale OL16 9NP

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 or sub-committee, the chair of the group, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the vice 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 vice chair, if present, shall preside. If both the chair and vice chair are absent, or are disqualified from participating, or there is neither a chair or vice chair a member of the group, governing body, 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 governing body 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 third of all members with at least 3 of those being clinicians
- 3.6.2.** For all other of the group's committees and sub-committees, including the governing body'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 5 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 groups / governing body'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** – all voting members only
 - b) **Majority necessary to confirm a decision** - a majority of 75% of voting members is required to make a decision
 - c) **Casting vote** – Clinical Chair
 - d) **Dissenting views** - Members may have their views recorded by request for the record 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 governing body'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** Where emergency powers and decisions are required to be implemented they may be exercised by the Chair and the Accountable Officer after having consulted at least two Lay Members. The exercise of such powers by the Chair and the Accountable Officer shall be recorded in the minutes and reported to the next formal meeting of the Governing Body for ratification in public session.

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 NHS England, any part of these standing orders may be suspended at any meeting, provided that at least a third of all members with at least 3 of those being GPs 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 governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10 Record of Attendance

- 3.10.1.** 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 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 by the nominated secretary of the committee and submitted at the next meeting where they will be ratified by the presiding officer (Chair).
- 3.11.2.** Accuracy of the minutes shall be discussed and any amendments to the minutes shall be agreed and recorded at the next meeting.
- 3.11.3.** Any matters arising from the minutes shall be subject to discussion at the Chair's discretion.
- 3.11.4.** Where providing a record of a public meeting the minutes shall be made available to the public (required by Code of Practice on Openness in the NHS) via the website www.hmr.nhs.uk and will also be available upon request via email at hmrcommunications@nhs.net or in writing to NHS HMR CCG, P.O. Box 100, Rochdale, OL16 9NP.

3.12 Admission of public and the press

- 3.12.1.** All ordinary meetings of the Governing Body are open meetings. Members of the public can attend these meetings. As such they are considered to be meetings where the public may observe the decision-making process of the Governing Body. They are not open meetings where the public have a right to contribute to the debate.

- 3.12.2.** Members and Officers or any employee of the Governing Body in attendance shall not reveal or disclose the contents of papers, marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Governing Body, without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the Governing Body meeting that may take place on such reports or papers.
- 3.12.3.** Exceptionally, there may be items of a confidential nature on the agenda of these ordinary meetings from which the public may be excluded. These will be addressed in Part 2 of the meeting, such items will be business that:-
- relates to a member of staff;
 - relates to a patient;
 - would commercially disadvantage the CCG if discussed in public; or,
 - would be detrimental to the operation of the Governing Body.
- 3.12.4.** Prior to each meeting of the Governing Body a public notice of the time and place of the meeting, and the public part of the agenda, shall be published on the website and social media at least three clear days before the meeting (required by the Public Bodies (Admission to Meetings) Act 1960 SI(4)(a)).
- 3.12.5.** The public and representatives of the press shall be afforded facilities to attend all formal meetings of the Governing Body but shall be required to withdraw upon the Governing Body resolving as follows:
- 3.12.6.** "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 (Administration to Meetings) Act 1960).
- 3.12.7.** The Chair (or person presiding the meeting) shall give such directions as they think fit in regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted. The public will be required to withdraw upon the Governing Body resolving as follows:
- 3.12.8.** "That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete business without the presence of the public" (Section 1 (8) Public Bodies (Administration to Meetings) Act 1960).
- 3.12.9.** Nothing in the Standing Orders shall require the Governing Body to allow members of the public or representatives of the press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceedings as they take place without the prior agreement of the Governing Body.

3.12.10. The Governing Body will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the Governing Body's meetings and may change, alter or vary these terms and conditions as it sees fit.

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 governing body. Where such committees and sub-committees of the group, or committees and sub-committees of its governing body, are appointed they are included in Chapter 5 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 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 available via the Committee Governance Handbook.

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.

4.4 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 governing body. The group shall agree such travelling or other allowances as it considers appropriate.

⁴ See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND STANDING FINANCIAL INSTRUCTIONS (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 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 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 Governing Body;
 - 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 Accountable Officer
 - b) the Chair of the governing body
 - 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 or working with NHS Heywood Middleton and Rochdale 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.