

NHS COUNTY DURHAM CCG STANDING ORDERS

1. STATUTORY FRAMEWORK AND STATUS

Introduction

1.1 These standing orders have been drawn up to regulate the proceedings of the NHS County Durham Clinical Commissioning Group so that the CCG 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 1 April 2020.

1.1.1 The standing orders, together with the CCG's scheme of reservation and delegation (SORD), the CCG's prime financial policies (PFP) and the CCG's Standing Financial Instructions (SFIs), provide a procedural framework within which the CCG discharges its business. They set out:

- a) The arrangements for conducting the business of the group;
- b) the appointment/election 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 provisions for holding meetings in public;
- e) the arrangements for the appointment of committees, including Audit and Remuneration Committees;
- f) the process to delegate powers,
- g) 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 appropriate¹ of any relevant guidance.

1.1.2. The standing orders have effect as if incorporated into the CCG's constitution. CCG members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG should be aware of the existence

¹ Under some legislative provisions the CCG is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation, standing financial instructions and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

- 1.1.3. Unless specified, the following applies to the Council of Members, the Governing Body and all Governing Body committees.

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 CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised by the CCG's Governing Body in formal session. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation.

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

2.1. Composition of membership of the CCG

The CCG is a membership body comprising GP Practices; a list of member practices making up the CCG is provided at Appendix 2 of the Constitution.

Full meetings of the membership are to be known as the Council of Members.

Members are represented at the Council of Members by the senior healthcare professional that they nominate to deal with the CCG on their behalf. This individual must be a healthcare professional as defined in the legislation. Each Practice is free to determine how they select an individual who fulfils the requirements.

2.2 Key roles and appointments to the Governing Body

The CCG's Constitution sets out the composition of the CCG's Governing Body.

The NHS (CCG) Regulations 2012 sets out requirements of the membership of the governing body. The schedules to the regulations set out disqualification criteria for all Governing body members (schedule 5) and for lay members (schedule 4)

Each role on the Governing Body is defined by a role description.

Members of the Governing Body comprise individuals elected by the membership and appointed members.

The Chair will be appointed using the process set out for elected members.

The Deputy Chair will be selected from the Lay Members (excluding the Audit Chair) by the Governing Body members and will fulfil the requirements set out in the CCG Regulations 2012.

All members of the Council of Members, Governing Body and all committees and sub-committees will abide by the seven principles of public life; the Nolan Principles, which are detailed in the Governance Handbook, and adhere to the Standards of Business Conduct and Declarations of Interest Policy, which includes information on conflicts of interest and how these should be handled during meetings.

2.3 Elected members of the Governing Body

The Council of Members will elect five health care professionals to the Governing Body to represent the voice of the membership.

The Council of Members will also elect a (GP) to be the Chair of the Governing Body.

Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.

Eligibility Criteria

To be eligible for the role, individuals must be a practising Health Care Professional (as described in the Definitions outlined in Appendix 1 of the Constitution) within a County Durham CCG member practice and must not be disqualified from membership of the Governing Body as outlined in Schedule 5 of the NHS (CCG) Regulations 2012

Application

Nominations will be sought from the Practices. Individuals who meet the criteria will complete an application process that will include setting out their key characteristics against a published specification.

Assessment

A Nominations Panel appointed by the Governing Body will assess the applications using, as a minimum, a paper-based screen and interview.

Only applicants assessed to have demonstrated the minimum range of competencies and characteristics will be put forward for election.

If the self-nomination process results in an application that meets the criteria and is uncontested, then the candidate can be appointed to the role.

Election

Each member practice has one equal vote.

The voting forms will be sent to the Practice representative nominated by each Practice.

Voting forms will be returned to a dedicated email address and, if possible, votes will be counted and verified by the Local Medical Committee.

The outcome will be determined by a simple majority

Exclusion criteria

An individual who has a major conflict of interest may not be appointed.

An individual is excluded if they do not meet the requirements set out in the CCG Regulations 2012.

Term of office

The term of office for Member Practice health care professionals is ordinarily up to three years.

The term of office for the elected Governing Body Chair is ordinarily up to three years.

On first appointment to these roles the CCG may stagger the end date of the length of the term of office to avoid all terms of office expiring at the same time.

Subject to satisfactory appraisal, the Member Practice representatives and Governing Body Chair can serve up to two full terms and then one additional term of one year if this is required (as determined by the Council of Members). At the end of each term of office, the Membership will be asked for nominations; should there be more eligible nominations than positions available then an election will be held. If no additional nominations are received and the incumbent postholder has self-nominated and remains eligible, then they will be reappointed to the role.

Removal from office

It is a reserved right of the membership to remove elected members from the Governing Body (eg. the elected Governing Body Chair and the 5 elected Healthcare Professionals). This would be done through a vote of no confidence.

To call a vote of no confidence at least 55% of member practices must agree there is a need to convene an extraordinary meeting of the Council of

Members to consider a vote of no-confidence. A 70% majority of all member practices must be in agreement for a vote of no-confidence to be carried in order than an elected member is removed from office.

2.4 Appointed members of the Governing Body

The CCG shall appoint individuals to the roles of Secondary Care Specialist and three Lay Member posts on the Governing Body.

Appointments will also be made for the executive members of the Governing Body, as outlined in 2.5 below.

The appointments will be made following an openly advertised application and assessment process.

Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.

Application

Individuals will complete an application process, which will include setting out their key characteristics against a published specification.

Assessment

An appointments panel, established by the Chair of the Governing Body, will assess the applications using, as a minimum, a paper-based screen and interview.

Eligibility and exclusion

Eligibility criteria for two of the lay roles and for the secondary care specialist role are set out in the NHS Regulations (CCG) 2012. Individuals will not be appointed unless they meet these requirements.

Individuals will not be appointed if they are disqualified from holding the post under the 2012 Regulations (schedule 5 and, additionally, schedule 4 for lay members).

Term of office

A term of office will ordinarily be up to three years.

On first appointment to these roles the CCG may stagger the end date of the length of the term of office to avoid all terms of office expiring at the same time.

Individuals may serve up to two full terms office and then one additional term of one year if this is required, subject to satisfactory appraisal, business need and the ability to demonstrate the external perspective required of the role, as determined by the Chair of the Governing Body and the Accountable Officer. Should these requirements be met, then the Chair and Accountable Officer may reappoint the individual and shall report this to the next meeting of the Governing Body.

2.5 Executive members of the Governing Body

Executive members of the Governing Body become members by virtue of their employment into a management role in the CCG. These roles include:

- Accountable Officer (Chief Clinical Officer)
- A Chief Finance Officer
- A Chief Operating Officer
- Medical Director
- Registered Nurse

Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.

Executive members are appointed following a formal standard recruitment process during which competency against the defined specification is assessed.

The Accountable Officer appointment process is subject to requirements set out by NHS England and the process will include a CCG panel convened by the Chair. The appointment is subject to formal ratification by NHS England following selection and nomination by the CCG.

Other Executive members of the Governing Body are appointed by a panel convened by the Accountable Officer.

Membership of the Governing Body is terminated when an individual's contract of employment is terminated.

2.6 Deputy arrangements

Where executive members of the Governing Body are unable to attend a meeting they may appoint a deputy who will, subject to the agreement of the Chair in advance of the meeting, be permitted to speak in place of that member to relevant agenda items.

Deputies may contribute to the quorum of the meeting and, as such, must not be ineligible for Governing Body membership as per Schedule 5 of the NHS (CCG) Regulations 2012.

2.7 Removal from office

Executive Members of the Governing Body may only be removed from office in accordance with terms set out in their contracts of employment and relevant policies and procedures.

2.8 Suspension from office

Members of the Governing Body may be suspended from their office if any of the following occurs:

- Suspension from the professional register
- As required as part of a formal HR process.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1 Calling meetings

Unless specified, the following applies to the Council of Members, the Governing Body and all Governing Body committees.

Council of Members

Full meetings of the Council of Members will be held as a minimum, two times per year.

The Council of Members or Governing Body may call extraordinary meetings of the Council.

Governing Body

Meetings of the CCG's Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine, but would aim to hold a minimum of four meetings in public per year.

The Chair of the Governing Body may call an extraordinary meeting of the Governing Body as required.

3.2 Agenda, supporting papers and business to be transacted

Items of business to be transacted for inclusion on the agenda need to be notified to the Chair at least ten working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted to the officer nominated for the administration of the meeting eight working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least five working days before the date the meeting will take place, save in exceptional circumstances. Requests outside of these timescales may be included on the agenda at the discretion of the Chair.

Agendas and certain papers for the CCG's Governing Body – including details about meeting dates, times and venues - will be published on the CCG's website at <https://countydurhamccg.nhs.uk/>

3.3 Petitions

Where a petition has been received by the CCG, 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

Meetings of the Governing Body will be chaired by the Governing Body Chair. If the Chair is absent from the meeting the Deputy Chair shall preside; the Deputy Chair will be a Lay Member

The Chair and Deputy Chair of the Council of Members meetings will be determined by the membership.

The Chair of Governing Body Committees will be as outlined within their Terms of Reference.

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 CCG, Governing Body, committee or sub-committee shall be chosen by the members present, or by a majority of them, and shall preside.

3.5 Chair's ruling

The decision of the Chair on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders and scheme of reservation and delegation shall be final.

3.6 Quorum

Meetings of the Council of Members will be quorate when there is a minimum of half of all members present, with the exception of the provisions for a vote of no confidence outlined in 2.3 above.

Meetings of the Governing Body will be quorate only when a minimum of a third of all members are present (balanced up to the nearest figure where this is not a whole number), including at least three clinicians (including one of the elected member practice health care professionals) and the Accountable Officer or Chief Operating Officer or Chief Finance Officer and a lay member.

There may be instances in which a significant number of the Governing Body members are prevented from participating in discussion or voting due to

declared conflicts of interest. In these instances, an alternative quorum of 50% of the non-conflicted members will apply. This must include at least one Lay Member, a healthcare professional and the Accountable Officer or Chief Officer or Chief Finance Officer. For meetings where the Lay Members are conflicted, they will not form part of the quoracy requirements. A record of the use of this alternative quoracy arrangement will be recorded in the Minutes

For all other of the CCG's committees and sub-committees the details of the quorum for these meetings are set out in the appropriate terms of reference.

3.7 **Decision making**

The constitution, together with the scheme of reservation and delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally it is expected that at the CCG's Council of Members meetings and 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:

Voting process

- a) At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot
- b) All members will have voting rights. Decisions required as part of a meeting will be determined by simple majority vote.
- c) All potential and actual conflicts of interest must be disclosed according to the Standards of Business Conduct and Conflicts of Interest Policy.
- d) Individuals may not take part in a vote relating to the remuneration or appointment process of their own role.
- e) Where there is not a majority then the Chair will have the second and casting vote.

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

For all other of the CCG's committees and sub-committees, including the Governing Body's committees and sub-committees, 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

The powers which the CCG has reserved to the Governing Body or its Committees or sub-committees may in an emergency or for an urgent decision be exercised by the Chair and Accountable Officer or Chair and Chief Operating Officer after having consulted at least two other Governing Body members, one of which must be a lay member (unless conflicted). The exercise of such powers shall be reported to the next formal meeting of the Governing Body. If the exercise of the function relates to a matter that is not in the public interest, the exercise of the powers will be reported in private to the Governing Body.

These powers may also be used as outlined should there be overriding conflicts of interest preventing the alternative quoracy arrangements outlined at 3.6 above to be exercised.

Should the Chair of the Governing Body have a declared interest in the matter under discussion via these provisions, then the Deputy Chair will act as Chair for this purpose.

3.9 Suspension of Standing Orders

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 of the Governing Body or Council of Members, provided at least two thirds of the whole number of Governing Body members or Council of Members present are in agreement.

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

A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit and Assurance Committee for review of the reasonableness of the decision to suspend standing orders.

3.10 Record of Attendance

The names of all members present at the Council of Members/ Governing Body/ Committee/ Sub-Committee meeting shall be recorded in the minutes of the meeting.

The names of all those in attendance at the Council of Members/Governing Body/Committee/ Sub-Committee meeting shall be recorded in the minutes of the meeting.

3.11 Minutes

The minutes of the proceedings of a meeting shall be drawn up by the designated secretary for each Council of Members meeting/Governing Body meeting, Committee or sub-committee and submitted for agreement at the next meeting where they will be confirmed as a true record by the Chair and others present at the meeting under discussion. The Chair of the meeting will sign the Minutes

The minutes of the Governing Body will be made available to the public on the CCG's website at <https://countydurhamccg.nhs.uk/>

3.12 Admission of public and the press

a) Admission and exclusion on the grounds of confidentiality of business to be transacted

The public and representatives of the press may attend all meetings of the Governing Body held in public, but shall be required to withdraw upon resolution of the Governing Body, as follows:

“That representatives of the press and other members of the public, be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest’, paragraph 8(3) of Schedule 1A of the 2006 Act, as amended by the 2012 Act.

b) General disturbances

The Chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's 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 request by the Governing Body, resolving as follows:

“that in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body to complete its business without the presence of the public Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

c) Business proposed to be transacted when the press and public have been excluded from a meeting

Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, as provided in (a) and (b) above, shall be confidential to the members of the Governing Body and any individuals in attendance at the meeting.

Members and officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers marked in confidence/

confidential/in-committee/in-private (or markings with similar intent), without the express permission of the CCG or its Governing Body. This prohibition shall apply equally to the content of any discussion during the meeting itself, which may take place on such reports, papers, presentations or verbal updates.

d) Use of mechanical, digital or electrical equipment for recording or transmission of meetings.

Nothing in these Standing Orders shall be construed as permitting the introduction by the public or press representative of recording, transmitting, video or similar apparatus into meetings of the Group or Committee thereof. Such permission shall be granted only upon resolution of the CCG or its Governing Body.

e) Observers at meetings of the Governing Body

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

3.13 Questions from the public and the press for the Governing Body when meeting in public will be at the discretion of the Chair.

3.14 The public and the press will be invited to attend the CCG's Annual General Meeting (AGM).

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and sub-committees

The CCG may appoint committees and sub-committees of the CCG and Governing Body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its Governing Body, are appointed they are included in the Governance Handbook <https://countydurhamccg.nhs.uk/>

Other than where there are statutory requirements, such as in relation to the Governing Body's Audit and Assurance Committee or Remuneration Committee, the Governing Body 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 CCG.

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

Terms of reference for Committees are agreed by the Governing Body and are available on the CCG's website via the Governance Handbook.

4.3 Delegation of Powers by Committees to Sub-committees

Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the Governing Body.

4.4 Approval of Appointments to Committees and Sub-Committees

The Governing Body shall approve the appointments to each of the committees and sub-committees which it has formally constituted. The CCG shall agree such travelling or other allowances as it considers appropriate.

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

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 CCG 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

The CCG 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;
- d) the Chief Operating Officer.

6.2 Execution of a document by signature

The following individuals are authorised to execute a document on behalf of the CCG by their signature.

- a) the Accountable Officer
- b) the Chair of the Governing Body
- c) the Chief Finance Officer
- d) the Chief Operating Officer

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

7.1 Policy statements: general principles

The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the 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 CCG's standing orders.