

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 Oxfordshire Clinical Commissioning Group (CCG) 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 Delegation and the CCG's Prime Financial Policies provide a procedural framework within which the CCG discharges its business. They set out:
- a) the arrangements for conducting the business of the CCG
 - b) the appointment of member practice representatives
 - c) the procedure to be followed at meetings of the group, the Board (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 requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate of any relevant guidance (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).

- 1.1.3. The Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies have effect as if incorporated into the CCG'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. 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) and the CCG's Constitution provide the CCG and the Board with powers to delegate their functions to

certain bodies (such as Committees) and certain persons. The CCG 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.

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

2.1. Composition of Membership

2.1.1. Sections 10 - 12 of the CCG's Constitution provides details of the configuration of the CCG with the Practice Members of the group detailed in Appendix A.

2.1.2. Sections 14 - 15 of the CCG's Constitution provides an overview of the governing structure used in the group's decision-making processes and outlines certain key roles and responsibilities within the CCG and its Board. The role of member practice representatives are outlined in Section 11.

2.2. Key Roles

2.2.1. Paragraph 14.3. of the CCG's Constitution sets out the composition of the group's Board.

- a) Clinical Chair
- b) Chief Executive
- c) Locality Clinical Directors
- d) Lay Members
- e) Chief Operating Officer, Director of Finance, Director of Quality and Director of Governance
- f) Nurse Specialist Advisor
- g) Medical Specialist advisor
- h) Representatives from Oxfordshire County Council
- i) Practice Manager representative

The roles and responsibilities of The Chair, The Chief Executive, and Director of Finance are set out in Sections 16 – 18.

2.3 General Terms of Appointment

2.3.1 All members of the Board shall be able to demonstrate the leadership skills necessary to fulfil the responsibilities of the roles and be able to establish credibility with all stakeholders and partners. All appointments will be made in line with good practice and regulations.

2.3.2 All candidates for roles on the Board will need to declare they are eligible and complete declarations of interest.

- 2.3.3 The posts which are appointed to including the Chief Executive, Director of Finance, Chief Operating Officer, Director of Quality and Director of Governance will be members of the Board for the duration of their employment with OCCG.
- 2.3.4 It is important that the Clinical Chair retains the confidence of the member practices. If the member practices feel this is not happening they should raise it with Locality Clinical Directors. If all the Locality Clinical Directors are unanimous in a vote of no confidence then the ability of the Clinical Chair to continue in post would be reviewed by the Board.
- 2.3.5 The length of term, before being required to stand for re-election / appointment, for elected members of the Board, will be as follows:
- Locality Clinical Directors and Deputies will be as defined in their Locality Constitutions
 - Clinical Chair and Lay members will be up to four years
 - Medical Specialist Advisor will be up to four years
 - Nurse Specialist Advisor will be up to four years
- 2.3.6 The terms for individual members, including Locality Clinical Directors, will be staggered so they do not all come to an end at the same time. Individuals will be eligible to be elected for one additional term.

2.4 Chief Executive Appointment

- 2.4.1 The Chief Executive post will be appointed through an open selection process. The post will be advertised widely. Selection will consist of a competency assessment, a panel interview and an opportunity for wider stakeholder involvement. The interview panel will at a minimum consist of the Clinical Chair supported by a Lay member, two Locality Clinical Directors, an external assessor with relevant CCG experience and an NHS England representative. The appointment is subject to ratification by the Board.

2.5 Locality Appointments

- 2.5.1 Locality Clinical Directors and Deputies will be identified through the selection procedures agreed by the localities and documented in their Constitutions. The Board will then formally appoint to the roles.

2.6 Clinical Chair Appointment

- 2.6.1 The Clinical Chair will be a practising GP within Oxfordshire. The Clinical Chair post will be advertised locally to GPs (both partners, sessional and salaried GPs). Candidates for the post will be required to submit an application and participate in an assessment and election process. The assessment process will include a competency assessment and a panel interview. At a minimum the panel will comprise a Lay member of the Board, a Locality Clinical Director and an external assessor with relevant CCG experience.

- 2.6.2 All candidates who have successfully completed the assessment process will be eligible to be included in the election process. The election is based on each voting member practice having a vote
- 2/3 of practices are required to support the candidate where there is only a single candidate standing for the role of Clinical Chair
 - Where more than one individual stands the election will be valid if a minimum of 2/3 of practices vote. The successful candidate must receive over 50% of the votes of the total electorate.
 - The election process when there is more than one candidate will be that of a single transferable vote. Under this scheme a vote ranks the candidates in order of preference (regardless of number). If, in the first round, no candidate received over 50% of the votes, the candidate with the fewest votes will be eliminated. The second preference votes of members who chose the eliminated candidates as first preference will then be redistributed to the remaining candidates. Should this result in no candidates receiving 50% of the vote, this will be repeated until a candidate with a majority emerges.
 - In the event that two thirds of practices do not vote the Board will review the position and make a recommendation to the membership on how to proceed.
 - The Board ratifies the result of the election.

2.7 Lay Member Appointments

- 2.7.1 Lay members will be appointed through an open selection process; this will comprise of a wide advertisement followed by selection through interview. At minimum the interview panel will consist of the Clinical Chair supported by a Lay member of the Board, two clinical members of the Board and two individuals with relevant experience (if not fulfilled by a suitably qualified Executive Director). The Best Practice Resource and Practical Toolkit developed by NHS England and the Professional Standards Authority will be used to support the process. The appointment is subject to ratification by vote of the Board.

2.8 Executive Director Appointments

- 2.8.1 All Executive Director appointments will be made through an open selection process. The posts will be advertised widely and selection made through interview; the interview panel will be led by the Chief Executive supported by Locality Clinical Directors and assessors with relevant experience.

2.9 Specialist Advisor Appointments

- 2.9.1 The Specialist Nurse Advisor role will be appointed through an open selection process. This role may be incorporated into the responsibilities of one of the Executive Directors. The post will be advertised widely and selection made through interview; the interview panel will be led by the Clinical Chair supported by one Locality Clinical Director, one Lay Member of the Board and one Healthwatch/patient representative. .

- 2.9.2 The Medical Specialist Advisor will be appointed through an open selection process. The post will be advertised widely and selection made through interview; the interview panel will be led by the Clinical Chair supported by one Locality Clinical Director, one Lay member and one Healthwatch/patient representative. .

2.10 Other Appointments

- 2.10.1 Oxfordshire County Council will nominate their representatives to sit on the Board and one of the two nominated representatives will be the Director of Public Health. The nominations will be ratified by the Board. By agreement with the Clinical Chair the nominated representatives may appoint a Deputy to attend in their place.
- 2.10.2 The Countywide Practice Manager Forum will have a process of selection and election to nominate their representative to sit on the Board. The nominated representative will be ratified by the Board. By agreement with the Clinical Chair the nominated representatives may appoint a Deputy to attend in their place.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling Meetings

- 3.1.1. Ordinary meetings of the Board shall be held at regular intervals (normally bimonthly) at such times and places as the group may determine.
- 3.1.2. The Committees of the Board will have a regular schedule of meetings as determined by the Chairman of each Committee.

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 Board meeting need to be notified to the Business Manager at least 10 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 7 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 CCG's Board – including details about meeting dates, times and venues - will be published on the group's website at <http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings> and will also be available on request from the CCG (contact may be made by letter, e-mail or telephone).

3.3. Petitions

- 3.3.1. Where a petition has been received by the CCG at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place, the Chair of the Board shall include the receipt of the petition as an item for the agenda of the next meeting of the Board.

3.4. Chair of a Meeting

- 3.4.1. As provided in the CCG Constitution, at any meeting of the group or its Board or of a Committee, sub-Committee or joint committee, the appointed Chair of the CCG, Board, Committee or sub-Committee, if any and if present, shall preside. In the absence of the appointed Chair (and Lay Vice Chair for a Board meeting) or in the event the appointed Chair has a declared conflict of interest, the remaining voting Members present shall elect one of themselves to chair the meeting.

3.5. Chair's Ruling

- 3.5.1. The decision of the Chair of the Board (advised by the Lay Vice Chair where appropriate) 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. As outlined in paragraph 14.8 of the CCG's Constitution the Board will be quorate when at least two-thirds of voting members of the Board as listed in paragraph 14.3 of the Constitution are present including at least 2 Lay members, 4 Locality Clinical Directors and 1 of the Chief Executive or Director of Finance. For the purposes of quoracy the Locality Clinical Directors may nominate another member of the Locality Clinical Leadership team to attend and vote in their place acting, for these purposes only, as a Locality Clinical Director. In addition the Director of Finance may nominate a Deputy to attend and vote in his place.
- 3.6.2. There may be instances in which a significant number of Board members are prevented from participating in discussion or voting due to declared conflicts of interest. In these highly unusual instances an alternative quorum of 75% of the remaining members present will apply. This quoracy must include at least 2 Lay members, and 1 of the Chief Executive or Director of Finance. Use of the alternative quorum will be recorded in the minutes.
- 3.6.3. Where more than 50% of the members of any other meeting are required to withdraw from a meeting or part of it, owing to the arrangement agreed for the management of conflicts of interests or potential conflicts of interests, the Chair of the meeting will determine whether or not the discussion can proceed.

3.6.4. In making this decision the Chair of the meeting will consider whether the meeting is quorate as set out in the Constitution, Standing Orders or Terms of Reference of a Committee of the Board. Where the meeting is not quorate owing to the absence of certain members, the discussion will be deferred until such a time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangement for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the Lay Member with lead role for governance or the Director of Governance on the action to be taken.

3.6.5. This may include:

- a) Requiring another of the CCG's Committees or Board which can be quorate to progress the item of business, or if this is not possible
- b) Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Board or committee in question) so that the group can progress the item of business:
 - i) A deputy Locality Clinical Director
 - ii) One of the non-voting members of the committee
 - iii) A member of the Clinical Commissioning Group who is an individual
 - iv) An individual appointed by a member to act on its behalf in the dealings between it and the CCG.

These arrangements must be recorded in the minutes.

3.6.6. For all other of the CCG or Board Committees, sub-Committees or joint 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. Paragraph 14.3.1 of the CCG'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 decisions will be reached by a consensus of members. Should this not be possible then a vote of members will be required and the arrangements for this are set out below.

3.7.2. The arrangements for voting at the Board are set out in paragraph 14.6 of the Constitution.

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

3.7.4. For all other of the CCG's Committees, sub-Committees or joint 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. Emergency Powers and Urgent Decisions

- 3.8.1 The Chair of the CCG may call a meeting of the Board at any time.
- 3.8.2 The powers which the CCG has reserved to itself may, in an emergency or where an important decisions must be made urgently, be exercised by the Chair together with the Accountable Officer after having consulted at least two other members of the Board (one of whom must be a Lay Member). The exercise of such powers by the Chair and Accountable Officer shall be reported to the next formal meeting of the CCG in public session for ratification. In the interim, the power remains with the Chair and the Accountable Officer.
- 3.8.3 60% or more of the member practices of the CCG may requisition a meeting in writing. If the Chair 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.

3.9. Suspension of Standing Orders

- 3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board (NHS England), any part of these standing orders may be suspended at any meeting, provided two thirds of those members present at the meeting of the Board signify their agreement to suspension.
- 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 Board'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 Board present shall be recorded in the minutes of the Board meetings. The names of all members of the Board's Committees / sub-Committees / joint committees present shall be recorded in the minutes of the respective Board Committee / sub-Committee meetings. These are then reported in the Annual Report.

3.11. Minutes

- 3.11.1. The CCG will record
- a) The names of all members present
 - b) The name of the administrator responsible for taking the minutes

- c) An electronic sign-off process for minutes will be used for Committees, sub-Committees and joint committees to ensure the most recent can be submitted to the Board
- d) The minutes will be formally agreed at the next meeting of the Board or Committee and this will be recorded in the minutes
- e) The minutes (where appropriate) will be made available to attendees and members of the public

3.12. Admission of Public and the Press

- 3.12.1. The CCG will hold meetings in public on a regular basis at such times and places as the CCG may determine.
- 3.12.2. Members of the public and representatives of the press may attend all public meetings of the CCG Board and Oxfordshire Primary Care Commissioning Committee (OPCCC).
- 3.12.3. The public and representatives of the press shall be required to withdraw upon the CCG Board or OPCCC resolving as follows:
 - a) “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 (Admission to Meetings) Act 1960.
 - b) The above resolution shall be taken in public and there shall be a public statement, either on the agenda or made by the Chair of the meeting, setting out in broad terms the nature of the business to be discussed (which does not breach the confidentiality of the subject matter).
 - c) Subject to the requirements of the Freedom of Information Act 2000.
- 3.12.4. Matters to be dealt with by the CCG following the exclusion of representatives of the press and other members of the public shall be referred to as “Part II meeting” and shall be confidential to members attending the meeting.
- 3.12.5. Members and officers or any employee of the CCG in attendance shall not disclose the contents of papers or minutes from a Part II meeting without the express permission of the Chief Executive or Chair. This prohibition shall apply equally to the content of any discussion during the Part II meeting which may take place on such reports or papers.

4. APPOINTMENT OF COMMITTEES, SUB-COMMITTEES AND JOINT COMMITTEES

4.1. Appointment of Committees, sub-Committees and joint committees

4.1.1. The CCG and the Board may appoint Committees, sub-Committees or joint committees, subject to the Constitution and any statutory requirements.

4.1.2. Other than where there are statutory requirements, such as in relation to the Board's Audit Committee or Remuneration Committee, the CCG or the Board (as appropriate) 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 Board or the CCG.

4.1.3. The provisions of these Standing Orders shall apply where relevant to the operation of the Board, the Board's Committees, sub-Committee and joint committees and all Committees, sub-Committees and joint committees unless stated otherwise in the Committee, sub-Committee's or joint committee's Terms of Reference.

4.2. Terms of Reference

4.2.1. Terms of Reference of the Board's Committees shall have effect as if incorporated into the 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 CCG.

4.4. Approval of Appointments to Committees and Sub-Committees

4.4.1. The CCG or Board (as appropriate) shall approve the appointments to each of its Committees, sub-Committees and joint committees. Where it is determined that persons who are neither members nor employees, shall be appointed to a Committee, sub-Committee or joint committee the terms of such appointment shall be within the powers of the CCG or Board and they shall define the powers of appointees and shall agree such travelling or other allowances as they 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 CCG and staff have a duty to disclose any non-compliance with these standing orders to the Chief Executive as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. Oxfordshire Clinical Commissioning Group's Seal

6.1.1. The CCG may have a seal for executing documents where necessary.

6.1.2. The Chief Executive shall keep a register in which s/he, or another authorised individual, shall enter a record of the sealing of every document.

6.1.3. The following individuals or officers are authorised to authenticate its use by their signature:

- a) the Chief Executive;
- b) the Chair of the Board;
- c) the Vice-Chair of the Board
- d) the Director of Finance,
- e) the Director of Quality
- f) the Chief Operating Officer
- g) the Director of Governance

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 Executive
- b) the Chair of the Board
- c) the Vice Chair of the Board
- d) the Director of Finance
- e) the Director of Quality
- f) the Chief Operating Officer
- g) the Director of Governance

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 Oxfordshire 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.

March 2017

Version	Proposal / Change	Date
V1	Establishment of OCCG	04.2013
V2	Minor changes – typing errors and job titles Reduction in specified panels for appointment of Specialist Advisors, Practice Managers and County Council representatives	03.2017