

## APPENDIX C – STANDING ORDERS

Part	Description	Page
1	<b>STATUTORY FRAMEWORK AND STATUS</b>	2
	1.1 Introduction	2
	1.2 Schedule of matters reserved to the clinical commissioning Group and the scheme of reservation and delegation	2
2	<b>THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS</b>	3
	2.1 Composition of membership	3
	2.2 Key Roles and Appointment Process	3
3	<b>MEETINGS OF THE CLINICAL COMMISSIONING GROUP AND THE GOVERNING BODY</b>	18
	3.1 Calling Meetings	20
	3.2 Agenda, Supporting Papers and Business to be Transacted	20
	3.3 Petitions	20
	3.4 Chair of a Meeting	21
	3.5 Chair's Ruling	21
	3.6 Quorum	21
	3.7 Nominated Deputies	21
	3.8 Decision Making	22
	3.9 Emergency Powers and Urgent Decisions	23
	3.10 Suspension of Standing Orders	23
	3.11 Record of Attendance	23
	3.12 Minutes	24
	3.13 Admission of Public and the Press	24
	3.14 Business Proposed to be Transacted when the Press and Public have been Excluded from a Meeting	25
4	<b>APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES</b>	25
	4.1 Functions	25
	4.2 General duties	26
	4.3 General financial duties	26
	4.4 Other relevant regulations, directions and documents	26
5	<b>DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES</b>	26
6	<b>USE OF SEAL AND AUTHORISATION OF DOCUMENTS</b>	26
	6.1 Clinical Commissioning Group's Seal	26
	6.2 Execution of a Document by Signature	27
7	<b>OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS</b>	27
	7.1 Policy Statements: General Principles	29

# 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 Wyre Forest Clinical Commissioning Group so that the Group can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the Group is established.

1.1.2. The standing orders, together with the Group's scheme of reservation and delegation<sup>1</sup> and the Group's prime financial policies<sup>2</sup>, 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 and Governing Body members
- 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; and
- d) the process to delegate powers.

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<sup>3</sup> 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.

## 1.2. Schedule of matters reserved to the clinical commissioning Group and the scheme of reservation and delegation

---

<sup>1</sup> See Appendix D

<sup>2</sup> See Appendix E

<sup>3</sup> 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.

- 1.2.1. 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 D).

## **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 (also see Appendix B).
- 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 and Appointment Process**

- 2.2.1. Paragraph 6.7 of the Group's Constitution sets out the composition of the Group's Governing Body whilst Chapter 7 of the Group's Constitution identifies certain key roles and responsibilities within the Group and its Governing Body. These standing orders set out how the Group appoints individuals to these key roles.
- 2.2.2. The **Practice Representatives**, as listed in paragraph 7.1 of the Group's Constitution, are subject to the following appointment process:
  - a) **Nominations**
    - i) To be nominated by the respective practice, in accordance with the practice's internally determined process, to be advised to the Head of Corporate Governance.
  - b) **Eligibility**
    - i) To be a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002; meet such other conditions as may be prescribed by legislation; if a GP to be on the Performers list for Worcestershire or the equivalent local list as applicable at the time of appointment.
  - c) **Appointment process**

- i) In accordance with the practice's internally determined process. The practice must advise, in writing to the Head of Corporate Governance, all appointments and changes to the Practice Representative Role. On appointment, the appointee will be required to complete and submit to the Head of Corporate Governance a Declaration of Interest proforma.
- d) **Term of office**
  - i) In accordance with the practice's internally determined process, to be advised to the Head of Corporate Governance.
- e) **Grounds for removal from office**
  - i) In accordance with the practice's internally determined process, to be advised to the Head of Corporate Governance.
- f) **Notice period**
  - i) In accordance with the practice's internally determined process, to be advised to the Head of Corporate Governance.
- g) **Eligibility for reappointment**
  - i) In accordance with the practice's internally determined process, to be advised to the Head of Corporate Governance.

2.2.4 The **Chair of the Governing Body**, as listed in paragraph 7.3 of the Group's Constitution, is subject to the following appointment process:

- a) **Nominations**
  - i. At least 4 weeks before the end of the term of office of the Chair/Clinical Leader on the Governing Body or when the position becomes vacant through other circumstances, nominations will be sought for the vacant position subject to the criteria below:
    - Be a registered Medical Practitioner who is a partner or salaried GP of one of the member practices of the CCG;
    - Meets the role requirements as set out in 'Clinical commissioning Group Governing Body: Roles outlines, attributes and skills' from the NHSCB or other requirements current at the time the vacancy is declared. These will be issued at the time of seeking nominations;

- Nominations for Chair/Clinical Leader must also have completed and passed the required national assessment process for the position;
  - Is not within the exclusions as detailed in the National Health Service (Clinical Commissioning Groups) Regulations 2012; and
  - Has evidence of their practice's support of the nomination. The nomination form will include a section for the practice to sign to indicate their support.
- ii. The 'retiring' Governing Body Chair will be eligible for re-nomination and therefore for re-election, subject to meeting the criteria in clause 2.2.4a above.
  - iii. Formal notice will be given, via email, to all GPs eligible to stand and to vote, as detailed in section 2.2.4 b below. The Practice Managers/Business Managers of all member practices will be copied in for information. An email list will be established of all eligible GPs which will be held by the CCG. This will be used for the purpose of seeking nominations, for issuing election details and ballot papers and for circulating other information related to the work of the CCG.
  - iv. No specific restrictions apply to the number of GP nominations associated with the same member practice.
  - v. All nomination applications must be received by the Head of Corporate Governance via email by 5pm on the date specified, which will be no less than 7 days after the issue of the formal notification.
  - vi. Each application received will be reviewed by the Chief Operating Officer and/or Head of Corporate Governance to confirm the candidate meets the requirements of eligibility before the nomination is included in the ballot. The applicants will be advised individually of the outcome of this review prior to the issue of the candidate list to the electorate.
  - vii. All nominees meeting the role criteria will go forward as candidates for selection through the electoral process as detailed below.
  - viii. All candidates will be invited to submit a Personal Statement to be distributed with the Ballot paper, indicating their reasons for seeking election.

## **b) Election Process**

- i. The election will be managed by the Head of Corporate Governance (within their role as Governing Body Secretary) and overseen by the Chair of the Wyre Forest Practice Forum (unless they are standing as a candidate in the

election in which case another member will be nominated by the Practice Forum) and a representative from the Local Medical Committee (not from the local CCG) who will have the right to arbitrate and declare the election valid or invalid.

- ii. The electorate for the Chair/Clinical Leader will be formed by the member practices of the Group. Each practice will have a vote. The practice must take account of the view of all GPs and staff within the practice when casting their vote.
- iii. Each member practice's vote/s will be weighted in proportion to the practice registered list size.
- iv. An Alternative Vote (AV) process will be used to ensure one elected candidate for each place. As a form of preferential voting, eligible voters must mark candidates in order of preference with the numbers 1, 2, 3, etc:
- v. In the first round, votes are counted by tallying first preferences. If a candidate receives a majority of first-preference votes (more people put them as number one than all the rest combined), then they are elected.
- vi. If no candidate has a majority (at least 50%) of the votes, the candidate with the fewest number of votes is eliminated and the candidates' votes are counted at full value for the remaining candidates according to the next preference on each ballot.
- vii. This process repeats until one candidate obtains a majority of votes among the remaining candidates.
- viii. The person elected will be the candidate receiving at least 50% of the votes in the ballot.
- ix. Where the number of valid nominations equals the number of places available there will not be an election.
- x. The result will be ratified by the Wyre Forest Practice Forum.
- xi. If any ballot/ election is declared invalid, another ballot will be held within six weeks of the ballot being declared invalid.
- xii. Details of the election/ballot will be sent via email to all Member practice representatives and copied to practice managers eligible to vote and will include the ballot paper/s, personal statements and confirmation of the date by which the ballot papers must be received by the Head or Corporate Governance and/ or other nominated individual.
- xiii. All completed ballot papers must be received by the Head of Corporate Governance and/ or other nominated individual via email by 5pm on the

date specified, which will be no less than 7 days after the issue of the formal notification.

- xiv. All candidates will be advised of the result of the election by email within 2 working days of the close of the ballot.
- xv. The Governing Body and member practices will be advised of the result of the election within 3 working days of the close of the ballot.
- xvi. If any election is declared invalid another will be held within six weeks of this declaration

**c) Eligibility**

- i. Subject to meeting the criteria for nomination as above.
- ii. Successful completion of the nationally prescribed selection process will be required following election before the appointment can be finalised.

**d) Term of office**

- i. It is recommended that the Chair is in post for 2 years, but the term will be formally determined and ratified by practices prior to each election process commencing.

**e) Grounds for removal from office**

- i. No longer meeting the criteria for nomination, as detailed above
- ii. Failure to undertake the role in accordance with the agreement on appointment as reviewed by the Chief Officer
- iii. Persistent failure to act within the requirements of the Constitution
- iv. Recalled by the member practices who have the right to remove the elected Chair through a direct vote. To initiate a vote, the reasons must be set out in writing to the Chairman of the Practice Forum and be supported by at least 20% of the available votes. A full vote of confidence would then take place and >50% of the votes would be needed to recall the elected Chair

**f) Notice Period**

- i. Three months

**g) Eligibility for re-election**

Yes, subject to meeting criteria for nomination as above

**2.2.5 Governing Body GPs** as listed in paragraph 7.5 of the Group's Constitution, are subject to the following appointment process:

**a) Nominations**

- i. At least 4 weeks before the end of the term of office of the Governing Body GP(s) or when the position becomes vacant through other circumstances, nominations will be sought for the vacant position subject to the criteria below:
  - Be a registered Medical Practitioner who is a partner or salaried GP of one of the member practices of the CCG;
  - Meets the role requirements as set out in 'Clinical commissioning Group Governing Body: Roles outlines, attributes and skills' from the NHSCB or other requirements current at the time the vacancy is declared. These will be issued at the time of seeking nominations;
  - Is not within the exclusions as detailed in the National Health Service (Clinical Commissioning Groups) Regulations 2012; and
  - Has evidence of their practice's support of the nomination. The nomination form will include a section for the practice to sign to indicate their support.
- ii. The 'retiring' Governing Body GB will be eligible for re-nomination and therefore for re-election, subject to meeting the criteria in clause 2.2.5a above.
- iii. Formal notice will be given, via email, to all GPs eligible to stand and to vote, as detailed in section 2.2.5b below. The Practice Managers/Business Managers of all member practices will be copied in for information. An email list will be established of all eligible GPs which will be held by the CCG. This will be used for the purpose of seeking nominations, for issuing election details and ballot papers and for circulating other information related to the work of the CCG.
- iv. No specific restrictions apply to the number of GP nominations associated with the same member practice.
- v. All nomination applications must be received by the Head of Corporate Governance via email by 5pm on the date specified, which will be no less than 7 days after the issue of the formal notification.

- vi. Each application received will be reviewed by the Chief Operating Officer and/or Head of Corporate Governance to confirm the candidate meets the requirements of eligibility before the nomination is included in the ballot. The applicants will be advised individually of the outcome of this review prior to the issue of the candidate list to the electorate.
- vii. All nominees meeting the role criteria will go forward as candidates for selection through the electoral process as detailed below.
- viii. All candidates will be invited to submit a Personal Statement to be distributed with the Ballot paper, indicating their reasons for seeking election.

b) **Election Process**

- i. The election will be managed by the Head of Corporate Governance (within their role as Governing Body Secretary) and overseen by the Chair of the Wyre Forest Practice Forum (unless they are standing as a candidate in the election in which case another member will be nominated by the Practice Forum) and a representative from the Local Medical Committee (not from the local CCG) who will have the right to arbitrate and declare the election valid or invalid.
- ii. The electorate for the Chair/Clinical Leader will be formed by the member practices of the Group. Each practice will have a vote. The practice must take account of the view of all GPs and staff within the practice when casting their vote.
- iii. Each member practice's vote/s will be weighted in proportion to the practice registered list size.
- iv. An Alternative Vote (AV) process will be used to ensure one elected candidate for each place. As a form of preferential voting, eligible voters must mark candidates in order of preference with the numbers 1, 2, 3, etc:
- v. In the first round, votes are counted by tallying first preferences. If a candidate receives a majority of first-preference votes (more people put them as number one than all the rest combined), then they are elected.
- vi. If no candidate has a majority (at least 50%) of the votes, the candidate with the fewest number of votes is eliminated and the candidates' votes are counted at full value for the remaining candidates according to the next preference on each ballot.
- vii. This process repeats until one candidate obtains a majority of votes among the remaining candidates.

- viii. The person elected will be the candidate receiving at least 50% of the votes in the ballot.
- ix. Where the number of valid nominations equals the number of places available there will not be an election.
- x. The result will be ratified by the Wyre Forest Practice Forum.
- xi. If any ballot/ election is declared invalid, another ballot will be held within six weeks of the ballot being declared invalid.
- xii. Details of the election/ballot will be sent via email to all Member practice representatives and copied to practice managers eligible to vote and will include the ballot paper/s, personal statements and confirmation of the date by which the ballot papers must be received by the Head or Corporate Governance and/ or other nominated individual.
- xiii. All completed ballot papers must be received by the Head of Corporate Governance and/ or other nominated individual via email by 5pm on the date specified, which will be no less than 7 days after the issue of the formal notification.
- xiv. All candidates will be advised of the result of the election by email within 2 working days of the close of the ballot.
- xv. The Governing Body and member practices will be advised of the result of the election within 3 working days of the close of the ballot.
- xvi. If any election is declared invalid another will be held within six weeks of this declaration.

#### Action if no appointment is made

- i. If no nominations are received for any vacant place then the Governing Body has the right to appoint an interim member for a period not exceeding six months.
- ii. If the Governing Body cannot agree on an appointment of a GP member then the Chairman of the Practice Forum will be asked to appoint an interim GP member.
- iii. Where an interim Governing Body member is appointed, a further ballot must be held within six months of the appointment.
- iv. If any ballot/election is declared invalid another ballot will be held within six weeks of the ballot being declared invalid.

c) **Eligibility**

- i. Subject to meeting the criteria for nomination as above.

d) **Term of office**

- i. It is recommended that Governing Body GPs are in post for 2 years, but the term will be formally determined and ratified by practices prior to each election process commencing.

e) **Grounds for removal from office**

- i. No longer meeting the criteria for nomination, as detailed above
- ii. Failure to undertake the role in accordance with the agreement on appointment as reviewed by the Chief Officer
- iii. Persistent failure to act within the requirements of the Constitution
- iv. Recalled by the member practices who have the right to remove the elected Chair through a direct vote. To initiate a vote, the reasons must be set out in writing to the Chairman of the Practice Forum and be supported by at least 20% of the available votes. A full vote of confidence would then take place and >50% of the votes would be needed to recall the elected GP Member.

f) **Notice Period**

- i. Three months

g) **Eligibility for re-election**

- i. Yes, subject to meeting criteria for nomination as above

**2.2.6 Vice Chair of the Governing Body**

The Vice Chair of the Governing Body as listed in paragraph 7.4 of the Group's Constitution is subject to the following appointment process

a) **Nominations/Eligibility/Appointment process**

- i. One of the Lay Members - this additional responsibility will be allocated to one of the lay members and will be part of the recruitment and selection process.
- b) **Term of office**
- ii. As for the term of office of the lay member who is appointed into this role.
- c) **Eligibility for reappointment**
- i. Yes, subject to other eligibility criteria being met and in line with Lay Members' terms of appointment.
- d) **Grounds for removal from office**
- i. As for the term of appointment of the lay member who is appointed into this role.
- e) **Notice period**
- i. As for the lay member who is appointed into this role.

### **2.2.7 Lay Members**

The appointment of lay members as listed in paragraph 7.10 of the Group's Constitution is subject to the following appointment process:

- a) Nominations/Eligibility/Appointment process
- i) By application, in response to advertisement of the post and following interview by GP Chair/Clinical Leader and CCG Executive;
  - ii) Meet any role requirements as set out in Clinical commissioning Group Governing Body: Roles outlines, attributes and skills NHS Commissioning Board Authority, revised July 2012;
  - iii) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012.
- b) Term of office
- i) It is recommended that the Lay Members are in post for 2 years, but this will be determined by the CCG.
- c) Eligibility for reappointment
- i) Yes, subject to:

- satisfactory performance in the role as assessed by Chair/Clinical Leader and CCG Executive
  - continues to meet the criteria for nomination as above
- d) Grounds for removal from office
- i) No longer meets the eligibility criteria for the role, as above
  - ii) Persistent failure to act within the requirements of the Constitution
- e) Notice period
- i) Three months

### 2.2.8 **Secondary Care Clinician**

The Secondary Care Clinician as listed in paragraph 7.9 of the Group's Constitution is subject to the following appointment process:

#### a) **Nominations/Eligibility/Appointment process**

- i) By application, in response to advertisement of the post and following interview by GP Chair/Clinical Leader and CCG Executive.
- ii) A secondary care specialist doctor who meets the requirements set out in paragraph (6) of the National Health Service (Clinical Commissioning Groups) Regulations 2012 and does not fall within Regulation 12(1) of the above Regulations.
- iii) Meets the role requirements as set out in Clinical commissioning Group Governing Body: Roles outlines, attributes and skills NHS Commissioning Board Authority, revised July 2012.
- iv) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012.

#### b) **Term of Office**

- i) It is recommended that the Secondary Care Clinician is in post for 2 years, but this will be determined by the CCG

#### c) **Eligibility for reappointment**

- i) Yes, subject to:
  - Satisfactory performance in the role as assessed by Chair/Clinical Leader and Chief Operating Officer
  - Continues to meet the criteria for nomination as above
- d) **Grounds for removal from office**
  - i) No longer meets the eligibility criteria for the role, as above
  - ii) Persistent failure to act within the requirements of the Constitution
- e) **Notice period**
  - i) Three months.

### **2.2.9 Chief Nurse/Director of Quality**

The Registered Nurse, locally identified as the Chief Nurse/Director of Quality, as listed in paragraph 7.8 of the Group's Constitution is subject to the following appointment process:

#### **a) Nominations/Eligibility/Appointment Process**

- i) To be a nurse currently registered with the Nursing and Midwifery Council who does not fall within Regulation 12(1) of the National Health Service (Clinical Commissioning Groups) Regulations
- ii) To hold the post of Chief Nurse/Director of Quality within the CCG
- iii) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012

#### **b) Term of Office**

- i) For as long as period of employment

#### **c) Eligibility for Reappointment**

- i) N/A

#### **d) Grounds for Removal from Office**

- i) On leaving post of Chief Nurse/Director of Quality or no longer meeting the requirements of eligibility

- ii) Persistent failure to act within the requirements of the Constitution

**e) Notice Period**

- i) Three months

**2.2.10. Accountable Officer**

The Accountable Officer as listed in paragraph 7.6 of the Group's Constitution is subject to the following appointment process:

**a) Nominations/Eligibility/Appointment Process**

- i) Clause 12(2) of Schedule 1A part 2 of the NHS Act 2006 (as amended) ("the Act") provides that the Accountable Officer is to be appointed by NHS England. This means the appointment is made by the Chief Executive of NHS England, as the Accounting Officer for the NHS commissioning system.
- ii) The CCG is however responsible for ensuring that the Accountable Officer it nominates meets all the requirements of the role as set out, and is a fit and proper candidate. It is the responsibility of the CCG to thoroughly assess the candidates. CCGs may wish to invite DCOs to sit on selection and interview panels.
- iii) Once the recruitment exercise is concluded the CCG must notify their relevant Director of Commissioning Operations (DCO) by submitting a new appointment pro forma, along with a letter from the Chair of the CCG making their nomination for a new AO. This submission must include details of the recruitment process and the steps the CCG has taken to assure itself of the AO designate's fitness for the role.
- iv) NHS England intends to provide a response from the Chief Executive within four weeks from the date of receipt of the CCG's nomination by the DCO.
- v) If an AO appointment is not supported by the Chief Executive, the CCG and the NHS England DCO may be asked to review the appointment and process. The Chief Executive may appoint an interim AO while this process is undertaken.
- vi) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012.

**b) Term of Office**

- i) For as long as period of employment

- c) Eligibility for Reappointment
  - ii) N/A
- d) Grounds for Removal from Office
  - i) on leaving post of Accountable Officer/ no longer meeting the requirements of eligibility
  - ii) persistent failure to act within the requirements of the Constitution
- e) Notice Period
  - i) Three months

### **2.2.11 Chief Operating Officer**

The Chief Operating Officer as listed in paragraph 7.12 of the Group's Constitution is subject to the following appointment process:

- a) Nominations/Eligibility/Appointment Process
  - i) To hold the post of Chief Operating Officer within the CCG
  - ii) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012
- b) Term of Office
  - i) For as long as period of employment
- c) Eligibility for Reappointment
  - i) N/A
- d) Grounds for Removal from Office
  - i) On leaving post of Chief Operating Officer/ no longer meeting the requirements of eligibility
  - ii) Persistent failure to act within the requirements of the Constitution
- e) Notice Period
  - i) Three months

### **2.2.12. Strategic Clinical Lead**

The Strategic Clinical Lead as listed in paragraph 7.11 of the Group's Constitution is subject to the following appointment process:

- a) **Nominations/Eligibility/Appointment Process**
  - i) To hold the post of Strategic Clinical Lead within the CCG
  - ii) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012
- b) **Term of Office**
  - i) For as long as period of employment
- c) **Eligibility for Reappointment**
  - i) N/A
- d) **Grounds for Removal from Office**
  - i) On leaving post of Strategic Clinical Lead/ no longer meeting the requirements of eligibility
  - ii) Persistent failure to act within the requirements of the Constitution
- e) **Notice Period**
  - i) Three months

### **2.2.13 Chief Finance Officer**

The Chief Finance Officer as listed in paragraph 7.7 of the Group's Constitution is subject to the following appointment process:

- a) **Nominations/Eligibility/Appointment Process**
  - i) To hold the post of Chief Finance Officer within CCG
  - ii) Have a professional qualification in accountancy and the expertise or experience to lead the financial management of the CCG
  - iii) Not within the exclusions in line with 12(5) and Schedule 4 of the National Health Service (Clinical Commissioning Groups) Regulations 2012

b) **Term of Office**

- i) For as long as period of employment

c) **Eligibility for Reappointment**

- i) N/A

d) **Grounds for Removal from Office**

- i) on leaving post of Chief Finance Officer/ no longer meeting the requirements of eligibility
- ii) persistent failure to act within the requirements of the Constitution

e) **Notice Period**

- i) Three months

2.3 The roles and responsibilities of each of these key roles are set out in Chapter 7 of the Group's Constitution.

### **3 MEETINGS OF THE CLINICAL COMMISSIONING GROUP AND THE GOVERNING BODY**

3.01 When the members of the group meet to conduct business as the group, this will be known as the Clinical Commissioning Group Practice Forum

3.02 The Clinical Commissioning Group Practice Forum will be established as a group of the Wyre Forest Clinical Commissioning Group. The Practice Forum may meet in common with the South Worcestershire and Redditch and Bromsgrove Practice Forums, should any items of business arise which require an aligned, coordinated response across the Clinical Commissioning Groups. The chairs of each Practice Forum will determine whether the groups are required to meet in common and members will be notified of any such meetings being called

3.03 As outlined within section 2.2.2 of the standing orders, each member practice will nominate a Lead Commissioning GP as the main (but not exclusive) link for practice representation and engagement with the wider CCG membership and Governing Body. The appointment requirements are set out in Standing Orders and also included in the wider Accountability Arrangements and Agreement document for Member Practices and their individual lead commissioning representatives.

3.04 Any member of the Practice Forum may put themselves forward as chair, through submission of a written nomination to the Head of Corporate Governance. If more than

one nomination is received, members of the Practice Forum will be required to vote and the chair selected through a simple majority.

- 3.05 Quorum of the Practice Forum will require 70% of members to be in attendance, with any decisions being passed through a simple majority. Numerically, this would be 8 of 12 Wyre Forest CCG practices. Should any meetings be held in common and a vote called, 70% of members of each Practice Forum would need to be in attendance and a separate vote taken by each CCG
- 3.06 The Clinical Commissioning Group Practice Forum delegates all decision making to the Clinical Commissioning Group Governing Body with these exceptions;-
- a) Agreement to change the group's constitution\*
  - b) Approve the vision, values and overall strategic direction of the group
  - c) In exceptional circumstances if a member of the group continually behaves inconsistently to the terms of reference and despite attempting to resolve the situation utilising dispute resolution process, the approval to dismiss members of the group\*
  - d) Approval of applications to be a member of the group\*
  - e) Ratify the appointment of elected members of the Clinical Commissioning Group Governing Body
  - f) Approve the removal of elected members of the Clinical Commissioning Group Governing Body
  - g) Approve the appointment of the Chair of the Clinical Commissioning Group Practice Forum

\* Subject to NHSE Approval Process

- 3.07 The Group may hold its Governing Body meetings as a 'meeting in common' with other organisations. In the main this would be with South Worcestershire and Redditch and Bromsgrove CCGs with whom it shares a number of Governing Body roles. In these instances the role of lead 'Chair' for the meeting will rotate between each CCG's Clinical Chair. At no time will a meeting take place if the Governing Body quoracy arrangements are not met. The holding of a 'meeting in common' will not affect the individual terms of the CCG's Governing Bodies as set out in their Constitution and the decisions of Wyre Forest CCG Governing Body will be made and recorded appropriately.
- 3.08 Where items are pertinent to all CCGs, items will be discussed and reflected in the minutes accordingly with all decisions reached being recorded respectively for each CCG.

- 3.09 Where items are pertinent to one CCG only, the respective CCG Chair or Deputy will take that item, lead the discussion and ensure that the decision making is reached and recorded by those Governing Body members who have a voting right on that CCG.
- 3.010 Redditch and Bromsgrove, South Worcestershire and Wyre Forest CCGs have in place collaborative working arrangements and a joint management team, and it is anticipated that 'in common' meeting arrangements will support further alignment between the three CCGs. However, each Governing Body will continue to be accountable for its own decisions and Wyre Forest CCG may hold individual Governing Body meetings as appropriate, for example to discuss business specific to the CCG.

### **3.1 Calling meetings**

- 3.1.1. Ordinary meetings of the Governing Body shall be held at regular intervals at such times and places as the Group may determine. A minimum of 4 meetings will be held in public each year.
- 3.1.2. The arrangements which will apply to Governing Body's committees are detailed in their terms of reference (appendix D).

### **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 and copied to the Executive Administrator of the Governing Body 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 8 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. No papers will be circulated after this time without the agreement of the Chair and Board Secretary and will only cover matters of urgent business.
- 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 <http://www.wyreforestccg.nhs.uk/about-us/publicgoverningbodymeetings/>. Hard copy of the papers can be requested directly from the CCG Headquarters.

### **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 Governing Body, the Chair, 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 Governing Body 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 A minimum of seven members; as detailed below

- a) Four clinicians, of which two must be GPs
- b) Two Lay Members
- c) One other Executive Officer
- d) If at any time the Chief Finance Officer is deputising for the Accountable Officer; their nominated deputy must also be present.

3.6.2 The Governing Body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote.

3.6.3 If the quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest, then that matter may not be discussed further or voted upon in that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.

### **3.7 Nominated deputies**

3.7.1 The following members of the Governing Body must provide to the Head of Corporate Governance in their role as Board Secretary) details of a nominated deputy with formal acting up status who will attend in their absence:

- a) Chief Nurse/Director of Quality

b) Chief Finance Officer

3.7.2 These nominated deputies will count towards the quorum for the meeting.

3.7.3 Details for managing the situation where the Governing Body is not quorate through the withdrawal of members because of potential conflicts of interest or conflicts of interest declarations are included in section 8.2 of the Constitution.

3.7.4 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 (appendix D).

### **3.8 Decision making**

3.8.1 Chapter 6 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 Group's / 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**

- i) Only designated members as listed in the composition of the Group/Governing Body as detailed in the Constitution in section 7 or their nominated deputies (as detailed in section 3.7.1 above) are eligible to vote.

#### **b) Majority necessary to confirm a decision**

- i) Simple majority;

#### **c) Casting vote**

- i) In the situation where there is no majority the Chair/Clinical Leader will have the casting vote

#### **d) Dissenting views –**

- i) In a situation where a member/s has taken a dissenting view and loses the vote their dissent will be recorded in the minutes

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

3.8.3 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.

### **3.9 Emergency powers and urgent decisions**

- 3.9.1 The powers which the Group have delegated to the Clinical Commissioning Group Governing Body within these standing orders may in emergency or for an urgent decision be exercised by the Chair of the Clinical Commissioning Group Governing Body, Accountable Officer and the Chief Operating Officer, after having consulted at least one other member of the Clinical Commissioning Group Governing Body where there is not sufficient time to hold a meeting of the Clinical Commissioning Group Governing Body which will be quorate.
- 3.9.2 An extraordinary meeting of the Governing Body can be called by the Chair/Clinical Leader, Accountable Officer or Chief Operating Officer after consultation with at least one other member of the Governing Body
- 3.9.3 At least three working days' notice of such a meeting must be given, with details being circulated by email to all members of the Governing Body.
- 3.9.4 The exercise of such powers by the Chair, Accountable Officer and the Chief Operating Officer shall be reported to the next formal meeting of the Clinical Commissioning Group Governing Body in public session for formal ratification. Or, if necessary, at an emergency meeting of the Governing Body, as called above (3.9.2) and recorded within the minutes of that meeting.

### **3.10 Suspension of Standing Orders**

- 3.10.1 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 the majority of Group members are in agreement.
- 3.10.2 A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.10.3 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.

### **3.11 Record of Attendance**

- 3.11.1 The names of all members of the Group's/ Governing Body's meeting present at the meeting shall be recorded in the minutes of the meetings.

### **3.12 Minutes**

- 3.12.1 All minutes will record the names and roles of the individuals in attendance.
- 3.12.2 Minutes will record the name of the individual responsible for taking and drafting minutes.
- 3.12.3 The minutes will be reviewed by the Chair of the meeting, or a nominated individual, in advance of circulation and confirmed as a true record of the meeting at the meeting following with any agreed amendments recorded. The Chair of the meeting will formally sign them off.
- 3.12.4 Copies of the draft minutes, once approved by the Chair, will be circulated to members in advance of the following meeting.
- 3.12.5 The minutes of all meetings held in public will be made available to the public at the same time as the papers for the next meeting are published. The minutes will also be published on the website at <http://www.wyreforestccg.nhs.uk/about-us/publicgoverningbodymeetings/>

### **3.13 Admission of public and the press**

- 3.13.1 The public and representatives of the press may attend all meetings of the Clinical Commissioning Group Governing Body, but shall be required to withdraw upon the direction of Clinical Commissioning Group Governing Body as follows:
  - a) 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).
- 3.13.2 Guidance will be sought from the Group's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion
- 3.13.3 Use of mechanical or electrical equipment for recording or transmission of meetings
  - a) Nothing in these standing orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the Group, Clinical Commissioning Group Governing Body or committees or sub-committees thereof. Such permission shall be granted only upon resolution of the Clinical Commissioning Group's Governing Body.
- 3.13.4 General disturbances
  - a) The Chair (or Deputy Chair) or the person presiding over 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 Group'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 the Governing Body resolving as follows:

- b) 'That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Clinical Commissioning Group Governing Body to complete its business without the presence of the public' (Section 1(8) Public Bodies (Admission to Meetings) Act 1960).

### **3.14 Business proposed to be transacted when the press and public have been excluded from a meeting**

- 3.14.1 Matters to be dealt with by the Group's Clinical Commissioning Group Governing Body following the exclusion of representatives of the press, and other members of the public, as detailed in section 3.13 above, shall be confidential to the members of the Clinical Commissioning Group Governing Body.
- 3.14.2 Members, employees, committee members, observers in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' (or other means of indicating the papers/minutes are to be treated as confidential) outside of the Group, without the express permission of the Group. This prohibition shall apply equally to the content of any discussion during the Clinical Commissioning Group Governing Body's meetings or committee or sub-committee meetings, which may take place on such reports or papers.

## **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 State<sup>4</sup>, 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 6 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.

---

<sup>4</sup> See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

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 added to this document as an annex 1.

## **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 the Governing Body. 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 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:

- e) the Accountable Officer;
- f) the Chair of the Governing Body;

- g) the Chief Finance Officer;
- h) other individuals as authorised by the Governing Body.

## **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
- d) other individuals as authorised by the Governing Body

## **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 Wyre Forest Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in the appropriate minutes and will be deemed where appropriate to be an integral part of the Group's standing orders

