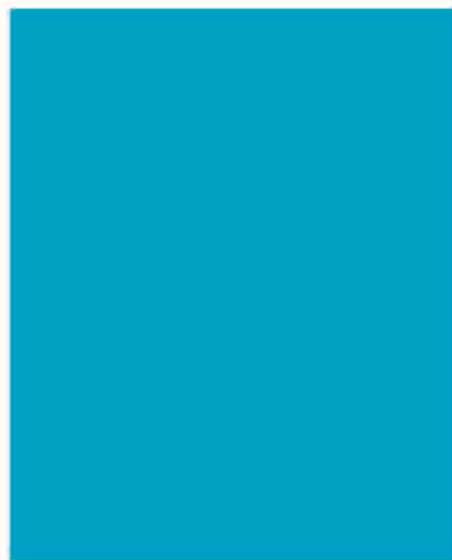
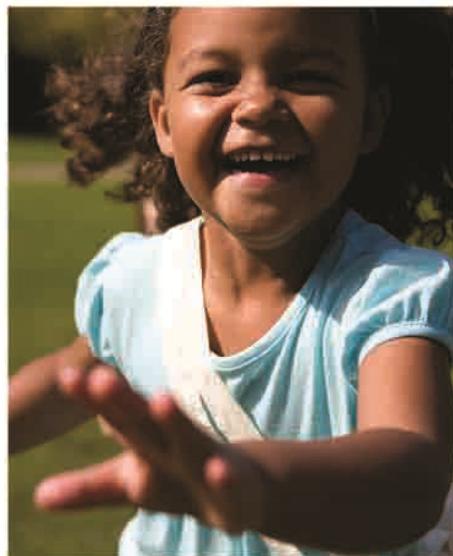


Standing Orders



# Standing Orders

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Prepared by: Head of Assurance & Procurement

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## Information Reader Box

Directorate	Purpose
Medical	Tools
Nursing	Guidance
Patients & Information	Resources
Finance	Consultations
Operations	
Commissioning Development	
Policy	
Human Resources	

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## **SO1 Introduction**

### **1.1 Statutory Framework**

- 1.1.1 The NHS CB is a statutory body established under section 1H of the NHS Act 2006. The NHS CB came into existence on 1 October 2012.
- 1.1.2 The principal place of business of the NHS CB is Quarry House, Quarry Hill, Leeds LS2 7UE.
- 1.1.3 The NHS CB is governed by the NHS Act 2006, the HSCA 2012 and by secondary legislation made under these Acts. In addition, as a non-departmental public body, the NHS CB is party to a Framework Agreement with the Department of Health and the objectives and requirements of the NHS CB for each financial year are set out in the Secretary of State's Mandate to the NHS CB, in accordance with section 13A of the NHS Act 2006 .
- 1.1.4 The functions of the NHS CB are conferred by the NHS Act 2006, the HSCA 2012 and by secondary legislation made under these Acts and are primarily set out in section 1H, Chapter 1A and Schedule A1 of the NHS Act 2006. When exercising its functions, the NHS CB shall act in accordance with the duties imposed on it under the NHS Act 2006, the HSCA 2012 and other relevant legislation.
- 1.1.5 As a statutory body, the NHS CB has specified powers to contract in its own name. Under section 11 of the NHS Act 2006, the NHS CB has the power to enter into certain contracts for specified purposes.
- 1.1.6 Under section 13V of the NHS Act 2006, the NHS CB has the ability to establish and maintain pooled funds with one or more clinical commissioning group.
- 1.1.7 Under section 13W of the NHS Act 2006 and subject to section 13W(2), the NHS CB has the power to generate additional income in accordance with section 7(2) of the Health and Medicines Act 1988.
- 1.1.8 The NHS CB has prescribed statutory powers under section 13X of the NHS Act 2006 to make payments by way of grant or loan to a voluntary organisation,

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which provides or arranges for the provision of services that are similar to the services in respect of which the NHS CB has functions.

## 1.2 **NHS Framework**

1.2.1 In addition to the statutory requirements, the Secretary of State through the Department of Health issues further directions and guidance. These are normally issued under cover of a circular or letter.

1.2.2 The Code of Accountability requires that, inter alia, Boards draw up a schedule of decisions reserved to the Board, and ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives (a scheme of delegation). The Code also requires the establishment of audit and remuneration Committees with formally agreed terms of reference. The Code of Conduct makes various requirements concerning possible conflicts of interest of Board Members.

1.2.3 The Code of Practice on Openness in the NHS sets out the requirements for public access to information on the NHS.

## 1.3 **Delegation of Powers**

1.3.1 Under SO7 the Board is given powers to "arrange for the exercise of any of its functions by: a Committee or Sub-committee appointed by virtue of SO6; a Non-executive Member or Employee (including any Executive Member) of the NHS CB; or another body as defined in SO6.2.1".

1.3.2 The Board also has the power to arrange for its functions to be exercised by or jointly with certain specified bodies. This is set out in SO6.2.1.

1.3.3 Delegated powers are summarised in POL\_0002: Reservation of Powers to the Board & Delegation of Powers. This document has effect as if incorporated into these SOs.

## 1.4 **Integrated Governance**

1.4.1 NHS Boards are now encouraged to move away from silo governance and develop integrated governance that will lead to good governance and to ensure

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that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, information and research governance.

1.4.2 Guidance from the Department of Health on the move toward and implementation of integrated governance has been issued and has been incorporated in the NHS CB's Corporate Governance Framework. Integrated governance will better enable the Board to take a holistic view of the NHS CB and its capability to meet its legal and statutory requirements and clinical, quality and financial objectives.

1.5 **Failure to Comply with Standing Orders**

1.5.1 Failure to comply with these Standing Orders is a disciplinary matter that may result in dismissal.

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## **SO2      Scope**

### **2.1      Officers Within the Scope of these Standing Orders**

2.1.1      Officers of the following NHS CB areas are within the scope of these Standing Orders:

2.1.1.1    NHS England:

- National Teams;
- Regional Teams; and,
- Area Teams.

2.1.1.2    All Commissioning Support Units;

2.1.1.3    NHS Leadership Academy;

2.1.1.4    NHS Improving Quality;

2.1.1.5    NHS Sustainable Development Unit;

2.1.1.6    Strategic Clinical Networks; and,

2.1.1.7    Clinical Senates.

### **2.2      Officers Not Covered by these Standing Orders**

2.2.1      There are no Officers of the NHS CB not covered by these Standing Orders.

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## SO3 Definitions

- 3.1 Save as otherwise permitted by law, at any meeting the Chair of the Board's interpretation of these Standing Orders (on which the Chief Executive or Secretary to the Board may advise him) shall be final.
- 3.2 Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this document shall have the same meaning as set out in the National Health Service Act 2006 and the Health & Social Care Act 2012 or in any secondary legislation made under the National Health Service Act 2006 and the Health & Social Care Act 2012 and the following defined terms shall have the specific meanings given to them below:

Board means the Chair, Executive Members and Non-executive Members of the NHS CB collectively as a body.

Chair means the person appointed by the Secretary of State for Health under paragraph 2(1) of Schedule A1 of the NHS Act 2006, to lead the Board and to ensure that it successfully discharges its overall responsibility for the NHS CB as a whole. The expression "the Chair" shall be deemed to include the Vice-chair if the Chair is absent from the meeting or is otherwise unavailable.

Chief Executive means the chief executive of the NHS CB appointed pursuant to paragraph 3 of Schedule A1 of the NHS Act 2006.

Chief Financial Officer means the chief financial officer of the NHS CB.

Committee means a committee appointed by the Board, which reports to the Board.

Employee means a person paid via the payroll of the NHS CB, or for whom the NHS CB has responsibility for making payroll arrangements, but excluding Non-executive Members.

Executive Member means a Member of the Board who is appointed under paragraph 3 of Schedule A1 of the NHS Act 2006.

HSCA 2012 means Health & Social Care Act 2012.

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Member	means a Non-Executive Member or Executive Member of the Board as the context permits. Member in relation to the Board does not include its Chair.
Motion	means a formal proposition to be discussed and voted on during the course of a meeting of the Board.
National Director	means an Executive Member or other Officer of the NHS CB who reports directly to the Chief Executive.
NHS Act 2006	means National Health Service Act 2006 (as amended).
NHS CB	means NHS Commissioning Board.
Non-executive Member	means a Member of the Board who is appointed under paragraph 2(1)(a) and 2(1)(b) of Schedule A1 of the NHS Act 2006.
Officer	means an Employee of the NHS CB or any other person holding a paid appointment or office with the NHS CB.
Secretary	means a person appointed to provide advice on corporate governance issues to the Board and the Chair, and to monitor the Board's compliance with the law, SOs and SFIs, and guidance issued by the Secretary of State for Health.
Secretary of State for Health	means the UK Cabinet Minister responsible for the Department of Health.
SFI	means Standing Financial Instruction.
SO	means Standing Order.
Sub-committee	means a committee appointed by the Board, which reports to a Committee of the Board
Vice-chair	means the Non-executive Member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

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## **SO4 The Board**

### **4.1 Composition of the Board**

4.1.1 In accordance with paragraph 2 of Schedule A1 of the NHS Act 2006 the composition of the Board shall be:

- The Chair of the Board (appointed by the Secretary of State);
- At least five other Members (appointed by the Secretary of State), together with the Chair, are the Non-executive Members of the Board; and,
- The Chief Executive and other Executive Members (the number of Executive Members shall be less than the number of Non-executive Members).

### **4.2 Appointment of the Chair and Members of the Board**

4.2.1 Paragraph 2(1)(a) of Schedule A1 of the NHS Act 2006 provides that the Chair is appointed by the Secretary of State, as are the other Non-executive Members (paragraph 2(1)(b) of Schedule A1 of the NHS Act 2006).

4.2.2 The appointment of the Chief Executive and other Executive Members of the Board are as set out in paragraph 3 of Schedule A1 of the NHS Act 2006.

### **4.3 Terms of Office of the Chair and Members**

4.3.1 The terms of office of the Chair and Members are as set out in paragraphs 4, 5 and 6 of Schedule A1 of the NHS Act 2006.

### **4.4 Appointment and Powers of the Vice-chair**

4.4.1 Subject to SO4.4.2 below, the Board may appoint a Member as Vice-chair. Any Member so appointed shall not be an Executive Member of the Board. Any appointment may be for such period not exceeding the remainder of his term as a Member of the Board as specified on appointment.

4.4.2 Any Member so appointed may resign at any time from the office of Vice-chair by giving notice in writing to the Chair. In the event of a resignation, the Chair and

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Members may appoint another Member as Vice-chair in accordance with the provisions of SO4.4.1 above.

4.4.3 Where the Chair of the Board has died or has ceased to hold office, or where they are unable to perform their duties as Chair owing to illness or any other cause, the Vice-chair shall act as Chair until a new Chair is appointed or the existing Chair resumes their duties, as the case may be. References to the Chair in these Standing Orders shall, so long as there is no Chair able to perform those duties, be taken to include references to the Vice-chair.

#### 4.5 **Appointment of a Senior Independent Director**

4.5.1 Subject to SO4.5.2, the Board may appoint a Non-executive Member as Senior Independent Director. Any appointment may be for such period not exceeding the remainder of his term as a Member of the Board as specified on appointment.

4.5.2 Any Member so appointed may resign at any time from the office of Senior Independent Director by giving notice in writing to the Chair. In the event of a resignation, the Chair and Members may appoint another Member as Senior Independent Director in accordance with the provisions of SO4.5.1 above.

#### 4.6 **Appointment of a Deputy Chief Executive**

4.6.1 Subject to SO4.6.2, the Board may appoint an Executive Member as Deputy Chief Executive. Any appointment may be for such period not exceeding the remainder of his term as a Member of the Board as specified on appointment.

4.6.2 Any Member so appointed may resign at any time from the office of Deputy Chief Executive by giving notice in writing to the Chair. In the event of a resignation, the Chair and Members may appoint another Member as Deputy Chief Executive in accordance with the provisions of SO4.6.1 above.

#### 4.7 **Joint Members**

4.7.1 Where more than one person is appointed jointly to a post on the Board which qualifies the holder for Executive Membership or in relation to which an Executive Member is to be appointed, those persons shall become appointed as

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an Executive Member jointly, and shall count for the purpose of SO4.1 as one person.

4.7.2 Where the office of a Member of the Board is shared jointly by more than one person:

4.7.2.1 Either or both of those persons may attend or take part in meetings of the Board;

4.7.2.2 If both are present at a meeting they should cast one vote if they agree;

4.7.2.3 In the case of disagreements no vote should be cast; and,

4.7.2.4 The presence of either or both of those persons should count as the presence of one person for the purposes of SO5.10: Quorum.

#### 4.8 **Role of Members**

4.8.1 The Board will function as a corporate decision-making body. Executive and Non-executive Members will be full and equal members. Their role as members of the Board will be to consider the key strategic and managerial issues facing the Board in carrying out its statutory and other functions.

##### 4.8.1.1 Executive Members

4.8.1.1.1 Executive Members shall exercise their authority within the terms of these Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

##### 4.8.1.2 Chief Executive

4.8.1.2.1 The Chief Executive is responsible for the overall performance of the executive functions of the NHS CB.

4.8.1.2.2 Under paragraph 15, Schedule A1 of the NHS Act 2006 the Chief Executive is the Accounting Officer for the NHS CB. As Accounting Officer, the Chief Executive has the responsibilities as set out in HM Treasury guidance Managing Public Money, including ensuring that the NHS CB acts in accordance with the legislative framework that established it and with the terms of the Framework Agreement agreed between the NHS CB and the Department of Health.

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- 4.8.1.2.3 The Chief Executive, together with the Chief Financial Officer, is responsible for ensuring the discharge of the NHS CB's obligations under any Financial Directions.
- 4.8.1.3 Chief Financial Officer
  - 4.8.1.3.1 The Chief Financial Officer is responsible for the provision of financial advice to the NHS CB and to its Members, and for the supervision of financial control and accounting systems.
  - 4.8.1.3.2 He will be responsible along with the Chief Executive for ensuring the discharge of obligations under relevant Financial Directions.
- 4.8.1.4 Non-executive Members
  - 4.8.1.4.1 The Non-executive Members will not be granted nor shall they seek to exercise any individual executive powers on behalf of the NHS CB. They may, however, exercise collective authority when acting as Members of the Board, or when chairing a Committee of the Board that has delegated powers.
- 4.8.1.5 Chair
  - 4.8.1.5.1 The Chair is responsible for the operation of the Board and will chair all Board meetings when present.
  - 4.8.1.5.2 The Chair has certain delegated executive powers.
  - 4.8.1.5.3 The Chair shall comply with the terms of appointment and with these Standing Orders.
  - 4.8.1.5.4 The Chair will take responsibility either directly or indirectly for the induction of Non-executive Members, their portfolios of interests and assignments, and their performance.
  - 4.8.1.5.5 The Chair will work in close harmony with the Chief Executive and will ensure that the Board discusses key and appropriate issues in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.

#### 4.9 Corporate Role of the Board

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4.9.1 All business shall be conducted in the name of the Board.

4.9.2 The functions conferred on the Board will be exercised by the Board meeting in public session, except as otherwise provided for in SO5.

4.10 **Schedule of Matters Reserved to the Board and Scheme of Delegation**

4.10.1 The Board has resolved that the Board may only exercise certain powers and decisions in formal session. These powers and decisions are summarised in POL\_0002: Reservation of Powers to the Board & Delegation of Powers and shall have effect as if incorporated into these Standing Orders. Those powers that it has delegated to Officers and other bodies are also summarised in POL\_0002: Reservation of Powers to the Board & Delegation of Powers and shall have effect as if incorporated into these Standing Orders.

4.11 **Lead Roles for Board Members**

4.11.1 The Chair will ensure that the designation of lead roles or appointments of Board Members as required by statute, the Department of Health or other guidance, are made in accordance with that requirement.

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## **SO5 Meetings of the Board**

### **5.1 Calling Meetings**

- 5.1.1 Ordinary meetings of the Board shall be held at such times, and places, as the Board may determine and there will no fewer than four meetings per year.
- 5.1.2 Meetings of the Board may be called by the Secretary, or by the Chair, or by four Members who give written notice to the Secretary specifying the business to be carried out.
- 5.1.3 If the Chair refuses, or fails, to call a meeting within seven days of a written notice being presented, the Members signing the notice may forthwith call a meeting.
- 5.1.4 Other, or emergency, meetings of the Members may be called (by appropriate means including, without limitation, by email or post, or via the Board's website).

### **5.2 Notice of Meetings and the Business to be Transacted**

- 5.2.1 The Secretary shall send (by appropriate means including, without limitation, by email or post, or via the Board's website) a written notice of the dates, times and locations of meetings to all Members as soon as possible after receipt of such a request.
- 5.2.2 Subject to SO5.2.3 below, the Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice to discuss the specified business. If the Secretary fails to call such a meeting then the Chair or four Members, whichever is the case, shall call such a meeting.
- 5.2.3 In special circumstances, where there is an urgent need to call a meeting, the Secretary or Chair may decide that a meeting shall be called on less than fourteen days' notice and in such circumstances as much notice as possible shall be given of the meeting to each of the Members.
- 5.2.4 Subject to SO5.2.5 below, lack of service of the notice on any Member shall not affect the validity of a meeting.

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- 5.2.5 Failure to serve such a notice specifying the business on more than two Members will invalidate the meeting. A notice will be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post or, where the notice is sent by email, at the time at which the email is sent.
- 5.2.6 A Member desiring a matter to be included on an agenda shall make his request in writing to the Chair at least 10 clear days before the meeting. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- 5.2.7 No business shall be transacted at the meeting other than that specified on the agenda, or emergency motions allowed under SO5.6.
- 5.2.8 Before each meeting of the Board a public notice of the time and place of the meeting and the public part of the agenda shall be made publicly available at least three clear days before the meeting, in accordance with the requirements of section 1(4)(a) of the Public Bodies (Admission to Meetings) Act 1960.
- 5.3 **Agenda and Supporting Papers**
- 5.3.1 Before each meeting of the Board, an agenda of the meeting specifying the business proposed to be transacted at it and any supporting papers shall be delivered to each Member, or sent by post to the usual place of residence for each Member to be available to him at least three clear days before the meeting.
- 5.3.2 The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and shall be addressed prior to any other business being conducted. Such matters may be identified within these Standing Orders or following subsequent resolution shall be listed in an Appendix to these Standing Orders.
- 5.4 **Petitions**
- 5.4.1 Where the NHS CB has received a petition the Secretary shall include the petition as an item on the agenda of the next meeting.
- 5.5 **Notice of Motion**

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5.5.1 Subject to SO5.7 and SO5.9, a Member of the Board wishing to move or amend a Motion shall send a written notice at least ten clear days before the meeting to the Chair, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under these Standing Orders.

5.5.2 This Standing Order shall not prevent any Motion being withdrawn or moved during the meeting, without notice, on any business mentioned on the agenda.

## 5.6 **Emergency Motions**

5.6.1 Subject to the agreement of the Chair and to SO5.7, a Member of the Board may give written notice of an emergency Motion after the issue of the notice of meeting and agenda, and up to one hour before the time fixed for the meeting. The notice shall state the grounds of urgency. If the notice is in order, it shall be declared to the Board at the commencement of the business of the meeting as an additional item to be included in the agenda. The Chair's decision to include the item shall be final.

## 5.7 **Motions: Procedure at and During a Meeting**

5.7.1 Who may propose

5.7.1.1 The Chair of the meeting or any Member present may propose a motion. Another Member shall also second it.

5.7.2 Contents of Motions

5.7.2.1 The Chair, at his discretion, may exclude from the debate any such Motion of which notice was not given in accordance with the requirements of SO5.5 or SO5.6 other than a Motion relating to:

5.7.2.1.1 The reception of a report;

5.7.2.1.2 Consideration of any item of business before the Board;

5.7.2.1.3 The accuracy of minutes;

5.7.2.1.4 That the Board proceed to next business;

5.7.2.1.5 That the Board adjourn; or,

5.7.2.1.6 That the question be now put.

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5.7.3 Amendments to Motions

5.7.3.1 A Motion for amendment shall not be discussed unless it has been proposed and seconded.

5.7.3.2 Amendments to Motions shall be moved relevant to the Motion, and shall not have the effect of negating the Motion before the Board.

5.7.3.3 If there are a number of amendments, they shall be considered one at a time. When a Motion has been amended, the amended Motion shall become the substantive Motion before the meeting, upon which any further amendment may be moved.

5.7.4 Rights of reply to Motions

5.7.4.1 Amendments

5.7.4.1.1 The mover of an amendment may reply to the debate on their amendment immediately prior to the mover of the original Motion, who shall have the right of reply at the close of debate on the amendment, but may not otherwise speak on it.

5.7.4.2 Substantive/original Motion

5.7.4.2.1 The Member who proposed the substantive motion shall have a right of reply at the close of any debate on the Motion.

5.7.5 Withdrawing a motion

5.7.5.1 A Motion, or an amendment to a Motion, may be withdrawn.

5.7.6 Motions once under debate

5.7.6.1 When a Motion is under debate, no Motion may be moved other than:

5.7.6.1.1 An amendment to the Motion;

5.7.6.1.2 The adjournment of the discussion, or the meeting;

5.7.6.1.3 That the meeting proceed to the next business;

5.7.6.1.4 That the question should be now put;

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- 5.7.6.1.5 The appointment of an 'ad hoc' Committee to deal with a specific item of business;
- 5.7.6.1.6 That a Member be not further heard; or,
- 5.7.6.1.7 A Motion under section 1(2) or section 1(8) of the Public Bodies (Admissions to Meetings) Act 1960 resolving to exclude the public, including the press (see SO5.18).
- 5.7.7 In those cases where the Motion is either *'that the meeting proceeds to the next business'* or *'that the question be now put'* in the interests of objectivity these should only be put forward by a Member of the Board who has not taken part in the debate and who is eligible to vote.
- 5.7.8 If a Motion *'that the meeting proceeds to the next business'* or *'that the question be now put'* is carried, the Chair should give the mover of the substantive motion under debate a right of reply, if not already exercised. The matter should then be put to the vote.

## 5.8 **Written Resolutions**

- 5.8.1 Where the Chair or a Member desires that the Board pass a resolution, the Chair or the Member (with the consent of the Chair) may circulate the resolution amongst the Members proposing that it is passed as a written resolution.
- 5.8.2 For the resolution to be validly passed, the resolution shall be signed by at least six Members, such Members to include:
- 5.8.2.1 Either:
- 5.8.2.1.1 The Chair or Vice Chair and 2 Non-executive Members; or,
- 5.8.2.1.2 Three Non-executive Members (but only if the Chair or Vice Chair are unavailable for a period of 48 hours from the time at which the resolution is first circulated);
- 5.8.2.2 or:
- 5.8.2.2.1 Three Executive Members (such Executive Members to include the Chief Executive or Chief Financial Officer).

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5.8.3 Any written resolution that is so passed shall be noted at the next meeting of the Board.

5.9 **Motion to Rescind a Resolution**

5.9.1 Notice of Motion to rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six calendar months shall bear the signature of the Member who gives it and also the signature of three other Members. Before considering any such Motion of which notice shall have been given, the Board may refer the matter to any appropriate Committee or to the Chief Executive for recommendation.

5.9.2 When the Board has been dealt with any such Motion, it shall not be competent for any Member other than the Chair to propose a Motion to the same effect within six months. This Standing Order shall not apply to Motions moved in pursuance of a report or recommendations of a Committee or the Chief Executive.

5.10 **Chair of Meeting**

5.10.1 At any meeting of the Board the Chair, if present, shall preside. If the Chair is absent from the meeting the Vice-chair, if the Board has appointed one and if present, shall preside.

5.10.2 If the Chair and Vice-chair are both absent, such Member (who is not also an Executive Member of the Board) as the Chair has previously designated or, in the absence of such designation, as the Members present shall choose, shall preside.

5.11 **Chair's Ruling**

5.11.1 The decision of the Chair of the meeting on questions of order, relevancy and regularity (including procedure on handling motions), and their interpretation at the meeting of these Standing Orders and Standing Financial Instructions shall be final.

5.12 **Quorum**

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- 5.12.1 No business shall be transacted at a meeting unless at least one-third of the whole number of the Chair and Members (including at least one Member who is also an Executive Member of the Board and one Member who is not) are present.
- 5.12.2 An Officer in attendance for an Executive Member but without formal acting up status may not count towards the quorum.
- 5.12.3 If the Chair or a Member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest (see SO9) that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting shall then proceed to the next business.
- 5.13 **Voting**
- 5.13.1 Save as provided in SO5.14 and SO5.15, every question put to a vote at a meeting shall be determined by a majority of the votes of Members present and voting on the question except that:
- 5.13.1.1 In the case of an equal vote, the person presiding (i.e. the Chair of the meeting) shall have a second and casting vote; and,
- 5.13.1.2 No resolution of the Board shall be passed if it is unanimously opposed by all of the Executive Members present or by all of the Non-executive Members present.
- 5.13.2 At the discretion of the Chair, all questions put to the vote shall be determined by oral expression or by a show of hands (and if any person is attending by telephone, teleconference, video or computer link, such person shall cast their vote verbally (such vote to be recorded in the minutes)).
- 5.13.3 A paper ballot may also be used if a majority of the Members present so request, in which case any person attending by telephone, teleconference, video or computer link shall cast their vote verbally (such verbal vote to be recorded in the minutes).

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- 5.13.4 If at least one-third of the Members present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Member present voted or abstained.
- 5.13.5 If a Member so requests, his vote shall be recorded by name.
- 5.13.6 The Board may agree that its Members can participate in its meetings by telephone, teleconference and video or computer link. Participation in a meeting in this manner shall be deemed to constitute a presence in person at the meeting.
- 5.13.7 An Officer, who has been appointed formally by the Board to act up for an Executive Member during a period of incapacity or temporarily to fill an Executive Member vacancy, shall be entitled to exercise the voting rights of the Executive Member. An Officer attending the Board to represent an Executive Member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Member. A Member's status when attending a meeting shall be recorded in the minutes.
- 5.13.8 For the voting rules relating to joint Members see SO4.7.
- 5.14 **Suspension of Standing Orders**
- 5.14.1 Except where this would contravene any statutory provision or any direction made by the Secretary of State or the rules relating to the Quorum (SO5.12), any one or more of these Standing Orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the Members of the Board are present (including at least one Member who is an Executive Member of the Board and one Member who is not) and that at least two-thirds of those Members present signify their agreement to such suspension. The reason for the suspension shall be recorded in the Board's minutes.
- 5.14.2 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and Members of the Board.
- 5.14.3 No formal business may be transacted while Standing Orders are suspended.

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5.14.4 The Audit Committee shall review every decision to suspend Standing Orders.

## 5.15 **Variation and Amendment of Standing Orders**

5.15.1 These Standing Orders shall not be varied except in the following circumstances:

5.15.1.1 Upon a notice of motion under SO5.5;

5.15.1.2 Upon a recommendation of the Chair or Chief Executive included on the agenda for the meeting;

5.15.1.3 That two thirds of the Board Members are present at the meeting where the variation or amendment is being discussed, and that at least half of the Board's Non-executive Members vote in favour of the amendment; and,

5.15.1.4 Providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

## 5.16 **Record of Attendance**

5.16.1 The names of the Chair and Members present at the meeting shall be recorded.

## 5.17 **Minutes**

5.17.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting, where the person presiding shall sign them.

5.17.2 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding considers discussion appropriate.

## 5.18 **Admission of the Public and the Press**

5.18.1 Admission and exclusion on grounds of confidentiality of business to be transacted

5.18.1.1 The public and representatives of the press may attend all meetings of the Board, but shall be required to withdraw upon the Board resolving:

*'that representatives of the press, and other members of the public, be excluded from the whole or part (as relevant) of this meeting, having regard to the*

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*confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'*

in accordance with section 1(2) Public Bodies (Admission to Meetings) Act 1960.

5.18.1.2 Guidance should be sought from the NHS CB's freedom of information lead to ensure correct procedure is followed on matters to be included in the exclusion.

5.18.2 General disturbances

5.18.2.1 The Chair or the person presiding over the meeting shall give such directions as he 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 Board'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 Board resolving:

*'that in the interests of public order the meeting adjourn for (the period to be specified) to enable the Board to complete its business without the presence of the public'*

in accordance with section 1(8) of the Public Bodies (Admissions to Meetings) Act 1960.

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

5.18.3.1 Matters to be dealt with by the Board following the exclusion of representatives of the press, and other members of the public, as above, shall be confidential to the Members of the Board.

5.18.3.2 Members and any Officer of the NHS CB in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the Board, without the express permission of the Board. This prohibition shall apply equally to the content of any discussion during the Board meeting that may take place on such reports or papers.

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5.19            **Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings**

5.19.1           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 Board or a Committee of the Board. Such permission shall be granted only upon resolution of the Board.

5.20            **Observers at Board Meetings**

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

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## **SO6 Appointment of Committees & Sub-committees**

### **6.1 Appointment of Committees**

6.1.1 Under paragraph 10 of Schedule A1, the Board may appoint Committees and Sub-committees of the Board.

6.1.2 The Board shall determine the membership and terms of reference of Committees and Sub-committees. A Committee or Sub-committee may consist of or include persons who are not Members or Employees of the NHS CB. If it requires, the Board may receive and consider reports of such Committees and Sub-committees.

### **6.2 Joint Committees**

6.2.1 Under section 13Z of the NHS Act 2006 the Board may appoint a joint committee where it has entered into an arrangement in accordance with section 13Z and, pursuant to that arrangement, the functions are exercisable jointly by the NHS CB and another prescribed body. The joint committee may exercise the functions covered by the arrangement in question.

### **6.3 Applicability of Standing Orders and Standing Financial Instructions to Committees and Sub-committees**

6.3.1 These Standing Orders and Standing Financial Instructions, as far as they are applicable, shall apply to the meetings of any Committees and Sub-committees established by the Board. In such a case, the term "Chair" is to be read as a reference to the chair of the Committee or Sub-committee and the term "Member" is to be read as a reference to a member of the Committee or Sub-committee, as the context permits.

6.3.2 There is no requirement to hold meetings of Committees and Sub-committees established by the Board in public.

### **6.4 Terms of Reference**

6.4.1 Each Committee and Sub-committees shall have such terms of reference and powers and be subject to such conditions (including as to reporting to the Board),

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as the Board shall decide and in accordance with any legislation or direction issued by the Secretary of State. Such terms of reference shall have effect as if incorporated into these Standing Orders.

## 6.5 **Delegation of Powers by Committees to Sub-Committees**

6.5.1 Where Committees are authorised to establish Sub-committees they may not delegate executive powers to the Sub-committee unless expressly authorised by the Board.

## 6.6 **Approval of Appointments to Committees and Sub-committees**

6.6.1 The Board shall approve the appointments to each of the Committees and Sub-committees that it has formally constituted. Where the Board determines that persons, who are neither Members nor Employees, shall be appointed to a Committee or Sub-committee the terms of such appointment shall be within the powers of the Board as defined by the Secretary of State. The Board shall define the powers of such appointees and shall agree such remuneration and allowances as it determines and in accordance with relevant guidance.

## 6.7 **Appointments for Statutory Functions**

6.7.1 Where the Board is required to appoint persons to a Committee or Sub-committee and/or to undertake statutory functions as required by the Secretary of State, and where such appointments are to operate independently of the Board, such appointment shall be made in accordance with applicable regulations and directions made by the Secretary of State.

## 6.8 **Committees, Sub-committees and Joint Committees Established by the Board**

6.8.1 The Committees, Sub-committees, and joint committees established by the Board are:

6.8.1.1 Audit Committee

6.8.1.1.1 An Audit Committee will be established and constituted with the aim:

- To provide the Board with independent and objective advice in relation to its financial and governance obligations and compliance with all relevant

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legislation and guidance, including the HM Treasury's guidance on Managing Public Money.

- 6.8.1.1.2 The Committee will be comprised exclusively of Non-executive Members. A minimum of three Non-executive Members will be appointed to the Committee, unless the Board decides otherwise. One of the appointees shall have significant, recent and relevant financial experience.
- 6.8.1.2 Remuneration & Terms of Service Committee
- 6.8.1.2.1 A Remuneration & Terms of Service Committee will be established and constituted with the aim:
- To advise the Board about appropriate remuneration and terms of service of the Chief Executive, other Executive Members and all very senior managers, including arrangements for the termination of employment, and to consider issues in relation to remuneration and terms of service for all Employees.
- 6.8.1.2.2 The Committee will be comprised exclusively of Non-executive Members. A minimum of three Non-executive Members will be appointed to the Committee.
- 6.8.1.3 Trust & Charitable Funds Committee
- 6.8.1.3.1 In the event that the NHS CB is required to act as corporate trustee the Board will establish a Trust & Charitable Funds Committee.
- 6.8.1.3.2
- 6.8.1.4 Other Committees
- 6.8.1.4.1 The Board may also establish such other Committees as required to discharge its functions.

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## **SO7 Arrangements for the Exercise of Board Functions by Delegation**

### **7.1 Delegation of Functions to Committees, Employees or Other Bodies**

7.1.1 Under paragraph 13, Schedule A1 of the NHS Act 2006, the Board may make arrangements for the exercise, on behalf of the Board, of any of its functions by:

7.1.1.1 A Committee or Sub-committee appointed by virtue of SO6;

7.1.1.2 A Non-executive Member or Employee (including any Executive Member) of the NHS CB; or,

7.1.1.3 Another body as defined in SO6.2.1.

7.1.2 In each case, such delegation will be subject to such restrictions and conditions as the Board thinks fit.

7.1.3 Subject to any regulations made by the Secretary of State, section 13Z of the NHS Act 2006 provides that the Board may arrange for any function conferred on the Board under or by virtue of the NHS Act 2006 or any prescribed provision of any other Act to be exercised by or jointly with:

7.1.3.1 A Special Health Authority;

7.1.3.2 A Clinical Commissioning Group; or,

7.1.3.3 Such other prescribed body.

7.1.4 Where any functions are exercisable jointly by the Board and another body by virtue of a delegation made under section 13Z, they may be exercised by a joint committee of the Board and the other body as set out in SO6.2.1 above.

7.1.5 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as agreed between the Board and the other party.

7.1.6 The Board reserves the ability to, at any time, withdraw a function, duty or power it has delegated and then to exercise the function, duty or power itself or to delegate it.

### **7.2 Emergency Powers and Urgent Decisions**

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7.2.1 The Chief Executive and the Chair may in emergency or for an urgent decision exercise the powers that the Board has reserved to itself within these Standing Orders after having consulted at least two Non-executive Members. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Board in public session for formal ratification.

### 7.3 **Delegation to Committees, Sub-committees or Joint Committees**

7.3.1 The Board shall agree from time to time to the delegation of executive powers to be exercised by a Committee, Sub-committee or joint committee, which it has formally constituted in accordance with SO6.1 and any directions issued by the Secretary of State. The Board shall approve the constitution and terms of reference of these Committees, Sub-committees or joint committees, and their specific executive powers.

### 7.4 **Delegation to Employees**

7.4.1 Those functions of the Board, which have not been retained as reserved to the Board or delegated to a Committee or Sub-committee or joint committee, shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he will perform personally and shall nominate Employees to undertake the remaining functions for which he/she will retain accountability to the Board.

7.4.2 The Chief Executive shall prepare a scheme of delegation identifying his proposals, which shall be considered and approved by the Board. The Chief Executive may periodically propose amendment to the scheme of delegation, which shall be considered and approved by the Board.

7.4.3 Nothing in the scheme of delegation shall impair the discharge of the direct accountability to the Board of the Chief Financial Officer to provide information and advise the Board in accordance with statutory or other requirements. Outside of these statutory requirements the Chief Financial Officer shall be accountable to the Chief Executive for operational matters.

### 7.5 **Schedule of Matters Reserved to the Board and Scheme of Delegation**

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7.5.1 The arrangements made by the Board as set out in POL\_0002: Reservation of Powers to the Board & Delegation of Powers shall have effect as if incorporated in these Standing Orders.

7.6 **Duty to Report Non-compliance with Standing Orders and Standing Financial Instructions**

7.6.1 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 Audit Committee for action or ratification. All Members of the Board and Officers have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

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## **SO8      Overlap with Other Policy Statements, Procedures, Regulations & Standing Financial Instructions**

### **8.1      Policy Statements: General Principles**

8.1.1      The Board will put in place arrangements for agreeing and approving policy statements and procedures that will apply to all or specific groups of Officers. The decisions to approve such policies and procedures will be recorded in appropriate minutes and will be deemed where appropriate to be an integral part of Standing Orders and Standing Financial Instructions.

### **8.2      Specific Policy Statements**

8.2.1      Notwithstanding the application of SO8.1, these Standing Orders and Standing Financial Instructions shall be read in conjunction with the following policy statements:

- Standards of Business Conduct & Conflicts of Interest Policy; and,
- Staff Disciplinary & Appeals Procedures;

both of which shall have effect as if incorporated in these Standing Orders.

### **8.3      Standing Financial Instructions**

8.3.1      Standing Financial Instructions adopted by the Board shall have effect as if incorporated in these Standing Orders.

### **8.4      Specific Guidance**

8.4.1      Notwithstanding the application of SO8.1 above, these Standing Orders and Standing Financial Instructions shall be read in conjunction with all applicable law and guidance issued by the Secretary of State for Health.

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## **SO9 Duties and Obligations of Board Members and Senior Managers under these Standing Orders**

### **9.1 Declaration of Interests**

9.1.1 The NHS Code of Accountability requires Board Members to declare interests that are relevant and material to the NHS Board of which they are a Member. All existing Members of the Board should declare such interests. Any Members appointed subsequently to the Board should do so on appointment.

9.1.2 Interests which should be regarded as relevant and material are:

9.1.2.1 Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);

9.1.2.2 Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

9.1.2.3 Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

9.1.2.4 A position of authority in a charity or voluntary organisation in the field of health and social care;

9.1.2.5 Any connection with a voluntary or other organisation contracting for NHS services;

9.1.2.6 Research funding/grants that may be received by an individual or their department;

9.1.2.7 Interests in pooled funds that are under separate management; and,

9.1.2.8 Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS CB, including but not limited to lenders or banks.

9.1.3 Any Member of the Board who comes to know that the NHS CB has entered into or proposes to enter into a contract in which he/she or any person connected with him/her (as defined in SO9.4 and elsewhere) has any pecuniary interest, direct or

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indirect, the Board Member shall declare his/her interest by giving notice in writing of such fact to the Board as soon as practicable.

#### 9.1.4 Advice on Interests

9.1.4.1 If Board Members have any doubt about the relevance of an interest, this should be discussed with the Chair of the Board or with the Board Secretary.

9.1.4.2 Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships, including general practitioners, should also be considered.

#### 9.1.5 Recording of interests in Board minutes

9.1.5.1 At the time Board Members' interests are declared, they should be recorded in the Board minutes.

9.1.5.2 Any changes in interests should be declared at the next Board meeting following the change occurring and recorded in the minutes of that meeting.

#### 9.1.6 Conflicts of interest which arise during the course of a meeting

9.1.6.1 If a conflict of interest is established during the course of a Board meeting, the Board Member concerned should withdraw from the meeting and play no part in the relevant discussion or decision.

### 9.2 Register of Interests

9.2.1 The Secretary will ensure that a register of interests is established to formally record declarations of interests of Board Members. In particular, the register will include details of all directorships and other relevant and material interests (as defined in SO9.1.2) which have been declared by both Executive Members and Non-executive Members.

9.2.2 These details will be kept up to date by means of a six monthly review of the register in which any changes to interests declared during the preceding six months will be incorporated.

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9.2.3 The register will be available to the public and the Chief Executive will take reasonable steps to bring the existence of the register to the attention of local residents and to publicise arrangements for viewing it.

### 9.3 **Publication of Declared Interests in Annual Report**

9.3.1 Board Members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the NHS CB's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

### 9.4 **Exclusion of the Chair and/or Members from Proceedings on Account of Pecuniary Interest**

9.4.1 For the sake of clarity, the following definition of terms is to be used in interpreting this Standing Order:

9.4.1.1 "Person connected with a Member" shall include a spouse (as defined below) and any other person with whom the Member has a personal or professional relationship, including but not limited to a family member, friend or acquaintance;

9.4.1.2 "Spouse" shall include any person who lives with another person in the same household (and any pecuniary interest of one spouse shall, if known to the other spouse, be deemed to be an interest of that other spouse);

9.4.1.3 "Contract" shall include any proposed contract or other course of dealing;

9.4.1.4 "Pecuniary interest". Subject to the exceptions set out in this Standing Order, a person shall be treated as having an indirect pecuniary interest in a contract if:

9.4.1.4.1 He, or a nominee of his, is a member of a company or other body (not being a public body), with which the contract is made, or is to be made, or which has a direct pecuniary interest in the same; or,

9.4.1.4.2 He is a partner, associate or employee of any person with whom the contract is made or is to be made, or who has a direct pecuniary interest in the same.

9.4.1.5 "Exception to pecuniary interests". A person shall not be regarded as having a pecuniary interest in any contract if:

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- 9.4.1.5.1 Neither he or any person connected with him has any beneficial interest in the securities of a company of which he or such person appears as a Member; and,
- 9.4.1.5.2 Any interest that he or any person connected with him may have in the contract is so remote or insignificant that it cannot reasonably be regarded as likely to influence him in relation to considering or voting on that contract; and,
- 9.4.1.5.3 Those securities of any company in which he (or any person connected with him) has a beneficial interest do not exceed £5,000 in nominal value or one per cent of the total issued share capital of the company or of the relevant class of such capital, whichever is the less.
- 9.4.1.6 Provided however, that where SO9.4.1.5.3 applies the person shall nevertheless be obliged to disclose/declare their interest in accordance with SO9.1.
- 9.4.2 Exclusion in proceedings of the Board
- 9.4.2.1 Subject to the provisions of this Standing Order, if the Chair or a Member of the Board has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.
- 9.4.2.2 The Board may exclude the Chair or a Member of the Board from a meeting of the Board while any contract, proposed contract or other matter in which he has a pecuniary interest is under consideration.
- 9.4.2.3 Any remuneration, compensation or allowance payable to the Chair or a Member by virtue of paragraphs 7 and 9 of Schedule A1 (pay and allowances) of the NHS Act 2006 shall not be treated as a pecuniary interest for the purpose of this Standing Order.
- 9.4.2.4 This Standing Order applies to a Committee, Sub-committee and joint committee as it applies to the Board and to a Member of any such Committee, Sub-

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committee (whether or not he is also a Member of the Board) or joint committee as it applies to a Member of the Board.

9.4.2.5 The Secretary of State may, subject to such conditions as he may think fit to impose, remove any disability imposed by this Standing Order in any case in which it appears to him in the interests of the National Health Service that the disability should be removed.

## 9.5 **Standards of Business Conduct**

9.5.1 All Board Members and Officers shall comply with the Board's standards of business conduct, the conflicts of interest policy and the national guidance contained in HSG(93)5 on 'Standards of Business Conduct for NHS staff' (see SO8.2)

### 9.5.2 Interest of Officers in contracts

9.5.2.1 Any Member or Officer of the NHS CB who comes to know that the NHS CB has entered into or proposes to enter into a contract in which he or any person connected with him (as defined in SO9.4) has any pecuniary interest, direct or indirect, the Member or Officer shall declare their interest by giving notice in writing of such fact to the Chief Executive or Secretary as soon as practicable.

9.5.2.2 A Member should also declare to the Chief Executive any other employment or business or other relationship of his, or of a cohabiting spouse, that conflicts, or might reasonably be predicted could conflict with the interests of the NHS CB.

9.5.2.3 The NHS CB will require interests, employment or relationships so declared to be entered in a register of interests.

### 9.5.3 Canvassing of and recommendations by Members in relation to appointments

9.5.3.1 Canvassing of Members of the Board or of any Committee of the Board directly or indirectly for any appointment under the NHS CB shall disqualify the candidate for such appointment. The contents of this paragraph of these Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

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9.5.3.2 Members of the Board shall not solicit for any person any appointment under the NHS CB or recommend any person for such appointment. This paragraph of this Standing Order does not preclude a Member from giving written testimonial of a candidate's ability, experience or character for submission to the NHS CB.

9.5.4 Relatives of Members or Officers

9.5.4.1 Candidates for any staff appointment under the NHS CB shall, when making an application, disclose in writing to the NHS CB whether they are related to any Member or Officer of the NHS CB. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him liable to instant dismissal.

9.5.4.2 The Chair and every Member and Officer of the NHS CB shall disclose to the NHS CB any relationship between himself and a candidate of whose candidature that Member or Officer is aware. It shall be the duty of the Chief Executive to report to the Board any such disclosure made.

9.5.4.3 On appointment, Members (and prior to acceptance of an appointment in the case of Executive Members) should disclose to the Board whether they are related to any other Member or Officer of the NHS CB.

9.5.4.4 Where the relationship to a Member or Officer of the Board is disclosed, SO9.4 shall apply.

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## **SO10 Custody of Seal, Sealing of Documents & Signature of Documents**

### **10.1 Custody of the Seal**

10.1.1 The common seal of the NHS CB shall be kept by the Secretary in a secure place.

### **10.2 Sealing of Documents**

10.2.1 The seal of the NHS CB shall not be affixed to any document unless the sealing has been authorised by a resolution of the Board, or of a Committee thereof where the Board has delegated its powers.

10.2.2 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two Executive Members or one Executive Member and either the Chair or Secretary, duly authorised by a resolution of the Board (or of a Committee thereof where the Board has delegated its powers) and shall be attested by them.

10.2.3 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Chief Financial Officer (or an Officer nominated by him) and authorised and countersigned by the Chief Executive (or an Officer nominated by him who shall not be within the originating directorate).

### **10.3 Register of Sealing**

10.3.1 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal.

10.3.2 A report of all sealing shall be made to the Board at least semi-annually. The report shall detail the seal number, the description of the document and date of sealing.

10.3.3 The seal should be used to execute deeds (e.g. conveyances of land) or where otherwise required by law.

### **10.4 Signature of Documents**

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- 10.4.1 Where the signature of any document will be a necessary step in legal proceedings involving the NHS CB, it shall be signed by the Chief Executive, the Chief Financial Officer or other Executive Member, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.
- 10.4.2 The Chief Executive, or the Chief Financial Officer or other Executive Members shall be authorised, by resolution of the Board, to sign on behalf of the NHS CB any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or any Committee or Sub-committee to which the Board has delegated appropriate authority.
- 10.4.3 In land transactions, the signing of certain supporting documents will be delegated to Managers and set out clearly in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed).

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## **SO11      Miscellaneous**

### **11.1      Joint Finance Arrangements**

11.1.1      The Board may confirm contracts to purchase from a voluntary organisation or a local authority.

11.1.2      The Board may confirm contracts to transfer money from the NHS to the voluntary sector or the health related functions of local authorities where such a transfer is to fund services to improve the health of the local population more effectively than equivalent expenditure on NHS services.

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## Appendix 1 Version Control

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
V01.00	01-10-2012	Board Secretary	Approved	Approved Version
V01.01	28-02-2013	Head of Assurance & Procurement	Draft	Annual Review
V01.02	05-03-2013	Head of Assurance & Procurement	Draft	Updated Draft for Comment
V01.03	15-03-2013	Head of Assurance & Procurement	Draft	Updated Draft for Comment
V01.04	18-03-2013	Head of Assurance & Procurement	Draft	Updated Draft for Comment
V01.05	22-03-2013	Head of Assurance & Procurement	Draft	Updated Draft for Comment
V01.06	26-03-2013	Head of Assurance & Procurement	Draft	Updated Draft for Comment
V01.07	26-03-2013	Head of Assurance & Procurement	Draft	Version approved by Task & Finish Group 28 March 2013 (incorporating requested changes)
V01.08	26-03-2013	Head of Assurance & Procurement	Draft	Version approved by Task & Finish Group 28 March 2013 (incorporating requested changes)

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