

**NHS South Tees Clinical Commissioning Group (CCG)  
Clinical Council of Members (CCOM)  
Terms of Reference (TOR)**

**1. Introduction**

- 1.1 NHS South Tees Clinical Commissioning Group (CCG) or 'the Group' is a member organisation. The Clinical Council of Members is comprised of individuals selected by each member practice situated in the localities of Eston, Middlesbrough and Redcar and Cleveland. Member practice representatives will represent their practice colleagues' views and act on behalf of the patient population and practices in matters relating to the CCG.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements and shall have effect as if incorporated into the Group's Constitution and Standing Orders

**2. Remit / Duties**

- 2.1 The remit of the Clinical Council of Members is to:
- Determine how it operates
  - Elect the Clinical Council of Members Chair
  - Elect GP Governing Body members
  - Set the process of appointment and dismissal of Governing Body GP members through the Nominations Panel
  - Determine any locality arrangements
  - Consider and approve changes to CCG Constitution
  - Hold the Governing Body to account
- 2.2 Each practice is a member of the CCG. Members of the CCG will be responsible for:
- Representing their registered population's interest
  - Nominating a clinician to be the Member Practice Representative
  - Applying specialist knowledge of their registered population to inform the work of the CCG and contributing to the commissioning decisions made; this includes, for example, Quality, Innovation, Productivity and Prevention (QIPP).
  - Sharing information and the outcomes of debate between the member practice representatives and the CCG
  - Regularly seeking wider member practice views identifying risks to patients, clinicians, member practices and the wider health

economy emerging from the work of or proposals developed by the CCG

- Supporting decisions made by the majority in the best interests of the wider CCG patient population and in accordance with the CCG's common purpose and values whilst maintaining a primary responsibility to their appropriate professional regulator and acting in accordance with their code of practice for individual patients
- In addition, the governing body and member practices will need to demonstrate to each other that they are applying the values within the constitution and achieving high quality care through their deployment of resources

2.3 The Council of Members is the mechanism through which the individual Member Practice Representatives come together for collective decision making as a member organisation, ensuring active participation by each Member Practice in the functions of the Group. It will hold to account the Governing Body (GB) through two-way communication about the overall performance of the Group and will enable practices to influence the strategic direction and priorities of the Group.

### **3. Membership and Chair**

3.1 Membership will consist of practice determined GP representatives from each member practice. Each practice has the decision as to whether a member of the STCCG Governing Body acts in the capacity of practice representative as well as a Governing Body member.

3.2 Six nominated practice managers from member practices are invited to attend (three from the Middlesbrough locality and three from the Redcar and Cleveland locality). The nominated practice managers will be reviewed on an annual basis. This is in a non-voting capacity.

3.2 The chair of the Clinical Council of Members will be a member practice representative who is not a member of the Governing Body.

3.3 The following individuals will be in attendance, as required though will not have voting rights:

- CCG Governing Body Chair
- Chief Officer
- Director of Finance and Governance
- Director of Nursing and Quality
- Officers of the CCG

### **4. Frequency of meetings**

4.1 The council will meet at least quarterly but aims to meet 6 times a year. (The Constitution states that the CCOM will meet as a minimum bi-annually and as required by the Council)

4.2 The names of all members of the meeting present at the meeting shall be recorded in the minutes of the meeting.

## **5. Extra-ordinary meeting**

5.1 In calling an extraordinary meeting of the Clinical Council of Members, at least 10% of member practices must propose an issue for discussion, and a majority of all member practices must agree there is a need to convene.

## **6. Agendas and papers**

6.1 The agenda for meetings will be agreed/set by the chair in line with the Terms of Reference and the CCGs constitution.

6.2 The agenda and papers for the meeting will be distributed 5 working days in advance of the meeting. Items for the agenda should be notified to the chair (or nominated individual) 10 days in advance of each meeting. Late items will be considered on their merit. The setting of agendas for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.

## **7. Delegated Authority**

7.1 The Clinical Council of Members has delegated authority from the member practices to ensure effective member practice representation in the running of the CCG.

## **8. Accountability**

8.1 The Clinical Council of Members is accountable to each member practice of the CCG.

## **9. Quorum**

9.1 The meeting will be quorate with at least 50% of the member practices represented, with at least one practice within each locality represented and the Chair or their nominated deputy.

## **10. Voting Arrangements**

10.1 Each practice will have one vote. When one representative represents more than one practice a vote will be cast on behalf of each practice they represent in line with the views of each of individual practice.

10.2 Members must be present at a council meeting to submit a vote. In the unlikely circumstance that a vote is required a majority of at least one vote is required to carry a particular proposal. If there is a tied vote the Chair will have the casting vote.

- 10.3 Although member practice individuals might be invited to attend only member practice representatives will have voting rights.
- 10.4 Voting will be in accordance with the CCG's Constitution.

**11. Conduct of the Council of Members**

- 11.1 All members of the Council of Members and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.
- 11.2 The Terms of Reference will be reviewed at least once per financial year.

Date approved: 30 November 2017

Date for review: November 2018