

# NHS Scarborough and Ryedale Clinical Commissioning Group

## Council of Clinical Representatives Terms of Reference

Authorship	Accountable Officer
Approved by	Governing Body
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## TERMS OF REFERENCE AMENDMENTS

Amendments to the Terms of Reference will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Author/Editor	Nature of Amendment	Approved By	Date
1.0	Accountable Officer (Chief Officer)	None	Governing Body	
		Reviewed	CoCR	10/16

## 1 Introduction

- 1.1 Every Member Practice of the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) will nominate one GP member representative to a Council of Clinical Representatives [hereafter referred to as The Council].
- 1.2 The Council will delegate powers to the Governing Body to set the direction, strategy, and delivery of commissioning responsibilities, in consultation with the Council. The Accountable Officer and the Governing Body will be responsible on behalf of the members to carry out the statutory responsibilities of an NHS commissioning organisation.
- 1.3 The Council of Clinical Representatives and the Governing Body will strive to ensure there is close and effective communication between them so as to facilitate a culture where the Governing Body is acting on behalf of the Council of Representatives.

## 2 Title

- 2.1 The Committee shall be known as the Council of Clinical Representatives of the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) and is established in accordance with the constitution, standing orders and scheme of delegation.

## 3 Accountable To

- 3.1 The Committee shall be accountable to the Governing Body of SRCCG.

## 4 Reporting Arrangements

- 4.1 The Council's Terms of Reference shall be agreed by the member practices and be referenced in the SRCCG Constitution.
- 4.2 The minutes of the Council meetings shall be formally recorded and made available to the Governing Body/ presented to the Governing Body.
- 4.3 Where the Council has voted on a course of action or decision, the Council will formally notify the Governing Body of the outcome of their decision.
- 4.4 The membership of the Council shall be published in the Annual Report.

## 6 Duties & Responsibilities

6.1 This Committee will support the delivery of the Integrated Commissioning Plan.

### 6.2 Authority

6.2.1 The Council has the authority to make requests to the NHS Commissioning Governing Body for amendments to the SRCCG constitution following consultation with the LMC.

6.2.2 The Council will, where there are more selected\* candidates for the Governing Body posts, call for an election of the Governing Body members. The process for the election of the Governing Body will include one vote per GP in the area of SRCCG. [\*selected against a skills and knowledge framework]

6.2.3 The Council has the authority to delegate authority to the Governing Body to carry out the duties of the organisation.

6.2.4 In the event that member practices express a loss of confidence in the Governing Body, then in line with the Dispute Resolution Process an Extraordinary General meeting may be called by at least 50% of the CCG's member practices and a vote of at least 66% of member practices will be required in order to refer the concerns of the member practices to the NHS Commissioning Board. The LMC will be informed of this action.

## 7 Objectives

7.1 The overall objective of the Council is to ensure that there is close and effective communication between its member practices and the Governing Body.

7.2 The Council will have opportunities to engage with clinical commissioning and provide local intelligence to inform commissioning decisions.

7.3 The Council will inform, debate, review and decide on any area of service commissioning that it identifies and will support the Governing Body in managing, monitoring and redesigning service delivery.

7.4 To develop new leadership capabilities within the SRCCG supporting the succession planning and sustainability of the organisation.

## 9 Membership

- 9.1 The Council will comprise of one nominated GP from each member practice.
- 9.2 In attendance, the Practice Manager from each member practice, and, where agreed in advance, a deputy may attend in the absence of the practice manager.
- 9.3 In attendance, members of the Governing Body. Each practice has the decision as to whether a member of the SRCCG Governing Body acts in the capacity of practice representative as well as a Governing Body member.
- 9.4 Where a conflict of interest associated with the role of Governing Body member exists, this will be declared
- 9.5 In attendance the Accountable Officer, Chief Finance Officer, Executive Nurse and supporting officers as requested or nominated.
- 9.6 In attendance administrative support to arrange, facilitate and record the minutes.
- 9.7 The role of chair will be on a rotating basis agreed 3 months in advance to allow for preparation of papers and agendas.
- 9.8 Council members will declare interests that may conflict with the business of the Meeting

## 10 Quorum

- 10.1 No business shall be transacted unless there is at least 75% of the Council present.
- 10.2 Where a decision about the performance of the Governing Body, individuals or as a Governing Body, is required, no member of the Governing Body may vote on behalf of the practice.
- 10.3 Agendas will be published seven days in advance to allow practices with Governing Body member representatives to nominate a deputy to carry a practice vote.

## 12 Attendance

- 12.1 Regular attendance at the Council meetings leads to improved engagement and governance. In the event that an attendee is unable to attend a meeting it is their responsibility to ensure that a nominated deputy, where appropriate and necessary, is properly briefed and empowered to act on their behalf.
- 12.2 Frequency of attendance by members and attendees will be reviewed by the Council at least annually.

## 13 Frequency

- 13.1 The Council will meet at least quarterly as part of the monthly SRCCG Forum meetings and more frequently when required in order to carry out the business of the Council. Meetings will be designated as Council, General or AGMs.
- Council Forum Meetings - April, June, July, Sep, Oct, Dec, Jan, March
  - Council General Meetings - at least May, August, Nov, Feb
  - Council of Clinical Representatives Annual General Meeting (evening meeting)
- 13.2 The Council will support the Consortium Forum meetings which will be held monthly for service review and redesign, focusing on delivering the QIPP plan and strategic priorities.
- 13.3 The Council will review performance reports, financial reports and strategic plans.
- 13.4 An Annual General Meeting will be held once a year for all GPs and the annual reports will be presented to the Council of Representatives.
- 13.5 Attendance at meetings by GPs and Practice Managers will be remunerated following review by the SRCCG Remuneration Committee
- 13.6 **Voting**
- 13.7 The Council, through the delegation of duties, expects the Governing Body to commission services on behalf of member practices. The Governing body will consult with the Council of Clinical on proposed changes to services.
- 13.8 The Council may call for a vote about the business of the SRCCG and a vote can be triggered at the request of 30% of the member practices.

13.9 Practices may apply for a proxy vote if they are unable to attend a Council meeting.

13.10 In the event of a vote being triggered, at least seven days' notice of a meeting will be given when voting will take place. Each GP working in the SRCCG area will have one vote.

13.11 The usual majority for a vote is two thirds

13.12 There is no right to veto.

## 14 Declaration of Interests

14.1 Members are required to declare interests prior to the commencement of the Committee and a register of interests will be maintained. The Chair is required to reconfirm this as a standing item on Committee agendas. As per the Standing Orders, individuals may be required to leave the meeting for relevant agenda items at the discretion of the Committee and will no longer count towards the quorum.

## 15 Review of Committee Effectiveness

15.1 The Committee shall undertake a review of its effectiveness at least annually.

15.2 The Committee shall be subject to any review of SRCCG Committees as required.

## 16 Conduct

16.1 The members of the Committee must ensure that at all times they:

- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.
- Always strive to maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources and with independent validation of performance achieved where practicable
- Are accountable to Parliament, to users, to individual citizens, and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met

- Comply fully with the principles of the Citizens charter and the Code of Practice on Access to Government Information, in accordance with Government Policy on openness
- Must comply with the Nolan's seven principles of public life
- Bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate documents.

## 17 Terms of Reference

17.1 These Terms of Reference and any subsequent amendments will be agreed by the SRCCG Governing Body

17.2 The Terms of Reference will be reviewed at least annually and to comply with any national guidance and legislation