



**Northern England**  
Clinical Senate

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# TERMS OF REFERENCE

Version 2.0

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## Version Control

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## 1. Foreword

Clinical leadership is at the heart of the NHS commissioning system. The Northern England Clinical Senate supports the development and the continuous improvement in quality and outcomes, of regional health services in the North East and North Cumbria, other parts of the North of England (in particular Yorkshire and the Humber) and the other Clinical Senates across England, when requested, by providing independent strategic advice and leadership which supports commissioners to make the best decisions about health for their populations.

## 2. Purpose

To coordinate provision of robust and credible strategic clinical advice and clinical leadership to influence the provision of the best overall care and outcomes for patients in the geographical area.

Key areas of focus:

- Quality improvement, e.g. advising on quality standards and achieving best value care pathways
- Quality assurance, e.g. advising on service reconfiguration proposals and post implementation evaluation
- Supporting action to tackle quality failure, e.g. providing expert advice to support development of sustainable local solutions

## 3. Principles

In undertaking its work, the Clinical Senate will:

- Have a clear sense of purpose focused on improving quality and outcomes
- Put patients and clinicians at the heart of its work and ensure that all members have an equal voice
- Ensure that clinical representation encompasses the breadth of professions and care settings and involves wider perspectives including public health specialists and adult and children's social care professionals
- Work in an open and transparent way, ensuring the advice it gives is evidence based and in the best interests of patients
- Work in a collaborative and supportive way, across organisational and other boundaries to share and utilise knowledge and expertise in the formulation of advice, so that opportunities for improving quality are maximised
- Create an inclusive Clinical Senate environment where diversity is valued and equality is upheld and promoted through its actions
- Act with integrity and be independent of organisational or professional interests

## 4. Organisational Structure, Membership and Recruitment

The Clinical Senate brings together a broad range of health and care professionals. It is not focused on a particular condition or patient group and takes a broader strategic view on the totality of health care in the North East and North Cumbria.

The Clinical Senate model comprises of a wider Senate Assembly and a smaller Senate Council. Separate terms of reference exist for the Senate Assembly.

The Senate Council is a core multi-disciplinary 'steering' group of between 30 - 40 members. This group is responsible for the formulation and provision of independent and impartial clinical advice by the Senate on any proposal for service change in health care that has significant implications for the workforce, patients and the public.

Alongside the Chair, the Council will comprise a number of standing members for the purposes of effective decision making. Members are appointed for three years, enabling the Council to manage continuity of its work at times of membership change. At the end of a three-year tenure, Senate Council members can reapply for a further term which is considered as part of the overall Senate Council appointment process in that year.

There is a role description of skills required for core Council members including:

- Demonstration of a background comprising of clinical innovation, credibility with peers and a working knowledge of clinical networks
- An understanding of clear accountability for delivery and commitment to providing an annual statement of personal contribution
- A commitment to on-going support and development (of self and others) within the role to ensure that Senate members are fully equipped to carry out their role

#### **4.1 Appointed member – Senate Chair**

The Senate Chair is appointed by the Regional Medical Director for NHS England & NHS Improvement for the North East and Yorkshire. The Senate Chair is the only member of the Senate Council (other than Senate management support) remunerated for their work on Senate issues.

#### **4.2 Members by designation of role**

A number of Senate Council memberships are given by designation of role. These roles include:

- Regional Deputy Medical Director – System Improvement and Professional Standards (or nominated representative), NHS England & NHS Improvement
- Regional Centre Director (or nominated representative) – Public Health England
- Representative from Health Education England: North
- Representative from Local Government
- Clinical Leads (or nominated representative) from the nationally mandated Northern England Clinical Networks and Cancer Alliance

#### **4.3 Members by selection**

These members are selected via an appointment process and will (as a group) represent a wide breadth of clinical or care role, specialty, service and sector experience and expertise.

The recruitment process seeks nominations and expressions of interest widely across the whole of the Northern England geography. All nominated and appointed members will have an opportunity to have a formal contact with the Chair to ensure that they have the requisite skills, experience and personal qualities required. Appointment will require submission of a CV and covering letter, references and an interview.

Members identified through this process will need the written support of their employing responsible officer prior to the confirmation of their appointment to the Clinical Senate Council.

#### 4.4 Co-opted members

A small number (no more than five) members of the Senate Council can be co-opted via direct invitation from the Senate Chair. These members are typically clinicians with very specific clinical knowledge and experience in an area that is a subject area that the Senate are regularly asked to review, where alternative expertise would be difficult to identify.

### 5. Core Activities

- Deliver the types of strategic advice and leadership described in *The Way Forward: Clinical Senates*
- Provide advice in matters of strategic importance to improving health and health care in the North Cumbria and North East region
- Matters relating to service transformation and reconfiguration including quality assurance, e.g. advice relating to service change proposals and post implementation evaluation
- Matters relating to quality improvement, e.g. advising on quality standards
- Tackling quality failure, e.g. provision of expert advice to support sustainable local solutions
- Foster a culture of clinical leadership and influence the development of services
- Lead engagement with commissioners and agreement of topics on which Clinical Senate advice is sought
- Agree terms of reference for each topic with the lead commissioner
- Establish and oversee implementation of effective information and evidence gathering processes in the formulation of advice including the engagement of a broad range of health and care professionals
- Ensure transparency by publishing advice that the Clinical Senate gives and the process through which the evidence was formulated
- Review the effectiveness of the Clinical Senate and its processes and refine as necessary
- Ensure the provision of safe, evidence based strategic clinical advice, where necessary drawing out strategic level risks and issues which will need to be considered by decision-makers

- Ensure that their development is consistent with the national policy direction and adds value to the health and healthcare for local populations through an annual review of impact and effectiveness
- Review the Clinical Senate's membership and engagement processes to ensure broad and effective involvement of clinical leaders and experts across the wider health and care system
- When acting as the lead Clinical Senate in collaboration with other Clinical Senates, agree and publish the process by which the Senate will engage with and consider the evidence, views and advice from the other affected Clinical Senate(s) in their decision making
- Oversee delivery of an annual report

It is not the role of Clinical Senates to constrain the activities of individual CCGs or be involved in assessing the performance of commissioners. The Clinical Senate will not be able to veto proposals, but rather advise and where necessary, highlight issues and recommend where further thinking is needed. As such, the Senate must act using influence and credibility.

## **6. Accountability/Reporting Arrangements**

The Clinical Senate will have a key role in supporting organisations to make the best decisions. As the Council is a non-statutory organisation, it will support statutory healthcare bodies.

The work of Clinical Senate Review Teams will report to the Northern England Senate Council. Minutes from all Senate meetings will be distributed to Council members and made available on the website.

The Chair of the Clinical Senate will lead the Senate Council and will individually report to and be professionally accountable to the Medical Director, NHS England and Improvement North East and Yorkshire.

## **7. Working Arrangements**

### **7.1 Chair**

The Chair of the Northern England Clinical Senate will be appointed by a representative Northern England panel and overseen and approved by the NHS England and NHS Improvement North East and Yorkshire Medical Director. The Vice-Chair(s) will be selected through the Clinical Senate Council and Senate Chair.

## 7.2 Chairing the meetings

Meetings will be chaired by the Senate Chair supported by the Senate Manager. A Vice-Chair will chair the meeting if the Senate Chair is unavailable

## 7.3 Frequency of meetings

The Council will meet bi-monthly.

## 7.4 Quoracy

The meeting will be quorate when over half of the membership and at least one of the Chair, Vice-Chair or Senate Manager are present.

## 8. Decision Making

A key success factor for the Clinical Senate will be the trust in and the credibility of the advice it provides. Transparency of the principles and processes by which the Clinical Senate will operate will be essential.

The Northern England Clinical Senate guiding principles about how they operate are contained in section 2. It is the aim to reach decisions within the Council by consensus and voting will only be by exception. All members of the Council will have voting rights unless a conflict of interest has been declared in relation to the topic. Advice formulated by Clinical Senates will be published and the timescale for this agreed in the terms of reference for each review. Where possible, all decisions will be made in the room during Council meetings. If a recruited member is unable to attend, they may provide comment on the circulated papers prior to the meeting, in writing to the chair.

## 9. Declaration of Interests

Whilst it is important that there is broad representation of clinicians from provider and commissioning organisations within the Clinical Senate Council and the Assembly, it is vital that members decouple their institutional obligations and interests from their advisory role. It is important that members recognise that the Senate must operate in the best interests of patients and not of organisations or professions interests.

Objectivity and neutrality will be essential to the Senates credibility; members must agree to operate in a transparent way and in line with the 'Standards of Business Conduct and Managing Conflicts of Interest' published by the Senate. All members must sign a declaration of interest form in line with the policy.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as

possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

## **10. Urgent Matters Arising Between Meetings**

In the event of an urgent matter arising between the meetings that cannot wait for resolution until the next scheduled meeting, the Chair (or a Vice Chair should the Chair be absent) in consultation with the Senate Manager, will convene a virtual or real meeting with at least three other Council members to take such action as is necessary.

Such decisions will be reported to the next scheduled meeting of the Council.

## **11. Secretarial Support**

Secretarial support will be provided by the Senate Administrator.

## **12. Review of Terms of Reference**

These Terms of Reference will be reviewed annually or sooner if required.