

South East

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# Clinical **senate**

**Clinical Senate Council  
Terms of Reference**

**DATE: January 2025**

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# South East Clinical Senate Council Terms of Reference

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## Foreword

Clinical leadership and patient experience are at the heart of the NHS commissioning system. The South East Clinical Senate supports the development and the continuous improvement in quality and outcomes, of regional health services in the southeast region 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. The Senate Council is the 'steering group' of the Senate, led by the Senate Chair and consisting of a core membership of senior health and social care leaders, clinical experts and patient and public partners.

The South East Clinical Senate is a non-statutory, multi-professional advisory body coterminous with NHS South East and covering six Integrated Care Systems (ICSs) – Buckinghamshire, Oxfordshire & Berkshire West; Frimley Health and Care; Hampshire Isle of Wight; Kent & Medway; Surrey Heartlands; and Sussex Healthcare Partnership. The value of the Clinical Senate resides in its ability to provide impartial clinical advice and (where necessary) challenge using the skills of its members drawn from diverse clinical backgrounds and from its patient and public partners. Acting as a critical clinical friend, it is uniquely placed to take an overview of health and care for the population of the southeast region, promoting the needs of patients above the needs of organisations or professions.

This document describes the purpose, membership and support for the South East Clinical Senate.

## Purpose

To coordinate the provision of independent and high quality strategic clinical advice and clinical leadership together with patient and public experience to ensure the provision of the best overall health and care outcomes for the population in the southeast region.

The South East Clinical Senate will work according to the following principles and aims:

- Have a clear sense of purpose focused on improving quality and outcomes
- Maintain a common culture across all clinical disciplines and organisations as a platform for the development of health and care services across the southeast in the formulation of strategic clinical advice, supporting patient needs and patient choice

- Work in an open and transparent way, ensuring the advice it gives is evidence based and in the best interests of patients
- Create a valued consistent, coherent clinical leadership role that is locally credible and exerts a strong and positive influence on the development of services
- Create an inclusive Clinical Senate environment where diversity is valued, and equality is upheld and promoted through its actions
- Build strong and enduring relationships with integrated care systems (ICSs), local commissioners and health and care providers
- Work with our ICSs / ICBs, local commissioners, health and care providers and the voluntary community and social enterprise (VCSE) sector to address unfair and avoidable differences in health and access to health and care across the population, and between different groups within society
- Ensure that sustainability is embedded into each step of any service transformation process and that the impacts on net zero ambitions of any major change are clear
- Work with networks across the southeast including but not limited to, Health Innovation Networks, South East Clinical Networks, Health & Wellbeing Boards, Workforce, Training and Education directorate NHS England and the VCSE sector.
- 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
- Act with integrity and be independent of organisational or professional interests
- Maintain a Clinical Senate that continues to be credible and respected to provide independent clinical advice and strategic leadership and is seen as a platform and resource for the development of health services across the southeast region.

# Membership

- Independent Chair (appointed position)
- Independent Vice Chair (appointed position)
- Six patient and public partners, to include representation from carer groups (appointed)
- NHS England South East Medical Director or nominated representative
- Six ICS /ICB clinical leaders (representing each of the six Integrated Care Systems covering the southeast region (nominated)
- Three members from the SE Health Innovation Networks (nominated)
- Two members from NHS England Health Education (nominated)
- NHS England Regional Director of Public Health or nominated deputy
- One Director of Social Care from within South East (nominated)
- Representatives from the 2 Ambulance Trusts (nominated)
- Up to 21 clinical leads appointed through a process of expression of interest and interview
  - General Practitioner (2)
  - Acute provider consultants (4)
  - Acute provider nurse leaders (2)
  - Community provider nurse leader (2)
  - Midwife (2)
  - Mental Health Clinician (2)
  - Pharmacist (2)
  - Allied Healthcare Professional (4)
  - Clinical scientist (1)
  - Physician Associate (1)

The Head of South East Clinical Senate and the Programme Manager will attend and actively participate in Senate Council meetings.

## Core activities

It is not the role of the South East Clinical Senate to constrain the activities of individual ICSs / ICBs 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. Core activities include:

- Coordinate development of the South East Clinical Senate work programme and ensure its delivery
- Deliver the types of strategic advice and leadership described in [the Way Forward For Clinical Networks \(england.nhs.uk\)](https://www.england.nhs.uk/ourwork/clinical-senate/)
- 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
- Provide advice in matters of strategic importance to improving health and health and social care in the southeast region
- Provide advice on service transformation and reconfiguration including quality assurance, e.g. advice relating to service change proposals and post implementation evaluation
- Provide advice on 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
- When acting as the lead clinical senate in a collaboration with other clinical senates, agree and publish the process by which the South East Clinical Senate will engage with and consider the evidence, views and advice from these other clinical senate(s) in its decision making
- Establish and oversee implementation of effective information and evidence gathering processes in the formulation of advice including the engagement of a broad range of patient and public representatives and health and care professionals
- 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 transparency by publishing advice that the Clinical Senate gives and the process through which the evidence was formulated
- Ensure that Clinical Senate advice and recommendations are consistent with the national policy direction and add value to the health and care for local populations through an annual review of impact and effectiveness
- Review the South East 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

- Oversee formulation and delivery of an annual report detailing our activities throughout the year and our performance against our objectives and terms of reference.

## Collaborating Across Clinical Senates

It is likely that some matters under consideration will impact across the geography of more than one Clinical Senate. In these circumstances Clinical Senates will work together to consider an issue, agree a process for a collaborative approach and provide advice.

## Accountability/Reporting Arrangements

The Chair of the Clinical Senate will report to and be professionally accountable to the NHS England South East Medical Director.

### The Senate Management Team

The management team for the South East Clinical Senate comprises:

- Senate Chair 0.3 WTE
- Vice Chair 0.2 WTE
- Senate Manager 1 WTE
- Senate Programme Manager 0.6 WTE
- Senate Business Support Officer 0.6 WTE

The management team will:

- Organise and administer the activity of the Clinical Senate
- Ensure senate council membership is representative of its geographical footprint and diversity
- Provide support to all members of the Senate Council in relation to their Senate role. This support may comprise, but not necessarily be limited to:
  - An induction programme on appointment
  - Regularly seeking formal feedback from members
  - Offering structured one on one support sessions as requested
  - Providing professional development opportunities such as drop in sessions on particular topics, refresher sessions, guest speakers at council meetings and the development sessions offered as part of our face to face meetings currently in place.
- Distribute the outputs of the Clinical Senate's advice
- Support Clinical Senate access to a number of other services, e.g. information, audit and expertise in economic appraisals, finance, sustainability, public health information and analysis

- Promote the Senate to stakeholders, manage the clinical input and co-ordinate the reviews
- Manage the assessment of the Clinical Senate from those organisations that we have advised
- Draft and publish the annual report

The South East Clinical Senate is funded by an allocation from NHS England as part of the overall management budget for the Clinical Senates.

## Arrangements for the conduct of business

### Chairing Meetings

Meetings will be chaired by the South East Clinical Senate Chair or in their absence by the Vice Chair supported by the Head of the Clinical Senate.

#### **Senate Council Members must:**

- Actively contribute to and review evidence ahead of Senate Council meetings.
- Endeavour to attend all meetings in full but ensure attendance at a minimum of 3 Senate council meetings per year.
- Act in a professional capacity, with objectivity and without organisational bias.
- Adhere to the Conflicts of Interest Policy
- Adhere to the Code of Conduct for Senate Council Members
- Act in a horizon scanning capacity, bringing questions and proposals to the Senate where appropriate
- Support the role of Clinical Review, as per the [clinical-review-process.pdf](https://clinical-review-process.pdf) ([secsenate.nhs.uk](https://secsenate.nhs.uk))

### Quorum

Meetings will be quorate when the Chair or vice chair, 8 clinical members, 2 patient and public partners and 2 ICS / ICB members are in attendance.

### Frequency of meetings

The Council will meet bi-monthly with no fewer than 4 meetings per annum. A minimum of 1 meeting will be face-to-face

### Named Substitutes

Council members are required to make a personal commitment to this role. Appointed members have been selected for their clinical expertise and credibility to



provide independent strategic clinical advice and leadership. It would therefore not be appropriate for appointed members to nominate a substitute. Nominated members can identify a named deputy and this should be agreed with the chair or Head of Senate.

## **Tenure**

Members are usually appointed for a three year tenure to allow continuity of senate business and then reviewed at the end of this period with the chair or vice Chair and Head of Senate. The period of tenure may be extended through mutual agreement.

Annual review of membership will be undertaken by the chair or vice chair and Head of Senate with feedback sought from senate council members every two years.

## **Decision Making**

A key success factor for the South East Clinical Senate is to maintain its credibility and be a respected and trusted source of independent clinical advice and strategic leadership. Transparency of the principles and processes by which the Clinical Senate operates is essential.

The South East Clinical Senate guiding principles and aims governing its operation are described above. Advice formulated by the Clinical Senate will be published including a description of the process followed to formulate the advice, including the extent of engagement with health and care professionals, patient and public partners and the evidence base. This will demonstrate how the guiding principles have been complied with.

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 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.

## **Declaration of interests**

Whilst it is important that there is broad representation of clinicians from provider and commissioning organisations within the Clinical Senate Council 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 those of organisations or professions.

Objectivity and neutrality will be essential to the Senate's 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.

If any member has an interest, pecuniary or otherwise, in any matter under discussion, he/she will declare that interest as early as possible. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded or define how the member can appropriately contribute to the discussion without undue bias. All members must sign a declaration of interest form in line with the policy. All declarations of interest will be recorded in the minutes and on the Conflict of Interest register.

## Urgent matters arising between council meetings

In the event of an urgent matter arising between council meetings that cannot wait for resolution until the next scheduled meeting the Chair in consultation with the Head of Senate, 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 by email to the council and formally to the next scheduled meeting of the Council.

## Communication and Transparency

South East Clinical Senate will operate in an open and transparent way. Arrangements will be put in place to promote an understanding of the membership role and ways of working of the Clinical Senate, as described above in the accountability/reporting arrangements section, page 7, and to share its work programme and progress and the advice that it gives.

## Minutes

These will be circulated to South East Clinical Senate Council members within 2 weeks of the council meeting

## Review of Terms of Reference

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