

Terms of Reference - South West Clinical Senate Council

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 representatives. As far as possible, the selection of Senate Council members will be geographically and professionally distributed.

The majority of Senate Council members will be drawn from the Senate Assembly. Two lay members will be drawn from the Citizen's Assembly.

The Senate Council will take an overview of the strategic direction and business of the Senate by;

- Agreeing the Terms of Reference for the Senate
- Developing and publishing a set of operating principles and values that guide the Clinical Senate
- Being responsible for the formulation and provision of independent advice to commissioners
- Agreeing the key priorities for the Senate in consultation with the health and social care system
- Agree the Terms of Reference for Clinical Review Panels, help identify Clinical Review Panel members and sign off Clinical Review Panel reports. Some of this work may be done outside of scheduled Senate Council meetings.

Senate Council Members must;

- Actively contribute to deliberative sessions 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 (See Appendix 2)

- Adhere to the Code of Conduct for Senate Council Members
- Act in a horizon scanning capacity, bringing question proposals to the Senate where appropriate
- Support the role of Clinical Review, as per the Clinical Review Panel Guidance Notes (August 2014)

Accountability

The Senate Council is accountable to the Southwest Strategic Clinical Networks and Senate Oversight Group for the business of the Senate, but not for its deliberations and advice given.

Relationship to the Senate Assembly

Membership of the Senate Council is largely drawn from the Senate Assembly. The full Senate Assembly will meet at least once a year. The key functions of the Senate Assembly are to;

- Provide evidence on questions being addressed by the Council
- Provide wide ranging knowledge and expertise the Senate Council can draw on
- Champion the role of the Clinical Senate
- Help to set the annual work plan for the Senate Council and propose potential topics and or/questions that commissioners may wish to put forward
- Sit on Clinical Review Panels as appropriate
- Help to identify contributors for Clinical Review Panels

Relationship to the Citizen's Assembly

The Citizen's Assembly comprises representatives from the 13 Healthwatch organisations across the South West as well as individuals who regularly link with local networks and community groups. The Citizen's Assembly is chaired by a Citizen Commissioner who sits on the Senate Council along with 1 other Citizen's Assembly members nominated to each council meeting on a topic specific basis. The key functions of the Citizen's Assembly are to;

- Contribute to Senate Council deliberative sessions through its 2 nominated Senate Council Members.
- Use existing Healthwatch networks to hear the patient voice on questions before they go to Senate Council meetings for deliberation
- Submit evidence to Senate Council Meetings
- Share the advice that comes from the Senate Council
- Sit on or find appropriate citizen contributors for Clinical Review Panels

Membership

The updated council membership agreed at 17th September 2015 Council meeting is as follows:

Standing Members (5)

1. Independent Chair (appointed)
2. Deputy Chair (appointed from within the Senate Council)
3. Public Health England (1)
4. Citizens' Assembly Members (2) (Chair or deputy and one other selected on a topic specific basis)

Core Members (23)

1. Specialty Medicine/Surgery (3)
2. Radiology (1)
3. Emergency Medicine (1)
4. GP (1)
5. Ambulance Service (1)
6. Mental Health (1)
7. Oncology (1)
8. Care of Older People (2)
9. Nursing (2)
10. AHP (2)

11. Clinical physiologist/diagnostics (1)
12. Public Health (1)
13. Medical Scientist (1)
14. AHSN (1)
15. HEE (1)
16. Children (1)
17. Pharmacy (1)

The Medical Director, SCN and Senate Associate Director, Senate Manager and an administrator will be in attendance

Additional assembly members will be co-opted as required for deliberative sessions

Total of 28 plus 4 management team and contributors

Senate Council members may not send proxies where they are unable to attend in person to maintain the dynamics, and modus operandi of the group.

*Members drawn from the Senate Assembly must together represent the broad geography and range of health and social care organisations and professions across the South West.

Term of Membership and Appointment Process

- Senate Council members will be appointed for 1, 2 or 3 years at their discretion.
- New Senate Council members will be recruited from the Senate Assembly via an application process (see appendix 6). Applications will be reviewed by the Senate Management Team with a selection process where there are more applicants for any one position. Consideration will be given to ensure the Senate Council remains credible both professionally and geographically.
- A phased approach will be adopted to selecting and appointing new members so as to retain and handover expertise, aiming for complete renewal of the Senate Council over a 3 year period.

Frequency of Meetings

The Senate Council will meet bi-monthly with no fewer than 4 meetings per year. Business meetings to review Terms of Reference etc. may also be scheduled as appropriate.

Quorate Attendance for Deliberative Meetings

The quorum for attendance at Senate deliberations is greater than 50%

Meetings

The Senate Council Meetings will be supported by the Senate Management Team. Papers for the meetings will be sent out at least a week in advance. Minutes will be processed within two weeks.

The core agenda will include three sessions:

- Evidence review
- Deliberation
- Decision making and rationale

To ensure that a full and robust analysis of the evidence is available, additional expertise may be sought through the calling of expert witnesses and contributors that could include patients or service users and their carers.

Public Attendance at Meetings

Members of the public may attend the first part of a deliberative meeting to hear the evidence, including patient and public evidence, presented to the Senate Council and will be given the opportunity to comment. The deliberative component of the meetings will be documented but not held in public.

Decision Making

While various groups may nominate Senate members, decisions leading to recommendations will be made in the best interest of the health system as a whole, above any sectional or vested interests of Senate members. Decisions will be made with the support of evidence presented to all Senate members and will be made available publically. The Senate Council and Chair will avoid making decisions by vote where possible. Where a consensus approach to decision making is not possible, decisions may be determined by a majority vote with the Senate Chair holding the decisive vote. NHS England staff members do not have the right to vote.

Advice from Deliberative Senate Council Meetings

At the end of each deliberative meeting the Senate Council Chair will summarise the advice reached on the day and this will be shared via email with Senate Council members within one week post-council meeting. Formal advice for commissioners will be circulated and shared with wider stakeholders on the Senate website within 6 weeks.

Review of Terms of Reference

Once agreed, the Terms of Reference for the Senate Council will be reviewed on a yearly basis.

These Terms of Reference are due for review in January 2017.