NHS
East of England
Clinical Senate

East of England Clinical Senate

Terms of Reference and Conduct of Business

East of England Clinical Senate: Terms of Reference & Conduct of Business

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PART ONE: Background and context

Twelve Clinical Senates were established in England in April 2013[1] to provide independent clinical advice and strategic leadership support to assist NHS commissioners and providers make the best decisions about healthcare for the populations they serve, to put improved outcomes and quality at the heart of the commissioning system, increase efficiency and promote the needs of patients above the needs of organisations or profession. The twelve Clinical Senates and NHS England agreed a single operating framework to provide guiding principles and a consistent approach to accountability and governance.

The East of England Clinical Senate comprises an Assembly and Council:

- Clinical Senate **Assembly** (the Assembly): is a multi-disciplinary membership forum providing Clinical Senate with ready access to experts from a broad range of health and care professions. Membership of Clinical Senate Assembly encompasses the pre-natal to end of life spectrum of NHS care and settings and includes members from social care. The Assembly will include patient and carer representatives (experts by experience).

- Clinical Senate **Council** is the core multi-disciplinary steering group of senior health leaders, clinical experts and experts by experience. Led by an independently appointed Chair, Clinical Senate Council takes an overview of strategic issues and coordinates Senate business and provision of advice.

The East of England Clinical Senate has served the same geographical area since 2013. In 2019/20 the NHS England and NHS Improvement (NHSEI) reorganisation redefined the regional areas and the East of England region is now co-terminus with the Clinical Senate geography. The region covers six Integrated Care Systems (ICSs)[2]:

- Cambridgeshire & Peterborough
- Norfolk & Waveney
- Suffolk & North East Essex
- Bedfordshire, Luton & Milton Keynes
- Hertfordshire & West Essex
- Mid & South Essex

The Clinical Senate will work with (among others) ICSs (partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area); Academic Health Science Networks (AHSNs); Health Education England (HEE); UK Health Security Agency[3]; Clinical Networks and Cancer Alliances, and NHS England

[1] Health and Social Care Act 2012
[2] Health and Care Act 2022
[3] Public Health England became the UK Health Security Agency on 01/10/2021

to ensure alignment of priorities and efforts in order to maximise improvements in quality and outcomes.

1.2 Role and purpose of the East of England Clinical Senate

The East of England Clinical Senate will respond to requests from health and care commissioners and providers to provide independent clinical advice and strategic leadership that will support commissioners and providers to make the best decisions for the health of the populations they serve.

East of England Clinical Senate will bring together health and care leaders and professionals, and experts by experience to provide independent clinical advice and for service change proposals in the region that are intended to improve patient outcomes and population health. With its broad range of members, the East of England Clinical Senate has a unique source of expertise and knowledge to draw upon.

The East of England Clinical Senate has four key aims:

i. To create a culture that harnesses and applies clinical expertise across a broad range of health and care professions, NHS and non-NHS bodies and networks and which includes patient, carer and citizen involvement in the formulation of clinical advice.

ii. To foster a culture of clinical leadership and influence in the development of service change and transformation of services.

iii. To be a credible and respected body able to provide independent clinical advice and strategic leadership and seen as a platform and resource to inform the development of health and care services across the East of England.

iv. To build and maintain strong and constructive national and local relationships with commissioners and providers including ICSs and Primary Care Networks. The Clinical Senate will seek alliance and alignment with (among others) AHSNs, Clinical Networks UK Health Security Agency, Local Authorities / Health & Wellbeing Boards, NHS Education England and HEE.

The East of England Clinical Senate has three key offers designed to support commissioners and providers:

Offer 1: Formal independent clinical advice

Clinical Senate will respond to requests for independent clinical advice from commissioners and providers of NHS care, from health and care system Alliances and transformation teams and other appropriate stakeholders. The request for independent clinical advice may be on proposals that are

transformational or system wide, complex, controversial or may affect a small group of users but cover a wide geographical area or are related to the merger of services across two or more hospital sites.

Offer 2: Informal independent clinical advice and support

Clinical Senate will support any of the above mentioned in the early stages of service development or service transformation with informal independent clinical advice, i.e. the Clinical Senate being a place to enable and have safe, confidential conversations with other clinicians and stakeholders on proposed service development. The Clinical Senate is also able to support commissioners, providers and systems in other ways that may be appropriate for example the facilitation of discussions between or within organisations where formal discussions may have become 'stuck'.

Offer 3: Thought leadership

Clinical Senate will proactively provide clinically driven advice and thinking on areas for service improvement or where a whole system strategic response is required. This will include proactive projects to generate advice and guidance on key issues facing health and care organisations at least regionally and possibly nationally.

These offers are in addition to the provision of clinical advice provided as part of the formal NHS England service change assurance process. Although offer one is similar, it is not necessarily a formal part of the NHS England Assurance process. Details of that process can be found in a separate document '*Clinical Senate review process: guidance notes'*[4].

The types of strategic advice that Clinical Senates are able to provide were outlined in *'The Way Forward: Clinical Senates*[5]*'* and include:

i. Engaging with statutory[6] commissioners, such as ICSs and NHS England to identify aspects of health care where there is potential to improve outcomes and value. Providing advice about the areas for inquiry or collaboration and the areas for further analysis of current evidence and practice.
ii. Promoting and supporting the sharing of innovation and good ideas.
iii. Mediating for their population about the implementation of best practice, what is acceptable variation and the potential for improvement with AHSNs. Based on evidence and clinical expertise, Clinical Senate will be able to assist in providing citizens profile on service changes.

[4] Planning, assuring and delivering service change for patients' NHS England November 2015

[5] 'The Way Forward: Clinical Senates' NHS Commissioning Board January 2013

[6] And non-statutory

iv. Providing clinical leadership and credibility. Understanding the reasons why clinical services are achieving current clinical outcomes and advising when there is potential for improvement through significant reconfiguration of services.
v. Taking a proactive role in promoting major service change, for example advising on complex and challenging or controversial issues that may arise from service change and /or reconfiguration in the area.
vi. Linking clinical expertise with local knowledge such as advising on clinical pathways when there is a lack of consensus in the local health system.

Clinical Senate does not provide advice on matters involving individuals, clinicians or patients or be aligned to specific interests e.g. of commissioners, providers or professional bodies.

1.3 Accountability and Governance

Clinical Senates are non-statutory organisations established to provide independent clinical advice and strategic leadership. Within this model commissioners remain accountable for the commissioning of services and providers remain accountable for the quality of service delivery.

Clinical Senates should provide independent advice that is safe, evidence based and impartial, informed through engagement with the broad range of health and wider care professionals and patients and public in its formulation. It should be free from partisan bias and alliances. Potential and actual conflicts of interest are carefully managed and recorded.

The Clinical Senate Chair will be accountable for ensuring that Clinical Senate is a credible and respected source of safe, evidence based, independent strategic clinical advice.

The Chair of East of England Clinical Senate will report to and be professionally (but not clinically) accountable to the East of England Regional Medical Director, NHS England. Clinical Senate reports and advice do not have direct oversight or input from the NHSE Regional Medical Director and are written from an independent perspective.

1.4 Collaboration across Clinical Senates

The East of England Clinical Senate strongly supports working with other Clinical Senates, recognising that some matters under consideration will impact across the geography of more than one Clinical Senate. There will therefore be occasions when Clinical Senates will need to work together to consider an issue and provide advice. Where such issues arise, the Clinical Senate with the majority of the

population impacted by the issue on which the advice is sought will act as the lead Clinical Senate.

1.5 Guiding principles and values

The East of England Clinical Senate will conduct itself in a way that demonstrates its commitment to the NHS values[7] and Nolan Principles of public life[8]. Clinical Senate will conduct its business by:

- having a clear sense of purpose, focused on improving quality and outcomes
- putting patients, carers and clinicians at the heart of its work
- ensuring that all members have an equivalent voice
- ensuring that clinical representation is multi-professional, encompassing the breadth of clinical professions, interests and care settings and drawing on wider care perspectives, include public health specialists and adult and children's social care experts
- working in an open, transparent way, ensuring the advice it gives is evidence based and in the best interests of patients
- working in a collaborative and supportive way, across organisational and other boundaries to share and utilise knowledge and expertise in the formation of advice, so that opportunities for improving quality are maximised
- being independent of organisational and professional interests and
- having clear accountability arrangements and an understanding of those things for which it will be held to account.

PART TWO: Clinical Senate Assembly

2.1 Purpose

The East of England Clinical Senate Assembly provides the Clinical Senate with a unique independent body of expertise to respond to appropriate requests for strategic clinical advice. Through its membership, Clinical Senate Assembly will inform Clinical Senate's formulation of strategic clinical advice, primarily through its clinical review panels and topic or working groups, to influence the provision of the best overall care and outcomes for patients in the East of England.

[7] The NHS Constitution for England, DHSC March 2013, Updated January 2021
[8] Standards Matter: Committee on Standards in Public Life January 2013

2.2 Core activities of Clinical Senate Assembly

The Clinical Senate Assembly will:

i. provide input into the formulation of Clinical Senate advice and recommendations
ii. debate issues and ideas and build consensus amongst senior clinicians, particularly across the primary and community care boundary
iii. facilitate transition, by advising on and supporting development of solutions to the health and care challenges across the East of England
iv. hear from leading UK and international thinkers on healthcare reform to remain at the forefront in terms of clinical leaders' knowledge and insight and contribute to related debate and
v. provide a virtual and face-to-face networking opportunity to build links within the clinical community and share best practice.

The Clinical Senate will have an appropriate prioritisation process.

2.3 Clinical Senate Assembly membership

Clinical Senate Assembly will be a body that will, as far as possible, reflect the range of views that would be encountered across the whole health and care community on significant strategic clinical issues. Individuals from any clinical and social care disciplines are welcome to take up membership to provide Clinical Senate with a breadth of multi-disciplinary representation, knowledge and expertise from across any health and care setting in the East of England.

Assembly membership will include expert by experience members. These may be patient and carer representatives or non-clinical health and care professionals.

There will be no defined maximum or minimum number of Assembly members as this will be subject to variation. Ideally, around ten percent of members will be made up of (non-clinical) experts by experience.

Assembly membership is considered upon receipt of an application for membership that will include details of the individual's career and demonstration of their professional credibility (or in the case of experts by experience, their experience of involvement in the health or care development, they will also need to demonstrate an appropriate level of credibility). Upon application, clinical members will be asked to provide details of their professional clinical registration and experts by experience will be asked to provide a reference.

Assembly membership is granted on the individual's own professional credibility - members do not represent their employing organisation or professional body or any other organisation. Membership of Clinical Senate is not an endorsement of clinical competence.

Assembly membership tenure: Formal renewal is not necessary, therefore upon approval of their application, successful applicants will retain their membership indefinitely. However, Assembly membership can be terminated if the member:

i. resigns to that effect
ii. is unable to discharge their responsibilities or
iii. is charged with professional misconduct (each individual case to be reviewed by the Senate Chair) or
iv. has their professional registration terminated.

In addition, membership can be terminated if Council considers that the member has acted inappropriately and / or brought Clinical Senate into disrepute. This would include the member:

v. not upholding the values and guiding principles of the Senate
vi. knowingly not declaring a conflict of interest
vii. sharing or disclosing confidential information.

Should any of the above arise, Clinical Senate Council will review and consider the individual's membership. There will be no process for appeal or review. Once terminated, a membership cannot be reinstated.

Where Assembly members have not advised Clinical Senate of their change of contact details and so the member is not able to be contacted by the Clinical Senate office, their membership will be terminated. The member will be welcome to renew by providing up to date records.

2.4 Accountability and governance.

The East of England Clinical Senate Assembly will operate in an open and transparent way. There will be effective two-way communication between the Clinical Senate Assembly and Council.

As a wider body of clinical opinion, Assembly members' views may be sought in relation to clinical review panels, topics and working groups on which the Clinical Senate is asked, and agrees, to give advice. Responsibility for considering whether Clinical Senate takes on a clinical review, topic or working group will sit with Clinical Senate Council, delegated to the Chair. Assembly members will be invited to be members of the panels and working groups, subject to their eligibility (i.e. they do not have a conflict of interest).

2.5 Arrangements for the conduct of Clinical Senate Assembly business

2.5.1 Topic / Working Groups: Based on their expertise, knowledge and interests, Clinical Senate Assembly members may be invited to join a start, task and finish

topic working group. A lead for the group will be appointed, usually from Clinical Senate Council. The working group will be accountable to Clinical Senate Council for completion and delivery of the work as agreed within the specific terms of reference.

Specific terms of reference will be developed and agreed as appropriate for each topic / working group. The working group will make its report / recommendation to the Clinical Senate Council and will provide in support of that recommendation a description of the process followed to formulate the advice, including the extent of engagement with health and care professionals, patient and public representatives and the evidence base.

Wherever, and as much as is possible, the topic working groups will work 'virtually' to reduce the need for meetings.

2.5.2 Clinical Senate Assembly meetings: There will be no regular formal meetings of the Clinical Senate Assembly *per se.* Clinical Senate Council will, periodically, arrange Assembly events to which all Clinical Senate Assembly members will be invited.

2.5.3 Chair arrangements: Any meetings of the East of England Clinical Senate Assembly will be chaired by the Chair or Vice Chair of the Clinical Senate Council.

2.5.4 Members' declaration of interests: When invited to sit on a clinical review panel or working group, Assembly members will be asked to declare any interests, pecuniary or otherwise. A conflict of interest may not mean automatic exclusion from the group. Further guidance can be found in the 'Declaring and Managing Conflicts of Interests' policy of Clinical Senate.

2.5.5 Voting: Clinical Senate Assembly is not a decision-making body and therefore Assembly members have no voting rights. Decision making sits with the Clinical Senate Council**.**

2.5.6 Substitutions: Clinical Senate members are required to make a personal commitment to the role. They are appointed for their personal expertise, knowledge and professional credibility to provide independent strategic clinical advice and leadership. It is not appropriate for members to nominate a substitute in the event that they are not able to attend a meeting of Assembly, a clinical review panel or a topic working group.

2.5.7. Review of Terms of Reference and Senate business working arrangements**,** will take place on an annual basis.

PART THREE: Clinical Senate Council

3.1 Purpose

The East of England Clinical Senate Council is the core multi-disciplinary steering group of Clinical Senate that oversees the business of Clinical Senate. Clinical Senate Council is responsible for the formulation and provision of independent strategic clinical advice, drawing on the wider views and advice from Clinical Senate Assembly and other identified experts.

Clinical Senate Council will be led by an independent Chair, who will be a credible clinician, appointed for their experience. The Chair will be supported by a Vice Chair appointed by the Council and regional NHS England Medical Director. The Chair position will be remunerated (on a secondment basis), all other roles are unpaid. The Chair and Vice Chair positions are not open to ex-officio members of Clinical Senate Council.

3.2 Core activities of the Clinical Senate Council

Clinical Senate Council will:

i. co-ordinate the development of the work programme of Clinical Senate and ensure its delivery
ii. lead engagement with commissioners and agreement of clinical review panels, topics / working groups on which Clinical Senate advice is sought
iii. agree Terms of Reference for each clinical review panel and topic / working group. This can be delegated to the Chair of the Clinical Review Panel.
iv. establish and oversee implementation of effective information and evidence gathering processes (the responsibility for the provision of appropriate evidence will sit with the commissioner of the review with guidance and oversight from the Clinical Senate – detailed in the Terms of Reference for the review) in the formulation of advice including the engagement of a broad range of health and care professionals and meaningful engagement of patients and citizens through Senate Assembly.
v. review the effectiveness of the Clinical Senate and its processes and refine as necessary
vi. review 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
vii. 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, and
viii. oversee delivery of an annual report.

3.3 Clinical Senate Council membership.

Membership of Clinical Senate Council should reflect the wide geographical area and diversity of health and care disciplines and settings across the East of England. In addition to the Chair and Vice Chair, Clinical Senate Council will have circa 24 members, made up of:

i) Clinical expert members: those individuals appointed through a formal recruitment process on the basis of their personal expertise, qualifications and experience.
ii) Experts by experience members appointed through a formal recruitment process, supported by a formal reference and
iii) Ex-officio members: senior clinicians appointed or nominated by virtue of the position they hold in a key partner organisation (i.e. UK Health Security Agency, HEE, AHSNs and the East of England Ambulance Service NHS Trust). Should the ex-officio member leave the nominated position, membership will pass to the incoming incumbent of the position, this membership has full voting rights. The NHS England Regional Medical Director is also Ex-officio but has no voting right. Ex-officio members are able to nominate a substitute to attend meetings.

All Senate Council members have full and equal voting rights. As with all Clinical Senate members, ex-officio members are members of the Clinical Senate Council in their own professional capacity, they do not represent their employing organisation or professional body.

3.4 Accountability and governance

Through its accountability agreement with NHS England the East of England Clinical Senate has full delegated authority for delivery of its work.

A key success factor for Clinical Senate will be the trust in, and credibility of, the advice it provides. Transparency of principles and processes by which the Clinical Senate operates will be essential; the East of England Clinical Senate will publish and make available its terms of reference and all operating documents. It will publish Council membership and, upon request, Clinical Senate Council member's Declaration of Interests.

Advice formulated by the East of England Clinical Senate will be published, at a time agreed with the commissioner of the work, and will include a description of the process followed to formulate the advice, the extent of engagement with health and care professionals, patient and public representatives and a summary of the recommendations and findings. The exception to this will be for clinical advice formulated and provided as part of the NHS England service change assurance

process. This will be owned by the commissioner and may not be published until later in the service change process.

Clinical Senate will publish an annual report.

3.4.1 Clinical Senate work programme: Clinical Senate will need to ensure it retains flexibility in its work programme so that it is able to respond to appropriate requests from commissioners for strategic clinical advice which may arise during the course of the year.

3.5 Arrangements for the Conduct of Clinical Senate Council Business

3.5.1 Clinical Senate Chair: The Chair of the East of England Clinical Senate will be appointed through an open and transparent recruitment and selection process. The appointment process will include Clinical Senate Council members.

The Chair should be a credible and respected senior level clinician able to act independently. Ideally, they will have NHS Board level experience. They cannot be a current or recent (within previous three years) employee of NHS England.

The appointment will normally be for a period of five years and the incumbent may reapply for a second term when their first term completes. The Chair should not serve more than two complete terms, unless there are no other interested applicants in which case Clinical Senate Council may agree to extend the Chair's second term on an annual basis until such a time as a suitable applicant has come forward and has been successfully appointed.

3.5.2 Clinical Senate Vice Chair: East of England Clinical Senate will have one Vice Chair. Eligibility to apply for the position of Vice Chair is open to Clinical Senate Council members, including expert by experience members but with the exception of ex-officio members. The Vice Chair will preferably have Board level experience.

Senior clinicians not a member of Clinical Senate Council who have significant experience of working with, and understanding of, Clinical Senate will be eligible to apply for, and hold the position of Vice Chair. Experts by experiences will also be eligible to apply for the position. If a non-Senate Council member is appointed, by default they then sit on Senate Council.

The Clinical Senate Council Vice Chair will be appointed by the Chair and a small group of Senate Council members following a personal application and recruitment process. The appointment will be for two years.

3.5.3 Chair of Clinical Senate Council meetings: Meetings of Clinical Senate Council will normally be chaired by the appointed Clinical Senate Chair. Where the

Chair declares a conflict of interest in a matter (see separate guidance), the Vice Chair will chair that meeting. The Vice Chair will also chair on any occasions where the Chair is unavailable.

3.5.4 Frequency of meetings: Clinical Senate Council will meet, at least, on a quarterly basis, these will be referred to as scheduled meetings. These may take the form of face to face meetings or be held 'virtually' by electronic means.

3.5.5 Urgent matters arising between scheduled meetings. In the event of an urgent matter arising that requires action or resolution before the next scheduled meeting of Clinical Senate Council, the Chair, in consultation with the Vice Chair and the Head of Clinical Senate, may either take a Chair's action or can convene a virtual or face to face meeting to take such action as is necessary. Normal quorum requirements (see 3.5.6 below) will need to apply.

3.5.6 Council meeting quorum: A meeting of Clinical Senate Council requires the attendance (in person or virtually) of at least half the Clinical Senate Council members and must include the Chair or Vice Chair and at least one Expert by Experience member**.**

3.5.7 Openness and transparency of Clinical Senate decision making. All matters of Clinical Senate business will be agreed by a simple voting procedure of one vote per eligible voting member with the majority rule. A show of hands will be the usual method. If there are equal numbers of votes for and against a proposal, the Chair of the meeting will have a second, deciding vote. The number of votes for and against the matter will be recorded in the minutes of the meetings. How individuals voted will not normally be recorded unless specifically requested by a Clinical Senate Council member.

3.5.8 Substitutions: Council members are required to make a personal commitment to the role. They are appointed for their personal expertise, knowledge and professional credibility to provide independent strategic clinical advice and leadership. With the exception of ex-officio members, it is not appropriate for members to nominate a substitute in the event that they are not able to attend a meeting. Ex-officio members may make a substitute; the nominated substitute should have equal standing and credibility as the ex-officio member and be able to represent the Council member. Substitute (ex-officio) members act in absentia for the member and have full voting rights.

3.5.9 Failure to attend meetings: Where a member fails to attend three consecutive (scheduled) meetings, the Clinical Senate Chair and Vice Chair will review, with the member, the appropriateness of the member continuing their Clinical Senate Council membership.

3.5.10 Clinical Senate Council membership appointment and tenure: Clinical Senate Council members are appointed for a period of office of three years. At the end of the first three-year period, members are able to extend their tenure for another three years, subject to agreement by Senate Council. After this second period, membership of Senate Council comes to an end. However, if the member wishes to reapply for another three-year period of office, they will need to make a formal application and be subject to an open selection and recruitment process along with other applicants (see below). Previous membership does not guarantee appointment.

A member can remain on the Senate Council for up to 3 years after leaving employment within the East of England region, but this will be agreed on case by case basis in discussion with the Council Chair. i.e. to mirror the 3-year formal active clinical practice requirement

In terms of tenure, ex-officio members hold membership by virtue of the position they hold in either NHS England or a partner organisation.

Other Council members i.e. the clinical experts and experts by experience, are appointed through an open recruitment process on the basis of their personal expertise, qualifications and experience. Clinical members should have been in formal active clinical practice within the last three years. Those members will make application for membership of Clinical Senate Council following an advertisement inviting applications.

Clinical Senate Council membership can be terminated if the member:

i. resigns to that effect
ii. is unable to discharge their responsibilities
iii. is charged with professional misconduct (each individual case to be reviewed by the Senate Chair)
iv. has their professional registration terminated
v. fails to attend three consecutive scheduled meetings of the Clinical Senate Council (see 3.5.9)
vi. is a clinical member but has not been in formal active clinical practice for three years (this does not apply to experts by experience Council members).

In addition, membership can be terminated if Clinical Senate Council considers that the member has acted inappropriately and / or brought the Senate into disrepute. This would include the Council member:

vii. not upholding the values and guiding principles of the Clinical Senate
viii. knowingly not declaring a conflict of interest
ix. sharing or disclosing confidential information.

Should any of the above arise, Clinical Senate Council Chair and Vice Chair will review and consider the individual's membership. There will be no process for appeal or review. Once terminated, a Clinical Senate Council membership cannot be reinstated.

3.5.11 Declaration of Interests: All Clinical Senate Council members will be required to make an annual declaration of their interests and a central Register will be maintained by the Clinical Senate Team. Normally, the Senate Council members will be asked for any changes to their standing declaration at the first (virtual or face to face) meeting of each calendar year. This will be held by the Clinical Senate office.

During conduct of Clinical Senate business, where a member has an interest, pecuniary or otherwise, in any matter or topic and is present at the meeting at which the matter is discussed, they will declare that interest as early as possible and should consider whether it is appropriate for them to participate in the discussion. Full guidance can be found in the separate *'Declaring and Managing Conflicts of Interests'* policy of the Clinical Senate.

Clinical Senate Council members on review panels and topic working groups will be requested to make a separate declaration of interest specific to that topic.

3.5.12 Review of Terms of Reference and Clinical Senate business working arrangements, will take place on an annual basis, or more frequently if the content of new published national guidance would conflict with local Terms of Reference.

3.6 Disclosure under the Freedom of Information Act 2000

The East of England Clinical Senate is hosted by NHS England and operates under its policies, procedures and legislative framework as a public authority. All the written material held by Clinical Senate, including any correspondence sent to us, may be considered for release following a request to us under the Freedom of Information Act 2000 unless the information is exempt.

3.7 Clinical Advisory Group

In response to the COVID-19 pandemic in early 2020, Clinical Senate established a Clinical Advisory Group (CAG) to provide clinical advice and guidance to the Regional Medical Director and other key stakeholders during the COVID-19 pandemic, recovery and restoration phase. This will include advice and guidance on clinical issues, policies and procedures and will provide critical thinking on proposed changes to clinical pathways.

The CAG will usually operate virtually and membership will largely consist of members of the East of England Clinical Senate along with medics, nurses, all allied health professionals, health care scientists and experts by experience nominated by

Senate Council members and medical and nursing leadership teams of NHSE as well as stakeholder organisations.

The CAG is an advisory body of Clinical Senate; final decisions rest with the East of England Regional Medical Director for NHSE.

Full details of the role, function and process of the CAG is laid out in the Clinical Senate document 'Making it happen: Clinical Advisory Group roles, function and process'.[9]

3.8 Ethical Considerations panel

At its meeting on 3 December 2020, Clinical Senate Council responded to a request from the Regional Medical Director to provide some guidance and advice on the ethical considerations for the transfer of both critically ill emergency care pathway patients and patients needing urgent elective treatment, from one hospital or one region to another for treatment.

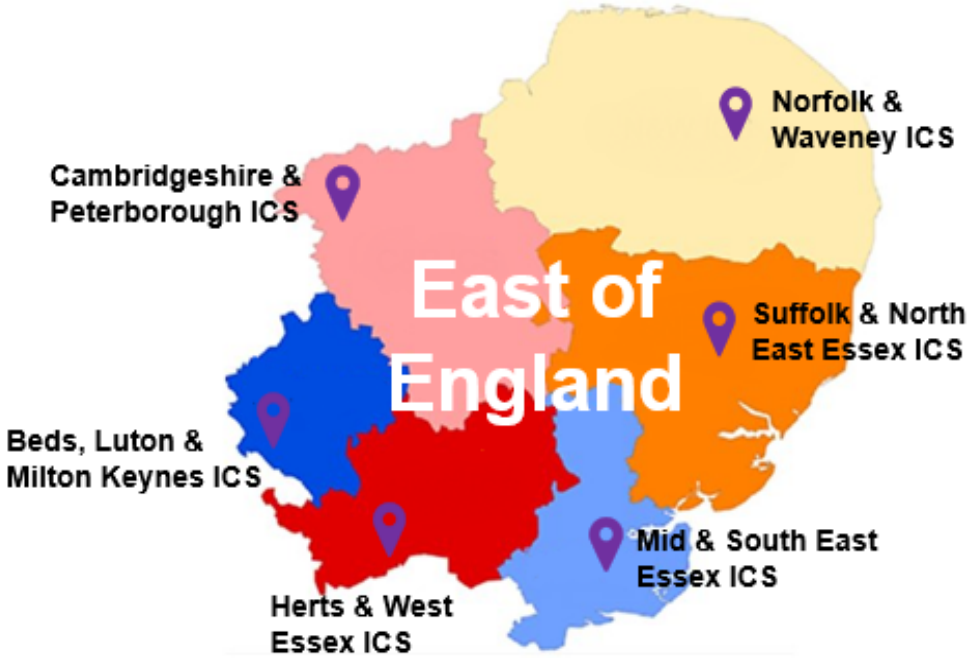
Clinical Senate Council agreed it was appropriate for Senate Council and an extended group of experts to provide independent advice and recommendations to specific requests and issues related to ethical decision making in future and agreed that, with immediate effect, this would be a standing panel of the East of England Clinical Senate and reflected in the formal Terms of Reference and Conduct of Business of the Clinical Senate.

Clinical Senate Council agreed that the remit of the Ethical Consideration panel would be the development of generic guidance / framework of principles that could support developing policy around some of these very challenging situations.

Clinical Senate confirmed that it was not the appropriate forum for the provision of advice or recommendations on the individual patient level, nor research ethics, both of which were well covered within appropriate organisations. **END**

[9] "Making it happen CAG roles, function and process" August 2020

Appendix 1 – EoE Clinical Senate Geography (ICS areas)



Reference Documents

'The Way Forward: Clinical Senates' NHS Commissioning Board, January 2013

'The NHS Constitution for England' DHSC March 2013, Updated January 2021

'Standards Matter' Committee on Standards in Public Life January 2013

Supporting Documents:

'Conflicts of interest policy: Declaring and managing conflicts of interest' EoE Clinical Senate, revised version April 2016

'Clinical Senates in England: Single Operating Framework' NHS England Clinical Senates (approved by NHS England Oversight Group November 2015)

'Planning, assuring and delivering service change for patients' NHS England November 2015

'Effective Service Change: A support and guidance toolkit v.2 2016' NHS England, November 2015

"Making it happen CAG roles, function and process" EoE Clinical Senate, August 2020