

NHS Assembly

Terms of Reference

Purpose of the Assembly

The NHS Assembly will bring together a range of individuals from across the health and care sectors at regular intervals to advise the joint boards of NHS England and NHS Improvement on delivery of the NHS Long Term Plan.

The Assembly membership will bring broad stakeholder insight and frontline experience to discussions, serving as a “guiding coalition” on implementation of the improvements outlined in the plan.

The assembly will have an agreed programme of work to allow for tier two engagement activity to be conducted in advance of meetings to help bring wider insight to the membership as appropriate. The Assembly is not itself responsible for LTP implementation and nor does it cut across the current statutory accountabilities of NHS England and NHS Improvement.

Chairing

The Assembly will be led by two independent Co-Chairs – one with a clinical background and one from a non-clinical background.

The co-chairs will be appointed through a formal process, not be drawn from the Assembly membership.

The co-chairs will share equal leadership responsibility building and safeguarding the cohesion, reputation and effectiveness of the NHS Assembly.

The co-chairs have a role both at and between meetings in setting the Assembly’s agenda and ensuring that the Assembly is influential and impactful.

Membership

The Assembly will have a membership of around 50 people and should ensure a diversity of age, gender, background and experience of health services.

Members are appointed on an individual (not ex-officio) basis but will be drawn from a range of stakeholder groups (royal colleges, health system leaders, frontline staff and clinicians, patients and public, voluntary and community sector) to ensure a plurality of experience.

Principles of membership

Members must at all times:

1. Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide.
2. Be accountable for their activities and for the standard of advice they provide to NHS England and NHS Improvement, acting in accordance with relevant NHS England policy on conflict of interests.
3. Follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (see Annex 1).
4. Act in accordance to the principles and values set out in the NHS Constitution for England.
5. Not misuse information gained in the course of their membership of the Assembly for personal gain or for political purpose, nor seek to use the opportunity of public service to promote their private interests or those of connected persons, firms, businesses or other organisations.
6. Not hold any paid or high-profile posts in a political party, and not engage in specific political activities on matters directly affecting the work of the Assembly. When engaging in other political activities, members should be conscious of their public role and exercise proper discretion.

In Attendance

Officers from NHS England and other health and social care system partners will participate in all sessions of the Group in attendance (in limited number). Experts may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters.

Declarations of interest

Upon appointment all members of the Assembly will be formally required to complete a Declaration of Interest Form and a Register of Members Interests will be established and updated on an annual basis. It is the responsibility of members to declare any new interests as and when they arise and to ensure that the Register of Members Interests is kept up to date.

The Chairs will be responsible for managing declarations of interest and any conflicts of interest within the meeting and determine on what basis a member declaring a relevant interest can participate in discussion.

The process for managing declarations of interest will be reviewed in line with the publication of further guidance and policy from NHS England and NHS Improvement.

Frequency of meetings

Meetings of the full Assembly will be typically held three to five times per annum (most likely quarterly).

Reporting

Following each meeting, the Chair of the Assembly will write to the joint board of NHS England and NHS Improvement outlining the outcomes of the discussions.

Secretariat

The secretariat function will be provided by NHS England and NHS Improvement.

Review of the Assembly

There will be an annual review of the effectiveness of the group and terms of reference led by the chairs.

Annex 1 – Terms of reference

The seven principles of public life¹

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interests clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interests.

Leadership

Holders of public office should promote and support these principles by leadership and example.

¹ Principles published by the Committee on Standards in Public Life