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East of England Clinical Senate

Terms of reference & Conduct of business

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East of England Clinical Senate: Terms of Reference

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1. Introduction

1.1 Background and context

Twelve clinical senates were established in England in April 2013[1] to provide strategic, independent clinical advice and leadership support to assist commissioners 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 east of England clinical senate comprises an assembly and council:

- Clinical senate **assembly** (the assembly): is a multi-disciplinary membership forum providing the Senate with ready access to experts from a broad range of health and care professions. Membership of senate assembly encompasses the 'pre-natal to death' spectrum of NHS care and settings and includes members from social care.

- Clinical senate **council** is the core multi-disciplinary steering group of senior health leaders, clinical experts and representatives of patients and citizens. Led by an independently appointed chair, senate council takes an overview of strategic issues and coordinates senate business and provision of advice.

The east of England clinical senate serves Cambridgeshire and Peterborough, Essex, Norfolk, Suffolk and Hertfordshire and South Midlands. It will work with (among others) strategic clinical networks, Academic Health Science Networks, Health Education England, Public Health England, research networks, NHS England and NHS Improving Quality to ensure alignment of priorities and efforts in order to maximise improvements in quality and outcomes.

The twelve clinical senates in England have agreed a single operating framework to provide guiding principles and a consistent approach to accountability and governance.

[1] H&SC act

1.2 Role and purpose of east of England clinical senate

East of England clinical senate will bring together health and social care leaders, professionals and patient and citizen representatives to provide independent, sound, thoughtful clinical advice and leadership for strategic service change in the region that will improve patient outcomes and population health.

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 seeks patient and citizen involvement in the formulation of strategic clinical advice.

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

iii. To have in place a clinical senate that is 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 east of England.

iv. To build and maintain strong and constructive relationships with local commissioners and providers; seek alliance and alignment with (among others) Academic Health Science Networks, Strategic Clinical Networks, Public Health England, local authorities / Health & Wellbeing Boards, NHS Education England and NHS Improving Quality.

East of England clinical senate has developed three offers designed to support commissioners:

Offer 1: formal clinical advice
Clinical Senate will respond to requests from NHS England, Clinical Commissioning Groups, providers, local authorities / Health & Wellbeing Boards and other stakeholders for formal clinical advice on matters that will support commissioner decision making and / or where there is a need for advice or recommendations on complex clinical issues would benefit from a whole system, strategic response.

Offer 2: informal support
Clinical senate will support commissioners in the early stages of service development with informal clinical advice, i.e. senate being a place to enable and have safe conversations with other clinicians and stakeholders on proposed service development.

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.

These offers are in addition to the provision of clinical advice which may be requested as part of the NHS England service change assurance process from the commissioner or NHS England. Details of that process can be found in a separate document 'Clinical senate review process: guidance notes'

The types of strategic advice that Clinical Senates are able to provide were outlined in *'The Way Forward: Clinical Senates*[2]*'* and included:

i. Engaging with statutory commissioners, such as Clinical Commissioning Groups (CCGs) 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 Academic Health Science Networks (AHSNs). Based on evidence and clinical expertise, Clinical Senate will be able to assist in providing citizens profile on service changes.
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 and overseeing the major service change, for example advising on complex and challenging 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.

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

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 strategic clinical advice and leadership. Within this model, commissioners - the CCGs and NHS England - remain accountable for the commissioning of services and the providers are 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.

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

The Associate Director of Senates and Strategic Clinical Networks and the Chair of east of England clinical senate will report to and be professionally (but not clinically) accountable to the Medical Director, NHS England East Anglia area team, through to the NHS Midlands and East Regional Medical Director.

1.4 Collaboration across Senates:

The east of England 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. On issues where the lead is not clear, or under debate, the lead will be agreed with the respective NHS Area Team Medical Directors and the Regional Medical Directors.

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[3] and Nolan principles of public life[4]. 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 a grip on those things for which it will be held to account.

[3] The NHS Constitution for England, Department of Health March 2013

[4] Standards Matter: January 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228884/8519.pdf

PART TWO: Clinical Senate Assembly

2.1 Purpose

Clinical senate assembly has been established to be an independent resource to respond to appropriate requests for strategic clinical advice. Through its membership, assembly will inform clinical senate's formulation of strategic clinical advice and delivery of strategic clinical leadership to influence the provision of the best overall care and outcomes for patients in the east of England.

2.2 Core activities of clinical senate assembly

Assembly will:

i. provide input into the formulation of clinical senate advice
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 financial pressures and 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
v. ensure senior clinicians are kept up to date on developments, through the content of the meetings and senate communications
vi. provide a virtual and face-to-face networking opportunity to build links within the clinical community and share best practice
vii. maintain a broad perspective, focusing on all elements of patient pathways, including social media, mental health, acute and community care to identify opportunities for and support improvement
viii. provide leadership to more junior clinicians and professionals across the health system.

2.3 Assembly membership

Clinical senate assembly will be a body that will reflect the range of views that would be encountered across the whole health and care community on significant clinical strategic issues. All clinical disciplines should be represented to ensure breadth of multi-disciplinary team representation e.g. medical, nursing, allied health and social care professionals, across health care settings in the east of England region.

There will be no defined maximum or minimum number of assembly members as this will be subject to variation.

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. Applicants will be required to provide a supporting statement of their credibility from a practising clinician (exemptions or supporting statements from a non-clinician may be granted for non-clinical applicants, this will be agreed following discussion with the Senate Manager).

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 senate is not an endorsement of clinical competence.

2.3.1 Tenure: upon approval of their application, members are appointed for up to two years. Members may apply to renew their membership at the end of their tenure.

Assembly membership can be terminated if the member:

i. resigns to that effect,
ii. is unable to discharge their responsibilities (or dies)
iii. is charged with professional misconduct or has their professional registration terminated.

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

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

Should any of the above arise, 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 at any time.

2.4 Accountability and governance: The east of England Clinical Senate 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 will be sought in relation to all topics on which the senate is asked, and agrees, to give advice. Responsibility for considering whether clinical senate takes on a topic for advice will sit with clinical senate council. Senate council will advise assembly of the proposed approach and seek view / comments on it.

2.5 Working arrangements for the conduct of clinical senate assembly business

2.5.1 Topic Working Groups: Based on their expertise, knowledge and interests, assembly members will be invited to join a topic working group. A lead for the group will be appointed, usually from council. The working group will be accountable to the clinical senate council for completion and delivery of the topic as agreed within the specific terms of reference for each topic.

Specific terms of reference will be developed and agreed as appropriate for each topic. The working group will make its recommendation to the Clinical Senate 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.

2.5.2 Senate assembly meetings: There will be no regular formal meetings of the Assembly *per se.*

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

2.5.3 Chair arrangements: Any meetings of the assembly will be chaired by the Chair or Vice Chair of the clinical senate council.

2.5.4 Declaration of interests: When invited to sit on a 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 Conflicts of interest policy for Clinical Senate.

2.5.5 Voting: Senate assembly is not a decision making body and therefore assembly members do not have voting rights. Decision making sits with the 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 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

Clinical Senate council is the core multi-disciplinary steering group of senate that oversee senate's business and is responsible for the formulation and provision of independent strategic clinical advice to CCGs, NHS England and Health and Wellbeing Boards, drawing on the wider views and advice from senate assembly.

Council will be led by an independent Chair, a credible clinician, appointed for their experience; this will be a remunerated position, all others are unpaid. Out of pocket expenses will be paid.

3.2 Core activities of the clinical senate council

Council will:

i. co-ordinate the development of the clinical senate's work programme and ensure its delivery
ii. lead engagement with commissioners and agreement of topics on which clinical senate advice is sought
iii. agree terms of reference for each topic with the lead commissioner
iv. 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 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
viii. Oversee delivery of an annual report.

3.3 Council membership:

Council membership should reflect the senate's wide geographical area and diversity of health and care disciplines and settings. In addition to the Chair and (host) area team Medical Director, clinical senate council will have circa 30 members, made up of voting and non-voting membership types:

i) Clinical experts: those individuals appointed through a recruitment process on the basis of their personal expertise, qualifications and experience. These members have full voting rights. Patient and citizen representatives are included in this membership group and also have full voting rights.

ii) Voting ex-officio members: senior clinicians appointed or nominated by virtue of the position they hold in a key partner organisation (e.g. Public Health England). 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.

iii) Non-voting ex-officio members: members who participate by virtue of the position they hold (e.g. Medical Directors NHS England area teams). Should the ex-officio member leave the nominated position, membership will pass to the incoming incumbent of the position. This membership has no voting rights.

As with all senate members, ex-officio members (voting and non-voting) are members of the senate 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 area team and Regional Medical Director, the clinical senate has full delegated authority for delivery of its annual work plan.

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 will operate will be essential and 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 member's declaration of interests.

Advice formulated by clinical senate will be published including a description of the process followed to formulate the advice, the extent of engagement with health and care professionals, patient and public representatives and the evidence base. This will demonstrate how the guiding principles have been complied with. 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 some 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.

The Area Team Medical Director will take stock of the progress of the clinical senate regularly throughout the year on a quarterly basis. The Regional Medical Director will review the progress of the clinical senate against the delivery of its work plan annually.

3.5 Working arrangements for the conduct of senate council business

3.5.1 Council Chair The Chair of the east of England clinical senate will be appointed through an open and transparent recruitment and selection process by the host NHS England Area Team (East Anglia).

The Chair should be a credible and respected senior level clinician able to act independently. They cannot be a current or recent (within last three years) employee of NHS England.

The appointment will normally be for a period of two years.

3.5.2 Vice Chair. Senate council Vice Chair will be elected by council voting members through the normal decision making process. The appointment will be for one year, to commence from first meeting of each calendar year. Any voting member of council (see 3.3 above) can stand as Vice Chair. Supplementary Council paper 1312 (attached as Appendix i) provides the process to be applied

3.5.3 Chairing council meetings: Meetings of senate council will normally be chaired by the appointed senate Chair. Where the Chair declares a conflict of interest in a matter (see separate guidance), the Vice Chair will chair that part of the 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 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 such as webex or video conferencing.

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 senate council, the Chair, in consultation with the Vice Chair and the senate manager can convene a virtual or real meeting to take such action as is necessary. Normal quorum requirements (see 3.5.6 below) will need to apply.

3.5.6 Quorum: A meeting of Senate council requires the attendance in person of over half senate council voting members and must include the Chair or Vice Chair, at one two GPs, two other clinicians, one patient / citizen representative and one non-voting member**.** On occasions where a non-scheduled meeting has been arranged for the purposes of urgent business, members present via electronic means (teleconference, video-conference, Skype etc) will be counted as in attendance.

3.5.7 Openness and transparency of senate decision making. All matters of senate business will be agreed by a simple voting procedure of one vote per voting member with the majority rule. A show of hands will be the usual method. If there are equal number of votes for and against a proposal, the Chair 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 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. It is not appropriate for members to nominate a substitute in the event that they are not able to attend a meeting.

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

3.5.10 Council membership appointment and tenure: members are appointed for a mix of two and three years to ensure continuity, this detail will be published.

As laid out at 3.3 above, there are three council member types. In terms of tenure, the voting and non-voting ex-officio members are hold membership by virtue of the position they hold in either NHS England or a partner organisation. Some of those members may be elected by their peer group to hold that position (e.g. there is one Director of Nursing member from the three area teams). Those members are eligible to hold council membership only whilst they remain in their role, or until their tenure of office expires and the nomination from their peer group is renewed.

Other council members – the voting clinical experts – are appointed through an open recruitment process on the basis of their personal expertise, qualifications and experience. Those members will make application for membership following an advertisement inviting applications. As with assembly members, the applicants will be required to provide a supporting statement form a senior clinician.

Council membership can be terminated if the member:

i. resigns to that effect,
ii. is unable to discharge their responsibilities (or dies)
iii. is charged with professional misconduct or has their professional registration terminated
iv. fails to attend three consecutive scheduled meetings of the Senate Council

In addition, membership can be terminated if council considers that the member has acted inappropriately and / or brought the senate into disrepute. This would include the council 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, council chair and the area team medical Director will review and consider the individual's membership. There will be no process for appeal or review. Once terminated, a membership cannot be reinstated at any time.

3.5.11 Declaration of Interests:
All council members will be required to make an annual declaration of their interests. This will be held by the senate office and can be made available for view by request.

During conduct of 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 'Conflicts of Interest' guidance.

Senate council members on 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 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.

SUPPLEMENTARY ITEM 13/12

East of England Clinical Senate Council

22nd October 2013

FOR INFORMATION

TITLE OF PAPER: Nomination and Election of Senate Council Vice Chair

Paper submitted by: Sue Edwards, Clinical Senate Manager

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1 PURPOSE

1.1 To set out the role of and process for nomination and election of Vice Chair for the East of England Clinical Senate Council.

2 CONTEXT

2.1 In the interests of good governance in the event that the Chair is unavailable or unable to participate in an item under discussion due to a conflict of interest, it is sensible to have a duly elected vice chair. The Vice Chair will also support the Chair in their other duties.

2.2 The matter was included on the agenda of Senate Council meeting of 3rd October 2013 where it was agreed to defer the vote in order that a formal process be developed, supported by a role description and clarity of remuneration. Deferral also enabled any members not present at the meeting to be able to put themselves forward.

3. THE ROLE OF VICE CHAIR

.1 A formal role description has been developed and is attached to this paper. In addition to supporting the Chair in their role, the role of vice chair has been extended to take be more active and proactive in raising the profile of Senate Council.

3.2 Given the extended responsibility of the vice chair, it is appropriate to remunerate the elected post holder. The vice chair post holder will be supported with payment of four programmed activity (pa) sessions per calendar month. Details of payment type (e.g. secondment) will depend on the substantive position of the elected Vice Chair and agreed post-election.

3.3 The position of vice chair will be held by the post holder for a period of one year, they will be able to nominate and be re-appointed for a further two (consecutive) periods of office.

3.4 The Vice Chair will be accountable to the East of England Clinical Senate Chair. They do not have a formal line of accountability to the area team Medical Director.

4. PROCESS FOR NOMINATION AND ELECTION OF VICE CHAIR

4.1 In order to ensure openness and transparency, the position of vice chair will determined through an open vote at the first Senate Council of each calendar year. It will be an annual process.

4.2 All Senate Council members who have a full year membership remaining, will be able to self-nominate and stand for election of the position. Members wishing to stand for election will be required to submit their statement of nomination to the Clinical Senate Manager before 1st December of the year preceding the election. The statement should express why they wish to stand and what they will bring to the role; it should be no more than 300 words. All the statements will be collated and sent to all Council members for their consideration prior to the vote . The vote will then take place at the first meeting of the calendar year (usually January).

4.3 Members not standing for the position and present in person at the meeting will be entitled to one vote (members not present will not be able to vote by proxy, electronically or otherwise).

4.4 The successful candidate will be determined by a majority vote, the majority only needing to be one vote more. In the event of an equal vote, where there are two candidates, the Chair will have a second and deciding vote. In the event of an equal vote for the top two where there are more than two candidates then the other candidates will step down and a second round of voting will take place for the two remaining candidates. The candidates that have stepped down will then be entitled to vote in that next round of voting. Should there be a further tie then the Chair will have a second and deciding vote. The number of votes for each candidate will be recorded in the notes of the meeting, it will not be necessary to record each individual's vote.

4.4 On completion of voting and declaration of outcome by the Chair, the newly elected Vice Chair will take up role with immediate effect.

5. GOVERNANCE

5.1 This document will be an addendum to the East of England Clinical Senate Council Terms of Reference.

Author:

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October 2013

Reference Documents

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

Supporting Documents:

‘Conflicts of interest policy: Declaring and managing conflicts of interest’ EoE Clinical Senate, revised version July 2104

‘Process for topic approval and delivery’ EoE Clinical Senate, January 2014

(Draft) ‘Clinical Senates in England: Single Operating Framework’ NHS England Clinical Senates June 2014 (for approval by NHS England Oversight Group August 2014)

(Draft) ‘Clinical Senate Review Process: Guidance Notes’ NHS England Clinical Senates June 2014 (for approval by NHS England Oversight Group August 2014)

‘Effective Service Change: A support and guidance toolkit’ NHS England (December 2013 version available http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf) Later version (?June 2014 Gateway Reference 00814) not yet published but available via Senate Manager