

East of England

Clinical Senate

Terms of Reference



NHS England

East of England Clinical Senate: Terms of Reference

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1. Introduction

Continuously improving the quality of care we give our patients and improving the outcomes of their treatment is the core purpose of the new NHS commissioning system. The NHS Futures Forum found that there was universal support for multi-professional clinical leadership in the NHS and recommended the creation of multi-speciality Clinical Senates to provide strategic, independent clinical advice and leadership support to the commissioning and provision of high quality healthcare designed to best meet the needs of patients.

The East of England Clinical Senate is a non-statutory, multi-professional advisory body covering three NHS England area teams – East Anglia, Essex and Hertfordshire and South Midlands. The Clinical Senate that brings together clinical leaders to work collaboratively and, as an arm's length body it is free to advise and where necessary challenge, all parts of the health system to drive improvement. Through its members, the Clinical Senate will use its extensive knowledge of the local health system 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 Clinical Senate comprises:

- The Clinical Senate **Assembly** will be a diverse multi-disciplinary forum providing the Clinical Senate with ready access to experts from a broad range of health and care professions invited through the chair. Membership of the Assembly will encompass the 'birth to death' spectrum of NHS care, and the five domains of the NHS Outcomes Framework. Among others, membership will include clinical leaders from the range of health organisations, professions and care settings, the academic health science networks, professional and royal colleges and representatives of patients and the public.
- The Clinical Senate **Council** will be the a core multi-disciplinary 'steering group' of senior health leaders, clinical experts and representatives of patients and the public, with an independent chair, to take an overview of strategic issues and coordinate the Clinical Senate's business and provision of advice, drawing on the Assembly's views and expertise.

In fulfilling its remit, the East of England Clinical Senate will work with Strategic Clinical Networks, Academic Health Science Networks, Health Education England, Public Health England, research networks, NHS England and NHS IQ to ensure alignment of priorities and efforts in order to maximise improvements in quality and outcomes.

2. Role and Purpose of the East of England Clinical Senate

Clinical Senate will bring together a range of health and social care professionals, with patients, to take an overview of health and healthcare for local populations. The Clinical Senate will be a source for strategic, independent and impartial clinical advice and leadership on how services could be designed to provide the best overall care and outcomes for patients. The East of England Clinical Senate will work with patients and carers to ensure they have a strong and positive influence in the development of services. It will support commissioners to transform healthcare and better integrate and configure services for the East of England.

The Clinical Senate Assembly and Council will have four key aims:

- 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 public involvement in the formulation of strategic clinical advice.*
- Foster a culture of clinical leadership and influence in the development of services.*
- Establish 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.*
- Build strong and enduring relationships with local commissioners and providers; seek alliance and alignment with (among others) Academic Health Science Networks, Strategic Clinical Networks, Public Health England, Health & Wellbeing Boards and NHS Education England.*

The key areas of focus for the Clinical Senate will be:

- **Quality improvements:** e.g. advising on quality standards and achieving best value care pathways
- **Quality assurance:** e.g. advising on service reconfiguration proposals and post implementation evaluation
- **Supporting action** to tackle quality failure e.g. providing expert advice to support the development of sustainable local solutions.

The types of strategic advice that Clinical Senates will be able to provide are outlined in *'The Way Forward: Clinical Senates'*¹ and include

- Engaging with statutory commissioners, such as Clinical Commissioning Groups (CCGs) and NHS England to identify aspects of health care where

¹ 'The Way Forward: Clinical Senates' NHS Commissioning Board January 2013

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.

- Promoting and supporting the sharing of innovation and good ideas.
- 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 the public profile on service changes.
- 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.
- 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.
- Linking clinical expertise with local knowledge such as advising on clinical pathways when there is a lack of consensus in the local health system.

The Clinical Senate can offer advice to both commissioners and providers on future strategic decisions about changes in service provision to support improved outcomes. The Clinical Senate will also have the ability to seek additional clinical assessment through access to a national clinical assessment resource.

3. Principles and Values

The Clinical Senate will:

- Have a clear sense of purpose, focused on improving quality and outcomes.
- Put patients, clinicians and carers at the heart of its work.
- Ensure that all members have an equivalent voice.
- Ensure 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.
- Work in an open, transparent way, ensuring the advice it gives is evidence based and in the best interests of patients.
- Work 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.
- Be independent of organisational and professional interests.
- Have clear accountability arrangements and a grip on those things for which it will be held to account.

The Clinical Senate will not:

- Provide advice on matters involving individuals, clinicians or patients
- Be aligned to specific interests e.g. of commissioners, providers or professional bodies
- Re-visit strategic decisions that have already been made.

4. Clinical Senate Assembly

Purpose: The Clinical Senate Assembly has been established to be an independent resource to respond to appropriate requests for strategic clinical advice. It will inform the Clinical Senate Council'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.

Core Activities of Clinical Senate Assembly

- Debate issues and ideas and build consensus amongst senior clinicians, particularly across the primary and community care boundary
- Facilitate transition, by advising on and supporting development of solutions to the financial pressures and challenges across the East of England
- 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
- Ensure senior clinicians are kept up to date on developments, through the content of the meetings and senate communications
- Provide a virtual and face-to-face networking opportunity to build links within the clinical community and share best practice
- 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
- Provide leadership to more junior clinicians and professionals across the health system.

Membership: The Clinical Senate Assembly will be broad enough to reflect the range of views that would be encountered across the whole health and care community on significant clinical strategic issues. It needs to be multi-disciplinary. All clinical disciplines should be represented through targeted requests for nominations if not adequately covered through clinical network representatives. Targeted effort will be made to ensure breadth of multi-disciplinary team representation e.g. nursing, allied health professionals, clinical scientists, across care settings and the East of England region. There will be no maximum or minimum number of members as this will be subject to variation and it may be that communities of interest and / or task and finish groups will be established, this flexibility of approach will need to be balanced with establishing a cohesive groups.

Suggested membership of the Clinical Senate Assembly will include:

- NHS England Area Team Medical Director (x1 nominated from area teams)
- NHS England Area Team Director of Nursing (x1 nominated from area teams)
- Other members of NHS England area teams clinical directorates e.g. Maternity Services Strategic Advisor, Safeguarding advisors, Quality lead
- Clinical leads for EoE Strategic Clinical Networks
- Clinical leads for Operational Development Networks, Local Professional Networks and other recognised local networks
- Clinical Commissioning Group clinical leads and board nurse members (nominated from across region)
- Medical Director or director of nursing from acute, mental health and community services provider, East of England Ambulance Service Trust
- Specialised Commissioning Clinical Reference Group representatives
- Patient and Public representatives
- Social care (adults and children)
- NHS Health Education East of England
- Public Health clinical leads
- Academic Health & Science Networks
- Royal Colleges and professional bodies
- Allied Health Professionals network
- Clinical Scientists Network
- Primary Care representatives
- Local Medical, Optical and Pharmaceutical Committees.

Accountability and governance: working arrangements of the Senate Assembly

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.

Topic Working Groups

Based on their expertise, knowledge and interests, Clinical Senate Assembly members will be invited to join a topic working group. A lead for the group will be appointed. The working group will be accountable to the Clinical Senate Council for

completion and delivery of the topic as agreed within the specifics 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.

MEETINGS OF ASSEMBLY. Wherever, and as much as is possible, the topic working groups will work 'virtually' to reduce the need for meetings. There will be no regular formal meetings of the Assembly *per se*.

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

Declaration of interests. Where an Assembly member has an interest in a topic, be it pecuniary or otherwise, they will declare that interest as early as possible and shall not participate in the topic working group or discussions on the topic. Further guidance can be found in the Conflicts of Interest policy for Clinical Senate.

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.

Tenure: members are appointed for a mix of two and three years to ensure continuity.

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

5. Clinical Senate Council

As well as the wider Clinical Senate Assembly, Clinical Senate will have a core multi-disciplinary steering group that will form the Clinical Senate Council. Clinical Senate Council members will be credible leaders in their field. This group will oversee the Clinical Senate's business. It will be 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 the Clinical Senate Assembly.

The Council will receive and consider objective data and information, views and opinions from a broad range of experts and others it invites to give evidence through the Clinical Senate Assembly. The Senate Council will be led by a Chair who is an experienced and credible clinician; this will be a remunerated position, all others are unpaid. Out of pocket expenses will be paid.

Core activities of the Clinical Senate Council

- Coordinate the development of the Clinical Senate's work programme and ensure its delivery
- 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
- 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 the public through Clinical Senate Assembly.
- Review the effectiveness of the Clinical Senate and its processes and refine as necessary
- Review the 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
- 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
- Oversee delivery of an annual report.

Membership: In addition to the Chair and (host) area team Medical Director, the Clinical Senate Council will have circa 30 members, made up of two membership types:

- i) Clinical experts: those individuals appointed on the basis of their personal expertise, qualifications and experience and
- ii) Ex-officio: Senior clinicians appointed or nominated by virtue of their position in a key partner organisation

Membership needs to reflect the Senate's wide geographical area and the diversity of health and care disciplines and settings. Membership is proposed as follows

- Independent Chair (appointed position) Mr Dermot O'Riordan
- NHS England East Anglia area team Medical Director (office holder) Dr Susan Stewart
- NHS England Essex area team Medical Director
- NHS England Hertfordshire & South Midlands area team Medical Director
- NHS England area team Director of Nursing (nominated)
- **Three** patient / public members of the public (appointed / nominated)
- One member from Academic Health Science Networks (nominated)
- Up to **twelve** clinical experts – to include the following: community care, hospital / specialist care, maternity, adult nursing, AHP (including paramedics), mental health and children's care (all positions appointed)
- Four CCG Clinical leads (appointed)
- Three GPs (Primary Care provider) (appointed)
- One senior leader from Public Health England
- One Director of Public Health (nominated) from the East of England authorities
- One Director of Social Care (nominated) East of England authorities
- One Director of Children's Services (nominated) East of England authorities
- One member from NHS Health East of England (nominated) and
- One Academic appointment (by invitation).

The Associate Director and Clinical Senate Manager will attend Clinical Senate Council meetings.

Accountability and Governance

Clinical Senates are non-statutory organisations for the provision of 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 and the Chair of the Clinical Senate will report to and be professionally (but not clinically) accountable to the Medical Director of the host NHS England area team – NHS England East Anglia through to the Regional Medical Director.

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.

Working arrangements for the conduct of Senate Council business

Chair & Vice Chair: The Chair of the East of England Senate will be appointed by the host NHS England Area Team (East Anglia) and overseen and approved by the Regional Medical Director. The Vice Chair will be selected through the Clinical Senate Council.

Chairing the meetings: Meetings of the Senate Council will be chaired by the 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.

Frequency of meetings: The Clinical Senate Council will meet on a quarterly basis.

Urgent matters arising between scheduled meetings. In the event of an urgent matter arising that cannot wait for action or resolution until the next scheduled meeting of the Senate Council, the Chair, in consultation with the Vice Chair and the Senate Manager can convene a virtual or real meeting with at least five other Council members to take such action as is necessary.

Quorum: TO BE Confirmed – suggest no less than one third of members (i.e. seven plus Chair or Vice Chair) to include CCG, two other clinicians, patient / public representative and one area team member.

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.

Tenure: members are appointed for a mix of two and three years to ensure continuity. Where a member fails to attend three consecutive scheduled meetings of the Senate Council, the Chair and Medical Director will review their appointment and may decide to discontinue the tenure.

Declaration of Interests: 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 shall not participate in the discussion. Full guidance can be found in the separate 'Conflicts of Interest' guidance.

Openness and transparency of Senate decision making. Through its Accountability Agreement with the 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 the 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. The East of England Clinical Senate will agree and publish its guiding principles of operation.

Advice formulated by 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 representatives and the evidence base. This will demonstrate how the guiding principles have been complied with.

The Clinical Senate will also publish an annual report.

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

6. Criteria for Clinical Senate Advice

- i. The topic on which advice is sought relates to the area of East of England
- ii. Addressing the topic is expected to have a positive impact on quality of care and patient outcomes
- iii. The topic is not subject to other advisory or scrutiny processes (i.e. the Clinical Senate is not being asked to give advice in parallel)
- iv. Commissioners believe that independent clinical advice would add value compared to possible alternative processes
- v. The topic is potentially contentious and a respected, independent strategic clinical view will assist in discussing the topic with the public and other stakeholder (e.g. proposals for service change)
- vi. The topic is a relatively local but common issue and the scale of change across East of England would be substantial; the Clinical Senate could provide an effective way for commissioners to secure independent strategic clinical advice from a single, credible advisory body.
- vii. Decisions on the topic are likely to have wider implications for other services or other areas of East of England e.g., where consistency of service delivery is considered important.
- viii. The topic does not involve revisiting a strategic decision that has already been made (but could relate to an implication of that decision).

Process

A separate document '*East of England Clinical Senate: Guidance for topic selection and advice*' lays out the process for seeking advice from the East of England Clinical Senate and details how Senate will go about formulating that advice and publishing it. The document also provides a template for completion by the topic sponsor to ensure that the relevant scope of information is provided.

7. Key Relationships

The East of England Clinical Senate will need to forge enduring relationships with other elements of the new NHS system, beyond membership of the Clinical Senate Council and Assembly. In particular

Strategic Clinical Networks: Clinical Senates will have a particularly close relationship with clinical networks. Clinical networks may wish to request strategic or system wide advice from Clinical Senates and conversely Clinical Senates may wish to seek advice on a relevant clinical area from a Strategic Clinical Network. Clinical leads of Strategic Clinical networks will be members of their respective Clinical

Senate Assembly. Through membership of the Assembly the Senate will work with network clinical leads to collectively hold the ring on the clinical leadership forum

Academic Health Science Networks (AHSN) will bring together academia, NHS commissioners, providers of NHS services and industry to bring about collaborations between education, training, research, informatics and healthcare delivery and encourage innovation and the improvement of patient and population health outcomes.

Public Health England (PHE) has been established to protect and improve the Nation's health and wellbeing and to reduce inequalities. The local units of PHE will provide a key source of information and data to help the East of England Clinical Senate produced its informed opinions.

Health Education England will also be key partners, both in terms of identifying issues for Clinical Senate consideration or using outputs to inform local workforce planning.

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.

8. Involving Patients and the Public

Establishing effective and meaningful patient and public involvement in the work of Clinical Senate is critical. This page summarises some current thoughts and issues and matters for consideration in the next steps.

An East of England Citizens Senate is being constituted, which in time should link to a national Citizens Senate Assembly. Expectation is that this group will include the third sector, regulatory bodies (e.g. Healthwatch) and draw on the existing network patient involvement groups. This local Citizens Senate will bring in a range of individuals and bodies from those who have a single condition / pathway / service interest to those who have experience of a broader and more strategic level. This range of knowledge and experience will enable the Clinical Senate to draw upon a rich resource to ensure that the right members are drawn into the topics as they arise and are addressed by the Assembly.

Supporting Documents

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

Standards of Business Conduct and Conflicts of Interest EoE Clinical Senate

Guidance for topic advice and selection