



***Clinical Senate  
Yorkshire and the Humber***

# **Yorkshire and the Humber Clinical Senate**

## **Annual Report 2014/15**

**An independent source  
of strategic clinical  
advice for Yorkshire and  
the Humber**

## Chair's Foreword

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"I am immensely proud to present the first annual report for the Yorkshire and the Humber Clinical Senate.

This document sets out the key achievements made during 2014/15 and considers our priorities for the year ahead. During this last year we have set a firm foundation for our future work, focussing our attention on ensuring we deliver high quality independent clinical advice to our commissioning colleagues.

I would like to take this opportunity to thank each and every person who has helped to make 2014/15 a success."

Professor Chris Welsh

A handwritten signature in blue ink, appearing to read 'Chris Welsh'.

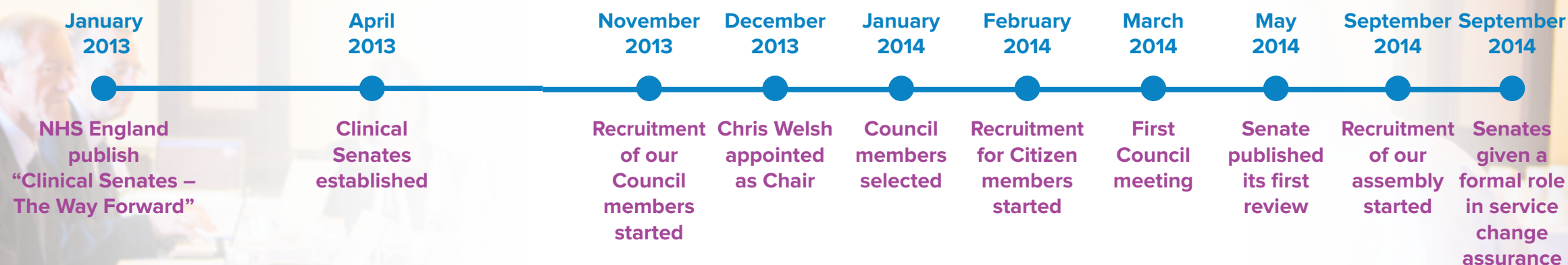
Senate Chair  
NHS England – North (Yorkshire and the Humber)



Clinical Senate  
Yorkshire and the Humber

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# Background to the Clinical Senates



## National Context

Clinical Senates were established in April 2013 as part of a range of changes to the NHS resulting from the Health and Social Care Act 2012.

The 12 Clinical Senates across England have been established to be a source of independent, strategic clinical advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. The Senates are hosted by NHS England, the vision for them is set out in the national document "Clinical Senates – The Way Forward" first published in January 2013.

The Senates are designed to be uniquely placed within the healthcare system. Their role is to provide a clinical perspective that is independent to the services and structures under review, using the expertise of clinicians from across health and social care.

The 12 Clinical Senates all follow a similar structure providing their independent clinical advice through a core Clinical Senate Council and a wider Clinical Senate Assembly. The Clinical Senate Council is a small multi-professional steering group, of 20-30 clinicians, which co-ordinates and manages the Senate's business. The Senate Assembly is a diverse multi professional forum providing the Council with ready access to a pool of experts from a broad range of health and social care professions.

Senates are non-statutory bodies who commissioners can choose to consult for advice. However, in September 2014 Senates were also given an additional formal role in providing impartial clinical advice as part of the NHS England's assurance process for service change. This role was previously provided by the National Clinical Advisory Team (NCAT). The Senates role in this service change process is to review the service change proposal against the clinical evidence base key test and any of the best practice checks that relate to clinical quality.

## Yorkshire and the Humber – getting started

As the Senate was a new organisation, within Yorkshire and the Humber we were keen to develop our thinking around the form and function of the Senate in collaboration with a wide range of stakeholders, before we formally established our structures.

We therefore consulted widely with Oversight and Scrutiny Committees, Health and Wellbeing Boards, Clinical Commissioning Groups, Provider organisations and a range of other stakeholders.

We advertised for our Council members in November 2013 and selected our members in January/ February 2014 following written applications and interview. We were very pleased to appoint our Chair, Professor Chris Welsh, in December 2013 and we held our first Council meeting in March 2014.

The Senate was pleased to publish its first review in May 2014, which we used as a pilot exercise to test our ways of working. We then began the process of recruiting to our assembly in September 2014. Interested clinicians were invited to apply enclosing their CV and details of a referee and we are now very pleased to have a membership of more than 100 clinicians. The opportunity to join the Clinical Senate Assembly remains open and clinicians can apply through our website.

Patient representatives also bring their voice and perspective through their membership of the Senate and we were keen to ensure we had the public voice reflected in our Council and in our Assembly. In February 2014 we advertised for citizen members of the Senate through the local paper and were very pleased to have such a good response. Following interviews we were pleased to appoint 3 members of the public to our Council and 7 public members to our Assembly.

The Council and the Assembly are now established and working well, our governance arrangements are in place and we are able to focus our attention on our role – to provide independent clinical advice to commissioners.



## Our Geography

Yorkshire and the Humber is a large and complex area. Covering over 5000 square miles and approximately 100 miles wide by 100 miles high, the area includes the full spectrum of demographics from dense, deprived urban populations to rural and remote communities.

The health care system includes 22 CCGs, one NHS England Team covering Yorkshire & The Humber (created from the amalgam of 3 former area teams), 14 major acute hospital Trusts and 5 (NHS) Mental Health Foundation Trusts. We serve a population of nearly 6 million people.







Professor Chris Welsh



Dr Jeff Perring



Ian Golton



Joanne Poole



Stephanie Beal



## Our Team

The Yorkshire and the Humber Senate is managed by a small team:

### Professor Chris Welsh, Senate Chair

Chris Welsh worked initially as vascular surgeon at the Northern General Hospital Sheffield becoming Regional Postgraduate Dean for the Trent Region in 1995. Chris was then appointed Medical Director Sheffield Teaching Hospitals NHS Foundation Trust 2001. In 2008 Chris worked as the Clinical Chair of the Next Stage Review NHS Yorkshire and the Humber, “Healthy Ambitions” and was appointed Medical Director NHS Yorkshire and the Humber and then NHS Midlands and East. Chris recently retired from his role of Director of Education and Quality Health Education England.

### Dr Jeff Perring, Senate Vice Chair

Jeff qualified from the University of Liverpool in 1988 and specialised in Anaesthesia before moving into Paediatric Intensive Care, becoming a Consultant Intensivist at Sheffield Children’s NHS Foundation Trust in September 2002 and the Director of the Paediatric Critical Care Unit (PCCU) in 2007.

In addition, Jeff is joint lead for the Yorkshire and Humber Paediatric Critical Care Operational Delivery Network (ODN) - South and the regional representative on the Paediatric Critical Care Clinical Reference Group (CRG). In 2007 Jeff completed an MA in Healthcare Ethics and Law, an area in which he continues to have a close interest.

### Ian Golton, Associate Director of Strategic Clinical Networks and the Senate

Ian is the Associate Director for Strategic Clinical Networks and the Senate in Yorkshire and the Humber. His role is to lead the SCN and Senate Support Team and to direct its work. Ian has a background in psychology, and many years of experience in the field of service improvement and redesign. He has worked in a diverse range of health service posts since 1986, all of which have involved analysing, developing and changing services to benefit patients. He was formerly the Director of NHS Stroke Improvement Programme, a national quality initiative that established and worked with Stroke Care Networks and stroke/TIA services to implement the requirements of the National Stroke Strategy (2007).

### Joanne Poole, Senate Manager

Joanne Poole has worked in a variety of management roles in the NHS in Yorkshire and the Humber for 15 years. Jo started her career working in cancer networks during which time she completed her MA in Management Studies. Since that time Jo has spent a number of years managing the Adult Intensive Care Network in South Yorkshire and the Neonatal Intensive Care Network and Paediatric Intensive Care Network across Yorkshire and the Humber before joining NHS England in the Senate Manager role in April 2013.

### Stephanie Beal, Senate Administrator

Stephanie Beal has worked for the NHS for a total of 4 years, initially in Public Health followed by Emergency Planning and then joined the Clinical Senate in April 2013. Prior to this, Steph has been employed in various businesses within the private sector, ranging from construction to facilities management. Steph also holds a BSc in Psychology which she completed while working at the University of Sheffield, School of Nursing and Midwifery.

The Senate Chair is funded for 1 day a week but all other clinical engagement is unfunded. The Senate membership is comprised of trusted and experienced clinical experts across health and social care who can support commissioners in the transformation of their health services.

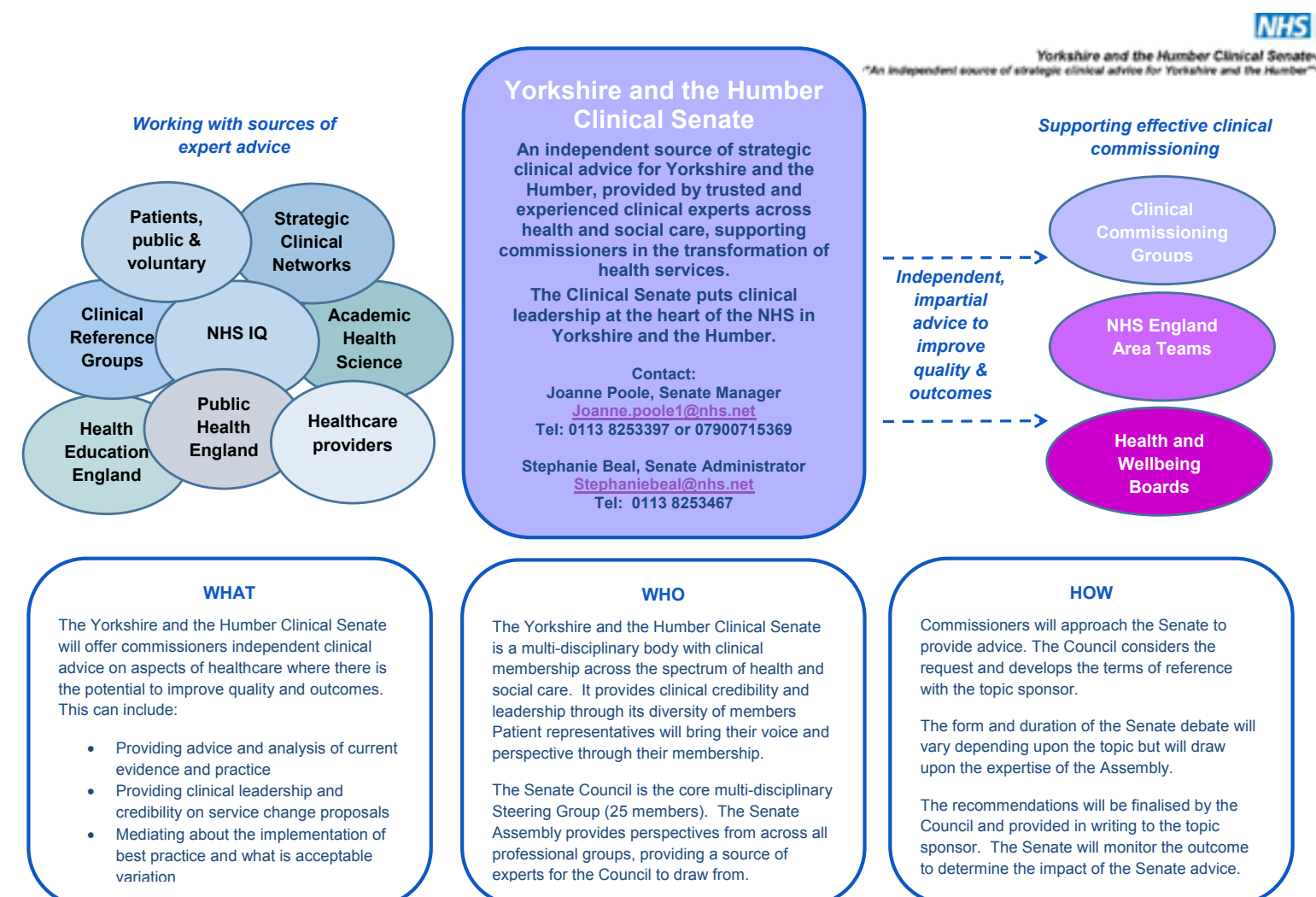




## Our work during the year

We are pleased to have established our structures, a programme of governance, recruited excellent clinical expertise and completed 9 reviews with another 2 currently in process. It has been a busy and productive year.

The following diagram summarises what we do, who we are and how we work.





# Reports

The Yorkshire and the Humber Clinical Senate are pleased to have completed the following reports.

The full reports can be accessed on our website [www.yhsenate.nhs.uk](http://www.yhsenate.nhs.uk)

## The Mid Yorkshire Health and Social Care Partnership Transformation Programme - Meeting the Challenge

Report on behalf of The Mid Yorkshire Health and Social Care Partnership Transformation Programme reviewing their Outline Business Case to provide advice regarding the case for change, the assumptions regarding changes in services and its impact upon quality of care and clinical practice.

Question to the Senate: January 2014  
Report Published: May 2014

## Scarborough and Ryedale CCG. Provision of an Integrated Urgent Care Service

A review of a proposed model for the provision of an integrated Urgent Care service to be delivered to the populations of Scarborough and Ryedale. The proposal involved the reconfiguration of current services, General Practitioner (GP) Out of Hours, Minor injuries and Walk in services and the development of two urgent care centres to incorporate all of the above services.

Question to the Senate: May 2014  
Report Published: July 2014

## Northern Lincolnshire CCGs – Healthy Lives, Healthy Futures. Ear Nose and Throat and Stroke Services

North East Lincolnshire and North Lincolnshire CCGs approached the Clinical Senate to review the options they were considering for service change and for the Senate to assess any issues or concerns that may need to be considered before going to consultation. The Senate was asked to focus on hyper acute stroke services and ENT surgery in two separate reports.

ENT Question to the Senate: May 2014  
ENT Report Published: June 2014

Stroke Question to the Senate: April 2014  
(with subsequent evidence submitted throughout the summer)  
Report Published: November 2014

## East Riding of Yorkshire CCG – Review of Services at Goole Hospital

A review of services to ensure that Goole and District Hospital offers clinically safe, sustainable and affordable services well into the future. The Senate was asked to:

- Review the Outline Business Case and advise regarding the case for change, the assumptions regarding changes in services and its impact upon quality of care and clinical practice
- To review the options for service change, including preferred options, and contribute with any issues or concerns that may need to be considered before going to consultation
- Review, in particular, the options related to Minor Injury Services and bed numbers/ utilisation

Question to the Senate: May 2014  
(scope changed during review)  
Report Published: October 2014

## Working Together-Redesigning Ophthalmology Out of Hours Emergency Care

The Yorkshire and the Humber Clinical Senate was consulted for advice on the options developed for redesigning out of hours emergency care in Ophthalmology across the seven hospital trusts in the Working Together Programme across South Yorkshire, Mid Yorkshire and North Derbyshire. Specifically the Senate was asked to consider the areas of concern highlighted and whether all the proposed new models will potentially address the issues. The Senate was also asked to review whether there were any clinical concerns relating to any individual model, and whether from a clinical perspective there is a preferred option or options.

Question to the Senate: December 2014  
Report Published: May 2015.

## North Lincolnshire CCG - Review of Ophthalmology Procedure List and Referral Guidelines

The Senate was asked to undertake a document review of a proposed ophthalmology procedure list and referral guidelines on behalf of North Lincolnshire Clinical Commissioning Group (CCG). The Senate was asked to review the procedure, where the procedure can be done and the timescales addressing the following questions:

- Are the classifications listed in the referral guidelines correct for each condition they are assigned to?
- Are the procedures appropriate for ophthalmology?
- Are there any risks in the suggested approach which the Senate would advise us to consider?
- Are there any general principles and best practice guidelines for providing ophthalmology services in community settings which the Senate would advise us to consider?

Question to the Senate: October 2014  
Report Published: November 2014

## Calderdale CCG, North Kirklees CCG and Greater Huddersfield CCG – Review of Community Services Specifications

Greater Huddersfield, North Kirklees and Calderdale CCGs developed a set of proposals for how they would wish to configure and deliver community services in the future. In summary, this proposes a new model for the provision of hospital and community services that comprises integrated teams of health and social care professionals working together in localities to deliver care and support in community settings. In the review of the community services specifications, the Yorkshire and the Humber Clinical Senate was asked:

- To consider if the following list of risks are recognised in the proposals and the extent to which the proposals within the specification will mitigate the risks
- To appraise the proposed scope of services and consider if there are any missed opportunities

Question to the Senate: December 2014  
Report Published: April 2015

## Hull CCG. Hull 2020. Urgent Care, Sexual Health and Community Services

NHS Hull CCG is required to re-procure a number of community services that are currently commissioned through two main providers. The CCG have identified 3 Care Groups which will be procured as separate services.

The three Care Groups are:

1. Integrated Sexual Health Services,
2. Urgent Care Services
3. Integrated Community Health Services.

The Senate was asked to review the specifications for the Care groups and advise of:

- any specific gaps in service provision
- any opportunities for innovation that potential providers may be expected to submit
- any specific outcome measures that could be added

Question to the Senate: March 2015  
Report Published: May 2015



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In order to ensure that the Senate continues to develop and improve we evaluate the impact of our reviews and ensure we are successfully fulfilling our role of offering independent clinical review.

The feedback we have received has all been positive:

“The clinical senate report gave additional weight to the options appraisal produced and gave added assurance to local clinicians, overview and scrutiny committees and the public that proposals were in line with clinical best practice”  
(Healthy Lives Healthy Futures)

“helped to identify issues of clarity and inform next steps in the programme implementation phase”  
(Healthy Lives Healthy Futures)

“was useful process and good opportunity for challenge and clarity of approaches being developed”  
(Meeting the Challenge)

“we strengthened the specification particularly in relation to mental health and Learning Disability”  
(Scarborough CCG)

We are pleased that commissioners have valued our advice and that our reviews have had a positive impact.

Three months after the publication of our report the Senate asks commissioners to complete an evaluation which asks a series of questions to help us review the effectiveness of our contribution. The evaluation focuses on the process of working with the Senate and what happened as a consequence of the advice given.

It is important that we continually engage with our clinical community, the public and our commissioners.

The Yorkshire and the Humber Clinical Senate website [www.yhsenate.nhs.uk](http://www.yhsenate.nhs.uk) was launched in October 2014 and is the up to date repository of all Senate business including all published reports and governance documentation.

The key outputs of the Senate (all to be published on the website) are set out in our **Communications Plan** and include

- An annual report
- A quarterly e-bulletin sent by email to all stakeholders to summarise Senate progress
- Senate reports on referred topics. All Senate reports will be put into the public domain. The timeframe for publication will be agreed with the commissioning sponsor in the Terms of Reference for each topic
- Agendas and minutes of Council meetings.
- A monthly email update of Senate business to Assembly members which provides Assembly members with opportunities to participate in reviews, advises on ongoing pieces of work, and updates members on completed projects.
- Use of the @yhsenate twitter account to publicise key publications and events.

The quarterly bulletin which keeps all our stakeholders informed of our progress is distributed to:

- Allied Health Science Network Steering Group
- CCG Chief Officers
- CCG Chairs
- Chief Executives – provider trusts
- Medical Directors – provider trusts
- Collaboration for Leadership in Applied Health Research & Care
- NHS England Directors - Yorkshire and the Humber
- Directors of Public Health
- Chairs of Health & Wellbeing Boards
- Health & Wellbeing Support Officer Network
- Strategic Clinical Networks and Senate Team
- Senate Council
- Senate Assembly



# Priorities for the year ahead

## Clinical Reviews

The Yorkshire and the Humber Clinical Senate is pleased to have a forward programme of work identified. This includes the following reviews:

- Working with Rotherham CCG on their childrens pathways into the newly proposed Urgent Care Centre
- Working with Northern Lincolnshire on their Healthy Lives Healthy Futures services strategy
- Working with the Cardiovascular Network on a review of the proposals for the configuration of Hyper Acute Stroke Services across Yorkshire and the Humber
- Working with the Working Together programme in across South Yorkshire, Mid Yorkshire and North Derbyshire on their models across a range of services

## Engagement

The Senate plans to hold a Stakeholder event to provide an opportunity to re-engage with our stakeholders across Yorkshire and the Humber. This event will include a refresh of our role and opportunities to discuss some of our completed work and the lessons learnt. Working to embed our role with commissioners is a key to our continued success.

## Responding to the National Review of the Improvement Architecture

There is currently a review of the 'improvement architecture' within the NHS including Clinical Senates. Clinical Senates will continue their important role with potentially some changes to the work programme and a closer working relationship with the Senates in the North region. In 2015/16 it is important for the Yorkshire and the Humber Senate to act upon the outcomes from this review and ensure we are ready to move forward with any recommendations.

## Membership

Within 2015/16 the tenure of some of our Council members will draw to a close and it will be important to ensure that we learn from those experienced Council members and continue to refresh and expand our clinical membership.



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## Structure - Our Council

The Council co-ordinates and manages the Senate's business and we are very pleased to have recruited 25 excellent clinicians to our Council. It is important that we have the right balance of membership in our Council.

One of our Assembly members recently attended a Council meeting and has written his observations of how the Council worked.

**“the composition and attendance at the Council meeting was good and representative of the regional healthcare community. There was citizen representation along with commissioners, public health, providers from mental health, ambulance and hospital sectors along with regional local education training board and regional NHS England input.**

**Patient experience and patient safety discussions were core to the private section of the Council meeting that I was able to observe. .... The Yorkshire and Humber Senate Council and Assembly are providing impartial clinical advice as part of the assurance process of our regional service changes. As a patient, and as a doctor, I found this reassuring to know 99**

## Structure - Our Assembly

The Senate Assembly is a diverse multi professional forum providing the Council with ready access to a pool of experts from a broad range of health and social care professions. We are pleased to have access to the expertise of over 100 clinicians on our Assembly and 7 public representatives.

Assembly members are recruited for a period of two years. The time commitment during that period is flexible as members input is largely through membership of time limited multi professional working groups. These working groups are drawn together by the Senate Council, chaired by a Council member, to respond to commissioner requests for advice. This ensures the Senate has the expertise needed to respond to a diverse range of clinical queries. If we are unable to source the advice we need from within Yorkshire and the

Humber we can call upon Council and Assembly members from the other Senates across the country. The opportunity to become a member of the Senate Assembly remains open and clinicians can apply through our website.



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The Yorkshire and the Humber Senate has developed a range of governance documents to provide a framework for the way that we work. These can all be accessed in full on our website [www.yhsenate.nhs.uk](http://www.yhsenate.nhs.uk)

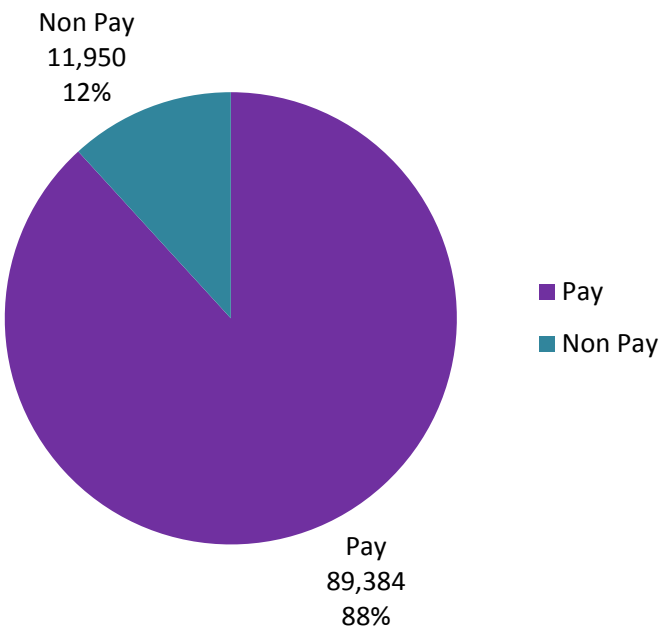
- **Standards of Business Conduct and Managing Conflicts of Interest**
- **Terms of Reference for the Senate Council and Assembly**
- **Process for Requesting Advice from Yorkshire and the Humber Clinical Senate**
- **Patient and Public Involvement Policy**
- **Communications Framework**
- **Council Member Job description**
- **Assembly member job description** and separate **Terms of Reference for the Assembly**

Nationally, the 12 Senates across the country have also developed a **Single Operating Framework** which summarises the Senates’ role in delivering their non-statutory clinical advisory service for commissioners including the role that we play in contributing to the NHS England assurance process in major service change. To provide consistency in how we meet our role in assurance the 12 Senates have also developed the **Clinical Senate Review Process Guidance notes** to assist us in following a generic framework in providing independent clinical advice into the assurance process.

The Yorkshire and the Humber Senate has a small number of paid staff whose costs are detailed in the pay section of the table below.

The non pay costs are mainly for room hire and refreshments for Council meetings and travel costs.

2014/15 Expenditure	
Pay	89,384
Non Pay	11,950
Total	101,334



Overheads are within NHS England budget and are not separately identified. It is currently unclear as to the final budget allocation for 2015/16.

Web Address	<a href="http://www.yhsenate.nhs.uk">www.yhsenate.nhs.uk</a>
Twitter account	@yhsenate
Senate Manager	Joanne Poole <a href="mailto:joanne.poole1@nhs.net">joanne.poole1@nhs.net</a> 0113 8253397 or 07900715369
Senate Chair	Chris Welsh <a href="mailto:chris.welsh@nhs.net">chris.welsh@nhs.net</a> 07831197822
Senate Administrator	Stephanie Beal <a href="mailto:stephaniebeal@nhs.net">stephaniebeal@nhs.net</a> 0113 8253467





## Appendix - The Senate Council

The Yorkshire and the Humber Clinical Senate Council is made up of 25 members from across our geography. The Council is comprised of appointed and nominated representatives. The appointed members were recruited following a fair and transparent interview process during November to January 2013. All Council members are appointed for a mix of two to three years to ensure continuity.

Appointed representatives are:

Name	Job Title	Organisation
Dr Marios Adamou	Consultant Psychiatrist	South West Yorkshire Partnership NHS FT
Mr Jon Ausobsky	Consultant General Surgeon	Bradford Teaching Hospitals NHS FT
Christine Beever	Citizen	
Hugh Butcher	Citizen	
Dr Johnson D'Souza	GP	South Elmsall practice
Ian Golton	Associate Director Strategic Clinical Networks & Senate	NHS England - North Yorkshire and the Humber
Dave Hamilton	Director, Adults, Health and Wellbeing	Doncaster Metropolitan Borough Council
Dr Jayne Hawkins	Consultant Clinical Psychologist & Clinical Neuropsychologist	Leeds & York NHS Partnership FT
Dr Caroline Hibbert	Joint Medical Director, Surgery Health Group	Hull & East Yorkshire Hospital NHS FT
Dr Akram Khan	CCG Lead Clinician & GP	Bradford City CCG
Mark Millens	Lead Paramedic for Clinical Development	Yorkshire Ambulance Service NHS Trust
Dr Steve Ollerton	Clinical Leader	Greater Huddersfield CCG
Richard Parker	Director of Nursing, Midwifery & Quality	Doncaster & Bassetlaw Hospitals NHS FT
Dr Jeff Perring	Director of Intensive Care Senate Vice Chair	Sheffield Children's Hospitals NHS FT
Dr Andrew Phillips	GP & Deputy Chief Clinical Officer	Vale of York CCG
Joanne Poole	Senate Manager	NHS England – North Yorkshire and the Humber
Dr Sewa Singh	Medical Director	Doncaster & Bassetlaw Hospitals NHS FT
Prof Chris Welsh	Senate Chair	NHS England – North Yorkshire and the Humber
John Whelpton	Citizen	
Dr Mark Withers	Medical Director	North Lincolnshire & Goole NHS FT
Catherine Wright	Allied Health Professionals Lead	Bradford District Care Trust



The nominated Council representatives are:

Name	Role	Organisation
Dr David Black	Medical Director (Joint)	NHS England – North Yorkshire and the Humber
Jon Hossain	Deputy Postgraduate Dean	Health Education Yorkshire and the Humber
Dr Dawn Lawson	Interim Chief Operating Officer	Yorkshire and the Humber Academic Health Sciences Network
Zena Robertson	Deputy Director of Nursing & Quality	NHS England – North Yorkshire and the Humber
Dr Kevin Smith	Head of Healthcare Public Health	Public Health England Yorkshire and the Humber
Dr Paul Twomey	Medical Director (Joint)	NHS England – North Yorkshire and the Humber

The Senate Council forms the core steering group for the Senate and is responsible for the co-ordination and management of Senate business. It maintains a strategic overview of the work of the Senate and is responsible for the formulation and provision of advice working with the broader Senate Assembly. Council members have been recruited based on their credibility and experience in their particular professions, they are not appointed to represent their organisations or their professions ensuring that impartiality remains one of the main strengths of the Senate.

## How can we help you?



If you are planning changes to local health and care services, we can provide independent clinical advice on your service change proposals.

### How we operate

We have a structured system for considering individual requests, which takes account of other service changes going on in our region and ensures the clinical review team is carefully chosen to avoid any potential conflict of interest.

### Our terms of reference

The Clinical Senate has clear criteria for topics that we will consider reviewing. They must relate to the population of Yorkshire and the Humber and should be topics that meet some of the following criteria:

- have a major impact in the local health economy
- address cross cutting strategic themes
- include major service or pathway reconfigurations
- have a major impact for healthcare innovation
- have the potential of providing better care, better value and lower cost patient care
- have the potential to improve patient flow
- have the potential to improve patient safety and/or influence ending unintended harm
- debate complex and controversial health reform and require a respected independent strategic clinical view



