



Yorkshire and the Humber
Clinical Senate

Free and full independent and impartial clinical advice

YORKSHIRE AND THE HUMBER CLINICAL SENATE

TERMS OF REFERENCE

Version 3.0

April 2019

NHS England and NHS Improvement – North East and Yorkshire



Version Control

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1. Foreword

Clinical leadership is vital to fulfil the ambition for continuous improvement in the quality of services and outcomes for patients.

The value of the Clinical Senate resides in its ability to provide impartial clinical advice using the skills of its members drawn from diverse clinical backgrounds. Acting as a critical clinical friend, it is uniquely placed to take an overview of health and healthcare for the local population of Yorkshire and the Humber, advising on how services should be designed to provide the best overall care and outcomes for patients. The Clinical Senate puts outcomes and quality at the heart of the commissioning system, promoting the needs of patients above the needs of organisations or professions.

As non-statutory bodies with no executive authority or legal obligation, they will need to work collaboratively with health care organisations. This document describes the purpose, membership and support for the Yorkshire and the Humber Clinical Senate.

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2. Purpose

The Senate provides free and full, independent and impartial clinical advice on any proposal for service change in health care that has significant implications for the workforce, patients and the public

3. Key Areas of Focus

The key areas of focus are:

- quality improvement, 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 development of sustainable local solutions

Its role will include:

- providing unbiased, non-organisational advice on proposals for service change
- mediating for the population of Yorkshire and the Humber about the implementation of best practice, what is acceptable variation and the potential for improvement. This includes addressing unacceptable inequity in healthcare provision
- providing credible clinical leadership by 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 major service change, e.g. advising on the complex and challenging issues that may arise from service reconfiguration within their areas
- linking clinical expertise with local knowledge when there is a lack of consensus in the local health system
- providing a forum for greater coordination and integration between service areas including the wider health and social care functions
- engaging with statutory commissioners, CCGs and NHS England and NHS Improvement 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
- promoting and supporting the sharing of innovation and good ideas
- engaging with clinical networks within a geographical area

The Clinical Senate should not revisit strategic decisions that have already been made in the current health system, for example, by the National Clinical Assessment Team (NCAT). The Clinical Senate can offer advice to both commissioners and providers on strategic decisions to change service provision to support improved outcomes.

It is not the role of the Clinical Senate to constrain the activities of individual CCGs or to be involved in assessing the performance of commissioners. The Clinical Senate will not be able to veto proposals, but rather advise and, where necessary, highlight issues and recommend where further thinking is needed. As such, act using its influence and credibility.

4. Principles

In undertaking its work, the Clinical Senate will:

- have a clear sense of purpose focused on improving quality and outcomes
- put patients and clinicians at the heart of its work and ensure that all members have an equal voice
- ensure that clinical representation encompasses the breadth of professions and care settings and involves wider perspectives including public health specialists and adult and children's social care professionals
- work in an open and 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 formulation of advice, so that opportunities for improving quality are maximised
- create an inclusive Clinical Senate environment where diversity is valued and equality is upheld and promoted through its actions
- act with integrity and be independent of organisational or professional interests

5. Organisational Model and Membership

The Clinical Senate model comprises of a wider Senate Assembly and a smaller Senate Council.

Senate Council - A core multi-disciplinary 'steering' group of between 20–30 members forms the Senate Council. This group is responsible for the formulation and provision of independent and impartial clinical advice on any proposal for service change in health care that has significant implications for the workforce, patients and the public

Members will be appointed for a mix of tenures of between two and three years, enabling the Council to manage continuity of its work at times of membership change. The maximum length of tenure for Council members is 5 years. There is a job description for Council members.

The Senate Council will receive objective data and information, and also views and opinions from a broad range of experts and others invited to give evidence to the Senate as the need arises.

Standing members will have a majority of clinicians and include:

5.1 **Appointed Members** (by formal process)

- Clinical Senate Chair
- Clinical commissioners x 3
- Director of Social Care or senior social care professional x 1

Additional clinical experts x 8 or more to include the following perspectives:

- Primary Care
- Community Care
- Hospital/Specialist Care
- Midwife
- General Practitioner (GP)
- Nurses
- Scientist
- Allied Health Professional (AHP)
- Mental Health Clinician
(all positions to be appointed)
- Citizen representatives x 3

5.2 **Nominated Members**

- Health Education England within the geography of the Senate x 1
- Public Health England (PHE) within the geography of the Senate x 1
- Director of Public Health x1

5.3 **In Attendance**

- The Associate Director and Clinical Senate Manager will attend the Senate
- Other professionals with senior experience within job specification as defined

Council members are identified through either member nomination process or member appointment process (an expression of interest).

The recruitment process seeks nominations and expressions of interest widely across the whole of Yorkshire and the Humber. All nominated and appointed members will have an opportunity to have formal contact with the Chair to ensure they have the requisite skills, experience and personal qualities required. Appointment will require submission of a CV, references and an interview.

It is anticipated that Council activity will have a time commitment of 1 – 2 days per month for Council Members.

The Clinical Senate may co-opt additional, non-voting members as it sees fit, although this will be by exception. Any additional support is expected to come from the Senate Assembly. Any other members of the Council will be for local determination.

The Assembly - The Assembly is a body of clinical and lay members who have agreed to help the Senate provide their advice. The Assembly provides the Council with access to a broad range of experts who, when their skills and experience fit the topic in question, will be invited to join expert clinical panels to respond to requests for advice. The Assembly should encompass a wide range of clinical professions, the 'birth to death' spectrum of NHS care. There is no minimum or maximum number of members on this virtual body and no specified length of tenure. This is a membership body and applicants are required to submit a CV and references to apply to join.

5.4 **The Senate Support Team**

The support team for the Senate comprises:

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| • Senate Chair | 0.2 WTE |
| • Band 9 CN and Senate Associate Director | 1.0 WTE |
| • Band 8c Senate Manager | 0.6 WTE |
| • Band 4 Senate Administrator | 0.5 WTE |

The Associate Director, and the Chair of the Clinical Senate, will report to and be professionally accountable to the Medical Director, NHS England and NHS Improvement, North East and Yorkshire.

The support team will:

- Organise and administrate the activity of the Clinical Senate
- Provide support to all members of the Senate Council and Assembly in relation to their Senate role
- Distribute the outputs of the Clinical Senate's advice
- Support Clinical Senate access to a number of other services, e.g. information, audit and expertise in economic appraisals, finance, public health information and analysis
- Promote the Senate to stakeholders, manage the clinical input and co-ordinate the reviews
- Manage the assessment of Clinical Senate from those organisations that we have advised

The Senate is funded by an allocation from NHS England and NHS Improvement as part of the overall management budget for Clinical Networks and the Senate.

6. Key Relationships

Yorkshire and the Humber Clinical Senate will need to forge enduring relationships with other elements in the NHS architecture, namely:

- **Clinical Networks** might want to request strategic or system-wide advice from the Senate and the Senate may wish to seek clinical advice on a relevant clinical area from a Clinical Network (CN)
- **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 Clinical Senate produce their informed opinions
- **Health Education England (HEE)** will also be a key partner, both in terms of identifying issues for Clinical Senate consideration or using outputs to inform local workforce plans
- **Sponsoring Organisations** will include CCGs, providers, NHS England and NHS Improvement and Health and Wellbeing Boards who may all approach the Senate to request advice. We need to ensure that we all have a shared understanding of the Senate role and function
- **Clinical Senates** across England to ensure that we can work together on cross boundary issues or use each other's resources as required
- **Regulators**, for example, Quality Surveillance Groups, Care Quality Commission (CQC), NHS England and NHS Improvement who may all approach the Senate to request advice on a particular issue
- **Local Government Association** to ensure the Senate considers the totality of health and social care within its recommendations

7. Core Activities

Clinical Senates will:

- i. Deliver the types of strategic advice and leadership described in *The Way Forward: Clinical Senates*
- ii. Foster a culture of clinical leadership and influence in the development of services
- iii. Foster a culture of patient and public involvement in the formulation of clinical advice
- iv. Establish a Council and Assembly membership which harnesses clinical expertise across a broad range of health and care professions, NHS bodies and networks within the new health and care system
- v. Develop and publish a set of principles and values to guide formulation of Clinical Senate advice, consistent with the NHS Constitution
- vi. Prior to any work being conducted by the Senate, ensure the sponsoring organisation appoints a lead to represent their organisation(s) and that they sign off the Terms of Reference for the topic on behalf of all participating commissioners
- vii. Ensure a reasonable time frame for delivery within the Terms of Reference for each topic
- viii. Ensure the provision of safe, evidence based impartial clinical advice, where necessary, drawing out strategic level risks and issues which will need to be considered by decision makers
- ix. Ensure transparency by publishing advice that a Clinical Senate gives and the processes through which the advice was formulated
- x. Ensure their development is consistent with the national policy direction and adds value to the health and healthcare for local populations through an annual review of impact and effectiveness
- xi. Agree the lead Clinical Senate which will be responsible for leading the process to formulate advice and publishing the outcome where there is collaboration between Clinical Senates
- xii. Publish an annual report providing an overview of the Clinical Senate's work. This should include an assessment of its impact and added value

8. Topic Selection

The sponsoring organisation will decide whether input from a Clinical Senate is required and where a number of commissioners are responsible for the services potentially under consideration, a majority of those commissioners should support Clinical Senate involvement. NHS England and NHS Improvement may request Senate involvement as part of their strategic service change assurance process.

The Yorkshire and the Humber Clinical Senate support team will develop criteria, approved by Council, for taking on a topic for advice and each topic will have a lead or sponsoring organisation.

The Terms of Reference for consideration/review of each topic will be agreed with the lead organisation, including a completion date for when the advice will be available to the lead organisation.

Strong and enduring relationships between Clinical Senates and local stakeholders will be vitally important. Extensive bilateral discussions between the Chairs of Clinical Senates and organisation leaders will be essential to ensure that only relevant issues are discussed and that their proposed directions of travel are aligned. Further detail is provided in the document “The Process for Requesting Advice”

The Yorkshire and the Humber Clinical Senate will adhere to their pre-defined set of principles and values to guide their deliberations, consistent with the NHS Constitution. These principles are on page 4 of this document.

9. Working Arrangements for the Conduct of Business in Council Meetings

9.1 Chair

The Chair of the Yorkshire and the Humber Clinical Senate will be appointed by a representative Yorkshire and Humber panel and overseen and approved by the NHS England and NHS Improvement North East and Yorkshire Medical Director. The Vice-Chair will be selected through the Clinical Senate Council.

9.2 Chairing the Meetings

Meetings will be chaired by the Senate Chair supported by the Senate Manager. A Vice-Chair will be appointed.

9.3 Frequency of Meetings

The Council will meet bi-monthly.

9.4 **Quoracy**

Meetings will be quorate when the majority of the Council are represented, the Chair or Vice Chair present and at least one provider organisation and one CCG representative are present.

9.5 **Named Substitutes**

Council members are required to make a personal commitment to the role; however there may be occasions when nominated members need to identify an appropriate substitute.

Such substitutes should be notified to the Senate Manager prior to the meeting for approval by the Chair. Substitutes will have full voting rights. For appointed members no substitutes will be permitted.

9.6 **The Assembly**

Separate Terms of Reference provide details on the conduct of business within the Assembly.

10. **Decision Making**

A key success factor for the Clinical Senate will be the trust in and credibility of the advice it provides. Transparency of the principles and processes by which the Clinical Senate operates are essential. The Yorkshire and the Humber Clinical Senate guiding principles are contained within section 3 of this document and supported by the full suite of governance documents including the management of conflicts of interest.

It is the aim to reach decisions within the Council by consensus and voting will only be by exception. All members of the Council will have voting rights unless a conflict of interest has been declared in relation to the topic. Advice formulated by Clinical Senates will be published. This will include a description of the process followed to formulate the advice including the extent of engagement with health and care professionals, the patients and public and the evidence base. This will demonstrate how the guiding principles have been complied with.

11. **Accountability and Reporting Arrangements**

The Clinical Senate will have a key role in supporting organisations to make the best decisions with the expertise and advice from the Senate. As the Council is a non-statutory organisation, it will support statutory healthcare bodies.

The Senate will report to the Medical Director, NHS England and NHS Improvement North East and Yorkshire and, at least annually, will provide a report to the Medical Director. Minutes from all Senate meetings will be distributed to members and made available on the website.

The Chair of the Clinical Senate will report to and be professionally accountable to the Medical Director, NHS England and Improvement North East and Yorkshire.

12. Declaration of Interests

Whilst it is important that there is broad representation of clinicians from provider and commissioning organisations within a Clinical Senate, on both the 'Council' and 'Assembly', Council members need to decouple their institutional obligations and interests from their advisory role. Council Members may also be members of professional bodies, trade unions, the third sector or other NHS bodies such as Public Health England (PHE) and Health Education England (HEE). The focus of the Clinical Senate is that it provides impartial advice which is in the best interest of patients, not of organisations or professions interests. Objectivity and neutrality will be essential to Clinical Senates' credibility.

Members' conflicts of interest should be declared in a transparent way. As such, the Clinical Senate will publish a Conflict of Interest Policy and ensure that this policy is applied routinely throughout the development and delivery of its responsibilities and work plan.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded. All declarations of interest will be recorded in the minutes.

13. Urgent Matters Arising Between Meetings

In the event of an urgent matter arising between the meetings that cannot wait for resolution until the next scheduled meeting, the Chair, in consultation with the Vice-Chair and Senate Manager, will convene a virtual or real meeting with at least 3 other Council members to take such action as is necessary.

Such decisions will be reported to the next scheduled meeting of the Council.

14. Secretarial Support

Secretarial support will be provided by the Senate Administrator.

15. Review of Terms of Reference

These Terms of Reference will be reviewed annually or sooner if required.