

South West Clinical Senate – Operating Principles

Introduction

In 'The Way Forward – Clinical Senates' NHS England describe the Clinical Senates as the body that 'brings together a range of professionals to take an overview of health and healthcare for local populations and provides a source of strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients'.

The South West Clinical Senate will span professional groups and work alongside patient and public partners, Strategic Clinical Networks, Academic Health Science Networks, Public Health England and Health Education South West to support service reconfiguration and improve quality of health and social care cross the South West.

The Senate is a non-statutory entity with no executive authority or legal obligations which, in providing advice to commissioners, will take a broad view on the totality of health and social care.

By harnessing the collective expertise and intelligence across the region we will position the Senate as a valued partner in the new commissioning landscape and will bring a renewed professional focus to the challenges facing health communities.

In order to be effective and credible, Senate membership needs to be multi-professional, geographically representative and span a variety of organisation types. Members will usually be experts with strategic abilities and be held in high regard in their respective fields. Members will be expected to decouple institutional allegiances and obligations from their advisory role on the Senate. The basis on which membership is founded will evolve over time.

Clinical Senates have the opportunity to develop professional consensus to help local health communities make effective decisions about quality, equity, safety and efficiency. The challenges faced by the NHS mean that the Senate will at times make unpopular recommendations. It is anticipated that as the Senate matures, it will be proactive as well as responsive.

Vision:

The Senate will serve as the collective conscience of health and social care in the quest to develop high quality and sustainable health for the population of the South West.

Roles

- To provide a forum where collective knowledge, advice and intelligence on health and social care issues can be shared and advice provided to commissioners.
- To provide a mechanism for increased participation from clinicians and service users.
- To support service reconfiguration where appropriate and improve the quality of health and social care across the South West.

Values:

- Integrity
- Inclusivity
- Independence
- Evidence based
- Transparency

Accountability:

Clinical Senates have been established to be responsive to the health community through their deliberations. They can be held to account for their functioning but not for the advice they give.

Senate Structure

The South West Clinical Senate will comprise of an Assembly and a Council supported by a core management team.

Citizen's Senate

A 'Citizen's Senate' has been proposed to provide a strong patient and public voice to support the work of the Senate. A core membership of public and patient members will work closely with local Healthwatch organisations throughout the South West and network with existing PPI and membership groups, Foundation Trust membership managers and third sector organisations. The precise structure of the Citizens Senate has yet to be agreed but the vision is to support the Clinical Senate in the provision of advice that supports patients' needs.

Senate Chair

The Senate Chair is a clinician, appointed by the Medical Director of the Local Area Team with responsibility for Clinical Senates, Strategic Clinical Networks and Specialised Commissioning. The Senate Chair is accountable to NHS England via the Medical Director of the Area Team. In 2013/14, the Senate Chair will be responsible for inviting members of the Senate Assembly to become Senate Council. The process for populating the Senate Council in subsequent years will be determined by the Senate Management Team.

The Clinical Senate Assembly

Will be a diverse multi-disciplinary collective providing the Senate Council with access to professionals with a wide range of experience and ability from across the South West. Membership will encompass the 'pre-conception to death' spectrum of care across all health and social care settings. Members will be expected to decouple any institutional obligations from their advisory role on the Senate. In order to be effective and credible the Assembly membership will be geographically representative, multi-professional and span a variety of different organisation types. The Senate work plan will inevitably require it to seek advice and views from individuals who are not assembly members. In doing so, it will ensure appropriate stakeholder consultation including where appropriate, the views of Royal Colleges and other professional organisations.

Senate Council

Will be the 'steering group' of the Senate, led by the Senate Chair and consisting of a core membership of senior health and social care leaders, clinical experts and patient and public representatives. As far as possible, the selection of Senate Council members will be geographically and professionally distributed. The Senate Council will take an overview of the strategic direction and business of the Senate by;

- Agreeing the Terms of Reference for the Senate
- Developing and publishing a set of principles and values that guide the Clinical Senate
- Being responsible for the formulation and provision of independent advice to commissioners
- Agreeing the key priorities for the Senate in consultation with the health and social care system

Council membership

- Independent Chair (appointed)
- Deputy Chair
- 12 members drawn from the Senate Assembly
- Area team Medical Director (hosts the Senate and is an ex officio member)
- Director of Public Health (1)
- Director of Adult Social Care (1)
- Director for Children and Young people (1)
- Health Education England (1)
- Public Health England (1)
- AHSN representative (1)
- Public and Patient members (4 – including an appointed Patient and User Commissioner)
- Strategic Clinical Network Directors (4)
- The SCN and Senate Associate Director, Senate Manager and an administrator will be in attendance
- Additional council members will be co-opted as required for deliberative sessions

The Senate Management Team

The Senate Management Team will be the initial contact point for the Clinical Senate. The team will meet monthly to plan the business of the Senate and will be responsible for its day-to-day operation.

- It will ensure regular and timely communication with Senate members and other key stakeholders
- Ensure that the Senate's deliberations and activities are consistent with its values and vision
- Identify and manage potential risks
- Establish the operational policy of the Senate
- Establish a framework for evaluating the work of the Senate
- Develop a methodology to measure success

Through liaison with neighbouring Senates, the SCNs, AHSNs, providers and commissioners, the Senate management team will ensure that cross-cutting themes are identified with the aim of avoiding duplication and maximising the potential for collaboration.

Management team members

- Senate Chair & Deputy Chair
- Area Team Medical Director
- Associate Director, South West Clinical Networks and Senate
- Senate Manager
- Senate Patient Commissioner (senior figure from Citizen's Senate)

Senate Manager

The Senate Manager is appointed by and responsible to the Associate Director, Strategic Clinical Networks and Senate. The Senate Manager is responsible for organising the business of the Senate, providing the secretariat for its deliberations and ensuring an effective communications strategy.

Meetings

- The Senate Council will meet bi-monthly with no fewer than 4 meetings a year.
- During deliberative meetings, the Senate will meet in public.
- The core agenda will include three sessions:
 - Evidence gathering
 - Deliberation
 - Decision making and rationale
 - A process for bringing topics for deliberation as outlined in this paper
- The deliberative section of Senate Council meetings will be held 'in camera'. To ensure that a full and robust analysis of the evidence is available, additional expertise may be sought through the calling of expert witnesses that could include patients or service users and their carers.
- There will be an annual Senate meeting to which all Assembly members will be invited. This will cover issues including future priorities as well as offering continuing profession development opportunities.

Issues for Deliberation

Issues to the Senate should come from or through

- Commissioners with a lead commissioner acting as the sponsor for the proposal
- Health and Well Being Boards, acting in concert, where appropriate
- Members of the Strategic Clinical Networks acting through the Clinical Director and in concert with a sponsoring commissioner

The Senate Council should assess the relevance of the discussion topics; however, the following principles guide the determination of issues for deliberation by the Clinical Senate:

- The proposed discussion topics should be issues to which the Senate can add value..
- While the Clinical Senate is clinical in its membership, discussion topics should not be restricted to those having a clinical basis.
- The Clinical Senate should not review any individual or organisation's operational role or performance.

Decision Making

While various groups may nominate Senate members, decisions leading to recommendations will be made in the best interest of the health system as a whole, above any sectional or vested interests of Senate members. Decisions will be made with the support of evidence presented to all Senate members and will be made available publically. Where a consensus approach to decision making is not possible, decisions will be determined by a majority vote. The Senate Chair will have the decisive vote where a majority vote fails.

The recommendations of the Senate will be communicated, verbally at first after the deliberations of the Senate, with a written outcome sent to commissioners within 4 weeks of the Senate Council meeting.

Meeting administration

- Secretariat for the Senate will be provided through the Senate Management Team.
- Quorum for the Senate will be decided in consultation with members.
- The secretariat will ensure that the Senate has an effective means of communication with all stakeholders.

Supporting documents being developed

- Organisational Chart
- Clinical Senate Terms of Reference
- Citizen's Senate Operating Principles
- Senate Standing Orders
- Conflict of Interests Policy
- Senate Assurance Framework

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