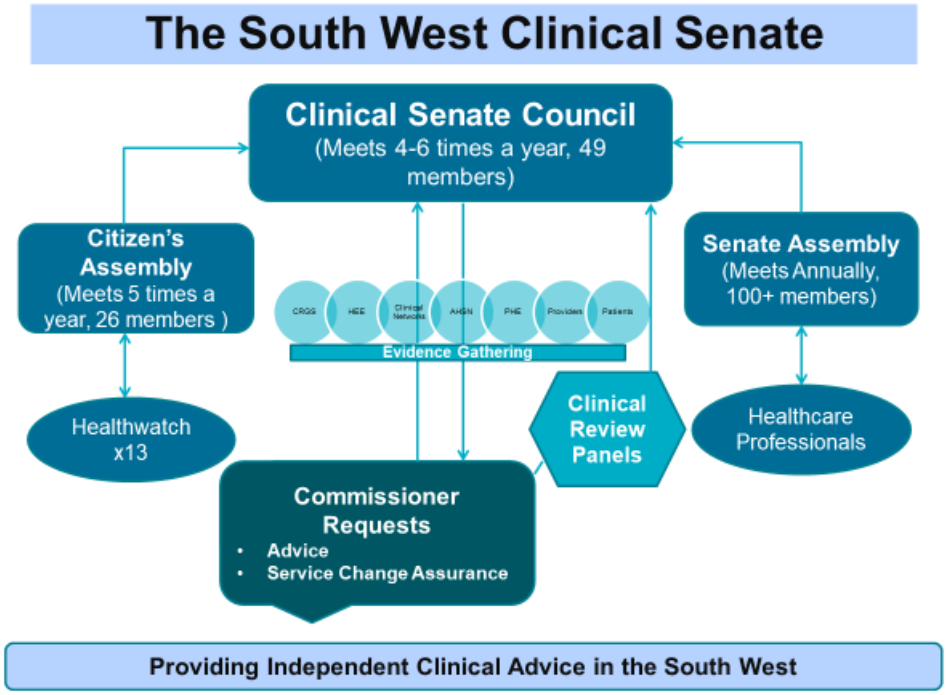
South West Clinical Senate – Operating Principles

(April 2019 – v4)

Vision

The Senate acts as the collective conscience of health and social care by providing independent clinical advice to commissioners to help develop high quality services and sustainable healthcare for the population of the South West.



Summary

Clinical Senates were set up as a result of the Future Forum consultation prior to the Health and Social Care Act of 2012 with the intention of harnessing a wider range of clinical professional input beyond CCGs into the commissioning process.

NHS England describes the Clinical Senate as the body that 'brings together a range of professionals to take an overview of health and healthcare for local populations and provide a source of strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients'[1].

[1] http://www.england.nhs.uk/wp-content/uploads/2012/11/scn-sof.pdf

Introduction

The South West Clinical Senate spans professional groups and works alongside patient and public partners, Clinical Networks, Academic Health Science Networks, Public Health England, Health Education South West and others to advise on service design, reconfiguration and improve the quality of health and social care cross the South West.

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

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

To be effective and credible, Senate membership needs to be multi-disciplinary, geographically representative and span a variety of organisation types. Members will usually be senior clinical experts with strategic ability 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 and critique to help commissioners and local health communities make effective decisions about quality, equity, safety and efficiency. The challenges faced by the NHS mean that the Clinical Senate will at times make unpopular recommendations. It is anticipated that as the Clinical Senate matures, it will become proactive as well as responsive.

Objectives

- The Senate will provide highly regarded and valued independent clinical advice that can be implemented across the South West region and beyond.
- The Senate will be recognised as being valuable to the healthcare community and provide leadership in system transformation and reconfiguration.

Roles

- To provide a forum where collective knowledge, advice and intelligence on health and social care issues can be shared and independent clinical advice provided to commissioners.
- To provide a mechanism for increased participation in service change from clinicians and service users.
- To support large scale service change and service reconfiguration where appropriate by providing independent clinical advice to improve the quality of health and social care across the South West.
- On 1st September 2014 Clinical Senates across England took on the additional role formerly delivered by the National Clinical Assurance Team (NCAT) to deliver independent clinical review of the clinical models and evidence base for large scale service change as part of the NHS England Assurance Process. This is described in more detail on page 9.
- To ensure a consistent approach, the 12 Senates across England developed a shared Standard Operating Framework which describes the role of Clinical Senates both in providing advice and undertaking clinical review. The South West Clinical Senate's local guidelines are in adherence with this SOF which can be found on the South West Clinical Senate website here; http://www.swsenate.nhs.uk/wp/wp-content/uploads/2014/07/Clinical-Senate-Single-Operating-Framework-2014-15v3-July2014.pdf

Values

The Clinical Senate should work to the Seven Principles of Public Life, known as the Nolan Principles, which were defined by the Committee for Standards in Public Life as follows;

•Selflessness
•Integrity
•Objectivity
•Accountability
•Openness
•Honesty
•Leadership

Accountability

Clinical Senates have been established to be responsive to the health community through their deliberations and advisory role. The Senate will report into the South Regional Clinical Senate Co-ordinating Group and be held to account within the newly merged NHSE&I by the South West Medical Director (as at April 2019).

Senate Structure

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

Senate Chair

The Senate Chair is a clinician, appointed by interview and accountable to NHS England via the Medical Director of the Regional Team with responsibility for Clinical Senates and Clinical Networks. The Senate Chair has ultimate responsibility for the Senate.

The Senate Chair will be responsible for appointing members of the Senate Assembly to the Senate Council via formal application and review with the Senate Management Team to ensure the Senate is credible both professionally and geographically.

The Clinical Senate Assembly

The Clinical Senate Assembly is a diverse multi-disciplinary professional collective providing the Senate Council with access to experts 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 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 membership will be drawn from the Senate Assembly where possible. Senate Assembly members not on the Council will not usually attend Senate Council meetings unless they are presenting evidence.

The key function of the Senate Assembly is to;

- Comment on and provide evidence, perspective and information on questions/topics being addressed by the Council
- Provide wide ranging knowledge and expertise the Senate Council can draw on
- Champion the role of the Clinical Senate
- Help to set the annual work plan for the Senate Council and propose potential topics and or/questions that commissioners may wish to put forward
- Sit on Clinical Review Panels as appropriate
- Help to identify contributors for Clinical Review Panels

All members of the Senate Assembly will be invited to an annual event, which will cover issues including future priorities as well as offering continuing professional development opportunities.

Senior Health and Social care professionals working in the South West can apply to become Senate Assembly Members via online applications. These must be approved by the Senate Chair and one other member of the Senate Council. Senior non-clinical managers can be co-opted onto the Assembly by existing members of the Senate Council. There is currently no cap to the number of Senate Assembly members.

Citizens' Assembly

A Citizens' Assembly has been established to provide a strong patient and public voice to support the work of the Senate. The core membership seeks to comprise two representatives from each of the 13 Healthwatch organisations across the South West region chaired by an appointed and remunerated Citizens' Assembly Chair. Individuals who regularly link with local networks and community groups will also be considered.

The Citizens' Assembly is an integral part of the infrastructure of the Senate enabling it to deliver its advice to commissioners with the full involvement of patient members.

The Citizens' Assembly will debate issues of strategic importance brought to the Senate, drawing on evidence and information from its 'network of networks' that gather the patient voice, and consider potential areas of concern to patients and the public across the South West.

The Citizens' Assembly Chair is a standing member of the Senate Council along with 1 further Citizens' Assembly member attending each meeting on a topic specific basis. The deputy Citizens' Assembly Chair will attend when the Chair is unable. They will participate in deliberative Senate meetings alongside professional members of the Senate Council giving voice to the concerns of patients, service users and carers.

The key functions of the Citizens' Assembly are to;

- Contribute to Senate Council deliberative sessions through its nominated Senate Council Members.
- Use existing Healthwatch networks to hear the patient voice on questions before they go to Senate Council meetings for deliberation
- Submit evidence to Senate Council Meetings
- Share the advice that comes from the Senate Council
- Sit on or find appropriate citizen contributors for Clinical Review Panels
- Suggest topics that Commissioners may wish to seek Senate advice on.

Citizens' Assembly Chair Role

The Citizens' Assembly Chair will make a significant contribution to the work of the Senate Council by:

- Providing strong, coordinated and coherent leadership of the Citizens' Assembly.
- Communicating the objectives and decisions of the Clinical Senate to the Citizens Assembly and associated South West based patient and public forums.
- Ensuring that patient experience informs the recommendations of the Clinical Senate to commissioners.

- Working closely with the Senate Chair and Senate Manager to ensure patient and public participation is embedded in the work of the Senate.

Senate Council

The Senate Council will be the 'steering group' of the Senate and has its own Terms of Reference (see Appendix 1)

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
- It will ensure that the Senate's deliberations and activities are consistent with its vision, objectives and values
- Identify and manage potential risks
- Establish the operational policy of the Senate
- Establish the annual work programme 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 Clinical Networks, NHS England, providers and commissioners and other bodies, 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
- Regional Medical Director

- Associate Director, South West Clinical Networks and Senate
- Head of Senate
- Citizens' Assembly Chair

Head of Clinical Senate

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

Issues for Deliberation

Topics/requests for the Senate should come from or through;

- Commissioners with a lead commissioner acting as the sponsor for the proposal. These could be;
  - Clinical Commissioning Groups (at least two)
  - NHS England Teams
  - Specialised Commissioning
  - Local Authorities (at least two – in relation to healthcare commissioning)
- Health and Well Being Boards, acting in concert, where appropriate
- Members of the Clinical Networks acting through the Clinical Director and in concert with a sponsoring commissioner
- Public Health England
- Provider organisations

Clinical Review topics would come via a CCG and/or NHS England assurance teams.

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.
- Proposed topics should be of significant and of strategic importance to health and social care transformation.
- Senate Council can pro-actively propose topics to commissioners.

Clinical Review Process

Background

Since September 2014 the 12 Clinical Senates across England have taken on the role formerly delivered by the National Clinical Assurance Team (NCAT) which ceased to exist as of April 2014.

NHS England has a role to support and assure the development of proposals for service change by commissioners via its Assurance Process. The stage 2 assurance checkpoint considers whether proposals for large scale service change meet the Department of Health's 5 tests for service change prior to going ahead to public consultation. The Senate considers test 3, the evidence base for the clinical model, and test 5, the case for changes to bed numbers.

It is this role that NCAT delivered previously and which Senates have taken on as an independent clinical advisory body. The other elements of service change which are reviewed by the assurance team (patient engagement, patient choice, quality benefits, fit with best practice etc.) are not within the Senate's remit.

Clinical Review Process

Initial discussion with the lead CCG/Assurance Team (rolling review of reconfiguration grids). TOR agreed between CCG and Senate.

CCG share Case for Change and Summary of proposals

Stage 1 Sense-Check by Senate

(Via a small 'virtual' panel of Senate Clinicians). This panel will consider and provide feedback against the following;

1. Is the clinical case for change robust and in line with national best practice and evidence?
2. Is the outlined model clear and will it improve the quality of care?
3. Does the clinical case for change fit with the proposed changes?
4. What might need to be incorporated in future iterations of the model of care, when developing detailed options and where is further information needed?

Pre-Panel Pre-Meet

A couple of weeks before the full panel meeting it is helpful for the core Senate Team (Clinical Chair and Manager to meet with the core Clinical Leads on the project/programme team)

Clinical Review Panel

This would bring together a panel of out of area clinicians relevant to the topic area who would review service change documentation and pre-reading and meet with clinical leads as a panel to act as a critical friend and review whether the clinical evidence base for the options laid out is robust. A checklist for the stage 2 review can be found in appendix 6.

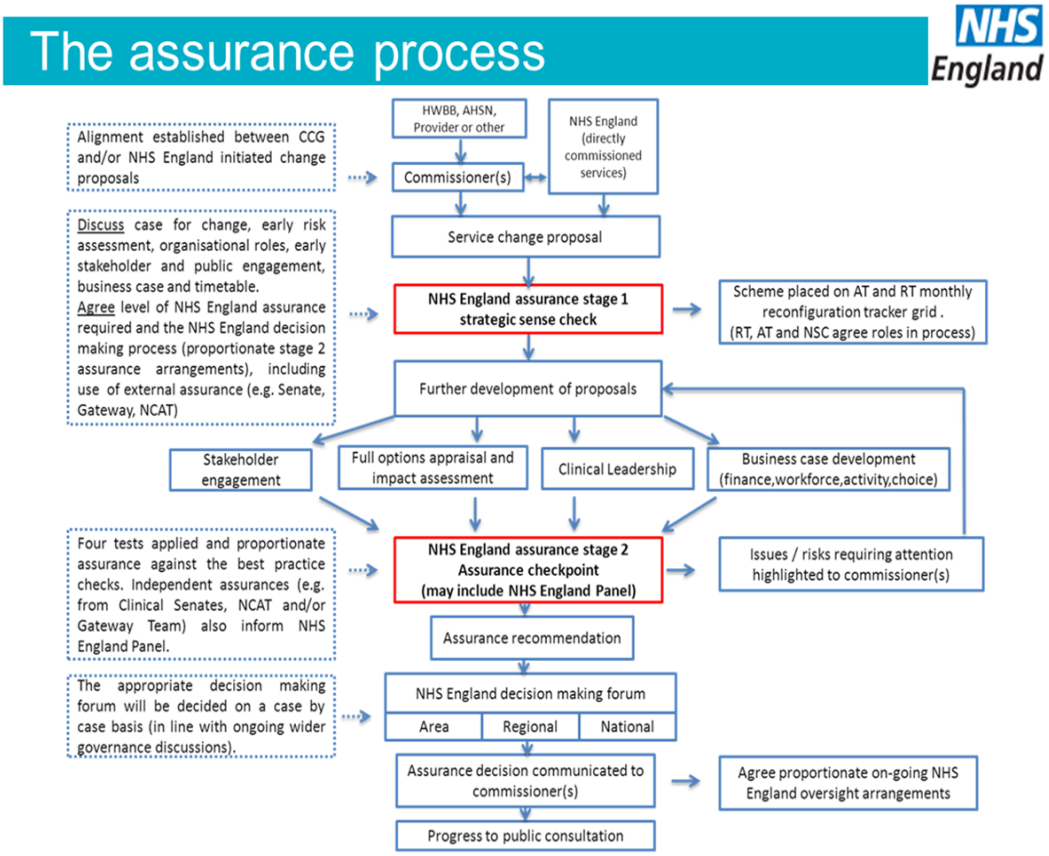
This would happen after commissioners have developed options and before they go to public consultation. This is a recommended part of the NHSE stage 2 assurance check point that gives the go ahead for service change proceeding to public consultation.

The Senate needs at least 8 weeks notice to set a date for a full clinical review panel and the final Pre-Consultation Business Case needs to be available to this panel 2 weeks before they convene. (Once set the date cannot be easily moved.)

Clinical Review Report

The panel summary can be shared with the CCG and assurance team in the days immediately after the panel assuming no further information is needed. A full draft report with any recommendations will be signed off by the panel and shared with the CCG for fact checking within 3 weeks. A final draft should be available within 4 weeks.

The wider NHS England Assurance Process is shown below:



A South West Summary of the National Terms of Reference for the Clinical Review Panels has been developed (Clinical Review Process – South West Summary for Council – September 2014).

A handbook for Clinical Review Panel Members has also been developed and is available from the Senate office.

Review Panels will be Chaired by a Senate Council member and will usually be run in addition to Senate Councils or at Senate Council meetings if appropriate.

Administration

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

Version Amendments

October 2014 – Clinical Review role added to Senate portfolio and updated

September 2015 – New membership agreed and updated (see Note regarding proposed revision to Operating Principles)

January 2017 – Detail of developed Clinical Review Role and process added and membership increased from 28 to 36.

April 2019 – Council TOR amended to reflect additional 10 Council members (overall increase from 36 to 47) with STP (6) and Clinical Network (4) leads added as well NICE input. New merged management structure of NHSE and NHSI referenced.

Appendix 1

Terms of Reference - South West Clinical Senate Council

The Senate Council is 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 majority of Senate Council members will be drawn from the Senate Assembly. Two lay members will be drawn from the Citizen's Assembly.

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 operating principles and values that guide the Clinical Senate
- Being responsible for the formulation and provision of independent clinical advice to commissioners
- Agreeing the key priorities for the Senate in consultation with the health and social care system
- Agree the Terms of Reference for Clinical Review Panels, help identify Clinical Review Panel members and sign off Clinical Review Panel reports. Some of this work may be done outside of scheduled Senate Council meetings.

Senate Council Members must;

- Actively contribute to deliberative sessions and review evidence ahead of Senate Council meetings.
- Endeavour to attend all meetings in full but ensure attendance at a minimum of 3 Senate council meetings per year.

- Act in a professional capacity, with objectivity and without organisational bias.
- Adhere to the Conflicts of Interest Policy (See Appendix 2)
- Adhere to the Code of Conduct for Senate Council Members
- Act in a horizon scanning capacity, bringing question proposals to the Senate where appropriate
- Support the role of Clinical Review
- Champion the role of the Clinical Senate and encourage applications to the Senate Assembly

Accountability

The Senate Council is held accountable to the NHSE South West Medical Directorate for the business of the Senate, but not for its deliberations and advice given.

Relationship to the Senate Assembly

Membership of the Senate Council is largely drawn from the Senate Assembly. The full Senate Assembly will meet at least once a year. The key functions of the Senate Assembly are to;

- Provide evidence on questions being addressed by the Council
- Provide wide ranging knowledge and expertise the Senate Council can draw on
- Champion the role of the Clinical Senate
- Help to set the annual work plan for the Senate Council and propose potential topics and or/questions that commissioners may wish to put forward
- Sit on Clinical Review Panels as appropriate
- Help to identify contributors for Clinical Review Panels

Relationship to the Citizen's Assembly

The Citizen's Assembly comprises representatives from the 13 Healthwatch organisations across the South West as well as individuals who regularly link with local networks and

community groups. The Citizen's Assembly is chaired by a Citizens' Assembly Chair who sits on the Senate Council along with 1 other Citizen's Assembly member nominated to each council meeting on a topic specific basis. The key functions of the Citizen's Assembly are to;

- Contribute to Senate Council deliberative sessions through its 2 nominated Senate Council Members.
- Use existing Healthwatch networks to hear the patient voice on questions before they go to Senate Council meetings for deliberation
- Submit evidence to Senate Council Meetings
- Share the advice that comes from the Senate Council
- Sit on or find appropriate citizen contributors for Clinical Review Panels
- Suggest topics that Commissioners may wish to seek Senate advice on.

Membership

The updated council membership agreed for 2019 is as follows:

(Total of 49 plus 5 management team and contributors to Senate Council meetings)

Standing Members

1. Independent Chair (appointed)
2. Deputy Chair (appointed from within the Senate Council)
3. Citizens' Assembly Members (2) (Chair or deputy and one other selected on a topic specific basis)
4. HEE
5. AHSN
6. PHE
7. NICE
8. Specialised Commissioning

Core Members

9. Specialty Medicine (4)
10. Speciality Surgery (4)

11. Radiology (1)
12. Emergency Medicine/Surgery (1)
1. GP (3)
2. Ambulance Service (1)
3. Mental Health (1)
4. Oncology (1)
5. Care of Older People (2)
6. Nursing (3)
7. AHP (2)
8. Public Health (1)
9. Medical Scientist (1)
10. Children (2)
11. Pharmacy (1)
12. Clinical Strategy (1)
13. Social Care (1)

Co-opted Membership (10)

14. Clinical Network – Maternity (1)
15. Clinical Network – Cancer (1)
16. Clinical Network – Mental Health (1)
17. Clinical Network – Cardiovascular (1)
18. STP/ICS Clinical Lead BNSSG
19. STP/ICS Clinical Lead BSW
20. STP/ICS Clinical Lead Gloucestershire
21. STP/ICS Clinical Lead Devon
22. STP/ICS Clinical Lead Somerset
23. STP/ICS Clinical Lead Cornwall

Senate Council members may not send proxies where they are unable to attend in person to maintain the dynamics, and modus operandi of the group.

The Medical Director, Senate Associate Director, Head of Senate, Senate Officer and an administrator may be in attendance.

Additional assembly members will be co-opted as required for deliberative sessions

*Members drawn from the Senate Assembly must together represent the broad geography and range of health and social care organisations and professions across the South West.

Term of Membership and Appointment Process

- Senate Council members will be appointed for 1, 2 or 3 years at their discretion. (Each member may remain on the Senate Council for a maximum of five years.)
- New Senate Council members will be recruited (from the Senate Assembly where possible) via an application process (see appendix 5). Applications will be reviewed by the Senate Management Team with a selection process where there are more applicants for any one position. Consideration will be given to ensure the Senate Council remains credible both professionally and geographically.
- A phased approach will be adopted to selecting and appointing new members so as to retain and handover expertise, aiming for complete renewal of the Senate Council over a 5 year period.
- Standing members will be appointed following nomination from their employing organisation

Frequency of Meetings

The Senate Council will meet bi-monthly with no fewer than 4 meetings per year. Business meetings to review Terms of Reference etc. may also be scheduled as appropriate.

Quorate Attendance for Deliberative Meetings

The quorum for attendance at Senate deliberations is greater than 50%

Meetings

The Senate Council Meetings will be supported by the Senate Management Team. Papers for the meetings will be sent out at least a week in advance. Notes will be processed within two weeks.

The core agenda will include three sessions applicable to general advice topics or where senate council meetings are used for clinical review panels to take place:

- Evidence review
- Deliberation
- Decision making and rationale

To ensure that a full and robust analysis of the evidence is available, additional expertise may be sought through the calling of expert contributors that could include patients or service users and their carers.

Public Attendance at Meetings

Members of the public may attend the first part of a deliberative meeting to hear the evidence, including patient and public evidence, presented to the Senate Council and will be given the opportunity to comment. The deliberative component of the meetings will be documented but not held in public. This does not include council meetings used to run clinical review panels where much of the CCG evidence will be confidential and not for onward or public sharing at that point in time.

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 publicly available. The Senate Council and Chair will avoid making decisions by vote where possible. Where a consensus approach to decision making is not possible, decisions may be determined by a majority vote with the Senate Chair holding the decisive vote. NHS England staff members do not have the right to vote.

Advice from Deliberative Senate Council Meetings

At the end of each deliberative meeting the Senate Council Chair will summarise the advice reached on the day and this will be shared via email with Senate Council members within one week post-council meeting. Formal advice for commissioners will be circulated and shared with wider stakeholders on the Senate website within 6 weeks.

Review of Terms of Reference

Once agreed, the Terms of Reference for the Senate Council will be reviewed on a yearly basis.

These Terms of Reference are next due for review in April 2020.

Appendix 2

Conflicts of Interest Policy

Introduction

This policy sets out how the South West Clinical Senate will manage conflicts and potential conflicts of interest.

This policy draws on examples from other Clinical Senates and NHS organisations.

This policy will cover members of The Senate Assembly and Citizens' Assembly to include all Council members and the Senate Management team as well as relevant individuals who have been commissioned to give evidence at Senate Council meetings or undertake any work on behalf of the Senate.

The aim of this policy is to provide transparency and assurance to all stakeholders.

Members of the Senate Council need to demonstrate that the advice they give:

- clearly meets local health needs and that these have been considered appropriately
- goes beyond the scope of a single provider or organisation
- is in the best interests of the public and patients

This policy supports a culture of openness and transparency. All Senate members are required to:

- ensure that the best interests of patients remain paramount at all times
- be impartial and honest in their conduct as a Senate member
- ensure that they do not abuse any professional or personal position for personal gain or to the benefit of their family or friends

Policy Statement

Members of the South West Clinical Senate Council should act in good faith and in the interests of the Senate and comply with this Conflicts of Interest policy.

Individuals appointed or commissioned to work on behalf of the South West Clinical Senate will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest.

This policy supplements and does not replace the code of conduct of the individual's employing organisation. Ultimately, it is the responsibility of any individual to declare a known conflict.

Purpose

The purpose of this policy is to provide guidance to relevant individuals on handling possible conflicts of interest that may arise as a result of their role on the South West Clinical Senate.

This Policy;

- Defines what is meant by conflict of interest
- Sets out the process for managing conflict of interest within the South West Clinical Senate

Scope;

- The policy covers the Assembly and Citizens' Assembly to include the Senate Council and the Senate Management Team.
- This policy also applies to other individuals who may contribute to the work of the Senate e.g. to submit evidence to a deliberative council meeting or a clinical review panel*.
- In particular conflicts of interest may arise at Senate Council deliberative sessions, for individuals presenting evidence to the Senate, for the Citizens' Assembly in its contribution to Senate Council questions and for the full Senate Assembly when commenting on questions going to the Senate council.

*Where individuals presenting evidence declare conflicts of interest, this does not necessarily mean they cannot participate in giving evidence as, in attending as a witness their role will likely be biased in nature. However, conflicts of interests must still be declared to the Senate Council in all cases.

3. Definition of conflicts of interest

A conflict of interest can be defined as any situation in which a member's responsibilities or interests, professional or personal, may, or may appear, to affect the impartiality of the Clinical Senate's advice. It is important to state, however, that members of the Clinical Senate Council have been appointed or nominated in large part because of the particular knowledge or expertise that they can bring to the Council and this may relate directly to the professional responsibilities that they hold. This policy aims to ensure that actual or potential conflicts, which will arise, are acknowledged and managed in a transparent way.

The most common types of conflicts of interest include:

- **Direct financial interest**
  An individual may personally financially benefit from the consequences of a commissioning decision (for example, as a provider of services). This may arise as a result of holding an office or share in a private company that may be referred to in Senate deliberations or could that could potentially bid to provide services that the Senate might advise on.

- **Indirect financial interest**
  An individual is a partner, member, employee or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision. Indirect financial interest can also occur when a close relative may benefit financially from the advice of the Senate.

  The positions which might create real or perceived conflict due to financial interests include:
  - Directorships
  - Ownership or part-ownership of private companies businesses or consultancies likely or possibly seeking to do business with the NHS
  - Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS
  - A position of authority in a charity or voluntary organisation contracting for NHS services
  - Research funding/grants that may be received by an individual or their department
  - Interests in pooled funds that are under separate management.

- **Non-financial or personal interest**
  A Clinical Senate member receives no financial benefit, but is influenced by external factors such as gaining some other intangible benefit or kudos. For example, the Senate provides advice which results in awarding contracts to a Senate member's friends or personal business contacts.

  Where an individual holds a non-remunerative or not-for profit interest in an organisation, which will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract).

  Where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a

reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house).

- **Conflict of loyalties**
  This may occur when decision-makers have competing loyalties between the organisation to which they have primary duty and some other person or entity. For healthcare professionals, this could include loyalties to a particular professional body, society or special interest group. This could also involve an interest in a particular condition or treatment due to an individual's own experience or that of a family member.

  This can include situations where Senate Council members are likely to have long-standing professional relationships with colleagues affected by commissioning advice, to whom they may have allegiances as peers, and with whom they developed particular ways of working over a period of time. Personal conflicts could therefore exist when advice is made which could affect such relationships in some way.

If in doubt, the individual concerned should assume that a potential conflict of interest exists.

4. Arrangements for managing conflict of interest

All council members will be asked on an annual basis to submit a written declaration of interest.

All witnesses giving evidence to the Senate will be asked to complete declarations of Conflicts of Interest where applicable.

Declarations of conflicts of interest will be added to the agenda for all Senate Council deliberative sessions. Due to the single topic based format of Senate Council deliberative meetings it is entirely possible that a conflict of interest could arise for the same individual at one meeting but not at another. It is therefore the responsibility of all individuals attending or contributing to Senate meetings, even where potential conflicts of interests have already been raised, to declare this at the earliest opportunity or at the latest at the meeting.

If a conflict of interest that has not yet been declared becomes apparent in the course of a meeting, Senate members are obliged to make a verbal declaration before witnesses and provide a written declaration as soon as possible thereafter. Any declarations of interest,

and arrangements agreed in any meeting will be recorded in the notes and transcript of the meeting.

Where any conflicts of interest are declared, the Council Chair will determine whether such interests amount to sufficient conflict of interest to require that the member or members stand down from the discussions and whether there is a need to co-opt a temporary member or members to assist the Senate Council in its deliberations.

Where the Chair or a majority of the Senate Council members are concerned that there is a persistent or serious breach of the governance or standards by a member or members, the Chair or a majority of the membership may apply to the Medical Director to have that member or members removed from the Senate Council and replaced by the normal means of nomination or appointment.

5. Declaring and Registering Interests

- All relevant staff, members and other individuals involved in Senate work have a responsibility to be aware of the potential for a conflict of interest.
- Such situations must be carefully managed to ensure that any conflict of interest does not detrimentally impact on the work of the Senate, or confidence in the advice provided by the Senate.
- The ultimate responsibility for the management of potential and actual conflicts of interest rests with the Council Chair.

Should any changes in circumstances arise, it is the responsibility of all Senate Assembly, Citizens' Assembly and Management Team members to declare any interest or potential interest they have, in general or in relation to a proposed topic by writing to the Chair or Senate Manager or at the beginning of a Council meeting.

All potential conflicts of interest should be raised at the earliest opportunity.

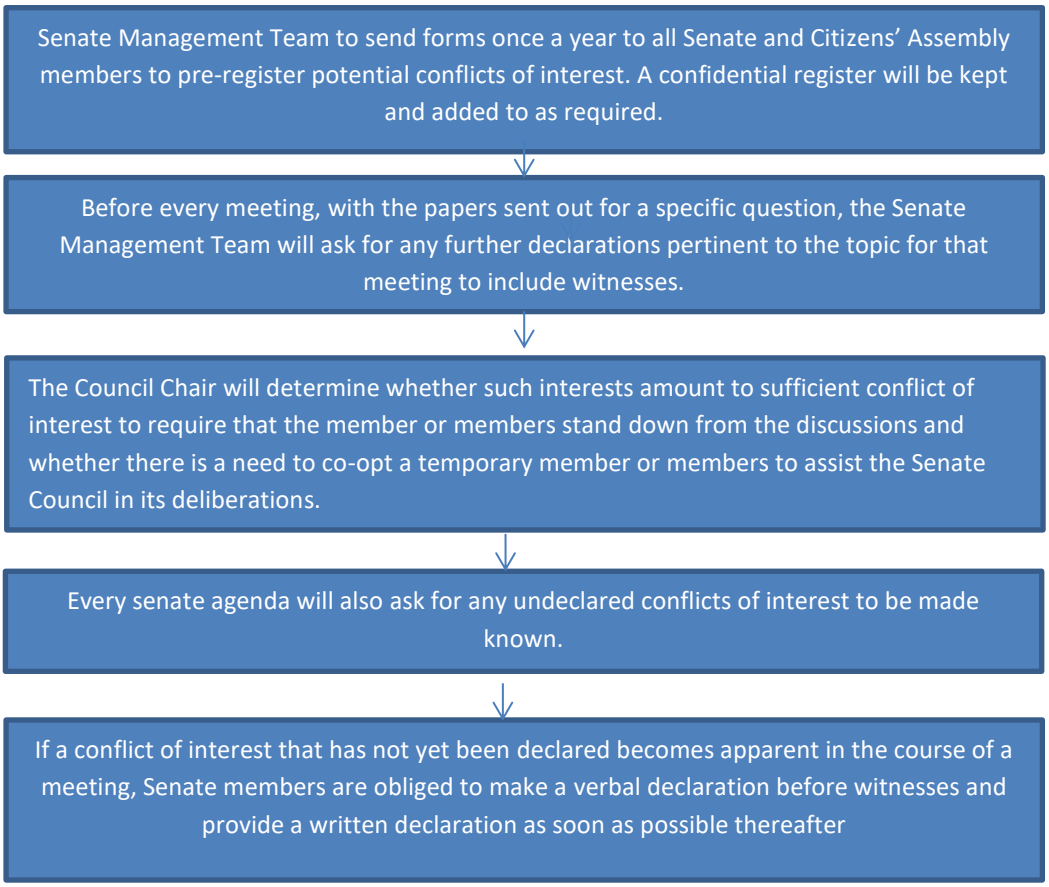
Where the Senate Council Chair identifies any personal potential conflicts of interest he should declare these to the Senate Management team. Where the Chair has a conflict of interest, previously declared or otherwise, in relation to scheduled or likely business of the meeting she/he must make a declaration and a vice- Chair will act as Chair for the relevant part of the meeting.

All declarations of interest should be made as soon as they become apparent.

The South West Clinical Senate Management Team will update and maintain a confidential register of all declared conflicts or potential conflicts of interests relating to current Senate work with details of any arrangements agreed to manage these.

The Clinical Senate Management Team, on behalf of the Council Chair will ensure that for every interest declared, either in writing or by oral declaration, the arrangements provided by the Council Chair are communicated to the declarer.

6. Process for Registering and Managing Conflicts of Interests



6.

Registration of Potential Conflict of Interest Template

For advice on what items should and should not be declared on this form refer to the Conflicts of Interest Policy issued with Operating Principles for the South West Clinical Senate. Further advice can also be obtained from the Head of the Clinical Senate.

Name:

Position:

Please describe below any relationships, transactions, positions you hold or circumstances that you believe could contribute to a conflict of interest:

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature:

Date

Appendix 3

Process for posing questions to the Clinical Senate

"The Clinical Senate will coordinate the provision of robust and credible strategic clinical advice and clinical leadership to influence the provision of the best overall care and outcomes for their populations. "[2]

1. **The Clinical Senate will consider requests for advice from the following Commissioners:**

- NHSE, PHE, HEE and other healthcare teams in the South West
- Clinical Commissioning Groups (CCGs)
- Local Authorities
- Health and Wellbeing Boards
- Public Health England
- Senate Council Members on behalf of Commissioners

2. **The Clinical Senate will provide advice on the following issues in the South West:**

1. Matters of strategic importance to improving health and healthcare

2. Matters relating to service transformation and reconfiguration e.g. models of care, quality and outcomes, development of sustainable local solutions

3. Matters relating to quality improvement e.g. where quality standards do not exist

4. Matters relating to quality assurance e.g. advice relating to the impact of service change proposals and post implementation evaluation

3. **The Clinical Senate will not provide advice on:**

1. Matters involving individual clinicians or patients

2. The appropriateness of a procurement decision

3. Strategic decisions that have already been made (although it may provide advice on issues relating to implementation)

[2] http://www.england.nhs.uk/wp-content/uploads/2013/01/way-forward-cs.pdf

4. Submitting a Request

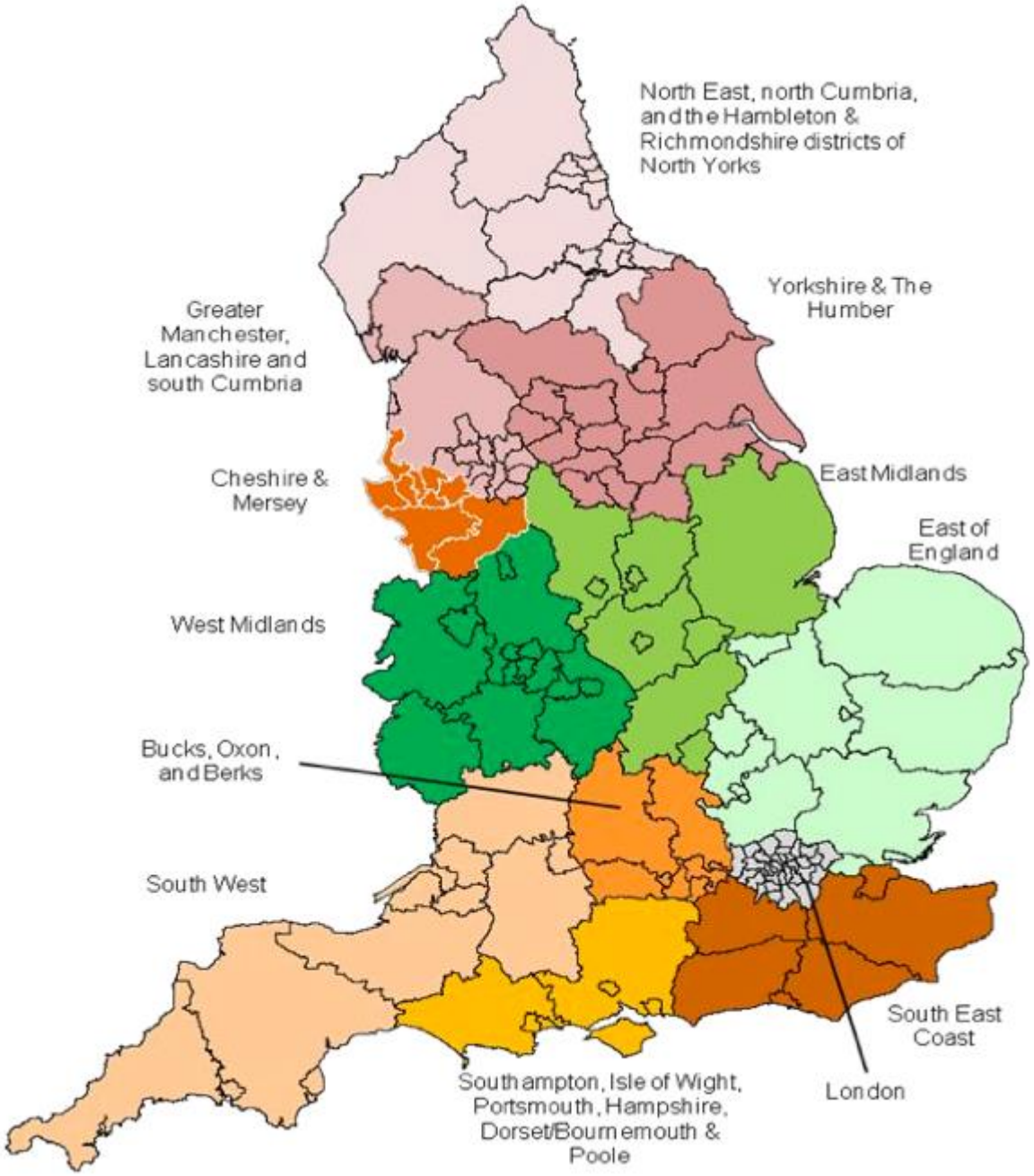
A request for advice may be discussed with the Clinical Senate Council Chair or Head of Senate informally in the first instance.

A formal request for advice should then follow (a template and flowchart is available) and include a core set of information including a very clear statement on the nature of the advice required; the history of the issue, key stakeholders involved and when the advice is required.

If the Clinical Senate identifies any significant concerns through its work which indicate risk to patients it will raise these immediately with relevant senior staff in the organisations involved and that depending on the nature of the issues identified the Clinical Senate Council may be obliged to raise these with the relevant regulatory body(ies).

Appendix 4

Map of 12 Senates across England



Appendix 5

Application for membership of South West Clinical Senate Council

Applications should be submitted to Trish Trim, Senate Administrator patricia.trim@nhs.net.

There is no remuneration available for these roles and prospective Council members should obtain the agreement of their line manager before submitting an application.

Council members will be expected to attend up to six all day meetings (a minimum of 3 to retain membership) in Taunton per annum and make time available to read pre-meeting papers.

Appointments will be for one year, extendable by mutual agreement.

Prospective applicants are encouraged to contact Sally Pearson, Senate Chair (sally.pearson6@nhs.net or Ellie Devine, Head of Senate (elliedevine@nhs.net) for further information and discussion.

Name	
Job title	
Email address	
Contact number	
Address	
Qualifications	
Employing organisation	
Please describe any leadership role(s) including dates held	*National*
	Regional
	Local

Please describe any first-hand experience of patient pathway development in the last 2 years including the setting and role	

Relevant experience, attributes and reasons for applying. (up to 200 words)

Appendix 6

South West Clinical Senate Reviews

This checklist is a summary drawn from the West Midlands Clinical Senate document titled Stage Two Clinical Evidence Framework August 2016 which sets out advice to proposers in relation to the evidence to be developed in advance of an independent clinical review as part of NHSE Stage 2 assurance processes and which has been endorsed by the 12 Senates nationally.

Checklist Information from CCG: Clinical Evidence (Key Service Change Tests 3 & 5)

Topic Area	Information	Evidence sought	Document Sent (Case for Change and Pre-Consultation Business Case may be only documents needed)
Healthcare Setting	Narrative summary of the current position in respect to the services covered by proposals	Background – demography and service activity/outcomes	
Model proposed	Why proposals for change need to be considered	Case for Change	
	How final options were developed and the clinical rationale	Options Appraisal	
	Which options were ruled out, and why.	Options Appraisal	
	What is the proposed model or models?	Proposed Model of Care	
	Scenarios to show how the proposed changes would affect patients	Key Benefits and Pathways, case studies	
	Clinical risks of implementing proposals	Risk Assessment	
	Expected outcomes and benefits of delivery	Proposed Model of Care, Key Benefits	
	Extent to which community believes proposals will deliver	Engagement documentation	

	real benefits		
	Impact proposals will have on services	Proposed model of care	
Clinical Engagement	Evidence of clinical leadership and engagement in development of model and implementation plans (not just CCG staff).	Proposed model of care, programme documentation	
Programme Management	The decision-making process and timescales.	Model of Care and wider Programme documentation	
Best Practice	Fit with clinical evidence and clinical best practice.	Proposed Model of Care	
	Link of proposals to wider commissioning plans, clinical guidelines etc., alignment with STP	Other plans/models of care	
Implementation and Clinical Outcomes	How changes would be implemented, including phasing, pathways, activity, activity type and staffing modelling.	Pathways, activity, activity type and staffing modelling.	
	What would happen to premises.	Estates intentions	
	Expected changes in clinical outcomes.	Proposed model of care	
	Performance expectations and sustainability.	Proposed model of care	
Of interest	Financial Summary		
	EIA		
Other Documents Sent			

Proposed Panel Questions to start (plus any they add once they have reviewed documents)

1. Has there been any senate involvement to date? What was the advice?
2. What are the proposals?
3. How have they been arrived at?
4. Are the proposals well thought through?
5. What are the programme management arrangements?
6. What clinical leadership is there behind the proposals?
7. Are the proposals underpinned by a clear evidence base?
8. Is the detail to support the proposals robust?
9. Will these proposals deliver real benefits to patients?
10. Is there evidence that the proposals will improve the quality, safety and sustainability of care?
11. Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
12. Do the proposals meet the current and future healthcare needs of their patients?
13. Is there a clinical risk analysis of the proposals, and is there a plan to mitigate identified risks?
14. Do the proposals demonstrate good alignment with the development of other health and care services?
15. Do the proposals support better integration of services?
16. Do the proposals consider issues of patient access and transport? Is a potential increase in travel times for patients outweighed by the clinical benefits?
17. What is the implementation plan to realise the vision laid out in the proposals?

Appendix 7

South West Clinical Senate clinical review panel confidentiality agreement

I (*name*) ……. hereby agree that during the course of my work (as detailed below) with the South West clinical senate I am likely to obtain knowledge of confidential information with regard to the business and financial affairs of an NHS body, or other provider, its staff, clients, customers and suppliers, details of which are not in the public domain ('confidential information') and accordingly I hereby undertake to and covenant that:

I shall not use the confidential information other than in connection with my work with the Clinical Senate; and

I shall not at any time (save as required by law) disclose or divulge to any person other than to officers or employees of South West Clinical Senate, other NHS organisations, staff, clients, customers and suppliers whose province it is to know the same any confidential information and I shall use my best endeavours to prevent the publication or disclosure of any confidential information by any other person.

The restrictions set out above shall cease to apply to information or knowledge that comes into the public domain otherwise than by reason of my default of this Agreement.

The 'Work' (clinical review) is:
……

Signed _____ Date: _____

Name _____