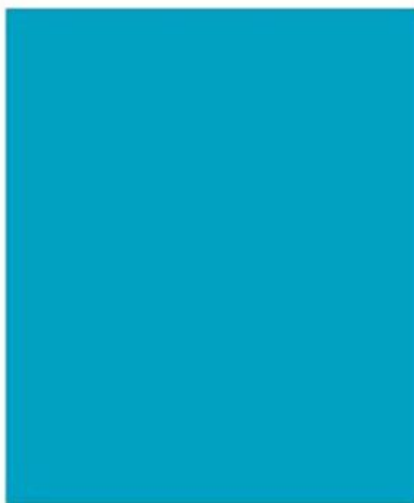


# Clinical Senates in England

## Single Operating Framework



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## Single Operating Framework 2014-15

### 1 Introduction

This paper proposes the Single Operating Framework that will be used by all 12 Clinical Senates in England from April 2014 to deliver their non-statutory clinical advisory role for commissioners including the role they play in contributing to the NHS England assurance process in major service change.

### 2 Purpose of Clinical Senates

- Support commissioners to make the best decisions about health care for the populations.
- Bring together a range of health and social care professionals, with patients, to take an overview of health and healthcare for local populations.
- Provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.
- Provide clinical advice to inform the NHS England service change assurance process.

### 3 Context

Clinical Senates were set up in April 2013 as a result of the Future Forum<sup>1</sup> consultation prior to the Health and Social Care Act of 2012 which recommended that “multi-speciality Clinical Senates should be established to provide strategic advice to local commissioning consortia, health and wellbeing boards and the NHS Commissioning Board” Page 11.

A number of national reference documents have been published since the Future Forum report that have guided the development of Clinical Senates during 2013-14 (See Appendix 1). However, unlike the Strategic Clinical Networks, there was no Single Operating Framework issued by the NHS Commissioning Board.

“Clinical Senates will be developed in such a way that their members will be able to take a broader, strategic view on the totality of healthcare within a particular geographical area. This will ensure that future clinical configuration of services is

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<sup>1</sup> NHS Future Forum “Summary Report on proposed changes to the NHS” Page 11  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213748/dh\\_12754\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213748/dh_12754_0.pdf)

based on the considered views of local clinicians and in the best interests of patients.” The Way Forward: Clinical Senates January 2013.

#### 4 Guiding principles

Clinical Senates will have a set of values to guide their work, consistent with the NHS Constitution.

- There will be commonality, joint working and consistency between the 12 Clinical Senates that ensures do once and share;
- Through their members, Clinical Senates will support commissioners to put outcomes and quality at the heart of commissioning, to increase efficiency and promote the needs of patients above the needs of organisations or professions;
- Members will be expected to maintain an objective and independent view and declare conflicts of interest;
- Business processes, decision making, governance and accountability will be open and transparent and adhere to the Nolan principles<sup>2</sup>;
- Patients and citizens will have a voice in the Clinical Senates ' work;
- Clinical Senates should not revisit strategic decisions or advice that have already been made within the health and care system unless specifically required within the scope of the review.
- Diversity will be valued and equality promoted.

#### 5 Organisational model

Clinical Senates are comprised of a core Clinical Senate **Council** and a wider Clinical Senate **Assembly or Forum**. Each Senate has a clinical chair.

The Clinical Senate **Assembly or Forum** is a diverse multi-professional forum providing the Council with ready access to experts from a broad range of health and care professions. Membership of the assembly will encompass the 'birth to death' spectrum of NHS care and will include patient representatives.

The Clinical Senate **Council** is a small multi-professional steering group. This group co-ordinates and manages the Clinical Senate's business. It will maintain a strategic overview across their region and be responsible for the formulation and provision of

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<sup>2</sup> Nolan Principles: *The Seven Principles of Public Life* First Report 1995.

advice working with the broader Clinical Senate **Assembly**.

Clinical Senates will run a **Clinical Review Team**, as required, to provide the clinical advice that informs the NHS England service change assurance process.

Each of the geographical areas covered by the 12 Clinical Senates has a **core management team** who are employed by or contracted to NHS England to provide business and management support. The composition and role of the support team is outlined in [The Way Forward: Clinical Senates](#) NHS Commissioning Board, January 2013.

Each of the 12 clinical senate support teams and the running costs of the Clinical Senates areas are funded through a budget allocation from NHS England. The approximate cost anticipated by NHS England in November 2012 was £250k (Strategic Clinical Networks - Single Operating Framework November, NHS Commissioning Board, 2012).

## **6 Accountability and governance**

Clinical Senates are a non-statutory organisational model for the provision of independent strategic clinical advice and clinical leadership. Within this model, commissioners, the CCGs and NHS England, remain accountable for the commissioning of services and the providers are accountable for the quality of service delivery.

Each Clinical Senate Support Team will have overall management responsibility for the delivery of the Clinical Senate function of their geographical area, are funded by and are accountable to NHS England and responsible for delivering this Single Operating Framework in line with NHS England Area Team and Regional arrangements.

The Clinical Senate Chair will be accountable for ensuring the Senate is a credible and respected source of safe, evidence based, independent strategic clinical advice. The Clinical Senate Chair should also ensure that Clinical Senates are able to demonstrate how they have applied the guiding principles in the formulation of their advice.

NHS England allocates funding and assures use of that funding and business processes employed by each Clinical Senate. NHS England appoints the chair and support team.

Each Senate Council assures itself it is compliant with minimum requirements to deliver senate business set out in Table 1.

**Table 1: Minimum requirements each Council ensures is in place**

<b>Minimum requirement to deliver Senate business</b>
Council membership recruited and meeting at least quarterly
Clinical assembly /forum established and process for establishing assembly/forum documented
Citizen representative(s) on Senate Council
Agreed and up to date transparent decision making process
Agreed and up to date terms of reference including method of collaboration with other Clinical Senates
Agreed and up to date process for requesting and delivering clinical advice that clearly describes how the council sources advice from the Assembly
Agreed and up to date conflict of interest policy, declaration of interests process and maintained register
Agreed and up to date process for running independent clinical review teams that support NHS England assurance process
Annual Report published
Digital communication platform with published clinical advice
Each support team will upload all the core minimum required documents onto the NHS England 365 extranet sharepoint facility

## **7 Success criteria for Clinical Senates to support evaluation**

- Evidence that stakeholders understand and use the Senate as a source of independent strategic clinical advice
- Clinical advice issued
- Feedback from commissioners actively sought including impact of clinical advice and outcome indicators
- Evidence each clinical senate meets minimum requirements to deliver senate business
- Annual Report published.

## Document Control

Version	Comments	Author	Sent to	Date
0.1	Collation of all national documents and draft template for populating	Deborah Tomalin	Senate Managers Associate Directors	16/4/14
0.2	Collation of status of national documents from Debbie Kennedy	DT	Senate Managers Associate Directors	28/4/14
0.3	Further input from Debbie Kennedy; Aarti Chapman	DT	Senate Managers and Associate Directors	30/4/14
0.4	Redraft by group of Senate Managers and Associate Directors – Sue Dutch, Angela Knight Jackson, Ellie Devine; Wendy Ryder; Juliette Kumar, Ali Parsons, Sue Edwards, Sarah Hughes, Anna Morton; Ruth Ashmore; Deborah Tomalin	DT	All Senate Managers, Associate Directors, Clinical Senate Chairs	30/04/14
2. final	Amended as per comments at national meeting. Final version subject to legal advice re use of 'impartial / independent'	SE	Senate managers, Associate director (for forwarding)	18/06/14
V3 July20 14	Amended and agreed at Clinical Senates devp workshop 16 July. "independent" preferred.	G Dalton	Senate managers for forwarding .  For Oversight Group 5 August	17.7.14

## Appendix 1 - Reference Documents

- NHS Future Forum “Summary Report on proposed changes to the NHS” Page 11. January 2012.
- The Way forward - Strategic Clinical Networks. July 2012. NHS Commissioning Board.
- Strategic Clinical Networks - Single Operating Framework. November 2012. NHS Commissioning Board.
- The Way Forward - Clinical Senates . 25<sup>th</sup> January 2013. NHS Commissioning Board.
- Draft national “Accountability and governance arrangements for Clinical Senates ” (version 0.10) led by David Levy (October 2013 version 0.10).
- Clinical Senates Update. October 2013. NHS England. David Levy and Genevieve Dalton.
- Draft letter “Accountability and Governance arrangements for Clinical Senates ” – version 0.11 (sent by Genevieve Dalton to senate managers, associate directors, senate clinical chairs March 2014).
- Draft “Clinical Senates role in service change” version 0.3. National Task and Finish Group led by Tim Barton, NHS England. March 2014.
- Draft “Clinical Senates : support to the independent clinical review process for service change proposals” – Technical guidance, March 2014, Tim Barton, NHS England.
- Draft “Clinical Senate Review” Nigel Beasley. March 2014 sent to Task and Finish Group.
- Planning and delivering service changes for patients. NHS England. December 2013.
- Working draft 8.4. “Effective service change – A support and guidance toolkit”. NHS England. Gateway Reference 00814.