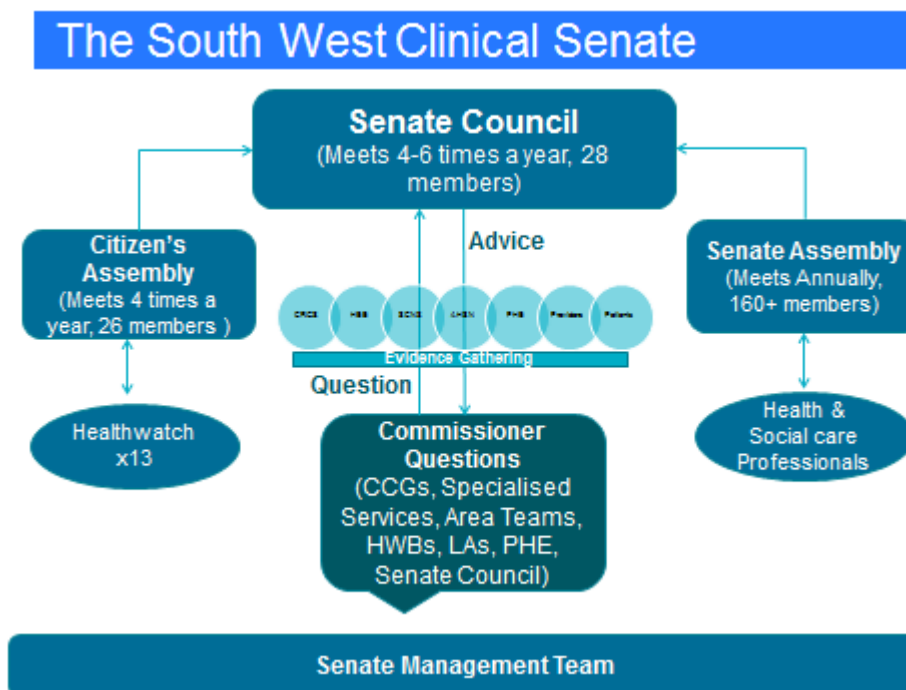


South West Clinical Senate – Operating Principles v2 (January 2016)

Vision

The Senate is the collective conscience of health and social care by providing independent advice to commissioners to help develop high quality services and sustainable health 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 in part 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 will span professional groups and work alongside patient and public partners, Strategic Clinical Networks, Academic Health Science Networks, Public Health England, Health Education South West and others to support service 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 view on the totality of health and social care.

By harnessing collective expertise and intelligence from across the region we will position the Senate as a valued partner in the new commissioning landscape and 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 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 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 Senate will at times make unpopular recommendations. It is anticipated that as the Senate matures, it will become proactive as well as responsive.

Objectives

- The Senate will provide highly regarded and valued advice that can be implemented across the South West region.
- The Senate will be recognised as being valuable to the community and provide leadership in healthcare 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 advice provided to commissioners.
- To provide a mechanism for increased participation from clinicians and service users.
- To support large scale service change and service reconfiguration where appropriate and improve the quality of health and social care across the South West.
- From 1st September 2014 Clinical Senates across England took on the additional role formerly delivered by the National Clinical Assurance Team (NCAT) to review the clinical evidence base for large scale service change as part of the NHS England Assurance Process. This process and the guidance notes for Clinical Senates on conducting Clinical Reviews can be found here; <http://www.swsenate.nhs.uk/clinical-senate-review-process-update/520/>.
- 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 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 be held to account by the Senate and Strategic Clinical Network Oversight Group

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 Local Area Team with responsibility for Clinical Senates, Strategic Clinical Networks and Specialised Commissioning. The Senate Chair has ultimate responsibility for the Senate.

In 2015 the Senate Council reduced its membership from 43 to 28 members to facilitate future debates as constructively as possible and increase the diversity of Senate Council Membership. 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 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. 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;

- 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

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 profession 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 Citizen Commissioner. 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 and look at wide areas of concern to patients and the public across the South West.

The Citizen Commissioner 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 Citizen Commissioner 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

Citizen Commissioner Role

The Citizen Commissioner 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 and structure.

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 a framework for evaluating the work of the Senate
- Develop a methodology to measure success

Through liaison with neighbouring Senates, the SCNs, AHSNs, HWBs, 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
- Citizen Commissioner

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 clinical review panels and ensuring an effective communications strategy.

Issues for Deliberation

Questions 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 Area Teams
 - Specialised Services Commissioners
 - Local Authorities (at least two – in relation to healthcare commissioning)
- 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
- Public Health England
- Provider organisations

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.
- 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.

(The full process is detailed in Appendix 3: Process for posing questions to the Clinical Senate)

Clinical Review Process

From September 2014 the 12 Clinical Senates across England took 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 the NHS England Assurance Process. One step in this process is to review major service change proposals against the clinical evidence base for it – it is this role that NCAT delivered previously and which Senates will now take on.

There are other elements of service change which are reviewed (patient engagement, patient choice, quality benefits, fit with best practice etc.). Clinical Senates will only be involved in the review of the clinical evidence base as referred by the NHS England Assurance process – led locally by area teams.

The process is summarised as follows;

Request for clinical review will come from either sponsoring commissioner or local area team of NHS England (with 3 months notice)



Terms of reference (timescale, scope et.) for review agreed and signed off by Clinical Senate Council



Review Team developed (minimum 8 weeks notice)



Commissioner provides information (options appraisal etc.)



Review of data, interviews and meetings led by Review Team

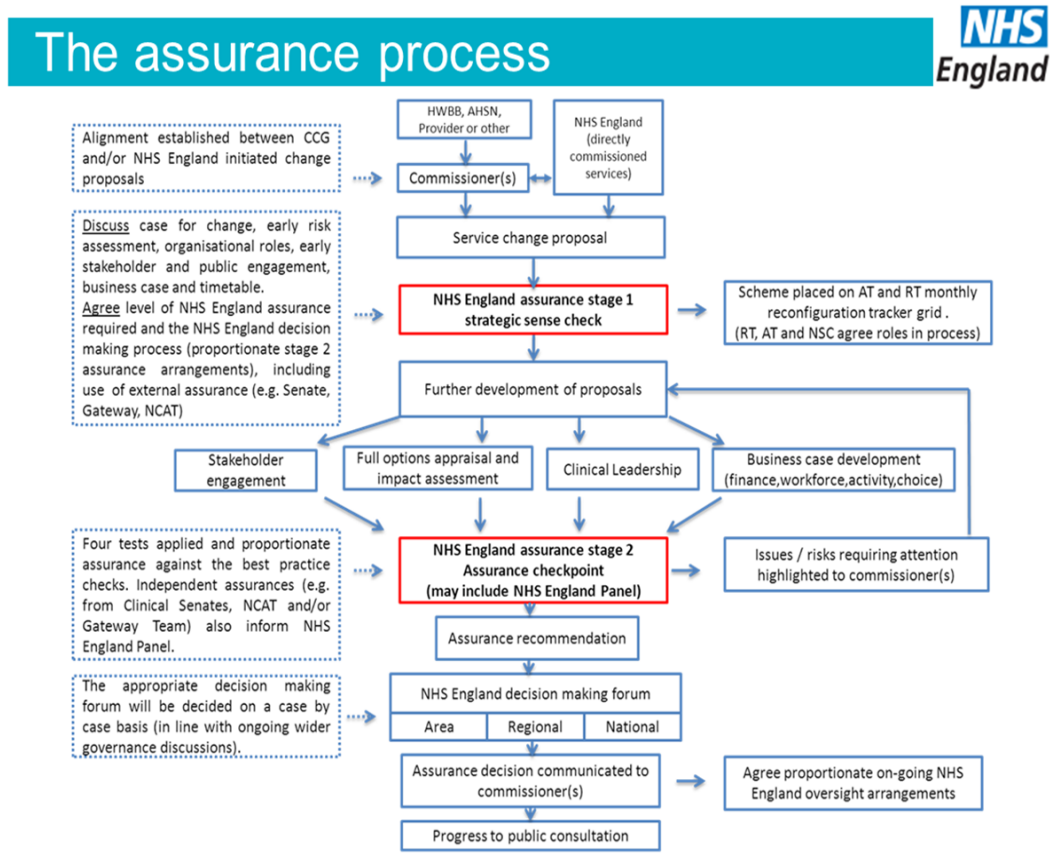


Report written to be signed off by Clinical Senate Council (determining strength of evidence base)

Clinical Review Panels are expected to run for approximately 3 full days and require some reading and input before and after the panel meetings.

Panel members expenses only will be paid.

- The wider NHS England Assurance Process is shown below:



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

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.

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)

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 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, as per the Clinical Review Panel Guidance Notes (August 2014)

Accountability

The Senate Council is accountable to the Southwest Strategic Clinical Networks and Senate Oversight Group 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 Citizen Commissioner who sits on the Senate Council along with 1 other Citizen's Assembly members 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

Membership

The updated council membership agreed at 17th September 2015 Council meeting is as follows:

Standing Members (5)

1. Independent Chair (appointed)
2. Deputy Chair (appointed from within the Senate Council)
3. Public Health England (1)
4. Citizens' Assembly Members (2) (Chair or deputy and one other selected on a topic specific basis)

Core Members (23)

1. Specialty Medicine/Surgery (3)
2. Radiology (1)
3. Emergency Medicine (1)
4. GP (1)
5. Ambulance Service (1)
6. Mental Health (1)
7. Oncology (1)

8. Care of Older People (2)
9. Nursing (2)
10. AHP (2)
11. Clinical physiologist/diagnostics (1)
12. Public Health (1)
13. Medical Scientist (1)
14. AHSN (1)
15. HEE (1)
16. Children (1)
17. Pharmacy (1)

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, SCN and Senate Associate Director, Senate Manager and an administrator will be in attendance

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

Total of 28 plus 4 management team and contributors

*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 via an application process (see appendix 6). 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 3 year period.

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. Minutes will be processed within two weeks.

The core agenda will include three sessions:

- 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 witnesses and 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.

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. 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 due for review in January 2017.

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*.
- 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 Area Team 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.

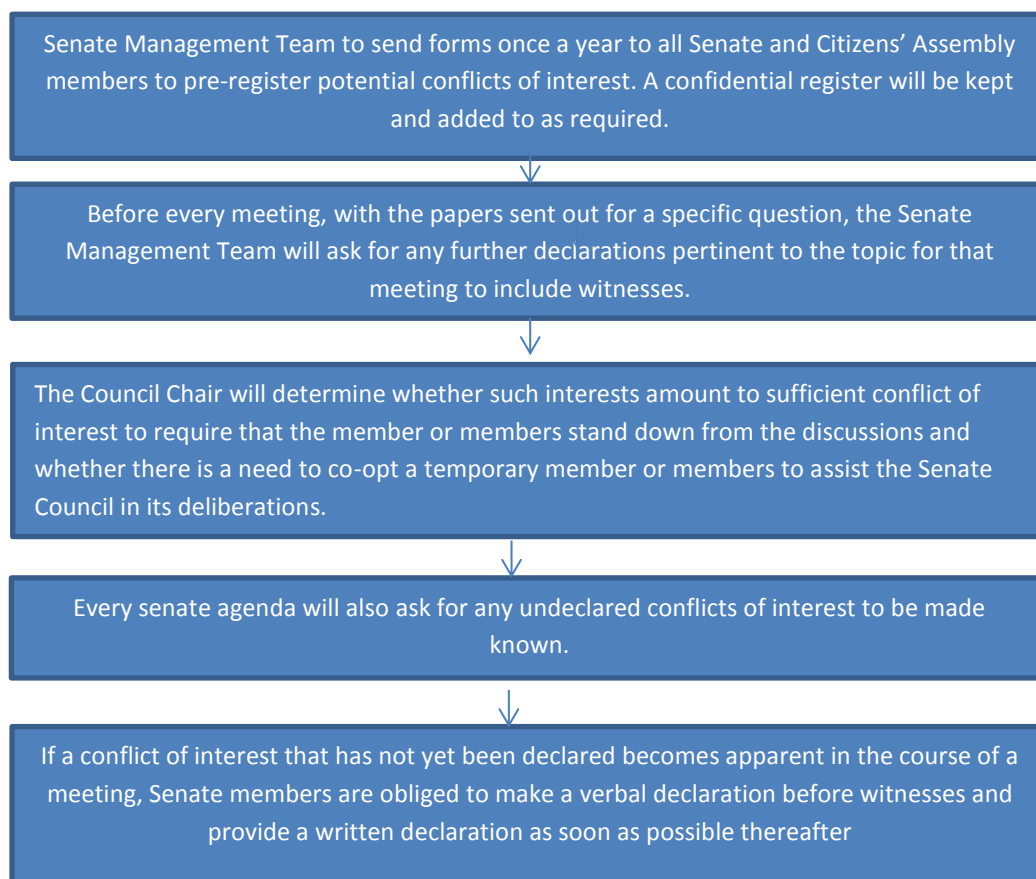
Where the Senate Council Chair identifies any personal potential conflicts of interest he should declare these to the Senate Management team. Where the Chair has a conflict of interest, previously declared or otherwise, in relation to scheduled or likely business of the meeting she/he must make a declaration 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 Clinical Senate Manager.

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:

- Area 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

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

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

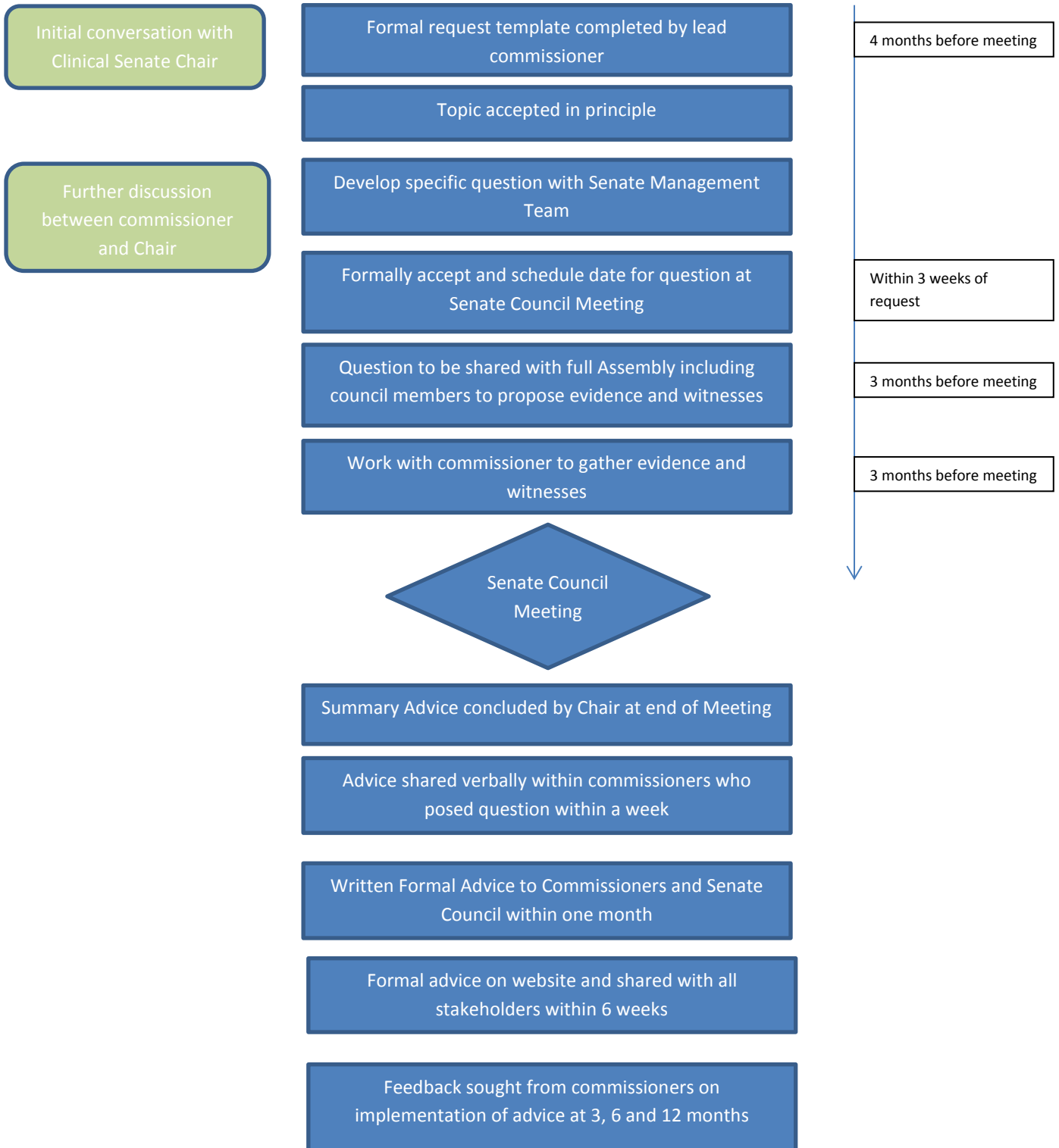
4. Submitting a Request

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

A formal request for advice must then follow 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 (See template in appendix 4).

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).

5. Recommended Process Flowchart



Appendix 4

Template to request advice from the South West Clinical Senate

Commissioning Organisation (s) requesting advice:

Name of the lead commissioner (sponsor):

Role & Organisation:

Email:

Tel:

Date of request:

Please give as much information as possible about the advice you are requesting from the Clinical Senate:

Topic:

Proposed Question*:

Other comments:

*If you are unsure what the specific question for the clinical senate council should be, please give a general indication and the Senate Management Team will develop this further with you.

Please state your rationale for requesting the advice and a brief explanation of the current position in respect of this issue. What are the existing options if any the Senate should consider?

(What is the issue, what is its background & scope, what is the breadth of interest in it)

Has any advice already been given about this issue and is it subject to any other advisory or scrutiny processes?

(please state the advice received, from whom, what happened as a consequence, why further advice is being sought, scrutiny processes that have taken place or are planned)

Please provide details of any key people already involved in work on this issue, relevant data and supporting information that may be used as evidence and any views on methodology to be applied.

Please email any relevant data to elliedevine@nhs.net

What is the purpose of the advice?

(How will the advice be used and by whom, how may it impact on individuals, NHS/other bodies etc.?)

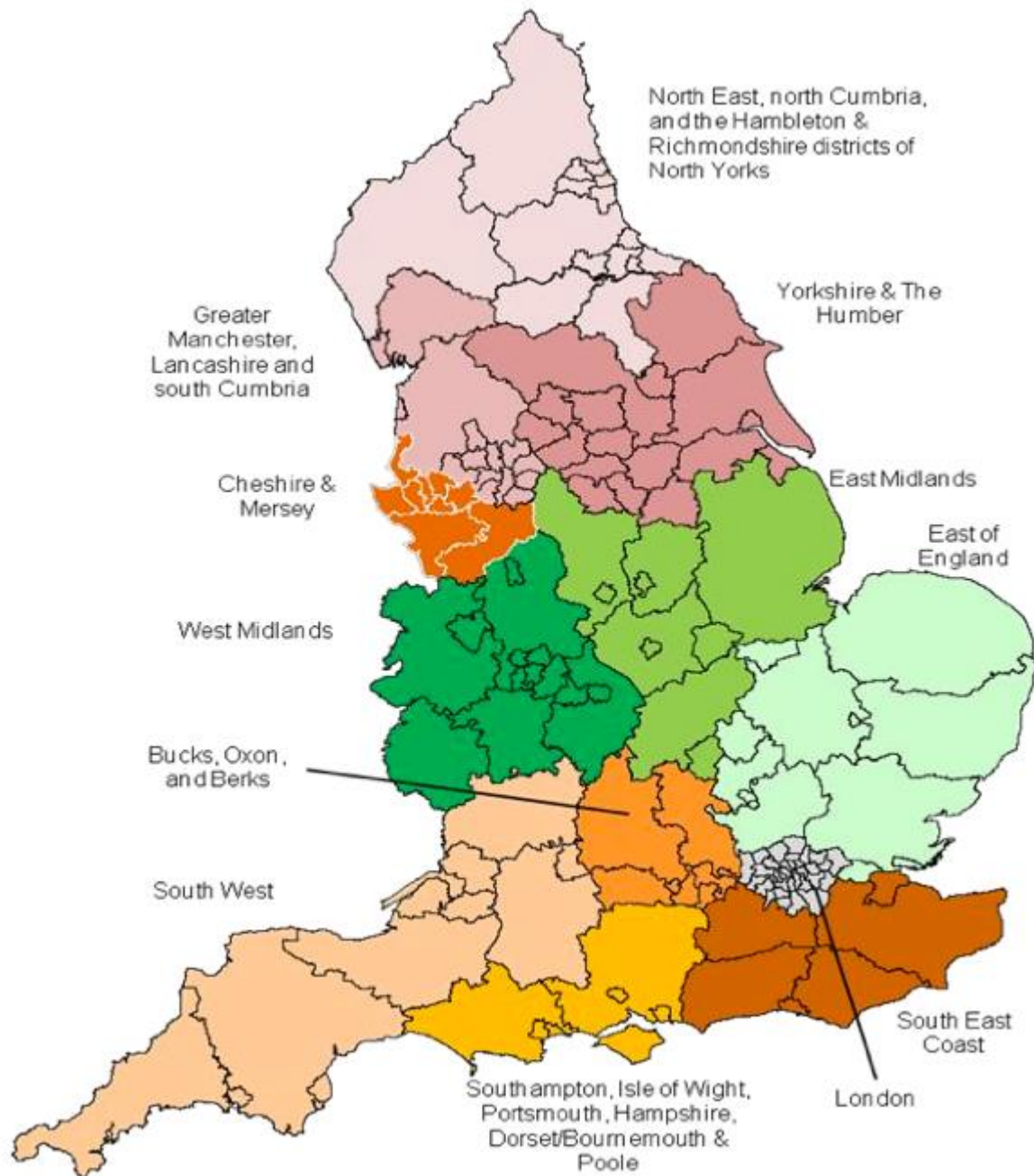
When is the advice required by? Please note any critical dates.

Please suggest any key people who the Senate might approach to present evidence or attend the council meeting as witnesses (and/or note any other information that you feel would be helpful to the Clinical Senate in considering this request).

Please send the completed template to elliedevine@nhs.net. We aim to provide an initial response to all requests for advice within a week.

Appendix 5

Map of 12 Senates across England



Appendix 6

Application for membership of South West Clinical Senate Council

Applications should be submitted to Sarah Redka, Senate Administrator
sarah.redka@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 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 Caroline Gamlin, Medical Director, (caroline.gamlin@nhs.net), Phil Yates, Senate Chair (phil.yates@gpcare.net) or Ellie Devine, Senate Manager (elliudevine@nhs.net) for further information and discussion.

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