



South East Clinical Senate

Kent, Surrey and Sussex

South East

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Clinical  
**senate**

**Kent Surrey Sussex**

Governance and Accountability Arrangements

Council Terms of Reference

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# South East Clinical Senate (KSS)

## Governance and Accountability Arrangements

### 1. Introduction

The South East Clinical Senate (KSS) brings together a range of professionals to take an overview of health and healthcare for the population of Kent and Medway, Surrey and Sussex.

The South East Clinical Senate (KSS) provides a source of strategic independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients. Through their extensive knowledge of the local health system, the South East Clinical Senate (KSS) assists commissioners to put outcomes and quality at the heart of the commissioning system, increase efficiency and promote the needs of patients above the needs of organisations or professions. The South East Clinical Senate (KSS) adheres to the principles of meaningful engagement published by NHS England and Improvement.

The South East Clinical Senate (KSS) operates through a core steering group – the Clinical Senate Council.

### 2. Vision

“A respected body of senior multidisciplinary health and care professionals, working with patients and the public, to provide strategic independent advice on South East (KSS) health care issues, to support commissioners make their decisions that will transform the quality, experience and better integration of patient care and ensure that services are sustainable, effective and efficient”. The Senate will serve as the collective conscience of health and social care in the quest to develop high quality and sustainable health for the population of the South East (KSS).

### 3. Aims

The South East Clinical Senate (KSS) Council, will have four principle aims:

- To create a common culture across all clinical disciplines and organisations as a platform for the development of health services across the South East.
- To create a consistent, coherent clinical leadership role that is locally credible and exerts a strong and positive influence on the development of services.

- To foster a culture of patient and public involvement in the formulation of strategic clinical advice.
- To build strong and enduring relationships with local commissioners and seek alliance and alignment with the Academic Health Science Network, the Clinical Delivery and Networks teams, Public Health, and Health Education England.

#### **4. Clinical Senate – Operational Model**

The South East Clinical Senate (KSS) is a non-statutory organisational model for the active engagement and involvement of health and wider care professionals, including those who sometimes go unheard. To support the better integration of services, they will include public health specialists and social care experts. The South East Clinical Senate (KSS) also includes patients and the public to ensure their experiences and opinion and taken into account when formulating its advice.

The South East Clinical Senate (KSS) provides independent strategic clinical advice and leadership on how services should be designed and improved to provide the best overall care and outcomes for patients. The key areas of focus will include:

- Quality Improvement e.g. advising on quality standards and achieving best value care pathways.
- Quality assurance e.g. advising on service reconfiguration proposals and post implementation evaluation.
- Supporting action to improve service quality, e.g. providing advice to support development of sustainable local solutions.

Clinical Senates are led by an experienced and credible clinician and a Clinical Senate Council.

The Clinical Senate (KSS) Council is a small multi-professional steering group. The group co-ordinates and manages the Senate's business. They maintain a strategic overview across their region and are responsible for the governance and oversight of advice working with the expert review panel convened and tailored individually to meet the full scope of the advice being sought.

Membership of the Senate Council is multi-professional and includes nominated members, patient and public engagement members, recruited members and ex officio members from NHS England and Improvement and arms-length bodies. Members are recruited based on their credibility and experience in their particular professions, they are not appointed to represent their organisations.

Appointment of members is carried out through a fair and transparent process with professional input as appropriate; members are appointed for two to three years to ensure continuity.

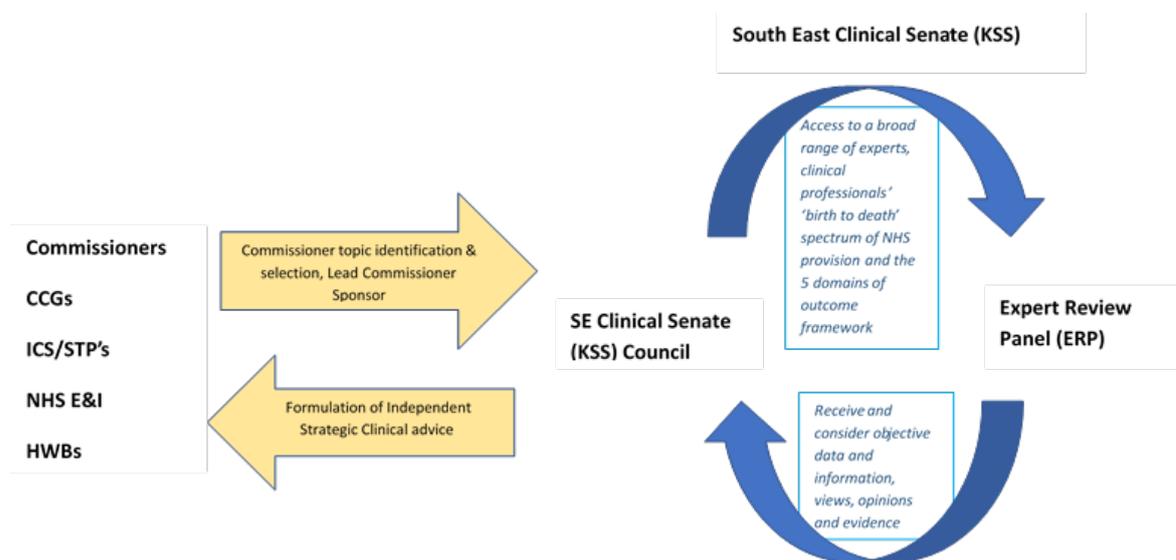
An important role of the Senate is to provide clinical assurance in NHS England and Improvement service change assurance. This was a role previously provided by NCAT (National Clinical Advisory Team), who formally disbanded in April 2014. The Senate may be called upon to provide input to assurance of service reconfigurations across their regions or into other regions if this is appropriate.

Working with the lead commissioners, the Clinical Senate will agree terms of reference for a topic and then convene an Expert Review Panel by bringing together the relevant expertise from its council, external experts and other relevant bodies clinical network. Members of the panel are required to submit both a declaration of interest, and a confidentiality agreement.

## 5. SOUTH EAST CLINICAL SENATE (KSS) Support Team

The support team will provide clinical and managerial support to the Clinical Senate. The role of the support team is outlined in [The Way Forward: Clinical Senates](#).

The diagram below illustrates the South East Clinical Senate’s (KSS) organisational model, and the relationship between the Council and Expert Review Panel:



## 6. Nature of Clinical Senate Activity:

The types of strategic advice and leadership that the South East Clinical Senate (KSS) provides are outlined in [The Way Forward: Clinical Senates](#) . In summary these include:

- Engaging with statutory commissioners, i.e. CCGs, local authorities and NHS England and Improvement, to identify aspects of health care where there is potential to improve outcomes and value. Providing advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice.
- Promoting and supporting the sharing of innovation and good ideas.
- Mediating for their population about the implementation of best practice, what is acceptable variation and the potential for improvement with Academic Health Science Networks (AHSNs) for a specific part of the country. Based on evidence and clinical expertise, they will be able to assist in providing the public profile on service changes.
- Providing clinical leadership and credibility. Understanding the reasons why clinical services are achieving current clinical outcomes and advising when there is potential for improvement through significant reconfiguration of services.
- Taking a proactive role in promoting and overseeing major service change, for example advising on the complex and challenging issues that may arise from service reconfiguration in their areas.
- Linking clinical expertise with local knowledge such as advising on clinical pathways when there is a lack of consensus in the local health system.

The South East Clinical Senate (KSS) provides an independent clinical view and assurance on quality impact assessments that commissioners undertake on service change. By providing a credible and respected strategic clinical view based on evidence and expertise, the South East Clinical Senate (KSS) assists in providing the public profile for such changes, for example the importance of specialisation as a trend to help deliver safety and improve outcomes, and the capacity for different professionals to carry out activities previously done elsewhere.

The South East Clinical Senate (KSS) does not revisit strategic decisions that have already been made in the current health system, for example by the National Clinical Assessment Team (NCAT). They offer advice to both commissioners and providers on future strategic decisions about changes in service provision to support improved outcomes.

## **7. Collaborating Across Clinical Senates**

It is likely that some matters under consideration will impact across the geography of more than one Clinical Senate. In these circumstances Clinical Senates will work together to consider an issue, agree a process for a collaborative approach and provide advice.

## 8. Accountability and Governance

The South East Clinical Senate (KSS) is 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 and Improvement remain accountable for the commissioning of services and the providers are accountable for the quality of service delivery.

The South East Clinical Senate (KSS) is responsible for delivering independent strategic clinical advice and leadership across the South East (KSS) area to assist CCGs, local authorities, HWBs and NHS England and Improvement to make the best decisions about health care for the populations they represent. The South East Clinical Senate (KSS) will aim to provide advice that is safe, evidence based and impartial, informed through engagement with the broad range of health and wider care professionals and patients and public in its formulation.

The South East Clinical Senate's (KSS) Chair will be accountable for ensuring that the South East Clinical Senate (KSS) is a credible and respected source of safe, evidence based, independent strategic clinical advice. The Chair should also ensure that the South East Clinical Senate (KSS) is able to demonstrate how it has applied the guiding principles in the formulation of their advice.

The Chair will report to the Deputy Director Clinical Programmes, Regional Medical Directorate and be professionally accountable to the NHS England and Improvement, South East region Medical Director.

The support team includes a Clinical Senate Manager, who will have overall management responsibility for the South East Clinical Senate (KSS)'s function. The Clinical Senate Manager reports to and is accountable to the Deputy Director Clinical Programmes, Regional Medical Directorate. The Clinical Senate Manager will be accountable for ensuring the support team:

- Assists the Clinical Senate Chair to build and oversee coherent and effective Clinical Senate arrangements.
- Provides and supports leadership.
- Helps to plan and manage the South East Clinical Senate's (KSS) activity.
- Supports publication, dissemination and communication of the South East Clinical Senate's (KSS) advice.
- Help the South East Clinical Senate (KSS) to access services required to support the formulation of advice including information, audit and expertise in economic appraisals, finance, public health information and analysis.
- Enables quality assurance processes and supports the assessment of Clinical Senate effectiveness.

The NHS England and Improvement, South East region Medical Director will agree an annual accountability agreement with the Clinical Senate. The Regional Medical Director will endorse the annual Senate's work plan, giving delegated authority for delivery against the plans and to ensure that necessary resource is available to support this.

There is flexibility in the programmes so that the South East Clinical Senate (KSS) can respond to appropriate requests from SE commissioners for strategic clinical advice which may arise during the course of the year.

The NHS England and Improvement, South East region Medical Director will take stock of the progress of the SE Senate (KSS) regularly throughout the year. The NHS England and Improvement, South East region Medical Director will review the progress of the Clinical Senate against the delivery of the work plans annually with the other Regional Medical Directors in NHS England and Improvement.

## 9. Governance Arrangements

The South East Clinical Senate (KSS) will operate as a comprehensive group of health and care professionals. The Clinical Senate Council (KSS), through its members, will use their extensive knowledge of the SE (KSS) health and care system to assist commissioners to put outcomes and quality at the heart of the commissioning system, increase efficiency and promote the needs of patients above the needs of organisations or professions.

As set out in *The Way Forward: Clinical Senates'* the process for appointing members to the Clinical Senate is fair and transparent. The Clinical Senate Chair (KSS) leads the appointments processes with assistance from the Support Team.

## 10. Clinical Senate Council

The South East Clinical Senate (KSS) has a core multi-disciplinary 'steering' group of between 20–30 members who form the Clinical Senate Council. This group oversees the Clinical Senate's business. It is responsible for the formulation and provision of independent strategic clinical advice to CCGs, NHS England and Improvement (Strategy and Transformation), local authorities and HWBs.

The South East Clinical Senate (KSS) Council will receive and consider objective data and information, and views and opinions from a broad range of experts and others it invites to give evidence through the Expert Review Panel.

The South East Clinical Senate (KSS) Council will be led by a Chair who is an experienced and credible clinician. The Chair will be retained by the NHS on a part time or sessional basis.

Alongside the Chair, the Council will comprise a number of standing members. There is opportunity for local determination of the membership beyond the standing members.

The core Clinical Council members will be credible leaders in their field. A model person specification for the South East Clinical Senate (KSS) members is used to ensure a consistent set of expectations on the skills, knowledge and expertise of Council members. Appointed members will be selected via a formal interview process. Members are appointed for a mix of tenures of two or three years, enabling the Council to manage continuity of its work at times of membership change.

## Membership

- Independent chair (appointed position)
- Two members from patients/ the public (appointed)
- NHS England and Improvement South East region (KSS) Medical Director (nominated) or Clinical Strategy Lead
- NHS England and Improvement South East region (KSS) Director of Nursing (nominated)
- Three clinical commissioners (representing each of three CCG collaborative mechanisms in Surrey, Kent and Medway, and Sussex, nominated)
- One member from the SE (KSS) Academic Health Science Network (nominated)
- One member from Health Education England, KSS (nominated)
- One regional public health lead (nominated)
- One Director of Social Care from within SE (KSS) (nominated)
- Dental Local Professional Network Chair (nominated)
- Up to 9 clinical leads (all positions to be appointed)
  - General Practitioner (1)
  - Acute provider consultants (3)
  - Hospital based nurse leader (1)
  - Community based nurse leader (1)
  - Mental Health Clinician (1)
  - Pharmacist (1)
  - Allied Healthcare Professional

The Deputy Director for SE (KSS) Clinical Delivery and Networks and the South East Clinical Senates Manager will attend Senate Council meetings.

Council members are identified through a process of nomination or appointment. The recruitment process promotes opportunities widely across the whole geographical area covered SE (KSS) and is open and transparent. This is led by the

Chair. All nominated members have a formal meeting with the Chair to ensure they have the requisite skills, experience and personal qualities required.

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

The independent Chair is a remunerated position. All other posts are unpaid. The South East Clinical Senate (KSS) reimburse only those members who do not hold a paid position in either the public, private or third sector, for their out of pocket expenses incurred, consistent with NHS England and Improvement policies. It is likely that this will apply only to those members who are participating through the South East Clinical Senate's (KSS) patient and public involvement mechanisms.

The South East Clinical Senate (KSS) Council meetings are quarterly and coordinate the work plan and drive forward delivery.

Terms of reference for the South East Clinical Senate (KSS) Council, are outlined in appendix 1.

## **11. Conflicts of interest**

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

Members' conflicts of interest should be declared in a transparent way. As such the South East Clinical Senate (KSS) has published a 'standards of business conduct and conflict of interest' policy. This policy is applied routinely throughout the development and delivery of its responsibilities and work plan.

## **12. Relationship with Clinical Delivery and Networks**

The South East Clinical Senate (KSS) has a particularly close relationship with the SE (KSS) Clinical Delivery and Networks.

The SE (KSS) Clinical Delivery and Networks may wish to request strategic or system-wide advice from the South East Clinical Senate (KSS) and conversely the Clinical Senate may wish to seek advice on a relevant clinical area from the SE (KSS) Clinical Delivery and Networks

The Clinical Directors and Network Clinical Leads of the SE (KSS) Clinical Delivery and Networks will be members of the South East Clinical Senate (KSS) Council. Through membership of the council the South East Clinical Senate (KSS) will work with the clinical directors and network clinical leads to draw on each networks experience in the formulation of advice and to support delivery of networks work programmes.

### **13. Decision Making – Formulating Advice**

A key success factor for an effective Clinical Senate will be the trust and credibility of the advice it provides. Transparency of the principles and processes by which it operates is essential. The South East Clinical Senate (KSS) publish their guiding principles about how they operate on their website (<https://secsenate.nhs.uk/>).

Advice formulated by the South East Clinical Senate (KSS) is also published here. This includes a description of the process followed to formulate the advice including the extent of engagement with health and care professionals, the patients and public and the evidence base. This also demonstrates how the guiding principles have been complied with.

### **14. Clinical Senate Collaboration**

It is likely that there will be times when matters under consideration impact across the geography of more than one Clinical Senate, for example issues of service reconfiguration. There will therefore be occasions when the Clinical Senates will need to work together to consider an issue and provide advice. Where such issues arise, the Clinical Senate with the majority of the population impacted by the issue on which the advice is sought will act as the lead Clinical Senate. On issues where this is less clear the lead will be agreed through discussion between Senate Chairs who will consult with respective NHS England and Improvement Regional Medical Directors.

The lead Clinical Senate will be responsible for publishing the advice and the process through which other affected Clinical Senate(s) were engaged, and their views considered, in the formulation of that advice.

### **15. Guiding Principles**

The South East Clinical Senate (KSS) will develop a set of principles and values to guide its work, consistent with the NHS Constitution. However, in order to ensure a level of commonality across the country, core guiding principles are summarised below:

- To provide strategic clinical advice and leadership to inform the provision of the best overall care and outcomes for patients in the geographical area.

- Through its members, the South East Clinical Senate (KSS) will use its extensive knowledge of the local health system to assist commissioners to put outcomes and quality at the heart of the commissioning system, increase efficiency and promote the needs of patients above the needs of organisations or professions.
- Members are expected to decouple their institutional obligations from their advisory role recognising that objectivity and neutrality is essential to the South East Clinical Senate's (KSS) credibility.
- To ensure transparency of the Clinical Senate's work programmes, processes and decisions.
- To engage patients and the public in all the South East Clinical Senate's (KSS) work through meaningful and effective public and patient involvement.
- To create an inclusive Clinical Senate environment where diversity is valued, everyone can contribute, and the Clinical Senate upholds and promotes equality through its actions.

## **16. Reviewing Accountability and Governance Arrangements**

Over time it is expected that the governance arrangements for Clinical Senates will need to be revised and potentially strengthened to reflect the new evolving NHS system. The national guidance was reviewed in March 2014.

## **17. References:**

The Way Forward: Clinical Senates – NHS Commissioning Board, 25<sup>th</sup> January 2013.

# APPENDIX 1 – South East Clinical Senate (Kent Surrey Sussex) (KSS) Council Terms of Reference

## Purpose

To coordinate the provision of independent and high quality strategic clinical advice and clinical leadership to ensure the provision of the best overall care and outcomes for patients in the South East (Kent, Surrey and Sussex) region.

## Membership

- Independent chair (appointed position)
- Two members from patients/ the public (appointed)
- NHS England and Improvement South East region (KSS) Medical Director (nominated) or Clinical Strategy Lead
- NHS England and Improvement South East region (KSS) Director of Nursing (nominated)
- Three clinical commissioners (representing each of three CCG collaborative mechanisms in Surrey, Kent and Medway, and Sussex, nominated)
- One member from the SE (KSS) Academic Health Science Network (nominated)
- One member from Health Education England, KSS (nominated)
- One regional public health lead (nominated)
- One Director of Social Care from within SE (KSS) (nominated)
- Dental Local Professional Network Chair (nominated)
- Up to 9 clinical leads (all positions to be appointed)
  - General Practitioner (1)
  - Acute provider consultants (3)
  - Hospital based nurse leader (1)
  - Community based nurse leader (1)
  - Mental Health Clinician (1)
  - Pharmacist (1)
  - Allied Healthcare Professional

The Deputy Director for SE (KSS) Clinical Delivery and Networks and the South East Clinical Senates Manager will attend Senate Council meetings.

## Core activities

- Coordinate development of the South East Clinical Senate (KSS) work programme and ensure its delivery;
- Lead engagement with commissioners and agreement of topics on which Clinical Senate advice is sought;
- Agree terms of reference for each topic with the lead commissioner;
- Establish and oversee implementation of effective information and evidence gathering processes in the formulation of advice including the engagement of a broad range of health and care professionals and meaningful engagement of patients and the public;
- Review the effectiveness of South East Clinical Senate (KSS) and its processes and refine as necessary;
- Review the South East Clinical Senate's (KSS) membership and engagement processes to ensure broad and effective involvement of clinical leaders and experts across the wider health and care system;
- When acting as the lead clinical senate in a collaboration with other clinical senates, agree and publish the process by which it will engage with and consider the evidence, views and advice from these other clinical senate(s) in their decision making;
- Oversee delivery of an annual report.

## Accountability/Reporting Arrangements

The Chair of the Clinical Senate will report to and be professionally accountable to the NHS England and Improvement South East Region (KSS) Medical Director.

## Arrangements for the conduct of business

### Chairing Meetings

Meetings will be chaired by the South East Clinical Senate (KSS) Chair supported by the Clinical Senate Manager.

### Quorum

Meetings will be quorate when the majority of the council are in attendance, and at least one representative of the SE regional team and one CCG director are present.

### Frequency of meetings

The Council will meet at least quarterly.

## Named Substitutes

Council members are required to make a personal commitment to this role; however, there may be occasions when they need to nominate a substitute from the membership of their organisation or their directorate to attend on their behalf. Such substitutes should be notified to the South East Clinical Senate (KSS) Manager prior to the start of the meeting. Substitutes will have full voting rights.

## Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter under discussion, he/she will declare that interest as early as possible. The Chair will have the power to request that member to withdraw until the item under discussion has been concluded or define how the member can appropriately contribute to the discussion without undue bias. All declarations of interest will be recorded in the minutes and recorded on the Conflict of Interest register.

## Urgent matters arising between meetings

In the event of an urgent matter arising between meetings that cannot wait for resolution until the next scheduled meeting the Chair in consultation with the South East Clinical Senate (KSS) Manager, will convene a virtual or real meeting with at least three other Council members to take such action as is **necessary**. Such decisions will be reported to the next scheduled meeting of the Council.

## Operational Processes

The South East Clinical Senate (KSS) meets at least quarterly, via either a traditional face to face meeting, or virtually.

## Communication and Transparency

South East Clinical Senate (KSS) will operate in an open and transparent way. Arrangements will be put in place to promote an understanding of the membership role and ways of working of the Clinical Senate, and to share its work programme and progress and the advice that it gives.

## Minutes

These will be circulated to South East Clinical Senate (KSS) Council members.