NHS England (Wessex)

Clinical Senate and Strategic Networks

Accountability and Governance Arrangements

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Version number	**Revision date**	**Author**	**Approvals**
1	23rd April 2013	Debbie Kennedy & Janice Gabriel	Lucy Sutton
1.1	30th April 2013	Debbie Fleming	Debbie Fleming
2	27th June 2013	William Roche	
3	8th July 2013	Janice Gabriel	
4	16th August 2013	Keith Lincoln	(includes feedback from Oversight & Planning Group, Jul 13)
5	29th August 2013	Debbie Kennedy	Amendments to align with Role Description for Senate Council Member and Managing Conflicts of Interest & Standards of Business Conduct for Wessex Clinical Senate
6	4th September 2013	Sally Rickard	Amendments to SCN Terms of Reference to include purpose and define membership

Accountability and Governance Arrangements for Wessex Clinical Senate and Strategic Networks

1. Purpose

On April 2013, Strategic Clinical Networks were established nationally for four clinical areas:

- cancer;
- cardiovascular including renal, diabetes and stroke;
- maternity, children and young people;
- mental health, dementia and neurological conditions.

In addition, Clinical Senates were also established. In most cases, the Strategic Clinical Networks and Senate are co-terminous with the NHS England Area Team.

The purpose of the Clinical Senate and Strategic Networks are to provide an organisational model through which professionals, organisations and service users collaborate across organisational boundaries to deliver programmes which result in improved clinical outcomes and improved quality of patient care (NHS England March 2013). The Wessex Clinical Senate and Strategic Clinical Networks will work closely with Clinical Commissioning Groups and members of the Area Team on cross network issues, to provide independent, strategic clinical advice and leadership to all commissioners across the Wessex geographical area – that is, Hampshire, Dorset and the Isle of Wight - for the benefit of patients and the wider health system. The work of the Clinical Senate and Strategic Clinical Networks is facilitated by small support team. The Wessex Clinical Senate and Strategic Network Support Team is part of NHS England (Wessex) and is based at their offices in Southampton.

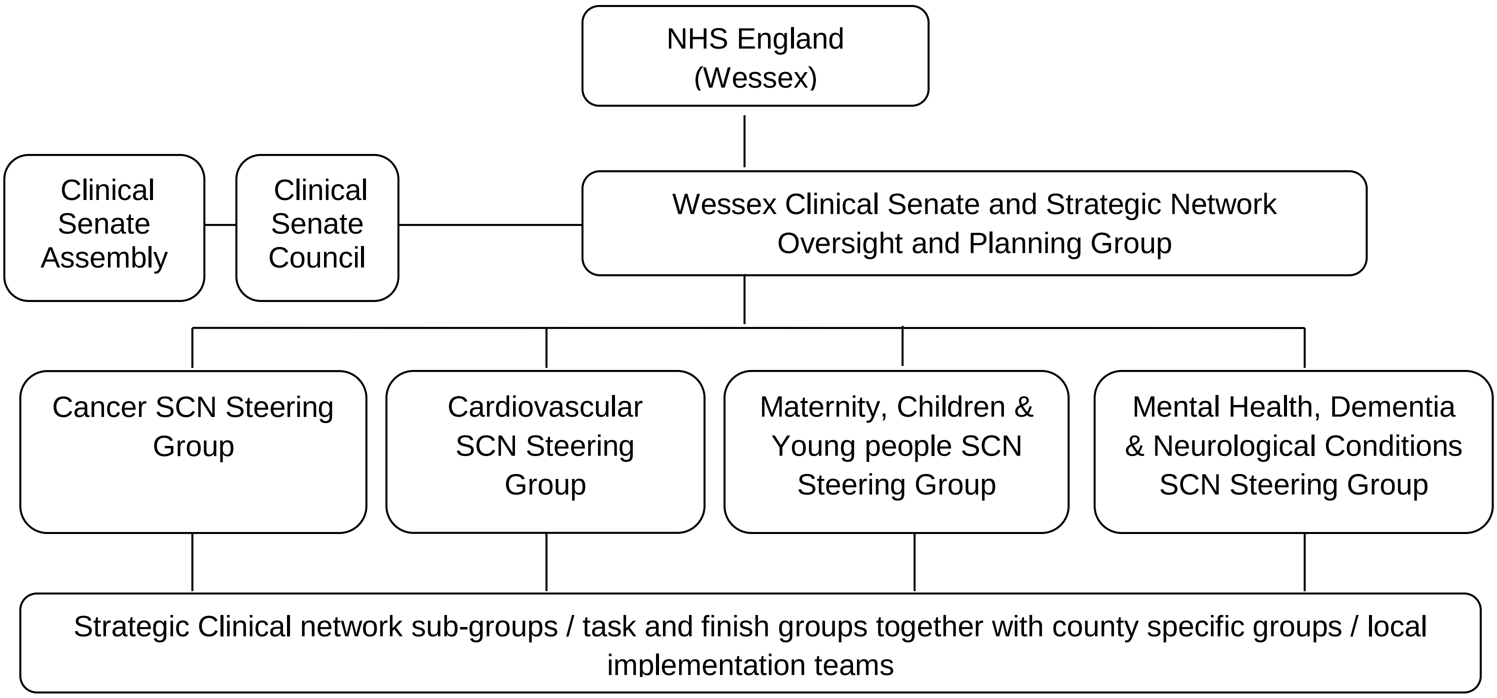
Working with their stakeholders and constituent organisations, including the Clinical Senates, the Strategic Clinical Networks will act as a vehicle for achieving continuous improvement where:

- A whole system approach is required to achieve improvement across a complex pathway of care involving multiple professionals and organisations;
- A co-ordinated, combined improvement endeavour is needed to overcome healthcare challenges, which have not responded to other improvement efforts.

The Way Forward for Clinical Senates and *The Single Operating Framework for Strategic Clinical Networks* details the rationale for setting up the Clinical Senate and Strategic Clinical Networks, as well as providing details on the active engagement and involvement of the constituent organisations. Such engagement and involvement should be outlined in formal arrangements with all the constituent organisations. The Clinical Senate and Strategic Clinical Networks will have an Annual Accountability Agreement with NHS England, which will be reflected in their annual work plan.

2. Governance Arrangements

The work of the Clinical Senate and Strategic Clinical Networks will be assured through the following governance groups and reporting arrangements:



The Associate Director for the Wessex Strategic Clinical Networks and Senate is accountable to the NHS England (Wessex) Medical Director and will ensure robust accountability and governance arrangements are in place for the Wessex Strategic Clinical Networks and Wessex Clinical Senate.

3. Responsibilities

Through collaborative working the Wessex Clinical Senate and Strategic Clinical Networks will:

i. Deliver the full range of functions outlined in *The Way Forward for Strategic Clinical Networks*, *the Way Forward for Clinical Senates* and the accompanying *Single Operating Framework for Strategic Clinical Networks* as well as other supporting documents (including the guiding principles for patient and public involvement).

ii. The Wessex Strategic Clinical Networks will develop, implement and monitor an annual work-plan of quality improvement projects, which enable the achievement of outcome ambitions for patients. They will focus on a small number of large scale, high impact projects ('priority' quality improvement programme) while at the same time facilitating the on-going continuous improvement of a wider range of initiatives ('maintenance' quality improvement programme).

iii. The Wessex Strategic Clinical Networks will ensure the NHS Change Model forms the basis for improvement work, with an emphasis on using all levers including contracts and tariffs to drive change.

iv. The Wessex Clinical Senate and Strategic Clinical Networks work plans will be in keeping with commissioner plans as overseen by the Oversight and Planning Group, including financial plans and support the QIPP agenda.

v. The Wessex Clinical Senate and Strategic Networks will advise and make recommendations to NHS commissioners and providers of NHS services in support of the development, delivery and assurance of safe, clinically and cost effective whole pathways of care (from prevention through to end of life care).

vi. The Wessex Clinical Senate and strategic Networks will act as an ‘honest broker’ for complex and highly contentious issues relating to the quality improvement and quality assurance agenda.

vii. The Wessex Clinical Senate and Strategic Clinical Networks will promote the development and delivery of best practice, evidenced based care; with an emphasis on ensuring equitable, consistent high quality service provision and a seamless transition in care across the whole patient pathway.

viii. The Wessex Clinical Senate and Strategic Clinical Networks will foster a culture of clinical leadership and influence in the development, delivery and assurance of services. This will include defining and securing agreement about clinical input/engagement to ensure successful delivery of the Clinical Senate and Strategic Clinical Networks annual work-plan.

ix. A culture of patient and public involvement in the development and oversight of the Wessex Clinical Senate and Strategic Clinical Networks will be fostered, together with the delivery of their activities.

x. Systematic risk management processes will be used to identify, assess, manage and escalate risks associated with the delivery of the quality improvement programmes within the Wessex Strategic Clinical Networks.

xi. The Wessex Strategic Clinical Networks will ensure a co-ordinated approach to stakeholder engagement in the improvement agenda.

xii. The outputs and outcomes of both the Wessex Clinical Senate and Strategic Clinical Networks' activities will be published including performance standards and clinical outcomes measures together with an annual report.

xiii. The Wessex Clinical Senate and Strategic Clinical Networks will evolve; developing in accordance with the national policy direction and the needs of their local constituent organisations, adding value to the development, delivery and assurance of services.

xiv. Partnerships with the Wessex Academic Health Science Network, Health Education (Wessex), Public Health England and the Operational Delivery Networks will be developed within Wessex for the benefit of patient and population health; potentially including the use of support resources.

xv. The Wessex Clinical Senate and Strategic Clinical Networks will develop robust communications and effective relationships with all Directorates within NHS England (Wessex), in particular, the Medical and Nursing Directorates.

4. Key relationships

The Wessex Clinical Senate and Strategic Clinical Networks will need to forge enduring relationships with other elements in the new NHS and care architecture; namely:

- Local **Clinical Commissioning Groups,** that are responsible for commissioning the majority of local NHS services;
- All **Commissioners and providers** who are the constituent organisations of the Wessex Strategic Clinical Networks and Wessex Senate.
- **Health and Wellbeing Boards** as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities

- **Academic Health Science Networks (AHSN)** will bring together academia, NHS commissioners, providers of NHS services and industry to bring about collaborations on education, training, research, informatics, healthcare delivery and encouraging innovation to ensure the improvement of patient and population health outcomes and to stimulate wealth.
- **Public Health England** has been established to protect and improve the Nation's health and wellbeing and to reduce inequalities. The local units of Public Health England will provide a key source of information and data to help the Wessex Strategic Clinical Networks and Senate produce their informed opinions.
- **Health Education (Wessex)** will also be key partners, both in terms of identifying issues for the Clinical Senate's consideration or using outputs to inform local workforce plans.
- **Patients, carers, members of the public** that will be engaging with the planning of local services in a number of ways.
- **Members/representatives of the voluntary sector**.

5. Accountability

Strategic Clinical Networks and Clinical Senates are both non-statutory organisational models, providing advice and support for commissioners. As such, commissioners remain accountable for the commissioning of NHS services, whilst providers remain accountable for service delivery.

The Wessex Strategic Clinical Networks are accountable for working with partners to develop and implement a programme of quality improvement including the effective use of resources. Accountability for both the Wessex Strategic Clinical Networks and Wessex Clinical Senate is through the NHS England (Wessex) Medical Director to the Regional Medical Director and the Area Director for NHS England (Wessex).

The Regional Medical Director will endorse the annual Strategic Clinical Networks and Senate work-plans, giving delegated authority to the Strategic Clinical Networks and Senates for delivery against these plans. The Area Director is responsible for the overall performance of the Area team, and delivery of the annual work programme.

The Regional and Local Medical Directors will together:

- Receive a quarterly accountability report, supporting resolution of risks and issues where required;
- Endorse Strategic Clinical Network and Senate recommendations, where required, for local approval and adoption.

6. Values

The Wessex Strategic Clinical Networks and Clinical Senate will work within the values of NHS England. Central to our ambition is to place the patients and the public at the heart of everything we do. We are what we want the NHS to be – open, evidence-based and inclusive, to be transparent about the decisions we make, the way we operate and the impact we have.

7. Decision Making

The expertise and leadership of both the Clinical Senates and strategic Clinical Networks enable them to be advisory bodies making recommendations in support of safe, sustainable high quality and cost effective care for the prescribed conditions. They have the ability to make both reactive (in response to constituent organisation and member requests) and proactive recommendations. These recommendations will be communicated to the Wessex Strategic Clinical Networks and Clinical Senate Oversight and Planning Group for ratification.

The clinical and managerial leads will foster a culture that promotes collective decision making for the benefit of patients. They will also have an ‘honest broker’ role in facilitating agreement between professionals and organisations to secure improvement.

Decision making ultimately remains with the constituent organisations, although it is expected that Strategic Clinical Networks and Clinical Senate recommendations will be endorsed, unless a constituent organisation can provide clear evidence for an alternative course of action.

8. Issues and Risk Management

The Wessex Strategic Clinical Networks and Senate support team will be responsible for the identification, assessment, management and escalation of risks and issues to the delivery of their strategy and annual work-plan; together with wider systemic risks to the commissioning and provision of quality services, for the four clinical areas.

Issue and risk management will take the form of:

- Engaging with the relevant Clinical Commissioning Groups and/or Specialised Commissioning Groups and providers, through facilitation and advice;
- Liaising through existing fora, defined by commissioners in accordance with local governance frameworks, or established specifically on a case by case basis;
- Making recommendations for action and associated contingency plans to the relevant governance group. It is expected that Wessex Strategic Clinical Networks and Wessex Clinical Senate recommendations will be supported unless a commissioner(s) or provider(s) can provide clear evidence to the contrary.
- Consulting with the NHS England (Wessex) Medical Director and/or Regional Medical Director where appropriate. This may include further escalation e.g. to Monitor or the NHS Trust Development Authority.
- Publishing advice on outcomes to relevant constituent organisations and relevant governance groups.

9. Reviewing Accountability and Governance Arrangements

Over time it is expected that the governance arrangements for all Strategic Clinical Networks and Clinical Senates will need to be revised and potentially strengthened to reflect the new evolving NHS system, including potential linkages with Academic Health Science Networks.

10. Terms of Reference

Detail describing how the groups will operate with membership and frequency of meetings is given in the Appendices. Below is a summary of their main objectives.

10.1. Oversight and Planning Group (OPG)

The Wessex Strategic Clinical Networks and Clinical Senate Oversight and Planning Group sets and monitors the work plans of both the Wessex Strategic Clinical Networks and Clinical Senate. Although it is also a non-statutory group, it maintains the authoritative power on matters relating to network and senate activity plan. It will support statutory commissioning and provider organisations through an effective communications strategy approved by the NHS England (Wessex) Area Director. It reviews all Strategic Clinical Network and Senate priorities, considers cross-cutting themes, aligning them to outcomes. The Overview and Planning Group establishes and agrees the work programmes for the Wessex Strategic Clinical Networks and Clinical Senate to include outcome or geographically-based work undertaken by the Quality Improvement Leads. The Overview and Planning Group reviews the work of Strategic Clinical Networks and Senate and considers whether their priorities need to be referred to the Senate or vice versa.

10.2. Clinical Senate

Clinical Senates will help Clinical Commissioning Groups, Health and Wellbeing Boards and NHS England to make the best decisions about healthcare for the populations they represent by providing clinical advice and leadership at a strategic level. Clinical Senates will not be focused on a particular condition. Instead they will take a broader, strategic view on the totality of healthcare within a particular geographical area, for example providing a strategic overview of major service change. They will be non-statutory advisory bodies with no executive authority or legal obligations and therefore they will need to work collaboratively with commissioning organisations.

The Clinical Senate is comprised of the Senate Assembly and the Senate Council.

10.2.1. Clinical Senate Assembly

The Clinical Senate Assembly will encompass a wide range of clinical professions, across the entire spectrum of NHS care, covering the five domains of the NHS Outcomes Framework. Members may also be members of professional bodies, trade unions, the third sector or other bodies such as Public Health England or Health Education England.

The purpose of the Clinical Senate Assembly is to achieve broad stakeholder engagement in the work of the Wessex Strategic Networks and Clinical Senate. Its' role is not a decision-making one although it could deliberate on high-level issues once they have been discussed by the Senate Council. The Clinical Senate Assembly should be asked to comment on the Clinical Senate work plan and have an on-going role in identifying "experts" in different specialties (e.g. acute, emergency care etc.) and in the formation of sub-groups around topics for future consideration of the Senate Council.

Members should attempt to decouple their institutional obligations from their advisory role and they may need to avail themselves of external assistance and support in order to help them to do that (e.g. via clinical leadership training). The Assembly should also be an opportunity for the development of clinical leaders. It is recognised nationally that the Assembly may be very large as its membership will be drawn from the many Health, Social Care and Voluntary Sector organisations in the area.

10.2.2. Clinical Senate Council

The Clinical Senate Council is a core ‘steering’ group of members of the Clinical Senate Assembly. The Council should receive objective data and information, and also views and opinions from a broad range of generalist and experts invited to give evidence to the meetings as the need arises. Other Wessex Strategic Clinical Networks, Clinical Commissioning Groups and NHS England will be able to refer ‘topics’ or issues to the Clinical Senate Council provided that they set out a case in writing in advance that the topic or issues meet its acceptance criteria:

Acceptance criteria of Wessex Clinical Senate	
1	The decision on the solution to the problem has not already been made in the health system. If a decision has been made, the Clinical Senate Assembly will be able to assist in providing the public profile on service changes, but NHS England states that the Clinical Senate should not revisit the issue[1].
2	The patient outcomes which are affected by the issue can be measured in direct or indirect ways.
3	The service change is major in that it will impact a whole system and is beyond the remit of a single commissioner.
4	The benefits of the change can be easily communicated across the health and social care economy in an ‘end to end’ story.
5	There is active visible sign off for the change proposed from senior leaders or the ‘high interest, high influence’ stakeholders as identified by the topic or issue analysis in Wessex.
6	The sponsors or owners of the change who have requested advice are willing to commit the time necessary to complete the change, the number of people required to execute it and any other resources required (e.g. financial, external consultants).

[1] Clinical Senates, The Way Forward, 25th January 2013

The Senate Council will normally hear evidence and views in open session but will retire to formulate its advice in closed session. The consensus advice of the Senate Council will be published and all members of the Senate Council will be expected to promulgate the consensus view.

10.3. Strategic Clinical Networks

There are four Strategic Clinical Networks: cancer, cardiovascular (including stroke, diabetes and renal conditions), maternity and children, mental health (including dementia and neurological conditions). Each of these networks will have a Steering Group which is responsible for assisting with the implementation of the 2013/2014 work plan, providing advice and support on the two strategic priorities and quick wins identified in the network. There may be a need for more sub groups in the networks which cover several care groups such as Maternity and Children, Mental Health, Dementia and Neurological Conditions. The initial steering groups will develop the cross-cutting themes in the work plan such as rehabilitation, early diagnosis etc. and it is likely that their membership will change over time to encompass those stakeholders who have knowledge and interest in these cross-cutting themes. Each network will have a stakeholder engagement strategy as part of the overall Wessex Strategic Clinical Networks and Senate Stakeholder Engagement and Communications Plan which will in turn be part of the overall NHS England (Wessex) one.

Appendix A

Terms of Reference of the Oversight and Planning Group

1. Membership

This group is the overarching body for the Senate and individual Strategic Clinical Networks, but needs to have no more than 12-14 members in order to successfully discharge its executive function. Membership is therefore:

- NHS England (Wessex) Area Director, Medical Director and/or Nurse Director
- Associate Director for Wessex Clinical Senate and Wessex Strategic Clinical Networks.
- Senate Chair
- Senate Manager
- Wessex Strategic Clinical Network representatives (1 x Clinical Director and 4 x Strategic Clinical Network Managers)
- Clinical Commissioning Group representative x 1 on behalf of Commissioning Assembly
- Public Health representative x1
- Health and Wellbeing Board representative x1
- Health Education (Wessex) representative x1
- Academic Health Sciences Network representative x1

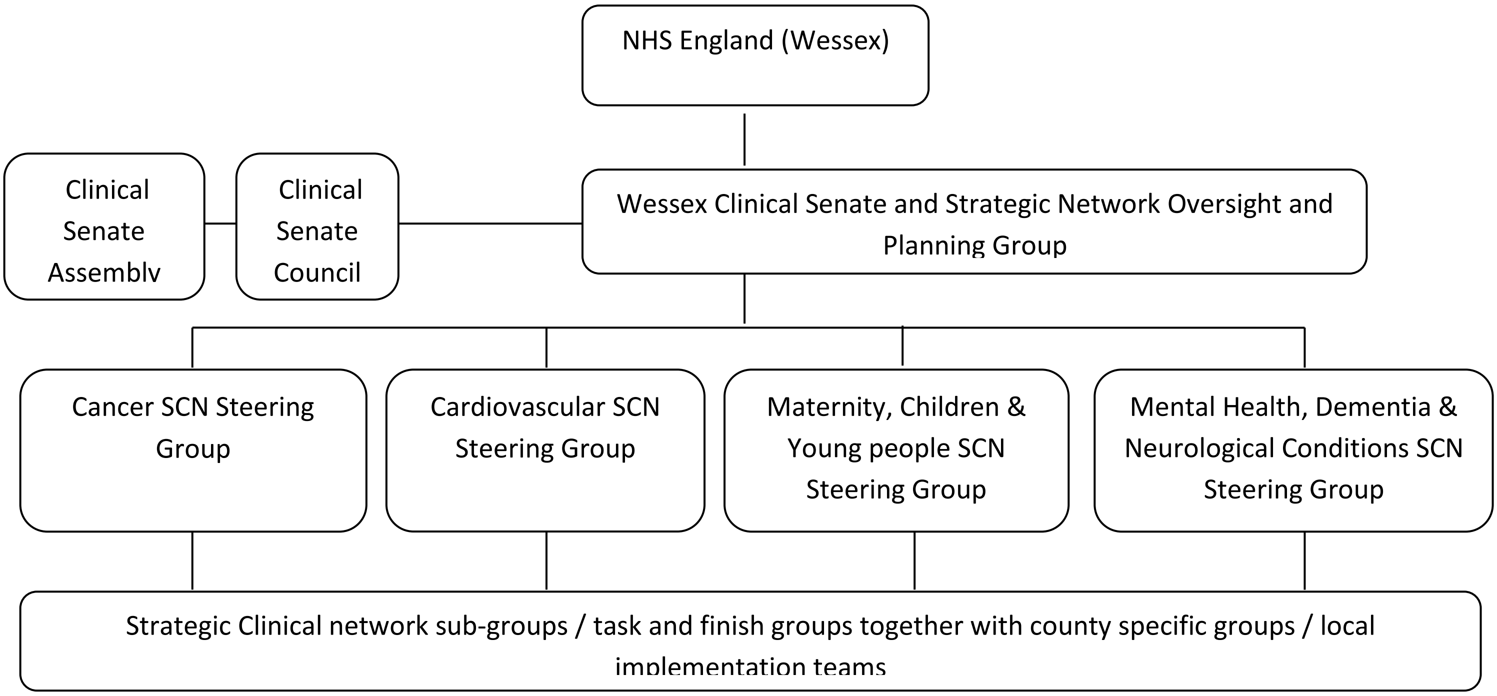
A patient representative will be invited to attend once NHS England (Wessex) has an agreed Patient and Public Engagement and Experience Strategy.

Other organisations in the health economy will contribute to the membership of the Strategic Clinical Networks or Clinical Senate.

2. Frequency of Meetings

The group will meet at least four times year, or more frequently as required. Agenda and accompanying papers will be sent to members at least ten working days in advance of the meeting, with minutes being available no more than ten working days following meetings.

3. Governance Arrangements



4. Quorum

Meetings will be quorate when there is at least one representative from:

- Clinical Commissioning Group
- NHS England (Wessex)
- Clinical Senate
- 4 x Wessex Strategic Clinical Networks
- Associate Director or Strategic Clinical Network Manager

Appendix B

Terms of Reference Clinical Senate (Draft to be considered by Senate Chair)

1. Membership of Clinical Senate Council

Each Clinical Senate Council meeting will have in the region of 15-16 attendees including the support team. This restricted membership should enable it to perform its decision-making function. Members will be drawn from the interest area sub-groups of the Clinical Senate Assembly to represent commissioners and providers of a typical end to end pathway. The Clinical Senate Council should aim to reach a consensus decision on issues referred to it:

- Independent chair (appointed position)
- Associate Director Clinical Senate and Strategic Clinical Networks
- Senate Manger
- Patient/ public representative in partnership with Health Watch (when the strategy has been agreed)
- Clinical Commissioning Group lead
- NHS England (Wessex)
- Public Health representative
- Health and Wellbeing Board representative
- Health Education (Wessex)
- 4 Clinical Directors
- Academic Health Science Network/tertiary care organisations
- Multi-professional clinicians from community, primary and secondary care organisations

Members may contribute in person, by written or electronic communication. The Council is not intended to be a standing committee. There will be the opportunity before meetings for the Oversight and Planning Group to review its membership to decide whether the current membership have the knowledge or interest to consider the next topic/issue.

Substitutions can be made by the chair. Where a member is unable to attend a meeting, their parent organisation or constituency may propose a deputy in advance of the meeting for consideration and approval by the chair. Additional experts will also be invited from the Assembly or externally by the chair to give evidence on specific topics or issues at meetings. The Council will make recommendations which will then be considered by the Oversight and Planning Group. If there are too many interested parties, the Senate Chair will agree attendance based on the following criteria:

- impact on professional training within the topic/issue area
- impact on professional leadership within the topic/issue area
- the level of their interest in clinical policy relating to topic/issue area
- the level of their influence in clinical policy relating to topic/issue area
- Their ability to enhance the multi-professional nature of the Clinical Senate Council's membership

1.1. Frequency of Meeting

At least quarterly, the agenda and accompanying papers will be sent to members at least fifteen working days in advance of the meeting, with minutes being available no more than ten working days following meetings.

1.2 Quorum

The Chair, Senate Manager or Associate Director and sponsoring commissioner should be present at every meeting.

2. Membership of Clinical Senate Assembly

Membership should be broad, may form in sub groups for expertise i.e. acute providers, Mental Health, public and patients and drawn from the following:

- NHS England (Wessex)
- Clinical Leads for Strategic Clinical Networks, Operational Development Networks, Local Professional Networks and other recognised local networks

- Clinical Commissioning Group Clinical Leads and others in clinical leadership roles
- Medical Directors and Directors of Nursing of Provider Trusts
- Health Education (Wessex)
- Patients and the Public
- Social Care (Adults and Children)
- Academic Health Science Networks
- Specialised Commissioning Clinical Reference Group members
- Public health representatives (Public Health England and Local Authority)
- Royal Colleges
- The wider clinical community so that all clinical disciplines, care settings and geography covered by the Clinical Senate are reflected e.g. Medicine, Nursing, Midwifery, Allied Health Professionals, Clinical Scientists, Pharmacists
- Local Medical Committees, Local Optometric Committee and Local Pharmaceutical Committee
- British Medical Association
- Health Watch England
- Health Oversight and Scrutiny Committees
- Health and Wellbeing Boards

2.1. Frequency of Meetings

The Senate Assembly will meet twice or three times a year. The agenda and accompanying papers will be sent to members at least fifteen working days in advance of the meeting, with minutes being available no more than fifteen working days following meetings. The Senate Assembly will receive advance notice of the issues which have been referred to the Clinical Senate Council.

2.2 Quorum

There is no quorum for this meeting.

Appendix C

Terms of Reference Strategic Clinical Networks Steering Groups

1. Purpose

The Strategic Networks are to provide an organisational model through which professionals, organisations and service users collaborate across organisational boundaries to deliver programmes which result in improved clinical outcomes and improved quality of patient care (NHS England March 2013). The Wessex Strategic Clinical Networks will provide independent, strategic clinical advice and leadership to all commissioners across the Wessex geographical area – that is, Hampshire, Dorset and the Isle of Wight - for the benefit of patients and the wider health system. Working with their stakeholders and constituent organisations, including the Clinical Senates, the Strategic Clinical Networks will act as a vehicle for achieving continuous improvement where:

- A whole system approach is required to achieve improvement across a complex pathway of care involving multiple professionals and organisations;
- A co-ordinated, combined improvement endeavour is needed to overcome healthcare challenges, which have not responded to other improvement efforts.

2. Membership of Strategic Clinical Network Steering Groups

Each Strategic Clinical Network Steering Group will be chaired by the Clinical Director and the Network Assistant/administrator will attend. Relevant Strategic Clinical Network Managers and/or Quality Improvement Leads will also attend where work plan items are being discussed. There should be representation from commissioners and providers who have knowledge and interest in the work plan. The membership should be restricted to avoid duplicating that of the former cardiovascular and cancer clinical networks which were operational as well as strategic. It will differ slightly depending on the network and the membership does not need to be representative, but the core membership should consist of:

- Clinical Director (appointed position)
- Network Assistant/ Administrator
- Strategic Clinical Network Manager or Quality Improvement Lead as appropriate for themes.
- Patient/ public representatives (when the strategy has been agreed)
- Commissioning representatives (e.g. CCG children's commissioning leads)
- Provider representatives
- Clinical leads

1.1. Frequency of Meeting

At least quarterly. The first meetings will follow the Stakeholder Engagement events which will be held in May and June 2013 after which the membership will be confirmed. The agenda and accompanying papers will be sent to members at least ten working days in advance of the meeting, with minutes being available no more than fifteen working days following meetings.

1.2. Quorum To be determined.