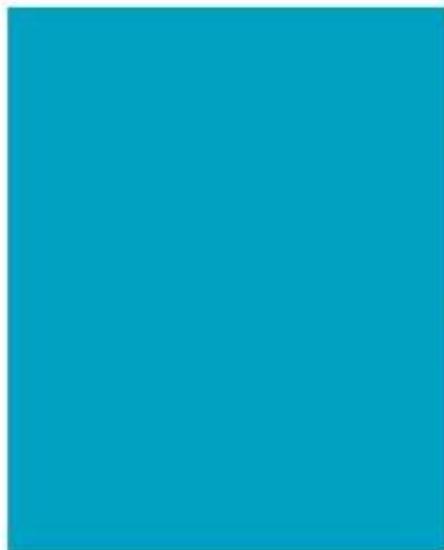


Clinical Senate Assembly –
Northern England
Terms of Reference



Clinical Senate Assembly Northern England

Terms of Reference

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Prepared by Wendy Ryder, Clinical Senate Manager

Version Control & Approvals

Version Control

Version	Author	Date of Amendments
Draft vers 0.1	Wendy Ryder	25.11.13

Approvals

Name	Role	Approval date
Professor Andrew Cant	Senate Chair	
Dr Mike Prentice	Area Medical Director	
Clinical Senate Council	All Members	

OUTLINE TERMS OF REFERENCE FOR THE CLINICAL SENATE ASSEMBLY

The Northern Senate Assembly will provide access to a broad range of experts, invited through the Chair as required. These should encompass a wide range of clinical professions, the 'birth to death' spectrum of NHS care, and the five domains of the NHS Outcomes Framework.

There is no minimum or maximum number of members as this will be subject to variation and it may be that communities of interest and/or task and finish groups will be established – this flexibility of approach will need to be balanced with establishing a cohesive group.

Whilst broad representation of provider and commissioner organisations within a Clinical Senate is important, members should attempt to decouple their institutional obligations from their advisory role to ensure that it is objective and unbiased and supports the credibility of the Clinical Senate.

Members' conflicts of interest should be declared in a transparent way.

Purpose

To inform the Clinical Senate Council's formulation of strategic clinical advice and delivery of strategic clinical leadership to influence the provision of the best overall care and outcomes for patients in the geographical area.

Membership

Insert membership once agreed.

Core activities

- Debate issues, evidence and ideas and build consensus amongst senior clinicians, particularly across the primary and community care boundary.
- Facilitate transition, by advising on and supporting development of solutions to the QIPP challenges within the geographic area.
- Hear from leading UK and international thinkers on healthcare reform to remain at the forefront in terms of clinical leaders' knowledge and insight and contribute to related debate.
- Ensure senior clinicians are kept up to date on developments, through the content of the meetings and Senate communications
- Provide a virtual and face-to-face networking opportunity to build links within the clinical community and share best practice.

- Maintain a broad perspective, focusing on all elements of patient pathways, including social, mental health, acute and community care, to identify opportunities for and support improvement.
- Provide leadership to younger doctors/nurses/AHPs/clinical scientists/midwives
- Include colleagues where they recognise that they could make a valuable contribution to a specific topic area

Working arrangements

Working arrangements must ensure effective two way communication between the Clinical Senate Assembly and Clinical Senate Council. Arrangements are for local determination.

Operational Processes

For local determination.

Communication

Clinical Senates need to operate in an open and transparent way. Arrangements should be put in place to promote an understanding of the role and ways of working of the Clinical Senate, to share its work programme and progress and the advice that it gives. The Northern Clinical Senate Council will have approved a Communications Strategy which details the mechanisms to be used within the Senate including responsibilities and key stakeholders.

Review date: