

# Clinical Senate Council Northern England Terms of Reference



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Manager

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## Version Control & Approvals

### Version Control

Version	Author	Date of Amendments
Draft vers 0.1	Wendy Ryder	20.11.13
Version 1.00	Wendy Ryder	11.12.13

### Approvals

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

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## **OUTLINE TERMS OF REFERENCE FOR THE SENATE COUNCIL**

Clinical leadership is at the heart of the NHS commissioning system. The Northern Clinical Senate supports the development of the northern region health services and the continuous improvement in quality and outcomes, by providing independent strategic advice and leadership which supports commissioners to make the best decisions about health for their populations.

### **1. Purpose**

To coordinate provision of robust and credible strategic clinical advice and clinical leadership to influence the provision of the best overall care and outcomes for patients in the geographical area

Key Areas of focus:

- 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 tackle quality failure e.g. providing expert advice to support development of sustainable local solutions

### **2. Membership**

The Clinical Senate brings together a broad range of health and care professionals. It is not focused on a particular condition or patient group and takes a broader strategic view on the totality of health care in the northern region.

Alongside the Chair, the Council will comprise a number of standing members for the purposes of effective decision making; the total membership for the Northern Clinical Senate will not exceed 30. Members are appointed for a mix of between two and three years enabling the Council to manage continuity of its work at times of membership change. There is a role description of skills required for core Council members including:

- Demonstration of a background comprising of clinical innovation, credibility with peers and a working knowledge of clinical networks
- An understanding of clear accountability for delivery and commitment to providing an annual statement of personal contribution
- A commitment to on-going support and development (of self and others) within the role to ensure that Senate members are fully equipped to carry out their role

The membership of the Northern Clinical Senate Council will be;

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Name	Organisation	Speciality
Cant, Andrew	Northern Clinical Senate	Senate Chair
Ryder, Wendy	Northern Clinical Senate	Senate Manager
Angel, Moira	CNTW Area Team	Director of Nursing and Quality,
Mike Guy	DDT Area Team	Medical Director - Area Team
McLachlan, Roy	Clinical Networks and Senate	Associate Director
Mitchell, Robin	Clinical Networks and Senate	Clinical Director
Prentice, Mike	CNTW Area Team	Medical Director - Area Team
Reilly, Bev	DD & Tees Area Team	Director of Nursing and Quality
Redhead, Elaine	Health Education North East	
Smithson, Joanne	VONNE	Health and Care Policy Lead
Marshall, Roberta	North East Public Health England Centre	Centre Director
Old, Jacqui	Community Services Directorate North Tyneside Council	Head of Adult Social Care
O'Neill, Seamus	AHSN	CEO
Dr PG Weaving	North Cumbria University Hospitals Trust	GP Clinical Director
Baldrige, Catherine	South of Tyne	Pharmacist
Bellamy, Richard	South Tees FT	Consultant Infectious Dis/ Chief of Academic Division
Blair, Alistair	Northumberland CCG	GP/Chief Clinical Officer
Cruikshank, Derek	South Tees FT	Consultant Gynae/Onc
Cushlaw, Maurya	North Tyneside CCG	Accountable Officer / Chief Officer.
Evans, David	Northumbria FT	Medical Director
Harris, Elizabeth	Newcastle Hospitals	Head of Nursing
Hudson, Mark	Newcastle Hospitals	Medical Lead for Liver
Joseph, Suresh	Northumberland Tyne & Wear	Stepping down as Medical Director
Kay, Lesley	Newcastle Hospitals	Consultant Rheumatologist/Clinical Director of Patient Safety and Quality
Lloyd, Hilary	Gateshead Health	Deputy Director of Nursing
Murphy, Jeremy	County Durham & Darlington	Consultant Physician
Scott, Jon	SOTW	Physician - Elderly Care supports stroke across SOTW
Smith, Jonathan	Silverdale Family Practice	Principal GP

Other members of the Council will be for local determination

### 3. Quoracy

The meeting will be quorate when two thirds of the membership are present. Nominated representatives may send a representative when they are unable to

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attend, however, the chair should be informed prior to the meeting. Members who have been recruited are not permitted to send a substitute if they are unable to attend.

*Please can we discuss election of Vice Chair and also substitutes should core members be unavailable*

#### **4. Core activities**

- Deliver the types of strategic advice and leadership described in *The Way Forward: Clinical Senates*.
- Provide advice in matters of strategic importance to improving health and health care in the northern region
- Matters relating to service transformation and reconfiguration including quality assurance e.g. advice relating to service change proposals and post implementation evaluation.
- Matters relating to quality improvement e.g. advising on quality standards
- Tackling quality failure e.g. provision of expert advice to support sustainable local solutions.
- Foster a culture of clinical leadership and influence the development of services
- Foster a culture of patient and public involvement in the formulation of strategic clinical advice
- Coordinate development of the Clinical Senate's 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 through the Clinical Senate Assembly
- Ensure transparency by publishing advice that the Clinical Senate gives and the process through which the evidence was formulated
- Review the effectiveness of the Clinical Senate and its processes and refine as necessary
- Ensure the provision of safe, evidence based strategic clinical advice, where necessary drawing out strategic level risks and issues which will need to be considered by decision makers

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- Ensure that their development is consistent with the national policy direction and adds value to the health and healthcare for local populations through an annual review of impact and effectiveness
- Review the Clinical Senate's 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 collaboration with other Clinical Senates, agree and publish the process by which the Senate will engage with and consider the evidence, views and advice from the other affected clinical senate(s) in their decision making.
- Oversee delivery of an annual report

It is not the role of Clinical Senates to constrain the activities of individual CCGs or be involved in assessing the performance of commissioners. The Clinical Senate will not be able to veto proposals, but rather advise and where necessary, highlight issues and recommend where further thinking is needed. As such, the Senate must act using influence and credibility.

#### **5. Accountability/Reporting Arrangements**

The Associate Director, and the Chair of the Clinical Senate, will report to and be professionally accountable to the NHS Area Team Medical Director through to the Regional Medical Director. The Chair of the Northern Clinical Senate will be appointed by the host Area Team Medical Director (Cumbria, Northumberland and Tyne & Wear) and will be approved by the Regional Medical Director. The vice-chair will be appointed through Council Senate business.

The Clinical Senate will have a key role in supporting Commissioners to make the best decisions with the expertise and advice from the Senate. As the Council is a non- statutory organisation it will support statutory commissioning bodies.

The Chair and the Manager of the Northern Clinical Senate will develop an accountability and governance framework in the initial months ahead; this will include a communication strategy and acknowledge the need for the Senate to develop from inception to a fully mature body.

#### **6. Working arrangements**

Working arrangements must ensure effective two way communication between the Clinical Senate Assembly and Clinical Senate Council. Meetings of the Council will be held bi-monthly and will be supported by the Clinical Senate Manager.

Members are expected to make a personal commitment to the role; however, should the situation arise where a Member is unable to attend, substitutes must be agreed by the Chair. Such substitutes should be notified with the Senate

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Manager/Secretary prior to the meeting for approval and substitutes will have full voting rights.

### **7. Decision Making**

A key success factor for the Clinical Senate will be the trust in and the credibility of the advice it provides. Transparency of the principles and processes by which the Clinical Senate will operate will be essential. The Northern Clinical Senate will agree and publish guiding principles about how they will operate within the first four months of operation. Where possible, all decisions will be made in the room during council meetings, if a recruited member is unable to attend, they may provide comment on the circulated papers prior to the meeting in writing to the chair.

### **8. Declaration of Interests**

Whilst it is important that there is broad representation of clinicians from provider and commissioning organisations within the Clinical Senate Council and the Assembly, it is vital that members decouple their institutional obligations and interests from their advisory role. It is important that members recognise that the Senate must operate in the best interests of patients and not of organisations or professions interests. Objectivity and neutrality will be essential to the Senates credibility; members must agree to operate in a transparent way and in line with the 'Standards of Business Conduct and Managing Conflicts of Interest' provided for the Senate. All members must sign a declaration of interest form in line with the policy.

### **9. Communication**

The Northern Clinical Senate will operate in an open and transparent way and arrangements are in place to promote an understanding of the role and ways of working of the Senate. The Senate Council have approved a 'Communications Strategy' which details the mechanisms to be used within the Senate including responsibilities and key stakeholders.

### **10. Review of Terms of Reference**

These Terms of Reference will be reviewed annually or sooner if required. The next review date is the nearest meeting date of the council to December 2014.