



Northern England
Clinical Senate

Northern England
Clinical Senate Assembly

TERMS OF REFERENCE

Version 2
April 2020



Version Control

Document Version	Date	Comments	Drafted by
Final version 2.0	April 2020	Updated and refreshed	J Poole

1. Purpose

To assist the Clinical Senate Council with their provision of independent and impartial clinical advice on any proposal for service change in health care that has significant implications for the workforce, patients and the public.

2. Membership

All health and social care professionals from within the Northern England geography are eligible to become members of the Assembly. There is no minimum or maximum number of members.

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.

3. Core activities

- To provide a resource of experts to the Council who can be co-opted into bespoke expert clinical review panels to deliver advice in response to requests ranging from informal advice on developing proposals to formal advice on major service change as part of the assurance process
- Debate issues, evidence and ideas and build consensus amongst clinicians
- Provide a virtual 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 improvement

4. Tenure and Appointment

Members are appointed without a limit on their tenure. Clinicians can apply to join the Assembly through submitting their CV and details of one referee to the Senate Manager, following receipt of their expression of interest. The opportunity to join the Senate Assembly remains open at all times through the Senate website.

Assembly membership can be terminated if the member:

- Resigns to that effect
- Is unable to discharge their responsibilities
- Is charged with professional misconduct or has their professional registration terminated

In addition, membership can be terminated if the Council considers that the member has acted inappropriately and / or brought the Senate into disrepute. This would include the member:

- Not upholding the values and principles of the Senate
- Knowingly not declaring a conflict of interest
- Sharing or disclosing confidential information

5. Accountability and Governance

Assembly members will act in accordance with the Northern England Clinical Senate governance procedures.

As a wider body of clinical opinion, Assembly members' views will be sought in relation to topics on which the Senate is asked to give advice. Responsibility for considering whether the Clinical Senate takes on a topic for advice will sit with the Senate Management Team.

The Review Chair and the Senate Chair and Senate Council (or just Senate Council when the Senate Chair acts as the review Chair) are responsible for agreeing the content of all Senate reports prior to publication.

6. Working Arrangements for the Conduct of Clinical Senate Assembly Business

6.1 Topic expert panels

Based on their expertise, knowledge and interests, Assembly members may be invited to join an expert panel. A Chair for the group will be appointed from the Senate Council. The panel will be accountable to the Senate Council for completion and delivery of the topic, as agreed within the specific terms of reference for each topic.

The Review Chair and the Senate Chair and Senate Council (or just Senate Council when the Senate Chair acts as the review Chair) are responsible for agreeing the content of all Senate reports prior to publication.

6.2 Senate assembly meetings

There will be no regular formal meetings of the Assembly. Wherever possible the topic working groups will work 'virtually', primarily through email and teleconference. Senate Assembly members can request (and may be invited) to attend and observe a Senate Council meeting in agreement with the Senate Chair and Senate Manager.

6.3 Declaration of interests

When invited to sit on a clinical panel, members' conflicts of interest should be declared in a transparent way in line with the Senate Conflict of Interest policy. Members will also be reminded of the Clinical Senate's confidentiality agreement.

6.4 Substitutions

Clinical Senate members are required to make a personal commitment to the role. They are appointed for their personal expertise, knowledge and professional credibility, to provide impartial clinical advice and leadership. It is not appropriate for members to nominate a substitute in the event that they are not able to attend a panel, teleconference or meeting.

6.5 Communications

Working arrangements must ensure effective two-way communication between the Clinical Senate Assembly and Clinical Senate Council. General communications will be primarily through email and webinars and through access to the Senate website.

Assembly members will receive a regular e-bulletin on Senate business in line with the Clinical Senate Communication Framework.

Assembly members on expert panels will receive all communications relating to that topic for the duration of the project. Arrangements for specific topics will vary depending on the panel, the topic in question and how the Senate has agreed to deliver its advice. These arrangements will be agreed with the panel before work is commenced.