

GREATER MANCHESTER, LANCASHIRE AND SOUTH CUMBRIA

CLINICAL SENATE COUNCIL

TERMS OF REFERENCE

Document Version	Date	Comments	Reason
V1	June 2015	Updated	Reviewed at Council Meeting 19 th June 2015
V2	July 2015	Amended	For ratification at Meeting 16 th July 2015
V3	February 2017	Updated	Review due – for ratification at meeting on 22nd March 2017
V6	1 st April 2017	Ratified	

1	Name of the group	The Greater Manchester, Lancashire & South Cumbria (GMLSC) Clinical Senate Council.
2	Role of the group	<p>The Clinical Senate will play a unique role in the commissioning system by providing strategic clinical advice, leadership and assurance support to:</p> <ul style="list-style-type: none"> • Those responsible for the implementation of Sustainability & Transformation Plans • Clinical Commissioning Groups (CCGs) • Specialised Commissioners • Health and Wellbeing Boards (HWBs) • NHS England. <p>The GMLSC Clinical Senate Council brings together a range of professionals to take an overview of health, healthcare and social care for local populations and provide a source of strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients.</p> <p>Clinical Senate reviews will be informed by patients, carers and public but are not formal public consultation forums; rather they aim to provide robust, independent, credible clinical advice.</p> <p>As non-statutory advisory bodies with no executive authority or legal obligations the Clinical Senate will work collaboratively with commissioning organisations.</p>
3	Purpose	<p>To co-ordinate the 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 Greater Manchester, Lancashire & South Cumbria.</p> <p>Key areas of focus:</p> <ul style="list-style-type: none"> • Leadership, e.g. supporting commissioners and communicating the clinical case for change on reconfiguration and service change • 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
4	Activities of Group	<p>The Clinical Senate Council will:</p> <ul style="list-style-type: none"> • Foster a culture of clinical leadership and influence in the development of services. • Foster a culture of patient, carer and public involvement in the

formulation of strategic advice.

- Work to develop the Senate Council and Assembly and actively manage its reputation so that it grows into a credible source of clinical expertise that represents a broad range of health and care professionals.
 - Uphold the principles that will guide formulation of Clinical Senate advice, including that advice given will:
 1. Be in the best interests of patients, carers and the public
 2. Go beyond the scope of a single provider or organisation
 3. Meet local health and care needs
 4. Impact positively on quality of care and patient outcomes
 5. Enable provision of improved and better value health and care services
 6. Improve patient flow and safety
 7. Enable progression of contentious issues
 - Agree the terms of reference for topic with the lead commissioner and a timescale for delivery.
 - Ensure the delivery of timely evidence based independent strategic clinical advice, where necessary drawing out strategic level risks and issues which will need to be considered by decision makers.
 - Ensure transparency by publishing advice that the Clinical Senate gives and the processes through which the advice was formulated
 - Ensure the development of advice is consistent with national policy direction and adds value to the health and healthcare for local populations through an annual review of impact and effectiveness.
 - Where there is a requirement for collaboration between Senates, a lead Clinical Senate will be identified at the outset which will take responsibility for leading the process to formulate advice and publishing the outcome.
 - Develop and deliver annual work programmes informed by the topics on which Clinical Senates are invited to provide independent strategic clinical advice plus topics that Clinical Senates identify as important in improving outcomes across the geographical area that they cover.
 - Publish an annual report providing an overview of the Clinical Senate's work. This should include an assessment of its impact and
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added value

It is not the role of Clinical Senates to constrain the activities of individual organisations or be involved in assessing the performance of commissioners. Clinical Senates will not be able to veto proposals, but rather advise and, where necessary, highlight issues and recommend where further thinking is needed.

5 Relationships with Networks

Clinical Senates will have a particularly close relationship with clinical networks and share some management resources. Clinical networks may wish to request strategic or system-wide advice from Clinical Senates and conversely Clinical Senates may wish to seek advice on a relevant clinical area from a Strategic Clinical Network.

6 Membership

Alongside the Chair, the Council should comprise a number of standing members for the purposes of effective decision making; the total number of voting members for the GMLSC Clinical Senate Council will not exceed **32**. Members will be appointed for a mix of tenures of between two and three years, enabling the Council to manage continuity of its work at times of membership change.

Membership includes:

6.1 Appointed members

Ivan	Benett	General Practitioner
Maureen	Chadwick	Managing Director
Irfan	Chaudry	Consultant Critical Care Medicine & Anaesthesia
Nicola	Cook	Divisional Director
Robert	Coward	(Dr) Consultant Physician & Nephrologist
Ian	Donaldson	Consultant Anaesthesia/Critical Care
Donal	O'Donoghue	Chair Consultant in Renal Medicine
Martin	Hogg	Consultant Clinical Oncologist
Helen	Hurst	Consultant Nurse
Karley	Hurst	CQC Project Support Officer
Irfan	Zafar	GP
Philip	Jennings	Head of Clinical Innovation, Liaison & Deployment
Niall	Lynch	Consultant Radiologist
Patrick	MacDowall	Consultant Nephrologist
Claire	Maguire	Consultant Clinical Psychologist
Angela	Manning	GP & Deputy Medical Director
Phil	McEvoy	Managing Director
Kate	McNulty	Patient Representative
Javeed	Mehran	Consultant in Old Age Psychiatry & Clinical Lead Primary Care Svcs
Jane	Ooi	Consultant Breast Surgeon
Vats	Patel	Pharmacist
John	Patterson	Medical Director & GP

		<table border="1"> <tr> <td>Mohammed</td> <td>Sarwar</td> <td>CEO Multicultural Arts & Medica Centre & Patient Representative</td> </tr> <tr> <td>Jaydeep</td> <td>Sarma</td> <td>Consultant Interventional Cardiologist</td> </tr> <tr> <td>Graham</td> <td>Spratt</td> <td>Consultant Clinical Psychologist</td> </tr> <tr> <td>Ian</td> <td>Trodden</td> <td>Director of Nursing</td> </tr> </table>	Mohammed	Sarwar	CEO Multicultural Arts & Medica Centre & Patient Representative	Jaydeep	Sarma	Consultant Interventional Cardiologist	Graham	Spratt	Consultant Clinical Psychologist	Ian	Trodden	Director of Nursing
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7	<p>Rules of Membership / Individual's role & responsibilities</p>	<p>6.2 Nominated Members</p> <p>Dr Raj Patel, NHS England Medical Director (Greater Manchester) Professor John Goodacre, Medical Director, North West Coast AHSN Dr Steve Watkins, Director of Public Health Greater Manchester Dr Sakthi Karunanithi, Director of Public Health, Lancashire</p> <p>6.3 Non-Voting Members</p> <p>NW Coast SCN & Senate Associate Director Greater Manchester SCN & Senate Associate Director NW Senate Manager NW Senate Quality Improvement Project Manager NW Senate Administrator</p> <p>Review of appointed members will take place every 2-3 years on the instigation of either the member or the Senate Chair. The review will be conducted in discussion with the Member and the Senate Chair.</p> <p>Review of nominated members will take place annually on the instigation of the Senate Chair.</p> <p>Members commit to undertake activities leading to the development of a credible and robust Clinical Senate, providing clinical leadership, advice and supporting the assurance process for large scale reconfiguration and service change.</p> <p>Members attend the Clinical Senate as a health or care professional bringing their expertise to contribute to the Senate. Members will take a population view and leave behind any organisational allegiances to provide impartial dispassionate advice and recommendations, at all times placing the best interests of patients and carers at the heart of the process.</p> <p>Members will seek and listen to the patient and carer perspective, be cognisant of patient and carers' views and advice produced will be informed by this.</p> <p>Members will review information and documentation on Senate Topics for consideration, and provide their opinion at Clinical Senate meetings to support the formulation of Senate advice and recommendations.</p> <p>Members will be asked to actively seek local intelligence to inform discussions and present this to the Clinical Senate.</p> <p>Members will participate in writing and editing Senate advice and may be asked to lead on specific topic areas where appropriate.</p>												

Time commitment is 15 hours per calendar month, with meetings held monthly.

During the performance of duties, the *Nolan Committee's Seven Principles of Public Life* should underpin the approach by Council members. These are:

1. Selflessness

Holders of public office should take decisions solely in terms of the public (patient) interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

2. Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

3. Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

4. Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

5. Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. Leadership

Holders of public office should promote and support these principles by leadership and example.

In addition, Expert Panel members are asked to comply with the following:

1. Confidentiality

All information received by the panel will be regarded as confidential and will not be disclosed to other parties unless with the express agreement of the Chair.

2. Public announcements

The panel will not make any public announcement unless with the express agreement of the Chair.

3. Impartiality and probity

		<p>The panel will not discuss any aspect of the process or the outcomes of the process with officers or representatives of any centre or other parties except as part of the process as set out in these terms of reference.</p> <p>4. Conflict of interest Members of the panel will immediately inform the Chair if a conflict of interest or potential conflict of interest becomes apparent.</p> <p>5. Transparency Details of the panel will be made publically available.</p>
8	Quorum / Attendance expectations	<p>Meetings will be quorate when 10 members are present. including at least one non-voting member. Where necessary decisions can be ratified virtually using electronic communications.</p> <p>Council members will be required to make a personal commitment to the role. For nominated members, substitutes should be agreed in advance by the Chair. Substitutes will have full voting rights.</p> <p>For appointed members, no substitutes will be permitted.</p>
9	Frequency & Timing	<p>The Senate Council will meet monthly, with the exception of August. Other exceptions will be made by agreement in line with the quoracy section above.</p>
10	Decision making	<p>Advice formulated by Clinical Senates will be published. This will include 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 will demonstrate how the guiding principles have been complied with.</p>
11	Reporting arrangements	<p>As a non-statutory body it will give advice to support statutory commissioning bodies.</p> <p>The Senate Chair is a member of the Northern Senate System regional oversight group, reporting to the Regional Medical Director.</p> <p>Minutes from all Senate meetings will be distributed to key stakeholders and published on the website.</p> <p>The work programme of the Clinical Senate will be monitored and agreed via the Northern Senate System.</p>
12	Governance Arrangements	<p>Members will be expected to comply with published Standards of Business Conduct & Conflict of Interest.</p> <p>Members of the Clinical Senate have a responsibility to declare a conflict of interest if there is an issue under review that may have a direct influence on their decision making abilities.</p> <p>The Chair will have the discretion on whether or not the member shall remain in the meeting. However, the member shall not be able to take part in the discussion or vote.</p> <p>The conflict of interest will be recorded in the minutes of the meeting.</p>

13	Recording & storage arrangements	<ul style="list-style-type: none"> • The Chair will approve the Agenda • The Senate Manager will facilitate the meeting • The meeting may be recorded by Dictaphone purely as an aide memoir for completion of minutes. Digital recordings of the meeting will be deleted once minutes have been signed off by the Senate Council. • The recording will be stored at NHS England offices, uploaded onto a hard drive with restricted access for confidentiality and safety. • The notes and outcome of the meeting will be formally communicated by the Senate Chair following approval of notes. • The notes and any outcomes of the meeting will be published on the Senate website • Senate advice and recommendations will be published following review and comment by sponsor.
14	Council effectiveness and objectives	<p>An annual work programme will be developed by the council and monitored in meetings.</p> <p>The council will produce an annual report outlining programme of work and key deliverables.</p>
15	Review date	March 2018