**Clinical Senate**

**Terms of Reference version 4**
**July 2016**

## PURPOSE

The Clinical Senate has been established to strengthen clinical input to the Trust Board thereby ensuring that developments within BSMHFT have a robust clinical evidence base. It is considered vital that such advice represents a consensus of professional perspectives.

It is expected that the Clinical Senate will assist in keeping issues of quality and safety central to the Trust's agenda. It provides an opportunity for clinicians to articulate their proposals for service development and improvement as well as any concerns they might have. Professional representatives will act as conduits for such proposals and concerns. The clinical senate will actively engage in a reciprocal relationship with trust board seeking and responding to questions posed by the board

Where possible written consensus advice will be offered to the Trust Board. Where this is not possible, the varied perspectives will be offered. The limits of the advice (for example its evidence base) will be explicit.

It is hoped that this process will increase the engagement of clinical professionals in strategic and operational development, thereby enhancing their sense of ownership.

## AIMS AND INTENTIONS

The senate intends to achieve the following aims and intentions:

- Provide a forum for the multidisciplinary discussion of clinical developments and redesign in the organisation and foster the ease with which diverse senior clinicians relate to each other in the delivery of best quality care.
- Improve engagement of senior clinical staff, and through them promote clinical engagement in the wider organisation
- Provide written advice on clinical matters to the Board and monitor the Board's satisfaction of the advice received.
- To seek and respond to questions posed by board .
- Create a further opportunity in the organisation for the provision of assurance that new clinical services will impact positively on patient safety and experience
- Ensure that a mechanism is in place to enable the sharing of best practise and joint working across services.
- Ensure that emerging evidence and research across clinical specialties are fed into initiatives discussed.
- To horizon scan re forthcoming changes in legislation, practice, service developments, local or national drivers etc so as to proactively engage in defining clinical advice and practice in line with such changes

## MEMBERSHIP

Membership of the Clinical Senate is shown below. It is designed to ensure that a broad spectrum of multi-disciplinary clinical leaders have an opportunity to influence its work.

In addition to members the Senate would actively encourage “observers” who would be able to attend and contribute, by prior agreement of the Chair.

While there is no standing representation of Service Users, it is implicit in the Senate’s role that discussions and contribution from Service Users will inform the debate. All members of the senate have a key responsibility in ensuring that this takes place, and is brought to Senate meetings. In addition, the Clinical Senate will make use of the existing service user groups and forums to ensure that where possible there are parallel discussions so that the thoughts of service users and carers are made known to the senate on the particular topics under consideration.

- Chair – Medical or Nursing Director (the other Director would be a member)
- Vice Chair – *The Clinical Senate will be invited to elect a Vice-Chair who is neither the Director of Nursing nor Medicine.*
- Deputy Medical Director
- 3 Associate / Assistant Medical Directors
- The Associate Medical Director of Innovation and Research
- All Clinical Directors, representing their service area
- 2 representatives invited from the Medical Advisory Committee
- 1 representative from Doctors who are not Consultants
- 7 Nursing Representatives, nominated by the Nursing Director at least one of whom must me a member of the Nursing Advisory Committee
- Head of Psychological Services plus 2 Psychologists.
- Head of Pharmacy
- Associate Director for AHP and physical health services plus 2 AHP senior leaders
- Social Work input
- Spiritual Care Adviser

**If a member is cannot attend a meeting, they are expected to nominate and fully brief a representative.**

Observers may attend with prior agreement of the Chair.

Administration and facilitation support for the Senate will be provided by the Medical Directorate.

## QUORACY

The Senate will be considered quorate when either the Medical Director or Nursing Director are present and there are a minimum of five representatives from at least three different clinical professions are present.

## CONSENSUS

The Clinical Senate will be expected to reach a consensus on any issues which it can present to other bodies. It can take votes, if it wishes, in order to properly represent a range of views from those present.

It should be noted that the Senate is an advisory and not decision making body.

## AGENDA AND FORM OF MEETINGS

The Clinical Senate will set its own workplan, guided the Chair of the Senate and the Integrated Quality Committee. Agenda items may be raised by any member of the senate, agreed with the Chair at least 2 weeks in advance of a meeting. The Integrated Quality Committee may also request items be discussed at the group.

In any event, the following items are expected to be included as agenda items:

- Any redesign impacting on the provision of clinical services
- Policies and procedures which directly affect clinical practise
- Research & Innovation programmes where clinical advice and guidance is essential
- Trust strategy, priority and objectives

The Clinical Senate will establish goals and objectives which are outcome orientated, based upon and developing from those that are outlined above.

## DECLARATION OF INTERESTS

At the start of any meeting, all members will be expected to declare any interests in items on the agenda.

## FREQUENCY OF MEETINGS

Meetings will be held at least bi-monthly, on the first Monday of the month at the Uffculme Centre.

## REPORTING ARRANGEMENTS

The Clinical Senate will report to the Integrated Quality Committee which in turn reports to the Board. It will produce notes rather than full minutes of its meetings and present reports how and where it sees fit for the Integrated Quality Committee. It will provide report for the Trust Board as required.

## REVIEW

The Clinical Senate will review its purpose function, terms of reference and performance on an annual basis.