

Role Description

Role Title	East of England (EoE) Clinical Senate Assembly Member
Who can apply?	Membership of Clinical Senate Assembly is open and offered to all health and care professionals of all grades. It is also open to individuals working in health and care in a non clinical role (e.g. commissioners, social workers)
Remuneration	Clinical Senate Assembly membership is unpaid. The East of England Clinical Senate will reimburse only those members who do not hold a paid position in either the public, private or third sector, for their out of pocket expenses incurred whilst undertaking approved Senate Assembly activity, consistent with NHS England policies.
Time commitment	Members will be invited to Clinical Senate Assembly and council meetings, but are not obliged to attend. They may be invited to be a member of clinical review panels or work groups, much of which is likely to be virtual and time required will be dependent entirely upon each specific piece of work. Clinical Review panels tend to be no longer than one day.
Tenure	Clinical Senate Assembly membership will be granted and valid for three years with the opportunity to renew
Responsible to	East of England Clinical Senate Chair
Responsible for	<p>Using their knowledge of national, regional and / or local health or care systems, clinical or other health / care related professional knowledge to assist commissioners to make the best decisions for their patients to improving outcomes and quality.</p> <p>Increasing efficiency and promoting the needs of patients above the needs of organisations or professions.</p>

Clinical Senates – an introduction

The 12 Clinical Senates across England were established in 2013 to provide independent clinical advice and strategic guidance to commissioners to support service transformation, with the aim of improving the healthcare in their region.

Clinical Senates bring together health and care professionals from a wide range of health, public health and social care. Together with patient input, this unique range of expertise, skills and knowledge from all health and care settings, including commissioning, enables clinical senate to provide sound expert clinical advice to support strategic planning and proposals for change and improvement.

In addition to providing advice to inform major service change, including NHS England's service change assurance process,¹ Clinical Senates also:

- Offer general advice early in any reconfiguration or transformation process, including the development of new service models.
- Facilitate cross system working

The East of England Clinical Senate comprises a Clinical Senate Council and a wider Clinical Senate Assembly.

Clinical Senate Council is a small multi-professional steering group of senior clinicians and professionals. Membership is by appointment for a two or three year period. Lead by an independently appointed Chair, Senate Council co-ordinates the business of Clinical Senate; it maintains a strategic overview across our region and is responsible for the formulation and provision of advice working with the broader Senate Assembly.

East of England Clinical Senate Assembly is a diverse multi-professional membership forum that provides senate council with ready access to experts from a broad range of health and care professions. Membership of the assembly encompasses the 'birth to death' spectrum of NHS care and includes patient and citizen representatives. Members are self nominated.

More information on East of England Clinical Senate, what it does, how it works and current Senate Council members can be found at <http://www.eoesenate.nhs.uk/>

¹ [Planning, assuring and delivering service change for patients, published 1 November 2015](#)

Core Activities of Clinical Senate Assembly

- Support Clinical Senate Council to respond to requests for advice and strategic clinical leadership
- Provide a virtual and face-to-face networking opportunity to build links within the clinical community and share best practice
- Establish clinical review panels and working groups to advise on and support service and system development and design that will provide the best overall care and improved outcomes for patients
- 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
- Maintain a broad perspective, focusing on all elements of patient pathways, including physical and mental health in all health and care settings to identify opportunities for and support improvement
- Provide support and, where appropriate, leadership to fellow clinicians and professionals across the health system.

Membership of Senate Assembly

Clinical Senate Assembly is a diverse multi-disciplinary membership body that encompasses the range of health and care professionals from the pre-natal to end of life spectrum of health and care, across all health and care settings, both clinical and non clinical. It includes experts by experience (patient representatives).

Membership of Senate Assembly is open and offered to all health and care professionals of all grades. This includes primary, secondary and community care medics, nurses, allied health professionals and care professionals, health and care commissioners (non clinical) and experienced health and care managers, leaders and academics. Individuals working in a non-clinical health and care setting are also welcome to apply for membership

Members come from the full range of health organisations, professions and care settings, including commissioners and NHS providers, voluntary and social enterprise organisations delivering health and care, local authorities, Public Health England, the Academic Health Science Networks, NHS Education East of England, professional and Royal Colleges and committees and representatives of patients and the public.

Senate Assembly member: role purpose and key requirements

East of England Clinical Senate Assembly members will support Clinical Senate Council to provide independent clinical advice and leadership to the health and care economy on how services should be designed and improved to provide the best overall care and outcomes for patients.

Members will not be obliged or committed to attend regular meetings but will be invited to participate in clinical review panels or working groups in which they have either a professional expertise or stated interest. Agreement to participate in a working group will require a commitment to fully participate. Clinical Senate will endeavour to make as much of the work as possible, and where appropriate, 'virtual' to support Assembly members and eliminate travel when possible.

Assembly members of clinical review panels and working groups will be invited to attend Senate Council meetings. Published advice and reports will credit Assembly members of the working group and a short biography will be included.

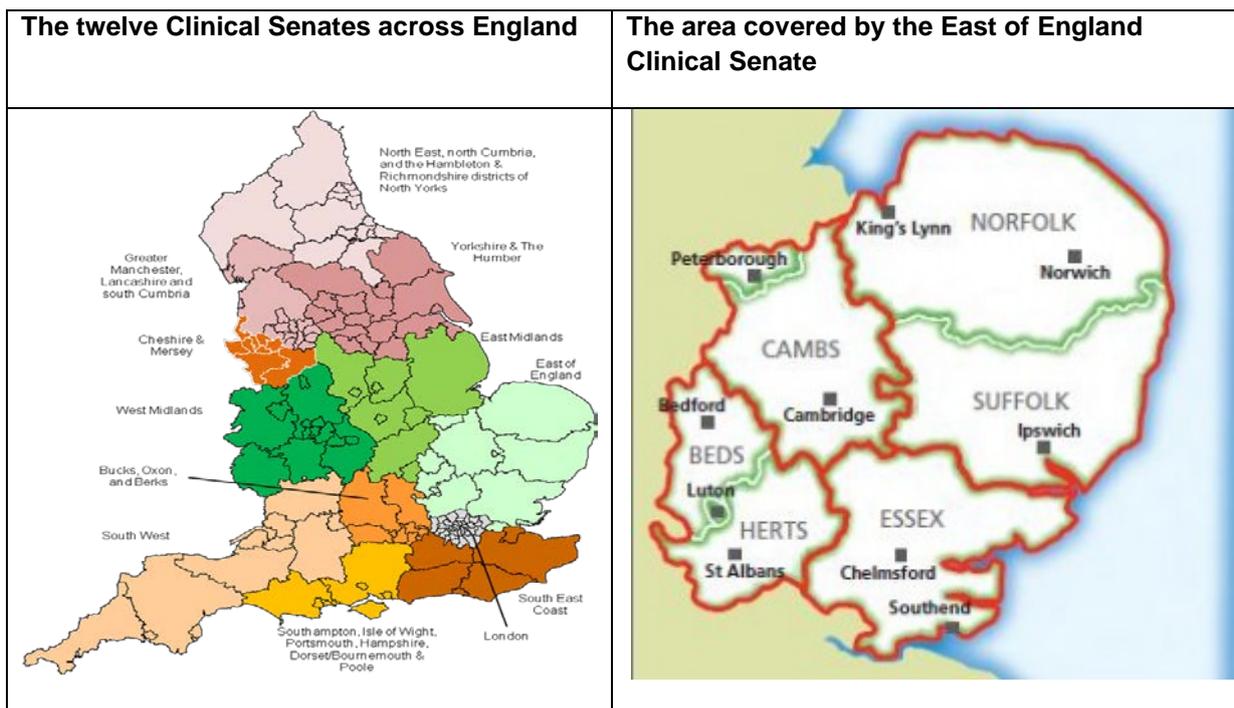
Clinical Senate advice is independent; Senate Assembly members involved in clinical review panels attend in their own professional capacity, they do not represent their employing body or organisation or their professional body. As a member of the panel or working groups they will be expected to

- Apply professional knowledge and expertise in considering issues of strategic importance to improving healthcare across the East of England and provide advice to statutory bodies;
- Commit to fully participate in the clinical review panel or working group;
- Champion recommendations and advice of Clinical Senate and assist in communicating this to the wider clinical community and to different stakeholders including members of the public;
- Communicate and promote the role and added value of Clinical Senate ensuring advice and input is fed into the commissioning process;
- Promote and raise the profile of Clinical Senate,

Senate council members will be required to ensure compliance with all confidentiality and governance requirements of Clinical Senate and NHS England and adhere to relevant professional codes of conduct and champion the NHS Constitution.

Person Specification

Values and behaviours
Demonstrable commitment to and focus on quality, promotes high standards to consistently improve patient outcomes
Demonstrably involves patients and the public in their work
Consistently puts clinicians at the heart of decision making
Values diversity and difference, operates with integrity and openness
Works across boundaries, looks for collective success, listens, involves, respects and learns from the contribution of others
Uses evidence to make improvements
Actively develops themselves and others
Demonstrable commitment to partnership working with a range of external organisations
Skills and capabilities
The ability to act independently and with integrity
The ability to actively participate in collaborative networks
The ability to deal with ambiguity and complexity
Able to navigate and negotiate the NHS and the wider health, social care and political landscape.
Good interpersonal skills, experience in negotiation, feedback, partnership working
Able to assimilate complex and lengthy information, advise and make recommendations in an ambiguous and fast moving environment
Able to develop effective and mutually supportive relationships with key partners within and without organisations.
Strong intellectual, strategic, and systemic thinking skills, with the ability to think creatively and laterally to achieve outcomes.
Demonstrable commitment to listening, involving, respecting and learning from the contribution of others
The ability to support a collective view
The ability to develop effective relationships at a leadership level and across boundaries
Knowledge
Knowledge and experience of working in clinical networks within the NHS
Good understanding of health system dynamics and the reform programme
Knowledge of evidence based policy making and NHS governance
A good understanding of how to use data and financial incentives to improve quality and productivity
Experience (as applicable to clinical appointments)
Experience of working in a health and care setting – this may be clinical or professional
Experience of working as part of a multi-disciplinary team
Experience of developing, applying and reviewing an evidence-based approach to decision making.
Qualification
Clinical Senate Council welcomes applications for membership from clinicians and professionals of all disciplines and grades. We encourage a membership that is broad enough to reflect the range of views that would be encountered across the whole community of clinicians on significant clinical strategic issues.



The East of England covers an area of about 7,500 square miles with a population of around 5.85 million (2011 census). Essex has the highest population in the East of England. Other information you might find interesting:

- East of England Clinical Senate is one of three clinical senates in the NHS England Midlands and East region; the other two are West Midlands and East Midlands clinical senates.
- There are 19 Clinical Commissioning Groups in the East of England and 27 NHS Trusts, of which 16 are Foundation Trusts.
- There are 11 upper tier local authorities of which six are unitary authorities and 40 District/Borough authorities. There are six Health and Wellbeing Boards.
- Within the East of England there are 58 MP constituencies: in the 2015 elections 52 seats are held by Conservative incumbents, four Labour (Cambridge, Luton South, Luton North and Norwich South), one UKIP (Clacton) and one Liberal Democrat (north Norfolk).
- East of England is a constituency of the European Parliament with seven elected MEPs. Elected in 2014 and serving for five years are two Conservative MEPs, four UKIP, and one Labour.

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