

SUPPLEMENTARY PAPER: REFERENCE 14/03

East of England Clinical Senate Council

12th February 2014

FOR ACTION

TITLE OF PAPER: Establishment of Clinical Senate Executive Group

Paper submitted by: Sue Edwards, Clinical Senate Manager

1 PURPOSE

1.1 This paper proposes the establishment of an executive group of Clinical Senate Council to support the council with its preparatory work and planning, and to enable swift decision making when required and appropriate.

2 CONTEXT

- 2.1 At the Council development session on 6th February 2014 there was discussion and thought that in order to facilitate a streamlined approach to the business of Clinical Senate Council, a smaller executive group of the Senate Council be established.
- 2.2 As Senate Council was not formally constituted at that session, no formal proposals, recommendations or decisions could made or taken. Should members consider the establishment of an executive group to be an appropriate way forward that would enable effective decision making and information sharing, it would seem sensible to put this in place as quickly as possible rather than wait for the next scheduled council meeting in April. This would expedite the proactive work planning which Senate Council has been attempting.
- 2.3 This paper therefore proposes the establishment of an executive group of Clinical Senate. This paper will be circulated to Senate Council members for consideration and, subject to approval, implementation with immediate effect.

3. TERMS OF REFERENCE, MEMBERSHIP AND GOVERNANCE

- 3.1 Subject to approval, the executive group will draw up formal terms of reference, these will include:
 - Support the council through preparatory and planning work
 - Plan and support for Council meetings
 - Production of Senate draft work plan, reflecting the discussion and wishes of the council, for approval by council

- Development of draft procedures for the work of the council, for approval.
 To include the drafting of terms of reference for specific work undertaken by the Senate.
- Secure resources to support Clinical Senate and council members in undertaking specific work, as agreed by the council
- Production of draft annual report, for approval
- Support Senate Council to identify and manage potential conflicts of interest.

Full terms of reference will submitted to Senate Council for approval.

Subsequently and accordingly, Senate Council Terms of Reference will be required to be revised to reflect the change in governance and to include the executive group as a sub-group of Senate Council. In addition, the terms of quorum of Senate Council meetings will be required to be amended to include that at least one (Senate Council) member of the executive group will need to be present at formal Senate Council meetings in order for it to be quorate.

- 3.2 **Membership** of the executive group will be six. Standing members of the executive group will include the two existing executive members of Clinical Senate (Associate Director of Senate and Strategic Clinical Networks and Senate Manager) and the appointed chair and elected vice chair.
 - In addition, two (other) Senate Council members will be appointed, for a period of two years, to the group. Their appointments will be through a process of self nomination and interview.
- 3.3 All Senate Council members will be invited to self nominate for as one of the two executive group members. Should there be more than two nominations, all nominees will be invited to discuss their suitability and reasons for applying with the Associate Director of Senate and SCN and Senate Council chair. Against a set of criteria, the most suitable applicants will be appointed for a period of two years (NB in the first instance one appointment will be for one year and one for two years to provide ongoing continuity at the end of year two).
- 3.4 The executive group can invite other members of Senate Council to participate in executive group meetings where they have been involved in or have experience in a matter or issue and are able to bring their own experience and expertise to support the group. The invited members will not however be able to vote on any decisions of the executive group.
- 3.4 **Action notes of the meeting** will be recorded and distributed to all Senate Council members as quickly as possible. Senate Council members will be able to ask for items to be included on the agenda for consideration (providing also the relevant information to support the agenda item).

4. RECOMMENDATION

- 4.1 Senate Council is requested to approve:
 - i. the establishment of Senate Council executive group
 - ii. that this group is established with immediate effect
 - iii. that the group be made of up of:
 - Associate Director of Senate and Strategic Clinical Networks
 - Clinical Senate manager
 - Clinical Senate chair
 - Clinical Senate vice chair and
 - Two appointed Senate council members
 - iv. the self nomination process for two members outlined at para 3.3 above
 - v. the normal period of appointment for the two nominated / appointed members be two years (in the first instance one appointment will be for one year and one for two years to provide ongoing continuity at the end of year two.
- 4.2 Senate Council members are asked to note that should they wish to take up one of the two appointed places on the group, they should submit a short statement of nomination to the Clinical Senate Manager by no later than **Monday 24**th **February 2014.**

5. GOVERNANCE

For the purposes of governance, openness and transparency, this proposal and resulting outcome will be formally recorded in the notes of the next Council meeting. Clinical Senate Terms of Reference for Senate will also be amended to reflect this change (should it be approved by members).

Author:

Sue Edwards, Clinical Senate Manager, 12th February 2014