





Meeting Date	18 th April 201	9	Agenda Item	5.7					
Report Title	Clinical Senate Council Report								
Report Authors	Anne Biffin, Clinical Effectiveness & Governance Manager								
Report Sponsor	Richard Evans, Executive Medical Director								
Presented by	Richard Evans, Executive Medical Director								
Freedom of Information	Open								
Purpose of the Report	Provide an update from the Clinical Senate Council (CSC) following its meeting on 25 th February.								
Key Issues	 The principal duties as set out in the CSC's terms of reference are to enable clinical variation and adherence to standards to be monitored with the same vigour as operational performance. In addition, it provides clinicians with the space in which to have a voice during important decisions concerning strategy, finance and operation and to embed values-based healthcare into everyday life A Clinical Senate Forum (CSF), with a wider clinical membership, will be established over the next few months to support the CSC in achieving its aims. It was agreed that the CSC was best placed to agree the Clinical Services Plan implementation priorities. The CSC's terms of reference have been amended to include an explanation of how the CSC will input into the Clinical Services Plan 								
Specific Action Required	Information	Discussion	Assurance	Approval					
(please ✓ one only)	V								
Recommendations	Members are asked to note the contents of the report.								

REPORT OF THE CLINICAL SENATE COUNCIL

1. INTRODUCTION

This report provides an update from the Clinical Senate Council following its meeting on 25th February.

2. BACKGROUND

The Clinical Senate Council (CSC) is a newly established group that aims to be the authorative voice for clinical input at Health Board level. The CSC is chaired by the Chief Executive Officer. The Executive Medical Director is the Vice-Chair. Membership is drawn from senior clinical leaders across the Health Board representing nursing, medicine (including dental and primary care), pharmacy and therapies & health science.

The principal duties as set out in the CSC's terms of reference are to enable clinical variation and adherence to standards to be monitored with the same vigour as operational performance. In addition, it provides clinicians with the space in which to have a voice during important decisions concerning strategy, finance and operation and to embed values-based healthcare into everyday life.

Its purpose is to:

- to vocalise expertise and guide the executives in decision-making;
- to provide effective clinical leadership across the breadth of the health board's structures and functions; and
- to lead the reduction of unwarranted clinical variation and embed value-based healthcare by the endorsement of clinical pathways, systems and networks, as well as programmes of work.

To date the CSC has met twice in December 2018 and February 2019.

The intention is to set up a Clinical Senate Forum (CSF) with a wider clinical membership to further support the CSC in achieving its aims.

3. TERMS OF REFERENCE

The draft CSC terms of reference were discussed at the meeting on 25th February. It was agreed that they be amended to:

- Include the Service Directors
- Add provision for proxies or deputies to attend
- Include a paragraph that explains the purpose of the Clinical Senate Council
- Clarify the quorum

- Clarify where the CSC and CSF will report to taking into consideration the importance of the groups in providing a strong clinical voice. The CEO suggested that this should be a group that she chairs.
- Include an explanation of how the CSC will input into the Clinical Services Plan

The terms of reference of the Clinical Senate Forum will be developed over the next few months.

4. CLINICAL SERVICES PLAN

The Clinical Services Plan (CSP) was discussed. The Morriston Unit Medical Director expressed concern that Cardiovascular services did not have a separate section within the document given that it has as much impact on our population's health as cancer, which does have its own section.

It was agreed that the CSC was best placed to agree the CSP implementation priorities.

5. RECOMMENDATION

Members are asked to:

• **NOTE** the report.

Governance and Assurance												
Link to corporate objectives	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability	Securing a fully engaged skilled workforce		Embedding effective governance and partnerships				
				✓					✓			
Link to Health and Care	Staying Healthy	Safe		Effective Care	Dignified Care	Timely Care	Indiv Care	ridual •	Staff and Resources			
Standards (please ✓)				1								
Quality, Safety and Patient Experience												
Financial Implications												
None												
Legal Implications (including equality and diversity assessment)												
None												
Staffing Implica	ations											
None												
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)												
None												
Report History		Report drafted following the second meeting of the Clinical Senate Council on 25 th February 2019.										
Appendices	N	None										