Meeting:	Northern England Clinical Senate Council Meeting	
Date:	Tuesday 9 June 2020	
Time:	5:00pm – 6:00pm	
	Virtual Teams meeting	
Present:	Name:	Initials
	Dr John Bourke, Consultant Cardiologist & Senior Lecturer Department of Cardiology, Newcastle Upon Tyne Hospitals NHS FT Gastroenterologist, South Tees Hospital NHS FT	JB
	Prof Andrew Cant, NE Senate Chair, Consultant in Paediatric Immunology, Newcastle Upon Tyne Hospitals NHS FT	AC
	Ben Clark, Deputy Director – Clinical Delivery, NHSEI - NEY	BC
	Prof David Colin-Thome, Independent Consultant GP (retired)	DCT
	Lesley Durham, Director and Lead Nurse at the North of England Critical Care Network	LD
	Dr Katie Elliott, Northern Cancer Alliance	KE
	Debbie Freake, Director of Integration, Northumbria Healthcare	DF
	Dr Paul Goldsmith, Consultant Neurologist, Newcastle Upon Tyne Hospitals NHS FT	PG
	Elaine Henderson, Director of Nursing Delivery at Northumbria Healthcare NHS FT	EH
	Dr Mike Jones, Consultant in Acute Medicine, County Durham and Darlington NHS FT	MJ
	Mr Raj Khanna, GP and Emergency Department Consultant, South Tyneside and Sunderland NHS Foundation Trust	RK FMc
	Dr Jean McLeod, Consultant Physician in Medicine & Diabetes, North Tees and Hartlepool NHS FT	JMc
	Dr Robin Mitchell, Clinical Director, Northern England Clinical Networks	RM
	Jacqui Old, Director of Children's & Adult Services, North Tyneside Council	JO
	Jo Poole, Senate Manager, North East North Cumbria, Yorkshire & Humber	JP
	Maria Roache, AHSN	MR
	Dr Jon Scott, Consultant Physician/Geriatrician, South Tyneside Hospital NHS FT	JSc
	Dr Jonathan Slade, CNE DCO Team Medical Director, NHS England	JS
	Mr Andy Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS	AS
	Mr Barry Slater, Consultant colorectal surgeon, Northumbria Healthcare NHS FT	BS

Senate support:	Karen Pellegrino		KP
Apologies	**Name:**		
	Prof Mike Bramble, Consultant Physician, P/T Consultant Mr Gareth Hosie, Consultant in Paediatric Surgery, NUTH Fiona McEvoy, Head of Nursing Quality, North Tees and Hartlepool NHS FT Dr Stephen Sturgiss, Consultant Obstetrician, NUTH		MB GH FMc SS

MINUTES

1.		**INTRODUCTION**	**Lead**	**Attachments**
	1.1	**Welcome and Apologies**		
		AC welcomed everyone to the virtual meeting. Apologies received, noted as above.	**AC**	
	1.2	**Minutes of previous meeting**		
		Minutes of the previous meeting held on 22 January 2020 recorded as accurate.	**AC**	
	1.3	**Matters arising/actions from previous minutes**		
		None noted.	**AC**	
		AGENDA ITEMS		
	2	**Service Changes in the pipeline** **BC** informed that the Path to Excellence Service Change programme had been paused and was due to commence again in September 2020, **JP** the region at the moment is looking at temporary changes made to services due to covid with light touch thinking, if changes are to be kept going forward the regional teams will look at assurance process. It was reported that Northern England have minor changes to walk in centres and in Northumbria healthcare, these are all temporary changes due to covid. The system by default gives power to the ICS to sign off some service change, this has been put on hold, but will be tested out as a way of working. **JSc** added changes in education and training have had an impact, but logging trainee movement and noting loss of training has allowed this impact to be factored into future learning/training and is working well.		

		With regards to the Senate work programme is was confirmed that • South Tyneside and Sunderland NHS FT (Path to Excellence Programme: Phase 1) judicial review is now with the supreme court which is normally the final stage. • The final letter has been issued by **JSc** for Rothbury. • The final report had been approved by Humber Acute Services and was ready to be published. Several members of the NE Senate had been involved in this review.		
	3	**Offer from the Clinical Advisory Group Cell** **JS** clarified the clinical advisory group cell had a different role to that of the Senate and did not therefore, have any conflict of interest. The cell has been set up during the covid level 4 response and would be stood down when it was no longer required.	**JS/AC**	
	4	**What have we learned about the organisation and delivery of health services/** **Also, is there any advice in general that the Senate wishes to offer?** **ALL** discussed the following; a) **What has worked well in the covid response?** • Being able to move and make changes, rapid improvement of new methods and using local groups to enact change. • Having clinical networks in place and a strong critical care network has been key to the response. • Use of IT systems in most places has worked well. • The workforce has been able to rapidly adapt and re train in new roles. This has also been seen in the local authority where the need to reconfigure services has been significant and moving the workforce and redeployment has been remarkable. b) **What needs improving?** • IT equipment in most areas needs improving/updating to enable virtual meetings to run more smoothly • Shielded patients, good idea for some but maybe this has created more harm than good?	**BC**	

- From a local authority perspective cross departmental work and command structure has been a challenge.
- Retrospectively, managing risk with patients, knowing where they are and what the need is

c)   What needs to be reviewed and considered as part of phase 2?

d)   What needs to be reviewed and considered as part of phase 3?

- Improving IT infrastructure is supported and finding a regional platform.
- Making sure staff are supported in new roles
- Ensuring face to face contact with patients continue, holding one stop clinics and arranging virtual consultations
- Ensuring we continue to prioritise integrated care Cross organisational learning across acute provider trusts
- The findings of a NHSE&I project looking at non covid homes and the response of the rapid discharge of patients may have political implications. A need for a future review to look at case notes and understanding the changes.

e)   What are the key risks in the next 3 – 6 months?

- Nightingale hospitals need to define role and have discussions with staff who support to clarify position.
- Cancer Alliance looking at hub arrangements for urgent treatment where a completely clean site is not feasible using segregation between sites. Lots of national initiatives and most treatments have been able to continue on normal sites. Resilience going forward will help plan treatments
- A drop in emergency department attendance by up to 50% in some areas ie stroke and heart attack patients.
- Low referral rate of cancer patients could have an impact on future patients receiving treatment.
- Charitable sector has seen a drop in donations and therefore, sustainability to support some services.
- Data modelling has not been shared equally and could be better joined up ie UK government, Universities and ICS's

		f) **What are you most proud of in your organisation's response?** **All** agreed the speed in which staff and services had adapted and supported each other had worked well.		
		MEETING CLOSE		
	5	**Any Other Business** **BC** thanked everyone for all the comments made during the discussions.		
	6	**Next meeting**		
		Wednesday 14 July 2020, 5pm-6pm, via Teams meeting		