

Meeting:	Northern England Clinical Senate Council Meeting	
Date:	Tuesday 23 September 2020	
Time:	5:00pm – 6:00pm	
	Virtual Teams meeting	
Present:	Name:	Initials
	Dr Sam Bethapudi, GP Principal Dunelm Medical Practice, Post Graduate Trainer & GP Appraiser	SB
	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
	Maurya Cushlow, Executive Chief Nurse at the Newcastle Upon Tyne Hospitals NHS FT	MC
	Lesley Durham, Director and Lead Nurse at the North of England Critical Care Network	LD
	Dr Katie Elliott, Northern Cancer Alliance	KE
	Prof Ian Greaves, Consultant in Emergency Medicine, South Tees Hospitals NHS FT	IG
	Elaine Henderson, Director of Nursing Delivery at Northumbria Healthcare NHS FT	EH
	Dr Lesley Kay, Consultant Rheumatologist, Newcastle Upon Tyne Hospitals NHS FT	LK
	Fiona McEvoy, Head of Nursing Quality, North Tees and Hartlepool NHS FT	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
	Dr Jonathan Slade, CNE DCO Team Medical Director, NHS England	JS
	Dr Andy Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS	AS
	Prof Gerry Stansby, Consultant Vascular Surgeon, Newcastle Upon Tyne Hospitals NHS FT & Chair of NE Vascular Advisory Group	GS
Senate support:	Karen Pellegrino	KP
Apologies	Name:	

	Dr Jon Scott, Consultant Physician/Geriatician, South Tyneside Hospital NHS FT Dr Stephen Sturgiss, Consultant Obstetrician, NUTH		JSc 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 14 July 2020 on were recorded as accurate.	AC
	1.3	Matters arising/actions from previous minutes	
		None noted.	AC
2.	AGENDA ITEMS		
	2.1	<p>National Update No further updates for Northern England Clinical Senate (NECS) from the previous meeting.</p> <p>BC informed the Council that there is a rewrite of the National Reconfiguration guidance, due to the Secretary of State, who noticed lots of rapid service change brought in due to covid, therefore it was suggested the guidance was to be rewritten It was broken down into the following; Review of consultation requirements, which sits under scrutiny regulations Clinical Senate input highlighted some variation in process and how Senates work around the country. David Levy, Medical Director North West linked the Senates to see what could be improved and brought together a small group including BC, to discuss experience of Senates role within service change process. The themes from this were;</p> <ul style="list-style-type: none"> • Perception that Senates are obstacles • Late engagement with Senates • CCGs and change programmes being more realistic in timescales • Technical elements around a strategic sense check, formal stage two and post consultation stage. <p>Responses are being collated and a draft guidance written for Senate discussion in November.</p>	AC/JP/ BC

		JO highlighted this was circulated to the NECS for comments and all received were included in this response.		
2.2	Northern England Senate-led Projects	<p>JP nothing further to report.</p> <p>JP will follow up to see if any further information regarding South Tyneside (Judicial Review) and Clatterbridge and report back at the next meeting.</p> <p>LK shared information about an independent review at Mount Vernon which may be helpful.</p>	JS/AC	
2.3	Northern England Senate-related Projects	<p>AC gave an update re Hull, Community Paediatrics, the report is almost complete.</p> <p>BC informed the Council about AC and RM supporting David Black and Dr Paul Twomey regionally. Looking at prioritisation of people who have been on waiting lists for a long time due to covid constraints and elective lists in Primary Care. Each ICS has a prioritisation harm minimisation risk management approach, led by David Black looking at what arrangements are currently planned to be in place and what work is required to support prioritisation of patients, a local mechanism is in place. This compliments a National commission around a revalidation exercise on elective waiting lists.</p> <p>AC highlighted a potential of patients to become lost within Primary Care and Secondary Care.</p> <p>KE also voiced concern and commented about the need for good communication.</p> <p>RM added how important it is for public perception so that the public don't feel abandoned.</p> <p>That difficult decisions are underpinned by a sound and ethical framework.</p> <p>LK shared details of a London model sharing patients across providers, making sure it all works well.</p> <p>NHSX are planning to use AI to look at waiting lists and patient flow. There is also an opportunity to use rehab in the community more effectively.</p> <p>JS concerned about PC and SC processes working differently around referrals and the long term effects inequalities will have within communities.</p> <p>JP updated the council on Yorkshire and Humber work that NE Senate members have been involved in;</p> <p>The Pontefract Midwifery Led Unit report has been completed and they have asked the Senate if can work on the Pre</p>	AC/JP/BC	

		Consultation Business Case (PCBC), NE panel members have agreed to support this request and are awaiting further details.		
	2.4	<p>Critical friend role in planning and implementation of ICS restoration plans</p> <p>JP informed the council that this was raised with David Black (DB) who discussed at a Regional Directors meeting to see if they would consider the Senate supporting ICS restoration plans by providing critical friend advice. This was agreed and letters offering this support have been sent to the 4 ICS leads across the region. The Senate has also offered support with implementation, letters only recently sent out and as yet have received no replies. If required a joint meeting of the 2 Senates, Yorkshire and Humber and Northern England would come together to accommodate this.</p> <p>JS added that a clinical overview would be helpful due to the challenges ahead.</p> <p>AC thanked JP for the collating the brainstorming information put forward to DB</p>		
	2.5	<p>The regional COVID-19 pandemic response and system learning</p> <p>Covered in item 2.4</p>		
	2.6	<p>Format of future Council meetings</p> <p>Due to recent NHS announcement Council meetings will continue as virtual (Teams) for next six months. This will also apply to future Senate review work. Teams training may be available.</p> <p>Suggestions for future (virtual) presentations to JP (ideas below from Teams chat);</p> <ul style="list-style-type: none"> • would really like to hear about restoration plans • would like to hear more about how the ICS is demonstrating collaborative working in the recovery planning - how have things changed since COVID 		
3	MEETING CLOSE			
	3.1	<p>Any Other Business</p> <p>AC had received a letter from a military physiatrist asking why NHS not incorporating military approach to A&E.</p> <p>AS wrote a response on behalf of AC</p> <p>IG also offered to respond if required</p>		
	3.2	<p>Next meeting</p> <p>19 November 2020, 5.00pm – 7.00pm, Teams meeting</p>		