NHS
Northern England
Clinical Senate

Meeting:	**Northern England Clinical Senate Council Meeting**	
Date:	**Monday 24 January 2022**	
Time:	**5:00pm – 6:30pm**	
	Virtual Teams meeting	
Present:	**Name:**	**Initials**
	Prof Andrew Cant, NE Senate Chair, Consultant in Paediatric Immunology, Newcastle Upon Tyne Hospitals NHS FT	AC
	Dr Sam Bethapudi, GP Principal Dunelm Medical Practice, Post Graduate Trainer & GP Appraiser. Member RCGP National Council	SB
	Dr John Bourke, Consultant Cardiologist & Senior Lecturer Department of Cardiology, Newcastle Upon Tyne Hospitals NHS FT	JB
	Julie Clennell, Director for Clinical Quality, NHSE/I	JC
	Lesley Durham, Director and Lead Nurse at the North of England Critical Care Network	LD
	Debbie Freake, Service Redesign Consultant	DF
	Dr Paul Goldsmith, Consultant Neurologist, Newcastle Upon Tyne Hospitals	PG
	Prof Ian Greaves, Consultant in Emergency Medicine, Department of Academic Emergency Medicine, Academic Centre, James Cook University Hospital	IG
	Neil Halford, Interim Medical Director for the North East & North Cumbria ICS	NH
	Dr Lesley Kay, Senate Vice Chair and Consultant Rheumatologist, Newcastle Upon Tyne Hospitals NHS FT	LK
	Dr Raj Khanna, GP and Emergency Department Consultant, South Tyneside and Sunderland NHS Foundation Trust	RK
	Dr Jean McLeod, Consultant Physician in Medicine & Diabetes, North Tees and Hartlepool NHS FT	JMcL
	Dr Robin Mitchell, Clinical Director, Northern England Clinical Networks	RM
	Mr Barry Slater, Consultant Colorectal surgeon, Northumbria Healthcare NHS FT	BS
	Dr Andy Simpson, Consultant in Emergency Medicine, North Tees and Hartlepool NHS FT	AS
	Prof Gerry Stansby, Consultant Vascular Surgeon, Newcastle Upon Tyne Hospitals NHS FT & Chair of NE Vascular Advisory Group	GS
	Jeanette Unwin, NENC&YH Clinical Senate Manager	JU
Senate support:	Karen Pellegrino, Senate support	KP
Apologies	**Name**	
	Prof Mike Bramble, Consultant Physician, P/T Consultant, Gastroenterologist, South Tees Hospital NHS FT Ben Clark, Deputy Director, Clinical Delivery, NHSEI -NEY Dr Katie Elliott, Northern Cancer Alliance Elaine Henderson, Director of Nursing Delivery at Northumbria Healthcare NHS FT	MB BC KE EH

	Mr Gareth Hosie, Consultant in Paediatric Surgery, Newcastle Upon Tyne Hospitals NHS FT & Chair of NE Maternity Network	GH
	Dr Mike Jones, Consultant in Acute Medicine, County Durham and Darlington NHS FT	MJ
	Fiona McEvoy, Head of Nursing Quality, North Tees and Hartlepool NHS FT	FMc
	Dr Mike McKean, Consultant Paediatrician, Clinical Lead NENC Child Health and Welllbeing Network	MMc
	Prof Steve Robson, Consultant Obstetrician, Clinical Lead NENC Maternity Network	SR
	Dr Jeremy Rushmer Consultant in Anaesthesia & ITU & Executive Medical Director, Northumbria Healthcare NHS FT,	JR
	Dr Jon Scott, Consultant Physician/Geriatrician, South Tyneside Hospital NHS FT	JSc
	Dr Jonathan Slade, GP in Stockton-on-Tees and Assistant Medical Director NHS England & NHS Improvement NEY	JSl
	Jenna Wall, Clinical Lead for Midwifery for the North East and North Cumbria Maternity Network and LMS	JW

MINUTES

1.		INTRODUCTION	Lead	Attachments
	1.1	**Welcome and Apologies**		
		LK welcomed everyone to the virtual meeting, as AC had some initial Wi-Fi problems joining the meeting. Apologies received, noted as above.	**LK**	
	1.2	**Minutes of previous meeting**		
		Minutes of the previous meeting held on 17 November corrected to LK not in attendance.	**LK**	
	1.3	**Declarations of interest**		
		None noted.	**LK**	
	1.4	**Matters arising/actions from previous minutes**		
		JU confirmed a copy of the case for change for the Shaping Care Together programme at Southport and Ormskirk NHS Trust was shared with LL as was the Senate report for feedback on how health inequalities had been referenced and addressed.	**LK**	
2.		**AGENDA ITEMS**		

	2.1	**Discussion about the issues you are seeing in your services** A summary of the discussions can be found below; Significant unprecedented workload pressures have been experienced throughout the system. Primary Care (PC) staff within General Practice are finding demand significant with a move to offer more face to face appointments where possible, with telephone triage appointments continuing. Resilience within PC, there could be more done at a system level. There is a PC dashboard reporting system and an escalation process where individual practices can ask for PCN level or individual support. Moving forward this could be looked at for a more robust in hours plan and system resilience out of hours overspill. There are different approaches within the region, some places have expanded a clinical advisory service. Workforce challenges are ever-increasing. With some areas operating at a consistently unsafe level. Staff morale is very low. Lack of training has caused problems causing skill gaps. There are also challenges for clinically vulnerable staff working with unvaccinated staff/patients From a patient experience point of view the pressures in PC have had a major impact on frail older patients, and in addition, prolonged isolation means they are becoming deconditioned. Reprioritising, it was suggested moving workforce from the community to acute sectors, for example, community physio and rehab services. However, such short-term gain may cause much greater long-term problems, for example, because patients become deconditioned and then present to acute care. Telephone appointments are appropriate for some diabetic patients but not for all, and face to face appointments are still required with concern that some patients may get lost in the system and not get picked up soon enough ie diabetes foot care Immunosuppressed patients and the CMDU who triage patients are also experiencing difficulties. Emergency Departments have seen late presenting patients, some dying shortly after admission. A massive increase in demand from very poorly elderly patients, with not just covid related illness, and a lack of care plans in place. Lack of beds, lack of flow out of hospital and poor communication with internal departments where patients require investigations causing delays or are not available.	**ALL**	

		Covid restrictions have made a significant impact ie bed spaces being cleaned, or not available. The Covid pathway causes issues and slows processes down. From a vascular perspective there has been no plateau and waiting lists are still a problem, also seeing the impact of poor foot care and patients not been able to access physio. Adult critical care took a big hit in Spring and Summer 2020 with 20% of beds occupied with covid. Currently the situation is better but patient flow is affected due to lack of care packages. Cardiac services have seen some notable changes in patient flow i.e. an increase in cases of critical aortic stenosis, but elective surgery is continuing. Elective Cancer services and endoscopy services have been able to continue. The scaling/standing down of services during the latest wave of Covid will only build up more of a workload. Moving forward there is a need to be realistic and mindful of pushing back everything. NH thanked everyone for all the work that has been done so far. The modelling has suggested that we are at the peak and starting to come out of it. Actual performance in the last week across the system has improved for example ambulance delays have reduced, A&E performance has improved with trolley waits down. This time the NHS has been able to keep the elective services under control and have seen a reduction in fifty two and 104 week waits and the waiting list size has not increased significantly. Although diagnostic waits have gone up cancer data shows sixty two day pathways are decreasing. During previous waves when the NHS has tried to redeploy from elective to urgent this hasn't always worked. The message for the new normal will be to try and work in a different way in the coming months and work with covid more like flu. Will likely have to change IPC rules managing ie. swabbing admission and discharge pathways, which will be a big challenge and not sure how can be resolved. Covid Medicine Delivery Units (CMDUs) set up at the end of 2021, there are three in our area. • Carlisle • Newcastle • South Tees Work here is ongoing to provide a more community based service but working with limited staff resources. RM highlighted the workforce issues around retention and post		

		graduate training and commented how the NHS has been poorly prepared for the pandemic. The acute sector in conjunction with primary care around advanced planning and the pathways in acute care are not built for patients with end of life conditions and can be distressing for all involved, it requires sensitive handling. There is no strong ethical network, this is a complex area that requires a stronger framework moving forward. AC concluded the discussions by saying how impressed he was by the remarkable committed dedication and hard work shown by Council members and colleagues across the system akin to that witnessed in wartime. He very much hoped that lessons would be learned so we are better prepared in the future. IG also added the NHS hadn't been coping well before the pandemic, particularly because of workforce problems and addressing these should be a priority.		
	2.2	**National Update** **JU** informed the council Vaughan Lewis is the Regional Medical Director in the South East of England and he has taken over responsibility for Clinical Senates since David Levy retired. He has been invited to a future National meeting. **JU** Operational Planning guidance for 22/23 came out on 24/12/2021, there are ten priority areas for the year. From a Senate context input and expertise may be sought across a number of the key priority areas such as those associated with recovery and those associated with mental health service improvement. **ACTION JU/KP to send out with minutes**	**JU/AC**	
	2.3	**Reconfiguration Grid for reference** Sent as an attachment for information. • Key updates for NENC o South Tyneside & Sunderland Path the Excellence o Oncology Service Review	**JU**	
	2.4	**Northern England Senate-led Projects** **LWH 2022 update** JU is in the process of finalising the panel, after being approached to review plans following the last Senate visit in 2017. The original panel has been stood up where possible with a couple of gaps for a gynaecologist with oncology experience and a paediatrician. The Senate have been asked to revisit the Case for Change, in particular, the do nothing option/do the minimal option to risk assess this option. This may be a virtual visit or a face to face visit but is to be confirmed. AC added that Derek Cruickshank a former NE Senate Council member and Robin Mitchell, an original panel member	**JU/AC**	

		highlighted the challenges providing HDU/ICU at LWH. It was a tricky review and could only conclude that there was no good option, only a least bad. AC asked the Council if anyone could suggest a gynaecologist with oncology experience and a paediatrician to get in touch with JU. **NW ICS Maternity transformation** No official Terms of Reference (TOR) received but the NW have been in touch and it will be a large piece of work. JU will ask for panel members when confirmed. AC advised from past experience with the Greater Manchester Judicial Review the key is to get the TOR right.		
	2.5	**Northern England Senate-related Projects** **Bassetlaw Paediatric Emergency Village** JU updated the council that AS, RK, SB, Helga Charters and Linda Pitilla supported the Y&H Senate to review the plans to reopen the 23 hour Paediatric ED and Short Stay Assessment Unit on the Bassetlaw site. The NE Senate thought this was the best option. The report is with the commissioners for matters of accuracy then on to the Y&H Senate Council for ratification. JU thanked all panel members. **Humberside Acute Services** JU informed the Council of a Humber Acute Services Review (HASR). They have been back in touch with the Y&H Senate, JU had received expressions of interest to take part, once the TOR have been received JU will assess the panel members required in line with the TOR and get in touch with individuals. This will be a complex review with 7-10 options to consider, the main consideration to give will be around the interdependencies of the various models. This is planned to take place in 3 parts • Contextual presentation to the panel in February, around where we are, where we were • Informal review in March (virtual) • Formal review in April (Face to face) AC invited NH to comment on the future roles of the Senate. NH emphasised Senates will exist in the current form and are likely to be used as an external assessor across ICS's and Regions, to avoid conflicts of interest. AC added the meeting that took place and between the NE, Y&H Senate and chairs and managers of NW Senate discussed this, so we are prepared for this.	**AC/JU**	
		MEETING CLOSE		
	3.1	**Any Other Business**		

		AC/JU discussed holding future meetings using Teams or start in person meetings again or a hybrid of both. AC and JU to discuss AC thanked everyone for their contribution to the meeting		
	3.2	**Next meeting** Tuesday 15 March 2022, 5.00pm – 6.30pm, Teams meeting		