

## Notes from Senate Council Meeting

Held on 7<sup>th</sup> June 2018  
In Taunton Rugby Club

### Meeting Notes

#### Present:

Ann Cullum	Sarah Redka
Ellie Devine	Sally Pearson, Chair
Marion Andrews-Evans	Mary Backhouse
Diane Crawford	Malcolm Dalrymple-Hay
Kevin Dixon	Melanie Feldman
Caroline Gamlin	Bettina Klueggens
Bruce Laurence	Jane Mitchell
Andrew Tometzki	Miles Wagstaff
Paul Winterbottom	Joanna Parker

#### Apologies:

Aileen Fraser	Ben Lankaster
Katie Cross	Vaughn Lewis
Maggie Rae	Andrea Merrison
Mark Stone	David Halpin
Peter Rowe	Sara Evans
Ceri Hughes	

		Action
<b>1</b>	<b>Welcome, introductions and business items</b>	
	<p>Round table introductions – attendance and apologies listed above.</p> <p>The aim of this meeting was to reflect on the Senate's achievements as well as to focus on ensuring the full potential of the Senate's collective expertise and ensuring the positive effect of the Senate is maximised going forward. Specifically, the survey and evaluation results were reviewed to ensure that time and resource is used wisely, and that the recommendations developed are useful.</p>	

2.1	<b>Business Items – Senate Assembly Conference 22<sup>nd</sup> March 2018</b>	
	<p>Feedback from the conference showed that it was extremely well received. There was excellent attendance by Citizens' Assembly (CA) members, and representatives of the CA were pleased that the patient voice and perspective was focussed upon and heard.</p> <p>The 2019 conference will be held on the 21<sup>st</sup> March. There are currently two emergent themes - revisiting Clinical Leadership to explore supporting statements from Stephen Powis or exploring 3 types of knowledge: Research, data and patient experience.</p> <p><b>Action: Please contact the Senate management team with any suggestions of topics or speakers</b></p>	<b>All</b>
2.2	<b>Staffing Changes</b>	
	<p>ACullum, Senate Administrator is leaving at the beginning of July. SRedka, Senate Project Officer is going on secondment to the Mental Health Clinical Network in September.</p> <p>Both positions are out to recruitment.</p> <p>KDixon is stepping down as CA Chair at the end of July. Interviews for the new Chair and Deputy Chair will be held on Thursday 14<sup>th</sup> June.</p> <p>The Council members thanked KDixon for his commitment and contribution to getting the patient voice into the Senate's work.</p>	
2.3	<b>NHSE Updates</b>	
	<p>Stephen Powis is the new medical director of NHS England, who met with Clinical Senate Chairs at the national Clinical Senate Conference.</p> <p>NHS England and NHS Improvement are merging – the programme of integration will see the alignment of regional leadership structures. The current strapline for NHS England's service delivery and strategic decision making structure is <b>1 national body, 7 regions, 44 STPs</b>.</p> <p>The 12 Senates may therefore need to organise to fit the 7 regions; existing clinical networks should not be lost and changes to the SW are expected to be minimal but it is possible that it will in future include Dorset. The meeting agreed that the South West Senate functions well covering a large area to the benefit especially of rural areas, who can call upon the expertise of centres of clinical excellence in specialty medicine such as Bath and Bristol.</p> <p>Senate Managers collaborate well to ensure the 12 Senates do not duplicate pieces of work.</p>	
<b>3</b>	<b>Evaluation of Senate Work to Date</b>	
	<p>The Emergency General Surgery review has had the largest impact; however, a full time project officer was employed to ensure its implementation.</p> <p>The highest impact work is that which has been commissioned by STPs and CCGs, this is mirrored in other regions. We are currently under-utilised by STPs, who do not have time to think strategically and at the moment are only focused tactically and operationally due to time constraints.</p> <p>The Senate currently doesn't have upcoming topics for deliberation commissioned by CCGs or STPs. It was felt that perhaps the Senate is</p>	<b>SP</b>

	<p>seen purely as providing clinical review as part of the assurance process and that the advisory role can be forgotten.</p> <p>The Senate Council agreed that it is important to present our potential as a resource to aid STPs with ‘sticky clinical problems’ and our ability to translate evidence into application through the strength of the Senate as a multi-discipline regional body.</p> <p>Furthermore it was felt that the topics which were fully supported and commissioned by CCGs and STPs had greatest impact and traction. Therefore, SPearson will use scheduled calls with STP clinical leads to discuss the Senate’s offer and STPs and CCGs will be provided with potential topics which they could commission the Senate to deliberate for them.</p> <p>The Senate Council agreed that <b>the STP Clinical Leads will be invited to join the Senate Council membership</b>. It is hoped that this will aid with awareness of the Senate’s advisory role.</p> <p>Nationally, the Senate Managers are currently working on a model ‘Clinical Case for Change’ document as guidance for STPs. This will be shared in due course.</p>	<p>ED</p> <p>ED</p>
<b>4.1</b>	<b>Survey Feedback and Discussion: Engagement – Senate Assembly</b>	
	<p>Prior to the meeting, a survey was circulated to the Senate Council, Assembly and CA membership to collect their experiences from their involvement with the clinical Senate.</p> <p>The survey results highlighted that overall Senate Assembly (SA) members were the least engaged members of the Senate, with the least clear idea about the aims and impact of the Senate’s work. In order to engage better with SA members we should:</p> <ul style="list-style-type: none"> <li>• <b>Share the evaluation of Senate Impact document</b></li> <li>• <b>Circulate a quarterly newsletter</b></li> <li>• <b>Invite 2 assembly members to each council meeting</b></li> <li>• <b>Better articulate the role of the Senate Assembly and reiterate that this is a stepping stone to becoming a council member</b></li> <li>• <b>Tap into the wider health population to recruit more members</b></li> <li>• <b>Share the new review framework when it is ready and ask if members are interested in sitting on a review panel in the future</b></li> </ul>	<p>AC, ED, SR</p>
<b>4.2</b>	<b>How to improve Senate Council meetings – form and function</b>	
	<p>Small changes can be made to improve meetings such as:</p> <ul style="list-style-type: none"> <li>• <b>Papers to be circulated further in advance</b></li> <li>• <b>More time scheduled for afternoon group deliberation at Senate Council meetings</b></li> <li>• <b>Each meeting to include an ‘action tracker’ agenda item as a business update at the start of meeting in order to keep track of recommendations, reviews and items from the Senate work</b></li> </ul>	<p>AC, SR, ED, SP</p>

	<p><b>plan</b></p> <ul style="list-style-type: none"> <li>• <b>Start Senate Council meetings with key aims and objectives for the day</b></li> <li>• <b>After Senate Council meetings, circulate action points that council members can champion in their day to day clinical practice</b></li> <li>• <b>Circulate email following each meeting which will include 3 points of action members can take to advance the agenda of the meeting – can be sent to Senate Assembly and Citizens Assembly to relay to Healthwatch</b></li> </ul>	
<b>5</b>	<b>Citizens' Assembly; Survey Feedback and Role Development</b>	
	<p>The CA has been nominated for an award at the Healthwatch England awards in October. The CA is made up of representatives from Healthwatch which is an independent body representing over 18s. There is no equivalent for under 18s. <b>The transition between child and adult care was suggested as a future topic for Senate Council deliberation.</b> The survey results indicate that members are engaged and feel that the patient voice is heard.</p> <p>CA members need more time to look at the topics and papers that are put forward for council meetings as it takes time to get feedback from patients and the wider health community.</p> <p>Action: <b>Papers to be circulated further in advance.</b></p>	ED, SR
<b>6.</b>	<b>Clinical Review Process</b>	
	<p>The discussion focussed upon developing a template to be filled in by commissioners who approach the Senate regarding convening a clinical review panel. Often the pre-consultation business cases are too wordy and it is difficult to ascertain the details of the proposed changes. The familiarity of a template will help the Senate and panellists identify the key aspects of the changes. The template should be accessible to CA members. It should be in plain English and can be kept exempt from FOI until the end of the deliberation process. Key information for said template should include:</p> <ul style="list-style-type: none"> <li>• The scope and reception of clinical and patient engagement to date</li> <li>• Description of current service configuration</li> <li>• Interdependencies</li> <li>• Driver analysis and relation to local and national politics</li> <li>• Demography of the affected footprint</li> <li>• Predicted clinical impact</li> </ul> <p><b>Action: A draft template will be circulated to council members in due course</b></p> <p>The clinical review panel process as part of the assurance mechanism must stand up to scrutiny at judicial review. Therefore the Senate must be wary of pressure from STPs, CCGs or NHSE assurance about rushing to convene a review panel.</p>	ED

	<p>The Senate Council agreed to propose a new approach for CCGs and STPs to engage with the Senate with regards to conducting clinical review. The broad process will be: 1. STP to complete template, 2. Senate feeds back high level observations prior to subsequent desktop review and panel..</p> <p>It was suggested that this method could be trialled as part of the forthcoming clinical review process for Cornwall.</p>	
<b>7.</b>	<b>Topic Scanning</b>	
	<p>Potential suggested topics included:</p> <ul style="list-style-type: none"> <li>• Tier 2 visa issue</li> <li>• Transition between child and adult care</li> <li>• Mental health work force – lack of learning disabilities nurses</li> <li>• Workforce – how to recruit and retain from within a regional population?</li> <li>• Explore alternative workforce models to challenge STPs</li> <li>• Endoscopy performance</li> </ul> <p>The topics for the July and September meetings were decided.</p> <p>July: Mental Health Workforce – linking in with issues around social care from previous workforce recommendations.</p> <p>September: Deliberative meeting with a view to put forward a recommendation to do a peer review for the South West Cancer Alliance.</p>	
<b>8.1</b>	<b>AOB – Clinical Challenge Request from Gloucestershire STP</b>	
	<p>Gloucestershire STP have asked the Senate to nominate one clinician to provide a clinical challenge to their initial proposals for change. The Council agreed that while we can use the Senate’s clinical communication channels to circulate this request, any such work undertaken must be an arrangement between the individual and the STP and cannot be officially endorsed by the Senate. Members expressed concern that this would be too much work for one clinician alone.</p> <p><b>Action: communicate this response back to the STP.</b></p>	SP
<b>8.2</b>	<b>Future Meeting Dates</b>	
	<p>Members requested that Council meeting dates be alternated between Tuesdays, Wednesdays and Thursdays.</p> <p>All dates for 2018 will remain as fixed, <b>but 2019 meeting dates will be arranged to alternate the days of the week on which the meetings fall.</b></p>	ED, SR

**2018 Meetings: 19<sup>th</sup> July, 27<sup>th</sup> September, 29<sup>th</sup> November**