

Council Meeting MINUTES

Thursday 15th January 2015 by teleconference

Present (online)	Present
Bernard Brett (BB) (Chair)	Shane Gordon (SG) Vice Chair
Melanie Clements (MC)	Simon Rudland (SR)
Sunil Gupta (SG)	Stephen Webb (SW)
Richard Iles (RI)	Dee Traue (DT)
John Lockley (JL)	Denise Williams (DW)
Robert Lindfield (RL)	Asif Zia (AZ)
John Martin (JM)	
Christine MacLeod (CM)	

Apologies / not in attendance	
Pauline Brimblecombe	Paul Jenkins
Fiona Carey	Margaret Berry
Penny Brett	Sue Hardy
Jo Douglas	Emma McKay

[illegible]

3	<p><u>Organisation Alignment and Capacity Review of the Improvement Architecture</u></p> <p>MC provided a summary of current position, new NHS England structure and recent appointments: NHS England now had four regional teams, and 12 sub regions, now integrated into the new regional teams (see Appendix 1 below for full detail/map). Clinical Senate would continue to be hosted by the East sub regional team, although currently also still covered other sub regional teams.</p> <p>Appointments to the East sub regional team were</p> <ul style="list-style-type: none"> • Director of Commissioning Operations – Andrew Pike • Medical Director - Christine MacLeod • Director of Finance - Adrian Marr • Director of Nursing - Margaret Berry <p>The new structure moved into shadow operation from 5th January 2015, with the above all taking up their new posts. Andrew Reed, formerly Area Team Director for East Anglia had been appointed Director of Commissioning Operations in West Midlands - senate Council thanked Andrew for his support.</p> <p>The OACP review of improvement architecture was still ongoing and had now been realigned to the review of NHS IQ and leadership Academy and now referred to as the 'Smith review'. It was likely that function of the respective bodies would be determined by end of March, form and structure to follow.</p> <p>NB: Subsequent to the meeting – a statement of intent was sent to affected staff on 27th January 2015 which included the following:</p> <p><i>Dear Colleague</i></p> <p><i>As part of the OACP phase 3 a request has been made for a statement of intent, to ensure business continuity. The following statement has been agreed</i></p> <p><u>Statement</u></p> <p><i>The review of AHSNs, Senates, SCNs, NHSQ and the Leadership Academy is continuing. Work to agree the purpose of the Improvement Architecture is almost complete and will be reviewed by the Steering group, chaired by Ed Smith, who is leading the review. Any implications for the structures required to deliver that purpose will be determined by the end of March.</i></p> <p><i>With regard to AHSNs, Senates and Strategic Clinical Networks only, it is expected that the review will recommend the continuation of these structures, though remit, accountabilities, scale and numbers may change.</i></p> <p><i>The final configuration and working arrangements are subject to the completion of the review of Improvement and Leadership Development, which includes NHSIQ and the NHS Leadership Academy, as well as AHSNs, Senates, SCNs.</i></p> <p>Functionality would focus on making the Five Year Forward View happen and how the respective bodies contributed to that. SR offered to feed into the review a user perspective viewpoint – will contact David Levy.</p>	SR
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4.	<p><u>Accountability & governance: Update on Council Membership</u></p> <p>SE presented, advising that as all council members had an interest in the matter this matter was an executive one from Medical Director Melanie Clements and Senate Manager SE.</p> <p>Changes to Council membership were noted and supported by council. Thanks were extended to Robert Winter, Sarah Whiteman and Gina Radford for their valuable contribution and support to senate during its establishment and early days.</p>	
	<p>Activity:</p> <p>Clinical review of Hertfordshire & Essex Vascular services.</p> <p>BB talked through the process of the review held on 13th December, led by East Midlands. This was a desktop review held by teleconference and fundamentally sought to determine whether the proposed services met the national specifications (<i>outcome of the review remains confidential until published by the commissioner</i>)</p> <p>Although essentially a joint review, as East Midlands Senate led, the outcome of the review would go to that senate council, not EoE. Two of the panel members came from and were put forward by the EoE clinical senate. It was agreed that the concern from the commissioner that the EoE senate was entirely conflicted in the matter was erroneous as there were sufficient members of the EoE senate to have conducted this review without any members being conflicted – hence the East Midlands senate request that this be a joint review. Additionally members can be drawn from outside the senate area where appropriate to avoid conflicts of interest or if the expertise is not available from within its own patch.</p> <p>Some of the key learning for council from this process were as follows –</p> <ol style="list-style-type: none"> 1. The importance of ensuring the question is clear, relevant and appropriate for the clinical senate 2. The importance of ensuring appropriate information is provided to enable the question to be answered (the information provided by the EOE CV SCN was noted to be very useful in the process) 3. The importance of ensuring an appropriate panel is selected with the range and depth of clinical expertise as well as avoiding conflicts of interest whilst also ensuring that it is of an appropriate size 4. The neutrality of the chair and the importance of ensuring all panel members have a chance to contribute. <p>It was noted that in relation to each of the proposed options there was unanimous panel decision.</p> <p>EoE Senate was grateful to Nigel Beasley, Chair of East Midlands senate, for engaging with EoE senate.</p> <p>Upcoming and potential activity</p> <p>BB advised senate council had had a very positive start to 2015 - in the last four weeks, clinical senate had had several approaches and requests for clinical advice, some immediate and some early discussions that would likely materialise into review panels throughout the year. BB reminded senate council that these</p>	

	<p>remained confidential until publication of the advice of the council by the respective commissioner.</p> <p>BB was pleased to advise that the senate would be holding its first review panel early March. The review was part of the NHS England service change assurance process and would be looking at an out of hospital car model.</p> <p>There had been four other approaches, all of which were being followed up and council would be kept informed.</p> <p>Seven Day Services Robert Lindfield had secured the help of a Public Health Registrar (two days a week for six months) who would support this work. SW had also offered to be involved. BB was due to present to the medical Director's forum on 20th January on seven day services. A teleconference was arranged to discuss scope of the work.</p> <p>NB the teleconference took place on 26th January and the scope of the work is likely to focus around developing more clarity of the definitions and work around standards 8 & 9. RL will now take this forward and draft a brief, council will be kept informed.</p> <p>Parity of Esteem AZ advised that following discussion with Caroline Dollery clinical director of the for Mental Health, Dementia, Neurological conditions, Learning disability and autism Strategic clinical network, there was a need to do some work around mental health and PoE in A&E. AZ would draft a terms of reference. Teleconference to be arranged to include Mary Emurla of the SCN.</p> <p>BB encouraged senate council members to get involved in one of the above pieces of work –and advise SE as soon as possible</p>	<p>AZ JW</p> <p>ALL</p>
5.	<p>Any Other Business MC advised that a workforce summit was being held on 26th January, members were welcome attend. SR considered that the GP perspective needed to be fed in and would contact David Levy direct as it was too short notice to expect a GP to be able to attend.</p>	SR
6.	<p>Meeting Dates 2015 A meeting will need to be convened early March to ratify a panel review report. This will be held by webex / teleconference.</p> <p>22 April – venue tbc 18 June – venue tbc 14 October – venue tbc</p>	All

Draft Circulated: 050215. Notes Agreed council meeting 29th April 2015

Appendix one – NHS England regional and sub regional team structure





North

-  Cumbria and North East (Cumbria, Northumberland, Tyne and Wear & Durham, Darlington and Tees)
-  Lancashire and Greater Manchester
-  Yorkshire and the Humber (North Yorks and Humber, South Yorks and Bassetlaw & West Yorks)
-  Cheshire and Merseyside (Cheshire, Warrington and Wirral & Merseyside)

Midlands and East

-  North Midlands (Derbyshire and Nottinghamshire & Shropshire and Staffordshire)
-  Central Midlands (Leicestershire and Lincolnshire & Hertfordshire and South Midlands)
-  West Midlands (Birmingham, Solihull and Black Country & Arden, Herefordshire and Worcestershire)
-  East (East Anglia & Essex)

South

-  South Central (Bath, Gloucestershire, Swindon and Wiltshire & Thames Valley)
-  South West (Bristol, North Somerset, Somerset and South Gloucestershire & Devon, Cornwall and Isles of Scilly)
-  Wessex
-  South East (Kent and Medway & Surrey and Sussex)

London

-  London

