East of England Clinical Senate

Council Meeting – AGREED MINUTES

Thursday 3 October 2013, 10.00am – 1.00pm, Oak Room, CPC1

Attendance

Name	Organisation
Ruth Ashmore (RA)	NHS England
Dr Bernard Brett (BB)	James Paget Hospital
Penny Brett (PLB)	Peterborough & Stamford Hospitals NHS FT
Dr Pauline Brimblecombe (PB)	GP Cambs
Professor David Crossman (DC)	University of East Anglia
Sue Edwards (SE)	NHS England
Dr Shane Gordon (SGordon)	GP/North East Essex CCG
Jo Douglas (JD)	Allied Health Professional Suffolk
Dr Sunil Gupta (SKG)	GP/Castlepoint & Rochford CCG
Sue Hardy (SH)	Southend Hospital
Dr Richard Iles (RI)	Cambridge University Hospitals NHS FT
Dr Tony Kostick (TK)	GP/CCG Beds/Herts
Dr John Lockley (JL)	GP Beds/Herts
Dr Christine Macleod (CM)	Essex Area Team
John Martin (JM)	East of England Ambulance Service NHS Trust
Vicki Raphael (VR)	Patient Leader
Dr Tim Reed (TR)	GP Suffolk
Mr Dermot O'Riordan (DOR), Chair	West Suffolk Hospital FT
Dr Simon Rudland (SR)	GP Suffolk
Ann Russell (AR)	Patient Leader
Dr Susan Stewart (SS)	NHS England
Dr Dee Traue (DT)	East & North Herts NHS Trust
Dr Stephen Webb (STW)	Papworth Hospital NHS FT
Dr Sarah Whiteman (SJW)	Herts & South Midlands Area Team
Jocelyn Whittle (JW)	NHS England
Dr Denise Williams (DW)	Cambridge University Hospitals NHS FT

Apologies

Name	Organisation
Margaret Berry (MB)	NHS England
Fiona Carey (FC)	Patient Leader
Professor Simon Gregory (SG)	Health Education East
Professor Paul Jenkins (PJ)	GP/CCG Norfolk
Emma McKay (EM)	Norfolk & Norwich University Hospitals NHS FT
Dr Gina Radford (GR)	Public Health England
Dr Robert Winter (RW)	Academic Health Science Networks
Dr Asif Zia (AZ)	Hertfordshire university NHS FT

No.	Agenda item	Action by
13/1	**Welcome and apologies** Apologies were noted. Dermot welcomed members to the first meeting of clinical senate council. He considered that there was some challenging work ahead but that East of England Clinical Senate had the right experts around the table to meet the challenge. Members were thanked for taking on this role and their respective employers thanked for supporting them and Clinical Senate. Introductions took place and members expressed what they hoped to achieve in Clinical Senate and the contribution they could make.	
13/2	**Introduction to East of England Strategic Clinical Networks (SCNs) and Senate** RA gave an overview of new Strategic Clinical Networks (SCN) explaining that they were now much smaller teams although covered a larger geographical area and had a more strategic nature than previous networks. The SCNs were intended to be more strategic in nature; their aim was to offer a programme of quality improvement and added value, to be an honest and critical friend whilst harnessing clinical leadership. SCNs will be supported for five years.	
13/3	**Setting the scene for the Senate** DOR reported on a meeting held on 17th September of all Clinical Senates with Sir Bruce Keogh. While there was still not clarity in the defined role of Clinical Senates, it was clear that one of the areas they were expected to take a key role in was healthcare reconfiguration. The independent clinical voice of Clinical Senates would be crucial but there was recognition that that voice / advice would not always necessarily be welcomed or popular. SR agreed that Senate had a large challenge ahead but that the advice it gave needed to be meaningful to patients and not process driven, with outcomes needing to be relevant to the staff delivering the care as well as patients. **Senate values** Members **AGREED** the values laid down in the Terms of Reference. DOR proposed a council meeting rule of members only speaking once per item (the exception being patient leaders where the importance of speaking more than once was acknowledged). Council **AGREED** this proposal.	
13/4 & 13/5	**What will the senate look like in a year's time/What will be the evidence for success and Developing a work programme/What are the priority areas?** Council spent some time having valuable discussion on these topics and covered the range of issues from how large or small should early pieces of work be, how pathway specific or systemic the work should be; that the uniqueness of Clinical Senate should enable it to come up with unique solutions, that it should use its independence; that the advice it gives should always add value and be relative to patients and the clinicians on the ground; that there should be a recognition of the quantum of work which the council would not be	

	resourced to do but should be feasible within smaller Assembly workgroups; and that Council should not forget that Clinical Senates were established to be the conscience of the NHS. DOR concluded that Council needed to develop Senate's work programme and that the clear message was focusing on what was deliverable; by having closer discussions with CCGs as to what would be most helpful. Council agreed that whilst it was the responsibility of those asking for advice to provide the necessary data and evidence (through a proforma template) where, and if, appropriate, Senate working groups may be able to support that. Whilst Clinical Senate should be invited or requested to provide advice on a topic, that does not mean that Senate cannot offer to hep on areas where it could have something to offer, particularly in the early days when understanding and awareness of Clinical Senate is low. DOR advised that there has been some national discussion on drafting formal 'terms of engagement' and proposed that once developed, East of England Clinical Senate should consider adopting (with local variation if required). DOR also summarised the need for us to focus for the next meeting and he would take the points away and consider before the next meeting on what the council should focus on. DOR to provide more guidance at next meeting.	DOR DOR
13/6	**National Clinical Senate Accountability and Governance Framework** SE advised that the national framework had been through several versions. Senate Managers had been invited to, and had, contributed to the later versions of the framework. The framework still had to go through NHS England formal governance processes and be signed off before being published. This would have an impact on the local Terms of Reference for Senates, i.e. that it can only be draft until such a time as the national framework was published. Members were apprised of the current position with regard to a digital platform for the twelve Clinical Senates and SCNs (currently there is not one). Members expressed their concern that there was no facility to communicate electronically and that this should be dealt with as a matter of some urgency. Members helpfully offered a variety of solutions, RA advised that any solution had to meet Information Governance standards and requirements and NHS England policy. A small team of SCN / Senate Associate Directors and staff had been meeting regularly to develop a solution. 30th October 2013 – update from SE. NHS England has now given this priority. Rachel Cashman *(newly appointed Head of Collaboration for Excellence at NHS England), working across NHS England directorates at senior level, is leading on this will bring a proposal to the Associate Director's meeting in November.*	
13/7	**Draft Terms of reference/Conflicts of interest policy** Council was advised that the Terms of Reference for East of England Clinical Senate were, in the main, drawn from the (yet to be published as per above) national accountability and governance framework. Therefore a decision of the Council to agree the Terms of Reference will be subject to the final national framework. SE advised Council that two sections in particular were specific to East of England Clinical	

	Senate's terms of reference: • Four key aims – this may need to be revised as Clinical Senate's work plan develops. Council **AGREED** to their inclusion • Involving patients and public – this is specific to the EoE position as it was unique in the development of a Citizens Senate. SE proposed that the patient leaders who had stepped in *pro tem* should hold office for one year to allow Citizens Senate to establish proper processes for nomination of members to Clinical Senate Council. Council further **AGREED;** • Quorum – that **over fifty per cent** (50%) of members should be in attendance including Chair or Vice Chair, for a meeting of Senate Council to be quorate; and • Attendance – that if a member should miss three consecutive scheduled meetings (without due cause) this would trigger a review of membership by the Chair and area team Medical Director. SE advised that the national guidance requires that a Council member leave the room for an item if there is any conflict of interest. However, the EoE Terms of Reference and Conflicts of Interest policy has given more flexibility to members by providing more clarity on the types and levels of conflicts of interest and that it will not always be necessary for a member to leave the room during a (conflicted) item. The decision to leave or not initially sits with the individual. Council **AGREED** that conflicts of interest would need to be a standing item on each agenda for declarations to be made at each meeting. Council was advised that members would be sent a Declaration of Interests form to complete before the next meeting. Council was asked to note that this document would be published on the Senate's web site (once it had one). Council **AGREED** the Managing Standards of Business and Conflicts of Interest policy.	SE
13/8	**Nominations and election of Vice-chair** Self-nominations for the role of vice-chair were requested at the start of this item, but after discussion Council **AGREED** that this should be deferred until the next meeting. This would allow members present and absent to consider whether they wished to nominate themselves for the position. Members would be sent details of the role and confirmation and timeline for the nomination and election. *30th October update - paper and role description distributed with these notes.*	SE
13/9	**Recruitment to the Senate Assembly** This would be the focus of the senate manager and administrator after the first council meeting. Proposal is to send invites to apply as widely as possible to include all launch day delegates, communications leads of all primary and secondary care organisations, social care, commissioners, third sector and other individuals who have contacted us directly. The 70+ Clinical Reference Group leads would get an automatic invitation. Membership would be open to health and care professionals of all grades and roles including 'managers' and commissioners who had valuable knowledge and experience.	

	SE encouraged the Council to spread the word and to let her know of anyone else they would like to invite and reminded the group that the assembly could include non-clinical staff as well.	All
13/10	**Team Development** SE advised that there would be a programme of development for Council. Members would be invited to complete a skills audit so that the training package developed would be appropriate. There will then be some follow up 1:1 interviews. The development programme would focus on how the group came to consensus on matters where there might not always be agreement, and to enable transferability of skills. First team development session would be in Feb 2014 and there would be three half-day sessions in the first year. **Senate council team development sessions are as follows;** Thursday 6th Feb, 1.00pm-5.00pm, venue likely to be Bury St Edmunds Thursday 15th May, 1.00pm-5.00pm, venue likely to be Bury St Edmunds Thursday 18th September, 1.00pm-5.00pm venue likely to be Bury St Edmunds	SE ALL NOTE
13/11	**Date of next meeting** **16 January 2014, 1.00pm (sandwich lunch) 2.00pm – 4.00pm, Conference Suite Bedfordshire Clinical Commissioning Group, Capability House, Wrest Park, Silsoe, Bedfordshire MK45 4HR** – map and directions to follow. Proposed dates and venues of future meetings were agreed by the council as follows; Thursday 10 April 2014 (Essex) 2.00pm-4.00pm Thursday 3 July 2014 (Norfolk or Suffolk) 2.00pm- 4.00pm Thursday 16 October 2014 Senate AGM (Cambridgeshire) Probably all day event Council members were asked to advise SE of any venues in their area suitable for Senate council meetings, that would be free or of minimum hire charge.	ALL NOTE All
	The meeting closed at 1.00pm	

These minutes agreed at Council meeting 16th January 2014 *Dermot O'Riordan, Chair*