

East of England Clinical Senate

Council Meeting AGREED MINUTES

Thursday 10TH April 2014, by Webex

Attendance

Present (online)	Present
Dr Bernard Brett (BB)	John Martin (JM)
Dr Pauline Brimblecombe (PB)	Mr Dermot O’Riordan (DOR), Chair
Fiona Carey (FC)	Dr Dee Traue (DT)
Jo Douglas (JD)	Dr Stephen Webb (STW)
Dr Shane Gordon (SGordon) Vice Chair	Dr Robert Winter (RW)
Professor Simon Gregory (SGr)	Dr Denise Williams (DW)
Dr Richard Iles (RI)	Dr Asif Zia (AZ)
Dr John Lockley (JL)	
Dr Christine Macleod (CM)	

Apologies / not in attendance	
Margaret Berry	Dr Gina Radford
Penny Brett	Vicki Raphael
Professor David Crossman	Dr Tim Reed
Dr Sunil Gupta	Dr Simon Rudland
Sue Hardy	Ann Russell
Professor Paul Jenkins	Dr Susan Stewart
Dr Tony Kostick	Dr Sarah Whiteman
Emma McKay	

In attendance	
Ruth Ashmore	Sue Edwards
Jocelyn Whittle	

No.	Agenda item	Action by
1	Welcome and apologies Members were welcomed to the meeting, the first to be held as a webex. Apologies were noted.	
2	Minutes of previous meeting and matters arising	
2i	The minutes of the meeting held on 16 th January 2014 were AGREED as a true record. There were no matters arising	
2ii	Senate Council was advised that following an open procurement, Frank Design had been appointed to develop EoE Clinical Senate and Strategic Clinical network websites. Frank Design is also working with a number of other Senates which will enable us all to have a common front design with local adaption.	

<p>2iii</p> <p>2iv</p>	<p>Update on paper 14/03 (Establishment of Clinical Senate Executive Group) of 12th February 2014. At the development session held on 6th February 2014 it was raised that an executive group of the Clinical Senate might enable speedier decision making when required. As the meeting was not formally constituted, that could not be put to a vote and so a paper was circulated to Council. In response to feedback and following further consideration, the Cahir and Vice Chair felt that this approach was not in the best interests of Clinical Senate Council as it could appear that the council was not operating in an open and transparent way and so a wider approach to engagement by council members would be preferable. The paper 14/03 although circulated and responded to was therefore not actioned. Item 3 iii on this agenda follows this up.</p> <p>Council was advised that following the recent request for member's preference for venue of meetings, a large majority of those who responded opted for Cambridge as a venue rather than a rotation around the EoE patch.</p>	
<p>3i</p>	<p>Update on National Clinical Advisory Team (NCAT) function to clinical senates</p> <p>Council was updated on the transfer of NCAT function to clinical senates that became effective from 1st April 2014. Clinical Senates will provide clinical assurance on proposals for service change as part of NHS England's assurance process, supported by paper XX circulated with the agenda.</p> <p>The finer details are still to be agreed at national level, including whether or not there should be remuneration of any kind for experts, and the development of a common framework, operating model and documentation – Senate Manager's and Associate directors will be involved in this work.</p>	
<p>3ii</p>	<p>Senate Offer</p> <p>Council agreed that there needed to be more clarity around the difference of offer 1 and offer 2</p>	<p>SE</p>
<p>3iii</p>	<p>Senate Council development groups</p> <p>As per 2iii above, a number of development groups have been proposed to assist Senate in assuring its business readiness for when requests for advice and clinical assurance do materialise and also to reduce the amount of process and governance approvals that needed to go before the full council.</p> <p>Members discussed this approach and there was some question about whether this was the best use of member's skills. It was acknowledged that although most of the work was about process, it was necessary to ensure robust procedures and governance and that it would be good practice to ensure clinical input into all areas. It was also agreed that a priority should be on raising the profile of senate and what it could offer and therefore the communications development work was crucial.</p> <p>There was not a general appetite for involvement in these groups although individuals had offered their support. The Senate Manager would continue to lead on these areas of work and draw upon members' expertise and input as required.</p>	<p>SE</p>
<p>3iii</p>	<p>Senate working groups</p> <p>Three topic areas had been identified through the prioritisation work with Assembly and Council as potential areas for working up to be 'thought leadership' papers from Senate to:</p> <ul style="list-style-type: none"> a) raise awareness and credibility of EoE clinical senate b) offer Assembly members the opportunity to engage in clinical senate activity and 	

	<p>c) to 'test' processes, level of member capacity for work and provide general feedback to senate for development.</p> <p>The three topic areas identified were:</p> <ul style="list-style-type: none"> • Musculoskeletal / back pain / rehabilitation • 7/7 services and • Parity of esteem. <p>Members were invited to nominate themselves to lead these areas and would have the flexibility to scope the area of work. Assembly members would be invited to join the work groups. The scope of work would be 'pitched' at the development session in May and final outputs presented to Council at its meeting in July.</p> <p>Members discussed the merits of this and whether the council should be delivering 'thought leadership'. A number of council members expressed an interest in being involved in groups but at this stage preferred not to take the lead.</p> <p>Simon Gregory offered to look at whether we could use this as an opportunity for senior trainee doctors to get involved.</p> <p>It was agreed that Senate Manager would project manage the 7/7 services group; Dr Asif Zia offered to lead the work on parity of esteem.</p> <p>DOR asked members to come forward with information on service development work in their own patch or areas of work that clinical senate could tackle. RW advised he would look at the areas of work ongoing in Eastern Academic Health Science network.</p>	<p>SGR</p> <p>SE AZ</p> <p>ALL</p>
	<p>Meeting closed at 16.10 hours</p> <p>Members were asked to provide feedback on the webinar to Senate Manager</p>	<p>ALL</p>

These minutes agreed by Council on 31st July 2014