

**South East Coast Clinical Senate
7th Council Meeting
2 October 2014, 2.00pm – 4.00pm**

Members	Present	Members	Present
Lawrence Goldberg (Chair)	Y	Tony Kelly, Acute Provider Consultant, Sussex	Y
Christopher Allen (Deputy to Amit Rai)	N	Rachael Liebmann, Acute Provider Consultant, Kent & Medway	N
Sally Allum, Nursing Director, Kent and Medway Area Team	X	Joe McGilligan, CCG Collaborative Representative, Surrey	N
Katie Armstrong, CCG Collaborative Representative, Sussex	Y	Carolyn Morris, PPE Representative	Y
Mandy Assin, Mental Health Clinician	Y	Caroline Jessel, Clinical Strategy Lead, Kent and Medway Area Team Lead for Sustainability and Health, South of England	X
Guy Boesma (on behalf of Des Holden, Clinical Lead, Academic Health Science Network, Kent, Surrey, Sussex)	Y	Edward Palfrey, Acute Provider Consultant, Surrey	N
Michael Bosch, GP	Y	Amanda Parker, Acute Sector Nurse Lead	Y
Maxine Bullen, PPE Representative	Y	Jo Pritchard, Managing Director, CSH Surrey	Y
Priscilla Chandro, Patient Representative	N	Amit Rai, Dental Local Professional Network Representative	N
David Davis, Allied Health Care Professional Representative	X	Mohit Sharma, Centre Consultant - Healthcare Public Health Public Health England – Kent, Surrey, and Sussex	Y
Julia Dutchman-Bailey, Nursing Director, Surrey & Sussex	X	Philippa Spicer, Managing Director, Health Education England, Kent, Surrey, Sussex	N
Andrew Foulkes, Medical Director, Surrey & Sussex Area Team	X	James Thallon, Medical Director/Nursing Director Kent & Medway Area Team	N
Peter Green, CCG Collaborative Representative, Kent & Medway	X		
Linda Honey, Head of Prescribing and Medicines Commissioning, NHS North West Surrey CCG	Y		
In Attendance			
Ali Parsons (AP), Manager, SEC Clinical Senate Sharon Harris, Interim Project Manager, Clinical Senate (Minutes)			
Apologies Graham Bickler, Peter Green, Rachel Harrington, Sally Allum, Christopher Allen, Des Holden,			

Item		Action
1.	<p>Welcome and outline of the meeting</p> <p>LG welcomed council members and those in attendance to the meeting. AP was in attendance via webinar/teleconference. The agenda was introduced.</p> <p>Council members declarations of interest</p> <p>Chair requested declarations of interest from members:</p> <p>MBo declared that he is aware of the setting up of a local federation of GP practices and he is likely to become a member.</p> <p>JoP declared, in her capacity as Managing Director that CSH Surrey was to be a preferred bidder for integrated care.</p>	LG
2.	<p>Minutes from the previous meeting</p> <p>LG provided a brief overview of the 2 July minutes. The minutes were reviewed and accepted as a true and accurate account, no comments received.</p>	LG
3.	<p>Chair's Report</p> <p>LG noted that most items summarised in the Chair's report were substantive agenda items.</p> <p>LG's presentation provided an overview of the ongoing NHS England review of the structure and function of many of its bodies, under the Organisational Alignment and Capability Programme (OACP). The key purpose of the review is to refine structures to ensure they best fit NHS England's purpose and achieve 15% savings.</p> <p>There are three phases to the process:</p> <ol style="list-style-type: none"> 1. To ensure that the national directorate structure is best placed to deliver to deliver NHS England's purpose. 2. To better focus and align the work of NHS England on its core priorities 3. Development of a more integrated model of operation across regions and areas outside of London. <p>Like other arms-length bodies we are also required to make cost savings, 15% for 2015/16 and these cost savings need to be found from the running costs.</p> <p>As part of OACP a more integrated tier for regional and area teams for the three regions outside of London is being proposed (closer to the model that already exists in London). This will mean a merging of the Surrey, Sussex, Kent and Medway Area Teams</p> <p>NHS England is also undertaking a national review looking at how arms lengths bodies are aligned to maximise their capabilities and to ensure they work more effectively to deliver their core purpose. Clinical Senates, alongside Strategic Clinical Networks, Academic Health and Science Networks, NHS IQ and other arm's length bodies are being looked at as part of this process and a review into our clinical advisory function for commissioners is currently underway. This review of the improvement</p>	LG

architecture is separate from the OACP review, but the need to align from an HR perspective for staff affected by change has been recognised centrally.

LG reported that he was due to attend a Southern Regional meeting on 6/10/14 to discuss the review with other clinical senate chairs, managers and associate directors of the SCNs with Nigel Acheson the Regional Medical Director.

LG provided a brief update on recent changes within SEC

- Amanda Fadero has taken up a new role at Brighton and Sussex University Hospitals as Strategy Director, Sarah Creamer has moved to the role of interim Area Team Director. Deborah Tomalin has become interim Director of Commissioning for SEC. Ali Parsons and Jackie Huddleston have been appointed jointly as interim SCN/Clinical Senate Associate Directors.
- Vacancy freeze – There is currently a 40% vacancy rate in the Strategic Clinical Networks, this is having a direct impact on the ability to deliver against programmes of work, and has resulted in a re prioritisation of key work programmes.

Council members discussed the approach to the improvement architecture review:

CM asked if the process will have any PPE involvement. LG confirmed that the Clinical Senate will endeavour to raise the subject at the regional meeting on 06/10/14 and that an invite will be extended to PPE members for proactive involvement.

MB also added that it was important to have an engagement process that is safe against future restructures. MB stressed the need for all 12 Clinical Senate to be linked strongly with NHS Citizen during this process.

MS sought clarity on the 15% reduction of running costs, and asked about how this will impact on the current vacancies. AP explained that the 15% reduction is a recurring value. LG stated that the usual 45 day consultation period will take place with a view to conclude in November.

MS requested clarity of area team boundaries. LG confirmed that it is proposed at present, that the footprint will remain as South East Coast, but with the suggested merger of the current two Area Teams into one.

TK sought clarity re the level of involvement of NHS IQ in the improvement architecture review

AP confirmed that NHS IQ was part of the overall review.

Website update

AP informed council members that the Clinical Senate website will go live w/c 6 October. AP stressed that ongoing feedback from the Council about the sites' content, appearance and functionality will be gratefully received. AP added that the new formal branding will appear on the site in the next 2-3 months.

LG informed members that the Clinical Senate name has officially changed to South East Coast Clinical Senate (SECCS). This will bring SEC in line with national branding/naming requirements.

Sussex Collaborative request for report on the clinical co-dependencies of acute hospital services

LG provided a brief overview of the project process to date this included:

(refer to ppt. presentation attached)

- Convened a clinical reference group to synthesise the available evidence
- Commissioned a literature review
- Produced draft ratings for strength of co-dependency (using agreed grid), and evidence justification
- Convened a Clinical Senate Summit to widen expert involvement and contribution and revise grid
- Agree and submit report for the commissioners, and publish

LG reported that following the successful summit the CRG members are currently writing up draft conclusions, which will be incorporated in to the overall report.

LG commented on the excellent PPE representation at the summit, MB stressed that in order to ensure that the Clinical Senate engages effectively as part of the preparation for events there will be a need to build in appropriate levels of time, capacity and expertise to source effective and informed engagement sources.

Following a revision of the Grid RAG ratings, members of the Clinical Reference Group (CRG) will be updating the co-dependency grid, using a revised four-colour 'PRAG' rating (Purple, Red, Amber and Green). CRG members will also be undertaking a validation process in order to maximize the robustness of the scoring.

LG clarified the timeline for the report and recommendations:

Event	Date
Submission of CRG grid ratings and supporting evidence, and cross-cutting theme summaries	Monday 6 th October
Draft report produced, and resolution (where possible) of discrepant ratings. ? send out for further final check with other stakeholders	Monday 6 th – Monday 27 th October
Draft report circulated to Clinical Senate Council	Week beginning Monday 27 th October
Consideration of report by Clinical Senate Council	Wednesday 4 th November
Submission to Sussex Collaborative	Monday 9th November
CSSEC website publication, and wider distribution	Late November (following agreement with Sussex Collaborative)

It is envisaged that the November Council meeting will be dedicated predominantly to the co-dependencies report, reflecting on the grid ratings and consequent narrative analysis, the key points from validation process, and debating the synthesis and emerging co-dependency recommendations.

LG invited Council members to comment on a number of key questions that will contribute to the development of the final report:

- How best to get consensus where CRG hasn't achieved it?
- Who else should we be consulting?
 - ODN network leads and other relevant regional clinical leads
 - NHS England Urgent and Emergency Care leadership
 - Colleges/Specialist Societies?
 - Provider trusts?
- Publication strategy and handling

LG asked Council members to comment on the extent to which provider organisations should have sight of the draft document and the PRAG ratings

Council members discussed the potential impact of sharing the draft with provider organisations, Royal Colleges etc. Whilst it was acknowledged that there was value in following a robust validation process there were risks that this may discredit the process and methodology undertaken to date, as this additional consultation would move away from the local consensus opinion that had emerged through the work of the CRG.

LG commented that the SCNs had been closely involved in the population of the grid and the synthesis of the evidence.

The likelihood of local clinical and geographical biases emerging through a further consultation process was acknowledged.

It was also acknowledged that geographical opinions would vary.

MB stressed the need for Council members to remember the independent nature of the Clinical Senate and that it had undertaken to provide advice to Sussex Collaborative around a specific question. He suggested that SECCS role is not a consultative one.

TK suggested that whilst the report was being prepared for the Sussex Collaborative, it would be helpful that an addendum be added to acknowledge the broader interest in the report recommendations outwith of the Sussex Collaborative.

MS reflected that the level of evidence available to support the recommendations was limited to predominantly clinical consensus he requested the opportunity to review the draft paper from a PH perspective. LG welcomed the suggestion.

MS

It was agreed that undertaking a validation exercise with relevant regional leads, and revising the GRID through the application of the new PRAG rating would add additional robustness and credibility to the methodology.

KA commented that adding the PURPLE rating had been helpful. Allowing local conversation with the RED rating. A good and thorough process.

	<p>KA suggested that a review of the Kent, Surrey, Sussex 5 year strategic plans would be a good place to start.</p> <p>CM suggested that it would be useful to summarise similar issues that other senates may have addressed in order to share learning.</p> <p>AP to collate clinical senate requests for advice and share with council members as a future agenda item.</p>	
8.	<p>Dates of next Council Meetings: 5 November 2014, Boardroom, York House, Horley</p>	