

Yorkshire and the Humber Clinical Senate Council Meeting

Monday 26th September 2022 2–3pm

Via MS Teams

Present:	
Dr Nabeel Alsindi	GP & Clinical Lead Primary Care, NHS Doncaster CCG
Prof. Janet Brown	Professor of Translational medical Oncology & Consultant in Medical Oncology, Sheffield Teaching Hospitals NHS FT
Mr Christopher Caddy	Consultant Plastic, Reconstructive & Aesthetic Surgeon (retired)
Dr Trevor Cleveland	Consultant Vascular Interventional Radiologist, Sheffield Teaching Hospitals NHS FT
Dr Steven Dykes	Deputy Medical Director, Yorkshire Ambulance Service NHS Trust
Stephen Elsmere	Lay Member
Dr Tim Haywood	Consultant PICU & Anaesthesia, Leeds Teaching Hospitals NHS FT
Dr Eric Kelly	GP & Chair, Bassetlaw CCG
Dr Rod Kersh	Consultant Community Physician, Rotherham NHS Foundation Trust
Dr Rod Lawson	Respiratory Physician, Sheffield Teaching Hospitals NHS FT
Mr Kirtik Patel	Consultant Upper GI Surgeon, Sheffield Teaching Hospitals NHS FT
Mr Woolagasen Pillay	Deputy Dean & Vascular Surgeon, Health Education England, Yorkshire and the Humber
Dr Christopher Scott	Consultant in Anaesthesia & Critical Care Medicine, Sheffield Teaching Hospitals NHS FT
Mr Peter Sedman	Consultant Upper Gastrointestinal & General Surgeon
Dr Kevin Smith	Regional Director Public Health Commissioning, NHSE
Jeanette Unwin	Senate Manager, NE & Y&H Senate Manager
Dr David Warwicker	GP & Governing Body GP for North Sheffield
Prof Chris Welsh [Chair]	Senate Chair, NHS England – North East & Yorkshire (Yorkshire and the Humber)
Margaret Wilkinson	Lay Member

Apologies:	
Tony Alcock JP	Lay Member
Mr Stephen Bush	Consultant in Emergency Medicine, Leeds Teaching Hospitals NHS Trust

Sue Cash	Lay Member
Mr Eki Emovon	Consultant Obstetrician & Gynaecologist, Doncaster & Bassetlaw Teaching Hospitals NHS FT
Dr Steven Griffin	Divisional Clinical Director, Clinical Support Services, Pathways & Digital Strategy, North Lincolnshire & Goole NHS FT
Andrew Hodge	Director of Allied Health Professions, The Mid Yorkshire Hospitals NHS Trust
Dr Rukhsana Hussain	GP
Mr David O'Regan	Cardiothoracic Surgeon, Leeds Teaching Hospitals NHS FT
Dawn Parkes	Deputy Director of Nursing & Quality, The Mid Yorkshire Hospitals NHS Trust
Dr Edward Pepper	Consultant Child and Adolescent Psychiatrist, Leeds Community Healthcare NHS Trust
Karen Perring	Network Manager & Lead Nurse, Y&H Paediatric Critical Care ODN
Dr Faisal Shaikh	Consultant Psychiatrist, Humber Teaching NHS FT
Dr Alison Walker	Consultant in Emergency Medicine, Harrogate & District NHS FT
Amber Wild	Professional Lead OT, Sheffield Health & Social Care NHS FT
In Attendance	
Dr Thomas Everett	Clinical Lead, Y&H Clinical Networks and Lead Clinician for Maternity, Leeds Teaching Hospitals NHS Trust

	Item	Action by
26/22	Welcome & Apologies Apologies noted as above.	
27/22	Minutes of the Previous Meeting – July 2022 Members agreed that the previous meeting notes were a true and accurate record.	
28/22	Dr Thomas Everett, Clinical Lead, Y&H Maternity Network – Ockenden Maternity Review Presentation Dr Everett gave a presentation on the Donna Ockenden report: Key themes from the presentation: Background - Donna Ockenden was asked to review Maternity Services in the Shrewsbury and Telford Hospital Trust by the Secretary of State, following clinical incidents between 2000 and 2019. The final report published 30 March 2022 outlined local actions for learning for the Trust and immediate and essential actions for the Trust	

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	<p>and wider system that were required to be implemented to improve safety in maternity services for the Trust and across England. 12 urgent clinical priorities were identified and all Trusts were asked to confirm that they had implemented these by the 21 December 2022.</p> <p>A maternity services assessment and assurance tool supports providers to assess their current position against seven Immediate and Essential Actions (IEAs) and provide assurance of effective implementation to their boards, Local Maternity System and NHSE/I, they are:</p> <ol style="list-style-type: none"> 1: Enhanced Safety 2: Listening to women and families 3: Staff training and working together 4: Managing complex pregnancy 5. Risk assessment in pregnancy 6. Monitoring fetal well-being 7. Informed consent <p>Final Ockenden Report and conclusion published in March 2022. There were 52 actions for the Shrewsbury and Telford Trusts and 15 essential actions for all Trusts.</p> <p>All discussions took place, summarised below:</p> <p>A culture of promoting natural childbirth has been prevalent and the RCM have acknowledged their role in promoting natural childbirth previously. This is not now as prevalent with a shift in focus on safe birth and safe outcomes.</p> <p>The report does not stipulate what safe staffing numbers and a safe place of birth should be. There is the 'Birthplace Study' published mid 2000s that found for low risk woman a midwife led unit was a safe option. There are benchmarks for midwifery that that trusts use as a measure. However, there are currently no defined safe staffing ratios for obstetricians and medics.</p> <p>The report centres around patient choice and allowing women to make informed decisions about where they want to give birth, ensuring that women are aware of the possibility of delayed transfer and implications of this. Data suggest birthing units are safe but there is a need to have an infrastructure to support getting women into hospital in a safe way if needed.</p> <p>A fundamental recommendation from the Ockenden report is for ongoing risk assessments to be undertaken and checked throughout a women's pregnancy to ensure that they are on the correct care pathway.</p>	

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	<p>An observation was made that effective team working needs to be in place for teams with co-dependencies across departments and that this is a key driver for quality.</p> <p>CW observed that there are a number of basic principles to apply when reviewing maternity and obstetric services within any geographical patch</p> <p>The Chair and the group thanked Thomas Everett for his time and excellent overview of the Ockenden Report.</p>	
29/22	<p>Work Plan</p> <p>(Paper B)</p> <p>The workplan is included on the agenda for council member's interest and for transparency. Of the reviews undertaken all are 100% complete with one outstanding action to be taken associated with HASR which is to publish the report on the Senate's website.</p>	
30/22	<p>Conflicts of Interest</p> <p>None declared.</p>	
31/22	<p>Current Work</p> <p><u>West Yorkshire ICS – assessment & support for autistic people</u></p> <p>This has been on the workplan for some time and we await further updates from the programme team as it has encountered some delays due to some delays to recruitment within the programme team.</p> <p>Council and panel members will be updated as more information is received.</p>	
32/22	<p>Future Work</p> <p><u>'NEY Internal Reconfiguration Network: report by ICB of ongoing service change and capital schemes31'</u> (Paper C)</p> <p>Forwarded to give group sight of the number of initiatives underway within NEY. Plans are under development to undertake a large number of changes to service and infrastructure which the Senate may be involved with.</p> <p>CW updated that he and the chair of the Northern England Senate are meeting with the medical directors of the YH & NE ICS regarding the service the Senate can provide with regards to independent and impartial advice.</p>	

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	<p><u>HASR Refresh</u></p> <p>The Senate has once again been approached to review the refinements to the HASR models of care. The previous review encompassed around 18 different options for comment and the programme team have since reduced the options to 3-4 with some additional work having been carried out on travel impacts and health and inequality assessments.</p> <p>It is expected that the Senate will be asked to undertake a review of the refreshed models of care in the new calendar year and colleagues previously involved with HASR will be approached for their support once more.</p> <p><u>South Yorkshire Review of Non-Surgical Oncology</u></p> <p>The Senate has been approached by the Locality Director for SYB around changes to non-surgical oncology. The understanding is that any review would involve the temporary changes made during Covid that they now wish to make permanent.</p> <p><u>Pontefract MLU</u></p> <p>This remains on the regional service reconfiguration grid but with no clear timeline for the Senate's involvement. No other formal approach received at this stage.</p> <p><u>Lancashire & South Cumbria</u></p> <p>No further approach at this stage and any approach is not likely to be until early 2023. This review work would be very complex and would look at the entire acute offering for a new build within the region.</p>	
33/22	<p>Individual Clinician Participation in Reviews</p> <p>None.</p>	
34/22	<p>Development Day</p> <p>It is proposed that there will be 2 half days of development sessions on the 23rd March (pm) and 18th April (am) 2023.</p> <p>The agenda is currently in draft form, but it is likely that the first session will explore the role of the Senate in a strategic context and the second will focus more around the practical aspects of Senate reviews and work.</p> <p>If the group members have any ideas for that require further development within the Y&H Senate that they wish to be considered please contact JU for inclusion.</p> <p>WP asked if the session/s could cover examples where other Senates that have given a recommendation, that was subsequently challenged, be included? Lessons to be learnt from experiences where evidence might have been lacking.</p>	

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	Action: Group members to contact JU with any proposed items or ideas for inclusion on the Development Day.	ALL
35/22	<p>Any Other Business</p> <p>A full list of interactive training sessions offered by the national Service Transformation team has been shared with the group for information and interest.</p>	
	<p>Time and Date of Next Meeting</p> <p>Date: Tuesday 22nd November 2022 Time: 2 – 3pm Venue: via MS Teams</p>	All to note

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