Meeting:	**Yorkshire and the Humber Clinical Senate Council Meeting**	
Date:	**Wednesday 26th September 2024**	
Time:	**14:00-15:00**	
Venue:	**Via Teams**	
Present:	**Name:**	**Initials**
	1. Chris Welsh 2. Rukhsana Hussain 3. Rod Lawson 4. Willy Pillay 5. Christopher Scott 6. Nigel Wells 7. Alison Walker 8. Stephen Elsmere 9. David Warwicker 10. Sue Cash 11. Jeanette Unwin 12. Ben Clark 13. Faisel Shaik 14. Chris Caddy 15. Steven Dykes	CW RH RL WP CS NW AW SE DW SC JU BC FS CC SD
In Attendance:	1. Kay Marshall (Project Support) 2. Jo Poole 3. Steph Beal	KM JP SB
Apologies:	**Name:**	**Initials**
	1. Kev Smith 2. Tony Alcock 3. Karen Perring 4. Kirt Patel 5. Eki Emovon 6. Nabeel Alsindi	KS TA KP KP EE NA

MINUTES

1.	**INTRODUCTION**		**Lead**	**Enclosure**
	1.1	**Welcome and Apologies**		
		CW welcomed Dr Nigel Wells to the meeting.	**CW**	
	1.2	**Declarations of Interest**		
		None noted.	**ALL**	
	1.3	**Minutes of previous meeting**		
		Minutes of previous meeting (24th July 2024) were accepted as a true record.	**ALL**	
	1.4	**Matters arising**		
		None noted.	**ALL**	

2.	**AGENDA ITEMS**			
	2.1	**Humber and North Yorkshire ICB and the Clinical Senate** Dr Nigel Wells, Executive Director, Clinical and Professional Humber and North Yorkshire ICB CW introduced Dr Wells to give a presentation which is summarised below:- NW outlined the work of NHY ICB and how the Senate could offer its support. The ICB consists of 6 CCGs with a very diverse range of clinical leadership and population needs. There is huge disparity in healthy life expectancy across the area. The ICB's aim is to narrow this gap by 2030, increasing life expectancy by 5 years by 2035. The ICB wishes to harmonise all policies and pathways across all areas, looking at data around reducing variation and at improvement methodologies to help achieve the aims and outcomes. In the Humber and North Yorkshire region the over 75 year old population is expected to significantly grow by 2043 and with high levels of deprivation, these place significant demands on services. In order to respond to this the ICB has developed a clinical effectiveness unit, to consider what the future needs to look like in terms of clinical input and engagement. The last nine months have been considering what needs to be done differently to address the population health needs and the strategy is expected to be approved by October. Following that there will be a process of gathering public engagement and feedback from November and December. NW confirmed that moving from hospital to community for over 75s is one of the priority actions. CW reiterated that the senate provides a service of independent, impartial review of plans. The 3 senates of the North (Y&H, NW and NE) work together to ensure there are no conflicts of interest and can always provide a panel for independent review. CW thanked NW and opened up to questions. **Questions/comments.** *How do we start to address the challenge of breaking down organisational barriers and get to a place where services are confidently doing the right thing, especially when under pressure.*		

		There is a pillar of the work being undertaken that is looking at integrated neighbourhood teams and what that really means. If this can be sorted out nationally, regionally and ICB level this would be a great help. *With rising age-related health pressure we expect a tsunami of work for the Social Care sector, how can we address and respond to this?* The challenge being faced is compounded by the fact that the older demographic is found in the places where it is most costly to live and therefore it is difficult to attract care workers to come and work to look after those people. The ICS has a Futures group chaired by the Vice Chancellor of York University and the next piece of work for the group is to look at the 'ageing well' piece of the ICB strategy and what need to happen to help people to live longer and healthier in their own homes. CW thanked NW for coming to the meeting and directed him to JU should he wish to engage with the Senate for any future work.		
	2.2	**National Update** **National request for Senate review - update** This arose from the meeting of senate chairs in May when the Director of Education and Medical Director for Workforce in NHSE, talked about workforce issues and the Senates were asked if they could carry out a review of particularly challenged staff groups. Draft terms of reference were drawn up by NHSE and the Senates have indicated that Senates would not be best placed to undertake the work but that we would be very well placed to review any policy documents they had in looking to the future of the workforce. **Darzi Review and next steps** A brief update was provided which is that the key tenets of Lord Darzi's findings are that the shift in care from hospital to community, from analogue to digital and moving from treatment to prevention of disease. From senate point of view, those key messages ought to be considered in any future reviews.	**CW** **ALL**	
	2.3	**Yorkshire and Humber Senate-led Projects** **AAD rota in Yorkshire – for ratification**		

		The Acute Aortic Dissection rota review was a rapid piece of work undertaken during August and early September. CW chaired this with the assistance of a cardiologist from Newcastle and a cardiac surgeon from London. The topic was looked at by the Senate in 2019 but was stalled due to the pandemic. The draft letter following the review was provided to the meeting, for ratification by the Senate Council. *Questions:* *Page 1, 3rd paragraph – could this be interpreted as being it will only be in Hull or only in Sheffield but means at any one time, one of the two hospitals will be on call?* Confirmed that to be a correct interpretation and the letter will be amended to ensure clarity. *Page 3 – 1st paragraph – governance. The letter references the need to audit the surgical outcomes however, there is a large cohort of acute patients with acute dissections that require medical management. Have there been standardised protocols produced for patients not requiring surgery and where this medical management is standardised?* It was confirmed that the audit will be undertaken for all patients discussed by the AAD team, not just those patients that go onwards for surgical management. Therefore all those who present, diagnosed and including those who are not fit for surgery and provided with medical treatment are part of the overall audit. The standardised protocols are currently in development. *The average time between a patient presenting at ED to undergoing surgery for AAD is 6 hours, is this time if the patient is presenting in a hospital with a cardiac surgeon or across the whole of Yorkshire and Humber?* The cited 6 hours is from the patient arriving at a ED and having AAD diagnosed. It was stated that having made the diagnosis, the delays are due to having to make numerous telephone calls to move the patient on through their journey/pathway. *Should there be a guideline of how quickly patients should be transported from their district hospital to a specialist centre? How long will transport take and what provisions will be in place to ensure the patient gets to specialist care quickly?* The commissioners of the review want to discuss patient transfers with relevant ambulance services so that transfer		

		would be expedited, and everybody understood the terms being used such as 'aortic dissection' and that it fitted into protocols used by ambulance call handlers in making decision to deploy crews and vehicles. The meeting discussed the interfacility transfer processes and protocols that stipulate all partners must be fully prepared and ready to dispatch and receive the patients to minimise any delays to patient care and to ambulance teams. A question was asked about why the Leeds hospitals were not participating in the rota. Leeds were included in the plans when the Senate reviewed these in 2019 but to date they have not yet declared who their aortic surgeons are in order to join the rota and provide the service. Patients needing the service will be referred into Sheffield or Hull if Leeds aortic surgeons are not declared. There are protocols to this effect which are in development. **HASR – update** JU provided an update on the Humberside Acute Services Review which is that the programme team has been given approval to proceed, with the exception of children's services. **Service Reconfiguration report** It has been stated that there has been 30 'call in' requests to the secretary of state about service reconfigurations, 2 of which relate to the HASR review.		
	2.4	**Yorkshire and Humber Senate-related Projects**		
		None reported.		
	2.5	**July 2024 Reconfiguration report for information.**		
		Temporary Changes – where the chair of the Independent Reconfiguration Panel had written to Lord Darzi to express a view that the temporary changes needed to be reviewed to provide clarity. Fragile Services – many ICS are reviewing fragile services which may lead to an increase in Senate activity.		
	2.6	**Senate Recruitment**		
		Senate recruitment for new council members will be going ahead later in the year. CW announced his retirement as Chair of the Y&H Clinical Senate, with effect from end of October. He shared that the role had been a fantastic opportunity to set up the Senate Council in 2013 and he had enjoyed playing his part in the success of the Senate. CW thanked the Senate Council	**JU**	

		members for their support and special thanks were given to current and previous managerial and support teams. There will be a new chair with effect from 1st November. Dr McLure, Regional Medical Director, has written to CW to give thanks for his leadership of the Senate and invited CW to be involved in any future work as a reviewer rather than a chair. Jo Poole gave thanks saying it was always a joy to work with CW. Particularly in the early days trying to establish the Senate working out governance and ways of working, CW was always a voice of reason, excellent leadership, chairing and fabulous to work with. CW finally expressed that the senates of the north working together has proved to be a remarkably successful venture and would encourage it to continue into the future.		
3.	**STANDING ITEMS**			
	3.1	**Any Other Business**		
		None raised.		
	3.2	**Next meeting**		
		Monday 25th November 2024 14:00-15:00 via Teams		
4.	**MEETING CLOSE**			