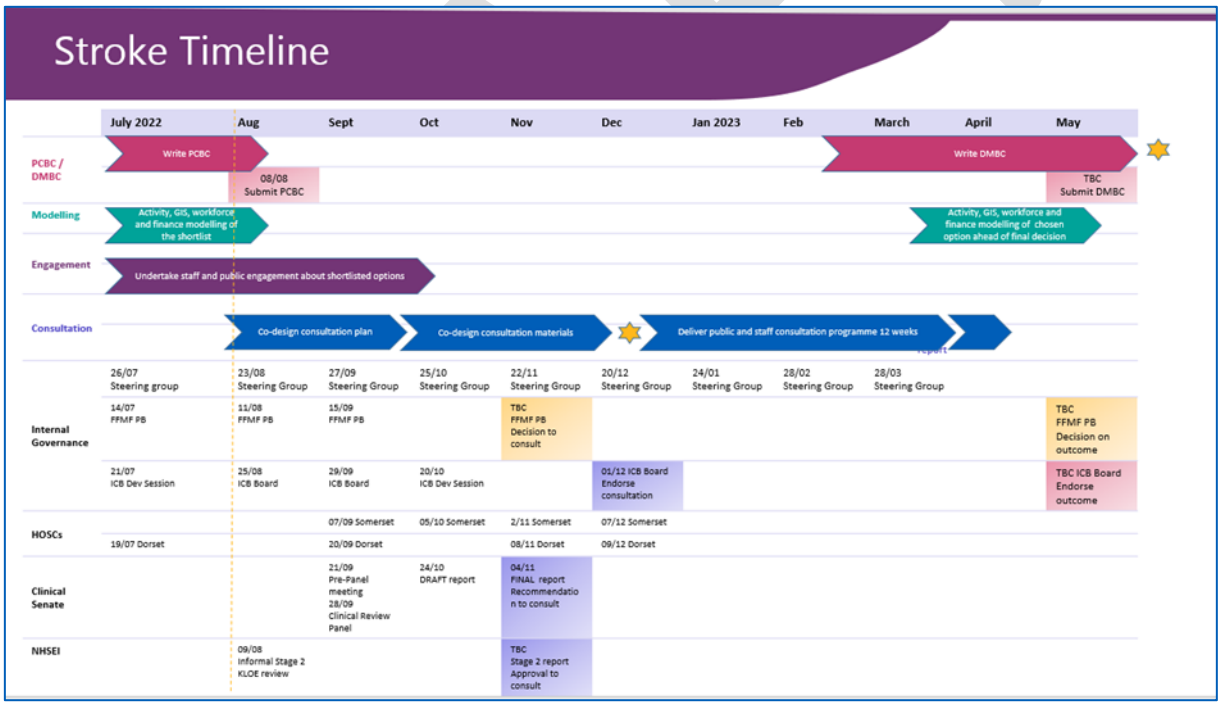
Somerset Acute Hospital-based Stroke Services Reconfiguration

Assurance and governance

Timeline

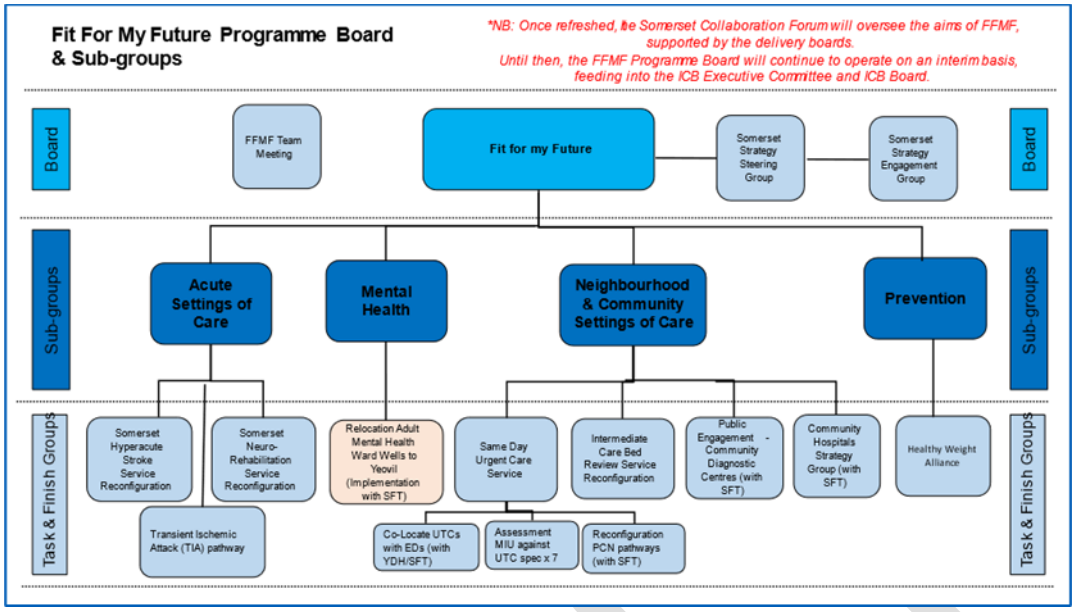
Throughout the development of the PCBC we have sought external assurance through close working with the South West Clinical Senate, regional team from NHS England and Improvement and internally, through our own governance processes.

Some of these key assurance milestones can be seen within our high-level plan:



Structure

The hyperacute stroke project is part of the wider Fit for My Future portfolio. The structure chart below shows how it aligns:



Internal governance

There are a range of internal assurance groups (both formal and informal) and governance meetings that this work has been taken to, including:

- Stakeholder Reference Group – People with lived experience of stroke/TIA
- Stroke Clinical Reference Group
- Stroke Steering Group
- FFMF Programme Board
- ICB Executive Committee - previously Clinical Executive Committee, known as CEC
- SFT/YDH Governing Body
- Somerset ICB Board
- Equalities Steering Group

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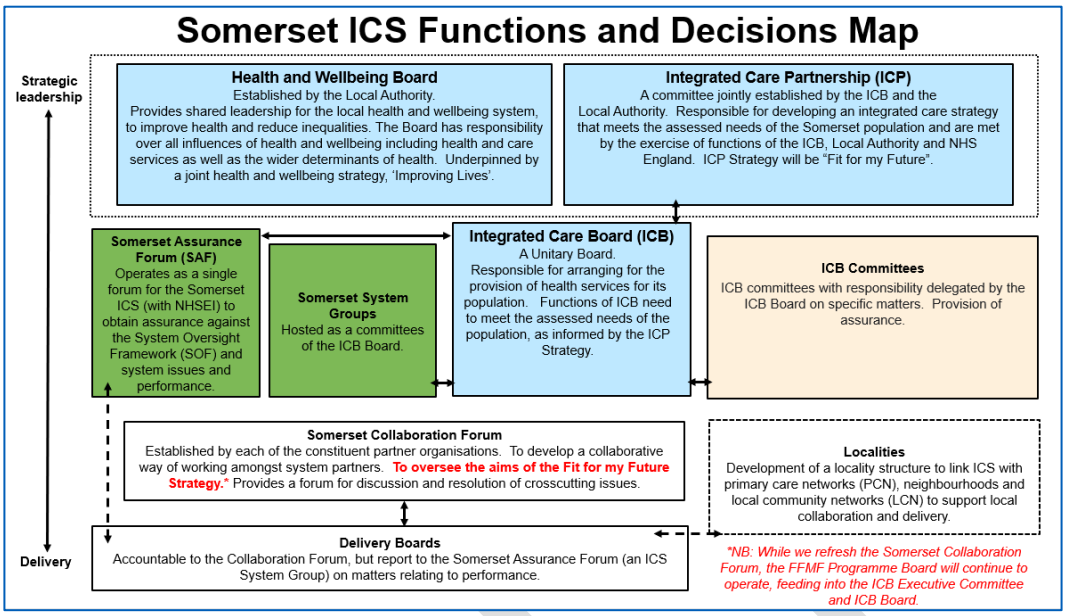
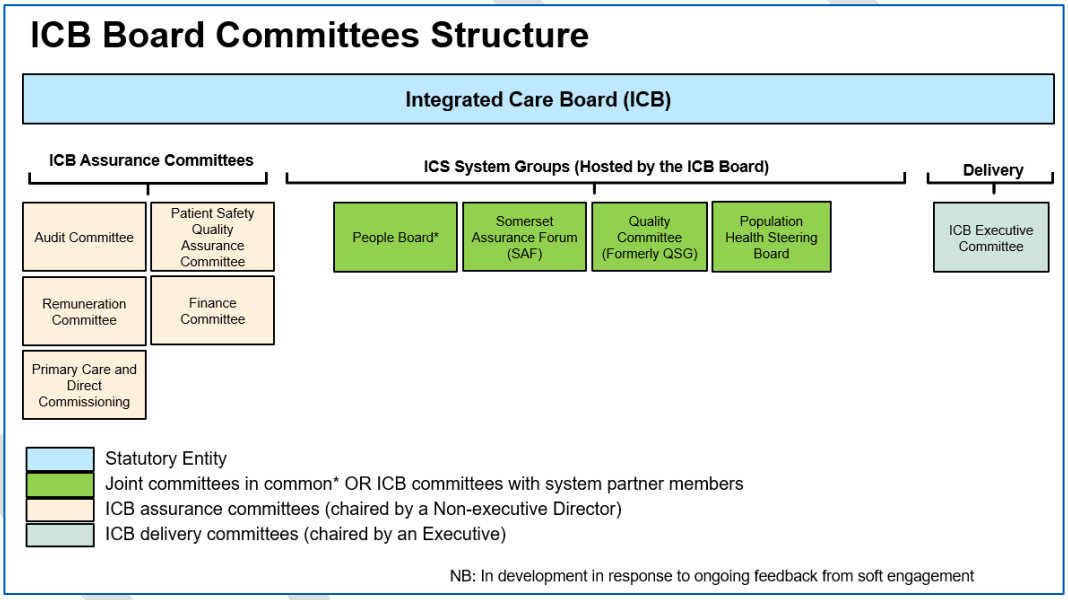
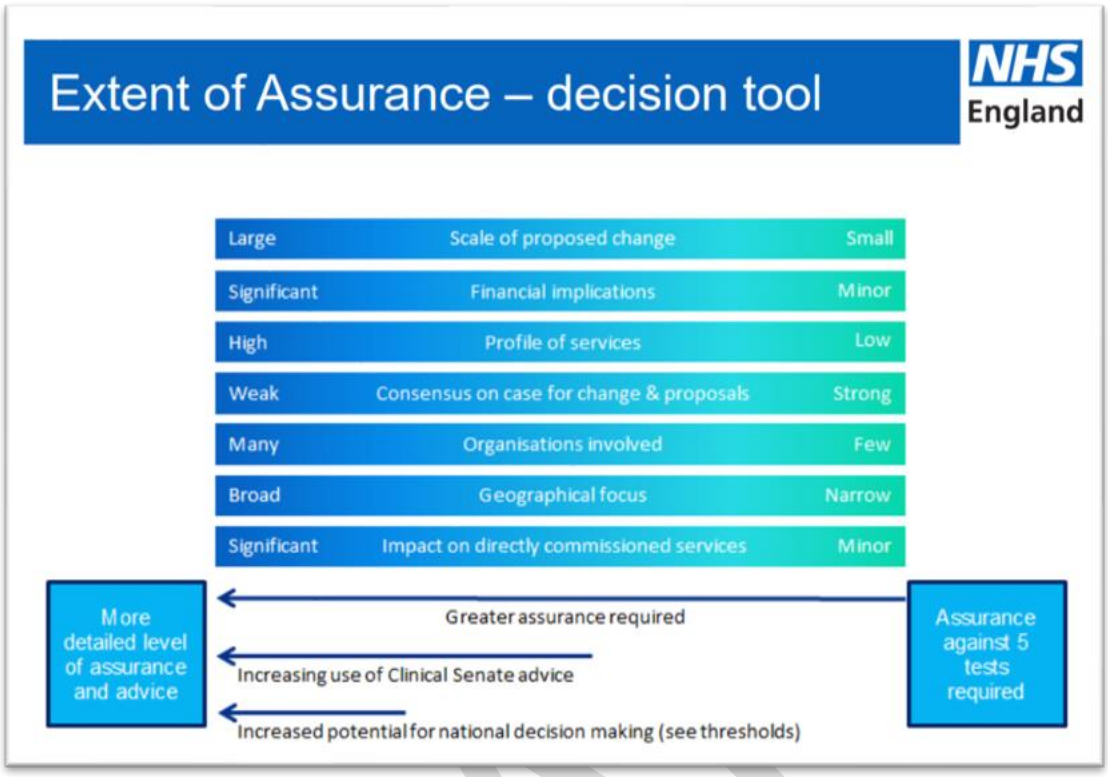




- Health Oversight and Scrutiny Committee (HOSC): both Somerset and Dorset

External assurance

An effective external assurance process gives confidence to patients, staff and the public that proposals are well thought through, have taken on board their views and will deliver real benefits.



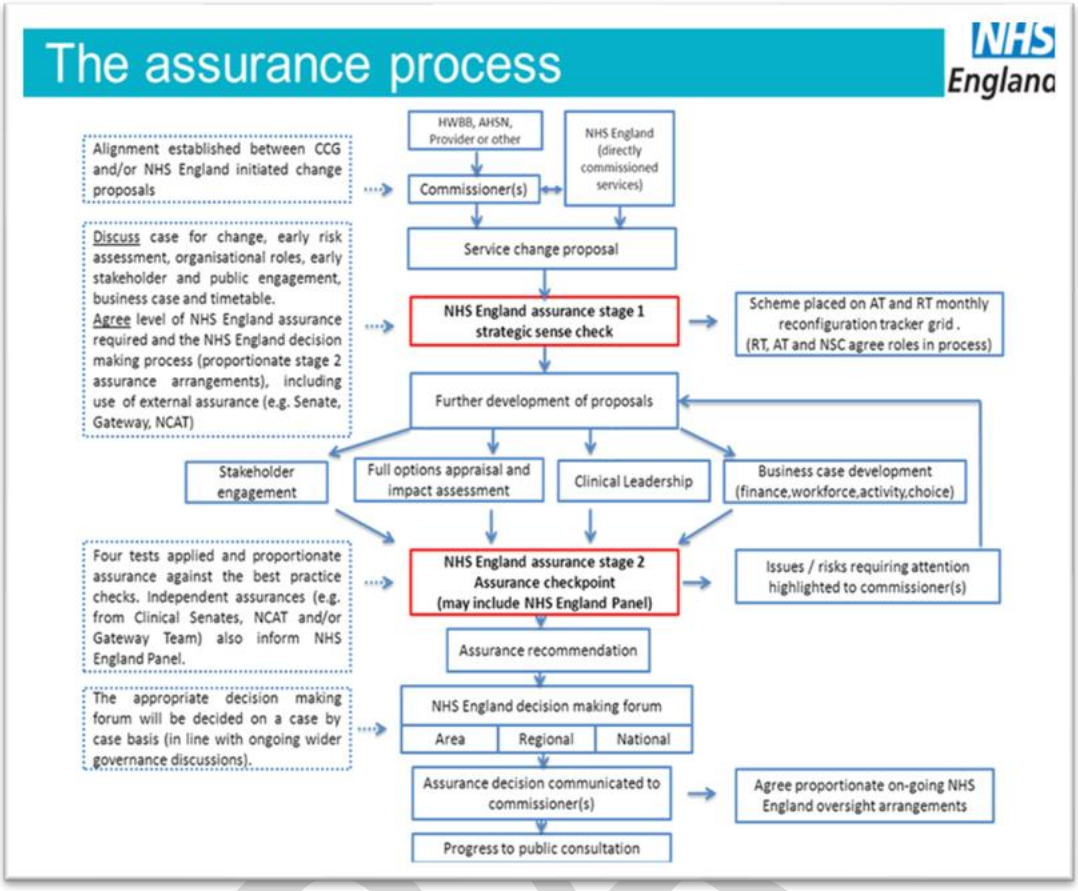
Source: South East Clinical Senate Effective-Service-Change-Toolkit-2018-FINAL.pdf (secsenate.nhs.uk)

The assurance processes have ensured our change programme is being delivered in a robust and transparent way, with alignment to the five key tests[1], application of clinical evidence and best practice, and a recognition of the proposed changes on local and neighbouring health services.

Service change programmes can be challenged via a referral from local authorities health oversight and scrutiny boards to the Secretary of State (who may ask for advice from the Independent Reconfiguration Panel), or a request for Judicial Review. The risk of a challenge being successful can be greatly reduced through an assurance process based on a best practice approach[2].

The NHSEI assurance process is described below:

[1] planning-assuring-delivering-service-change-v6-1.pdf (england.nhs.uk)
[2] Effective-Service-Change-Toolkit-2018-FINAL.pdf (secsenate.nhs.uk)



Source: South West Clinical Senate guidance 2022

The role of the South West Clinical Senate is to work with commissioners to help them design and deliver high quality and sustainable services. They act as a critical friend throughout the service change process by using a panel of subject matter experts to review the emerging proposals and ask questions that seek to ensure the best outcomes[3].

The Clinical Senate assurance approach is detailed below[4]:

[3] Home - South West Senate (swsenate.nhs.uk)
[4] SW-Senate-Panel-Members-Handbook-March-2017-FINAL.pdf (swsenate.nhs.uk)

Clinical Review Process

Initial discussion with the lead CCG/Assurance Team (rolling review of reconfiguration grids). TOR agreed between CCG and Senate.

CCG share Case for Change and Summary of proposals

Stage 1 Sense-Check by Senate

(Via a small 'virtual' panel of Senate Clinicians). This panel will consider and provide feedback against the following;

1. Is the clinical case for change robust and in line with national best practice and evidence?
2. Will the outlined model improve the quality of care?
3. Does the clinical case for change fit with the proposed changes?
4. What might need to be incorporated in future iterations of the model of care, when developing detailed options and where is further information needed?

Pre-Panel Pre-Meet

A couple of weeks before the full panel meeting it is helpful for the core Senate Team (Clinical Chair and Manager to meet with the core Clinical Leads on the project/programme team)

Clinical Review Panel

This would bring together a panel of out of area clinicians relevant to the topic area who would review service change documentation and pre-reading and meet with clinical leads as a panel to act as a critical friend and review whether the clinical evidence base for the options laid out is robust.

This would happen after commissioners have developed options and before they go to public consultation. This is a recommended part of the NHSE stage 2 assurance check point that gives the go ahead for service change proceeding to public consultation.

The Senate needs at least 8 weeks notice to set up a full clinical review panel and the final Pre-Consultation Business Case needs to be available to this panel a week before they convene. (Once set the date cannot be easily moved.)

Clinical Review Report

The panel summary can be shared with the CCG and assurance team in the days immediately after the panel assuming no further information is needed. A full draft report with any recommendations will be signed off by the panel and shared with the CCG for fact checking within 3 weeks. A final draft should be available within 4 weeks.

This process follows the indicative timeline described below:

Stage 1 Review Process	**Timeline**	**Lead**
Initial meeting	Week 1	CCG
Set up clinical working group	Week 2	Senate
Share documents for comment	Week 2	CCG
Summary advice	Week 4	Senate
Stage 2 Review Process	**Timeline**	**Lead**
Initial meeting	Week 1	CCG
Agree TOR	Week 2	CCG
Share documentation to date	Week 2	CCG
Identify panel	Week 2-3	Senate
Literature Review	Week 3	Senate
Pre-meet	Week 6	Senate and CCG
Panel pre-reading /develop Qs	Week 7	Senate
Panel Review meeting	Week 10**	Senate and CCG
Site visits/other meetings as required	Week 10	Senate and CCG
Report writing and sign off	12 weeks	Senate