

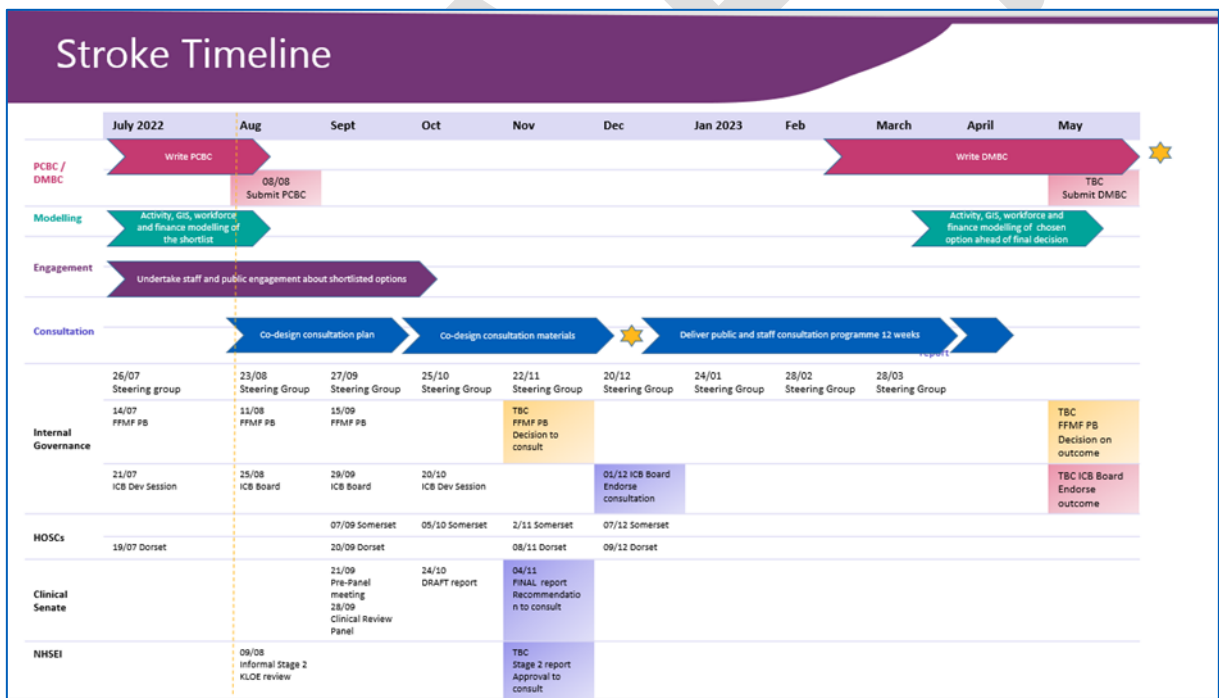
Somerset Acute Hospital-based Stroke Services Reconfiguration

Assurance and governance

Timeline

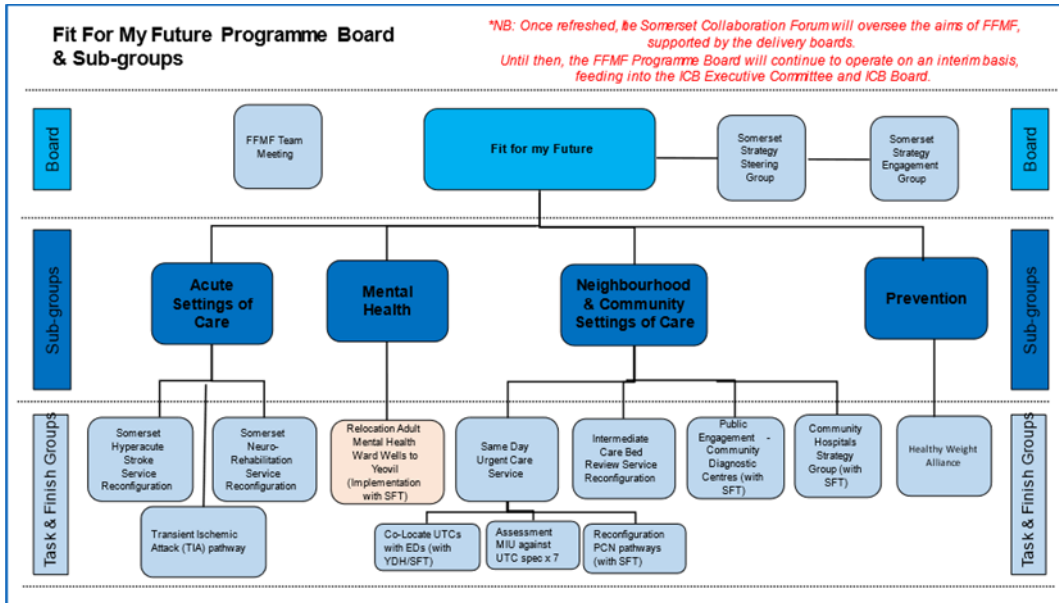
Throughout the development of the PCBC we have sought external assurance through close working with the South West Clinical Senate, regional team from NHS England and Improvement and internally, through our own governance processes.

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



Structure

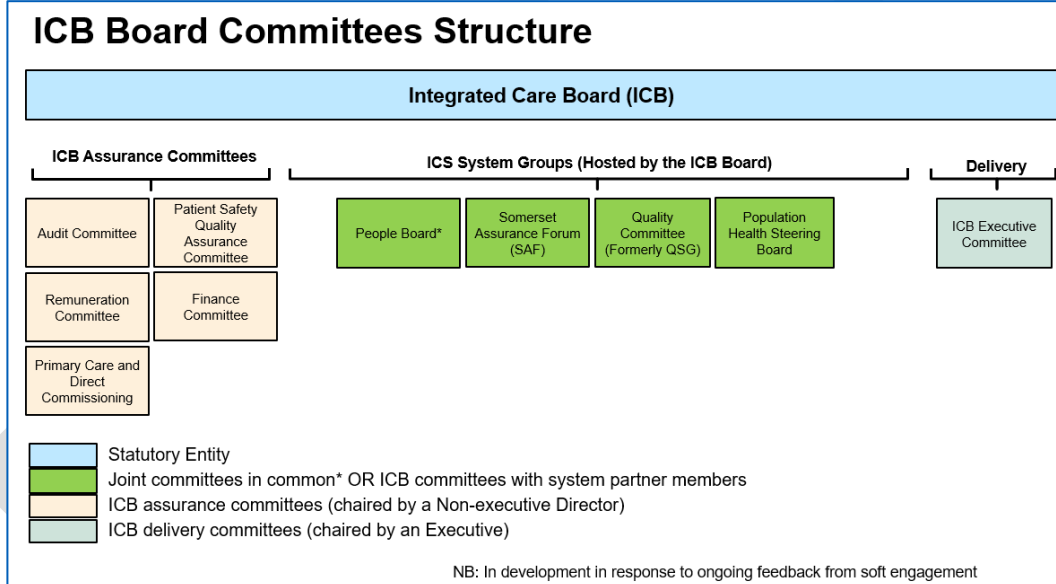
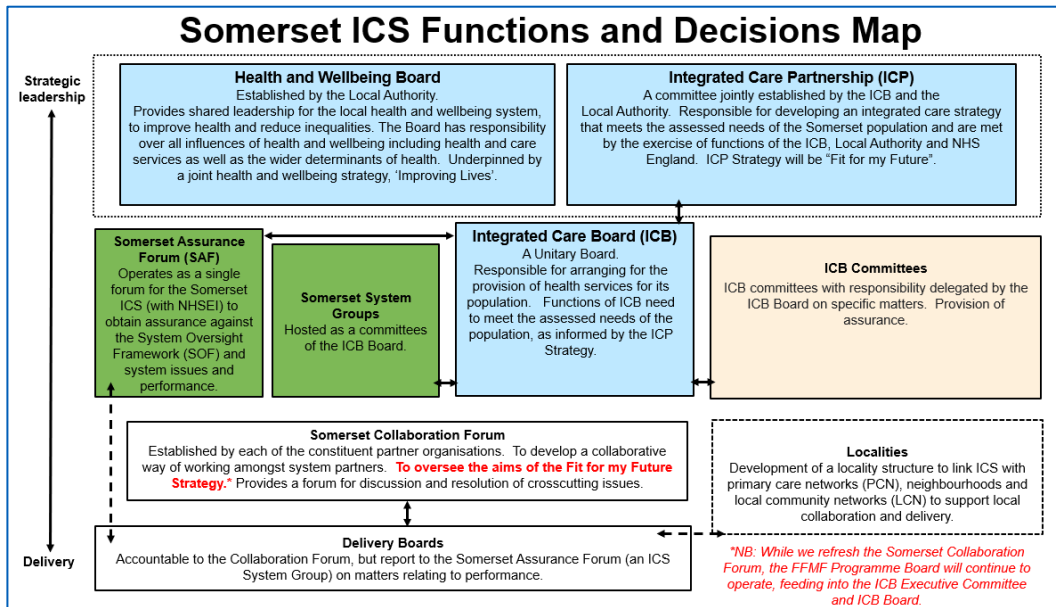
The hyperacute stroke project is part of the wider Fit for My Future portfolio. The structure chart below shows how it aligns:



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:

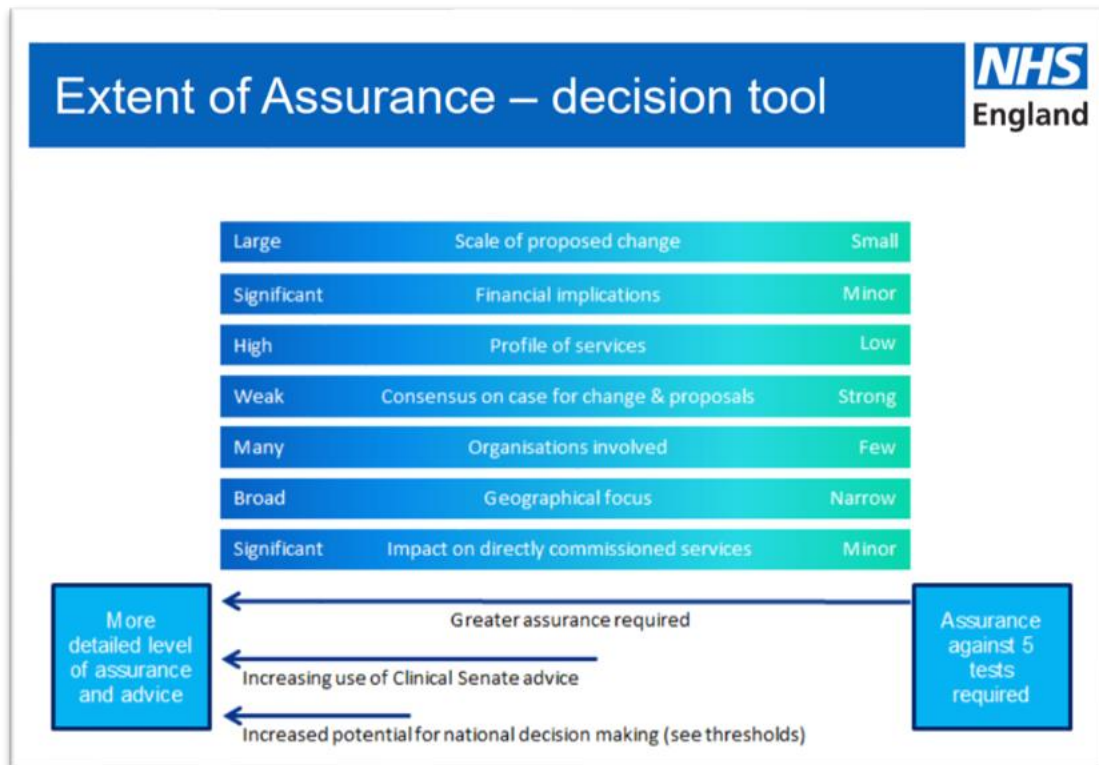
- Stakeholder Reference Group – People with lived experience of stroke/TIA
- Stroke Clinical Reference Group
- Stroke Steering Group
- FFMF Programme Board
- ICB Executive Committee - previously Clinical Executive Committee, known as CEC
- SFT/YDH Governing Body
- Somerset ICB Board
- Equalities Steering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



- 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 \(secsenate.nhs.uk\)](#)

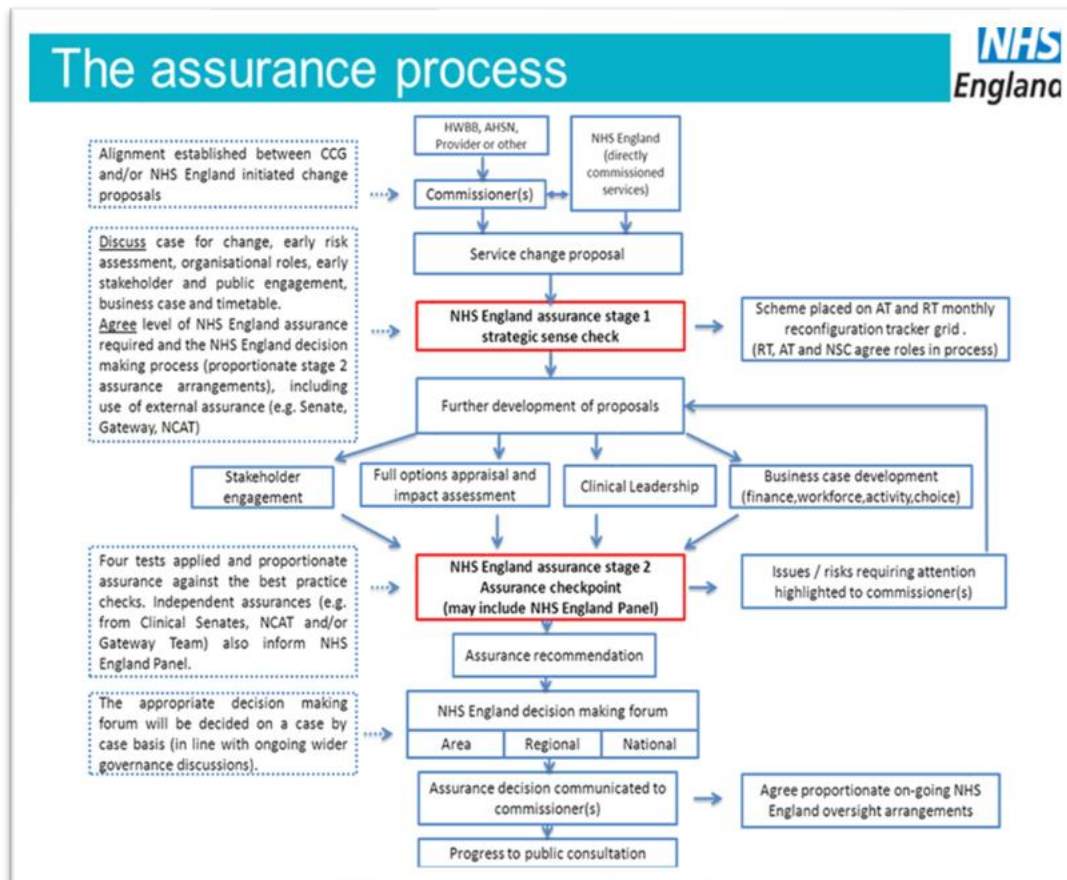
The assurance processes have ensured our change programme is being delivered in a robust and transparent way, with alignment to the five key tests¹, application of clinical evidence and best practice, and a recognition of the proposed changes on local and neighbouring health services.

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 approach².

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 \(secsenate.nhs.uk\)](#)



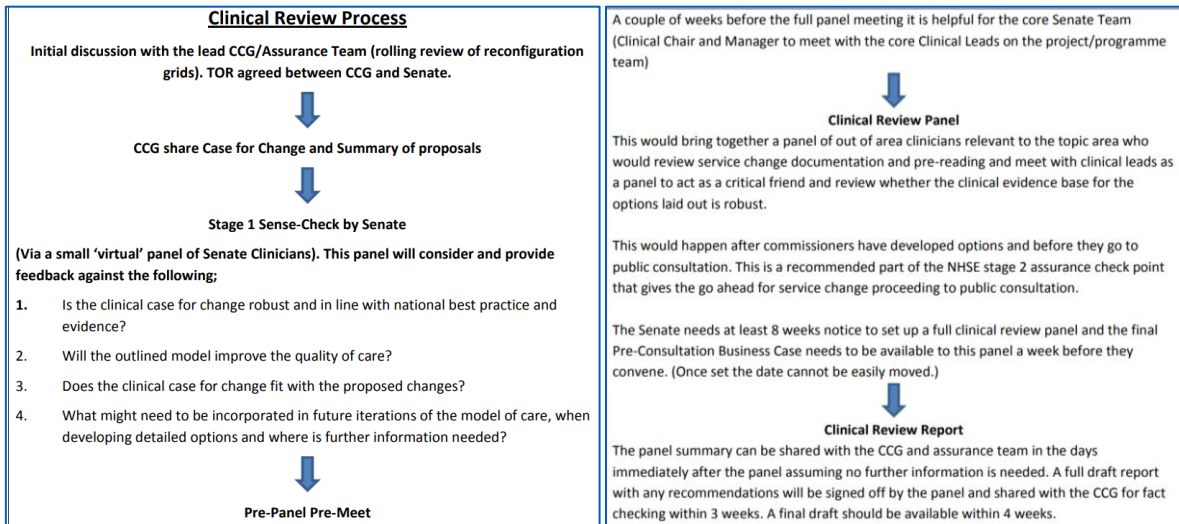
Source: South West Clinical Senate guidance 2022

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 outcomes³.

The Clinical Senate assurance approach is detailed below⁴:

³ [Home - South West Senate \(swsenate.nhs.uk\)](https://www.swsenate.nhs.uk)

⁴ [SW-Senate-Panel-Members-Handbook-March-2017-FINAL.pdf \(swsenate.nhs.uk\)](#)



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