NHS
East of England
Clinical Senate

Mid & South Essex Sustainability and Transformation Partnership

Report of the Clinical Senate Independent Clinical Review Panel held 5 December 2018.

Glossary of abbreviations used in the report

A&E	Accident and Emergency
BTUH	Basildon & Thurrock University Hospital NHS Trust
GI	Gastro-intestinal
MSE STP	Mid and South Essex Sustainability and Transformation Partnership
MSB Group	Mid Essex, Southend and Basildon Hospitals Group – *note used interchangeably with MSE STP as appropriate.*
STP	Sustainability and Transformation Partnership
24/7	24 hours a day, seven days a week.

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EXECUTIVE SUMMARY

The clinical review panel agreed that significant progress appeared to have been made by the MSB group since the clinical review panels of April and May 2018. It recognised the progress in implementation of information technology support for care of patients, and the development of its transport proposals. There had also clearly been significant development of the evidence to support the proposals. The strength of clinical leadership and the desire to improve services, standardise care and embed quality improvement remained obvious.

Having heard and discussed the latest evidence with the Mid and South Essex STP team, the panel was satisfied that, once fully implemented, the proposals are likely to provide safe services for patients. The panel made four recommendations, shown below but wished to emphasise that the recommendations should be read in the context of the broader, and positive, findings of the clinical review panel and its recognition of the significant progress that had clearly been achieved since the clinical review panels of April and May 2018**.**

Recommendation 1:

The panel recommended that the MSB Group accelerate the review of and strategy for, a single trust cross-site Gastroenterology medical team and service to support the Gastroenterology surgical reconfiguration proposals. The Gastroenterology team should include senior Consultants for upper and lower GI services and a specialised multi-disciplinary nutritional support team to work across the three sites with a focus on the Mid Essex site.

Recommendation 2:

The panel recommended that the process for decision making, clinical accountability, patient hand over and continuity of care for patients admitted out of hours (weekends and between 8pm and 8am) should be documented and shared. This will ensure absolute clarity for staff and patients alike of the process and line of clinical accountability for those patients.

Recommendation 3:

The panel recognised that the MSE team acknowledged the challenge around workforce but wished to recommend that there was continued focus on a robust workforce strategy that included recruitment, training and retention of medical and non-medical staff. There should be particular emphasis on ensuring that there are sufficient numbers of well trained middle grade speciality doctors and nurses to support the out of hours working at the Basildon site, with an innovative and flexible approach to training and short, medium and long-term strategies.

Recommendation 4:

The panel recommended that the MSB group carefully plans for robust prospective data collection with a view to publishing evidence of the implemented model to help support other health care systems with their planning both in the UK and word-wide.

End.

1. Foreword by Clinical Senate Chairman

The NHS nationally faces significant challenges with rising demand, rising complexity of care, medical and technological advances and skilled workforce shortages against a background of restricted finances, even if the latter is more positive following the announcement of additional funding over the next few years to 2020.

The East of England Clinical Senate has produced five previous independent clinical review panel reports on behalf of the Mid and South Essex STP (formerly the Mid and South Essex Success Regime) over the course of the last 2 ½ years. The panels have reviewed the emerging plans to transform the delivery of services particularly by the three acute Trusts who are now working together jointly as the MSB Group with proposed plans to merge into a single organisation. This review was focused on an area highlighted in the most recent report from April 2018 including the reconvened panel in May 2018. This was regarding the proposals for acute surgery, particularly how those would impact on patient care on the Basildon Hospital site.

The MSB group has clearly worked hard to progress its proposals including more detail and more data to help predict future patient flows. In addition, evidence was provided demonstrating further progress with regards to important enablers including IT and transport. They had also sought additional support from the Nuffield Trust who produced a report reviewing the proposed model, the risks and mitigating actions to reduce risk.

The panel of senior clinicians and experts by experience were from a range of backgrounds including different specialties, professions and geographical locations. They all contributed in a challenging but positive manner in detailed discussions with the MSB team. I would like to thank them for giving up their time and for engaging with the process in such an active and professional manner.

The MSB team assisted us in the process with presentations to support the previously submitted papers and engaging in an honest and open debate with the panel. I would like to thank them for their role in this review.

The panel were of the unanimous view that significant progress had been made providing assurance, based on the evidence provided, that the model, if implemented as stated would be likely to deliver safe, high quality care. The panel did however feel that a small number of recommendations should be made in relation to these proposals and these are described within the report.

The Clinical Senate Council have reviewed the report and agreed that is has met the terms of reference. We were pleased to see that significant progress has been made in their ambitious plans to transform care for their local population. We would be very happy to support them with further reviews in the future if required.

Dr Bernard Brett

East of England Clinical Senate Chair and clinical review panel Chair

2. Advice request, background and scope of the review

2.1 The East of England Clinical Senate has to date reviewed emerging proposals for the Mid and South Essex STP (formerly Success Regime) on five separate occasions:

- In June 2016, which focused on the early emerging thinking,
- In October 2016, which considered in more detail the five potential configuration options that subsequently fed into the Programme's formal options appraisal process,
- In September 2017, when the panel conducted a preliminary review of the programme's final pre-consultation proposals
- In October 2017 when the panel carried out a more in-depth review of the proposals for stroke services and
- In April 2018 as a 'stage 2' review for eight clinical services, including general surgery.

2.2 Whilst the panels of April 2018 strongly supported most of the proposals, including the consolidation of several services, there was a concern for patient safety around the plans to move emergency surgical services, and surgical inpatient beds, from Basildon Hospital. More information was requested to support this proposal and provided to a reconvened (on 1 May 2018) sub-panel of the surgical clinical review panel. The sub-panel did not however feel that the additional information and clarification completely removed this risk and recommended that MSE return to Clinical Senate once it has refined the detail of the proposals.

2.3 The scope of this clinical review panel was for Clinical Senate to consider further evidence and the further development proposals for emergency general surgery particularly focused on the elements of care delivered at Basildon Hospital. All other services were out of scope of this particular review.

3. Methodology and Governance

3.1 Clinical review panel members (Appendix 2) from within and outside of the East of England Clinical Senate, and patient representatives (experts by experience) were identified. There was a mix of panel members who had sat on earlier clinical review panels for the Mid and South Essex STP proposals, and panel members who had not. All panel members signed conflict of interest and confidentiality declarations (Appendix 3).

3.2 Terms of Reference for the review were agreed between the Mid and South Essex STP team and Dr Bernard Brett, Chair of East of England Clinical Senate and Senate Council appointed Chair of clinical review panel.

3.3 A pre panel teleconferences to prepare panel members and discuss potential key lines of enquiry was held two weeks prior to the review panel.

3.4 The clinical review panel took place on 5 December 2018. The MSE STP team presented to the panel the context and summary of the further developments and evidence for the proposals.

3.5 Sections of the draft report were sent to clinical review panel members for review and confirmation of accuracy and to MSE team for review for points of accuracy.

3.6 The final draft of the report will be submitted to a specially convened meeting of the East of England Clinical Senate Council on 24 January 2019 for it to ensure that the clinical review panel met and fulfilled the Terms of Reference for the review and is then submitted to the commissioning body.

3.7 East of England Clinical Senate will publish this report on its website as agreed with the sponsoring organisation, the Mid and South Essex STP, in the Terms of Reference.

3.8 The East of England Clinical Senate would like to acknowledge the support and cooperation of the MSE team in bringing together these panels, with providing evidence in a timely way and programming the site visit on 12 April 2018. It would also like to congratulate the team on the evidence provided and professional presentations and responses to panel questions.

4 Summary of key findings

4.1 The panel thanked the MSE team for its presentation and open and honest approach to the questions from the panel that had helped clarify the evidence provided. The panel agreed that the MSE team had made significant progress in many areas since the review panels of April and May 2018.

4.2 The panel heard that there were on average approximately 960 attendances each day at Accident & Emergency departments across the three hospital sites – Basildon, Broomfield (Mid Essex) and Southend. Of those, around 300 patients a day on average were admitted to hospital from A&E. Under the proposals it was expected that around 15 additional patients would require specialist treatment from one of the other hospitals and so require a transfer between the hospitals, although it should be noted that a number of transfers already take place for specialist treatment.

4.3 The MSE team advised the review panel that since the Clinical Senate review panels in April and May, a Standard Operating Procedure had been signed off for the treat and transfer model, having been sensed checked by the Intensive Care Society of Great Britain and Ireland, with input from the East of England Ambulance Service NHS Trust.

4.4 With respect to the proposed transport service, discussions had taken place with interested Allied Health Professional staff wishing to be involved in the patient escort service and that a simulation training package for the service had been developed in collaboration with Guys and St Thomas' NHS FT. The formal procurement of the transport service infrastructure was in process. The panel confirmed that it was confident that the proposals for development of the transport service were robust but did raise some concern about the ability of the service provider to be able to recruit an adequate number of appropriately qualified and skilled staff.

4.5 The panel was advised that key performance and quality indicators were being designed including patient and carer experience measures.

4.6 The panel heard that since the last review panels significant progress had been made in IT to enable access to patient information across all three hospital sites. This included radiology images now being able to be viewed across all three sites, the tele-tracking patient movement and bed management system going live on all sites (allowing view of all patients and beds on every site) and the Acute Care Portal cross-site would go online in February 2019. There was also now agreement for an STP-wide shared care record after funding awarded by NHS England/NHS Digital.

4.7 The panel congratulated MSB Group on the progress on IT in the recent months.

4.8 The panel agreed that the case for change was strong; currently non-colorectal surgeons operated on colorectal emergencies (as is the case in many UK trusts), across the three hospitals there was significant variation in national emergency laparotomy (NELA) data, inconsistent emergency surgery ambulatory care (ESAC) and the inability to deliver NICE guidelines for hot laparoscopic cholecystectomy service (across the three hospitals).

4.9 In addition, despite having an elective Upper Gastro Intestinal (GI) centre at Broomfield Hospital (Mid Essex) it was not resourced or staffed to accept Upper GI emergencies from the full Mid and South Essex STP area. In addition, there was currently significant variation in patient outcomes for Upper GI surgery across the three hospitals. The panel also later heard, following questioning of the MSB team, that there was not a fully resourced specialist nutritional team to support the GI centre, although the team at Basildon & Thurrock Hospital (BTUH) was better resourced.

4.10 The panel was advised that under the proposed model the on-call rotas across three hospitals would be managed so there was always a colorectal surgeon on call in at least one of three sites to allow transfer of complex emergencies when necessary. Each hospital would provide a ‘hot laparoscopic cholecystectomy’ service with a standardised pathway to allow patients to be transferred between sites for emergency and prompt surgery, deliverable with one list a week at each site, with each on different days. An emergency surgery ambulatory care model (ESAC) would be developed and rolled out to avoid emergency admission across three sites.

4.11 The principal changes in the proposed emergency surgery model from current practice related to the Basildon Hospital site (BTUH), where after 8pm and before 8am, there would not be consultant cover specific to Basildon, with consultant on-call provided, in at least the near future, by surgeons at the Southend Hospital and Broomfield Hospital in Mid Essex with subsequent consolidation onto the one site. The panel noted that Basildon and Southend hospitals would be reliant on non-training middle grade / speciality doctors for overnight cover. The panel sought clarification that this role would not be provided by doctors on a current recognised training programme and this was confirmed by the MSB team.

4.12 For general surgical cover at BTUH following movement of colorectal emergencies / laparotomies, during the period 8am to 8pm there would be a Consultant General Surgeon on-site to assist as required in the assessment of patients and the decision to transfer.

4.13 The panel sought clarification that there would definitely be a second on-call surgeon at night covering the three main sites making up the MSB group. The MSE team confirmed that there would be a second on-call surgeon who would be within a 30-mile radius. MSE team also advised that all on-call surgeons would have the appropriate Royal College training and skills, and that training grades would not be on the night rota, nor would out of hours or weekends be covered solely by training grades.

4.14 The panel was also advised that the BTUH Consultant Surgeon of the day would be free of scheduled elective activity that day.

4.15 The panel was provided with detailed pathways for treat and transfer for BTUH general surgical patients out of hours which were raised at previous panels and information on the recent actual and potential likely numbers, which were both low.

4.16 The panel heard that interventional radiology services were currently only available Monday to Friday and recommended that this be reviewed as soon as practically possible in order to meet seven-day standards.

4.17 The MSE team clarified some points raised by the review panel in its pre- panel call on the paediatric surgery pathway, and confirmed that it would remain as now on all three sites.

4.18 Areas of concern raised on the pre- panel call and discussed with MSE team included the recruitment and retention of the middle grade workforce, senior (clinical) decision making process and governance and continuity of care of patients admitted between 8pm and 8am.

4.19 The panel heard of the recruitment and training plans for the middle grade specialty doctor workforce, but agreed that there needed to be continued focus to ensure that there was the ability to recruit, train and retain sufficiently suitably qualified, trained and experienced doctors at this level. The MSE team advised the panel that although training grades based at all three sites would be under a single trust, it recognised the need to be flexible in its approach to training; discussions had been had with Health Education England.

4.20 The panel also heard that whilst recruitment of nurses was not an issue for the Trust, retention was more of an issue and that it was trying to address this.

4.21 In response to its questions on clinical accountability and continuity of care of patients admitted between 8pm and 8am, the panel heard that the patient having been seen by the on call Consultant would come under the care of the (next) day time Consultant. The scenario for a patient presenting as a surgical emergency between 8pm and 8am assessed by a middle grade doctor but with no supported call with the off-site on-call Consultant was not however absolutely clear to the panel. The panel agreed that there needed to be clarity for both staff and patients on the clinical accountability, formal processes for continuity of care and patient hand-over.

4.22 The panel was advised that the MSB Group had plans to review the Upper-GI service including looking at a single site. The Trust recognised that that the current GI on-call arrangement was not sustainable in the long term and was

looking to recruit general surgeons with an interest in Upper-GI surgery as well as at least one additional Upper-GI cancer specialist surgeon.

4.23 The panel noted that a specialised nutritional support team was key to achieve optimum health for gastroenterology patients and recommended that the MSB Group ensure that they establish a complete and sufficiently staffed Nutritional Support team including appropriately skilled gastroenterology and surgical consultants, dietetic, pharmacist and specialist nurse staffing as part of the review of the GI service across the sites.

4.24 The panel heard detail of the independent audit and review carried out for the MSB Group by the Nuffield Trust[1] to provide supporting evidence for the proposals and address the concerns raised by the earlier clinical review panels. The review and audit included expert general surgical advice from Mr John Abercrombie, Getting It Right First Time[2] Lead for General Surgery and Royal College of Surgeons Council member. The review included workshops with colleagues from BTUH General Surgery, Emergency Medicine, Anaesthetics, Clinical Effectiveness and the East of England Ambulance Service NHS Trust in November 2018 to share advice on other models around the country, provide challenge and critique of the existing evidence and local plans.

4.25 The panel heard from Nigel Edwards, Chief Executive of Nuffield Trust, that the MSB Groups' model of care across multiple sites was one that many other hospital trusts across England were looking to develop. The panel recognised that, as an early adopter in the field of implementing such a model, it would prove difficult for the MSB Group to find substantial empirical evidence that would support (or not) the model. It recommended to the MSE team that it capitalised on that and continued to undertake and audit relevant data to develop robust evidence to demonstrate the success of the model that it could then share across the wider health system on a regional and national level.

[1] Proposed model of emergency general surgery, Nigel Edwards, Nuffield Trust November 2018

[2] Getting it Right First Time is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations.

4.26 The panel agreed that it was supportive of the proposals and confident that matters raised at earlier panels had been, or were continuing to be addressed by the MSE team.

4.27 Members of the review panel who had also been on earlier panels agreed that significant progress appeared to have been made by the MSB Group since the panels in April and May.

4.28 The panel congratulated the MSE team on its further work on developing evidence to support the proposals and building that into plans which were now more coherent. It was clear that the MSE team had involved a lot of people in relation particularly to the development of the transport proposals and had made significant progress on the IT support for care of patients.

5. Recommendations

5.1 Having heard the further evidence provided and discussed with the MSE team, the clinical review panel made the following recommendations:

Recommendation 1:

5.2 The panel recommended that the MSB Group accelerate the review of and strategy for, a single trust cross-site Gastroenterology Medical team and service to support the Gastroenterology surgical reconfiguration proposals. The Gastroenterology team should include senior Consultants for upper and lower GI services and a specialised multi-disciplinary nutritional support team to work across the three sites with a focus on the Mid Essex site.

Recommendation 2:

5.3 The panel recommended that the process for decision making, clinical accountability, patient hand over and continuity of care for patients admitted out of hours (weekends and between 8pm and 8am) should be documented and shared. This will ensure absolute clarity for staff and patients alike of the process and line of clinical accountability for those patients.

Recommendation 3:

5.4 The panel recognised that the MSE team acknowledged the challenge around workforce but wished to recommend that there was continued focus on a robust workforce strategy that included recruitment, training and retention of medical and non-medical staff. There should be particular emphasis on ensuring that there are sufficient numbers of well trained middle grade speciality doctors and nurses to support the out of hours working at the Basildon site, with an innovative and flexible approach to training and short, medium and long term strategies.

Recommendation 4:

5.5 The panel recommended that the MSB group carefully plans for robust prospective data collection with a view to publishing evidence of the implemented model to help support other health care systems with their planning both in the UK and word-wide.

Section end.

APPENDIX 1: Terms of Reference for the review

East of England Clinical Senate

East of England Clinical Senate

Stage 2 Assurance Review of proposals for emergency surgery for the

Mid and South Essex Sustainability & Transformation partnership

DATE: Wednesday 5 December 2018

Terms of Reference

Graphics removed to reduce file size

Version control – to be removed for final version

CLINICAL REVIEW: TERMS OF REFERENCE

Title: **Mid and South Essex Sustainability and Transformation Partnership (MSE STP)**

Sponsoring bodies: **Mid and South Essex Sustainability and Transformation Partnership (MSE STP)**

Terms of Reference agreed by: **Dr Celia Skinner**

Signature

Dr Celia Skinner, Chief Medical Officer, on behalf of Mid and South Essex Sustainability and Transformation Partnership (MSE STP)

And

Signature 

Dr Bernard Brett, East of England Clinical Senate Chair, on behalf of East of England Clinical Senate

Date: 14 November 2018

Clinical review panel members

Members of the clinical review panel sit in their own personal or professional capacity; they do not represent the opinion of their employing or professional body. All clinical review panel members sign an agreement of confidentiality and declare any (potential interests).

Clinical Review Panel members	
Dr Bernard Brett (Chair) Panel Chair	Chair of the East of England Clinical Senate, Bernard is Deputy Medical Director and a consultant in Gastroenterology and General Internal Medicine based at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust.
Joanne Douglas Panel Vice-chair	Chartered Physiotherapist, CEO Allied Health Professionals Suffolk CIC, Clinical Senate Council Member
Dr Jennifer Birch	Consultant in Neonatal Medicine and Neonatal Unit Clinical Director, Luton & Dunstable NHS FT. Clinical Senate Council member
Mr Filippo Di Franco	Consultant Surgeon, Associate Medical Director for Surgery Division Hinchingbrooke Health Care NHS Trust
Vicky Evans	Expert by Experience (Midwife)
Dr Emma Gent	Specialty doctor in Anaesthetics, Queen Elizabeth Hospital Kings Lynn NHS FT
Mr Nadim Noor	Consultant Vascular and General Surgeon, Bedford Hospital
Ragna Page	Practice Development Nurse Surgical, Queen Elizabeth Hospital Kings Lynn NHS FT
Mr Raaj Praseedom	Consultant Hepatobiliary, Pancreatic and Transplant Surgeon, Addenbrooke's Hospital
Caroline Smith	Expert by Experience
Dr Louise Scovell	Consultant Gastroenterologist, East Suffolk & North Essex NHS FT (Ipswich Hospital)
Hanna Stevens	Paramedic Trainer, East of England Ambulance Service NHS Trust
Dr Hazel Stuart	Consultant Anaesthetist, Medical Director, James Paget Hospital NHS FT
Mr Paul Tisi	Medical Director / Responsible Officer, Consultant Vascular Surgeon, Bedford Hospital (desktop review only)
Mr Richard Wharton	Consultant Surgeon (Colorectal) Norfolk & Norwich University Hospital NHS FT

Aims and objectives of the clinical review

As part of the Mid and South Essex STP, clinical leaders have been developing proposals for potential acute services reconfiguration which have been out to public consultation.

The proposals consider the clinical services provided by the three main hospitals within the STP footprint – Basildon & Thurrock University Hospitals NHS FT, Southend University Hospital FT and Mid Essex Hospital Services NHS Trust (Broomfield Hospital).

The over-arching aim of the work is to establish a model of care which helps to secure the clinical, financial and operational sustainability of the three hospitals and, where possible, to improve outcomes for patients by consolidating some clinical services. The clinical model has been developed and iterated over the last three years.

Scope of the review

Clinical Senate has to date reviewed the emerging proposals on six separate occasions:

- In June 2016 which focussed on the early emerging thinking.
- In October 2016 which considered in more detail the five potential configuration options that subsequently fed into the programme's formal options appraisal process.
- In September 2017, a review of changes to the proposed clinical models in response to feedback from public, stakeholder and clinicians prior to submission for NHS England Regional Assurance checkpoint review.
- Interim further review of the stroke pathway proposals on 17 October 2017
- In April 2018 the proposals for six clinical areas (Cardiology, Emergency Hub / Treat & Transfer, General Surgery, Gynaecology, Respiratory, Trauma and Orthopaedics, Urology and Vascular services) as part of the NHS England 'stage two' assurance check; and
- In May 2018 a follow up panel on the proposals for emergency surgery heard in April 2018.

One of the recommendations of the clinical review panel of May 2018 was that the STP should bring back to Clinical Senate its proposals for emergency surgical services, once further detailed work had been undertaken, in order that Clinical Senate be better assured on the model.

Scope of the review

The Mid and South Essex STP is a system wide programme encompassing prevention, primary, community, mental health and social care, acute reconfiguration, ambulance,

111 and out of hours services, locality development, frailty, maternity, cancer, end of life and dementia services. However the scope of this review is the proposals for emergency general surgery, focussing on those elements delivered in full or in part at Basildon Hospital as part of the surgical provision across the three sites. All other services are outside the immediate scope of this review, although any impact on those will be taken into consideration as they relate to the model of care for patients on emergency general surgery pathways particularly involving Basildon.

This review will consider further evidence and the further development of the proposals for emergency general surgery particularly focussed on the elements of care delivered at Basildon Hospital following on from the evidence previously considered by the clinical review panels in April and May 2018.

The STP has commissioned the Nuffield Trust with the Royal College of Surgeons' support, to undertake review and analysis of real patient data obtained from audit at Basildon Hospital (those presenting with a possible need for surgery/surgical review) that will provide additional evidence to support the proposed model. The Clinical Senate is being requested to review the detailed evidence provided, discuss this with members of the programme and make its comments and appropriate recommendations to the programme from its findings.

The central question Clinical Senate is being asked to address in this review is:

a. **Does the evidence provide sufficient assurance that the proposed model and patient pathways for emergency general surgery, particularly those involving Basildon Hospital, will be likely to result in safe and high quality services and outcomes for patients and improved outcomes for patients once implemented?**

Questions / issues that may help the panel include (but are not limited to):

- The principle of consolidating some inpatient services on a smaller number of sites as part of an acute emergency general surgical model of care.
- Observations on the proposed model of 'triage, treat and transfer' for some patients on an emergency general surgical pathway needing more specialist care
- The robustness of the clinical pathways/blueprints that have been developed and their monitoring / evaluation

- Observations on the anticipated patient flow and likely volumes where this relates to considering assurance on the safety and quality of the proposed model of emergency general surgical care.
- Observations on the access implications for patients of the proposed model of emergency surgical care.
- Observations on the workforce implications where related to the model of care for surgery.

When reviewing the case for change and options appraisal the clinical review panel (the panel) should **consider whether these proposals deliver real benefits to patients. The panel should also identify any significant risks to patient care in these proposals.** The panel should consider benefits and risks in terms of:

- Clinical effectiveness
- Patient safety and management of risks
- Patient experience, including access to services
- Patient reported outcomes.

Outside of the scope of this review

It is not the intended purpose of this clinical review panel to revisit other proposals already considered by earlier clinical review panels. The clinical review panel is not expected to advise or make comment upon any issues of the NHS England assurance process that will be reviewed elsewhere (e.g. financial elements of risk in the proposals, patient engagement, GP support or the approach to consultation). However, if the panel felt that there was an overriding risk this should be highlighted in the panel report. Questions that may help the panel in assessing the benefit and risk of the proposals include (but are not limited to):

- Is there evidence that the proposals will improve the quality, safety and sustainability of care? (e.g., sustainability of cover, clinical expertise)
- Do the proposals reflect up to date clinical guidelines and national and international best practice e.g. Royal College reports?
- Will the proposals reflect further the delivery of the NHS Outcomes Framework?
- Do the proposals uphold and enhance the rights and pledges in the NHS Constitution?
- Will these proposals meet the current and future healthcare needs of their patients

within the given timeframe of the planning framework (i.e. five years)?

- Is there an analysis of the clinical risks in the proposals, and is there an adequate plan to mitigate identified risks?
- Do the proposals demonstrate good alignment with the development of other health and care services, including national policy and planning guidance?
- Do the proposals support better integration of services from the patient perspective?
- Do the proposals consider issues of patient access and transport?
- Does the options appraisal consider a networked approach - cooperation and collaboration with other sites and/or organisations?

The clinical review panel should assess the strength of the evidence base of the case for change and proposed models.

Timeline

The clinical review panel will be held on 5 December 2018.

Reporting arrangements

The clinical review panel will provide a report to the Clinical Senate Council which will ensure the panel met the agreed Terms of Reference, agree the report and be accountable for the advice contained in the final report.

Methodology

The review will be undertaken by a combination of desk top review of documentation, a pre panel teleconference to identify the key lines of enquiry and a review panel meeting with the MSE STP team to enable presentations and discussions to take place.

Report

A draft report will be made to the sponsoring organisation for fact checking prior to publication. Comments/ correction must be received from the sponsoring organisation within **ten working days**.

Final report will be submitted to a specially convened meeting of the Clinical Senate Council 24 January 2019 to ensure it has met the agreed Terms of Reference and to agree the report.

The final report will be submitted to the sponsoring organisation following the Council Senate Council meeting of 24 January 2019. The sponsoring organisation forthwith becomes the owner of the report.

Communication, media handling and Freedom of Information (Act) requests

Communications will be managed by the sponsoring organisation. Clinical Senate will publish the report once the service change proposal has completed the full NHS England process, or at a time that is appropriate to the proposals. This will be agreed with the sponsoring organisation. The sponsoring organisation, as the owner of the report and any evidence and or data provided for the review, will be responsible for handling any formal requests for information under the Freedom of Information Act 2000, irrespective of whether the request is received by either the Clinical Senate or sponsoring organisation. (note: NHS England is the statutory body with responsibility for FOI requests received either directly or by the Clinical Senate and will be advised of all such requests received directly by the Clinical Senate and confirmation that the sponsoring organisation will be responding to the request).

Resources

The East of England Clinical Senate will provide administrative support to the clinical review panel, including setting up the meetings and other duties as appropriate.

The clinical review panel may request any additional existing documentary evidence from the sponsoring organisation. Any requests will be appropriate to the review, reasonable and manageable.

Accountability and governance

The clinical review panel is part of the East of England Clinical Senate accountability and governance structure.

The East of England Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring organisation, who are the owners of the final report.

The sponsoring organisation remains accountable for decision making but the clinical review panel may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

Functions, responsibilities and roles

The **sponsoring organisation** will

i. Provide the clinical review panel with the case for change in the relevant specialty, options considered and relevant background and current information, identifying relevant best practice and guidance. Background information may include, but noting the limited scope of this review in the context of prior Senate reviews for Mid & South Essex STP, may not fully require:

- relevant public health data including population projections, health inequalities, specific health needs,
- activity date (current and planned)
- internal and external reviews and audits,
- relevant impact assessments (e.g. equality, time assessments),
- relevant workforce information (current and planned)
- evidence of alignment with national, regional and local strategies and guidance (e.g. NHS Constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions, STP implementation plans).

The sponsoring organisation will provide any other additional background information requested by the clinical review panel.

ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy.

iii. undertake not to attempt to unduly influence any members of the clinical review panel during the review.

iv. be responsible for responding to all Freedom of Information requests.

v. arrange and bear the cost of suitable accommodation (as advised by clinical senate support panel) for the panel and panel members.

Clinical Senate Council and the sponsoring organisation will

i. agree the Terms of Reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical Senate Council will

i. appoint a clinical review panel this may be formed by members of the Clinical Senate Council and Assembly, external experts, and / or others with relevant expertise. It will appoint a Chair of the review panel

ii. endorse the Terms of Reference, timetable and methodology for the review

iii. consider the review recommendations and report (and may wish to make further recommendations)

iv. provide suitable support to the panel and

v. submit the final report to the sponsoring organisation

vi. forward any Freedom of Information requests to the sponsoring organisation.

Clinical review panel will

i. undertake its review in line the methodology agreed in the Terms of Reference
ii. follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
iii. submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The panel will subsequently submit final draft of the report to the clinical senate Council.
iv. keep accurate notes of meetings.

Clinical review panel members will undertake to

i. Declare any conflicts of interest and sign a confidentiality agreement prior to having sight of the full evidence and information
ii. commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology).
iii. contribute fully to the process and review report
iv. ensure that the report accurately represents the consensus of opinion of the clinical review panel
v. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the Chair of the clinical review panel and the Head of Clinical Senate, any conflict of interest that may materialise during the review.

End.

APPENDIX 2: Membership of the clinical review panel

Clinical Review Panel Chair:

Dr Bernard Brett

Dr Bernard Brett, Chair of East of engaldn Clinical Senate, is Deputy Medical Director and a consultant in Gastroenterology and General Internal Medicine based at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust.

Benrard has held several senior management posts over the last fifteen years including that of Medical Director, Responsible Officer, Deputy Medical Director, Divisional Director, Director of Patient Flow and Appraisal lead. He continues with an interest in Appraisal and Revalidation. Bernard has spoken at regional and national meetings on the topic of 7-day working and been an invited speaker on the topic of improving colonoscopic adenoma detection rates.

Panel Members:

Dr Jennifer Birch
Dr Jennifer Birch is a Consultant in Neonatal Medicine at Luton and Dunstable University Hospital NHS Trust and has been the NICU Clinical Director there since June 2013. Her clinical special interests include neonatal nutrition, Necrotising Enterocolitis and other neonatal gastrointestinal conditions and she is a member of the national neonatal nutrition network. She successfully completed an MSc in Healthcare Leadership and received the NHS Leadership Academy Award in Senior Healthcare Leadership in June 2017. She is the Neonatal lead for Bedford, Luton and Milton Keynes Local Maternity System and is one of two Midlands and East representatives at the Neonatal Critical Care Clinical Reference Group.

Joanna Douglas
Jo is Chief Executive Officer, Allied Health Professionals Suffolk CIC. She has led the service throughout its journey to form a social enterprise. She is a Chartered physiotherapist and continued with an element of clinical practice until recently. She has 35 years of NHS experience and has senior management level experience within the NHS for the past 15 years, working in a variety of clinical and organisational settings. Jo has been a Clinical Senate Council member since 2013.

Dr Emma Gent
Worked as a specialty doctor in Anaesthetics at Queen Elizabeth Hospital King's Lynn since 2010. Emma has an interest in preoperative assessment and improving communication between primary and secondary care. After a secondment as a research fellow she became the local lead for the 'Perioperative Quality Improvement Programme' and is currently working to improve the local management of preoperative anaemia.

Ragna Page
Practice Development Nurse at The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust. At this time her remit includes the International Nursing Programme, Mandatory Staff Training, Preceptorship for newly registered nurses and AHP's, Trust wide IV Medications Study days and the Trust's Venepuncture & Cannulation programme.

More recently she has been seconded to be a member of the pilot cohort of the Health Education East of England Non Medical Quality Improvement Fellows. Ragna was immensely honoured to have her project, Improving the Emergency Care Pathway for Patients, formally recognised with a 2nd prize by Heath Education East of England out of all the Quality Improvement Fellows Projects for that year.

Caroline Smith
Worked as a registered dietitian in the NHS for 23 years before retiring on the grounds of ill-health. She has secondary progressive MS. Caroline is a lay member of the MS Trust Forward View Project and a member of the East of England Citizens' Senate and the Bedfordshire neurological network.

Mr Paul Tisi
Appointed as a Consultant Vascular and General Surgeon in 2001 at Bedford Hospital with outreach sessions at Luton & Dunstable Hospital. With development of the vascular service the unit evolved into a regional designated arterial intervention centre. After undertaking a number of internal leadership roles he was appointed as Medical Director and Responsible Officer in 2016. His clinical practice is now predominantly in treatment of venous disease. He is one of the two Midlands and East representatives on the national Clinical Reference Group for Vascular Surgery. He is also an Editor for Cochrane Vascular.

Karen Smith
A Registered Nurse and Health Visitor with a wide range of experience from over 35 years in the NHS. She was a Clinical Quality and Patient Safety Manager and the Regional VTE Programme Lead for the East of England SHA which became an exemplar organisation for the prevention of venous thromboembolism in 2010. She also worked with Kings College Hospitals VTE Exemplar Network as its manager, helping to develop the Nursing and Midwifery sub-group and to promote learning and sharing of best practice.
Karen's most recent role has been Head of Patient Safety and Clinical Effectiveness at the two Suffolk Clinical Commissioning Groups, as a member of the Chief Nursing Officer team. She recently retired from this post and remains passionate about continuing to support the enhancement of quality and patient safety and the continuous improvement of services.

Mr Raaj Praseedom
A Consultant Hepatobiliary, Pancreatic and Transplant Surgeon at Addenbrooke's Hospital, Cambridge since August 2000. He was the East of England Lead for Hepatobiliary Pancreatic services from 2000 to 2014. Currently Raaj is the Living Donor Liver Transplant Lead at Addenbrooke's Hospital.

He is the East of England representative on the National HPB CRG since the reorganisation of NHS England and also represents Liver transplantation in the National Transplant Commissioners Group. Raaj's other interests lie in post graduate surgical training and serve as the Regional Training Programme Director and Member of the National Specialist Accreditation Committee.

Hanna Stevens
Employed by the East of England Ambulance Service for ten years and currently working at the Chelmsford Training Centre as an Education and Training Officer. She is responsible for the delivery of core clinical training to existing staff and new employees of varying clinical grades. Hanna is a registered paramedic and still regularly works in the frontline operational setting in the South East Essex area. Hanna is an experienced practice educator and thoroughly enjoys supporting new and existing staff to provide a high level of patient centred care in the pre-hospital environment.

Dr Hazel Stuart
Hazel is a Consultant Anaesthetist with an interest in Intensive Care Medicine, and medical Director at the James Paget University NHS Foundation Trust in Gorleston. She has had an interest in leadership for many years and has held a variety of posts within the Trust including Transformation Lead, Deputy Medical Director and is also a Caldicott Guardian.

Hazel has been a member of the clinical reference group for Hyperbaric Medicine commissioning and has an interest in diving medicine. In 2016 she completed the Nye Bevan programme and received a NHS Leadership Academy award in Executive Healthcare Leadership. She has an interest in reflective learning and collaborative working, and is an Honorary Senior Lecturer at the University of East Anglia where she is involved mainly in teaching final year medical students in their emergency medicine module.

Mr Richard Wharton
A colorectal surgeon at the Norfolk and Norwich University Hospital, having been in post since 2004. He trained in London, including the Royal Marsden and St. Marks'. Richard's research interests include colorectal cancer and circulating tumour cells. He is an honorary senior lecturer at the University of East Anglia and he is currently the Clinical Director of Directorate of General Surgery at the NNUH.

Clinical Senate Support Team:

Brenda Allen	East of England Clinical Senate Project Officer
Sue Edwards	East of England Head of Clinical Senate, NHS England

APPENDIX 3: Declarations of Interest

All panel members were required to declare any interests. With the exception of Dr Louise Scovell who declared her role as Chair the of the Essex Network Site Specific Group for Oesophago-gastric (NSSG for OG) cancer that routinely referred to the Broomfield team for its cancer patients. It was agreed that this was not considered to be a conflict that require Dr Scovell to be excluded from the review panel and that it was appropriate for Dr Scovell to participate. All other panel members claimed to have no a) Personal pecuniary interest b) Personal family interest c) Non-personal pecuniary interest or d) Personal non-pecuniary interest.

End.