

## **Appendix 5.3: Internal and external assurance arrangements (Path to Excellence Phase 1a)**

Version 1.2	Draft – to be updated to include any further assurance obtained prior to decision-making
June, 2017	

## 1.0 Introduction and purpose

This document outlines the internal and external assurance arrangements for Phase 1a of the Path to Excellence Programme. It describes the clinical assurance applied within the programme governance arrangements, together with the external assurance sought, both from a clinical and non-clinical perspective, to ensure optimal proposed service changes and a best practice service change process.

## 2.0 Internal assurance and governance

The programme has established a clear governance structure to ensure that potential solutions put forward by the clinical design teams (as described earlier in this section) in each of the services are reviewed and scrutinised prior to sharing with NHS England (NHSE) preceding public consultation. The table below sets out the role of the key groups within that structure.

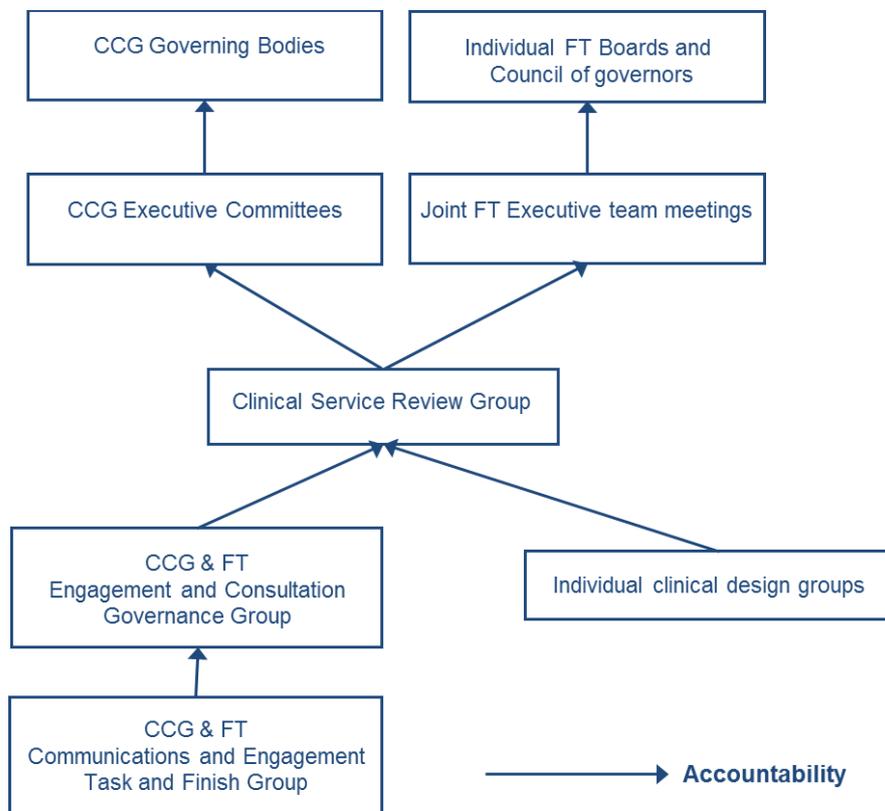
**Table 2-1: Outline of responsibilities for the different groups that make up the PtE programme.**

Group	Responsibility
Clinical Service Review Group (CSRG)	This is the key decision-making and leadership group for the PtE programme. The role of the group is to review existing clinical services and potential reconfigurations and make recommendations on the future configuration of services based on the work of the clinical design groups. In doing this also develops a strategic plan in relation to clinical services that covers the populations of South Tyneside and Sunderland and the organisations of South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust.
PtEP Communications and Engagement Governance Group	The purpose of this group is to act as a strategically focused group to manage and oversee the development and implementation of the engagement and consultation process (and related dialogue activity with the public) to support the successful delivery of service transformation arising from the Clinical Service Review programme.  The group will have delegated authority to act from the South Tyneside and Sunderland Healthcare Group Board as well as South Tyneside and Sunderland Clinical Commissioning Groups to ensure clarity of roles and responsibilities during the listening and consultation development and implementation processes. This delegated authority will also avoid unnecessary delay to activity that may otherwise be incurred whilst seeking permission to act on day to day matters related to engagement and consultation regarding the Clinical Service Review programme.

Communications & Engagement Task and Finish Group	As described in section 4.2 of the Pre-Consultation Business Case (PCBC), the Task and Finish Group is responsible for the operational delivery of the communications and engagement strategy. More specifically the purpose of the Group is to develop and deliver communications, engagement, marketing and patient experience plans to support the delivery of the PtEP which is being undertaken as part of the South Tyneside and Sunderland Healthcare Group.
Clinical Design Teams	As described in appendix 5.1 of the PCBC, the Clinical Design Teams, with support from the programme manager, are responsible for reviewing their respective service and coming up with a range of potential solutions that improves the sustainability of the acute services across South Tyneside and Sunderland. The CSR reports produced by the teams are reviewed and scrutinised by the CSRG.

Figure 2-2 shows how the different groups fit together.

**Figure 2-2: Governance structure and relationships between key groups associated with the PtEP.**



### 3.0 External clinical assurance

While the options proposed for change within this document have been developed and refined by clinicians across both provider and commissioner organisations, the Path to Excellence programme recognises the importance of seeking external clinical input to provide objective, critical challenge to both the proposals and the change process. Attempts have therefore been made to obtain views and opinions from a range of regional clinical networks and national clinical leads specific to the services that have been prioritised for change.

Responses from external clinical experts are summarised in the impact assessment within the relevant sections of the PCBC. Networks and individuals contacted include:

- North of England Cardiovascular Network
- NHS England National Clinical Director for Stroke, Professor Tony Rudd
- Maternity clinical leads from the North of England Maternity Network
- Nominated, non-conflicted members of the North of England Child Health Network
- North of England Neonatal Network
- North of England Critical Care Network

The process of obtaining external clinical assurance is ongoing as the proposals and clinical models may evolve as the views of local stakeholders are heard and carefully considered during and after consultation. The Path to Excellence Programme may therefore seek further external clinical input as and if required in order to ensure the CCGs are informed as possible as they make their final decision.

Further independent clinical assurance has also formed part of the NHS England service change assurance process that is embedded in national service change guidance and to which CCGs have a statutory duty to pay due regard. Medical and nursing professionals from within NHS England's Cumbria and the North East (CNE) Director of Commissioning Operations' were be part of a clinical and non-clinical panel which reviewed phase 1a of the Path to Excellence proposals, prior to NHS England and NHS Improvement reaching an assurance position on the CCGs' plans to progress to consultation. NHS Improvement's North East and Cumbria Team also reviewed the change proposals as part of this process, as did Health Education North East representatives.

## **4.0 External non-clinical assurance**

### **4.1 Consultation Institute Input**

The programme's non-clinical elements of service change will be externally scrutinised by the Consultation Institute<sup>1</sup>, as is outlined in section 4 of the PCBC. This will specifically focus on ensuring that the engagement and consultation processes are in line with best practice.

The local approach will be subject to a Consultation Institute quality assurance assessment, including a rigorous examination of pre-consultation activity to ensure that all the legal, policy, and best practice work have been observed. NHS partners value the positive challenge of such a well-respected body and recognise that external assurance can make a difference to its response profile and credibility.

The Consultation Institute will undertake a mid-point review during the planned public consultation to identify if any further process improvements can be made that will add value to the final decision-making process. The Consultation Institute will also be invited to independently observe a post-consultation, pre-decision workshop where the governing bodies of both CCGs and members of the South Tyneside and Sunderland Hospital Group will review consultation feedback and evaluate the scenarios in light of this.

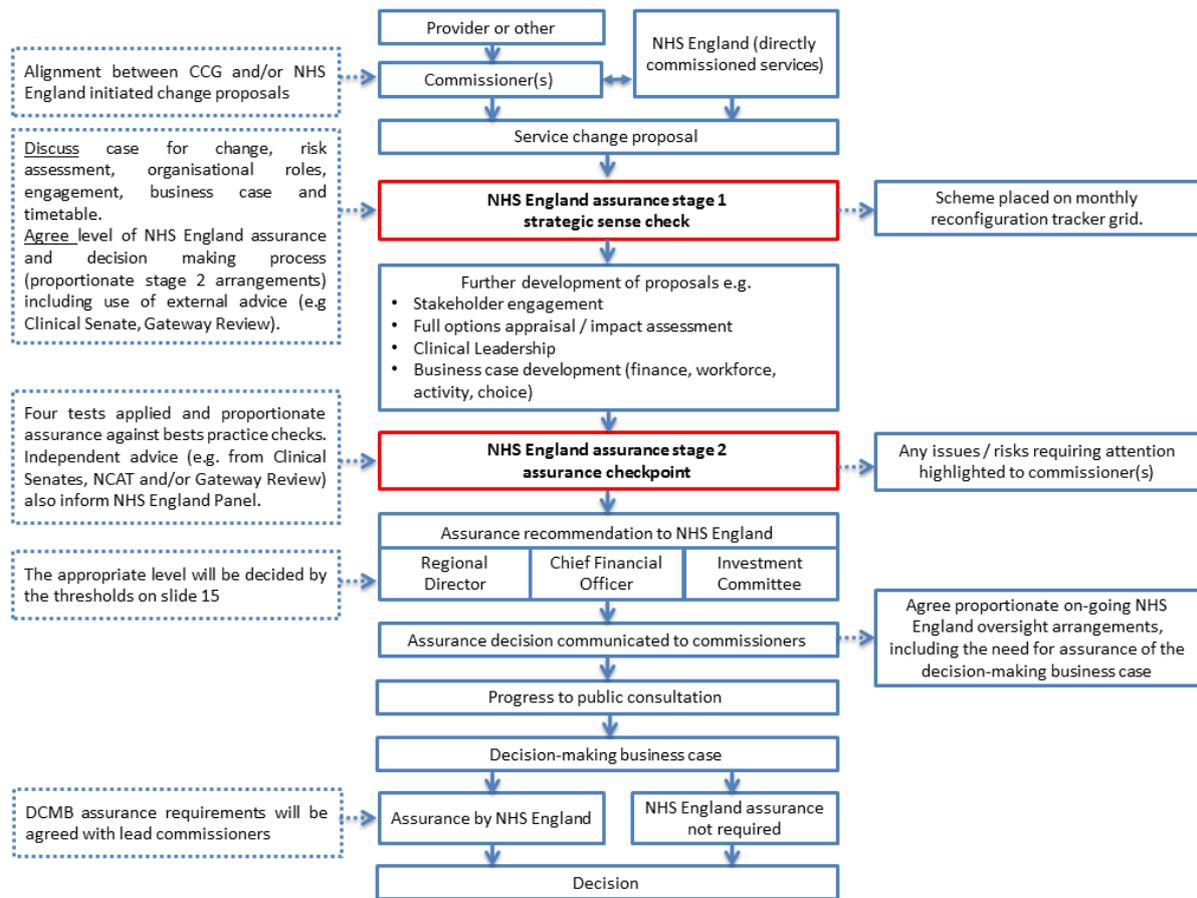
### **4.2 NHS England and NHS Improvement assurance**

Non-clinical assurance has also been externally sourced through the application of the national service change assurance process, executed jointly by NHS England and NHS Improvement's (NHSI) respective Cumbria and the North East delivery teams. The process is set out in national guidance 'Planning, assuring and delivering service change for patients' (NHS England, 2015) and provides an additional layer of checks and balances to all significant service change proposals to ensure their suitability to progress to formal consultation. All service change proposals within phase 1a of the Path to Excellence programme were therefore reviewed by a multi-disciplinary NHSE and NHSI panel as part of the second stage of a two or three-stage process to ensure the strategic alignment, clinical and financial sustainability, and safety of the proposals, together with assessing compliance with statutory requirements and evaluating the impact on patients and the wider health and care system. The NHSE assurance process is outlined in figure 4-1.

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<sup>1</sup> <https://www.consultationinstitute.org/>

**Figure 4-1: NHS England service change assurance process.**



Only service change proposals which fully or partially satisfy a range of service change assurance criteria receive NHSE support to move to public consultation. This PCBC received a ‘partially assured’ position from NHS England’s Northern Regional Director and Director team in April, 2017, with support to progress to public consultation on the proviso that a few elements of outstanding assurance were given both pre-consultation and pre-decision. NHS England’s full written assurance position can be found in supporting documents.