

South East

Clinical
senate

2023-2024
Annual Report

May 2024

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Foreword

Welcome to the South East Clinical Senate Annual Report for 2023-24, the second annual report since the merger of the former Kent Surrey Sussex and Hampshire Thames Valley Clinical Senates. The report describes the activities and independent clinical advice we have provided across health and care systems during this period.

This past year should have marked how our learning and transformation driven by the accelerated technology development and innovative and collaborative ways of working following on from the pandemic has been translated into imaginative service redesign and reconfiguration. Whilst that remains a desired aspiration the year has seen a reduction in terms of assurance work. Systems have been constrained by challenges related to Covid-19 pandemic recovery, industrial action, service pressures affecting all areas of our healthcare system and workforce, and the need for our new Integrated Care Systems to bed in and become established. However, that has afforded us some space in which to undertake a number of proactive projects and we have published on a variety of subjects related to clinical senate work. These are detailed within this report.

We have also continued to refresh council membership and add to our senate assembly during the year and more recently we have finally appointed a vice-chair, Dr Sally Smith, to give us greater flexibility and independence where required in the future. We are also extremely proud of the work that the clinical senate has undertaken during the period of the report and the contributions made to the wider systems both in our region and further afield through collaborative working. As a Clinical Senate we are also taking time to reflect on how we change and adapt to the changing world of integrated care systems and continue to support services at different stages of development to enable us to be even more responsive to the demands of the health and care system. The expertise of our council members, review panels and wider assembly has never been more important, and we give our heartfelt and sincere thanks to all of those who give their time and support to our work.



Paul Stevens

South East Clinical Senate Chair

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South East Regional Clinical Senate Role and Function

The Clinical Senate works collaboratively to provide a source of strategic, objective advice and leadership to support systems to deliver the best health and care outcomes for patients, their families and communities. We do this by:

- Providing independent clinical advice on major service change to support the NHSE assurance process

Acting as a clinical critical friend across the South East region

- Enabling leadership development
- Supporting learning and sharing across systems regionally and nationally
- Through our strong patient and public partnership model.

The Senate is chaired by Dr Paul Stevens (Consultant Nephrologist and former Medical Director) and vice chair, Dr Sally Smith (Registered Nurse). The Head of Senate is Emily Steward (Registered Nurse and Midwife). The Senate Council and Assembly consist of multiprofessional health and social care leaders and patient and public partners. We are a non-statutory body aligned to the NHS England South East Regional Medical Director.

While there are other sources of independent clinical advice (Royal Colleges and specialist societies for example), Clinical Senates stand out as established advisory bodies that can bring together independent multi-disciplinary expertise and experience, together with patients and public partners and at no additional cost to the local NHS commissioners, Trusts or systems.

Independent clinical advice for major service reconfiguration

Clinical Senates are an enabler of the regulatory function of NHS England major service change assurance. The merger of the two senates in the South East region has enabled us to furnish both independent clinical and patient and carer advice without conflict of interest or bias, together with local knowledge and organisational and system memory. The South East Clinical Senate convenes Expert Review Panels to conduct independent formal reviews of proposed service reconfigurations to ensure they comply with NHS England's key tests for service change.

Acting as a clinical critical friend across the South East region

The Senate Council provides a clinical reference group to quickly test with a representative set of clinical leaders proposed courses of action and obtain rapid feedback on whether these are likely to yield successful outcomes and to enable rapid consensus of key issues of concern.

Enabling leadership development

The Clinical Senate plays a major role in building clinical leadership. Our position in the NHS landscape is unique with very positive and wide-reaching relationships across health and social care. Clinical Senates provide fertile opportunities for clinical leadership development, as this is the nature of their function, focus and outputs. Participants in Clinical Senate work get excellent experience of system-based thinking with real life examples. During the course of this year the Senate's Faculty of Medical Leadership and Management (FMLM) fellow successfully completed her time with us having led the production of two major reports that have been well received both nationally and regionally. Over the coming year we will be supporting a new clinical fellow, a Public Health trainee, to work on key projects informing the work of our Council and Expert Review Panels in conjunction with regional public health.

Supporting learning and sharing across systems regionally and nationally

The South East Clinical Senate has a huge resource in the pooled expertise of its members. It provides a platform for sharing that expertise within the Senate, regionally (through its proactive work and reports) and nationally (between Senates and systems). This year the South East Senate has taken the lead in organising the National Senate meetings and we have also been in demand from other senates to present the recent work we have completed, in particular the work on sustainability and co-dependencies.

Strong patient and public partnership

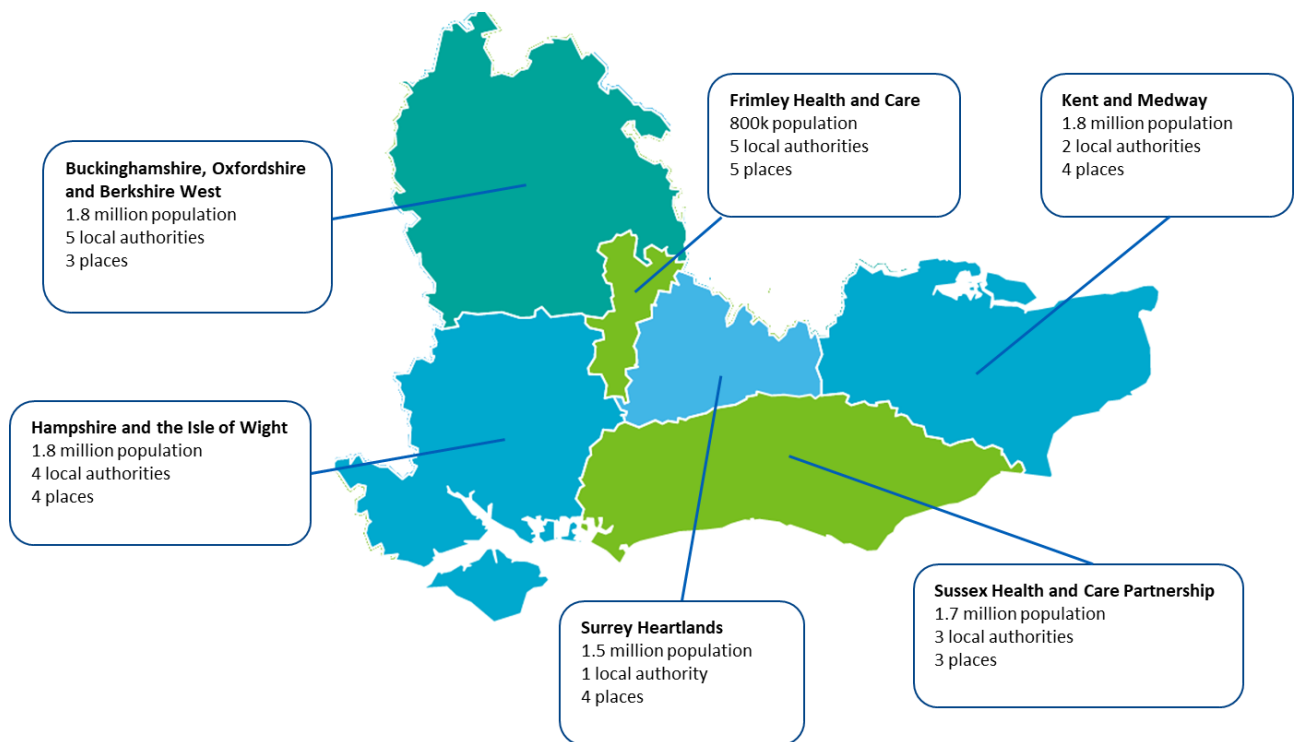
The Clinical Senate has a strong patient and public partnership (PPP) model which is integral to the work of the Clinical Senate. Their involvement provides the Council and Expert Review Panel's with a highly valued patient voice and service user insight which is essential for the successful design and review of healthcare services. Senate PPP members are also active contributors to our proactive work publications.

Our Population

The Office for National Statistics latest (January 2023) estimates of the size of the South East population are 9,278,100¹ people. The South East Clinical Senate comprises the six Integrated Care Systems (ICSs), Kent and Medway, Sussex, Surrey Heartlands, Hampshire and the Isle of White, Buckinghamshire West, Oxfordshire and Berkshire, and Frimley. Since their inception in 2013, Clinical Senates have established trusted and

¹ [Office for National Statistics data](#)

credible relationships with local stakeholders within their specified geographies. These relationships have developed alongside the commissioning and regulatory landscape. The recent Health and Care Act 2022 saw Integrated Care Systems (ICSs) placed on a statutory footing and introduced new powers for the Secretary of State to intervene in service reconfigurations. ICBs and other commissioners are required to notify the Secretary of State of any new proposals for substantial service changes at the point that the relevant Overview and Scrutiny Committee confirms it wishes to be formally consulted. The Secretary of State will also be able to use new powers to ‘call in’ proposals for any service change (not just those that are notifiable) and take or retake any decision that the commissioner could have taken. In the new guidance Clinical Senates remain uniquely placed to act as sources of clinical leadership and impartial advice to support the region’s ICBs and other stakeholders to make the best decisions about health and care for their populations. Our advice may be provided, or be relevant, to a number of different bodies within the health and care system including commissioners, providers, local government, improvement bodies and regulators at a system and place.



Our council and assembly members are health and care social leaders and patient and public partners from across the South East region. For more information on council and assembly members please visit our website <https://secsenate.nhs.uk/>.

Expert Panel Reviews

The Senate has provided advice and support to enable the NHS England major service change assurance process. Our expert review panels consist of health care professionals and patient and public partners. Senate expert panel review members maintain an objective and impartial view, openly declaring conflicts of interest and respecting the need for confidentiality.

Examples of expert review panels undertaken by the South East Clinical Senate this year and updates on 2022/23 reviews are provided below.

The centralisation of section 136 Health Based Places of Safety (HBPoS) in Kent and Medway

Mental health services are required to develop inter-agency crisis care pathways in accordance with local resources, geography, pattern of service delivery and population need. These pathways must ensure that a mental health crisis is treated with the same urgency as a physical health emergency and that people are treated with dignity and respect, in the appropriate therapeutic environment.

Every day, people in mental health crisis need our public services to respond quickly to protect them and keep them safe. These services save lives but to do so police officers, paramedics, mental health nurses and doctors and the Approved Mental Health Professionals must work together in response to mental health crises. As part of their improvement work for the Mental Health Urgent and Emergency Care (MHUEC) pathway NHS Kent and Medway are working with system partners to improve the Section 136 Pathway and Health Based Places of Safety (HBPoS), a critical component of the MHUEC. A health-based place of safety is a space where people detained and transported under Section 135/136 (S135/136) of the Mental Health Act can be managed safely while an appropriate assessment is undertaken by a psychiatrist and an approved mental health professional (AMHP).

The South East Clinical Senate were requested by the NHS England regional reconfiguration assurance team to review proposals aimed at improving the experience and outcomes for patients through creation of a centralised HBPoS service for Kent and Medway. The improvement work addresses workforce, estate and facilities, access to assessment and reduction in the period of detention in a HBPoS.

The report can be downloaded here: [Centralisation-of-s136-HBPoS-in-KM-Report-Final.pdf \(secsenate.nhs.uk\)](#)

Proposed changes to children’s specialist cancer services principles Treatment Centre serving Brighton and Hove, East Sussex, Kent and Medway, South London and most of Surrey

Over the past 15 years national guidance documents and reports, and two reviews of services within London have been published with relevance to the configuration of services for children with cancer.² These culminated in the review by Professor Sir Mike Richards that recommended that all Principal Treatment Centres (PTCs) must be co-located with a Paediatric Intensive Care Unit (PICU) and other specialist children’s services.

A new service specification for PTCs was published by NHS England in November 2021,³ reflecting Professor Sir Mike Richards’ recommendations and sets out the requirements that the reconfiguration needs to meet.

The November 2021 service specification for Principal Treatment Centres was published alongside a specification for Paediatric Oncology Shared Care Units⁴: Together these two specifications set out a vision for coordinated children’s cancer care of the highest standard, balancing the PTC centre of excellence with closer access for families to effective, well-established, clinical shared care sites. It is this vision that London wishes to implement and informs the service change proposals in the Pre-Consultation Business Case (PCBC). PTCs are expected to drive forward continued improvement for children’s cancer care across their networks.

This was a joint review undertaken by the London and South East Clinical Senates to reflect the fact that the service change proposed impacts the populations in south east London and the South East region. The joint Clinical Senates’ review panel found that the proposals were grounded in evidence and best practice as outlined by Sir Mike Richards’ report on PTCs and subsequent service specifications. They also identified several recommendations as the team move forwards which are detailed in report.

The report can be downloaded here: [London-and-SE-Clinical-Senates-Review -Proposed-changes-to-childrens-specialist-cancer-services-Principal-Treatment-Centre-Report-v.-Final-19072023.pdf \(secsenate.nhs.uk\)](https://www.secsenate.nhs.uk/~/media/1746-principal-treatment-centres-service-specification-.pdf)

² Improving Outcomes in Children and Young People with Cancer (NICE 2005); Commissioning Safe and Sustainable Specialised Paediatric Services (Department of Health 2008); South London Paediatric Oncology: NCAT review (2011); London Paediatric Oncology Review (2015); On the Right Course? (2018)

³ [1746-principal-treatment-centres-service-specification-.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/~/media/1746-principal-treatment-centres-service-specification-.pdf)

⁴ [1746-paediatric-oncology-shared-care-unit-service-specification-.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/~/media/1746-paediatric-oncology-shared-care-unit-service-specification-.pdf)

Expert panel review 2022/2023 updates

West Sussex Stroke Transformation

The Clinical Senate was asked to review the acute clinical model options which were to be presented to the public for consultation and the supporting pathways such as prevention, early supported discharge, and six-month review / life after stroke for each of the options.

The programme has progressed significantly and is moving into the implementation stage.

Hampshire Together: Modernising our Hospitals and Health Services

The Hampshire Together Modernising our Hospitals & Health Services (MoHHS) programme asked the senate to review the business case for the reconfiguration of acute care across Hampshire.

Capital funding has now been confirmed. The restrictions placed on the programme with regards to maternity and emergency services were removed. The scheme has completed its consultation.

Both the West Sussex Stroke and Hampshire Together programme teams have kindly agreed to attend council meetings in 2024 to provide the council with any further updates and to share learning from the senate reviews.

Proactive Work

The Clinical Co-dependencies of Acute Hospital Services

The first edition of this document was produced in response to a major focus on the future role of acute hospitals. That focus has not diminished over the intervening period and the acceleration of new and different ways of working driven by the COVID-19 pandemic and technological advances such as stroke thrombectomy has prompted a fresh look at what services we provide from acute hospitals, how we provide those services, and how they might be provided differently in the future. Acute hospitals continue to need to better integrate their function with the local community and primary care services, deliver high quality, safe and accessible inpatient care to their populations with a wide range of general and specialist needs, whilst also finding novel and innovative solutions to the growing backlog of elective care.

The South East Clinical Senate has undertaken a review of the evidence base and the previous clinical consensus view of critical service inter-dependencies for acute inpatient

services. The aim was to signpost where the framework for commissioners' future discussions with stakeholders on how their hospital infrastructure is configured might have changed since 2014. The report provides an update of the comprehensive clinical review of the inter-dependencies between a wide range of acute hospital-based services. In line with the remit of clinical senates, the report provides independent, clinical advice, with significant patient and public involvement. As a generic report that is not county or region-specific, it is hoped that it will prove valuable to integrated care systems (ICSs) and providers throughout the country.

Whilst there are many factors that will need to be considered in hospital configurations, the clinical relationships, and dependencies of hospital-based services on each other is key, whatever their size.

The suite of reports produced as a result of this work includes the main report, a summary document and an allied report 'Teaching, Training and Research: Workforce Considerations for Major Service Change'.

The reports can be downloaded here: Main report - [The Clinical Co-Dependencies of Acute Hospital Services: A Clinical Senate Review \(secsenate.nhs.uk\)](https://secsenate.nhs.uk/~/media/Secsenate/Reports/2023/06/06/060623-Report-01-01-2023-The-Clinical-Co-Dependencies-of-Acute-Hospital-Services-A-Clinical-Senate-Review.pdf) Summary report - [The-Clinical-Co-Dependencies-of-Acute-Hospital-Services-Final-Summary-of-What-to-Find-in-the-Main-Report.pdf \(secsenate.nhs.uk\)](https://secsenate.nhs.uk/~/media/Secsenate/Reports/2023/06/06/060623-Report-02-01-2023-The-Clinical-Co-Dependencies-of-Acute-Hospital-Services-Final-Summary-of-What-to-Find-in-the-Main-Report.pdf)

Teaching, Training and Research: Workforce Considerations for Major Service Change

The report is an adjunct to, and complements, our update of The Clinical Co-Dependencies of Acute Hospital Services report. Service delivery can never be considered in isolation. Education, training, and research are integral to delivery of quality services and by extension to service change and reconfiguration.

This report comes at a time when the NHS has undergone profound changes in response to the COVID-19 pandemic and is both recovering and restructuring whilst also responding to significant workforce challenges. We are heavily indebted to those who have contributed to the report's preparation and review. They have reminded us of the importance of workplace-based learning to diminish the gap between theory and practice, the crucial importance of linking training, education and research to service delivery, and the significant gaps that exist in time, resource, and facilities to support these essential activities.

The report can be downloaded here: [090124-Teaching-Training-and-Research Workforce-Considerations-for-Major-Service-Change-Final.pdf \(secsenate.nhs.uk\)](https://secsenate.nhs.uk/~/media/Secsenate/Reports/2023/06/06/060623-Report-03-01-2023-090124-Teaching-Training-and-Research-Workforce-Considerations-for-Major-Service-Change-Final.pdf)

Putting People at the Heart of Service Change

Co-production is becoming increasingly relevant and manifest within healthcare; planning, design, implementation, review, evaluation and of course research. The National Institute for Health Research (NIHR) and other major national funders of health and social care research require patient and public involvement (PPI) to be meaningful; non-tokenistic, integrated throughout protocols and involving people with relevant lived experience and diversity. The ethical argument for people to be involved in service change is clear; ‘nothing for us without us’, but PPI and co-production can offer so much more than a means of attaining moral virtue. People with real world experience of health conditions and services, including the family and friends of patients and other carers, form a missing piece of the informational jigsaw required to be able to piece together and complete the picture of what may be the best option for service change in terms of meeting the needs of end user and other stakeholders. Co-production has been positioned as the gold standard for PPI; requiring equitable power-sharing in decision making and other processes related to planning and assessing options for service change. There is no one blueprint for what might work best in a given set of circumstance in enacting co-production. Trial and error has been evidenced as the best way to learn,⁵ and no one should be afraid of not getting co-production right every time. We all live and learn. However, much can be learnt from instances where co-production has been carried out. This report provides many valuable and informative cases of co-production in action and what has been achieved as a consequence of enabling people with lived experience to be equitable team members.

The report can be downloaded here: secsenate.nhs.uk/wp-content/uploads/2024/02/Putting-people-at-the-heart-of-service-change-report-v.-Final-.pdf

Patient Access to Healthcare Records

The South East Clinical Senate is currently undertaking a project looking at patient access to (electronic) healthcare records (EHRs) reviewing the current evidence and the status of patient access across the South East.

The report seeks to describe some of the relevant published evidence to date relating to patient access to EHRs including both patients and HCPs perceptions; the current status of patient access in the South East region; what is achievable now and what could be achieved in the future; what patients want; the obstacles, risks and benefits (including digital exclusion); areas for research and recommendations for the future.

To enable and enhance this work we are engaging with patient groups across the South East and with key colleagues within the region and nationally in primary care and digital transformation.

⁵ [Thorndike's Trial and Error Theory | Learning | Psychology \(psychologydiscussion.net\)](https://www.psychologydiscussion.net/learning/theory/Thorndike's-Trial-and-Error-Theory-Learning-Psychology)

National and Regional Work

New Hospital Programme

Paul Stevens, Senate Chair, has been the National Senate chairs' representative on the Clinical Steering group of the New Hospital Programme since the end of 2021 when it first came into being. This has enabled senates to keep abreast of what is being proposed and also contribute clinicians from up and down the country to the expert reference group reviewing the evidence base for the programme together with patient partners from our patient and public forums. The aims of the programme link in with areas that are commonly part of senate review Key Lines of Enquiry such as innovative use of technologies and sustainability. The programme looks to create new 'intelligent' hospitals that are one aspect of a broader system that links in with home care, primary care and community care. These hospitals are envisioned to be models that change the way the NHS delivers care within the acute hospital setting, not just new physical hospital buildings. A standardised approach is adopted to ensure that each organisation realises the full benefits of the national programme that is seeking to improve quality and safety of patient care; improve the health and wellbeing of staff; advance digital capability; address health inequalities; and ensure efficient and effective delivery of services through transformation and innovation.

Systems Transformation Team – Effective Approaches to Workforce Modelling in Major Service change

Emily Steward, Head of Senate, joined this national and regional working group last year. The work is now complete and can be accessed via the [Service Change FutureNHS Workspace](#)

This resource combines guidance, research, reports, and good practice for teams undertaking large scale reconfigurations in the NHS, to help them to navigate the most effective approaches to workforce modelling and signpost them to the resources they need to make their service change a success.

East of England Senate – Virtual wards task and finish group

Emily Steward, Head of Senate, was a member of this group that was established to bring together opinion from clinicians and experts by experience to develop a template covering the factors Senates should consider when evaluating a virtual service with particular reference to the NHS England assurance test 5.

The [outcomes report](#) was published in December 2023, it provides a definition of virtual wards and identifies key themes Senates should be considering as part of a clinical review which have a virtual ward element to them.

NHS Confed Expo 2023

In June 2023, the East of England, North West and South East Clinical Senates hosted a stand at NHS Confed Expo. NHS Confed Expo is an annual conference that typically attracts in-excess of 4000 people, bringing together clinicians, directors, heads of service and senior leaders planning and delivering care for patients and communities to collaborate and learn. Our principal objective was to raise awareness of the role and function of Clinical Senates within the wider health and care landscape.

Clinical Senate colleagues spoke to over 100 people from different areas of health and social care, including commissioners, clinical professionals, Kings Fund, lawyers involved in judicial review, strategy leads, voluntary and social enterprise representatives. These connections have resulted in a number of speakers being invited to senate council meetings and/or development days.

Clinical Fellow Projects

Last year our clinical fellow Rachel Bracegirdle wrote the report, 'Embedding healthcare sustainability in major service change'. This was extremely well received both in our region and nationally. Following its publication Rachel participated in a [podcast](#) discussion with regional and national colleagues on the importance of including sustainability in NHS service change processes in order that the NHS can meet its ambitions for climate targets. We received invitations to present at 4 of our sister senates, which generated rich discussions with their council members on next steps on how to embed this work in service change.

Health Inequalities within the South East region through a service change lens

Service reconfiguration is a window of opportunity to drive forward the delivery of fair and equitable care. Both service providers and commissioners have a responsibility to support the triple aim of improving quality of care, reducing health inequalities across communities, and delivering the best value care.⁶ Particular consideration has been given to coastal

⁶ NHS England. (2023) 2023/24 priorities and operational planning guidance. Available online from <https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>

communities within this report as they experience significant health inequalities and there are a large proportion of ICBs within the South East which serve coastal communities.

The report is a guide for systems and senate council and review panel members. It is designed to inform their approach to assessing the extent to which inequalities in the system have been understood and considered within a given case for change. In guiding the Clinical Senate, the report also shares good practice in how health inequalities may be addressed and in doing so is an extremely useful adjunct for systems to also use as they develop their proposals. Planning healthcare services should always begin with a detailed understanding of the population for which those services are being developed and yet all too frequently this has fallen short of truly understanding the inherent inequalities. The report describes the areas for Systems to consider with links to rich sources of further information and resources interwoven throughout.

Rachel was invited to speak last October at a national Major Service Change Learning Network session. Over 90 people attended the session which provided the opportunity to engage and learn more about health inequalities when reconfiguring services.

Public Health Trainees

Clinical Fellows and Trainees placed with the Clinical Senate have the unique opportunity to work and interact with regional and national senior leaders and clinical specialists. The experience allows them to develop networks across a wide range of health and care systems. We will be supporting a new clinical fellow, Johanna Kaminer, a public health trainee, as part of a collaboration with our regional public health colleagues. She will be working on a project, 'Enabling Improvement and Reducing Inequalities in Hypertension and Cholesterol Detection and Management in South East England'.

Cardiovascular Disease (CVD) is a leading cause of mortality and morbidity with 1 in 4 deaths in England caused by CVD, totalling over 140,000 deaths annually, or 390 per day.⁷ It is the biggest driver of health inequalities in the South East and is the leading cause of the life expectancy gap of 7.2 years between the most and least deprived quintiles in males and 5.4 years in females.

This work will take approximately 6 months and will contribute to the coordinated, joined up approach to reducing inequalities and improving quality in hypertension and cholesterol detection and management, across the South East.

⁷ Raleigh, V., Jefferies, D., & Wellings, D. (2022, November 11). Cardiovascular disease in England: Supporting leaders to take actions. The King's Fund. <https://www.kingsfund.org.uk/insight-and-analysis/reports/cardiovascular-disease-england#:~:text=Preventability,disease%2C%20and%20Covid%2D19>

Senate Council Meetings

In addition to attending to senate business council meetings there is an opportunity to network and learn. We have had a number of external speakers this year whose presentation topics have included, community safer staffing tool, pre-consultation engagement best practice, clinical research and education, sustainability, the Folkestone, Hythe & Rural Primary Care Network hub operating model, health inequalities, homelessness and inclusion health. Topics are chosen to contribute to council members' knowledge and learning both professionally and in their roles as expert review panel members. All speaker presentations are CPD accredited.

While the majority of our meetings are held on MS Teams, we have one in-person whole day meeting a year. It is clear council members find the opportunity to meet in this way highly valuable. The recent March 2024 face to face council provided an opportunity to meet colleagues in person and network. The evaluation showed that everybody thought the day was a highly valuable use of their time and that their knowledge had significantly increased through their attendance.

Testimonials

Below are examples of the feedback we have received from Systems and colleagues we have worked with this year.

Senate colleagues worked alongside us in a constructive way to help us get a lot of value out of the Joint Senate Review. It was very helpful to have the opportunity to meet with the joint chairs who also provided constructive and helpful feedback to support the Senate's recommendations. The lines of enquiry generated by the Senate were thought provoking and it was helpful to get a blend of feedback from senate panel members with a range of different expertise'.

(Programme Director NHS England – London Region)

'The [Clinical Co-dependencies of Acute Hospital Trusts] reports will be very useful as planning guides which concur so well with the ICS approach to health and care provision.'

(Senate Council Member)

'I feel I have developed and grown in confidence with...understanding of the wider context of the NHS and the different roles within the NHS...working independently, self-managing my own time... I have really appreciated this freedom as I am aware this autonomy is an important quality for a leader.'

(FMLM Fellow)

Looking Ahead

Requesting South East Clinical Senate advice outside the NHSE assurance process

To continue to meet the needs of health and care systems we are refining our independent clinical advice offer outside the NHSE assurance process. In addition to our NHSE assurance work the South East Clinical Senate is able to provide support in a number of ways:

- Early advice to systems at the beginning of their transformation work, help with thinking through clinical strategy ideas and wicked problems, acting as a critical friend to add rigour and test out ideas.
- Early advice in transformation processes that do not yet meet the threshold for a major service change (but may or may not have the potential to do so in the future).
- Providing a review and assessment of key strategy documents. This can be particularly helpful where the outcome may prove contentious and thus an external strategic sense check would be valuable.

Significant value is added by the Senate's ability to tailor its approach dependent on the situation, avoiding a one size fits all approach. Emily Steward, Head of Senate, is very happy to discuss the individual needs of an organisation/system. Please contact her via england.clinicalsenatesec@nhs.net.

Acknowledgements

Our work would not be possible without the dedication and expertise of our council and assembly members who give their time and knowledge to support systems to improve the health and care outcomes for service users, their families, and communities.

We are also very grateful for the time and expertise of the speakers who have presented at council meetings this year:

- **Professor Kevin Davies, Deputy Clinical Director Kent Surrey Sussex LCRN, Emeritus Chair of Medicine, BSMS**
- **Professor Jo Szram, Postgraduate Dean, Kent Surrey Sussex NHSE**
- **Dr Paul Sadler, Postgraduate Dean, Wessex and Thames Valley NHSE**
- **Rachel Bracegirdle, Clinical Fellow, South East Clinical Senate**
- **Sindie Clark, Deputy Director for Primary Care Transformation – Proactive Care**
- **Dr Francis Mortimer, Medical Director, The Centre for Sustainable Healthcare**
- **Cath Richards, SusQI Programme Lead, The Centre for Sustainable Healthcare**
- **Dr Aravinth Balachandran, GP Partner, Oaklands Health Centre, Clinical Director, Folkestone, Hythe and Rural Primary Care Network**
- **Andy Gove, Digital Transformation Manager, Folkestone, Hythe and Rural Primary Care Network**
- **Richard Anderson, Assistant Director for Access, Capacity and Demand and Primary Care Network Innovation**
- **Helen Bell, Programme Manager, South East Clinical Senate**
- **Sarah Markham, Patient and Public Partner, South East Clinical Senate**
- **Julian Daley, Expert by Experience, Pathway**
- **Alex Bax, Chief Executive, Pathway**
- **Gareth Corser, Managing Director NHS Elect**

Get in Touch

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