



East of England
Clinical Senate

East of England Clinical Senate

Annual Report 2023



Foreword

Welcome to the East of England Clinical Senate Annual Report which covers the period 01 January 2023 to 31 December 2023.

The history of the NHS is one of challenge, but also of progress and innovation, and its 75th anniversary year, was no different. Health Education England formally merged with NHS England in April 2023, following the merger of NHS Digital and NHS England in January to form a single collaborative organisation. However, NHS England's associated recruitment freeze, implementation of a voluntary redundancy scheme and the consultation on Creating a New NHS England through new roles and structures, has meant a year of uncertainty for many staff, which will continue into 2024.

2023 was a relatively quiet year for Clinical Review Panels as Integrated Care Systems continued to refine their ambitions and embed new structures, while health care providers concentrated on recovery plans to address post-pandemic backlogs. 2023 also saw unprecedented levels of industrial action which further challenged NHS organisations, staff, and patients. Nevertheless, the East of England Clinical Senate was pleased to continue to provide early-stage independent clinical advice on several initiatives to improve patient outcomes across the region. Council Members were also given opportunities to explore key priorities for health and social care such as Health Inequalities and Virtual Wards, through the establishment of Task and Finish Groups looking at embedding these principles into formal Clinical Reviews.

After many years in critical care nursing and various senior leadership roles prior to joining us as Head of Senate in 2020, Mary Parfitt celebrated 40 years' service in June 2023 and took well-earned retirement. We would like to take this opportunity to formally thank her once again for all her hard work and dedicated support to the Senate during the challenges of the COVID-19 pandemic and, indeed, her loyal service to the wider NHS. The Senate Council join us in wishing her a long, happy, and healthy retirement.

Sincere thanks are also due to all Senate Council and Assembly Members, clinicians, staff, patient and public voice partners and stakeholders, for their time, expertise, and commitment to the work of the Clinical Senate throughout 2023.



Dr Bernard Brett, Chair



Dr Sunil Gupta, Vice Chair



Role and Function of the Clinical Senate

Clinical Senates across England were established in 2013 to provide independent, free, expert clinical advice and strategic guidance to commissioners to support service reconfiguration or transformation and deliver the best health and care outcomes for people and their communities.

In each region, Clinical Senates bring together health and care professionals from a wide variety of health, public health, and social care settings. Combined with the highly valued participation of patients and carers, this unique range of experience and clinical or non-clinical knowledge enables the Senate to give a fresh and impartial view of proposals at any stage of their development by acting as a critical friend.

In addition to convening bespoke expert Clinical Review panels to inform proposals for transformational service change, including formal clinical assurance to NHS England in readiness for consultation, Clinical Senates also work collaboratively to:

- Facilitate cross-system working.
- Foster a culture of clinical leadership and shared learning.
- Build and maintain constructive national and local relationships.

The East of England Clinical Senate consists of a [Clinical Senate Council](#) and a wider Clinical Senate Assembly.

Members can come from the full range of health organisations, professions, and care settings, including voluntary and social enterprise organisations delivering health and care, Local Authorities, the UK Health Security Agency, Health Innovation Networks (formerly Academic Health Science Networks) and the Royal Colleges. Patient, public and carer representatives are an integral part of the Clinical Senate, and their unique perspectives and experiences help us to ensure co-production and engagement are incorporated into all the work we undertake.

The Clinical Senate Council is a small multi-professional steering group which includes a number of Patient and Public Voice representatives, senior clinicians and professionals, recruited for their credibility and experience. Clinical members are not appointed to represent their organisations or professional bodies, ensuring that impartiality remains one of the key strengths of the Senate. Following a selection process, members are appointed for a period of office of 3 years, which may be extended for a further 3 years, subject to agreement by the Senate Council, are expected to attend four Council Meetings per annum and participate in Clinical Reviews and workstreams as appropriate to their skills and experience.



The Clinical Senate Assembly is a diverse multi-professional membership forum that provides the Council with access to experts from a broad range of health and care professions and settings. Membership of the Assembly encompasses the 'birth to death' spectrum of NHS care, both clinical and non-clinical, and includes patient, carer, and public representatives, our 'Experts by Experience'. Members are self-nominated, and membership is indefinite. We always welcome applications to join the Senate Assembly and further details can be found either on the [Senate website](#) or by emailing: england.eoeclinicalsenate@nhs.net

Clinical Senate Management Team

Led by an independently appointed Chair, the Senate Council co-ordinates the business of the Senate; maintains a strategic overview to ensure alignment across our region and is responsible for the formulation of trusted clinical advice, working with the broader Senate Assembly.

Dr Bernard Brett, Clinical Senate Chair

Dr Bernard Brett MB, BS, BSc, FRCP, Advanced Medical Manager (BAMM) is Interim Medical Director and a consultant Gastroenterologist at the Norfolk and Norwich University Hospitals NHS Foundation Trust, and also works at the James Paget University Hospitals NHS Foundation Trust.

Bernard has held the post of Chair of the East of England Clinical Senate since July 2014 and has chaired more than fifteen independent Clinical Review panels.

Dr Sunil Gupta, Clinical Senate Vice-Chair

Sunil is a GP in Essex, a GP Trainer, and an Examiner for the Royal College of General Practitioners. He is on the UK Council of the Royal College of General Practitioners and is an Associate Postgraduate GP Dean for Health Education East of England.

Sunil has been on the East of England Clinical Senate Council since 2013 and Vice Chair since 2017.

The Clinical Senate also has a small support team who manage and co-ordinate all the Senate's activities.

Head of Clinical Senate Currently Vacant (Mary Parfitt: January to June 2023)

Project Officer Elizabeth Mabbutt

Project Officer Christina Wise



Senate Council Advice

Providing opportunities for collaboration and leadership to inform and support service development at any stage is a core function of the Clinical Senate. However, we are also always pleased to undertake pro-active thematic clinical reports to support system priority areas within the East of England region. For example, during 2023, two workstreams considered Health Inequalities and Virtual Wards in depth and developed checklists for use by Clinical Senate Review Panels. In addition, Senate Council also provided advice to Mid and South Essex Integrated Care Board (MSE ICB) regarding their Clinical Governance and Assurance Processes:

1. East of England Clinical Senate Council – Health Inequalities Workshop Outcomes Report (published June 2023)

In June 2022 the East of England Clinical Senate was delighted to invite clinicians from across the region to attend a workshop to learn about health inequalities from a national and regional perspective, the five key Core20PLUS5 (Adults) areas of health inequality, and how health inequalities can be improved in the East of England. This discussion forum was aimed at raising awareness of the Core20PLUS5 programme, exchanging ideas and experiences to increase understanding of existing disparities, and to explore how healthcare could be targeted and delivered more effectively in five key clinical areas:

- Annual Health Checks for people with Severe Mental Health Issues
- Early Cancer Diagnosis
- Chronic Respiratory Disease
- Maternity & Perinatal Care
- Cardiovascular Disease

Following subsequent publication of the Children & Young People (CYP) Core20PLUS5 approach to reducing health inequalities in December 2022, in June 2023 Senate Council received a presentation from Dr Mary-Anne Morris, Senate Council Member, Paediatric Consultant and Clinical Director, CYP Transformation Programme, and Kirsty Goddard, Programme Manager, CYP Transformation Programme, NHS England - East of England. This adaptation identifies and targets five clinical areas requiring accelerated improvement to specifically improve outcomes for children and young people:

- Asthma
- Diabetes
- Epilepsy
- Oral Health
- Mental Health



Given the importance of reducing Health Inequalities for all age groups, the Clinical Senate plans to revisit this work with a further workshop in 2024. In the meantime, we hope our June 2022 [Health Inequalities Outcomes Report](#) will prove of interest.

2. East of England Clinical Senate Council – Virtual Wards Task & Finish Group Outcomes Report (published December 2023)

This report and checklist were developed in response to an approach from the Regional Virtual Ward Team and a presentation to the Senate Council in June 2022 from Dr Martin Hawkings, Head of System Improvement – Virtual Wards, East of England Clinical Quality Directorate. A Virtual Wards Task and Finish Group was subsequently established and brought together opinion from clinicians and Experts by Experience to develop a template of domains for consideration when Senates undertake an independent Clinical Review which has a Virtual Ward element. October 2023 data shows that the East of England region has 1,553 Virtual Ward beds, which is equivalent to three acute hospitals, with an occupancy rate of 85.5 per cent. The Clinical Senate fully supports the development of Virtual Wards and considers them to have great potential benefits for patients and staff, so please read the [Virtual Wards Outcomes Report](#).

3. Mid and South Essex Integrated Care Board (MSE ICB) – Clinical Governance and Assurance Processes for the Future Configuration of Community Inpatient Beds (published December 2023)

The Senate Council were pleased to support MSE ICB by carefully reviewing a comprehensive suite of supporting evidence. Council subsequently confirmed that MSE ICB's Clinical Governance and Assurance Processes were followed for the Pre-Consultation Business Case (PCBC) for the future configuration of Intermediate Care and Stroke Rehabilitation Community Beds, the location of the freestanding Maternity Led Birthing Unit and the transfer of residual Ambulatory Services from the St Peter's Hospital site in Maldon. The Senate Council also made a number of suggestions regarding the proposals, which can be found in the [Feedback Letter](#).



Clinical Review Panels

The following Independent Clinical Review Panels were convened in 2022 and the Senate was pleased to publish the associated reports in 2023:

Norfolk & Waveney Integrated Care System (ICS) Clinical Strategy (August 2022) Published April 2023

The East of England Clinical Senate undertook a desktop Independent Clinical Review to provide early-stage advice and an objective appraisal of the Norfolk & Waveney ICS/ICB System Clinical Strategy, to be used in the further development of major transformational programmes of work.

Mid and South Essex (MSE) Community Inpatient Beds (April 2022) Published April 2023

The Clinical Senate supported Mid and South Essex Health and Care Partnership by providing independent clinical advice on their proposals for the future configuration of community inpatient beds resulting from the urgent service changes made in response to the COVID-19 pandemic. The programme was focused on community beds and had three distinct strands: intermediate care, stroke rehabilitation and sub-acute frailty.

Historic Publications

In addition to the above, the Senate secured permission from the following commissioning organisations to publish historic review reports which had been long delayed by organisational and personnel changes, combined with the COVID-19 pandemic:

Bedfordshire Hospitals Vascular Hub (October 2021) Published July 2023

The Bedfordshire Hospitals NHS Foundation Trust (BHFT) asked the East of England Clinical Senate to undertake an early-stage review of its proposals for a change in vascular hub location within BHFT. The Panel made several recommendations for the Trust to consider as they move to further develop and implement the proposal.

West Herts Hospitals NHS Trust (September 2020) Published July 2023

The Clinical Senate was asked to review the West Hertfordshire Hospitals NHS Trust plans for investment in their estate; recognising the potentially detrimental impact on the delivery of safe, effective, responsive and efficient care resulting from the existing environment and three-site model (Watford General Hospital, St Albans City Hospital and Hemel Hempstead Hospital).



Princess Alexandra Hospital (November 2018) Published July 2023

The East of England Clinical Senate was approached by Princess Alexandra Hospital Trust (PAH) to undertake a review of proposals for an out of hospital model as part of new build hospital proposals on the Princess Alexandra Hospital site in Harlow.

(Please note that publication of this report was long-delayed and PAH's early-stage plans have developed significantly in the interim.)

All the above reports can now be found on the [Publications and Advice](#) page of the Senate website. Any additional work undertaken during 2023 will be published at a date agreed with the sponsoring organisation.

Senate Council Development

In addition to its business meetings in March, June and September 2023, the Senate organised two face-to-face development sessions in Cambridge and were delighted to be joined by East of England ICS Medical Directors, Directors of Nursing and Directors of Strategy (or their deputies) in January and November. The Senate Council would also like to thank all our guest speakers for giving up their valuable time, their interesting presentations and for stimulating so many meaningful discussions.

23 January 2023

Workforce, Service Change and Senate Support for ICSs

Redesigning the Future Workforce: Senate Council Member, Anna Morgan, MBE, and her colleague Sudeep Dhillon from Workforce Challenge Partners facilitated the workshop and will share their report with Senate Council.

The wider strategic importance of this topic was illustrated by publication of the first ever [NHS Long Term Workforce Plan](#) in June 2023 which sets out the short, medium and long-term priority areas of recruiting and retaining staff, training and new ways of working, including technology at local, regional and national levels, to improve staff experience and patient care.

Supporting Effective Service Change in an Evolving Landscape: Jo Medd, Programme Manager, Service Change System Transformation Team, NHS England

How the Clinical Senate can help ICBs to develop in the East of England – Sharing Best Practice: Dr Bernard Brett, East of England Clinical Senate Chair and Karen Watts, Director of Nursing and Quality, NHS Norfolk and Waveney Integrated Care Board.



07 November 2023

Equality, Diversity & Inclusion and Service Change Development (1/2 day each)

Leadership for Inclusion: Professor Anton Emmanuel, University College London

Healthy Life Expectancy in the East of England: Dr Marilena Korkodilos, Deputy Regional Director, Office for Health Improvement and Disparities and NHS England

Armed Forces Community Update: Dr Andy Griffiths OBE, Deputy Medical Director, Norfolk & Waveney Integrated Care Board

Role of Local Government in the process of Service Reconfiguration in the NHS: Dr Nik Johnson, Mayor of Cambridge & Peterborough

Putting People at the Heart of Service Change: Jonny Williams, Stand Consultancy

New Hospitals Programme and Stage 3 Assurance: Simon Wood, Director of Strategy and Transformation, NHS England, East of England

Council Members Survey

Council Members were invited to complete a survey covering their involvement and views on the work of the Senate, the administration, frequency, format, content and length of meetings/Clinical Reviews and suggestions for future work programmes, topics and speakers. Members expressed positive experiences, highlighting benefits such as networking opportunities, learning from diverse perspectives, and contributing to meaningful projects. Several members shared positive testimonials, recommending the Clinical Senate as a valuable platform for professional development, learning about healthcare systems, and contributing to discussions on healthcare quality. For example:

- "Being a part of the Clinical Senate has allowed me to express patients' and NHS users' views, knowing they have been heard. The experience also provides valuable insights into wider NHS issues."
- "The work undertaken is diverse, always keeping equity for all patients at its heart. The fellowship of peers and the learning achieved through the Senate have been incredibly rewarding. It's a chance to contribute to new projects and pathways while enjoying the networking opportunities and the support of like-minded professionals who share a common goal of improving healthcare."
- "Participating in a clinical review has been a humbling experience, allowing me to immerse myself in various perspectives, from patients to providers. I highly recommend the Clinical Senate as a fantastic way to bring your unique professionalism to the table, learn about yourself, and gain a deeper understanding of the systems we work within."



16 out of 31 Council Members responded to the survey and their helpful comments will be fed into the Senate's work programme and planning for future development activities. Further details, including the suggested topics for potential exploration, can be found in Appendix A.

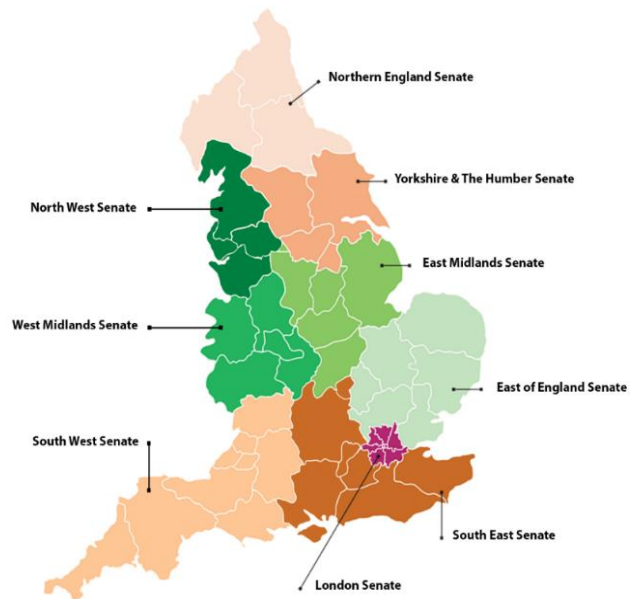
Work with Regional Senates

The nine Clinical Senates across England are committed to working collaboratively as they recognise that some issues impact across more than one Clinical Senate region.

For example, in June 2023 the [National Clinical Senates Advice and Review Log](#) was launched as a "one stop shop" for all the work published by the Clinical Senates since their inception in 2013.

This represents an extremely useful information resource for a wide variety of clinical pathways and service reconfigurations via a search function which can be used to find reports based on one or more of the following:

- The Clinical Senate which undertook the work
- The type of work completed; for example clinical review or advice
- The type of service; for example 'stroke', 'urgent and emergency care', 'acute reconfiguration'



Also in June 2023, the East of England, North West and South East Clinical Senates joined together to host a stand at NHS Confed Expo in Manchester aimed at raising awareness of the role and function of Clinical Senates. While Clinical Senates are well known within the NHS England assurance space regarding major service change, our experience suggested that wider health and care system colleagues are less aware of the value we can add to service transformation proposals at any stage of their development.





Representatives from each of the three Senates attended the two day event and spoke to over 100 people, some of whom have already engaged with Senate Councils as guest speakers and others have confirmed their willingness to do so next year.

L – R: Helen Bell, Caroline Baines, Pam Bailey, Emily Steward, Mary Parfitt and Elizabeth Mabbutt

Evaluation of this initiative confirmed that this forum provided an ideal opportunity to reach a wide range of clinicians, commissioners, voluntary sector and social care partners and we are actively building on these new relationships. Therefore, we hope to exhibit again on a future occasion.

Looking Forward

The Clinical Senate anticipates that the Government’s £20 billion investment in the “New Hospitals Programme” will generate a significant number of proposals for service change across the region in the coming years. The East of England will benefit from seven new hospitals by 2030 and the following have already been prioritised due to the significant amount of reinforced autoclaved aerated concrete they contain: West Suffolk Hospital, Bury St. Edmunds, Queen Elizabeth Hospital, King’s Lynn, James Paget University Hospital, Great Yarmouth and Hinchingsbrooke Hospital near Huntingdon.

In the shorter term, the Department of Health and Social Care have laid down the necessary statutory instruments to commence new powers for the Secretary of State to intervene in reconfigurations under Schedule 10A of the NHS Act 2006 (as amended by the Health and Care Act 2022). Publication of the Ministerial Intervention Powers is imminent since these will commence on 31st January 2024. However, it is currently understood that the key changes will be:

- NHS commissioning bodies’ duty to notify the Secretary of State of notifiable reconfigurations will apply.
- Local Authorities will no longer be able to make new referrals to the Secretary of State under the 2013 regulations.



- 'Call-in' requests can be submitted to the Secretary of State by Health Overview and Scrutiny Committees or individuals from this date. The DHSC expects these only to be used in exceptional situations where local resolution has not been reached.

The impact of these changes on the role of Clinical Senates is expected to be minimal, but they will remain key players in service transformation processes and liaise with NHS England's regional reconfiguration leads to ensure that systems are fully supported.

In the coming year the East of England Clinical Senate plans to undertake a wide variety of work including:

- Revisiting the Health Inequalities work undertaken in 2022.
- Develop and implement a strategy to strengthen relationships with the six East of England Integrated Care Systems/Boards.
- Separate initiatives to recruit a substantive Head of Senate and members to both the Senate Council and Senate Assembly to ensure appropriate representation from patient public volunteers, all professional groups, and geographic areas.
- Provide specific training opportunities for Senate Council and Assembly members through targeted development days.
- Modernisation and upgrading of the East of England Clinical Senate website, ensuring compliance with public sector accessibility, inclusivity, and data protection standards.

For more information, please contact us via

email: england.eoeclinicalsenate@nhs.net

or visit our website: <https://www.eoesenate.nhs.uk/>



APPENDIX A

Senate Council Survey Results

16 out of 31 East of England Council Members responded to the survey and 100% recommended joining the Clinical Senate.

Suggested Future Topics and/or Speakers

Staff Perspectives and Workplace Learning:

Explore the issues faced by healthcare staff and discuss ways to make it easier to have learners and apprentices in the workplace.

Waiting Times and Patient Experience:

Examine how waiting times are evolving and delve into the patient experience during these wait times.

Population Health Interventions:

Explore interventions suggested by population health needs and assess whether they are meeting the needs of the population.

Learning from COVID Experiences:

Reflect on lessons learned from the recent experiences of dealing with COVID-19 and discuss how these can contribute to future planning. Invite Public Health to discuss outcomes and effects of COVID.

Clinical Tests and Pathology Developments:

Stay updated on developments in clinical tests and pathology, exploring the latest advancements and their implications.

National Institute for Health Research (NIHR) Changes:

Discuss changes within the NIHR and their potential impact on healthcare.

Integrated Care Board Development and Future Services:

Have an expert explain the further development of Integrated Care Boards beyond the settling-in year, particularly focusing on how they will take on more services currently nationally or regionally commissioned and funded.

Equality, Diversity and Ethics:

Continue to prioritise talks on equality and diversity, keeping these crucial aspects high on the agenda. Additionally, explore the ethics of policymaking, especially in the context of large strategic decisions.



Workforce Morale and Wellbeing:

Investigate workforce morale and wellbeing, acknowledging the challenges faced by healthcare professionals and potential strategies for improvement.

Mental Health Transformation:

Explore the transformation of mental health services and its implications for both acute and community physical health.

Funding of NHS Services:

Delve into the elements of the funding cycle and its impact on service delivery, considering regional planning, Integrated Care Boards, providers, service users, and understanding efficiency in service provision.

Updates from Districts/Regions:

Request updates from distinct Integrated Care Boards districts or regions to gain insights into local developments, challenges, and successes. Potential speakers: Directors of Adult and Children's Social Services

Testimonials for Clinical Senate Membership

"Joining the Clinical Senate has been an invaluable experience for me. Engaging in discussions with subject matter experts has provided profound insights into clinical developments and potential changes. The platform also offers opportunities to advocate for service users, making a meaningful impact. Since becoming a member, my strategic thinking has been further developed, and the networking opportunities have been fantastic. Participating in a clinical review has been a humbling experience, allowing me to immerse myself in various perspectives, from patients to providers. I highly recommend the Clinical Senate as a fantastic way to bring your unique professionalism to the table, learn about yourself, and gain a deeper understanding of the systems we work within."

"Being a part of the Clinical Senate has allowed me to express patients' and NHS users' views, knowing they have been heard. The experience also provides valuable insights into wider NHS issues. This forum offers a unique opportunity for colleagues from different sectors and specialisms, including patients, to meet and share experiences in an informal yet professional environment. It's a chance to contribute to the scrutiny of quality and excellence in healthcare while learning about wider NHS issues."

"The Clinical Senate has broadened my perspective of the NHS beyond my own organization and area of expertise. It provides a unique opportunity to meet and share experiences with colleagues from different sectors. The environment is both informal



and professional, creating a space for networking and learning about the wider healthcare landscape. Being a part of the Senate allows for exposure to a diverse range of contributors in healthcare provision, fostering new ways of thinking that can be applied to the day-to-day job. It's an excellent platform for better understanding national and regional work."

"The work undertaken is diverse, always keeping equity for all patients at its heart. The fellowship of peers and the learning achieved through the Senate have been incredibly rewarding. It's a chance to contribute to new projects and pathways while enjoying the networking opportunities and the support of like-minded professionals who share a common goal of improving healthcare."

Panel Reviews

69% confirmed that they had been able to participate in a Clinical Review Panel

- Council members agreed they were given adequate time to review papers in advance of pre-meetings and panel review meetings.

36% would prefer Clinical Review Panels to be conducted face to face

70% agreed that a site visit would be beneficial

Council Meetings and Development Days

81% confirmed they had been able to attend at least three Council meetings over the previous year

- Conflicting commitments was the primary reason for being unable to attend meetings. Alternating the days on which Council meetings are held was welcomed but it was noted that not everyone would be able to make the same date.
- Frequency of Council meetings was felt to be sufficient.

88% agreed that the current balance of face to face versus virtual meetings is sufficient for the needs of the Council.

- A few members expressed a preference for virtual meetings, citing operational pressures and the convenience of avoiding travel. Suggestions for improvement included maintaining the option of joining in-person meetings remotely.
- Council members welcomed face to face meetings and the importance of informal networking opportunities was highlighted.



88% agreed Council is given enough time to review papers in advance of meetings.

- Council members agreed that meetings allow sufficient time for discussion.
- Presentations from outside speakers were welcomed and of interest.
- Council members agreed that the current format of business, speakers and presentations at Council meetings is appropriate.

94% agreed that one Development Day a year is sufficient and confirmed that they found these events useful and of benefit.

Finally, Council Members also expressed their thanks to the Senate Management Team for their dedication, professionalism and efficient management of the Clinical Senate, which was gratefully received.

