

To: The Board

For meeting on: 28 October 2015

Agenda item: 7

Report by: Hugo Mascie-Taylor, Medical Director/Executive Director of Patient and Clinical Engagement

Report on: Update on the work of the Patient and Clinical Engagement directorate

Introduction

1. This paper provides an update on the work of the Patient and Clinical Engagement (PCE) directorate against agreed priorities for 2015/16.

Overview

2. The majority of the directorate's resource is currently engaged in three key areas of work:
 - a. Supporting colleagues in the Provider Regulation directorate to engage with the clinical leadership of NHS providers facing significant sustainability challenges, including where concerns have been identified by the Care Quality Commission (CQC);
 - b. Supporting cross-Monitor and cross-Arm's Length Body work to develop the agency spending controls policy and guidance, including engagement with key stakeholders and the wider sector on these proposals; and
 - c. Ongoing liaison with counterparts in other national bodies (principally the Department of Health (DH), NHS England, the NHS Trust Development Authority (NHS TDA) and CQC) in respect of current operational and policy challenges (e.g. seven-day services, revalidation for nurses and midwives).

It is envisaged that these will continue to be key areas of work in the medium term.

3. The team is now working closely with the NHS TDA in a number of areas (e.g. a leadership development offering for clinical leaders) and both the Monitor Medical Director and Nurse Director have weekly scheduled discussions with their NHS

TDA counterparts. On the above areas of work (paragraph 2) the clinical leadership of Monitor and the NHS TDA is now working together collaboratively on a day-to-day basis. Function mapping is currently taking place and over the next three to six months further work is planned to align the priorities and work programmes of the two clinical teams.

Developing the internal clinical team

4. The directorate's senior clinical team (Medical Director, Nurse Director and Deputy Medical Director) is now in place. Two of three appointed part-time associate medical directors are now in post with the third due to join Monitor in early November 2015. These associates are providing the team with specific expertise in urgent and emergency care, medicine and mental health – providing support to areas of work such as the Emergency Care Improvement Programme and agency spending controls.
5. An additional business case has recently been approved for the creation of three associate nurse director posts to support the Nurse Director in priority areas, namely staffing, quality and end of life care. Recruitment to these posts is currently underway.
6. Since September 2015 the team has also been joined by two doctors in training, seconded to Monitor under the National Medical Director's Clinical Fellow Scheme. These two individuals will work with both the PCE directorate and the Executive Office over a 12-month period and will be supporting various projects such as a National Quality Board (NQB) review of the reporting burden on providers.
7. Monitor's new Clinical Advisory Forum, comprising 18 NHS foundation trust (NHSFT) chief nurses and medical directors, has now been established and has met twice. Forum members are working closely with the in-house team to advise and inform Monitor's work.
8. As the clinical team and, more widely, the number of clinicians working for Monitor grows, the need for robust medical and nurse appraisal and revalidation policies and procedures has been identified. Draft policies are accordingly to be brought to the Executive Committee for consideration in the near future.

Priorities for 2015/16

9. A number of key priorities were agreed as part of the 2015/16 business planning process, as set out below.

Ensuring the right support is available to the sector

10. The directorate continues to work with colleagues in the Development team and the NHS TDA to deliver training opportunities and other forms of support to the sector. There has been a particular focus on providing support to medical

directors following a joint Monitor-NHS TDA survey of medical directors in 2014, however events to date have also catered for a wider clinical leadership audience within NHS providers. Events in the past quarter include a cancer waiting times event for sharing best practice and a mortality learning community event, both held in July 2015. In the next quarter a further mortality event is planned for 26 November 2015. Discussions are ongoing with the NHS TDA to align programmes thereafter.

11. The directorate has also developed a proposal for an intensive support offer for a limited number of NHSFT medical directors to be delivered by the in-house team. Discussions are currently taking place with colleagues in Provider Regulation with regard to implementation.
12. Work is also being done to look at how Monitor, and NHS Improvement in the future, can support nurse leadership development, one option currently under consideration being supporting the establishment of nurse fellowship posts.

Supporting closure of the 'care and quality gap'

13. Work continues to be progressed on the development of a more co-ordinated, system-wide approach to responding to both existing and new clinical service standards, guidance and recommendations. The objective of this work is to develop a clear definition of clinical sustainability based on minimum activity volumes and clinical interdependencies, endorsed by the relevant professional bodies. This in turn is intended to support the reconfiguration of services where required to address the 'care and quality gap' identified in the Five Year Forward View.¹
14. Following endorsement by the NQB a steering group is now in the process of being established with representation from the national bodies and the Academy of Medical Royal Colleges. It is hoped that a first meeting of this group can take place before the end of the calendar year. The role of this steering group will be to further scope this initiative with a view to setting up a national clinical advisory group to provide advice on the quality impact of service reconfiguration proposals.

Developing an approach to patient engagement

15. Over the past six months Monitor has undertaken research to inform what a good approach to patient and public engagement would look like, including an internal crowdsourcing exercise and engagement with other bodies. 90 members of staff participated in the internal crowdsourcing exercise generating over 100 ideas and comments, with the most popular being that Monitor should communicate in plain English so its work is more accessible to the public; and that Monitor staff should regularly visit NHS providers to see and experience the challenges first hand.
16. A joint PCE-Strategic Communications paper on Monitor's approach to patient engagement was considered by the Executive Committee on 6 October 2015 and

¹ NHS England (2014), Five Year Forward View, p7, 21.

it was agreed that Monitor should continue with actions planned for this year, namely:

- Progressing discussions with trusted third parties such as Healthwatch England to establish full working partnerships;
- Implementing channels and an engagement programme to NHSFT governors and members; and
- Capturing and disseminating patient insights from the work of the Enquiries, Complaints and Whistleblowing team.

17. It was additionally agreed that Monitor should establish a joint team with other parties coming together as NHS Improvement to assess the new organisation's requirements for patient and public engagement.

Providing clinical advisory input to the rest of Monitor

18. The directorate's core internal role – providing in-house clinical and operational advice to the rest of the organisation – has engaged the majority of the directorate's resource over the past six months. There has been a clear shift as the directorate's capacity has grown, to supporting a more operational agenda, predominately through close working with Provider Regulation. In addition the directorate is now actively supporting all of Monitor's executive committees. This has led to a slower pace of progress in some of the areas described above. A brief overview of this work is set out below.

Working with other directorates

19. Alongside supporting colleagues in Provider Regulation to engage with the clinical leadership of challenged trusts, the directorate has provided advisory input to a wide range of projects across Monitor. Key areas of input are set out below:

- Working closely with Provider Regulation's Monitoring and Enforcement teams in respect of Colchester Hospital University NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust and Cambridge University Hospitals NHS Foundation Trust among others
- Procurement, choice and competition investigations e.g. North East London NHS Treatment Centre
- Clinical sustainability reviews e.g. Burton Hospitals NHS Foundation Trust
- Monitor research projects, recent examples including the reports into last winter's accident and emergency delays and improvement opportunities in elective care
- NHSFT applications e.g. Royal Liverpool and Broadgreen University Hospitals NHS Foundation Trust
- Participation in board-to-board meetings
- Policy and development projects e.g. seven day services and the ongoing rollout of the strategy development toolkit

- Maintaining external stakeholder relationships/ developing joint initiatives with key organisations including the Royal Colleges and other professional bodies, British Medical Association, General Medical Council, Nursing and Midwifery Council, Health and Social Care Information Centre
- External representation at key forums e.g. NQB, Nurse Revalidation Implementation Programme Board, weekly DH Care Meetings, national patient safety work programme

Developing the tools/ mechanisms/ channels available to the organisation to access clinical advice

20. Progress over the last six months in developing Monitor's engagement with the wider clinical community is as follows:

- i) An online forum has been established (as a LinkedIn group) to pilot such an approach to enhanced engagement with the wider clinical leadership community (NHSFT medical directors and chief nurses). The membership of this group is currently around 50 and it has been used to help refine thinking on various pieces of work (e.g. format and content for learning events);
- ii) Facilitated by the clinical team, the Provider Regulation directorate is now working with the Faculty of Medical Leadership and Management, where required, to support the identification of senior medical interims able to step into board-level roles in challenged trusts;
- iii) The need for a formal relationship with the Academy of Medical Royal Colleges for the provision of expert clinical advice has not materialised due to a lower than expected number of requests. However the directorate has worked with the Academy in a small number of areas during the course of the past six months to source external experts; and
- iv) As described in paragraph 7, Monitor's new Clinical Advisory Forum has now been launched.

Hugo Mascie-Taylor

Medical Director/Executive Director of Patient and Clinical Engagement

Making a difference for patients:

Monitor's mission is to make the health sector work better for patients. This report provides an update on the work being done by the PCE directorate to help bring clinical and patient insight into the organisation to help inform its decision-making in line with its primary statutory duty.

Public Sector Equality Duty:

Monitor has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. The Act protects against discrimination on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation. We have thought about how the issues dealt with in this paper might affect protected groups.

We believe the paper will not have any adverse impact upon these groups and that Monitor has fulfilled its duty under the Act.

Exempt information:

None of this report is exempt from publication under the Freedom of Information Act 2000.

Appendix 1 – PCE projects against business plan actions

Project	Narrative <i>Aim – what is the project objective</i>	Who <i>Lead</i>	Deliverable <i>Next major deliverables</i>	When <i>Date of next major deliverable</i>
1.D.iii) Design support package/training for Medical Directors				
Learning & development events	Develop a programme of events for clinical leaders.	Stan Silverman	Mortality learning event Agree programme for remainder of year including a joint Monitor/TDA event for MDs.	26 Nov 15 TBC
Intensive support offer for MDs	Proposed offer to support FT MDs in challenged organisations in discharging their responsibilities	Stan Silverman	PRE paper Begin roll out	22 Oct 15 Q4, 15/16
2.A.vii) Work with Academy of Medical Royal Colleges/NHSE/CQC to develop and implement approach to resolving issues of minimum scale, scope, staffing etc. needed to support key models of care				
Clinical sustainability project	Develop a more co-ordinated, system-wide approach to responding to both existing and new clinical service standards, guidance and recommendations.	Hugo Mascie-Taylor	Deadline for nominations for the Clinical Sustainability Steering Group Agree project scope including terms of reference for a national clinical advisory group.	31 Oct 15 Q4, 15/16
3.A.i) Develop a high performing internal clinical team that meets the requirements of Monitor's regulatory functions, including completing				

recruitment to all posts in the team structure				
Recruit to remaining posts within the clinical team	Ensure that sufficient resource exists in-house to support the work of the Nurse Director through recruitment to a number of part-time associate nurse director posts.	Ruth May	Interview shortlisted candidates	Oct 15
	Ensure that appropriate policies and procedures are agreed for the appraisal and revalidation of clinical staff.	Stan Silverman/ Ruth May	ExCo paper presenting draft policies Support national implementation of nursing & midwifery revalidation by the NMC	3 Nov 15 Ongoing
3.A.ii) Develop a formal relationship with the Academy of Medical Royal Colleges for the provision of external clinical advice and expertise				
Develop an effective working relationship with the Academy	Ensure that Monitor is able to access expert clinical advice in a timely manner.	Hugo Mascie-Taylor	Ad hoc liaison with the Academy as required	TBC
3.A.iii) Develop a patient engagement or wider work programme to ensure patients' interests are at the forefront of Monitor's policy and operational decision-making & 3.A.iv) Implement the patient engagement work programme				
Develop Monitor's approach to patient engagement	Ensure that patients' interests are at the forefront of Monitor's policy and operational decision-making.	Hugo Mascie-Taylor	Support the establishment of a joint team to assess NHS Improvement's requirements for patient and public engagement.	Q3, 15/16 onwards
3.A.v) Work with other directorates to embed clinical engagement as an approach in all relevant policy and operational decision making processes (now the directorate's major area of work)				

Support Provider Regulation interventions	Provide senior clinician input to internal Monitor discussions; engage with the clinical leadership of NHS providers facing significant sustainability challenges and relevant third parties; undertake site visits and participate in formal regulatory meetings and other fora as required.	All	As required subject to capacity.	Ongoing
Support work to develop the agency spending controls policy and guidance	Review and provide senior clinician input to policy and guidance development and implementation monitoring.	Ruth May/ Hugo Mascie-Taylor	Proposed implementation date for caps Support and monitor implementation.	23 Nov 15 Q3&Q4, 15/16
Support other Monitor and wider system projects	Contribute clinical and operational insight to in-house and cross-ALB projects.	All	As required subject to capacity. Report to the NQB on the reporting burden on providers.	Ongoing Q3, 15/16
3.A.vi) Deliver opportunities for frontline NHS insight to be shared across Monitor, e.g. participate in the NHS Medical Director's Clinical Fellow Scheme, facilitate secondments in/out of the organisation				
Increase links between the frontline NHS and Monitor	Support secondments to and from the clinical directorate and wider organisation.	Hugo Mascie-Taylor	Agree NHS Improvement's participation in the 16/17 Clinical Fellow Scheme Support/ facilitate any wider programme of secondments as required.	Q4 15/16 TBC
3.A.vii) Develop the tools/mechanisms/channels available to the organisation to access internal and external clinical advice, e.g. a new clinical advisory forum and online forum for all FT medical directors/ clinical nurses				

Develop links with the wider clinical leadership community	Ensure that the clinical directorate and wider organisation are engaged with the wider clinical leadership community.	Hugo Mascie-Taylor	Review use of the LinkedIn group Formal meetings of the Clinical Advisory Forum.	Q4, 15/16 13 Nov 15; 22 Jan 16; 4 Mar 16
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