

To: The Board

For meeting on: 29 April 2015

Agenda item: 8

Report by: Hugo Mascie-Taylor, Medical Director

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 and agreed priorities for 2015/16.

The directorate's approach

2. The team's approach to clinical engagement has two components. The core role is to act as a business partner to the rest of the organisation, with a view to delivering the following business benefits:
 - An accessible, internal clinical 'sounding board';
 - Help linking up with/ procuring specific external clinical expertise;
 - Support to undertake clinical communications/ engagement activity;
 - Senior clinical support to provide direct 'hands on' challenge to regulated organisations; and
 - At a corporate level, access to a network of senior clinical leaders.
3. In addition the team is also developing a proactive programme of work to support quality improvement and clinical leadership in the sector, the key elements of which are set out in the 'Priorities' section below.
4. In respect of patient engagement, the scoping phase for this work is currently underway, with a dedicated paper proposed to be considered in the next few months. See paragraphs 11 and 12 for further information.

Developing the internal clinical team

5. Good progress has been made in building the in-house team. Two appointments have recently been announced: Ruth May, currently Regional Chief Nurse and Nurse Director for the Midlands and East region of NHS England, as Nursing Director, and Stan Silverman, currently Deputy Medical Director at the NHS Trust Development Authority (NHS TDA), as Deputy Medical Director. Interviews for four part-time associate medical directors with subject matter expertise in Urgent and Emergency Care, Medicine, Surgery and Mental Health are scheduled for late April 2015. Once these posts are filled the in-house team will be up to full strength. In addition, from September 2015 the team will be 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. Paragraph 16 provides further information on plans to appoint external representatives to a new Clinical Advisory Forum. Together these new appointments will allow the team to enhance the support it is currently providing to the rest of the organisation and the wider sector.

Priorities for 2015/16

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

Ensuring the right support is available to the sector

7. A joint Monitor-NHS TDA survey of medical directors in the NHS provider sector in 2014 generated invaluable insight into current challenges faced by medical directors and the support they feel should be put in place. Following on from this the PCE team will be leading on the design and delivery of a training and support package to be offered to medical directors. The team will work closely with the development team as well as external partners such as the Faculty of Medical Leadership and Management to progress this initiative.
8. The design phase for this work is intended to be completed in Q1 2015/16 with in-year implementation thereafter.

Driving reconfiguration of services across health economies

9. The Five Year Forward View identifies addressing the "care and quality gap" as a key challenge for the NHS over the next five years. This will be achieved by driving down "unacceptable variations in outcomes", in part through the reconfiguration of services where the relationship between quality and volumes is strong.¹ A key element of the PCE team's 2015/16 work programme will accordingly be to work with partners such as the Academy of Medical Royal Colleges, NHS England and the Care Quality Commission to develop a clear definition of clinical sustainability based on minimum activity volumes and clinical

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

interdependencies, endorsed by the relevant professional bodies. This in turn will inform the development of new models of care based upon sustainable service provision.

10. To date initial discussions regarding the scope of this work have taken place with key partners. A formal proposal will now be taken to the National Quality Board for wider consideration in April 2015.

Developing an approach to patient engagement

11. The primary objective of this initiative is to help Monitor fulfil its primary duty “to protect and promote the interests of people who use healthcare services” by ensuring that patients’ interests are being considered as part of Monitor’s policy- and decision-making processes. The PCE and Strategic Communications directorates will work together to scope this work in Q1 2015/16. This is intended to build on existing activity currently undertaken by the Stakeholder Engagement team, who regularly engage with patient organisations such as the Patient Association, National Voices, Healthwatch England and local Healthwatch groups.
12. As part of the scoping phase an internal consultation exercise is proposed to help generate ideas and initiate an organisation wide conversation on an issue that will have an organisation wide impact if addressed in a meaningful way. An external assessment is also under consideration. This will be followed by a proposal paper to the Executive Committee for decision.

Further developing the clinical advisory function within Monitor

13. As described above, the directorate’s core role is to act as a business partner to the rest of the organisation, providing in-house clinical advice and helping teams to link up with or procure specific external clinical expertise.
14. It has been proposed that the directorate’s performance – in terms of its reach, reputation and impact – can best be measured via a combination of internal customer and external stakeholder surveys. Following the business planning process discussions are ongoing at a corporate level regarding whether such surveys should be undertaken on a regular basis.
15. Progress to date in respect of the core elements of the directorate’s offer is set out below.

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

16. Key mechanisms have been identified to support the in-house clinical team’s engagement with the wider clinical community (see also the directorate’s operating model in Appendix 1):

- i) The team is at an advanced stage of discussions with the Academy of Medical Royal Colleges to develop a formal relationship for the provision of co-ordinated clinical (and not solely medical) advice to support Monitor's work programmes. This will be utilised where insufficient expertise exists in-house and/or the external view of the professional bodies is sought. Dependent on the context this may, for example, take the form of one-off clinical opinion (for example on tariff costing queries) or alternatively the establishment of a panel to examine a particular issue in depth;
- ii) Monitor will shortly be seeking a broad cross-section of interested NHS foundation trust (NHSFT) medical directors and chief nurses to join a formally constituted Clinical Advisory Forum providing advice to the clinical team and wider organisation. Forum members will work closely with the in-house team and act as an external 'sounding board' for the clinical advice provided internally. Sub-groups of the forum are also likely to be asked to support specific projects and cases;
- iii) Options are currently being explored for the development of an online forum to allow for enhanced engagement with the wider clinical leadership community. Any solution will be initially piloted to test the appetite for this method of engagement;
- iv) Work is additionally underway in conjunction with the Provider Regulation directorate to develop links with the Faculty of Medical Leadership and Management to support the identification of senior medical interims able to step into board-level roles in distressed trusts.

Working with other directorates to embed clinical engagement as an approach in all relevant decision-making processes

17. Limited by current capacity, the PCE directorate has nevertheless supported teams across the organisation on a wide range of projects over the past six months. In particular, the team has worked closely with colleagues in the Provider Regulation directorate, Policy/Development team and Economics team to provide frontline NHS insight and help develop links with external partners. As capacity increases the team can be expected to increase its involvement across the organisation, for example through active membership of each of Monitor's executive committees.

18. By way of illustration, the team has provided input to a large number of recent pieces of work, including but not limited to:

- i) Co-operation and Competition directorate formal investigations
- ii) Clinical sustainability reviews (Provider Appraisal directorate/Economics team)
- iii) Economics projects e.g. clinical workforce
- iv) NHSFT applications and monitoring/ enforcement action – numerous trusts including Birmingham Community Healthcare, Tameside Hospital, North Lincolnshire and Goole, Nottinghamshire Healthcare (Provider Appraisal/Provider Regulation directorates)
- v) Policy projects e.g. new models of elective care, community services, vanguard programme
- vi) Development projects e.g. strategy development toolkit

- vii) Maintaining external stakeholder relationships/ developing joint initiatives with key organisations including the Academy of Medical Royal Colleges, British Medical Association, General Medical Council, Health and Social Care Information Centre, NHS England, Royal College of Anaesthetists, Royal College of Physicians, Royal College of Surgeons and the NHS TDA
- viii) External representation at key forums e.g. National Quality Board, Nurse Revalidation Implementation Programme Board, Sepsis Prevention Programme Board

19. Key dependencies on the PCE team have been mapped as part of the business planning process as will be factored into the team's work programme as projects are scoped.

Delivering opportunities for frontline NHS insight to be shared across the organisation

20. Building on Monitor's planned participation in the National Medical Director's Clinical Fellow Scheme, options are currently being explored for how the PCE team might facilitate a programme of additional secondments to and from the NHS. Education and training opportunities for staff will also be considered, again to help build internal understanding of the frontline NHS.

Hugo Mascie-Taylor
Medical Director

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: Clinical function operating model

