

# HEALTH AND SOCIAL CARE COMMITTEE CONSIDERATION OF LHB SERVICE RECONFIGURATION PLANS

## THE ROLE OF THE NATIONAL CLINICAL FORUM IN THE REFORM PROCESS

### EVIDENCE SUBMISSION BY THE NATIONAL CLINICAL FORUM

#### 1. Introduction and Background

This paper updates the previous evidence submission to the Health and Social Care Committee on the 25<sup>th</sup> January 2013.

The National Clinical Forum (NCF) was established at the request of the NHS Wales Chief Executives in November 2011 to provide expertise, advice and challenge to service change plans developed by NHS organisations that would impact on populations in Wales. Initially it was established to run for one year from November 2011 to November 2012. In September 2012, due to the on-going service change planning processes, the NHS Wales Chief Executives asked the Forum to continue for a further year.

The NCF has its own formal Terms of Reference, which were reviewed in February 2013. **The revised Terms of Reference are attached as Appendix 1.**

The NCF is made up of healthcare professionals from across Wales who are experts within their own field and are generally part of the national advisory structure. Professor Mike Harmer was appointed as an independent Chair of the Forum for two days per month and in this role is responsible for both chairing the meetings and coordinating the views of the Forum in responding to LHB plans. To support the Chair, Dr Mike Tidely was appointed Vice-Chair in February 2013.

Whilst the majority of members of the NCF work within NHS Wales, the Forum itself is autonomous of both Welsh Government and Local Health Boards and Trusts. This enables the Forum to provide impartial advice based upon expert knowledge to assist LHBs in scrutinising and developing plans to deliver safe, high quality, effective and sustainable clinical services. Where individual members are commenting on plans developed by their employer organisations, interests are declared and due diligence applied.

The NCF costs the NHS £12,000 per year to run, which consists mainly of expenses for members attending the meetings.

## **2. Governance Arrangements**

The Chair of the Forum reports to the LHB Chief Executive (the 'lead Chief Executive') who chairs the LHB Chief Executive peer group and therefore represents the LHBs in Wales.

The official views and opinion of the NCF are only communicated by the Chair or Vice-Chair, or through the National Director, Together for Health, at the request of the Chair.

The official views and opinion of the NCF will be communicated in writing to the relevant LHB or LHB's. In order to facilitate the Forum assessing all plans it is asked to consider against the same criteria, the NCF has established a set of Evaluation Criteria. These Evaluation Criteria will be used to formally assess all plans that are put forward by LHB's for formal Public Consultation. **The Evaluation Criteria are attached as Appendix 2.**

At any time, via the lead Chief Executive, LHBs or the NHS Wales Chief Executive's can request a progress update or an overview commentary from the NCF.

Any costs and expenses incurred by the NCF are split equally between the LHB's.

All publically available documents of the NCF can be found on the National Clinical Forum website.

## **3. The Role Of The NCF In The Reform Process**

As part of change management plans within and across LHBs, the NCF is a key stakeholder in the engagement and consultation process and has the unique ability to provide impartial clinical advice to Boards.

When it was established in 2011, this was a new arrangement in Wales and, as such, the NCF's working has continued to evolve as the process has progressed within the scope of its Terms of Reference. One of the benefits of the Forum is that it can provide advice and scrutiny of the changes being proposed by NHS organisations and it is also able to provide challenge and commentary on any issues that may be yet to be fully considered by the LHB(s).

The NCF has effectively established an on-going relationship with all LHBs and Trusts through the service planning process, and is there to be used as frequently as those organisations feel it is necessary to obtain expertise, advice and guidance on their emerging plans. As a minimum it has been agreed by the LHBs with the NCF, that they will attend a meeting with the NCF at the pre-engagement and pre-consultation stages of the process. These meetings and subsequent correspondence are held in

confidence with the LHB's, although the LHB's can choose to release that correspondence at a later stage in the reconfiguration process. The NCF provides its formal public response to the LHB consultation process as any other stakeholder would do during the formal consultation period.

The NCF is purely advisory in function, and has no right or power of veto over any of the proposals or plans it considers.

In providing feedback to LHBs, it has been determined by the NCF that it will do so in two distinct parts:

1. Formally respond to those issues that the LHB is engaging and/or consulting upon including advising on any critical dependencies that the Forum considers have been omitted from the process;
2. Formally advise when it feels necessary and appropriate, under separate cover, on those issues the Forum considers the LHB must also address but which are not yet part of any on-going engagement and consultation.

The NCF has determined that when required these two distinct parts will be issued separately, but simultaneously. It is important that these responses are given equal importance but are issued separately so that they do not cut across any formal consultation processes.

The NCF uses its meetings with the respective LHB's, and any other information that the LHB submits to it to develop its views and opinions on proposed plans. During those meetings, members of the Forum have the opportunity to question LHB's as to their thinking, rationale and evidence behind advancing any given proposal.

The NCF's Evaluation Criteria are used to help formulate the formal responses. Each member of the NCF is asked to respond on each plan using the criteria as a template for assessment. This ensures consistency of approach to the evaluation by all, and ensures the Chair can co-ordinate the response to a standard format. This is usually done outside of the meetings and submitted to the Chair due to the considered comments members wish to make. This process will be commenced after a broad discussion on the proposals, both with and without the presence of the presenting LHB at a scheduled NCF meeting. Members are provided the opportunity to comment on the drafts of the co-ordinated response prior to formal submission, as it is very much an iterative process.

#### **4. Lifespan Of The National Clinical Forum**

As stated previously, the NCF was initially established by the NHS Wales Chief Executives, for one year from November 2011 until November 2012. This was extended to November 2013 by the NHS Wales Chief Executives due to the on-going service change planning, engagement and consultation processes happening across Wales.

Over the coming months, the NHS Wales Chief Executives will again consider the future lifespan of the NCF, and any role it might have, in providing LHB's and Trusts with impartial expert clinical advice beyond November 2013.

The NCF believes it is adding value to the current service change planning process, and could see how such a role might be of benefit in the longer term. Feedback to it from within the NHS is that it has added value to the service reconfiguration process, in the challenge and advice it has provided. In the future, the NCF believes that in addition to the advice and support role during the planning process, an independent clinical body could have a valuable role to play in the implementation of agreed plans.

## NATIONAL CLINICAL FORUM

### Terms of Reference and Operating Arrangements

#### Introduction

All NHS Organisations are developing service plans to improve quality, responsiveness and accessibility of care across Wales. These plans will develop new sustainable models of care that integrate the NHS in Wales as a whole system, encompassing primary, community, secondary and specialist care services. The focus is on locally - based services wherever possible maximising the opportunities highlighted in *Setting the Direction*, with access to high quality specialist services when needed, through a network of specialist centres and centres of excellence.

This may involve some significant change to the current pattern of healthcare delivery in Wales. Although it is for the Local Health Boards and Trusts (LHBs) to plan, lead and implement any service changes required, there is a need for them to be supported nationally. This will ensure a consistent approach to service standards and models of care across Wales.

#### Purpose

The National Clinical Forum (NCF), hereafter referred to as “the Forum” will be an advisory task and finish group. **The NCF therefore has no decision making powers or right of Veto over any proposals/plans it considers.** Its role will be to advise LHBs if as a result of their service change plans, standards and policy requirements will be met, improved outcomes can be achieved and patients will be better served.

The Forum will consider if proposals for service change:

- are appropriately influenced by relevant evidence and best practice;
- provide a basis for sustainable delivery of services; and
- combine to create a realistic and ambitious way forward for healthcare in Wales.

In undertaking this role, the Forum may also be asked to consider any external/international expert advice the LHBs may decide to commission to support their plans.

Its role does not include consideration of professional terms and conditions of service.

## **Scope and Duties**

The Forum will, in respect of its provision of advice to LHBs:

- offer advice and feedback to LHBs on an individual organisation, regional or all-Wales basis on any aspect of all service change plans that will impact across Health Board Boundaries or have impacts for Wales as a whole;
- Offer advice and feedback to LHBs on any local service change plans they request the Forum to review;
- Offer advice to LHBs on the development and content of the national narrative describing the clinical case for change.
- Offer advice to LHBs on the adoption of best practice service models and innovative practice across Wales, inclusive of best practice in training and education across all professions;

The Forum may provide advice to the LHBs:

- at Chief Executive Officer Group meetings, through the attendance of the Forum's Chair or a nominated representative;
- in written advice; and
- in any other form agreed with the LHBs.

The Forum may determine if it requires to be supported by any subgroups or additional sources of specialist advice to assist it in the conduct of its work, and may itself, determine any such arrangements.

## **Membership**

Membership of the Forum will comprise healthcare professionals from within NHS Wales, but will be independent of individual organisations. Any member of the Forum should not therefore be an executive or independent member of any LHB/Trust. Its membership will be drawn from a wide range of multi-disciplinary clinical specialists.

### **Chair**

The Forum will be Chaired by an independent Chair from Wales identified by the NHS Wales Chief Executives, and a Vice Chair will be identified to provide support to the duties of the Chair.

### **Vice Chair**

The Vice Chair will be chosen by the Chair from the existing Forum members with the agreement of the Forum members.

## **Members**

The following clinical groups will be represented:

- Public Health
- Ambulance Services

- Members drawn from WMC NSAG, representing the following specialties:
  - child health
  - women's health
  - mental health
  - medicine
  - surgery
  - anaesthesia / critical care
  - general practice
- NJPAC, Welsh Scientific Advisory Committee
- NJPAC, Welsh Therapies Advisory Committee
- NJPAC, Welsh Nursing and Midwifery Committee
- NJPAC, Welsh Pharmaceutical Committee
- Welsh Dental Committee
- General Practitioner (nominated by BMA)
- Nurse (nominated by RCN)
- Heads of Midwifery Advisory Group
- Postgraduate Dean
- Academy of Medical Royal Colleges in Wales
- The Rural Health Plan Implementation Group
- The Institute of Rural Health

Members will be invited to nominate a named deputy in the event that they are unavailable for a forum meeting.

### **Secretariat**

As determined by the National Director, *Together for Health*.

### **In attendance**

- National Director, *Together for Health*
- The Medical Director, NHS Wales, Nurse Director, NHS Wales and Director of Therapies and Health Sciences, NHS Wales may be in attendance as observers. The Forum may also determine that other Welsh Government officials or LHB/Trust staff be in attendance.
- The Forum Chair may also request the attendance, from time to time, of Board members or LHB/Trust staff, subject to the agreement of the relevant Chief Executive.
- The Forum Chair may, from time to time, invite external/international experts to aid discussion and review of specific service change issues.

### **Terms and Length of Office**

Appointments to the Forum will be made through the National Director, *Together for Health* on behalf of the LHB Chief Executives. Members will either be invited on to the Forum in their role as Chair of an All Wales Professional Group/Committee, or as a nomination from such a group, committee or stakeholder organisation. The Forum is a task and finish group

which is anticipating needing to meet for a minimum of one year. The need for the continued role of the group will be reviewed regularly. In the interests of consistency in discussion and review of plans/information, Members will serve for the duration of the Forums' work, even if during the life of the Forum, they cease to be Chair of the Group or Committee that led to the original invitation. In this situation the Chair will have the option to invite the new Chair of that Committee to the Forum, if it is felt that the Committee concerned is no longer appropriately represented.

The appointed Chair and Vice - Chair of the Forum will hold those positions for the life of the Forum.

### **Members Responsibilities and Accountability**

**The Chair** is responsible for the effective operation of the Forum:

- chairing meetings;
- ensuring all business is conducted in accordance with its agreed operating arrangements;
- developing positive and professional relationships amongst the Forum's membership and between the Forum and LHB/Trust Chief Executives and any other relevant groups;
- ensuring that any formal feedback to LHB's and notes of meetings accurately record the decisions taken and where appropriate, the views of individual members.

**The Chair and Vice-Chair** will cover for their colleague in their absence for any reason. If for some unforeseen reason, neither the Chair or Vice Chair can attend the meeting, but sufficient members are present to make the meeting quorate, then an attending member will be nominated by those present to chair the meeting.

**Members** – all members shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for any advice agreed by the Forum. All members are accountable to the Forum Chair for their performance as group members and to their nominating body or group for the way in which they represent the views of their body or group at the Forum.

The role of the Forum will necessarily mean that Members will, from time to time, receive highly sensitive and confidential information about health services across Wales from LHB's. The highly confidential nature of this information must be respected.

### **Resignation and removal of members**

A member of the Forum may resign office at any time during the period of appointment by giving notice in writing to the Forum Chair.

If the Forum Chair and the nominating body or group, considers that:



- it is not in the interests of the health service that a person should continue to hold office as a member; or
- it is not conducive to the effective operation of the Forum. (This could include an attendance rate considered to be poor by the Chair, or evidence that confidential information has been shared outside of the Forum without explicit permission to do so).

it shall terminate the membership of that person by giving notice in writing to the person and the relevant nominating body or group.

A nominating body or group may request the removal of a member appointed to the Forum to represent their interests by writing to the Chair setting out an explanation and full reasons for removal.

### **Handling Conflicts of Interest**

All members should declare any personal or business interest which may or may be perceived (by a reasonable member of the public) to influence their judgement. A register of interests will be established, kept up to date, and be open to the public. A declaration of any interest should also be made at any Forum if it relates specifically to a particular issue under consideration, for recording in the notes of the meeting.

### **Relationship with LHBs Chief Executives**

The Forum's main link with the LHBs Chief Executives is through the Chair.

The Chair and Lead Chief Executive shall determine the arrangements for any joint meetings between the LHBs and the Forum, should it be required.

The lead Chief Executive shall put in place arrangements to meet with the Forum Chair as required to discuss the Forum's activities and operation.

### **Relationship with Local Healthcare Professionals Fora**

The Forum Chair and Vice Chair will liaise with local Fora as he/she deems appropriate. It is expected that the Local Healthcare Professionals Fora would be an integral part of any local "continuous engagement" during the development of service change proposals, as per the National Guidance on Engagement and Formal Public Consultation. Therefore, the Forum would not anticipate being asked to consider plans that hadn't yet been advised upon locally by the Local Healthcare Professionals Fora.

The Forum may delay review of any LHB Service Change Plans, until it has received assurance that the Local Fora have been consulted, and their advice taken into account.

### **Support to the Forum**

The National Director, *Together for Health*, will ensure that the Forum is

properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the Forum Chair and Vice Chair on the conduct of its business and its relationship with the LHBs and others;
- ensuring the provision of secretariat support for Forum meetings;
- ensuring that the Forum receives the information it needs on a timely basis; and
- facilitating effective reporting to the LHBs Chief Executives.

### **Forum meetings**

At least the Chair or Vice - Chair plus 6 members must be present to ensure the quorum of the Forum.

Meetings should be held no less than monthly and otherwise as the Chair deems necessary. The requirement to meet and frequency of meetings will be reviewed on a regular basis.

To facilitate attendance, Video Conferencing Facilities will be made available at all meetings.

The LHBs commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others which advise it. Meeting dates, agendas and minutes should therefore be publically available unless there are any specific, valid reasons for not doing so.

Following each Meeting, the Chair or Vice Chair will produce a report summarising the items taken, discussions held and any advice being provided to the Health Boards. This will be available to the Public, and Members may use it to brief their respective committees.

### **Withdrawal of those in attendance**

The Forum may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussions of particular matters.

8th February 2013.



## **Evaluation of Service Reconfiguration Plans**

### **Introduction**

The National Clinical Forum (NCF) was established at the request of the Local Health Boards (LHBs) to provide an independent group to evaluate the clinical aspects of the various reconfiguration plans. In considering the proposals put forward by the various LHBs, the NCF has attempted to view them in the light of the brief given to them by Welsh Government through a number of criteria.

The criteria are not intended to be totally inclusive of the many factors that may influence service delivery plans, but are based around the clinical delivery potential of such plans.

The Forum appreciates that the individual LHBs may face issues over public and political acceptance of plans but feels that its role is to concentrate on the clinical feasibility and sustainability of the service plan proposed.

The responses given from the NCF to the LHBs prior to and during the public consultation period will be based upon the application of the evaluation criteria outlined below. These evaluation criteria will be made available to the LHBs and any other interested parties prior to the completion of the consultation process.

### **Criteria for the Evaluation of Service Reconfiguration Plans**

The key underpinning of the evaluation is based on the following components of the proposals:–

- Are the aims and objectives set out in the plan SMART (specific, measurable, achievable, realistic, and timely)?
- Do they specify what you want to achieve?
- Will it be possible to measure whether or not the objectives are being met?
- Is the plan going to be able to achieve these objectives? Are they attainable?
- Can they be realistically achieved with the resources you have available? Do they show value for money/ cost effectiveness?
- When should the objectives be met? Has timescale been set out?

## **Evaluation Criteria**

**Questions are set out to test the robustness and practicality of the Plans**

### **Access and Integration of Services**

- Is the Plan based on population needs with particular emphasis on addressing any known inequalities of provision?
- Does the plan show evidence-based practice as the main underpinning component of the revised care proposals, including where appropriate National guidance?
- Is there evidence that structures are/will be in place to facilitate and develop integration between specialist, general and community services for all aspects of healthcare?
- Will the proposed service configurations provide timely and appropriate access to care?
- Is there an appreciation in the plan that primarily clinical need rather than the current estate configuration (service rather than hospital site) should be the founding basis?
- Has the plan been submitted to a process of 'rural-proofing' using a suitable tool such as that developed by the Institute of Rural Health?
- Has sufficient consideration been shown for distance and travel time from point of care and the transport implications for both routine and emergency care? This is particularly important for those Boards with a large rural population.
- Is the plan 'patient-centred' taking into account the 'patient journey' and the impact on relatives, especially for children?
- Does the plan include consideration of local public transport infrastructure?
- Is there evidence of appropriate collaboration with adjoining LHBs and other statutory bodies to consider fully the best care pathway for patients?
- Does the plan demonstrate evidence of working with other relevant services such as Local Authorities, Social Services and the Third Sector?
- Are Plans for increasing the community care of patients based on sound logistic and financial considerations?
- Is there evidence of pilot work or sharing of good practice for solutions in these areas?

- Is there clear and realistic evidence that there is sufficient capacity, both in terms of staff and ability to allow such change?
- Where appropriate, are the role of 'telemedicine' and other IT support mechanisms included?

## **Workforce**

There must be evidence of a cohesive workforce plan.

- Is the workforce planning consistent with UK National and WG policies?
- Is it sustainable e.g. does it consider the availability of trainee staff in the future? Failure to address this matter may lead to training recognition being withdrawn centrally by Colleges, deanery and training committees with serious consequences.
- Are training plans aligned to National regulations and requirements of professional bodies (Royal Colleges, etc)?
- Does the plan take account that the positioning of trainees, in all fields of healthcare, is based on the experience available to the trainee in a particular setting rather than the service requirement? This must be taken into account in any plans. This might also include 'context experience' to ensure a broad breadth of experience.
- Is the provision of services by non-trainee, non-consultant clinicians considered in the light of the suitability and availability of the proposed workforce?
- Where appropriate, does the plan meet the training needs of existing staff in new developments and changing configuration? In particular, moving services to the community will impact upon the training needs of primary care professionals?
- Has consideration been given to the potential for extended roles for health professionals in the provision of care and have the training implications for such been given due consideration along with the necessary shift of resources?
- Is the timescale of such developments laid out and are they feasible?

## **Quality and Safety**

Safety in patient care must be the priority in plan development.

- Is there clear evidence of patient involvement and consultation in the development of plans?

- Is there evidence of how the principles of 'Dignity in Care' underpin the strategy?
- Are all areas of care provision based upon accepted standards provided by appropriate bodies e.g. Statutory Professional Organisations, Royal Colleges, other professional bodies, advisory boards, etc?
- Is there sufficient assurance that services will be delivered in facilities that provide appropriate environments and support to ensure safety of patients and staff?
- Has sufficient emphasis been placed on the potential impact on configuration of integrating services, as appropriate?
- Does the plan maximise the potential for prevention and admission avoidance?
- Linked with the workforce plan, have governance issues relating to changing and enhanced staff roles, and working with joint agencies been considered.

### **Buildings and Facilities**

- Has consideration been given to the appropriateness and sustainability of current estate and facilities to provide both current and projected care modalities?
- Is the strategy for the future of community hospitals clearly set out and to a timeline?

### **Compatibility across Wales**

- How do the proposals for a specific LHB fit within an overall structure for NHS Wales its partner services?