

TRANSCRIPT

Episode 3 – Decision-making meetings



Paul Parsons - This is Not a Consultation.

Caroline Latta - I'm Caroline Latta...

Paul Parsons - and I'm Paul Parsons.

Caroline Latta - Welcome to Not a Consultation, our podcast on all things patient and public involvement in NHS service change.

Paul Parsons - Today we're taking a look at decision-making in service change programmes.

Caroline Latta - In service change decision-making is the culmination of a process that develops and considers proposals for changes to services.

Paul Parsons - And though possibilities, ideas and options are being whittled down to the best of the viable solutions. At points throughout the process, there is usually a single formal decision-making meeting that serves as the point to discharge a whole slate of legal duties in transitioning to new arrangements for the delivery of services.

Caroline Latta - In Wales and Scotland and Northern Ireland, these decisions are usually taken by a health board's board of directors. In England, there's a series of decisions that

need to be made by commissioners and providers. Where decisions are being made that cross boundaries into other NHS areas, arrangements for joint decision-making needs to be in place.

Paul Parsons - The arrangements for these meetings can be highly complicated. Hundreds and hundreds of pages of technical information for board members to digest and assimilate, the scrutiny of a sometimes hostile public audience, the possibility of a claim for judicial review or referral to the Secretary of State, and the weight of expectation from politicians, regulators and health and care system partners. These can be tense occasions.

Caroline Latta - We both regularly support NHS bodies in these programmes. Probably the most high profile either of us have been involved in in recent times is South Tyneside and Sunderland's Path to Excellence Hospital Services Reconfiguration programme.

Paul Parsons - The decision was referred to the Secretary of State for review and challenged in the High Court and Court of Appeal. As its engagement and communications lead, Caroline knows the programme intimately. We invited the programme's leaders to talk to us about the decision-making process and we started by asking them to introduce themselves.

Dr Matthew Walmsley - Hi, I'm Dr. Matthew Walmsley. I'm a GP at Marsden Road Health Centre in South Shields in the north east of England. I've been in the NHS for a little over 20 years. I've been chair of the CCG in South Tyneside since CCGs were nothing but a twinkle in Andrew Lansley's eye, and I've been taking that role ever since.

Matt Brown - I'm Matt Brown. I'm executive director of operations at South Tyneside CCG. I've worked for the NHS for nearly 20 years, so not quite as long as Matthew. With my role, I've got responsibility for commissioning, partnership integration and leading

some of the larger system changes. So I had an executive lead for the Path to Excellence programme.

Caroline Latta - So welcome to you both. So today's session is really recognising how important effective decision-making is to service change programmes, and we're really looking forward to hearing from you both, sharing your experiences and perspectives with our network through the podcast and helping others plan and prepare for their programmes. So, Matthew, should we turn to you first for the decision-maker's perspective? So cast your mind back, it's the morning of decision-making day for the programme that's taken, probably, is it around two years to get to this point? What was going through your mind?

Dr Matthew Walmsley - Well, I guess the first thing is hoping that everything's going to run smoothly. By that time, there's been an awful lot of work done, as you say, Caroline, and there have been papers produced, probably hundreds and hundreds of pages of documents produced that everyone would have had to have spent the last few weeks reading through and going through. That have been informal conversations, no doubt amongst the people that are going to be around the decision-making table. But as of yet, there's not been any decision made. But this is the process by which all of that informality comes to the point, if you like, of the formal decision.

So as chair, you're just hoping that everything's gone smoothly. You're hoping that you've remembered to get all of the I's dotted and the T's crossed. You're hoping that nobody's found a huge hole in any of the documents so far. You're hoping that all of the nuts and bolts of the day run smoothly. So all of the work on making sure that the right people are at the right place at the right time, the shepherding of members of the public into the hoping everybody behaves themselves.

By this point, you're starting to run through a few what ifs and a few scenarios. As a chair, you're thinking about what if somebody doesn't behave themselves? How am I going to manage that sort of scenario? Are you thinking what if one of the presenters who are due

to be presenting one of the major papers, for whatever reason, can't make it and is delayed, and you start to think a little bit about how you'll deal with all those things that you hope aren't going to go wrong. But you start to get this list of things that might go wrong, because hopefully by now everything has been planned down to a good degree and you're starting to let your mind wander into some of the what ifs.

Caroline Latta - Thank you, Matthew. I'm going to ask you, Matt, the same question.

Matt Brown - A great deal of anxiety probably at the outset of the day, just in terms of, in some ways it's a combination of two years work, although I think the decision-making meeting itself is actually a point on the journey towards implementation of the service change. And I think we always start with the end in mind, so the likelihood with contentious change of IRP Secretary of State referral of judicial review. So as much as it is an end point, it is sort of the end of the beginning, if you like, in many respects. For me, in some ways it's similar to a normal governing body and that you have a process of the content, you have a content, some decisions to make, some papers to present and some decision to have, and then the process of the meetings, how it works, how people interact and the setup. But what's really different is the process that leads up to that point. So the vast amount of work that takes us to the decision-making meeting. As Matthew said, we hadn't made a decision before that meeting, so we didn't really know which way it was going to go. But we presented the members with actually thousands of pages of documentation.

I went back through some of it last week and it's surprising how vast the amount of information that we asked members to process is. So in the months before the meeting, we're asking people to look at; we had a couple of big workshops. We're also asking people to reflect back on travel and transport assurance, health inequalities assurance, quality impact assurance and an array of views from clinical senates, clinical networks, ambulance services, literally thousands and thousands of pages of documentation. So then summarising those things for the governing body members is really quite tricky, helping them have the breadth and the depth, but also the ability to pick out the key facts of things that are most important.

So we run those through a series of workshops leading up to the day. And then on the day itself, you've obviously got a much bigger governing body. You've got two governing bodies coming together to make two decisions collectively. So there's some challenges practically, in terms of how you present the paper and how you engage with people who've got quite different perspectives and represent quite different populations in that respect, and I think there was just some practical differences for me.

So we very much learned from colleagues in Cumbria, actually, we spent some time talking to the North Cumbria team, who recently had a similar consultation service change process, decision-making meeting and just some of the orchestration. So the ability to have two rooms, for example, Matthew will remember there were hundreds of people in the sports hall in South Tyneside for the meeting, but actually we prepared a separate room should the disruption be significant, and we need to actually take it out of the substantive room. So there's all sorts of different things that we thought about, which you wouldn't normally do in a governing body meeting. And although there's more pressure, it's a bigger decision, actually, in terms of the presentation of the paper and the way the discussion goes, that, for me, was fairly similar to a normal meeting, normal governing body meeting.

Caroline Latta - So you mentioned there Matt that you've done quite a lot of workshops and preparations. Can you just tell us a little bit about that process? The consultation has happened. You've had your feedback report, presumably it's been presented. So what was the kind of key steps between the end of the formal public consultation piece and the decision-making meeting?

Matt Brown - There's a vast amount of work. I think the end of the consultation was September 2017, through decision-making in February 2018. And those five months were probably the busiest, to be honest. So the collecting all the information back from the consultations, you say the independent consultation feedback report and then a process by which we fed back the results, the report into members of public staff to see whether we've got an accurate representation of what they've said. And I think that was a really good process. Certainly when we got to judicial review, the judge was really

complimentary about that particular aspect, going above and beyond the requirements of the service change guidance at the time. But the workshops themselves were about bringing all the different teams and all the different perspectives, the representatives to come and talk to governing body members and help have a discussion so they could really make a rounded view. So we had the neonatal transport teams come present, we had the stroke teams, the paediatrics teams, the maternity teams, the ambulance service, public health perspectives, all those people coming to help the governing body members think about and understand the details of those different views. So vast amount of information to process and then by the time you get to decision-making, you've still got all those thousands of pages to work through, but the summary report then becomes important in sign posting members to the right places.

Paul Parsons - Matthew, how do you go about making sure that patients and other stakeholders can trust the decisions that the CCG are making on their behalf?

Dr Matthew Walmsley - Well, first thing is openness. So yes, people can come along, people can read the papers beforehand. We share everything that we're using to make our decision on all the written work is shared so people can see just how much analysis has gone into this and how many things have been taken into account. People can come on the day and attend, and not to mention the number of people in the sports hall watching the meeting. We gave the opportunity for people to have their say. I think I remember rightly, we certainly normally do, I think we did for this decision-making meeting as well, if memory serves me. We also streamed it live on YouTube and recorded it as well, so that not only people who could get there, but people who couldn't get there could observe the decision-making process. Everything was as open and as shared as we possibly could make it for members of the public. And hopefully that will give people some assurances that even though they might not necessarily agree with the outcome in every single way, that the process that we conducted was fair and was thorough.

Matt Brown - Can I add to that, I think with such contentious service changes, we're never going to convince everybody. And in a sense, if it was not to try and convince the people who were never going to be convinced, it was to genuinely be transparent and

open about everything we did, if that makes sense. So it's not being too distracted by the most vocal groups making sure you do everything correctly and properly and as we're required to by law and the regulation, the guidance that we follow, certainly for Path for Excellence, that's what we did. And it was noted again by the judge in his summing up about the level of transparency and integrity that we've gone through. I suspect that some people might not have agreed with that judgment, but we were never going to convince those people about the level of transparency. I think if you go back now, you can still see all of the documents on the website in huge levels of detail. So everything the governing body members saw is out there for public scrutiny. And I think the challenge with this is about the outcome, isn't it? So the outcome is never going to be popular with everybody. There's always going to be some people who disagree with that and who will therefore claim that perhaps we should have done things differently in the process.

But when you look back at it with an objective eye, you can see we were really open minded, but there's a very clear clinical evidence base, and that's really important I think in transparency, setting out all that clinical evidence and that's there for everybody to see.

Paul Parsons - Matthew, you said there was a large live audience and it was being streamed. I'm just wondering whether that changes the dynamic around the table and the preparation that you, as chair or Matt as a director, needs to do to support the members making those decisions on that day.

Dr Matthew Walmsley - It influences the set up of the room to a degree in terms of having to set, what was actually quite a large decision-making body, a lot of people and set up a table. I think we have three cameras in total to try and make sure we could stream from contributions across all of this big U-shaped table, microphones. So it did take quite a bit of physical setting up. In terms of the dynamics of the meeting on the day, I don't think that having live stream changed it significantly from the fact that it was a meeting in public and there was a very large public audience there. So the fact that there was streaming going on, I didn't feel changed the way the meeting would have run, but it was running obviously very differently from an average governing body meeting where

we might get a handful of members of the public. The fact that there was a packed sports hall observing at the time, that was the most influential part of the set up on the dynamics.

Matt Brown - I think it's probably fair to say that many people in many governing body members wouldn't have been conscious it was being live streamed at the time. I don't think, it's not as evident when you sat in the room as it is now under COVID lockdown arrangements where we're all in different rooms and on video calls. I think to be honest, the members wouldn't have been that aware of the live stream. There were some logistical challenges, though, as Matthew said, because you've got 30 people and you're trying to kind of keep cameras on all the people that are speaking on time, then it's kind of practically quite tricky. But actually I thought it worked really well. And if you watch the live stream back now, I think it gives a really good account of the level of discussion that we had.

Dr Matthew Walmsley - So I think as well as archiving the papers, the minutes of the meeting we've archived that was recorded as well as live stream. So the recording is available for anybody to go back and watch properly if they want to.

Matt Brown - I think what's interesting about that live stream is and forgive me if this is a tangent, but that a large number of local NHS leaders were watching that. So during and after the meeting, we've got quite a number of messages of people talking about what they'd observed in the process we've gone through. So it's quite interesting for people obviously interested in the actual decision we're making, but also, I think, just learning for themselves about okay, well, what are we doing? What might they want to do for their own major service reconfiguration set up and structures? So I think the live stream in itself was quite useful for a number of purposes, to be honest.

Caroline Latta - So, Matt, what have you learned from the decision-making arrangements that took place in PtoE1 that you'd want to kind of draw forward into this next part of transformation that you're working on?

Matt Brown - I think the key learning for me about the decision-making is in a sense, not about the decision-making arrangements themselves. It's more about, it's the preparation, the process that leads up to that. So the key learning for me is you have to design with sort of two ends in mind, really. Firstly, the decision-making, but then secondly, the work that's required after that around implementation, but also with contentious change, the likelihood of Secretary of State referral and, in our case, judicial review court of appeal. So we were quite clear from the outset that it was likely that with the level of interest in local population and the level of political interest that we were going to end up in those places. So we therefore were able to plan quite carefully. I mean, clearly we want to do this anyway, but we have to plan quite carefully the things that would need to be done to make sure that actually the process was as robust as it could be, whatever the decision might be in the end. So the process is really important. So I think having the team of people we established from the outset was really, really important.

So, Caroline, yourself, we had really strong engagement, really strong communications leads. I think it's fair to say often comms and engagement colleagues are not quite included at the outset, and that becomes a problem later down the line. We have really good involvement from corporate governance teams, from both the CCG and the trusts, because actually they're very different governance set ups. So that was really important. So we specifically commissioned a number of external impact assessments and so on. So particularly travel and transport, health inequalities were done by external parties, which was really important in hopefully helping with the transparency and the feeling from people that we're taking their view seriously. Now, we had colleagues from NHS England who were really able to help us with the regulatory processes that we need to go through the redesign. So having all those people able to shape the process and the governance around our decision-making arrangements and the process leading up to that, I think was really, really important and that's the key learning for me. So when you look back and when you look at the judicial review for Paths to Excellence, you can see the judge drawing a clear line between all the documents.

There's sort of staging points up to the decision and it's a really robust process. So from setting out what the issues are back in 2016 or so through to consultation, the consultation report, the consultation feedback report, the decision-making paper, you can draw a really strong line between all of those. And I think that's not just happenstance, that's because you get the right people to ask the right questions of your team, your process, your documentation as you're going along. I particularly would stress the importance of getting the right legal team to support when you know that these changes are going to be contentious. So you know that there's a likelihood that members of the public will look for judicial review for it, then it's really important to get a view from the solicitors at an early point. So we were fortunate having Peter Edwards, from Capsticks, who helped guide us through the process. I think it's not just about the regulatory environment, it's about understanding the connotations of all of the documents and decisions you make in a legal context. So I think that was really important for us at any point and we couldn't have had a better support. So the key learning for me about decision-making is preparation and the arrangements that lead up to that point.

Paul Parsons - So, Matt, when in the process do you start thinking practically about the decision-making arrangements and needs?

Matt Brown - Really early on, sorry to be slightly vague about it. So I joined the team in the summer 2017, the day the consultation process started for Paths to Excellence and really from that day, we're certainly planning towards the decision-making meeting and the processes that would follow, the likely referral or the likely legal regulatory process thereafter. So you have to start planning from at least that point. And the team had been working for months before that on the work that we need to be doing, the timeline, because there's a real choreography of assurance papers, documentation, sign offs, checks through the NHS England process, let alone the legal processes that have to be gone through. You can't just kind of rock up two months before and turn it to a decision-making meeting. I mean, it takes certainly for me, the planning was nine months, a year before the actual decision-making meeting itself, and the team had been working on it before I joined. So it's right from the outset. I don't know how best to describe it really, but it feels like you've got a number of different strands of sorts, like pieces of walls, a number of different strands of work that are ongoing. There's the consultation, there's

the clinical input, there's the ambulance service views, there's the other impact assessments, and they kind of go slightly parallel, but you have to bring them together at various points.

So they weave together in the documentation that we have the consultation report and the decision-making report and so on. And the decision-making meeting for me is just one of those kind of nodes, those points of contact, but you have to be able to plan for it from the outset. Otherwise, well, I guess you run out of wool, don't you?

Dr Matthew Walmsley - Prior to this process, I thought that we would have done something wrong for getting to judicial review, but actually with something of this magnitude and this degree of complexity and contention, I think a judicial review was inevitable. So actually we hadn't done anything wrong by ending up a judicial review. We'd have done something wrong if we ended up at judicial review and the decision had been thrown out. So I think that's what changed my thinking a little on the process.

Caroline Latta - There are lots of statutory duties that need to be considered at the final decision-making point, as you've both mentioned. So how do you go about preparing to make sure those are each properly covered as part of that process?

Matt Brown - I think this partly goes back to the point I made earlier about the team of people, so a recognition that those things need to be done and there's a real value in them. They're not just requirements, they're actually getting an assessment of what the travel and transport needs of the population are. It's really important. It's not just a box to tick, it really should drive our thinking about how we shape our service offering. So I think you can approach this with a number of different mindsets about the importance of these things. And certainly I think having a team of people who are able to bring different expertise and perspectives helped shape and show everybody the importance of doing this properly. Particularly when you talk about the potential for judicial review and actually not getting the process right might mean that the right outcome isn't achieved in the end. So certainly it's about getting the right people together and then you have to plan and it takes time, doesn't it? Getting all of those different impact assessments,

getting a range of views and being prepared to listen to what they say. So actually a number of different views are expressed by the clinical networks, the clinical senate, by our ambulance colleagues, by public health experts, and we really tried to respond to all of those issues that come through. But that is a really challenging process. Some of those things are conflicting and they're difficult to address. But I think you have to set out not just to do it, but to do it well, to do it properly.

Dr Matthew Walmsley - I think one of the roles of the chair of the governing body throughout that is to ensure that all the members of the team, all those members who are going to be sitting around the table and making that final decision, are actually engaged in the process before they are engaged in actually going through all of those hundreds or thousands of pages of detail and get that understanding through a number of meetings, a number of previous meetings as to why we're doing it this way and why it's important that they're fully engaged in all of the steps of the process.

Caroline Latta - And on that point, Matthew, was there anything additional that you did to support governing body members and other decision-makers about what the roles and responsibilities were?

Dr Matthew Walmsley - So there were quite a lot of development meetings prior to this final decision-making meeting, not just about the content of the papers, but about the educating people about the way the meeting would have to be run, the way the decision would have to be made and support out there for practical things, like making sure that people have the stuff in a format that they could digest, timeliness to go through it, enough meetings for any questions to be raised and to be going down into real depth. So we could be really sure that everybody around that table had fully digested and comprehended all of the detail that they would need in order to make a good decision.

Matt Brown - I think again, it goes back to having the right people involved. So having our NHS England colleagues involved in the programme team, we were able to help steer governing body members to the information that they needed to help them understand

the expectations about them. I think it's also worth saying that we really encourage the governing body members to attend the consultation meetings and so on that happened during that summer. So they really got a feel for not just the message that they were hearing from us and what they were reading about the consultation feedback, but actually what people were saying in the room and what the tone of it was. I think that was important.

The other thing that's important for me is I think the consultation is clearly important, but it's only one part of the public involvement duty. The engagement work that goes on before that point is really critical. So in shaping the way the consultation works, in shaping the options that you're taking into consultation and, so I think that pre-engagement work is really important in making sure you properly fulfil the statutory duty around well, the statutory duties for involvement, but leading into those consultations.

Caroline Latta - Have there been other benefits that this programme has given Sunderland and South Tyneside health and care economy working together?

Dr Matthew Walmsley - I think we had such a clear consensus about the need for change and about the likely scenarios, particularly once we've been through a consultation, the likely outcomes, what would need to be done? It really did bring the team together across providers and commissioners. So I think we felt very galvanised into actually, these are the things that are essential for the people we serve and it's quite rare, I think, that you get such concordance of view. It's rare, certainly in the programmes I've been involved in. That was really helpful and that has stood us in good stead for future decisions, Caroline. It's a good question.

Caroline Latta - Just as a final point, for those people listening who are planning major service change programmes and are thinking about decision-making. What would be your top tips for them, your top take-aways?

Dr Matthew Walmsley - I don't think you can plan too much, I think, is the top tip. If you think you've done all your planning, go back and do a bit more. For on the day, certainly making sure that all of the physical organisational aspects of getting the room, getting the right people in the right place at the right time, with the right equipment, and the right information is no mean feat in itself. And that needs to be really quite carefully orchestrated. As a chair, if that's all being done around you and for you, it does make the process of actually running the meeting so much easier and so much smoother. Make sure as a chair you've got a good team doing all of that stuff for you.

Matt Brown - I think there's probably two things for me. The first thing is just very simply when approaching decision-making meetings, I think as early as you can, I'll talk to someone else who's been through the process. So we had the opportunity to do that from a neighbour and that really helped us shape some of the nuts and bolts of how the actual meeting would work, the flow of it, the structure and the things we need to prepare for. And that was really valuable on a practical level. And the second thing for me is you just can't overstate the importance of getting the right people involved as early as you can when planning firm decision-making. So I mentioned earlier, but the key thing is around people with expertise in service reconfiguration, communications, consultation, engagement, corporate governance from all perspectives, provider and commissioner, as well as your clinical leadership and your programme team, those things really help you think through properly the range of things that you need to approach before you get into decision-making and I can't overstate the importance of that.

Caroline Latta - Dr. Matthew Walmsley and Matt Brown of South Tyneside Clinical Commissioning Group. Thank you very much.

Dr Matthew Walmsley - You're very welcome.

Caroline Latta - Some invaluable insights there. What did you think, Paul?

Paul Parsons - There was a lot there. For me the three key take-aways are preparation, preparation and preparation. Firstly, starting out with the understanding that referral to the Secretary of State and a claim for judicial review are realistic prospects and building that in to ensure total transparency at every stage of the programme. I always tell my clients that transparency is their friend and this programme is a living example of that. Secondly, preparing the meeting, making sure that the proper arrangements were in place for the practicalities of the meeting, including arrangements for streaming for the public to attend and for the meeting to carry on should there be disruption. And finally, preparation for the decision-makers themselves, making sure they were fully briefed with access to all the information they needed to perform their function well. But I'm an independent observer on this one. You're right in there. What did you learn about decision-making meetings from this experience and what would you encourage other programmes to take forward?

Caroline Latta - I was standing on the shoulders of those people who went ahead of me. So as Matt Brown was saying, we're able to take the learning from other health systems who'd been through complex and contentious transformation programmes and being able to point to their learning when explaining the rationale to colleagues for why things were being approached in particular ways. The programme went on to share its learning via the national NHS England Transformation Team with places who are further behind in their processes. Right from the start, leaders were keen to work in the best interests of patients. Leaders in Sunderland and South Tyneside really set the bar high around transparency and created a positive culture for making change. It's this that brought together the right range of professionals to provide expertise and support, helping to drive things forward in that open way. Engaging with partners, stakeholders and patients with a relentless focus on making services better for patients.

Paul Parsons - And that's another episode in the bag. Huge thanks to Dr. Matthew Walmsley and Matt Brown for joining us to share their learning and insights. You can find our other episodes on notaconsultation.com.

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