

ABSTRACT

While Government policy commitments are often well publicised, comparatively little attention is paid to the quality of commitments made or to assessing progress against those commitments. Here we describe an innovative and systematic method of health policy evaluation and discuss implications for parliamentary scrutiny, leadership, and improvements to health care.

In 2020, the Health and Social Care Select Committee commissioned an Expert Panel to conduct independent in-depth evaluations of government progress using CQC-style ratings. The first evaluation assessed commitments in the area of maternity services and is the first time a government department has been systematically graded against its own commitments. The Expert Panel represents an important new method of scrutiny with the potential to complement and enhance the work of Select Committee inquiries. The implications of this innovation for healthcare leadership and improvement are discussed.

SUMMARY

- *What is already known on this topic?*

Government healthcare commitments have not previously been subject to a formal system of independent scrutiny.

- *What the study adds*

This paper describes the establishment of the Health and Social Care Expert Panel, commissioned to evaluate Government progress against its own healthcare commitments using systematic and robust research methods.

- *How might the study affect research, practice or policy?*

The Panel's work has the potential to have a major impact on healthcare policy improvements by assessing whether Government commitments are adequately funded, fully implemented, and in the best interest of patients.

INTRODUCTION

Health and Social Care services make essential contributions to society, and it is vital that NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC) respond dynamically to meet the needs of a changing population. Although the precise structural relationships between the Government and the NHS changes every few years, successive governments make policy commitments and the NHS and its associated bodies work towards implementing those commitments. Improved assessment of the process by which commitments are made and implemented provides essential feedback between the DHSC and NHSE&I leadership to ensure commitments are appropriately resourced, feasible, and in the best interests of patients. Here we describe the role and impact of the Expert Panel, an innovative method of Government scrutiny that aims to strengthen and complement the work of the Health and Social Care Select Committee.

The role of Select Committees

Policy scrutiny is a core function of Parliament and is typically undertaken through oral questions, debate, and through the investigative work of Select Committees [1, 2]. Select Committees are made up of a group of cross-party MPs and can appoint Specialist Advisors to assist their work.

The Health and Social Care Select Committee (HSCSC) scrutinises health and social care policy and the work of the DHSC. It fulfils this role through a programme of work, including public inquiries and the publication of reports, which include recommendations to which the Government is obliged to respond.

Select Committees typically draw evidence from open calls for written submissions and public oral evidence sessions. Efforts have been made in recent years to balance the views of professional stakeholders by diversifying the range of witnesses testifying in evidence sessions, including lived experience witnesses [1]. However, recent studies show that better-resourced groups with economic power continue to have disproportionate access to parliamentary committees [3]. Moreover, oral evidence sessions are driven by questions from MPs with the potential to be influenced by political motivations.

The Expert Panel

In 2020, the HSCSC published a Special Report [4] that called for a new method of rigorous scrutiny, integrating the principles of systematic evaluation, to enhance its core work. The report outlined the process for establishing an Expert Panel responsible for publishing an independent and in-depth evaluation of specific government commitments in health and social care. The Expert Panel was tasked with conducting a ‘deep dive’ evaluation of areas under investigation by the Committee and to provide evidence-based justification for CQC-style performance ratings to inform the Committee’s own reports. The Special Report recognised the value of independent assessment by non-politicians using systematic and robust research methods, which could complement and enhance the review processes used by Select Committees [5]. In particular, it called for a new focus on assessing the quality of policy commitments, for example, the extent to which they are achievable, measurable, and realistic, as well as assessing progress and outcomes.

METHODS

Selection of Panel members

The Chair of the Expert Panel, Professor Dame Jane Dacre, was appointed by the HSCSC. Professor Dacre, a former President of the Royal College of Physicians, has expertise in medical education research and is known for her work in promoting gender parity in medicine. A further six core members were recruited via an open advertisement and interview process. Appointments ensured diversity of membership and combined expertise in research methods, health care, patient advocacy, and the law. Core panel members are supported by specialist advisers for each evaluation to ensure the Panel can draw from subject specialist knowledge and experience.

Evaluation Strategy

The first evaluation into maternity services was undertaken in parallel with the Committee's own report in this area. While the remit of the Committee's report was broad and wide-ranging, the Panel focused on evaluating progress against four distinct policy commitments and was conducted independently from the Committee's inquiry, using different sources of written and oral evidence. The Panel's evaluation sought only to assess appropriateness and progress towards Government commitments and did not make recommendations. However, the Committee considered the findings of the Panel's report when making their own recommendations [6].

Selecting commitments for evaluation

The Expert Panel selected four policy commitments made publically by the Government over the last 5 years. The commitments were chosen according to their predicted impact and significance to maternity services overall.

For each commitment, the Panel structured its inquiry around four key questions:

1. Has the commitment been met/on track to be met?
2. Was the commitment effectively funded?
3. Did the commitment achieve a positive impact for patients/service users?
4. Was it an appropriate commitment?

A further set of sub questions was developed in relation to these core questions for each commitment.

Sources of evidence

The Expert Panel evaluated written and oral evidence from six main sources. These were:

1. **The formal written response from the DHSC to the Panel's questions.** Key areas of interest were also discussed during two meetings between senior representatives from NHSE&I and the DHSC.
2. **Written submissions from key stakeholders.** Key stakeholders were invited, via an open call, to submit their own response to the Panel's questions.
3. **Relevant peer-reviewed research papers.** Research articles sourced from the PubMed database were evaluated to verify or support written evidence.

4. **Statistical data.** Sourced from the Office of National Statistics (ONS) and checked against data provided by the DHSC. The Panel also met with representatives from the National Audit Office to corroborate data throughout the evaluation.
5. **Practitioner views.** Two mixed roundtable events with midwives and obstetricians were held to discuss each of the four commitments. Participants were recruited to represent a broad range of experience and seniority, including participants at a national leadership level.
6. **Service user views.** A focus group was held to consider the commitments in relation to women at risk of poor maternity experiences and outcomes. In addition, the Panel reviewed a wide range of evidence published by the Patient Experience Library.

This range of witnesses and sources provided a broad overview of the subject area and included traditionally under-represented and marginalised groups. To facilitate transparent, collaborative dialogue the Expert Panel also held several informal meetings with both the NHSE&I and DHSC.

Method of evaluation

The Panel adopted consistent and systematic methods of data analysis. Initial evidence provided by the DHSC was crosschecked against peer-reviewed research and statistical data. Where there were discrepancies in methodological approach or where data could not be corroborated, additional clarification was requested from the DHSC in writing. Any significant gaps were highlighted at this stage. Additionally, the Panel held meetings with the National Audit Office to provide an external assessment of findings.

Written evidence, including transcripts from focus groups and roundtables, was analysed using a published framework method for health policy research[7]; a practical and accessible way to incorporate both deductive and inductive thematic analysis of complex qualitative data. A realist review approach was used to synthesise findings, integrating evidence from all sources to produce the final report. Initial analysis was undertaken by independent Research Fellows and shared with Panel members during regular meetings throughout the review.

Assigning CQC-style ratings

Once evidence had been reviewed, the Panel met to discuss the application of the CQC-style ratings (Outstanding, Good, Requires Improvement, Inadequate). These ratings were based on a clear set of anchor statements designed to standardise decision making as far as possible and to ensure all Panel members shared a common understanding about what constituted each rating (see Table 1).

In addition to a single overall CQC-style rating, the Panel included separate ratings for each commitment and its four core areas to provide feedback about strengths as well as areas for improvement.

Table 1: Anchor statements for CQC-style ratings

Rating	Was the commitment met overall/Is the commitment on track to be met?	Was the commitment effectively funded?	Did the commitment achieve a positive impact for patients?	Was it an appropriate commitment?
Outstanding	The commitment was fully met/there is a high degree of confidence that the commitment will be met	The commitment was fully funded with no shortfall	Patients and stakeholders agree that the impact was positive	Evidence confirms appropriateness of the commitment
Good	The commitment was met but there were some minor gaps, or is likely to be met within a short time after the deadline date/it is likely that the commitment will be met, but some outstanding issues will need to be addressed to ensure that is the case	The commitment was effectively funded, with minor shortfalls	The majority of patients and stakeholders agree that the impact was positive	Evidence suggests the commitment was appropriate overall, with some caveats
Requires improvement	The commitment has not been met and substantive additional steps will need to be taken to ensure that it is met within a reasonable time/the commitment will only be met if substantive additional steps are taken	The commitment was ineffectively funded	A minority of patients and stakeholders agree that the impact was positive	Evidence suggests the commitment needs to be modified
Inadequate	The commitment has not been met and very significant additional steps will need to be taken to ensure that it is met within a reasonable time/the commitment will only be met if very significant additional steps are taken	Significant funding shortfalls prevented the commitment being met	Most patients and stakeholders did not agree there was a positive impact for patients	Evidence suggests the commitment was not appropriate

RESULTS

The Panel's final report was published separately by the HSCSC[8] and its main findings were incorporated into the Committee's own report into Maternity Safety[6].

The commitments selected were:

1. **Maternity Safety:** By 2025, halve the rate of stillbirths; neonatal deaths; maternal deaths; brain injuries that occur during or soon after birth. Achieve a 20% reduction in these rates by 2020. To reduce the pre-term birth rate from 8% to 6% by 2025.
2. **Continuity of Carer:** The majority of women will benefit from the 'continuity of carer' model by 2021, starting with 20% of women by March 2019. By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.
3. **Personalised Care:** All women to have a Personalised Care and Support Plan (PCSP) by 2021.
4. **Safe Staffing:** Ensuring NHS providers are staffed with the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm.

The overall rating against all four maternity commitments are summarised in Table 2.

Table 2. CQC-style ratings for commitments to maternity services

Commitment	A. Commitment met	B. Funding / Resourcing	C. Impact	D. Appropriate	Overall
OVERALL RATING across all commitments					Requires Improvement
Maternity Safety	Stillbirths: Good Neonatal deaths: Good Brain injury: Requires Improvement Maternal deaths: Inadequate Pre-term births: Requires Improvement	Requires Improvement	Requires Improvement	Good	Requires Improvement
Continuity of Carer	Inadequate	Requires Improvement	Requires Improvement	Good	Requires Improvement
Personalised Care	Inadequate	Inadequate	Inadequate	Requires Improvement	Inadequate
Safe Staffing	Inadequate	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement

A key finding of the evaluation were the persistent health inequalities experienced by women and babies from minority ethnic or socio-economically disadvantaged backgrounds. To highlight this issue in more detail the Panel included a separate chapter relating to health inequalities for each of the commitments.

The Panel also identified weaknesses relating to data collection and resourcing, noting “systematic issues in the way the commitments have been set out and resourced, with recurrent issues in establishing a robust and timely method of data collection.[8]” Discrepancies in definitions used to monitor key metrics, for example data relating to

neonatal deaths, were also highlighted as important limitations. Variability in data quality hampers the ability of both Parliament and healthcare leadership to accurately assess the impact and effectiveness of changes made as a result of Government commitments and funding. The Panel noted “when setting commitments, it is vital that the Government develops appropriate data collection strategies to monitor progress where relevant data are not currently available”[8].

DISCUSSION

The Expert Panel was established to develop and enhance the core work of the Select Committee in holding the Government to account. The establishment of the Panel represents one of the biggest changes to Select Committee processes since their inception, and aims to support policy scrutiny by providing methodological rigour and research expertise.

By working in parallel with the Committee, the Panel improves accountability: where findings align, the twin reports of the Panel and the Committee send a strong message which together may be difficult for the Government to ignore. In instances where findings differ, the Panel could provide an important check and balance for the Committee to review and refine its own analysis in light of the Panel’s findings.

The assignment of CQC-style ratings represents a new and potentially important way of holding the Government to account. While such rating scales are inevitably reductive, they provide a clear overview of Government performance in an accessible format using a system that is well understood by policy makers, the media, and the public. The ratings also provide an opportunity to show relative improvement or worsening over time.

The Panel provides a system of oversight that incorporates mixed methods research expertise within a methodologically robust and practical evaluative framework. A consensus approach to the synthesis of data allowed the evaluation of a wide range of complex information in a relatively short period of time. The Panel’s aim was not to exhaustively review all available evidence but to triangulate data from a representative range of sources. This approach was informed by core Panel members’ expert knowledge in rigorous research methodologies adapted to work within a policy-making setting. The addition of specialist subject advisors was crucial in allowing core members to develop a good understanding of different working cultures at speed and to sense-check the wider evaluative process.

The Expert Panel occupies a unique position in policy scrutiny and is the first evaluative body of its kind in the UK. It is independent from the Select Committee but enjoys privileged access to data not available to other independent inquiries or academics. Its legitimacy is derived from the status conferred by the HSCSC, which was instrumental in securing the cooperation of both the DHSC and NHSE&I. An expectation for the Government to formally respond to Panel reports within 6 weeks enhances both the status and influence of the Panel in driving change and improvement.

The impact of the Panel’s first report was significant. As well as receiving widespread media coverage [9], its assessments were accepted by the Government in their formal response [10]. This response contained details of modifications to national implementation guidance partly as a consequence of the Panel’s findings. The response also acknowledged the additional focus on health inequalities and the need to “introduce a target to end the disparity in maternal and neonatal outcomes with a clear timeframe for achieving that target”. This

demonstrates the power of the Panel's affiliation with the HSCSC in driving progress and highlights the benefit of taking a dynamic and inductive approach to analysis to allow the identification of emerging themes.

As the first evaluative body to explicitly focus on the appropriateness and feasibility of commitments, it is expected that the Expert Panel will contribute to improvements in the quality of future commitments making it easier for NHS leaders to implement successful change. The engagement of NHS leadership is vital, and the Panel are mindful of the need to balance constructive criticism with a strength-based evaluation of professionals working in leadership positions to facilitate change. It is hoped that the Panel's work will motivate policy makers to set more realistic, measurable, and impactful commitments in the future and to facilitate essential dialogue between policy makers and NHS practitioners.

While the work of the Panel is currently limited to the Health and Social Care Select committee, the model could be adapted for use with other Select Committees, acting as a formal system of accountability and review and improving the quality and application of Government commitments more widely.

As with any evaluative body, the Panel is mindful of the importance of reviewing and assessing its own performance and impact. While effectiveness is challenging to quantify at this early stage, a stakeholder review is planned to ensure the Panel's work is relevant, impactful and conducted in the most useful way to encourage change and improvements in the NHS.

CONCLUSION

The appointment of the Expert Panel represents a novel approach to policy scrutiny, incorporating academic expertise and research methodologies into the work of Select Committee investigations. By developing a more systematic approach to evidence gathering and analysis, it is hoped that the Panel will play an important role in supporting NHS leaders and policy makers to plan for, and implement, change. It is anticipated that this pragmatic and evidence-based innovation will promote learning about what makes an effective policy commitment, identify how commitments are most usefully monitored, and ultimately contribute to the improvement of healthcare.

References:

- 1) Liaison Committee. The effectiveness and influence of the select committee system. *House of Commons*, 2019; HC1860.
- 2) [Committees.parliament.uk/committee/81/health-and-social-care-committee/](https://committees.parliament.uk/committee/81/health-and-social-care-committee/) [Internet]. Health and Social Care Committee.
- 3) Binderkrantz, A. S., Christiansen, P. M., & Pedersen, H. H. (2015). Interest group access to the bureaucracy, parliament, and the media. *Governance*, 28(1), 95–112.

- 4) Health and Social Care Committee. Process for independent evaluation of progress on Government commitments: First special report of session 2019-21. *House of Commons*, 2020; HC663.
- 5) White, H. Parliamentary Scrutiny of Government. *Institute for Government*, 2015.
- 6) Health and Social Care Committee. The Safety of Maternity Services in England. *House of Commons*, 2021; HC19.
- 7) Gale, N.K., Heath, G., Cameron, E. et al. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*, 2013.
- 8) Health and Social Care Committee. The Health and Social Care Committee's Expert Panel: Evaluation of the Government's progress against its policy commitments in the area of Maternity Services in England. *House of Commons*, 2021; HC18.
- 9) BBC News. Culture of blame hold back maternity safety, report finds, <https://www.bbc.co.uk/news/health-57725263>, 6 July 2021.
- 10) Secretary of State for Health and Social Care. The Government's response to the Health and Social Care Committee's Expert Panel Evaluation. *HM Government*, 2021; CP514.