

Minutes of the Programme Board held on 21 October 2013

Present:

- Bill McCarthy National Director: Policy (Chair)
- Kate Caston, Head of Specialised Commissioning (Corporate) (Deputy for Ann Sutton)
- John Holden, Director of System Policy (Vice Chair)
- Chris Hopson, Chair of the review's Provider Group
- Professor Deirdre Kelly, Chair of review's Clinician Group
- Professor Sir Bruce Keogh, National Medical Director
- Mr James Palmer, Clinical Director, Specialised Services
- Professor Peter Weissberg, Chair of the review's Patient and Public Group
- Giles Wilmore, Director for Patient & Public Voice & Information
- Michael Wilson, Programme Director

Apologies:

- Professor Sir Michael Rawlins, Chair of Clinical Advisory Panel
- Ann Sutton, Director of NHS Commissioning (Corporate).

In attendance:

- Lauren Phillips, Programme Development Manager (Secretariat)
- Jane Docherty, Project Manager

Item	Agenda Item
1	Welcome and Apologies
	The Chair welcomed everyone to the meeting. Apologies were noted from Professor Sir Michael Rawlins and Ann Sutton.
2	Introductory remarks
	<p>Bill McCarthy thanked the members of the Programme Board for agreeing to be involved in such an important piece of work, particularly the three Chairs of the review's engagement groups (Professor Deirdre Kelly, Professor Peter Weissberg and Chris Hopson).</p> <p>Mr McCarthy explained to the Programme Board that this review was about investment in future generations and aspiring to the kind of world-class service our patients should expect.</p> <p>Mr McCarthy reflected that the Safe and Sustainable process had been both a well motivated and well intentioned process to improve children's heart surgery, but had faced criticism for its lack of transparency.</p> <p>Mr McCarthy emphasised the scale of the challenge in the review, to achieve an implementable solution by June 2014.</p> <p>Bill reminded members that John Holden continues to write a new CHD review blog on a bi-weekly basis and that all meeting agendas and papers were published on the new CHD review webpages of the NHS England website.</p>

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3	Overview
	<p>Michael Wilson presented a slide deck providing an overview of the new congenital heart disease review. Michael explained that the slides had been adapted from the presentation given to the All-Party Parliamentary Group (APPG) for heart disease on 9 October 2013 attended by Professor Sir Bruce Keogh and himself.</p> <p>Michael Wilson reinforced to the Programme Board that:</p> <ul style="list-style-type: none"> • the review process was both focused on, and driven by, clinical standards; • there was no pre-conceived answer in mind; • that this is a speciality that has been under review for many years, and constant reviewing of the services has led to a form of planning blight leaving them more vulnerable – hence the need to conduct the new CHD review at pace, reducing the risks caused by continued uncertainty. <p>Michael provided an update on the current work with the Clinical Advisory Panel to finalise the recommendations on the scope of the review (approximately 40 stakeholder responses had been received).</p>
4	Programme Board: Terms of reference
	<p>Bill McCarthy introduced the terms of reference (TOR) for the Programme Board. Following discussion, the Programme Board approved the terms of reference.</p>
5	DRAFT Programme Initiation Document (PID)
	<p>Michael Wilson introduced the DRAFT Programme Initiation document (PID) to the Programme Board, asking them to consider and agree that they were content with both the tone and content of the document before it is finalised.</p> <p>Michael Wilson drew members attention to section 2.2 of the PID, which detailed the six objectives of the review as follows:</p> <ul style="list-style-type: none"> • to develop standards to give improved outcomes, minimal variation and improved patient experience for people with congenital heart disease; • to improve antenatal and neonatal detection rates; • to analyse the demand for specialist inpatient congenital heart disease care, now and in the future; • to make recommendations about the function, form and capacity of services needed to meet that demand and meet quality standards, taking account of accessibility and health impact; • to establish a system for the provision of information about the performance of congenital heart disease services to inform the commissioning of these services and patient choice; and • to make recommendations on the commissioning and change management approach including an assessment of workforce and training needs. <p>Members discussed whether or not a specific objective should be included focussing on research, but concluded that “research” should be woven into the existing objectives.</p>

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	<p>The Programme Board agreed that a benefits realisation process was important and that this should be reflected in the PID.</p> <p>Professor Peter Weissberg suggested that it would be important to be clear about any fixed resource parameters within which to test scenarios (financial, workforce etc) – the Programme Board agreed.</p> <p>Members felt that the objectives were as important as the scope in defining the review and also central to the task of programme planning. As such the Programme Board recommended that the Board Task and Finish Group should consider and confirm these objectives at their next meeting.</p>
ACTION	Board Task and Finish Group to consider and confirm the objectives of the review at the meeting on 29 October 2013
ACTION	PID to reflect the commitment to an evaluation and benefits realisation and also include a section on resource (financial, workforce etc) parameters.
6	Proposed approach for managing conflicts of interest
	<p>Professor Sir Bruce Keogh introduced the paper detailing the proposed approach for managing conflicts of interest during the review. Sir Bruce explained that this was a programme specific approach and one which recognised concerns about perceived bias and undeclared interests highlighted in the Independent Review Panel (IRP) report on the Safe and Sustainable process.</p> <p>Sir Bruce explained that this had already been considered by both the Board Task and Finish Group and Clinical Advisory Panel and amended following their comments, including the suggestion to also make this applicable to the engagement groups (not just the decision making and advisory groups).</p> <p>The Programme Board discussed the need for any declarations to also cover “perceived” conflicts of interest.</p> <p>The Programme Board acknowledged that publishing such registers may lead to specific criticisms by stakeholders and that this was to be expected. Abusive comments would not be tolerated; the whole point of declaring perceived conflicts was to clear up any misunderstanding or potential for real or perceived bias.</p> <p>Sir Bruce added that on reflection he felt it important that if and when a new potential / perceived conflict of interest arose, it was not only noted in the relevant minutes of the meeting, but also made clear on the new CHD webpages.</p> <p>The Programme Board supported the approach outlined in the paper, along with the addition of updating the new CHD webpages when a new potential / perceived conflict was raised, rather than just noting in the minutes of the relevant meeting.</p>
ACTION	Approach for managing conflicts of interest to be updated to reflect the discussion before approval by the Board Task and Finish Group.
ACTION	Template and guidance to be produced to assist members of various groups to complete declaration of potential and actual conflicts of interest.

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7	<p>DRAFT Communication and Engagement Plan</p> <p>Michael Wilson introduced the DRAFT communication and engagement plan, asking the Programme Board to consider and confirm that they were happy with both the tone and content before the document is finalised.</p> <p>Board members asked how the views of children and young people would be taken into account – this would be dealt with as part of the engagement planning. Professor Sir Bruce Keogh highlighted the need to ensure that children and young people (and any others vulnerable to exploitation) were protected throughout the process by all parties involved.</p> <p>Giles Wilmore stressed the importance of establishing the right values and behaviours at the start of the process whilst exploring the various routes and technologies available to support the engagement.</p> <p>After consideration, the Programme Board approved the tone and content of the plan, but requested that the following areas be made clearer:</p> <ul style="list-style-type: none"> • the membership of the Patient and Public Group be defined more clearly (e.g. not elected officials, cross-section of views etc.); • the connections / links with the Patient and Public Engagement Steering Group be included; • that in the work to engage with children and young people, they are treated in a way which is positive and respectful; • that the paper sets an expectation of behaviours for those participating in the new review – for NHS England and for stakeholders.
ACTION	<p>Update the draft communication and engagement plan as per the discussion at the Programme Board.</p>
8	<p>Supplementary Publication Scheme</p> <p>Michael Wilson presented the supplementary publication scheme to the Programme Board, which, in line with NHS England’s commitment to openness, sets out what information NHS England will make routinely available to the public regarding the new congenital heart disease review.</p> <p>Members noted that although NHS England already has an organisational publication scheme, this was a programme specific approach to achieve maximum transparency and to recognise the high level of public interest.</p> <p>The Programme Board noted that the supplementary publication scheme had already been considered by both the Board Task and Finish Group at its meeting on 30 September 2013 and subsequently by the Clinical Advisory Panel on 15 October 2013. Michael Wilson confirmed that comments received from both meetings had been reflected in the version the Programme Board themselves were considering.</p> <p>The Programme Board approved the supplementary publication scheme.</p>
9	<p>Approach to risk management</p>

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	<p>John Holden introduced the paper outlining the proposed approach to risk management for the new congenital heart disease review. John explained that the purpose of the discussion would be to agree both the approach, and the high level risks to the review.</p> <p>The Programme Board noted the NHS England approach to risk management and the scoring mechanisms in place for likelihood, impact and overall risk rating.</p> <p>The Programme Board noted that, in line with its Terms of Reference, it would both own any risks to the review / programme, and also be responsible for developing proposals for mitigation and / or resolution to them.</p> <p>Mr James Palmer explained that NHS England would have responsibility for a number of service reconfigurations over the next few years. The Programme Board acknowledged that the work of this review would be pivotal in designing the process for such future reconfigurations. Legal advice on process (e.g. consultation requirements etc.) would be important.</p> <p>The Programme Board agreed the high-level risks to the review as detailed in the paper.</p>
ACTION	DRAFT risk register to be considered by the Programme Board at its next meeting as per the agreed approach.
ACTION	Legal advice to be sought on process, engagement and scope.
10	Highlight report
	<p>John Holden presented two highlight reports to the Programme Board.</p> <p>The first of which summarised progress since the meeting of the Board Task and Finish Group on 30 September 2013 to date. The second was a copy of the highlight report that was submitted to the Board Task and Finish Group at its meeting on 30 September 2013. Both reports detailed key updates, strategic risks, issues, next steps and support required.</p> <p>Both highlight reports were noted. Bill McCarthy affirmed that the review was a whole organisation priority and the members agreed the importance of ensuring that the organisation's resources were mobilised to support the review.</p>
11	Any other business
	<p>Professor Sir Bruce Keogh explained to the Programme Board that concerns had been raised about public/patient representation on the Clinical Reference Group (CRG) responsible for congenital heart disease, and in particular the process by which members were appointed. Though the CRGs exist independently of this review they are nonetheless very important to the development of service specifications around which a new service will be built, and so critical to the credibility of the review. The concerns have been drawn to the attention of the chair of the relevant CHD group and Mr. James Palmer, National Clinical Director for Specialised Services. The Programme Board agreed that excellent stakeholder management was vital throughout the new CHD review process. The Programme Board supported the proposed review of the appointment process for patient and public representatives to the CRG to be conducted by Giles Wilmore and Mr James Palmer.</p>

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	<p>The Programme Board had a general discussion about the “case for change” in relation to the review, including the assurance of patient safety now and in the future. Bill McCarthy explained to the Programme Board that a process was in place for any concerns raised during the review regarding safety to ensure that any such concerns were passed to Dr Mike Durkin (Patient Safety Domain Lead) and to the relevant regional medical director who could consider the issue with the Care Quality Commission (CQC) locally for potential escalation to the Chief Inspector of Hospitals. Kate Caston suggested that both relevant Area Teams and the NHS England Operations Executive also be informed of such concerns.</p>
<p>12</p>	<p>Future meetings</p>
	<p>Members noted that as per the terms of reference, a meeting of the Programme Board would be “held every month” and on such other occasions as the Chair should deem necessary until June 2014.</p>
<p>Date of next meeting</p>	<p>13 November 2013 – Maple Street, London W1T 5HD</p>

DRAFT