

**BOARD PAPER - NHS ENGLAND**

**Title:** Update from the Board task and finish group on the new congenital heart disease review.

**From:** Bill McCarthy, National Director: Policy

**Purpose of paper:**

To update the Board on progress of the new congenital heart disease review.

**Actions required by Board Members:**

The Board is asked to note the progress of the new congenital heart disease review to-date.

## **Update from the Board task and finish group on the new congenital heart disease review**

### **Background**

1. This paper provides an update on the progress of the new congenital heart disease review since the last update to the Board on 24 January 2014.

### **Board task and finish group**

2. The purpose of the group is to:
  - provide strategic direction to the new congenital heart disease review on behalf of the NHS England Board;
  - provide assurance to the Board that the work is aligned with the stated aims of the review and NHS England's other strategic priorities;
  - advise the Board on particular issues in relation to the review and also on any decisions which the Board may be required to make; and
  - where required, commission work and/or request further information from the review's programme board in order for the group to fulfil its function.
3. At the time of the last update to the Board, the minutes of the meeting on 7 January 2014 were not available, however a verbal update was provided to the Board during the meeting. The minutes of meeting have now been published on the NHS England website in line with the review's commitment to transparency and are attached as Annex A.
4. Since the last update to the Board, the Board Task and finish group (the "Group") has met once on 15 April 2014. At this meeting, the Group considered the review's progress, methodology and, specifically, the proposed approach for the key NHS England assurance groups. Due to the intense activity of the past few weeks (almost 20 engagement and governance events) the minutes of the meeting on 15 April 2014 are not yet available, however the key themes considered are set out below and a verbal update will be provided to the Board during the meeting.

### **Standards**

5. The Group noted that the review's Clinical Advisory Panel (CAP) had considered and approved (subject to some amendments), the draft standards for congenital heart disease services at its meeting on 31 March 2014. The draft standards are presented under the following headings:
  - Section A: The network approach
  - Section B: Staffing and skills
  - Section C: Facilities
  - Section D: Interdependencies

- Section E: Training and education
- Section F: Organisation, governance and audit
- Section G: Research
- Section H: Communication with patients
- Section I: Transition
- Section J: Pregnancy and contraception
- Section K: Fetal diagnosis
- Section L: Palliative care and bereavement (new)
- Section M: Dental (new)

### **Consultation**

6. The Group noted and discussed the current plans and timetable for public consultation on these standards. This included the proposed suite of documents and planned consultation activities. Consultation is scheduled to begin at the end of July 2014, subject to clearance of the various NHS England governance and assurance groups.

### **NHS England assurance**

7. The Group agreed the importance of consulting on ideal and aspirational standards that set out best practice for congenital heart disease services, but that the improved service would, like all specialised services, ultimately need to be delivered within available resources. Consultation on a set of “ideal” standards did not guarantee a “blank cheque” for their implementation.
8. The Group noted that the key elements of assurance required by the Clinical Priorities Advisory Group (CPAG) include:
  - governance and decision making process;
  - stakeholder testing;
  - financial impact; and
  - equality analysis.
9. The Group discussed the review team’s proposed activities to assure CPAG on these areas.

### **Recommendations**

10. The Board is asked to note the progress of the new congenital heart disease review to date.

**Bill McCarthy**  
**National Director: Policy**  
**April 2014**

**Minutes of the Board Task and Finish Group held on 7 January 2014**

**Present:**

- Mr Ed Smith, Non-Executive Director (Deputy Chair)
- Ms Margaret Casely-Hayford, Non-Executive Director
- Mr Bill McCarthy, National Director: Policy
- Professor Sir Michael Rawlins, Chair of the Clinical Advisory Panel

**Apologies:**

- Professor Sir Malcolm Grant (Chair)
- Professor Sir Bruce Keogh, National Medical Director

**In attendance:**

- Mr John Holden, Director of System Policy
- Mr Michael Wilson, Programme Director
- Penny Allsop (Secretariat)

Item	Agenda Item
1	<b>Welcome and Apologies</b>
	The Deputy Chair welcomed everyone to the meeting and the apologies were noted.
2	<b>Note of the last meeting</b>
	The notes of the last meeting were agreed. The Group recognised the importance of transparency, and emphasised the need for papers and notes of its meetings to be made public.
3	<b>Action log</b>
	<p>Actions in progress were considered.</p> <p>Action 5: The Group recognised the importance of distinguishing between evidence and judgment and was encouraged that the new review team are commissioning an independent evidence review. On this basis this action was closed.</p> <p>Action 7: The Group recognised the importance of this piece of work but understood that it cannot be undertaken at this stage. It was agreed that the action will be closed on this log, but will be tracked elsewhere so that it is addressed at the appropriate time.</p> <p>Action 8: This action related to the work as originally envisaged. The new review is focused on continual engagement and so the Group agreed to close this action.</p> <p>Actions 15 and 19: The Local Government Association is keen to be kept up to date about the new review, but does not consider that it would be feasible to set up a national overview and scrutiny committee. The action was closed.</p> <p>Action 16. See item 4. Action closed.</p> <p>Action 17: The review team undertook to produce guidance on completing the agreed conflict of interest declarations</p>

Item	Agenda Item
ACTION	Update action log as per discussion.
ACTION	Produce guidance on completing the agreed conflict of interest declaration form.
4	<b>DRAFT Policy for managing conflicts of interest</b>
	Action 16: The draft policy for managing conflict of interest was agreed, subject to there being a clear reference in the policy to the need to publish a register of interests.
ACTION	<b>A clear reference to be added to the policy for managing conflicts of interest regarding the publication of the register of interests.</b>
5	<b>Programme Stocktake</b>
	<p>The Group received a presentation on progress to date.</p> <p>The Group acknowledged the size of the task and also the history involved. Specifically, the Group:</p> <ul style="list-style-type: none"> <li>• supported the focus on standards and recognised the important contributions of the Standards Group and the Clinical Implementation Advisory Group;</li> <li>• was pleased to hear that the new review team has commissioned an analysis of future demand of CHD services up to 2025, but recognised that there may be some limitations due to the way in which CHD is coded, particularly in adults; and</li> <li>• recognised the importance of the work on antenatal and neonatal detection rates.</li> </ul> <p>Recognising that the current focus of work is on standards and not the form of services, it was noted that it would be important to speak to Monitor in advance of any scenario planning/modelling and that it would be critical to engage with the Competition and Markets Authority.</p> <p>The Group discussed the importance of recruitment and retention of surgeons and asked the new review team as a matter of urgency to speak to the Royal College of Surgeons about training.</p> <p>The Group agreed the timetable as set out in the presentation, but urged the new review team to look at what work could be done in parallel, including scenario planning on what form services could take, without prejudice to any future public consultation.</p> <p>The Group asked the new review team to set out a more complete timetable as quickly as possible.</p>
ACTION	<b>Engage with both Monitor and the Competition and Markets Authority in advance of any scenario planning / modelling.</b>
ACTION	<b>The new review team to speak to the Royal College of Surgeons about training, as a matter of urgency.</b>
ACTION	<b>The new review team to look at what work could be done in parallel, including scenario planning on what form services could take, without prejudice to any</b>

Item	Agenda Item
	<b>future public consultation.</b>
<b>ACTION</b>	<b>The new review team to set out a more complete timetable as quickly as possible.</b>
<b>6</b>	<b>Update from the Programme Board</b>
	Bill McCarthy noted that he has undertaken to ensure that the new review is adequately resourced. The Group supported this as a high priority programme for NHS England.
<b>7</b>	<b>Update from the Clinical Advisory Panel</b>
	Professor Sir Michael Rawlins (Chair of the Clinical Advisory Panel) provided a verbal update on the second meeting of the review's Clinical Advisory Panel (18 December 2013). The Clinical Advisory Panel (CAP) comprises a range of clinicians from within and outside the CHD community. The meetings to date have been a success and the members of the CAP are getting to grips with the issues. The Group recognised the importance of CAP and suggested that Professor Sir Malcolm Grant might be invited to a future meeting.
<b>ACTION</b>	<b>Professor Sir Malcolm Grant to be invited to a future meeting of the Clinical Advisory Panel.</b>
<b>8</b>	<b>Highlight report</b>
	The report was accepted.
<b>9</b>	<b>Any other business</b>
	There was no other business
<b>Date of next meeting</b>	Wednesday 12 February 2014, 10:30am – 12pm, Maple Street, LONDON <i>[THIS MEETING WAS SUBSEQUENTLY CANCELLED]</i>