

Minutes of the Board Task and Finish Group held on 15 April 2014

Present:

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

In attendance:

- Mr John Holden, Director of System Policy
- Lauren Phillips (Secretariat)

Item	Agenda Item
1	Welcome and Apologies
	The Chair welcomed everyone to the meeting.
2	Note of the last meeting
	The notes of the last meeting were agreed (7 January 2014).
3	Declarations of Interest
	<p>The Chair advised the Board Task and Finish Group that at the time that the National Institute for Cardiovascular Outcomes Research (NICOR) was established he was the President and Provost of University College London (UCL).</p> <p>Professor Sir Bruce Keogh advised the Board Task and Finish Group that at the time NICOR was established he was the Professor of Cardiac surgery at UCL.</p>
4	Action log
	<p>All actions in progress were considered.</p> <p>Professor Sir Malcolm Grant confirmed that he would be attending part of the next meeting of the Clinical Advisory Panel on 18 June 2014. (Action 28)</p>
5	Update and Assurance Process
	John Holden pointed out that though the Board Task and Finish Group had not met since 7 January 2014, as the meeting scheduled for February 2014 had been cancelled, John had circulated a note to members of the Group in the interim period to update them on progress.

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	<p>John introduced the item “Update and Assurance Process” which described the review’s work and proposed approach for the key NHS England assurance groups.</p> <p>John explained that this is the slide set / paper that would be considered at the both the Women and Children’s Programme of Care Board meeting on 29 April 2014 and the Clinical Priorities Advisory Group (CPAG) meeting on 30 April 2014.</p> <p>John drew the Task and Finish Group’s attention to the following slides:</p> <p>Slide 8: Engagement and Advisory Groups</p> <p>The Board Task and Finish Group discussed what could be interpreted by “interdependencies”, for example integrated, co-located, networked and agreed it was important to be really clear about what the review meant when it used the term.</p> <p>John confirmed that to date there had been a lot of consensus from the engagement and advisory groups about the importance of the standards based approach. He also explained that the review was now operating on a more stable basis than the situation which had been inherited. The Board Task and Finish Group noted that the large amount of engagement with those groups had put the review into a good position to move onto the next phase.</p> <p>John explained that through discussions with Local Government, NHS England’s patient voice team and representative faith groups, there had been some further suggestions for engagement with people from Black, Asian and Minority Ethnic (BAME) groups who are disproportionately affected by congenital heart disease. The Board Task and Finish Group noted that further engagement work was required was required for BAME groups.</p> <p>Slides 10, 11 and 12: Review methodology, evidence and assessing capacity</p> <p>John explained that the review’s intention was to develop a single set of standards for the whole pathway of care which sets out the ideal.</p> <p>Alongside that the team is currently carrying out analytical work to understand current and future demand and the implications for capacity requirements. This will be used with the other evidence, for example the work with NICOR, intelligence from the Trust Visits and the literature review.</p> <p>The Board Task and Finish Group requested that further detail and options relating to the recommendations on function, form and capacity of future services and the commissioning model should be brought back to a future meeting for a more detailed discussion.</p> <p>Slides 29 and 30: Consultation timeline</p> <p>John explained that the current best-case scenario is that the 12 week full public consultation could begin in July 2014.</p>

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	<p>John noted that it was impossible to know how many responses to consultation would be received, though noted that the <i>Safe and Sustainable</i> consultation received approx. 75,000. As such, the current timeline had allowed 3 months for the analysis of any consultation responses, to amend the standards / specifications and, if necessary go back through the NHS England specialised commissioning governance.</p> <p>John explained that under the current arrangements, 6 months notice was to be given to Providers which would mean that the new specification would not be commissioned until 2015/16. The Board Task and Finish Group acknowledged that this did not necessarily prevent NHS England encouraging providers to implement some changes and improvement to services during the notice period.</p> <p>Slide 31: Proposed pre-consultation engagement activity</p> <p>The Board Task and Finish Group noted with approval the proposed pre-consultation engagement activity.</p> <p>Slides 34 – 40: (CPAG) assurance process</p> <p>John explained that the review team intended to attend a meeting of CPAG at the end of April 2014 to provide a briefing on the work to date, clarify their assurance requirements and explain and test the review's proposed approach.</p> <p>John explained that slides 35 – 40 were framed around the standard CPAG template (those assurances the review must satisfy CPAG on) as follows:</p> <ol style="list-style-type: none"> 1. Governance and decision-making CPAG requires assurance that the review had been through the appropriate governance (both the review's own 'governance and also the NHS England specialised commissioning governance). 2. Stakeholder testing CPAG requires assurance that the review's stakeholders are familiar with the standards and that they believe a consultation is necessary. 3. Financial impact (see below) 4. Equality analysis CPAG requires a statement outlining the review's approach to equalities. <p>Following discussion, the Board Task and Finish Group confirmed that it supported the review's proposed approach to assuring the CPAG on governance and decision-making, stakeholder testing and equality analysis.</p> <p>John drew the Board Task and Finish Group's attention to the work in relation to the financial impact (slides 38 and 39) and made the following points:</p> <ul style="list-style-type: none"> • The review is consulting on ideal and aspirational standards.

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	<ul style="list-style-type: none"> • It is unlikely that any current provider will be able to satisfy every single part of the new standards. • Affordability, value for money and deliverability are important considerations, however a full / detailed financial impact analysis which takes into account potential changes to delivery of service, cannot be completed at this stage. The intention however is to provide some high level analysis now about the potential impact of this work, including a baseline of current spend and likely future cost drivers. <p>The Board Task and Finish Group discussed and agreed that ideally the high-level financial impact analysis should set out:</p> <ul style="list-style-type: none"> • the best sense of the overall financial envelope at the present; • those standards which, because they are extending the scope, will inevitably cost more (for example pre-natal screening); and • those standards which are about improvements to existing services and therefore may potentially incur additional cost or even create reductions in cost due to better organisation or smarter processes. <p>Standards must describe a high quality service but this did not of itself guarantee a “blank cheque” for every possible change. The Board Task and Finish Group discussed the relationship between costs and tariff and John confirmed that the current time lag between cost collection and tariff change is 3 years.</p> <p>The Board Task and Finish Group agreed that a meeting should be scheduled between Malcolm Grant, Bill McCarthy and John Holden to further discuss the approach to assurance.</p> <p>The Task and Finish Group agreed that it was important to provide a line of sight to the NHS England Board via an update to the meeting on 3 July 2014, including all the progress to date and current expected timescales for the review.</p>
ACTION	Further engagement required with Black, Asian and Minority Ethnic (BAME) groups.
ACTION	Discussion to be scheduled at a future meeting of the Board Task and Finish Group regarding the recommendations of function, form and capacity of future services and the commissioning model.
ACTION	Malcom Grant, Bill McCarthy and John Holden to meet to discuss assurance requirements.
ACTION	An update to be provided to the NHS England Board in July 2014, detailing the progress to date.
6	Feedback from the engagement and advisory groups
	The feedback from the review’s engagement and advisory groups was noted.

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7	Update from the Programme Board
	<p>Bill McCarthy (Chair of the review's Programme Board) provided a verbal update on the last meeting of the review's Programme Board.</p> <p>Bill confirmed that following the recent business planning round, further financial resourcing had been secured for the new CHD review programme for 2014/15.</p> <p>Bill noted that in response to requests from the review's Patient and Public Group for a specific session on safety concerns, John Stewart (NHS England), Ted Baker (Care Quality Commission) and Nigel Acheson (NHS England) had attended the last meeting of the Patient and Public Group on 27 March 2014 to discuss this.</p> <p>The Board Task and Finish Group noted that the next meeting of the review's Programme Board was scheduled for 16 April 2014.</p>
8	Update from the Clinical Advisory Panel
	<p>Professor Sir Michael Rawlins (Chair of the review's Clinical Advisory Panel) provided a verbal update on the third meeting of the review's Clinical Advisory Panel (31 March 2014). This meeting had focussed on the latest iteration of the draft standards and the associated "knotty issues".</p> <p>The Board Task and Finish Group noted that the next meeting of the review's Clinical Advisory Panel was scheduled for 18 June 2014.</p>
9	Highlight report
	<p>The Board Task and Finish Group noted the highlight report and requested sight of the risk mitigation associated with the key risks on the highlight report.</p>
ACTION	Latest iteration of review's Programme Board risk register to be circulated to the Board Task and Finish Group.
10	Any other business
	<p>There was no other business.</p>
Date of next meeting	TBC