

**Minutes of the Programme Board held on 04 December 2014**

**Present:**

- John Holden, Director of System Policy (Vice Chair) *(via videoconference)*;
- Wayne Bartlett-Syree, Assistant Head of Planning and Delivery (Specialised Commissioning);
- Mike Bewick, Deputising for Professor Sir Bruce Keogh, *(via videoconference)*;
- Eleri de Gilbert, Area Team representative, Area Team Director (South Yorkshire and Bassetlaw);
- Chris Hopson, Chair of the review's Provider Group;
- Will Huxter, Regional Team representative, Head of Specialised Commissioning (London);
- Ann Jarvis, deputising for James Palmer
- Daniel Phillips, Director of Planning, Welsh Health Specialised Services Committee *(via teleconference)*;
- Professor Peter Weissberg, Chair of the review's Patient and Public Group;
- Giles Wilmore, Director for Patient & Public Voice & Information *(via videoconference)*;
- Dr Cathy Winfield, NHS Wokingham, Clinical Commissioning Group; and
- Michael Wilson, Programme Director.

**Apologies:**

- Ian Dodge, National Director: Commissioning Strategy (Chair);
- Sam Higginson, Director of Strategic Finance;
- Professor Deirdre Kelly, Chair of review's Clinicians' Group;
- Professor Sir Bruce Keogh, National Medical Director;
- Michael Macdonnell, Head of Strategy, Specialised Commissioning Taskforce;
- Mr James Palmer, National Clinical Director, Specialised Services
- Linda Prosser, Area Team representative, Director of Commissioning (Bristol, North Somerset, Somerset and South);
- Professor Sir Michael Rawlins, Chair of Clinical Advisory Panel.

**In attendance:**

- Siobhan Clibbens, Programme Co-ordinator,
- Nicola Humberstone, Programme Manager; and
- Jennie Smith, Engagement Coordinator (Secretariat).
- Stephen Cordes , Mandate, Partnerships and Accountability Manager

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1	<b>Welcome and apologies</b>
	John Holden opened the meeting in Leeds via video conference (VC). He

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	welcomed attendees and noted apologies. Members were invited to introduce themselves due to the new secretariat and deputies in attendance.
2	<b>Note of the last meeting</b>
	The minutes from the last meeting of the Programme Board were agreed.
3	<b>Declarations of Interest</b>
	No specific interests in relation to today's agenda were declared.
4	<b>Action log</b>
	<p>Item 4 was introduced and the following actions were brought to the attention of the group:</p> <p><b>Action 73:</b> The board were originally seeking two representatives from Clinical Commissioning Groups. No further nominations had been forthcoming. It was agreed that further support to the Programme Board was required; it was agreed that Eleri De Gilbert would seek an additional representative from the Northern Region.</p> <p><b>Action 75:</b> New Programme Board members and representatives had been asked to complete a form as soon as possible. A reminder was given to existing members to ensure Declarations Of Interest were up-to-date.</p> <p><b>Action 84:</b> The Verita report was on the agenda for discussion under Item 7</p> <p><b>Action 87:</b> A report would be provided to the January 2015 Programme Board; work was ongoing. Further contacts have been made with Health Education England.</p> <p><b>Action 89:</b> This action was closed by the group; translations had been made in a variety of languages and the consultation still offered bespoke translations on request.</p>
<b>ACTION</b>	<p>Eleri de Gilbert - to speak to colleagues in the North to seek a further CCG representative.</p> <p>Programme Team - to send declaration of interest forms to all new members of the group, and place returned forms on the website.</p>
5	<b>Programme planning and transition</b>
	Michael Wilson introduced the item. It was noted that the same set of papers had been considered by the Board Task And Finish Group. He reported that the group had agreed that implementation of the CHD proposals through commissioning to deliver the standards remained a board priority.

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	<p>Turning to the issue of funding the new CHD specification Mr Wilson noted that NHS England was over-committed on specialised services expenditure and so could not make additional investment into CHD services. However, financial assessment of proposals was a key part of the specialised services assurance process. He suggested that while the original financial assessment was comprehensive it addressed the wrong question. The question was not 'how much would it cost to implement the standards and can NHS England afford that?' Rather the question was - 'it is a board priority to implement the standards but this must be achieved without extra investment, so how do we design a commissioning and payment approach that would deliver this outcome?' Following discussion, the Programme Board agreed with this approach.</p> <p>Mr Wilson proposed that in order to move forward it would be necessary to have a shared understanding of what was meant by 'at no extra cost'. This had been a problem for the first financial assessment and now needed to be resolved.</p> <p>Scenario planning undertaken by the review had shown that under the 'do nothing' scenario, activity within the specialty would be expected to rise as a result of demographic change, increasing life expectancy for CHD patients, and changes to clinical practice. The review understood 'at no extra cost' to mean that implementation of the standards should not add to the cost to commissioners beyond the increase in costs that could be expected even if the standards were not implemented. (Dealing with the inherent inflationary pressures is not one of the objectives of the review).</p> <p>Mr Wilson acknowledged that individual provider costs could be expected to rise as the standards were implemented if there was no change in the way the service is provided. Some of those costs were already inherent in the existing specification. These rises would feed through into reference costs, but the group noted that because these are an average and some providers already meet many aspects of the new specification, the impact would be limited and would be offset by the tariff deflator. . For providers, the rising income that would follow rising activity would offset these costs.</p> <p>Chris Hopson noted that the proposed 50% cap on income for increased specialised activity contained within Monitor's 2015/16 National Tariff Payment System consultation would undermine the assumption that rising activity would offset the cost of higher standards. This was acknowledged, and would need to be taken into account once the outcome of the consultation was known. Mr Wilson also noted that the review did not assume that services would continue to be provided in the same way. The impact of networked working or any proposed changes to the number and scale of units providing the service also needed to be modelled to aid understanding of how the standards could be implemented at no extra cost. He further explained that while such modelling was prudent, the implementation of the standards through a commissioning approach meant that the way in which the service was provided in future could not be known in advance (including the number and scale of units providing the service). This would emerge through the</p>

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	<p>commissioning process from the bids made by providers, NHS England's assessment of whether those bids met its requirements for access, capacity, choice, quality and price, and any subsequent negotiations. Attempting to second guess the outcome of this process would be prejudicial to the process.</p> <p>The review would work with providers to address the challenge of how to implement the standards at no extra cost, but this would not involve asking individual providers to assess the financial impact because this would again be the wrong question, and would simply result in an unaffordable 'shopping list' from providers. The review's approach would be to seek their assistance in developing an approach that delivers the standards at no extra cost (to commissioners).</p> <p>Chris Hopson raised a question as to the continued development of quality relationships with providers moving forward? He noted that members of the Provider Group had embraced the programme's approach and wanted to see this inclusive development continue through the forthcoming phases. John Holden provided reassurance that established relationships would be maintained. Wayne Bartlett-Syree echoed Chris' comments advising that the process so far should be embraced moving forward and could be an exemplar. Ann Jarvis advised that all stakeholders needed to explore all approaches with regards to commissioning of services moving forward.</p> <p>Mr Wilson advised the board that the review would, as part of its contribution to the affordability debate, examine the opportunities for savings within the specialty (from both a commissioner and a provider perspective) that might accrue from reducing variation (for example in local agreements on payments and on lengths of stay).</p> <p>Mr Wilson noted that in order to successfully design a commissioning and payment system that would deliver the standards at no extra cost the review would need expert commissioning, procurement and payments input from within NHS England and this would need to go beyond simply commenting on proposals developed by others. The solution needed to be developed and owned internally. Gaining this degree of buy-in and ownership had proved difficult to date. It was agreed that the groups may need to develop further to be more inclusive of colleagues to support the next phases, i.e., from specialised commissioning and finance. It had been already agreed that Richard Jeavons should be invited to join the Board Task and Finish Group. Wayne Bartlett-Syree advised the Board that Andrew Leary was seeking a Specialised Commissioning Finance representative to join the Programme Board.</p> <p>Michael Wilson discussed the "business plan" (which the final report is being termed at present) that would include outline recommendations. The precise timing for sign-off of this report was as yet unclear and subject to the impact of the pre-election restricted period had been worked through. The Programme Team were seeking legal advice to prevent any avoidable delay to the review process. It was agreed that the programme's governance and assurance arrangements as it moved towards final sign-off of the proposals would need to be clear, in particular the relationship between the review's own</p>

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	<p>governance and the specialised services assurance process, and the role of each. The programme had gone through these processes prior to consultation and it was felt that the same route should be adopted; going to certain groups in parallel where applicable.</p> <p>The sign-off process for the business plan would be initially with the Programme Board, followed by Board Task and Finish Group and ultimately in public, by the NHS England Board.</p> <p>Professor Weissberg commented on the need to ensure that the process is explained in a simple and effective way moving forward so that all stakeholders can appropriately engage with the process.</p>
6	<p><b>Consultation update (verbal)</b></p>
	<p>Michael Wilson gave the Programme Board an update on the consultation process to date.</p> <p><b>Consultation response:</b> Stephen Cordes advised the Board that as at Friday 28<sup>th</sup> November the team had received over 157 responses. It was expected that a greater number of responses would be received in the final week of consultation. It was noted by the Board that on average NHS England consultations on service specifications receive between 5 and 50 responses. The proposed timeline advocated an initial response from the consultation analysis in February 2015.</p> <p><b>Events:</b> The review team had conducted a series of twelve exhibition style/drop in consultation events across the UK. Approximately 4-500 people attended the events. The aim of the events was to inform people about the consultation and support them in responding. Information was accessible in differing media. (e.g., via video), Consultation materials were provided both on-line and in information sheets. Team members were available to talk to about any element of the review process. It was noted that the events were an opportunity for attendees to talk about what was important to them. The style of the events, although not what everyone attending expected, was very well received; child facilities were offered to enable carers to participate in discussions. A wide variety of people attended the events, with some experiencing for the first time the work of the review. The Programme Team actively encouraged the public to officially respond to the consultation.</p> <p>Dan Phillips advised the Board that the event in Cardiff was well received with professional attention from the programme team and the Welsh language translations were much appreciated.</p> <p><b>Other engagement opportunities:</b> provided by the Programme team and partner organisations included MPs, Local Government, Healthwatch and Health and Wellbeing Boards, Joint Health Overview and Scrutiny Committees and Overview Scrutiny Committees', Royal College of Nursing, the British Congenital Cardiac Association and charities such as the Somerville Foundation (Annual General Meeting) – to name a few.</p> <p>Giles Wilmore congratulated the team on their work during consultation. It</p>

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	<p>was noted that the response rate could be limited as pre-consultation engagement had involved many stakeholders and captured views at an early stage.</p> <p>A discussion followed about the scope of the review and whether it extended to areas such as the ambulance service. Mr Holden advised that while the review would need to ensure ambulance service engagement, and support the network-led approach, it was not within the scope of the review to write standards for ambulance service provision or to be involved in the commissioning of this service. Dr Bewick agreed but added that CHD Networks should put in place transport arrangements with their ambulance providers.</p> <p>It was noted that colleagues and partner organisations had continued communication. Eleri De Gilbert advised that a number of meetings had been attended by the area teams and she would like to communicate this to the wider audience. Michael Wilson advised the group that any summaries of meeting attendances could be sent to the programme team for inclusion within the blog.</p>
<b>ACTION</b>	<b>John Holden and Michael Wilson to discuss any service requirements relating to CHD services but outside the scope of the review with relevant colleagues.</b>
<b>7</b>	<b>Verita update</b>
	<p>John Holden invited Mike Bewick, deputising for Professor Sir Bruce Keogh, to provide the context of this item due to his involvement with the Verita Report.</p> <p>He began by giving a brief history, for members not aware of the Verita report. The sources of concern were:</p> <ul style="list-style-type: none"> <li>• Mortality data released by staff from the National Institute for Cardiovascular Outcomes Research (NICOR) in March 2013.</li> <li>• Complaints and concerns of families of children treated in the unit and reported to the care quality commission (CQC) and others.</li> <li>• Concerns about patient care that other NHS professionals passed to Professor Sir Bruce Keogh.</li> </ul> <p>Following investigation a report was provided with conclusions, findings and recommendations under five headings:</p> <ol style="list-style-type: none"> <li>1. Data submission and record-keeping</li> <li>2. Communication and complaints</li> <li>3. Managing consultations on major reconfiguration</li> <li>4. Whistleblowing</li> <li>5. Restoring trust and confidence</li> </ol>

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	<p>Michael Wilson thanked Dr Bewick for the introduction and continued with a discussion about the impact of the report of the Verita work on the CHD review. In most cases, the review team’s proposal was that the Clinical Advisory Panel should consider whether the Verita recommendations were to be embedded within new standards.</p> <p>Within the section of the report entitled ‘Managing consultation on major configuration’ specific attention was given to recommendations 10 and 12.</p> <p>Recommendation10 – It was agreed that the review was ensuring that there were clear governance arrangements to manage the risk advised in recommendation 10 by networking and peer review.</p> <p>Recommendation12 – It was agreed that the review had actively encouraged the building of relationships.</p> <p>In relation to the ‘Restoring trust and confidence’ section, Michael Wilson drew attention to recommendations 16 and 17.</p> <p>Michael explained to the group, that in relation to recommendation 16 the independent literature review undertaken on behalf of the review found that while there was evidence of a relationship between volumes and outcomes, there was no compelling evidence about the range of volumes over which this applies, or of a minimum unit activity level required for safety. Also that NHS England had always been clear that services were good but could be better. There has never been a suggestion that any centres were unsafe.</p> <p>Finally, in response to recommendation 17, the review team recognised the importance of bringing the process to a close in a timely and conclusive manner.</p> <p>The Programme Board was satisfied with the action of the review team, but recommended the Verita report should be reviewed by other groups such as the Patient and Public Engagement/Advisory group and Specialised Commissioning Oversight Group.</p>
<b>8</b>	<b>Risk and issues register</b>
	<p>John Holden drew attention to a new risk (risk16) - Changes proposed may need support from other stakeholders. It was noted that the programme was continuing to work to establish relationships for partnership working.</p> <p>Risk 8, referencing commissioning, had expired; this would now be changed to ‘ongoing’ as a group has met and further integration of working was expected with commissioning representatives as they were invited to the Boards and groups.</p> <p>It was agreed that risk 14 – regarding translation would be closed as the review team had translated consultation materials into six different languages and would accept requests for further translations if required.</p>
<b>9</b>	<b>Highlight report</b>

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	The group noted and accepted the highlight report – the majority of Items had been covered during the meeting's agenda.
<b>10</b>	<b>Any other business</b>
	John Holden thanked the group for their work over the past year and their contributions to the review process and looked forward to seeing everyone in the New Year.
<b>Date of next meeting</b>	Members were asked to note the date of the next meeting of the Programme Board, scheduled to take place on Tuesday 13 January 2015 at Skipton House, London.

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