Supplementary information for Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) held on Wednesday, 11 December 2013

Pages 1-28: Agenda item 8 – Draft terms of reference for Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in relation to the new review of Congenital Heart Disease (CHD) services in England.

Pages 29-40: Agenda item 9 –

- Correspondence between Councillor J Illingworth, Chair of Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and John Holden, Director of System Policy, NHS England
- New CHD Review – Summary of Governance Arrangements.

Pages 41-518: Agenda item 10 –

- Correspondence between Councillor J Illingworth, Chair of Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and John Holden, Director of System Policy, NHS England
- Freedom of information disclosure – redacted correspondence.

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THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER)

INQUIRY INTO THE NEW REVIEW OF CONGENITAL HEART DISEASE (CHD) SERVICES IN ENGLAND

TERMS OF REFERENCE

1.0 Introduction

1.1 In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – the JHOSC, was established to consider the emerging proposals from the Safe and Sustainable Review of Children's Congenital Cardiac Services in England and the options for public consultation agreed by the Joint Committee of Primary Care Trusts (JCPCT).

1.2 The membership for the JHOSC shall made in accordance with the Joint Health Scrutiny Protocol (Yorkshire and the Humber) and drawn from the following constituent local authorities:

- Barnsley MBC
- Calderdale Council
- City of Bradford MDC
- City of York Council
- Doncaster MBC
- East Riding of Yorkshire Council
- Hull City Council
- Kirklees Council
- Leeds City Council (Chair)
- North East Lincolnshire Council
- North Lincolnshire Council
- North Yorkshire County Council
- Rotherham MBC
- Sheffield City Council
- Wakefield Council

1.3 The JHOSC submitted a formal response to the options presented for public consultation in October 2011.

1.4 Following the JCPCT's decision on the proposed future model of care and designation of surgical centres on 4 July 2012, the JHOSC referred the JCPCT's decision to the Secretary of State for Health in November 2012. This was subsequently passed to the Independent Reconfiguration Panel (IRP) for consideration and advice.

1.5 The IRP's findings and recommendations were set out in its report to the Secretary of State for Health at the end of April 2013. A summary of the IRP's recommendations is attached at Appendix 1.

1.6 On 12 June 2013, an announcement from the Secretary of State for Health accepted the IRP's report and recommendations in full and called a halt to the Safe and Sustainable Review of Children's Congenital Cardiac Services in England and asked NHS England – as the new body responsible for commissioning specialised services following the restructuring arrangements across the NHS that came into force from 1 April 2013, to report how it proposed to proceed by the end of July 2013.

1.7 NHS England's response to the Secretary of State for Health, which included a report presented to the NHS England Board on 18 July 2013, is attached at Appendix 2.

2.0 Scope of the inquiry

2.1 The overall purpose of this inquiry is to consider the arrangements and outcomes associated with the new review of congenial heart disease (CHD) services in England.

2.2 As such, specifically in relation (but not limited) to the population across Yorkshire and the Humber, the JHOSC may:

Part 1

- Consider the findings and recommendations of the Independent Reconfiguration Panel (IRP) associated with its assessment of the previous Safe and Sustainable review of Children's Congenital Heart Services in England, and make an assessment of the extent to which they have been acted upon as part of the new CHD review;

- Consider and make an assessment of the new CHD review processes and any associated formulation of proposed options for reconfiguration and future service models, presented for public consultation;

- Consider the views and involvement of local service users, patient groups and/or charity organisation as part of the new CHD review;

Part 2

- Examine the projected service improvements arising from the new CHD review and any proposed reconfiguration and future service model including, but not limited to, the basis of projected improvements to patient outcomes and experience;

- Consider the likely impact arising from the new CHD review on patients and their families accessing services in the short, medium and longer- term, particularly in terms of access to services and travel times;

- Consider the health and equality impacts arising from the new CHD review and any associated reconfiguration and future service model proposals and, in particular, the comparison with existing provision and service configuration;

- Consider other potential implications of any reconfiguration options arising from the new CHD review and presented for consultation, including the impact on the local and regional health and general economy.

Part 3

- Formally respond to the findings of the new CHD review and any reconfiguration options or proposed future service models arising from the new CHD review and presented for public consultation.

Part 4

- Consider and maintain an overview of any plans for implementation associated with the agreed future service model and reconfiguration of services arising from the new CHD review.

2.3 In addition, the JHOSC may also:

- Consider any other pertinent matters that may arise as part of the Committee's inquiry (as agreed by the JHOSC).

- Make any recommendations deemed appropriate in relation to any or all of the above matters.

2.4 As the administering authority, arrangements for the JHOSC shall be in accordance with Leeds City Council's Scrutiny Procedural Rules.

3.0 Desired Outcomes and Measures of Success

3.1 The decision to undertake this inquiry has been based on the JHOSC's previous consideration and reports relating to the Safe and Sustainable Review of Children's Congenital Cardiac Services in England.

3.2 In conducting this inquiry and responding to any future proposals presented for public consultation, the JHOSC wishes to secure high quality, accessible services for patients suffering congenital heart disease (CHD) and their families across Yorkshire and the Humber in the immediate and longer-term.

3.3 It is also important to consider how the JHOSC will deem if its inquiry has been successful in making a difference to local people across Yorkshire and the Humber.

3.4 Some measures of success may be obvious at the initial stages of an inquiry and can be included in these terms of reference. Other measures of success may become apparent as the inquiry progresses and discussions take place.

3.5 Some initial measures of success are:

- Ensuring the recommendations identified by the Independent Reconfiguration Panel (IRP) have been appropriately acted upon as part of the new CHD review.
- Ensuring the new CHD review processes are rigorous and fit for purpose.
- Ensuring the involvement, engagement and consultation arrangements associated with the new CHD review are appropriate and fit for purpose.
- Ensuring any proposed future service model will deliver improved or enhanced services for patients and families across Yorkshire and the Humber.
- Ensuring any projected service improvements arising from the new CHD review are realistic and have a high prospect for success.

4.0 Comments of the relevant Director and Executive Member

4.1 In line with Leeds City Council's Scrutiny Board Procedure Rule 12.1, the relevant Director(s) and Executive Member(s) shall be consulted on these terms of reference.

5.0 Timetable for the inquiry

5.1 NHS England is currently working toward securing 'an implementable solution' by the end on June 2014. As such, the timetable of this inquiry will broadly reflect NHS England's review timetable.

5.2 The length of the inquiry may be subject to change.

6.0 Submission of evidence

6.1 NHS England is currently working toward securing 'an implementable solution' by the end on June 2014. The timetable of this inquiry and the submission of evidence will broadly reflect NHS England's review timetable.

6.2 The JHOSC will determine the evidence it 'reasonably requires' to discharge its statutory functions and advise those bodies responsible accordingly.

7.0 Witnesses

7.1 The JHOSC will determine those witnesses it may 'reasonably requires' and/or may wish to invite to attend its meetings, in order that it may discharge its statutory functions.

7.2 The JHOSC will advise any identified witnesses accordingly.

8.0 Equality and Diversity / Cohesion and Integration

8.1 The Equality Improvement Priorities 2011 to 2015 have been developed to ensure Leeds City Council's legal duties are met under

the Equality Act 2010. The priorities will help ensure work takes place to reduce disadvantage, discrimination and inequalities of opportunity.

8.2 Equality and diversity will be a consideration throughout the inquiry and due regard will be given to equality through the use of evidence, written and verbal, outcomes from consultation and engagement activities.

8.3 The JHOSC may engage and involve interested groups and individuals to inform any recommendations.

8.4 Where an impact has been identified this will be reflected in any inquiry report and associated recommendations and the body responsible for implementation or delivery should give due regard to equality and diversity, conducting impact assessments where it is deemed appropriate.

9.0 Post inquiry report monitoring arrangements

9.1 Following the completion of this inquiry and the publication of any inquiry report and recommendations, the initial response and subsequent progress against such recommendations will be monitored.

9.2 Any inquiry report will include information on the arrangements for monitoring the implementation of any recommendations.

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IRP

Independent Reconfiguration Panel

ADVICE ON

SAFE AND SUSTAINABLE *PROPOSALS*

FOR CHILDREN'S CONGENITAL HEART SERVICES

Submitted to the Secretary of State for Health

30 April 2013

IRP

Independent Reconfiguration Panel

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SUMMARY AND RECOMMENDATIONS

The Secretary of State for Health asked the IRP to advise whether it is of the opinion that the proposals for change under the *"Safe and Sustainable* Review of Children's Heart Services" will enable the provision of safe, sustainable and accessible services and if not why not. Overall, the Panel is of the opinion that the proposals for change, as presented, fall short of achieving this aim.

The Panel's view is that people - children and adults - with congenital heart disease in England and Wales will benefit from services commissioned to national standards for the whole pathway of their care.

The Panel agree that congenital cardiac surgery and interventional cardiology should only be provided by specialist teams large enough to sustain a comprehensive range of interventions, round the clock care, training and research.

However, the Panel has concluded the JCPCT's decision to implement option B (DMBC – Recommendation 17) was based on flawed analysis of incomplete proposals and their health impact, leaving too many questions about sustainability unanswered and to be dealt with as implementation risks.

SUMMARY AND RECOMMENDATIONS

Throughout our review, people told us that being listened to was something they valued. The opportunity to change and improve services is widely recognised and, in taking forward our recommendations, those responsible must continue to listen to legitimate criticisms and respond openly.

We set out below recommendations to enable sustainable improvements for these services and learning for future national commissioning of health services.

- **The proposals for children's services are undermined by the lack of co-ordination with the review of adult services. The opportunity must be taken to address the criticism of separate reviews by bringing them together to ensure the best possible services for patients.**

- **Patients should receive congenital heart surgery and interventional cardiology from teams with at least four full-time consultant congenital heart surgeons and appropriate numbers of other specialist staff to sustain a comprehensive range of interventions, round the clock care, training and research.**

SUMMARY AND RECOMMENDATIONS

- **Before further considering options for change, the detailed work on the clinical model and associated service standards for the whole pathway of care must be completed to demonstrate the benefits for patients and how services will be delivered across each network**

- **For the current service and any proposed options for change, the function, form, activities and location of specialist surgical centres, children's cardiology centres, district children's cardiology services, outreach clinics and retrieval services must be modelled and affordability retested.**

- **NHS England should ensure that a clear programme of action is implemented to improve antenatal detection rates to the highest possible standard across England.**

- **Further capacity analysis, including for paediatric intensive care units, should consider recent and predicted increases in activity, and patient flows.**

SUMMARY AND RECOMMENDATIONS

- **NHS England must establish a systematic, transparent, authoritative and continuous stream of data and information about the performance of congenital heart services. These data and information should be available to the public and include performance on service standards, mortality and morbidity.**

- **NHS England and the relevant professional associations should put in place the means to continuously review the pattern of activity and optimize outcomes for the more rare, innovative and complex procedures.**

- **NHS England should reflect on the criticisms of the JCPCT's assessment of quality and learn the lessons to avoid similar situations in its future commissioning of specialist services.**

- **More detailed and accurate models of how patients will use services under options for change are required to inform a robust assessment of accessibility and the health impact of options so that potential mitigation can be properly considered.**

- **Decisions about the future of cardiothoracic transplant and respiratory ECMO should be contingent on the final proposals for congenital heart services.**

SUMMARY AND RECOMMENDATIONS

- **NHS England should assure itself that any wider implications for other services of final proposals are fully assessed and considered within a strategic framework for the provision of specialised services.**

- **NHS England should develop a strategic framework for commissioning that reflects both the complex interdependencies between specialised services provision and population needs.**

- **NHS England must ensure that any process leading to the final decision on these services properly involves all stakeholders throughout in the necessary work, reflecting their priorities and feedback in designing a comprehensive model of care to be implemented and the consequent service changes required.**

- **NHS England should use the lessons from this review and create with its partners a more resource and time effective process for achieving genuine involvement and engagement in its commissioning of specialist services.**

SUMMARY AND RECOMMENDATIONS

The Panel's advice has been produced in the context of changing and peculiar circumstances. Since 1 April 2013, responsibility for commissioning congenital heart services rests with NHS England, which has inherited the original proposals, a judicial review, responsibility for the quality of current services and the potential consequences of the IRP's advice, subject to the Secretary of State's decision.

The Panel's advice sets out what needs to be done to bring about the desired improvements in services in a way that addresses gaps and weaknesses in the original proposals. The Panel's recommendations stand on their own irrespective of any future decision by NHS England regarding the judicial review proceedings. We note that the court's judgment of 27 March 2013 appears congruent to our own advice and that a successful appeal on legal grounds will not, of itself, address the recommendations in this report.

The Panel's advice addresses the weaknesses in the original proposals but it is not a mandate for either the status quo or going back over all the ground in the last five years. There is a case for change that commands wide understanding and support, and there are opportunities to create better services for patients. The challenge for NHS England is to determine how to move forward as quickly and effectively as possible.

SUMMARY AND RECOMMENDATIONS

Work to address gaps in the clinical model and associated service standards (Recommendation Three above) is underway and should be brought to a rapid conclusion. In parallel, there are different potential approaches to effect positive change that might be considered. These include whether to bring forward proposals for reconfiguration again or adopt a more standards-driven process that engages providers more directly in the managed evolution of services to be delivered. The critical factor to consider, in the Panel's view, is that engagement of all interested parties is the key to achieving improvements for patients and families without unnecessary delay.

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Rt Hon Jeremy Hunt MP
Secretary of State for Health
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31 July 2013

Dear Secretary of State

New review of congenital heart disease (CHD) services

In your letter of 12 June about the "Safe and Sustainable" review, you asked NHS England to report back to you by the end of July setting out how we intend to take the process forwards.

I am pleased to enclose the paper which our Board considered at its meeting in public on 18 July, which sets out our thinking on the nature of the problem and the principles which must underpin our approach. In line with our commitment to transparency, a video recording of the Board's discussion is also available, at http://www.england.nhs.uk/2013/07/22/boardvids-180713/. Annex 1 of the Board paper describes an outline timetable for the work.

We have set ourselves the hugely ambitious challenge of an implementable solution within a year. This does not mean we think the job is easy; on the contrary, it is exceedingly difficult. We have a duty to patients now and to future generations to ensure the best possible quality of care within the available resource. That means best outcomes, a positive patient experience, and consistently high levels of safety.

We do not see this as a competition between providers to find "winners" and "losers". Instead, we want a single national service which sets high standards for the delivery of care, which are uniformly available to all NHS patients in England, wherever they live. Beyond this aspiration for a national service underpinned by national standards, we do not profess to know yet precisely what the answer is. We are very clear that the Independent Reconfiguration Panel's (IRP) report requires us, amongst other things, to look at children's and adults' services together, to look afresh at the demographic and other relevant data, to describe the entire pathway, and to properly involve all stakeholders throughout the work. So, we need a new process. Although the *Safe and Sustainable* conclusions cannot be implemented, there has nonetheless been some very good work during the past five years, with extensive involvement from clinicians and patient groups, to develop

standards and proposals for networks. As IRP suggests, this work needs to be completed. Once validated it will give us a platform for future work, but it does not in any way require us to reach the same conclusions as the previous process.

As we continue our initial discussions over the next few weeks, and begin to develop a proposition for debate in the autumn, there is bound to be speculation about the “answer” we have in mind. But having promised that we will listen before we act, I can assure you that we have no such prejudice. I welcome your support in reiterating this message.

We are still in an extended period of listening and we regularly publish the notes from our meetings to open the debate as widely as possible. I have established a committee of the Board to give this topic the focus it deserves, and Professor Sir Mike Rawlins will chair a clinical advisory panel to support our medical director Professor Sir Bruce Keogh in obtaining excellent clinical engagement and advice.

We are absolutely committed to achieve the service change required for these very vulnerable patients. We will exploit the full potential of NHS England as the sole national commissioner, and do so in a way that properly engages all interested parties, but at sufficient pace to mitigate the risks of further delay.
Yours sincerely

Professor Sir Malcolm Grant
Chair

NHSE180713

BOARD PAPER - NHS ENGLAND

Title: New review of congenital heart services
Clearance: Bill McCarthy, National Director: Policy
Purpose of paper: • To describe the challenge facing NHS England in improving congenital heart disease services • To outline early thinking on the way forward
Key issues and recommendations: On 12 June 2013 the Secretary of State announced in Parliament that the safe and sustainable proposals for children's congenital heart services could not go ahead in their current form. He went on to say that "it is right we continue with this process, albeit in a different way". NHS England is the body responsible for commissioning specialised congenital heart services and for taking forward the process. A new review is being established to consider the whole lifetime pathway of care for people with congenital heart disease (CHD), to ensure that services for people with CHD are provided in a way that achieves the highest possible quality within the available resources.
Actions required by Board Members: • To note the proposals for conducting a review of congenital heart disease services

New review of congenital heart services

Summary

Following the outcome of judicial review, the report by the Independent Reconfiguration Panel (IRP) and the Secretary of State's announcements relating to the safe and sustainable review of children's congenital heart services, NHS England is now the responsible body for taking forward the process. A new review is now being established to consider the whole lifetime pathway of care for people with congenital heart disease (CHD).

The ambition of this review is to ensure that services for people with CHD are provided in a way that achieves the highest possible quality within the available resources:

- the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
- tackling variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care
- great patient experience, which includes how information is provided to patients and their families, considerations of access and support for families when they have to be away from home

We recognise that continued uncertainty is a risk to the service and unsettling for patients. We must therefore set ourselves the target of delivering the new review at pace. But we know that speed cannot be an excuse for imposing a top down solution or for running a process where people feel excluded from the real discussions, so we will be setting ourselves the additional challenge of achieving new levels of transparency and the highest levels of genuine participation. We know that this will need a new approach. We want to make sure that as well as mobilising NHS England's resources from right across the organisation, that we also work closely with partners and stakeholders to design the way forward.

By the end of September we will have established the new programme, co-designed a process for the work going forward and undertaken initial work on how to secure high quality resilient services.

By June 2014 working closely with stakeholders, we will have developed, tested and revised a proposition, undertaken work to identify a preferred approach to implementation, and completed the necessary preparatory work.

Background

1. Around eight out of every 1,000 babies have some form of congenital heart disease (CHD) – around 5,800 babies in 2011. The number of children born with CHD is expected to rise, as the birth rate rises. As technology and expertise continue to develop, it is possible to do more than ever before to improve their lives, so that more children with CHD are surviving to adulthood.
2. NHS cardiac surgery for children is currently provided by 10 hospitals in England. Specialist paediatric cardiology is also provided by a further three centres. Around 3,700 paediatric surgical procedures and 2,000 paediatric interventional cardiology procedures are carried out each year.

3. A recommendation for the concentration of medical and nursing expertise in a smaller number of centres of excellence was made as far back as 2001, in the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary. Since that time, there have been major improvements in outcomes, so that analysis of risk adjusted mortality for 2009-12, published this year by the National Institute for Cardiovascular Outcomes Research (NICOR), shows that no surgical unit has a mortality rate significantly above the "expected" rate, and on this evidence (for example, mortality rates alone) services are currently "safe".

4. For adults, around 850 surgical procedures and 1,600 interventional cardiology procedures are carried out each year and reported to NICOR by 25 hospitals in England, however a further 10 hospitals have undertaken procedures in recent years but not provided data to NICOR.

The safe and sustainable review

5. The safe and sustainable review was established in 2008, with a view to reconfiguring surgical services for children with CHD. Taking into consideration concerns that surgeons and resources may be spread too thinly across the centres, the review considered whether expertise would be better concentrated in fewer sites.

6. At the end of the four year programme, in July 2012, a joint committee of Primary Care Trusts (JCPCT) made a series of decisions on the future of children's congenital heart services in England, covering:
   - the development of congenital heart networks,
   - service standards,
   - improving the collection, reporting and analysis of outcome data, and
   - the configuration of surgical services, which would have reduced the number of centres providing children's heart surgery from ten to seven, with surgery ceasing at Leeds, Leicester and the Royal Brompton.

7. The decision regarding configuration resulted in two separate challenges: a judicial review (JR), and referrals to the Secretary of State, who in turn asked the Independent Reconfiguration Panel (IRP) to consider the JCPCT findings.

8. The JR was decided on 7 March 2013, when the High Court declared that both the consultation process and the decision making process of the JCPCT were unlawful and quashed the decision to reconfigure surgical services. The judgement was based on a narrow point of process and the Court recognised "the compelling and urgent clinical case for the reform of existing paediatric congenital cardiac services" stating that the judgment should not be "construed as advocating a need to return to the start of the consultation process". Following legal advice, NHS England initially sought leave to appeal this decision but - in the light of the IRP's report and the Secretary of State's response (see below) - has since withdrawn this request.

9. The IRP were of the view that children and adults with CHD in England and Wales would benefit from services commissioned to national standards for the whole pathway of their care. They agreed that congenital cardiac surgery and interventional cardiology should only be provided by specialist teams large

enough to sustain a comprehensive range of interventions, round the clock care, training and research. However, the IRP concluded that the JCPCT's decisions were based on "flawed analysis of incomplete proposals and their health impact, leaving too many questions about sustainability unanswered and to be dealt with as implementation risks".

Addressing the IRP findings

10. On 12 June 2013 the Secretary of State announced in Parliament that he accepted the IRP's advice, and that "the [Safe and Sustainable] proposals cannot go ahead in their current form". He went on to say that "it is right we continue with this process, albeit in a different way" and that "NHS England now must move forward on the basis of these clear recommendations".

11. The IRP's report highlighted the need to align the review of children's CHD services with ongoing work to consider the provision of adults' CHD services. Since the same surgeons operate on the same patients at different times in their lives, there are considerable dependencies between adults' and children's services, especially in the availability of surgical teams to provide 24/7 cover.

12. The IRP were also concerned that the while the Safe and Sustainable process received 75,000 responses to its public consultation, some stakeholders were nonetheless left feeling that their views were not fully heard or understood, or that they were not given all the information they needed to contribute fully. This in turn created, for some, the perception of a pre-determined outcome.

13. The IRP's report called for NHS England to develop a strategic framework for commissioning that reflects the complex interdependencies between specialised services provision and population need as a context within which any decisions about congenital heart services should be taken.

14. Importantly, neither the Courts, nor SofS nor IRP have questioned the need for change to ensure the resilience, sustainability and excellence of these services.

The challenge for NHS England

15. The challenge for NHS England is how to ensure that services for people with congenital heart disease are provided in a way that achieves the highest possible quality, within the available resources, now and for future generations:

    - Securing the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
    - Tackling variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care
    - Delivering great patient experience, which includes how information is provided to patients and their families, considerations of access and support for families when they have to be away from home

16. To do this, we need to develop a process which is as transparent and inclusive as it can be, particularly in the use of evidence and data. Almost as important as the thoroughness of our work will be the need to be seen to be engaging as widely as possible, bringing patients, clinicians and their representatives together

in the joint pursuit of an effective and equitable solution, in the interests of all service users now and in the future. What we do for CHD services will in some ways be seen as a template for whether and how NHS England undertakes other major service change in future.

17. It is widely acknowledged that the uncertainty which has been caused by recent developments is one of the greatest risks to the current delivery of the service. Patients and families are now unsure about precisely where and how they will receive treatment. Surgical centres are hamstrung in their planning, and recruitment and retention is made more difficult by the lack of a clear service model. This in turn creates a risk that the safety and quality of services may not be able to be maintained, that service levels could reduce or there could be unplanned closure(s). Charities, clinicians and other stakeholders gave a huge commitment to support change; many say they are demoralised, frustrated, exhausted and angry. Some doubt that there is the will to make the necessary changes happen.

18. These concerns need to be addressed as part of the new process. To support this measures designed to give commissioners early warning of any emerging concerns at units providing children's congenital heart services will be rolled out across the country, (and to adapt it to include adult services) accepting that it is still a developmental approach, and used as the basis of regular conversations between area teams and providers. A system will be established to ensure that aggregated information is regularly provided to the board committee.

19. In the light of all this, NHS England must bring forward an implementable solution within a year, ie by the end of June 2014. Given the complexity of the issues, the enlarged scope (children AND adults), the legitimate but differing views of stakeholders, and the need to build as much consensus wherever possible (in circumstances where some of the relationships have been badly bruised) this is a demanding but important ambition. We simply cannot re-run the previous process and hope to achieve a different outcome in a quarter of the time.

20. Instead, we must find ways to do this differently. As the sole national commissioner of specialised services NHS England has an opportunity not open to our predecessors. This creates a significant opportunity to drive service improvement including reduced variation in access and quality. We can focus on national standards for a national service, commissioned through a single model which enables us to drive change in the interests of patients.

Principles / Approach

21. We propose the following principles and approach:

- **Patients come first**: the new review must have patients and their families at its heart, with a relentless focus on the best outcomes now and for the future. That aim over-rides organisational boundaries.
- **Retaining what was good from earlier work**: although the JCPCT's decision on configuration of children's congenital heart services has been overturned, much else was developed as part of that process and the subsequent implementation programme including a model of care, service standards, and well-developed thinking about network working. Similarly standards for adult services have also been developed and are ready for

formal consultation. This work has had extensive clinical and patient input and has the potential to be applicable to whatever service configuration is decided. Therefore NHS England must work with stakeholders to determine how much of this work can be retained.

- **Transparency and participation**: NHS England is committed to openness, transparency and participation. We should work with user, clinical and organisational stakeholders to ensure that we develop an approach to take the work forward that is true to those values. Our work should be grounded in standards, rigour, honesty and transparency.
- **Evidence**: the IRP reflected criticism of the way in which Safe and Sustainable used evidence to support its conclusions. The new review will need to be clear about the nature and limitations of the available evidence, and about any intention to rely on expert opinion in the absence of evidence. Notwithstanding the comment above about "retaining what was good", we must have no preconceived notions about the outcome. Wherever there is an assumption it must be made explicit, and justified.

22. We have not attempted to develop a full plan describing how the work will be taken forward, because we want to take time to understand from stakeholders what was good and should be retained from the previous process and what did not work well. We believe however that it is likely that a standards driven process – developing, testing, adopting and applying best practice standards for every part of the pathway – has much to commend it, and we will be testing this with stakeholders.

Governance

23. The Board has established a committee which will provide formal governance of this work. The committee is chaired by Sir Malcolm Grant, Board Chairman, and includes Margaret Casely-Hayford and Ed Smith (non-executive directors), Sir Bruce Keogh (Medical Director), and Bill McCarthy (National Director for Policy). To support the committee, arrangements will be put in place for clinical, organisational and service user representation.

24. Bill McCarthy is the senior responsible officer for this work. John Holden (Director of System Policy) will co-ordinate the work within NHS England and ensure the full involvement of the many different stakeholders.

Stakeholder engagement and communications

25. We are drawing up a stakeholder engagement plan, based on how these stakeholders tell us they wish to be involved, and identifying the different groups, their preferred channels of communication and the key messages throughout the process. For example we know that some of the existing surgical centres have well established patient groups and using these channels may be one way to reach the majority of those most directly affected. For patients, families and their representatives we have sought expert external help from three charities - National Voices, Involve and Centre for Public Scrutiny (CFPS) – to help us design and implement effective and appropriate engagement. They can also

help us manage our risks (eg CFPS are experienced in working with oversight and scrutiny committees and can help us better understand the local government dimension). Due to their limited size these bodies are unable to be directly involved in the work but all have agreed to act in a mentoring capacity. For clinicians, Sir Bruce is convening a clinical advisory panel which will guide him throughout the process and will help design broader clinical engagement and address specific issues which may arise. He has identified the need for some international perspective on this work and will take some soundings from his international peers to determine how best international advice is provided.

26. Our communications will be as open and as often as possible – we have already initiated a fortnightly blog on the NHS England website where we will trail forthcoming meetings and provide a summary of recent progress and discussions. With the support of the NHS England Director of Communications and his team, we are also considering the potential for dedicated web pages, or other IT applications which allow documents and other information to be freely exchanged. We want to give anyone who is interested a simple and easy to use way to find out what is going on and to become involved. We will use social media as appropriate – and if our stakeholders find it helpful – to discuss and share information. We are also considering how we can address the needs of those who do not have access to the internet or do not use English as a first language.

Resources

27. We need to take this opportunity to review the resourcing of this work. It will be important to ensure that it is a priority for the whole organisation and that the resources of the whole organisation are appropriately mobilised to support the work. The cost of dedicated programme management and administrative support will be met from recycling funds previously reserved for the Safe and Sustainable process. The estimated annual cost of this support is £500k.

Conclusion

28. As the body responsible for commissioning specialised congenital heart services, NHS England is setting out ambitious plans to ensure that services for people with CHD are provided in a way that achieves the highest possible quality within the available resources. To achieve this, a new Congenital Heart review is being established to consider the whole lifetime pathway of care for people with CHD. The Board is asked to consider and comment on the proposed approach.

Bill McCarthy

National Director: Policy

July 2013

Annex 1: Programme Plan

Our indicative timetable is follows:

Phase 1 – up to October 2013

Co-design a process for the work going forward

- Take advice from external experts to help shape listening exercise *[done]*
- Review previous stakeholder input in order not to lose what has already been achieved; and check its continuing relevance with stakeholders *[under way]*
- Begin communications as per stakeholders preferences, eg blog, shared resources on webpage/sharepoint *[under way]*
- Agree approaches to participation, identify preferred communications channels

Establish the programme

- Establish governance, advisory and stakeholder arrangements *[under way]*
- Develop programme plan, update Board, secure agreement, update Secretary of State *[under way]*
- Identify resources *[underway]*

Initial work on how to achieve programme aims of higher quality services

- Agree with stakeholders what should be taken forward from previous processes
- Complete work on proposed paediatric cardiology standards *[underway]*
- Bring together adult and children's standards and agree process for approval and adoption *[underway]*
- Develop proposals for testing/implementing formal network arrangements *[underway]*
- Work with stakeholders to identify any fixed points and how these would influence service design. This is likely to include (but not be limited to) discussion of the provision of transplant services, the need for children's heart surgery and other tertiary paediatrics to be provided on the same site, and the need for children's and adults' surgery (and interventional cardiology) to be provided in close proximity
- Develop a "proposition" – not a list of sites, but a straw man of what a high quality and sustainable service looks like for adults and children, unconstrained by current configuration – the optimal model
- Consider and weigh, with legal advice, possible approaches for a managed process to translate these fixed points into firm proposals for structuring services, test with stakeholders, outline agreed process
- Establish the required capacity of the service in future years
- Set an ambitious timeline to have completed the work and be ready to implement.

Phase 2 – up to February 2014

Develop, test and revise the proposition

- Using multiple channels, including local and national clinically led events, engage on the clinical appropriateness and user acceptability of the proposition

- Benchmark existing provision against the proposition – considering access as well as service quality
- Test any emerging alternative proposals
- Review dependencies – eg for children, neonatal and paediatric intensive care (PICU) and retrieval services, extracorporeal membrane oxygenation (ECMO). While the IRP recommended that decisions about the future of transplant services and respiratory ECMO should be contingent on final proposals for congenital heart services, in practice the level of interdependency may mean that they need to be considered together
- Weigh alternative implementation approaches: early thinking suggests that some fixed points could constitute 'hurdle criteria' for potential providers within a commissioner led standards driven approach, however alternative approaches need to be considered including option appraisal and designation and provider led regional solutions.
- Agree revised proposition with clinical and patient groups

Phase 3 – up to June 2014

Preparation for implementation

Work in this phase will of course be dependent on the nature of the proposition developed and the measure of agreement with that approach.

- If the solution is for a national plan in which current centres continue/cease to provide surgery, then – subject to legal advice - there may need to be further full formal consultation. This could take the timeline for implementation beyond one year.
- If the solution is a commissioning approach to enforce a set of national standards which invites providers to cooperate to provide the service, any consultation could be undertaken sub-nationally as part of the development of tenders. Assuming local resolution and provider cooperation, the focus of this period would be on developing the tender exercise.

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Councillor John Illingworth
Chair, Scrutiny Board
(Health and Wellbeing and Adult Social Care)
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Your ref
Our ref JI/SMC
Date 9 December 2013

John Holden
5C Quarry House
Quarry Hill
Leeds
LS2 7UE

Sent by e-mail only

Dear John,

RE: Yorkshire and the Humber Joint Health Overview and Scrutiny Committee – new review of Congenital Heart Disease (CHD) services

Thank you for your letter, dated 28 November 2013. However, I am extremely disappointed by NHS England's stance regarding the invitation to attend the Yorkshire and the Humber Joint Health Overview and Scrutiny Committee (JHOSC) on 11 December 2013.

The invitation for a *'…suitable representative to attend…to specifically discuss progress of the new review*.' was e-mailed on 19 November 2013. This invitation set out the date, time and venue of the meeting, along with details of the provisional agenda.

NHS England was also given the opportunity to provide a written brief summary ahead of the meeting – although it was emphasised this would need to be provided no later than 2 December 2013.

As you may be aware, Regulation 27(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provides that, "a local authority may require any member or employee of a responsible person to attend before the authority to answer such questions as appear to the authority to be necessary for discharging its relevant functions". In addition, Regulation 27(2) provides "…it is the duty of any such member or employee to comply with any such requirement". It seems to me that in declining the invitation to attend the JHOSC meeting on 11 December 2013, NHS England is failing to comply with its legal duty in this regard.

Notwithstanding the statutory legal framework that underpins local authorities' health scrutiny function, given events associated with the previous Safe and Sustainable review and proposals for Children's Congenital Heart Services in England, I feel it is also pertinent to highlight the following extracts and recommendation 14 from the Independent Reconfiguration Panel's advice associated with the previous review:

Cont./

5.9.1 *The Panel accepts that undertaking the first national consultation of proposed changes to a complex, high profile service was not an easy task and it is clear that the NHS expended considerable effort to support engagement and consultation.* ***The need to engage with HOSCs was identified early in the process and was a particular challenge given the absence of a national representative body. However, the approaches by a number of HOSCs around the country, such as those in Yorkshire and the Humber, to form a regional joint HOSC was a helpful and pragmatic response****.*

5.9.5 *As the IRP noted in its initial advice to the Secretary of State on the first referral from the Y&H Joint HOSC, the Committee has scrutinised the subject with considerable commitment and passion.* ***There has been a clear mismatch in expectation between the three HOSCs who initiated this review and the NHS and JCPCT in relation to the interpretation of the NHS obligation to provide HOSCs with "such information as the committee may reasonably require" under the regulations.*** *In addition, the NHS and JCPCT appeared to take an overly legalistic approach to the validity of the Y&H Joint HOSC rather than working with the spirit of scrutiny and their duty to involve. In the view of the Panel,* ***the NHS was insufficiently responsive to legitimate requests for meetings and feedback from HOSCs. It is disappointing to observe, notwithstanding the difficult circumstances, that the relationship between the NHS and the Y&H Joint HOSC has broken down to the extent that it has****.*

Recommendation Fourteen

NHS England must ensure that any process leading to a final decision on these services properly involves <u>all stakeholders</u> throughout *in the necessary work, reflecting their priorities and feedback in a comprehensive model of care to be implemented and the consequent service changes required.*

These specific extracts are important, as I believe the IRP's findings should help frame NHS England's engagement with the JHOSC. However, I fear NHS England's current approach may be in danger of repeating the mistakes of the previous review.

It is unfortunate (at best) that the tone of your letter appears to suggest that NHS England will decide when it will participate in the legitimate public scrutiny of the new review of CHD services, and I am concerned that your response will do little to foster good relations between the JHOSC, NHS England and specifically those responsible for taking forward the new review.

I do not accept that attending a further meeting of the Yorkshire and Humber JHOSC – 3 months after your previous attendance in September 2013 – would not be consistent with the need for NHS England to consider how to work with 152 councils and their scrutiny functions across England. Indeed, I would be interested to know how many of those authorities have invited NHS England to attend a scrutiny meeting to discuss its plans for the new review of CHD services.

I would also reiterate that the Yorkshire and Humber JHOSC represents the 15 top-tier authorities across the region – a point that has been made on numerous occasions and highlighted by the IRP as ***'… a helpful and pragmatic response.'***

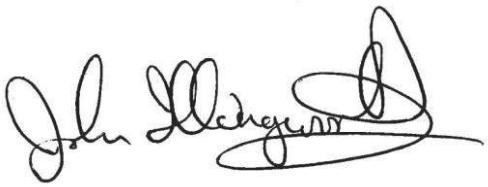
Cont./

I note your comments that NHS England is planning a plenary session with council leaders, Health and Wellbeing Boards, and Healthwatch leaders. Unofficially, I understand this is set to be held in Birmingham on 8 January 2014. However, I should be grateful if you could confirm the arrangements for this session, including the aims and objectives, details of those invited to attend and how such invitations have been communicated.

While I welcome NHS England's commitment to more broadly involve and engage with local authorities as the review moves forward, I should point out the health scrutiny role is a statutory function and NHS England, along with other bodies responsible for the commissioning and/or provision of health services, has a legal duty in this regard.

Please be aware that I intend to discuss the content of this letter and NHS England's stance in relation to its legal duty with other members of the JHOSC at its meeting on 11 December 2013. The purpose being to determine any specific course of action the JHOSC may wish to pursue.

Yours sincerely



Councillor John Illingworth
Chair, Joint Health Overview and Scrutiny Committee, Yorkshire and the Humber

cc: All members of the Yorkshire and Humber Joint Health Overview and Scrutiny Committee (JHOSC)
Councillor Lisa Mulherin, Executive Member for Health and Wellbeing and Chair, Leeds Health and Wellbeing Board
Mark Turnbull, Legal Services, Leeds City Council

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Councillor John Illingworth

By email

10 December 2013

Dear Councillor Illingworth

When I declined your invitation to attend the 11 December meeting of the Yorkshire & Humber JHOSC, I promised instead to send a short written update. This is enclosed.

I have also just seen your letter of Monday 9 December sent at 6.17pm in which you restate the legal right of the JHOSC to hear from representatives of public bodies, and question whether NHS England has understood the IRP's conclusions in respect of the role of local government, and overview in particular. Since you plan to discuss this at your meeting on 11 December I thought I would send a quick response which I am happy to discuss with you in more detail in due course.

My decision not to attend on 11 December was not intended as a snub to the JHOSC. I think it is extremely helpful that there is an overview body representing the 15 top tier authorities in Yorkshire and Humber, and I found my last visit, in September, to be extremely helpful, as I hope you did too. I would be happy to attend your Committee in the future. The simple truth on this occasion is that I have had to make a judgement about trade-offs between competing priorities. I also have to be fair, and be seen to be fair, in acting on behalf of all patients in England. I know we disagree slightly about the implications of this, but I believe I have to listen to every stakeholder proportionately and avoid the perception (or reality) of being unduly influenced by any one constituency. This is a difficult balance to strike and it is quite possible I have misjudged it, in which case I apologise, but I make no apology for trying to mitigate the risk.

Our intention to hold a plenary event in Birmingham on 8 January – which I understand you are due to attend with Councillor Mulherin and Mr Courtney - is in part intended to resolve this problem by making sure that other local authorities and OSCs are as aware of the review and associated issues as Yorkshire & Humber's JHOSC. It is precisely because other OSCs have not demanded my attention in equal measure that I believe we have a responsibility

to raise the general level of awareness.

We do not have a firm agenda for the 8 January meeting yet, but our working plan is that the day should cover the following items in roughly this order/timing:

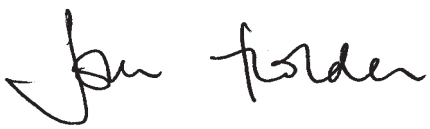
- 12.30 - 1pm gather/lunch, informal networking
- 1pm Welcome & Introductions
- Update on the new review - what has been done, what is in plan, what the timelines are and the plan of the year ahead.
- 1.45pm Summary of the outputs from clinical, provider and patient engagement groups, how we are responding to the “difficult issues”.
- 2.30 Opportunity for questions from the floor and identify any items of particular concern for attendees
- 3.15 wrap up and agreed next steps
- 3.30 close and depart

This is not a fixed agenda, we will be seeking views before the event and flexible on the day – I am quite sure for example that we will want to allow maximum time for Q&A and discussion. One of the topics I would like to discuss is the timing of local elections and the implications of purdah for any engagement or consultation that would otherwise take place – I think this is a clear risk to our review’s timetable and I would value the views of those attending the Birmingham event.

Finally, for the avoidance of doubt in your discussion at JHOSC, I wanted to emphasise that I have not been ignoring the interests of Leeds: I have been actively listening to views from those closely associated with the provision of congenital heart surgery at Leeds, although of course I accept this is not a substitute for also talking to the JHOSC. In recent weeks I have met representatives from the “Children’s Heart Surgery Fund” at our Patients’ Group, clinicians including Carin van Doorn (consultant surgeon) at our clinicians’ group, and I have met the new Trust chief executive Julian Hartley at our provider group.

I hope this explanation is helpful, though I do recognise you would prefer to be discussing the issues with me in person at your meeting.

Yours sincerely



John Holden
Director of System Policy

Update for JHOSC – 11 December 2013

Since I attended the JHOSC on 13 September, NHS England has continued the process of engagement with stakeholders and the development of the work required to ensure a standards-based, nationally consistent approach to commissioning congenital heart services. Amongst other things we have:

- clarified the role of the Clinical Reference Groups (CRGs), in developing service specifications ready for full public consultation in the spring. We have also addressed concerns about public patient involvement on the CRGs (applications will be invited for a further four members of this group)
- announced that Professor Pedro del Nido, Chief of Paediatric Cardiac Surgery at Boston Children's Hospital, USA, will provide an international perspective to the review's Clinical Advisory Panel
- published details of the proposal being developed by NHS England's analysts for refreshing the data which underpins our understanding of the services currently being provided, and which may be required in future – and we have published updates to the proposal in the light of comments received
- provided an update on our discussions with Healthwatch England about their engagement
- published the notes of my attendance at Yorkshire and Humber joint OSC
- attended a meeting of the All Party Parliamentary Group (of MPs and peers) and published all the associated materials including our own note of proceedings
- published a transcript of our 18 July Board meeting (in addition to the video already online)
- published the minutes of our Board's Task and Finish Group of 30 September
- published the papers for our Programme Boards on 21 October and 13 November
- published weblinks to the answers to various Parliamentary questions
- confirmed the intended scope of our review (which was decided by the Board Task and Finish Group on 29 October after a recommendation from the Clinical Advisory Panel, which in turn considered over 40 submissions from various stakeholders following a 2 week period of engagement on the draft scope paper)
- attended the first meeting of three newly constituted engagement groups: the patient and public group, the clinicians group, and the provider group
- published a note of a meeting of the work to align the 3 current sets of standards relating to congenital heart services
- published papers from our main Board meeting on 8 November.

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NEW CHD REVIEW – SUMMARY OF GOVERNANCE ARRANGEMENTS

Body/ Group	Role	Chair	Meeting details					
			Date	Held in Public?	Agenda available?	All Papers available?	Minutes / notes available?	Notes
NHSE Board	Decision-Making	Sir Malcolm Grant	18/07/13	Yes	Yes	Yes	Yes	
			08/11/13	Yes	Yes	Yes	Yes	
			17/12/13					
Task & Finish Group	Decision-Making	Sir Malcolm Grant	29/07/13	No	No	No	Yes	Notes – not formal minutes
			30/09/13	No	Yes	Yes	Yes	Formal minutes presented in paper to NHSE board on 8 November 2013. Draft minutes presented on the associated webpage.
			29/10/13	No	Yes	Yes	No	
								No future meeting dates identified
Programme Board	Decision-Making	Bill McCarthy	21/10/13	No				
			13/11/13	No				
			16/12/13					Future meeting date
			14/01/14					Future meeting date
			11/02/14					Future meeting date
			11/03/14					Future meeting date
			16/04/14					Future meeting date
			13/05/14					Future meeting date
			10/06/14					Future meeting date

Updated: 5 December 2013

NEW CHD REVIEW – SUMMARY OF GOVERNANCE ARRANGEMENTS

Body/ Group	Role	Chair	Meeting details					
			Date	Held in Public?	Agenda available?	All Papers available?	Minutes / notes available?	Notes
Clinical Advisory Panel	Advisory	Professor Sir Michael Rawlins	15/10/13	No	Yes	Yes	No	No minutes published
								No future meeting dates identified
Clinical Reference Group (E05 Congenital Heart Services)	Advisory	Dr Graham Stuart	Unknown	No	No	No	No	Limited details available/ published on the associated NHSE web-page
								No future meeting dates identified
Clinician Group	Engagement	Professor Deirdre Kelly						No details available/ published on the associated NHSE web-page
								No future meeting dates identified
Patient & Public Group	Engagement	Professor Peter Weissberg		No				No details available/ published on the associated NHSE web-page
								No future meeting dates identified
Provider Group	Engagement	Chris Hopson		No				No details available/ published on the associated NHSE web-page
								No future meeting dates identified

Updated: 5 December 2013

NEW CHD REVIEW – SUMMARY OF GOVERNANCE ARRANGEMENTS

Body/ Group	Role	Chair	Meeting details					
			Date	Held in Public?	Agenda available?	All Papers available?	Minutes / notes available?	Notes
Other details available								
National and local charities and patient groups	Engagement	Bill McCarthy/ John Holden	16/07/13	No	No	No	Yes	Notes of meeting. Details of representatives not presented.
National and local charities and patient groups	Engagement	Bill McCarthy/ John Holden	07/08/13	No	No	No	Yes	Notes of meeting. Details of representatives not presented.
National Clinical Organisations	Engagement	John Holden	16/07/13	No	No	No	Yes	Notes of meeting. Details of representatives not presented.
Clinicians from Surgical Centre	Engagement	Bill McCarthy/ John Holden	22/07/13	No	No	No	Yes	Notes of meeting. Details of representatives not presented.
Local authorities & Overview and Scrutiny	Engagement		27/08/13	No	No	No	Yes	Notes of meeting with Geoff Alltimes (Local Government Association) and Tim Gilling (Centre for Public Scrutiny),

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Councillor John Illingworth
Leeds City Council

By e-mail

21 August 2013

Dear Councillor Illingworth

You received a copy of the letter from Sir David Nicholson to Greg Mulholland MP dated 9 August, about the release of information in response to your FOI requests. Sir David said in his letter that "We will be very explicit at the outset about what we are searching through and what assumptions we are making, to avoid any misunderstanding later.". I am writing now to outline how we are progressing this work, and to highlight the assumptions which will shape our decisions. Please let me know if you have any comments or concerns. If it would help I am happy to have a telephone conversation or another meeting in person to work through these issues, but I thought it might be helpful if I wrote to you first.

Since Sir David wrote to Mr Mulholland, officials have been identifying the potential location of relevant information. Given the duration of the *Safe and Sustainable* review (2008-2012), the range of organisations whose correspondence you wish to see, and the amount of change in the health system since 2008, you will not be surprised to hear that we face some practical difficulties in conducting this exercise. The information which "we" (i.e. NHS England) hold is in fact that the legacy of different organisations and their discrete IT systems, on multiple servers in various locations. What is very clear already is that despite the help of our IT experts, 40 hours is likely to be a significant under-estimate of the time required to identify, locate, retrieve and supply the full range of information in your main area of interest (i.e. exchanges between NSCT and various individuals and organisations). It is a labour intensive task, not simply a matter of leaving an automated programme to extract and save relevant data.

Nonetheless, I am very keen, in accordance with Sir David's letter, that we "demonstrate NHS England's genuine resolve to act openly and transparently". So I want to clarify some points with you in order to suggest an approach that will allow us to spend the 40 hours as productively as possible to address your main concerns (as you described them to me). These points are as follows:

1. Individuals within the National specialised Commissioning Team (NSCT)

You wanted to see "all official correspondence that is relevant to the Safe and Sustainable review … between National Specialised Commissioning Team officials and … [etc]." The only feasible approach we can take is to search for emails including the names of the individuals who were in some way part of the NSCT. But to do this for all of the individuals who fit the description (we think there are 17 over the five year period) could be very time consuming and not a good way of prioritising the work especially if some of the searches ultimately prove fruitless. Therefore we suggest a more systematic approach which targets those most relevant to the work and for whom we are confident we can access relevant emails. I have set out below nine names which we intend to include in our search, and eight names we propose to exclude (mainly because they were not as central to the Safe & Sustainable process and/or we have not yet been able to trace emails). **We intend to proceed on this basis.**

Suggested emails to analyse:

- Teresa Moss, Director, NSCT – September 2009 – decision
- Jeremy Glyde, Programme Director, Safe and Sustainable – March 2009 – decision
- Andy Martin, Assistant Programme Manager, Safe and Sustainable – February 2009 – decision
- Zuzana Bates, Project Liaison Manager, Safe and Sustainable – May 2010 – decision
- Hannah Weaver, PA, Safe and Sustainable – December 2010 – decision
- Christy Rowley, Assistant Programme Manager, Safe and Sustainable – September 2011 – decision
- Paul Larsen, Finance Manager, Safe and Sustainable – March 2010 – decision
- Stuart Pinel, PA, Safe and Sustainable – June 2008 – December 2010
- Dr Martin Ashton Key, Medical Advisor, NSCT – June 2009 – May 2011

NSCT officials, involved in Safe and Sustainable review, do not propose to analyse emails:

- Nicola Anderson, Project Manager, Safe and Sustainable – January 2010 – July 2010
- Jo Sheehan, Finance Director, NSCT – Nov 2009 – decision (limited involvement with S&S prior to decision, acting director, NSCT from September 2012 – March 2013)
- Steph Stanwick, Project Manager, Safe and Sustainable, January 2010 – decision (Project Manager for the neurosurgery review and no access to emails, IT still attempting retrieval)
- Andy Bibby, Project Manager, Safe and Sustainable – June 2008 – Feb 2009 (no access to emails, IT still attempting retrieval)
- Adrian Pollitt, Director, NSCT – June 2008 – December 2008 (no access to emails, IT still attempting retrieval)

- Janice Fawell, Acting Director, NSCT – January 2009 – September 2009 (no access to emails, IT still attempting retrieval)
- Dr Imogen Stephens, Medical Advisor to NSCT, start date unknown – decision (no access to emails, IT still attempting retrieval)
- Steve Collins, Deputy Director for Policy and Coordination, NSCT, June 2008 – June 2010 (no access to emails, IT still attempting retrieval).

2. Five individuals or groups: Sir David Nicholson, Sir Bruce Keogh, Royal Colleges of Medicine, Professional Societies and NHS Trusts involved in the review.

You asked to see "official correspondence" between NSCT and these five individuals/groups. Our assumption is that this means not only official correspondence from Professional Associations and Trusts, but includes all email correspondence between the principal members/employees of these bodies and the Safe and Sustainable team within NSCT, and vice versa (excluding emails on administrative matters e.g. setting up meetings). This is a more expansive interpretation than we might have adopted, but it will help us clarify our intentions with these organisations and we think it is more consistent with the spirit of your request and Sir David's commitment. **We intend to proceed on this basis.**

3. Period covered by the search

You have said that disclosure is necessary so that your committee can understand how the JCPCT came to its decision in July 2012. We assume this means all relevant correspondence that we hold between NSCT and these groups/individuals from 2008 up to July 2012. **We intend to proceed on this basis.**

4. Format of information provided

There will inevitably be some personal data (such as personal email addresses and telephone numbers) that the FOI Act requires us to redact before we send correspondence to you. This is much easier and quicker to do by dealing with paper versions of the correspondence. The most productive approach (and best use of the time available) will therefore be for us to print the relevant documentation, undertake any necessary redaction, and supply the documents in hard copy form. I am told, based on your previous FOI disclosures, that you are likely to prefer to receive information in electronic format. I want to make it very clear to you now that this would be a time consuming exercise (i.e. scanning in the hard copies of redacted documents to produce pdf files). If this is the approach you want us to take (providing electronic instead of hard copy) then please be aware that it would necessarily use up some of the 40 hours that we could have otherwise dedicated to a more thorough disclosure. We assume that you prefer greater disclosure over electronic format, so we plan to provide paper copies only. **We intend to proceed on this basis.**

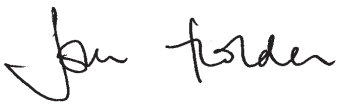
5. Duration of this exercise

On a separate but related point, our initial search has given us a more accurate understanding of the number of people potentially involved in any search exercise (we are obliged to notify those with whom NSCT communicated of our

intention to release information, to give them a chance to comment). Over 200 names have been identified – some are dead, many have moved on from their original posts. Given that we are in the middle of the summer holiday season, whatever approach we take (even if we can discount some of these names) will incur delay as we have already received a large number of "out of office" responses from people we have tried to contact. Therefore, although our aim was to complete this work by the end of August, I think September is more realistic.

I hope this explanation is helpful and that the assumptions and the intentions I have set out are clear. Do let me know if you have any comments or concerns or if anything in this letter is unclear. Could I ask for your response by one week from today, i.e. 28 August, so that we can be confident we will avoid any misunderstandings over the way in which the search has been conducted. In the meantime we will proceed on the basis of the assumptions in this note, to avoid any undue delay.

Yours sincerely



John Holden
Director of System Policy

Councillor John Illingworth
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Our ref JI/SMC
Date 27 August 2013

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Sent by e-mail only

Dear John,

Children's Heart Surgery - Freedom of Information

Thank you for your letter dated 21 August 2013. In the meantime there has been a significant additional disclosure from NHS England on 22 August of all the emails sent and received by Sir Bruce Keogh around the temporary closure of the Leeds Children's Heart Unit in April this year. I shall therefore try to deal with all the outstanding FoI issues in one letter.

1) I realise that you inherited these problems from the National Specialised Commissioning Team and that you are doing your best to resolve them within corporate guidelines. None of my criticism applies to you personally, but I do feel that NSCT were the author of their own misfortunes. Had they organised things rather better we would not be having this discussion today. In particular, if they had actually followed the provisions of the Public Bodies Admission to Meetings Act (which applied to much of their business) and if they had followed the Guidance from ICO and established an effective Publication Scheme, then many of these questions would not be necessary. Most of the information that I am seeking would have been automatically published by any local authority on its website, without anybody needing to ask for it. Where it was necessary to ask a question, most would have been asked years ago by my predecessors rather than me, and the whole issue would have been resolved long before we came to the present impasse.

2) I also feel that NSCT have compounded their difficulties by not answering my questions immediately, but waiting until their organisation had been broken up. This was bound to make retrieval more complex. My first question in the present series was emailed on 6 January 2013, and was originally very easy to answer if people looked in the right place. Most of it could have been resolved by providing a directory listing from the NSCT web server, an action requiring only seconds, and what I originally envisaged they would do. My reason for asking the question was that I noticed that many files were loaded in large bundles, **sometimes years after the event.** It was easy to establish where they came from, by asking the colleagues who did it from a nearby desk. NHS England claims that my question would now take more than 18 hours to answer, well, whose fault is that?

3) Nevertheless, I still believe that it is possible to respond to all my questions (which are currently grouped into three batches) in less than 18 hours per batch, as the law requires. The 18 hour limit does not include “redaction time”, which should not be necessary in any event. I have always envisaged electronic searches of email servers and network drives as your principal search mechanism, and only occasionally should it be necessary to interrogate a personal computer. My IT colleagues tell me that “e-discovery” software is widely used for legal, forensic and safeguarding investigations, that some NHS staff have experience of running these searches, and that skilfully designed queries allow a large proportion of relevant documents to be located in a single pass.

4) That is my current “fallback position” – a competent person could complete the job in less than 18 hours per batch, using electronic methods. NHS England might not find every last record, but they would find most of them, and I would be content. If NHS England wishes to dispute this time estimate then we can call on ICO and the House of Commons Public Administration Committee to adjudicate.

5) Nevertheless there is also an obligation on us all to be helpful and to cooperate and that is something I would much prefer to do. Although the FoI legislation completely ignores the participants’ motives, if we aim to negotiate an efficient solution then it is sensible to consider what we are trying to achieve. Most of the people that I strive to represent are driven fundamentally by a desire for truth and fair play. They do not believe everything that they are told. They want to test things, to identify the most reliable elements. They are exercising their right to receive unbiased clinical advice under the NHS Constitution. They are less concerned about tracing every last document than they are in inspecting a fair and representative sample of these exchanges: not some artificial selection that has been “weeded” to alter the meaning, or to remove potentially embarrassing material.

6) For most parts of the UK, the “Safe and Sustainable” Review of Children’s Heart Surgery resulted in little change, but people in Yorkshire and the Humber, Leicester and (more recently) Northern Ireland were warned of serious flaws in the service that they received. They were told that these flaws could only be mended by transporting seriously ill children for long distances, and treating them far from their homes, while simultaneously depriving their locality of emergency cover and provision for adults. Very few of us were convinced this was true. Campaigners from Yorkshire and the Humber challenged the arbitrary rules which Safe and Sustainable often applied in irrational and inconsistent ways. Noting that the “successful” heart units had more representatives on the various advisory committees, local residents asked whether the unsatisfactory solution proposed for Yorkshire and the Humber reflected the almost total exclusion of Yorkshire and Humber representatives from the analysis and decision-making process.

7) You raise the question of electronic versus paper disclosure. My problems with paper are the bulk and inconvenience, and concealing all the metadata from the files. The lack of “authentic-looking” metadata makes me doubt the reliability of some records downloaded from the NSCT / Safe and Sustainable web server. NSCT papers released at Christmas could not be checked. I want to assist disclosure, but NHS England should reflect on its future credibility if it insists on supplying paper material which cannot be authenticated.

8) We all agree on the need to minimise the amount of work involved, and to avoid perverse search algorithms when there are easier ways to establish the truth. Unfortunately there appear to be parallel attempts by NHS England to steer us away from difficult areas, and to focus attention on those aspects that are less likely to yield interesting results. There are *three problem areas* where disclosure has so far been inadequate. It makes sense to deploy the available resources to address these issues first.

9) *Problem area one:* **the public consultation materials**. The basic issue is that the NHS has no objective scientific evidence to support the primary thesis that fewer, larger units would improve clinical outcomes in the UK. When I recently suggested that such analysis should be included in the HQIP stratified risk research programme, this was the only one of my suggestions to be rejected. It appears that key people realised what unsatisfactory and unwelcome answers they were likely to get. The public consultation materials did not adequately reflect this fundamental uncertainty at the core of the reorganisation proposals and there appears to have been a corporate attempt to mislead the public.

10) The NSCT / Safe and Sustainable website can be analysed for bias. When I started work as a Health Scrutiny Chair, I noticed that numerous documents had been added to this server at a very late stage, many of them with recent creation dates. There seemed to have been an attempt to re-write history, and construct the appearance of a robust public consultation process which had not actually taken place. In order to test my hypothesis, I submitted an FoI request on 6 January 2013 for a comprehensive survey of the web file creation dates. From the labyrinthine attempts to avoid answering this simple question, anyone might reasonably conclude that my hypothesis has proved correct. I will give you another opportunity to prove me wrong: please send me a forensic image of the server-side directories for the NSCT / Safe and Sustainable website, *taking care to preserve the original file upload and creation dates.* It will take NHS technicians only a few minutes to do this. The entire website, including client-side and server-side scripts and documents for download, should fit onto a CD [or possibly a DVD]. We will see what it shows.

11) *Problem area two:* **the professional advisory groups**. Not only are there serious problems with the unrepresentative nature of the various advisory groups, but they also appear to have conducted much of their business in private, without properly recording what they had done. The public in Yorkshire and the Humber have long suspected that this might be happening, but they had no means to discover what was going on. It seems that extensive discussions were conducted by email outside the formal meetings, and this is where some of the most important decisions effectively took place.

12) On 15 March 2013 I submitted an FoI request for access to this email correspondence. I suspect that this overlaps to some extent with my earlier requests for disclosure of the recruitment processes and the correspondence with the Royal Colleges and professional bodies, however my final request gets closer to the root of the problem. We can see, for example, our professional advisors engaging with the really difficult issues of treating very young, seriously ill children a long way from home. This is a problem for the entire family, including parents, grandparents and school-age siblings, not just the affected child. It is difficult to see how tiny babies from parts of Yorkshire and the Humber could be taken to remote surgical centres in time. None of these doubts were adequately disclosed to the Judicial Review, or to the public, who were denied any opportunity to comment.

13) There are some very significant people omitted from the lists in your letter, and these are the members of the various professional groups who advised the JCPCT: the Steering Committee, the Standards Working Group (largely a sub-set of the Steering Committee), the Kennedy Panel, the NCS Expert Panel and the Health Impact Assessment Working Group. I have also requested details of how these expert panels were constituted and recruited, and whether any of their terms of reference have changed. The reason for this is explained in paragraphs 2 and 10 above – many of the documents released by “Safe and Sustainable” have surprisingly recent creation dates, suggesting that they might be modern afterthoughts or updated derivatives of the original versions.

14) It is not necessary to search for every name on these advisory panels, because for many discussions the participants hit “reply to all” and copied in the entire group. In addition, the chairs of the various advisory groups must know how their own groups were constituted, how they and the other members were recruited, and whether any of their terms of reference have been changed. I have listed some key members below:

Steering committee: Dr Patricia Hamilton (Chair), Ms Deborah Evans, Mr Chris Reed, Mr William Brawn, Professor Shakeel Qureshi, Ms Catherine Griffiths, Professor Martin Elliott, Dr Sally Nelson, Dr Ian Jenkins, Dr Graham Stuart, Ms Maria von Hildebrand, Ms Anne Keatley-Clarke, Dr Susan Hobbins, Dr Catherine Grebenik, Dr Tony Salmon and Ms Fiona Smith.

NCS Expert Panel: Dr Patricia Hamilton (Chair), Dr Martin Ashton-Key, Professor James Neuberger, Dr Kenneth Palmer and Professor John Wallwork

Kennedy Panel: Professor Sir Ian Kennedy (Chair), Ms Ros(alind) Banks (KPMG), Ms Maria von Hildebrand, Mr James Monro, Ms Julia Stallibrass, Dr Michael Godman, Dr David Mabin, Dr Neil Morton, and Ms Sally Ramsay.

Health Impact Assessment Steering Group: Professor Michael Simmonds (Chair), Ms Deborah Evans, Ms Sophia Christie and Ms Stephanie Newman.

15) The key clinical advisors named by NSCT in relation to Safe & Sustainable were (in approximate order of importance) Mr Leslie Hamilton, Dr Martin Ashton-Key, Professor Roger Boyle and Dr Shiela Shribman. Three other NSCT clinical advisors were also involved to a lesser extent: Dr Edmund Jessop, Dr Bill Gutteridge and Dr Tom Kenny.

16) To these I would add Sir Neil McKay as chair of the JCPCT. There were numerous other participants who appear to have played a much smaller part in the proceedings. Many names on my list do not appear on your list, although you may be intending to bring them in as Royal College representatives. If NHS England confines its searches to your present list of names then it will miss several important documents. It should not be necessary to search separately for every individual name. There is considerable overlap and a single well-crafted SQL inquiry (or its equivalent) would reveal most of the required information.

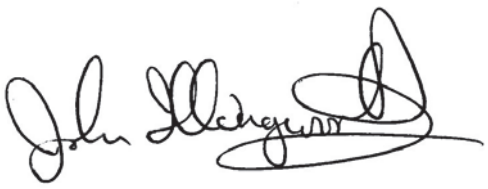
17) *Problem area three:* **the attempts to denigrate Leeds**. In Yorkshire people suspect that Leeds was identified for closure from an early stage in the Safe and Sustainable process, and this objective has been pursued, with varying degrees of subtlety, over the last four years. It culminated in the occasionally farcical events in April this year. Three people sought disclosure of the relevant email correspondence with Sir Bruce Keogh, but the documents that have recently been released fall a long way short of what is required. NHS England recently made great play upon transparency, particularly in relation to “failing” trusts, but senior staff should remember that transparency begins at home.

18) There are too many redactions in the ‘Keogh’ emails. We agree that innocent bystanders should not be caught in the cross-fire, and that junior staff are entitled to some privacy at work, but we also feel that people who volunteer to serve on national panels (who often maintain their own public-facing web sites, Linked-in, Facebook and Twitter accounts) are hardly the wilting violets whose names cannot be mentioned in public. Several continue to play significant roles in public life. Many of these names have already been published by NSCT / Safe and Sustainable, both on official NHS websites and in publicly distributed paper documents. Significant personal details were frequently included. Where this has happened there is no convincing reason to redact the authors’ and recipients’ names in the recent NHS email disclosures.

19) In addition to the “disputed” FoI inquiries, where NHS England aggregated all my requests over extended periods, I have also pointed out to the Information Commissioner that there are several long-standing requests that remain unanswered from outside the aggregation periods. Foremost among these is my request for an accurate version of Table 4.2 from the Health Impact Assessment showing the redistribution of patients under the various reorganisation options. We all agree that the published version doesn’t add up correctly and must be seriously in error. Implicit in my request is a requirement for accurate data on where most patients live, and which hospitals they currently attend. This basic information will be useful in any event, not least for performing accurate Health Impact Assessments, pioneered by Dr Mark Darowski in Leeds, which are based on real patients undertaking real journeys. It is amazing that we have reached this point without knowing the answers to such very basic questions. While we are engaged with this, a member of the public has pointed me to some apparently serious problems properly counting balloon septostomies and other neonatal procedures. He questions whether NHS England has accurate data for the youngest and sickest babies who are most at risk from long-distance emergency travel to a remote surgical centre. Please could you help with this?

20) Up to this point I have discussed the FoI inquiries, but Health Scrutiny Boards also have additional legal rights to examine NHS material that goes beyond the public entitlement. If NHS England insists that some material remains confidential then the Scrutiny Board can meet in private to consider it. Please will you therefore send me in confidence a complete non-redacted version of the recent ‘Keogh’ emails, specifically for the use of both Health Scrutiny Boards, and similar non-redacted versions of any subsequent FoI disclosures so that we can consider them in private, if required?

Yours sincerely



Councillor John Illingworth
Chair, Joint Health Overview and Scrutiny Committee, Yorkshire and the Humber

Cc: Yorkshire & Humberside Councillors and MPs.

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Redacted correspondence

E-Mail 1

From: Andy Buck

Sent: 26 March 2013 17:39

To: Bruce.Keogh@dh.gsi.gov.uk; Ann Sutton; [sec 40]; Richard Barker

Cc: [s40] Damien Riley; Eleri De Gilbert; [s40] [s40] David Black; Andy Buck

Subject: Congenital heart services

Dear All

I hope it will be helpful to summarise my understanding of the current concerns re Leeds Teaching Hospitals congenital heart services in advance of our telephone conference tomorrow afternoon.

I have discussed these with Maggie Boyle who has briefed me in detail about the position.

First, [s31(2)(d)]

Second, there is the somewhat less clear situation regarding allegations about referrals etc. We have three things here:

a) the receipt via Graylings (the PR firm retained by the JCPCT) of some statements from parents expressing concerns about LTH;
b) a letter from Heartline also raising concerns; I have spoken to [s40] of Heartline and it is clear that the concerns to which [s40] refers overlap with the concerns received via Graylings;
c) statements made by [s40] at a Children's Congenital Heart Services Programme Planning meeting to the effect that "children (are) dying as a result of not getting access to services ……". We have written to [s40] asking [s40] to shed more light on these concerns, and to tell us about the report that she says has been sent to the CQC (copy attached). We have not received a reply and this is being chased.

My colleague Kevin Smith (Medical Director for specialised commissioning] has spoken to [s40] at CQC. [s40] confirmed that the CQC has received a letter from [s40]. They have worked with parents to advise them on how to complain and the CQC is now reviewing the Trust's response to these complaints where they have the permission to do so. [s31(2)(d)]

In addition to this action, I have prepared a letter which we would like to ask to be passed to the parents who have contacted Heartline and Graylings which offers them the opportunity to formally raise their concerns with us for further investigation. Maggie Boyle is aware of and supports this intended action.

[out of scope of FOI request]

Third, there is concern about the sustainability of LTH's workforce and about dependency on locums.

We have been monitoring this each month. The position reported at 18 February was:

- Consultant surgeons: the position is unchanged with 4 surgeons; 2 permanent staff and 2 locum staff. The Trust is planning to advertise the substantive post vacancies April/May. In addition, a consultant who was previously employed by LTHT (a former colleague of Kevin Watterson's) is working 1 day per month to ensure that the Trust plans re 18w position are met; her substantive work is in Denmark. (One of the permanent surgeons is the one not undertaking surgery at present.)
- Consultant Interventional Cardiologists; in addition to the current post holder there is a trainee nearing the end of their training. LTH plans to advertise/interview for this post early March and are likely to appoint. The current trainee will be a strong internal candidate. In the meantime there is cover from an consultant interventional cardiologist from Oxford.
- Anaesthetists; no change and no reported problems
- Nursing staff/perfusionists: no change and no reported problems

My observations are:

a) [s31(2)(d)]
b) It would be helpful to all concerned if we could clarify and if necessary act upon the concerns about referrals etc;
c) The staffing position does not give cause for immediate concern but we must continue monthly monitoring;
d) There is a real risk of confusing the concerns about quality (which are about the current service) with the Safe and Sustainable process, the JR and the IRP (which is about the future of the service) – and it would appear that some stakeholders may be intent on doing just this, which is understandable but not helpful;
e) There is a similar risk of all the relevant players – most critically the NHS CB, LTH and the CQC – not being on the same page re this. My conversation with Maggie suggests to me that this need not be the case, and that the differences between us about the future of the service need not prevent us having a fully joined up position re the current issues;
f) A more joined up approach to information sharing and media management would be helpful.

So, I think a formal meeting called by the CB with LTH and the CQC to ensure that we are all agreed about the current issues and about the action being taken would be desirable. This could be called under the Quality Surveillance arrangements, in which case I suggest that the area directors for West Yorkshire [s40] and South Yorkshire (which has specialised commissioning) should jointly do so.

I hope this will help inform our discussion tomorrow.

Thank you.

Andy

Andy Buck
Chief Executive
NHS South Yorkshire & Bassetlaw

Oak House, Moorhead Way, Bramley, Rotherham, South Yorkshire S66 1YY
Tel: [s40]
Fax: [s40]
Email: Andy Buck – s40
Web: www.rotherham.nhs.uk

<Lttr - Ann Keatley Clarke - 12.3.13.docx>

E-mail 2

From: [s40]

Sent: 27 March 2013 08:30

To: Bruce.Keogh@dh.gsi.gov.uk

Cc: [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40]

Subject: PRINTED FOR BRUCE Re: Congenital heart services

Bruce

The two phone calls very clearly add considerably to what we already know. I think they definitely tip the balance towards the need for some form of assurance exercise. Perhaps we can agree later today how best this might be approached?

[s40]

From: Bruce.Keogh@dh.gsi.gov.uk [mailto:Bruce.Keogh@dh.gsi.gov.uk]
Sent: 27 March 2013 07:54
To: Andy Buck
Cc: Andy Buck; 'Ann Sutton'; [sec 40]; Damian.Riley@nhsleeds.nhs.uk; David Black; Eleri De Gilbert; [sec 40]; [sec 40];[sec 40]; Barker Richard (Q30) North East SHA;[sec 40]; Behan, David
Subject: Re: Congenital heart services

Andy

Many thanks. This is really very helpful.

I have received two phone calls in the last 24 hours from surgeons expressing serious concerns about Leeds. The first was from Bill Brawn who was concerned that at present [s40] is away and a full surgical service is being offered by locums. The second was from Asif Hassan who was concerned about a number of referrals from Leeds area GPs to Newcastle where patients had received poor clinical advice in Leeds resulting in inappropriate clinical decisions. Neither of these surgeons are alarmist or meddlers by nature, so I would take their concerns very seriously.

[Out of scope]

[s40] Whilst I share Andy's very important advice that we need to separate the present from the future, I have growing concerns about the present which lead be to believe that we need very close scrutiny of outcomes, governance relationships and appropriateness of clinical decision making in Leeds. This will need external surgical and cardiological input.

I have copied this to the David Behan, CEO of the CQC

Once again Andy, thank you for your thoughtful analysis.

Best wishes, Bruce

Professor Sir Bruce Keogh
NHS Medical Director
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Please note that my DH account will cease to be used as my primary account from Monday 18th March 2013 and will be monitored infrequently. My new CB email account is: Bruce.Keogh@nhs.net

With effect from Monday 18th March 2013 my contact details will be as follows:

Medical Directorate
NHS Commissioning Board
Quarry House
Leeds, LS2 7UE

[sec 40]

E-mail 3

From: [s40]
Sent: 27 March 2013 08:56
To: [s40] [s40] Bruce.Keogh@dh.gsi.gov.uk
Subject: Leeds

It bothers me that both [s41] and [s41] are worried. Don't we need some kind of independent view that Leeds is ok now, irrespective of sustainability questions?

E-mail 4

From: Roger Boyle – email address: s40]

Sent: 27 March 2013 17:42

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Fwd: REVISED Annual SMRs for Paediatric Cardiac Surgery

Sent from my iPhone

Begin forwarded message:

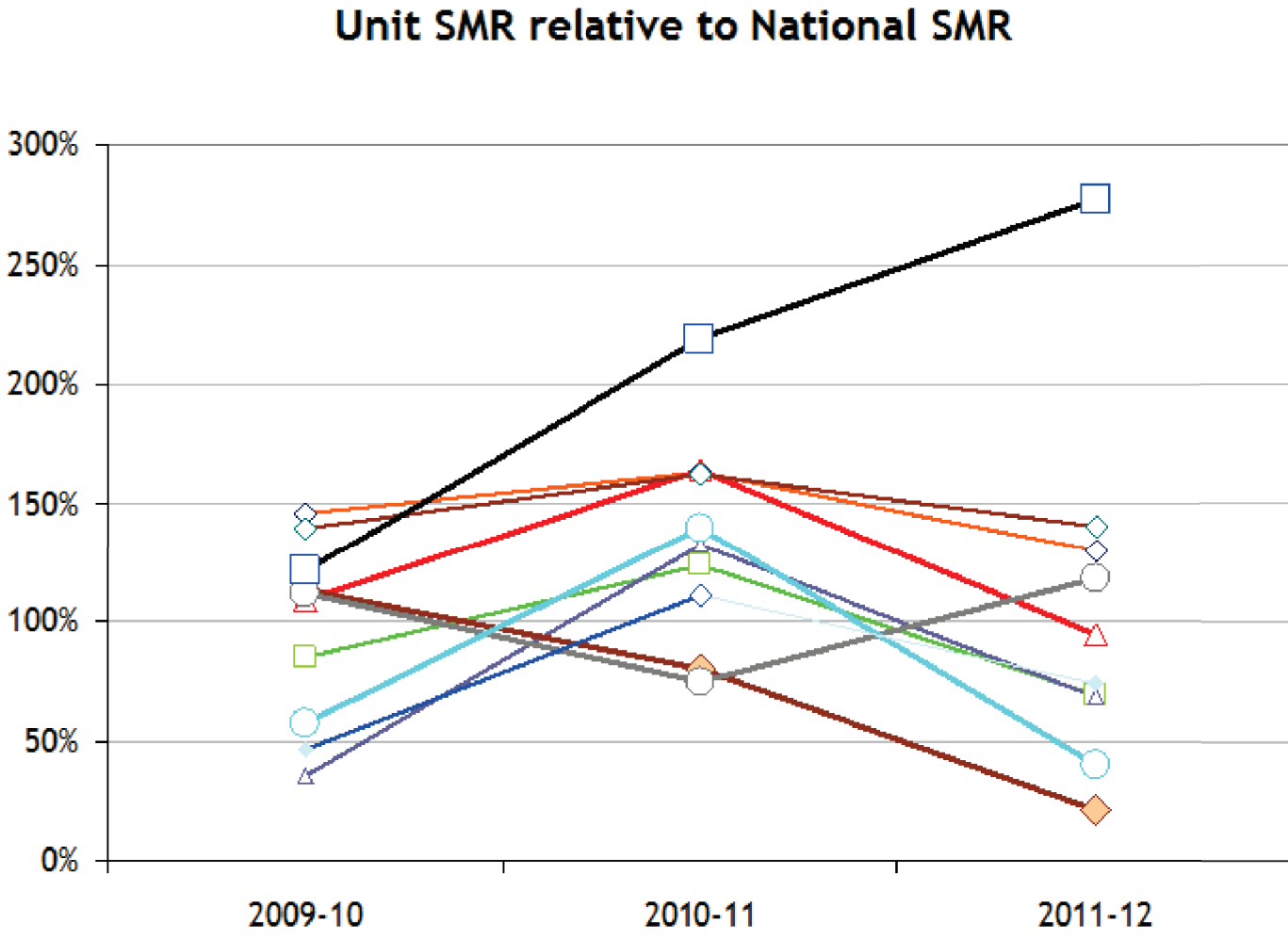
From: Roger Boyle <[s40]>
Date: 27 March 2013 15:44:52 GMT
To: Bruce Keogh" <s22>
Subject: Fwd: REVISED Annual SMRs for Paediatric Cardiac Surgery

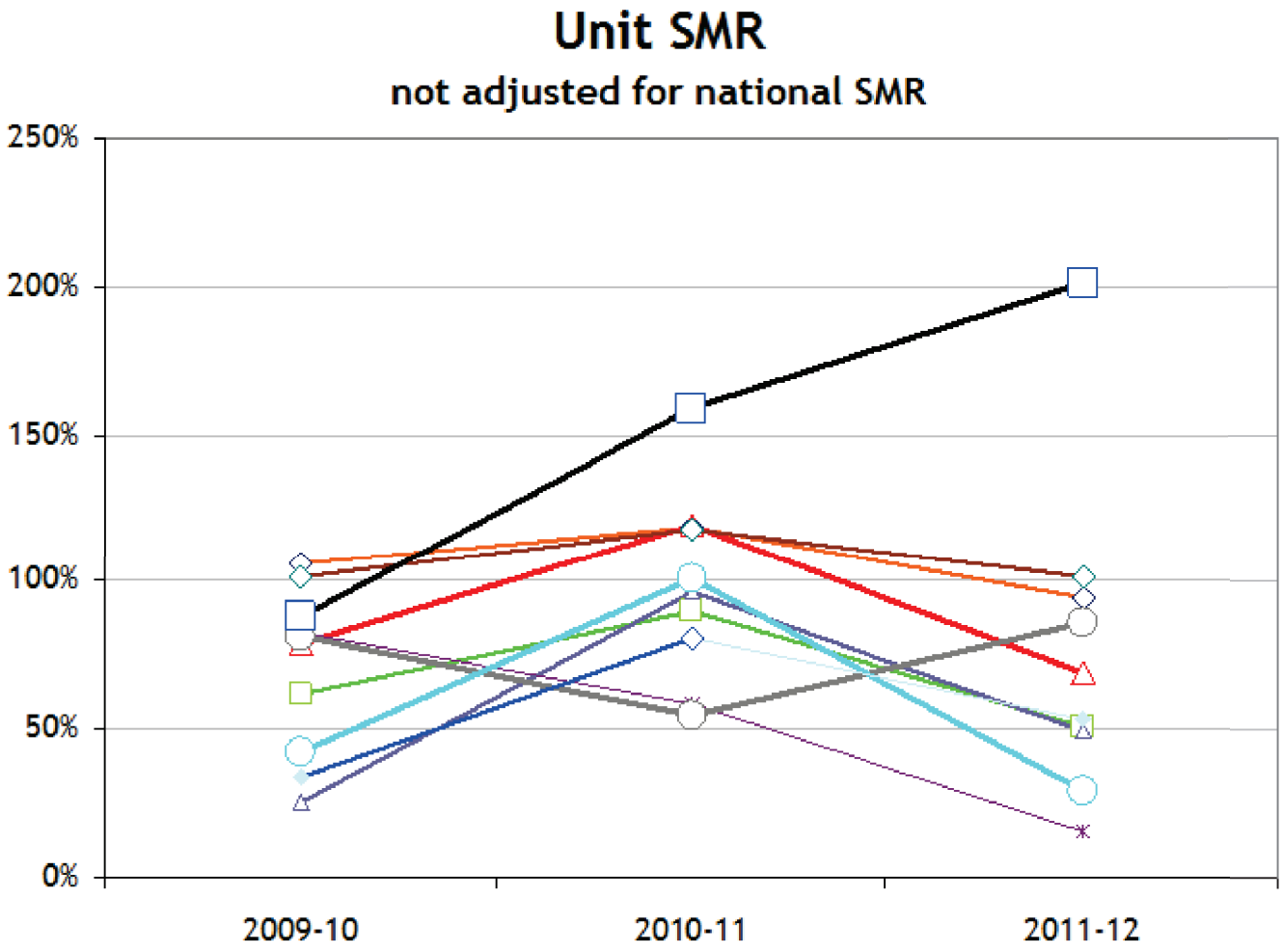
Sent from my iPhone

Begin forwarded message:

From: "Cunningham, A" [s40]
Date: 27 March 2013 12:59:55 GMT
To: John Gibbs; [s40] [s40] [s40] [s40] [s40] [s40]; [sec 40]; Roger Boyle - s40], [s40] [s40] [s40]
Cc: [s40]
Subject: REVISED Annual SMRs for Paediatric Cardiac Surgery
Further to my previous email, the graph shown in it is the ABSOLUTE value of SMR for each unit (second graph below with amended title). The first graph below shows the Unit SMRs RELATIVE to the all-England SMR.

David


Unit SMR relative to National SMR
300%
250%
200%
150%
100%
50%
0%
2009-10
2010-11
2011-12


Unit SMR
not adjusted for national SMR
250%
200%
150%
100%
50%
0%
2009-10
2010-11
2011-12

E-mail 5

Repeat of E-mail 4

E-mail 6

From: [s40]

Sent: 27 March 2013 21:16

To: [s40]

Cc: [s40] [s40] [s40] [s40] Bruce.Keogh@dh.gsi.gov.uk

Subject: Re: Congenital heart services

[s40]

Have now spoken to [s40] and confirmed I will join [s40] and Bruce in Leeds tomorrow morning

[s40]

Care Quality Commission

[s40]

E-mail 7

[out of scope]

E-mail 8

On 27 Mar 2013, at 21:35, "Behan, David" <s40> wrote:

All
How far is High Court decision relevant ? Just caught up with that ....

From: Bower-Brown, Malcolm
Sent: Wednesday, March 27, 2013 09:16 PM
To: Behan, David
Cc: Sherlock, Amanda; 'Richard Barker – [s22]' 'Gill Harris – [s22]; Andrew Buck – s40] 'Bruce.Keogh@dh.gsi.gov.uk' <Bruce.Keogh@dh.gsi.gov.uk>
Subject: Re: Congenital heart services

David

Have now spoken to Andy and confirmed I will join him and Bruce in Leeds tomorrow morning

Malcolm
Malcolm Bower-Brown
Deputy Director of Operations (North)
Care Quality Commission
Tel: [s40]
[s40]

From: Behan, David
Sent: Wednesday, March 27, 2013 08:06 PM
To: Andrew Buck – s22] Bower-Brown, Malcolm
Cc: Amanda Sherlock; [Richard Barker – s22 Gill Harris – s40]
Subject: Re: Congenital heart services

All
Have left telephone message for Malcolm following earlier call with Bruce . Hope we can be there . But if not we are available to pursue this alongside you
David

From: Andy Buck [mailto s40]
Sent: Wednesday, March 27, 2013 07:33 PM
To: Bower-Brown, Malcolm
Cc: Behan, David; Sherlock, Amanda; Richard Barker – s22] Harris Gill (NHSNW – s22]

Subject: Re: Congenital heart services

Malcolm

This would be very helpful. Bruce Keough and I are meeting LTH at 7.30am tomorrow. I will call you shortly (when I am not on a train) in the hope we can have a quick word this evening.

Thanks

Andy

Andy Buck

Chief Executive

NHS South Yorkshire and Bassetlaw

On 27 Mar 2013, at 14:23, "Bower-Brown, Malcolm" <s40]> wrote:

Andy

Further to the correspondence below which David Behan has forwarded to me, I think it would be helpful for us to talk.

I will try to make contact before cop tomorrow.

Malcolm

Malcolm Bower-Brown

Deputy Operations Director - CQC North

[s40]

[Repeat of Email 2 – 27 March 2013 at 07:54]

E-mail 9

From: Barker Richard (Q30) North East SHA [mailto:s22]
Sent: Wednesday, March 27, 2013 10:00 PM
To: Behan, David
Cc: Bower-Brown, Malcolm; [sec 40] Gill Harris – s40], Andrew Buck – s40]
bruce.keogh@dh.gsi.gov.uk <bruce.keogh@dh.gsi.gov.uk>
Subject: Re: Congenital heart services

Hi David

Need to see the fine print but the timing is not good - could look like we've got it in for the Trust and using new evidence to effectively get our way and somehow bypass the JR resolution.

Clearly this is not the case and our first duty is to ensure patient safety and outcomes. First step is clearly how the Trust responds tomorrow morning.

[out of scope of FOI request]

[out of scope of FOI request]

[out of scope of FOI request]

Good luck to the team tomorrow and look forward to hearing the outcome of the discussion.

Richard

E-mail 10

[out of scope]

E-mail 11

From: Behan, David [mailto: s40]
Sent: 27 March 2013 22:26
To: Barker Richard (NORTH EAST STRATEGIC HEALTH AUTHORITY)
Cc: Bower-Brown, Malcolm; [sec 40]; Gill Harris – s40; Andrew Buck – s40]
Bruce.Keogh@dh.gsi.gov.uk
Subject: Re: Congenital heart services

Richard
Thanks . Helpful analysis .
David

E-mail 12

From: [s40]

Sent: 28 March 2013 08:48

To: [s40]

Cc: [s40]; [s40]; [s40]; Bruce.Keogh@dh.gsi.gov.uk; [s40]; [s40]; [s40]; [s40]

Subject: Children' heart surgery - Leeds

[s40]

I have the policy lead in DH on children's heart services and have been asked by Cabinet Office to provide briefing for a PM visit to Newcastle today. I would be grateful if you could send me any briefing relating to the Leeds announcement today so that it is incorporated into the PM's brief. We need to ensure that he isn't surprised by this issue as he is bound to be asked about it given that emotions are running high in Newcastle about the JR.

More than happy to discuss - my number is [s40]

Thanks

[s40]

Message sent from a Blackberry handheld device.

E-mail 13

From: Bruce.Keogh@dh.gsi.gov.uk [mailto:Bruce.Keogh@dh.gsi.gov.uk]
Sent: 28 March 2013 10:29
To: Cunningham, A
Cc: Roger Boyle; Damian Riley - <s22> Bruce Keogh - <s22>; Bryan Gill
Subject: Children's Heart Surgery SMRs

Dear David,

Roger Boyle forwarded me the preliminary SMR graphs for paediatric cardiac surgery yesterday afternoon. Today, Damian Riley (Medical Director for the North of England), the CQC and I met with the CEO, MD (Bryan Gill) and Chair of Leeds Teaching Hospital and we agreed to suspend children's heart surgery pending further investigation.

Please could you send, as a matter of urgency, a de-anonymised graph to Damian Riley and assist him and Bryan Gill with any other enquiries over data. Patient safety considerations are paramount and over-ride any other data sharing protocols.

Damian Riley's telephone number is: [s40]
Bryan Gill's number is: [s40]

With many thanks,

Bruce

Professor Sir Bruce Keogh
NHS Medical Director
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Please note that my DH account will cease to be used as my primary account from Monday 18th March 2013 and will be monitored infrequently. My new CB email account is: Bruce Keogh - s22>

With effect from Monday 18th March 2013 my contact details will be as follows:

Medical Directorate
NHS England
Quarry House
Leeds, LS2 7UE

[s40]

E-mail 14

[out of scope]

E-mail 15

From: Roger Boyle [sec 40]

Sent: 28 March 2013 13:05

To: John Gibbs

Cc: Bruce.Keogh@dh.gsi.gov.uk; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; David Cunningham ; [sec 40]

Subject: Re: SMRs for Paediatric Cardiac Surgery

Dear John

Currently in a prolonged Board meeting.

I will respond in detail ASAP but,as usual, this was a complex scenario and urgent.

Roger

Sent from my iPhone

On 28 Mar 2013, at 12:40, John Gibbs [s40] wrote:

Roger - I am truly appalled that this has happened in this way with no consultation with the congenital steering committee. As you well know, this is work in progress and we have not even got the data statistically analysed yet. It is not fair to the public or the centres for Nicor to leak provisional data which hasn't even reached the stages of p values or confidence limits.

We had, as you also know carefully planned the processs leading up to public release of centre specific SMRs, with the hard won support of the SCTS, the BCCA, our data contributors and of our parent support groups. It has to be in everyone's interest for national audit to be based on solid statistics and clinicians' trust that due process has been followed. I think the way this has been handled will destroy years of hard work by the congenital cardiac audit team to earn that trust.

The future work of the congenital CCAD steering committee and its research group will be impossible if data is to be leaked before it has been properly statistically analysed and signed off as sound. If our planned work on reintervention shows any

sign of outliers prior to complete statistical analysis do you plan to engineer those centres to be immediately shut without warning too?

In the first instance, will you please allow [s40] to divert his attention urgently to calculating the confidence intervals for this data so that we can at least let Leeds know if they are at the green or the red line. If that cannot be done Nicor will need to find an NIGB acceptable way and funds to allow David Spiegelhalter to step in.

John

John Gibbs

[s40]

E-mail 16

From: Cunningham, A [mailto:s40]
Sent: 28 March 2013 14:15
To: Bruce.Keogh@dh.gsi.gov.uk
Cc: Roger Boyle [s40]; Riley Damian (NHS LEEDS NORTH CCG); Keogh Bruce (NHS ENGLAND); Bryan Gill – s40]
Subject: RE: Children's Heart Surgery SMRs

Dear Bruce,

I have just seen your email and will prepare the data and send it by close of play today. I hope this is satisfactory.

Thanks

David

Dr A D Cunningham

Senior CCAD Strategist

National Institute for Cardiovascular Outcomes Research

170 Tottenham Court Road, London W1T 7HA

T: [s40] E: [s40]

E-mail 17

From: [s40]
Sent: 28 March 2013 20:04
To: Keogh Bruce (NHS ENGLAND); Buck Andy (NHS ENGLAND); [sec 40] [s40]
Subject: draft statement re Leeds

Hi Bruce

[s40]. But I am afraid we need to move quickly despite the IT being down. Comments on the quote below please>

NHS ENGLAND PRAISES LEEDS HOSPITAL TRUST FOR PRECAUTIONARY PAUSE IN PAEDIATRIC CARDIAC SURGERY

NHS England today (Friday) praised Leeds Teaching Hospitals NHS Trust for pausing paediatric cardiac surgery while checks are made to ensure the unit is operating safely.

Sir Bruce Keogh, the Medical Director of NHS England, said: "The Trust has taken a responsible precautionary step. Some questions have been raised by the Trust's mortality data and by other information. It is important to understand that while this information raises questions, it does not give us answers. But it is absolutley right not to take risks while these matters are being looked into. The priority must be the safety of children. I hope that Leeds will shortly be in a position to restart paediatric cardiac surgery."

Ends

E-mail 18

From: [s40]

Sent: 29 March 2013 08:54

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Thank you

Dear Sir Bruce

Having just heard your interview this morning on the Today Programme, I want to thank you for the courage and leadership you are showing about the situation in Leeds. Whatever comes your way politically, you are demonstrating the hard way the key values the NHS is and should be developing - including care for patients, the use of evidence and a readiness to challenge the status quo. You have made me grateful that I can be a small part of this endeavour.

Yours very sincerely
[s40]

E-mail 19

From: [s40]
Sent: 29 March 2013 09:11
To: Bruce.Keogh@dh.gsi.gov.uk
Subject: Childrens cardiac surgery

Dear Bruce,
Please let me know if [s40] can do anything to try and help resolve the paediatric cardiac empasse, as a non-partisan influence. If the profession cannot resolve this it does not bode well for wider reform.
Bw
[s40]

E-mail 20

From: [s40]

Sent: 29 March 2013 09:22

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Thank you

Dear Sir Bruce

Thank you for the leadership role that you have taken on with great sensitivity.

Your Radio 4 interview was exemplary.

Good luck steering through the "choppy waters" ahead.

Best wishes [s40]

E-mail 21

From: Paul Bate
Sent: 29 March 2013 10:02
To: [sec 40]
Cc: Bruce.Keogh@dh.gsi.gov.uk; [s40] [sec 40]; [s40]
Subject: Leeds paed heart surgery

[sec 40],

Could you let me know the latest position on the mortality data at Leeds? I understand there was discussion last night as to whether some cases weren't included and that with these, mortality stats fall back within the normal range?

I realise that this isn't the only issue that's been raised re Leeds (there's the referrals question that Bruce was asked about on the Today programme, and I hear also levels of consultant supervision).

Many thanks.

Paul

E-mail 22

From: Keogh Bruce (NHS ENGLAND)
Sent: 29 March 2013 10:22
To: Paul Bate
Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; [s40] [sec 40]; [s40]; Keogh Bruce (NHS ENGLAND)
Subject: Re: Leeds paed heart surgery

Paul

I have a new phone and don't have your number. If you want a chat please call after 11 on my usual number

The mortality remains elevated after validation SMR down from 275 to about 195. They should have submitted accurate and complete data in the first place!

Best wishes, Bruce

E-mail 23

Repeat of e-mail 20

E-mail 24 – reply to email 15

From: Keogh Bruce (NHS ENGLAND)

Sent: 29 March 2013 10:58

To: Roger Boyle

Cc: John Gibbs; Bruce.Keogh@dh.gsi.gov.uk; [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40]

Subject: Re: SMRs for Paediatric Cardiac Surgery

Dear

Sent from my iPad

E-mail 25

Repeat of E-mail 22

E-mail 26

From: [s40]

Sent: 29 March 2013 11:07

To: Bruce.Keogh@dh.gsi.gov.uk; Tom Easterling [s40] [sec 40]

Cc: [s40] [s40] [sec 40]; [sec 40]; [s40]

Subject: Leeds heart surgery: script for call with Hilary Benn MP

Bruce

Hilary Benn MP has asked for an urgent call with SofS to discuss Leeds. Assuming this will go ahead this afternoon (time not yet booked but SofS is available) can I ask for two things:

1) Your agreement that SofS can offer the MP a call with you, as an NHS England lead issue

2) A script for SofS, cleared by you, which covers the following points:

-It is an NHS operational decision taken by NHS England and we are v clear that CB are in the lead

-SofS call is to reassure there is nothing to read into the timing

-Explanation of the data: What is it, what does it include, have some cases been excluded which make the rates look worse than they are?

-What are the concerns re:referrals? What is happening with current cases during the 3 week review?

-What are the concerns re:staffing?

-Timeline of decisions/sequence of events.

Can we have this back by 12.30, and confirmation you're happy for SofS to offer a call with you, and I will look at finding a time for the call and confirm.

Thanks
[s40]

E-Mail 27

From: Paul Bate
Sent: 29 March 2013 11:24
To: Keogh Bruce (NHS ENGLAND)
Subject: Re: Leeds paed heart surgery

Thanks, Bruce - just tried to call. My number's [s40] Are you free after 1pm?

Paul

[sec 40]

E-mail 28

From: [s40]

Sent: 29 March 2013 11:26

To: Bruce.Keogh@dh.gsi.gov.uk; Tom Easterling; [s40] [sec 40]

Cc: [s40] [s40] [sec 40]; [sec 40]; [s40]

Subject: Re: Leeds heart surgery: script for call with [sec 40] MP

All - quick update

I have just spoken briefly with the MP to check timings for a call - he said he has now heard the Today interview which was helpful, but made a plea for clarity on facts, timing of next steps and confirmation of handling, will there be a letter to interested parties etc.

I will set up the call for later in the afternoon and confirm timings.

Thanks [s40]

E-mail 29 – reply to e-mail 15

From: Keogh Bruce (NHS ENGLAND)
Sent: 29 March 2013 11:30
To: John Gibbs
Subject: Re: SMRs for Paediatric Cardiac Surgery

Dear John,

Thank you for this. You will understand that as Medical Director I cannot ignore data when it is presented to me.[Out of scope]. That is why I have simply presented the evidence to the Trust and is is for them to work with others to try and understand whether there is an issue or not.

It is important that I discharge my public duty in this regard and that I remain independent from subsequent discussions.

For these reasons it is best that I do not enter into any detailed dialogue. I wish the trust and its surgeons well and hope that whatever uncertainties exist can be resolved as quickly as possible.

With best wishes, Bruce

Sent from my iPad

On 29 Mar 2013, at 08:44, John Gibbs wrote: (reply to email 15)

Bruce - I see you have changed your address. resending this in case it didn't reach you first time.

BW

John

[sec 40]

E-mail 30

From: [s40]

Sent: 29 March 2013 12:11

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Today programme interview

Excellent content this morning. Clear, understandable and reassuring. Also, your choice of words and tone of delivery were just right. Very well done.

[s40]

E-mail 31

From: [s40]

Sent: 29 March 2013 12:51

To: Bruce.Keogh@dh.gsi.gov.uk; Tom Easterling; [s40] [sec 40]; [s40]

Cc: [s40] [s40] [sec 40];[sec 40]; [s40] [s40]

Subject: Re: Leeds heart surgery: script for call with Hilary Benn MP

Importance: High

Dear all

A call with Hilary Benn is now scheduled for 4pm, and SofS may also speak to Stuart Andrew MP just before.

Could we have the cleared script by 3pm at the latest please? Grateful for confirmation that's on track, happy to discuss.

Thanks
[s40]

Email 32

[Out of scope]

E-mail 33

[Out of scope]

E-mail 34

From: [s40]
Sent: 29 March 2013 13:23
To: Bruce.Keogh@dh.gsi.gov.uk
Subject: Steady as she goes

Dear Bruce,

[s40] and I have just listened to you on the BBC news. You spoke well. In circumstances where there is at least the possibiliry of safety issues, you have done the right thing. We are with you.

As ever,

[s40]

E-mail 35

From: [s40]

Sent: 29 March 2013 14:19

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Interview on Today March 29

Dear Sir Bruce,

I heard you on Radio 4 this morning and wanted to thank you for taking the decision regarding the heart surgery at Leeds.

We're lucky that our children were born healthy. If they had needed medical treatment we'd want to be sure that it was as safe as possible.

Thank you again.

[s40]

E-mail 36

[out of scope]

E-mail 37 – reply to email 36

From: Tim Kelsey

Sent: 29 March 2013 14:55

To: [sec 40]

Cc: Bruce.Keogh@dh.gsi.gov.uk; Barbara Hakin; Tom Easterling; [s40] [s40] [sec 40]; [s40] [s40] [sec 40]; [sec 40]; [s40] [s40] [s40] [s40] Colin Douglas]

Subject: Re: Leeds + NHS England

[sec 40], not quite sure I share your sense on this. This is not Bruce's decision but the trust's - MPs will need briefing direct from them. The trust is leading the inquiry not the CQC or Bruce. Bruce will appoint one of his deputies to provide briefing as we move forward and is happy to speak direct on Jeremy on the reasons for his informal intervention but I think it would be inappropriate for us to brief MPs on a decision by a local trust.

Happy to discuss, Tim

E-mail 38

From: [s40]
Sent: 29 March 2013 14:59
To: Bruce.Keogh@dh.gsi.gov.uk
Subject: The Today Programme

Just to say: you were brilliant this morning. Clear, honest, reassuring, and absolutely right.

All best, [s40]

E-mail 39 – reply to email 37

[out of scope]

E-mail 40 – reply to email 39

From: [sec 40]

Sent: 29 March 2013 15:06

To: Tim Kelsey

Cc: Bruce.Keogh@dh.gsi.gov.uk; Barbara Hakin; Tom Easterling; [s40] [s40] [s40] [s40] [s40] [sec 40]; [s40] [s40] [sec 40]; [sec 40]; [s40] [s40] [s40] [s40] [s40] Colin Douglas

Subject: Re: Leeds + NHS England

We are in a situation where Bruce is the one they are wanting answers from, Tim

The trust is not responsible for this data set and it has only been shown it (and wouldn't be the organisation that published it). It can only talk to it in a very limited way, and may be inclined to a defensive interpretation. The arbiter on the data is who the MPs want to hear from, and its only Bruce who's in the position to offer that conversation.

Willing to hear views from others, but I think the strategy for putting minds at rest and build confidence in the process won't be achieved through other routes.

[sec 40]

E-mail 41 – reply to email 40

[Out of scope]

E-mail 42

From: ANDREW, Stuart [mailto:stuart.andrew.mp@parliament.uk]

Sent: 29 March 2013 15:09

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Leeds Children's Heart Unit

Dear Sir Bruce,

I was shocked to learn of the closure of Leeds Children's Heart Unit last night and found the timing of this to be most surprising, given the High Court announcement on Wednesday. The figures being mentioned in the media today are a particularly worrying development; I have been leading the campaign in Parliament to save the Unit from closure for two years and have never seen any figures which suggest that the Unit is unsafe.

Many of my colleagues in Yorkshire and Lancashire are incredibly concerned about the closure and would appreciate further information regarding your decision. Would you please agree to meet with a delegation of Parliamentarians as a matter of urgency to discuss this issue?

Regards,

Stuart

Stuart Andrew MP

Member of Parliament for Pudsey, Horsforth & Aireborough Parliamentary Private Secretary to the Rt Hon Francis Maude MP

E-mail 43 – reply to email 41

[Out of scope]

E-mail 44 – reply to email 41 (marked out of scope)

From: [s40]

Sent: 29 March 2013 15:15

To: [sec 40]

Cc: Tim Kelsey; Bruce.Keogh@dh.gsi.gov.uk; Barbara Hakin; Tom Easterling; [s40] [s40] [sec 40]; [s40] [s40] [sec 40]; [sec 40]; [s40] [s40] [s40] [s40] Colin Douglas

Subject: Re: Leeds + NHS England

The Trust have briefed local MPs by sharing the statement signed off by the CB and CQC yesterday. I am assured that they have maintained the overall line that they agreed this was the right thing to do. I concur with [s40] in that the focus seems to be turning onto the data, which isn't in the Trust's gift.

I've tried to call to discuss Tim. Ring me when you get a chance.

[s40]

Sent from my iPad

E-mail 45 – reply to email 36

From: [s40]

Sent: 29 March 2013 15:22

To: [sec 40]; Barbara Hakin; Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk ; Tim Kelsey; [s40] [s40] '[sec 40]' ([sec 40]); [s40] [s40]

Cc: [s40] [sec 40]; [sec 40]; [s40] [s40] [s40]

Subject: RE: Leeds + NHS England

Importance: High

[sec 40],

Aware of the exchange between you and Tim over the issue of NHS England briefing MPs but the immediate priority is to get you contributions for the scripts. I am in touch with the NHS England West Yorkshire Area Team Director and Medical Director and co-ordinating the script for the calls today – they are working on this as we speak and I will get it to you as soon as possible, I realise the time pressures on this. Bruce will clear the script and David Nicholson has asked to clear it to. Have been in touch with DN.

As Tim said, this was a decision of the Trust and NHS England alerted the Trust to concerns so it would not be appropriate for us to brief on the investigation etc etc, but I will get you what I can and it will focus on what has happened and what arrangements are in place for the patients affected.

[s40]

Chair and Chief Executive's Office

NHS England

[s40]

E-Mail 46

From: [s40]

Sent: 29 March 2013 15:22

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: FORWARD TO MC & CW : LGI

Begin forwarded message:

> **From:** [s40]
> **Date:** 29 March 2013 09:21:35 GMT
> **To**: Bruce.Keogh@dh.gsi.gov.uk
> **Subject**: LGI
> Please can you provide me with the data that prompted you to take the decision to halt the surgery at LGI. ANY clarification on the reasons behind your decision would be appreciated.
>
> I look forward to hearing from you ASAP

[s40]

E-mail 47 – reply to email 45

From: [sec 40]

Sent: 29 March 2013 15:50

To: [s40] [sec 40]; Barbara Hakin; Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Tim Kelsey; [s40] [s40] [s40] [sec 40]; [s40] [s40]

Cc: [s40]; [sec 40]; [s40] [s40]; [s40]

Subject: Re: Leeds + NHS England

Hi all

I'm afraid he is now making the calls. We have given him lines ourselves.

It would still be useful to see an NHS England approved script for any further handling.

We obviously remain of the view that it would be good for NHS England to put in place a briefing session for local MPs asap as we are likely to get more of these calls - and I am sure you would agree it would be better for some combination of the Trust and NHS England to talk them through the detail rather than the Secretary of State who had no part in the process.

[sec 40]

Message sent from a Blackberry handheld device.

E-mail 48 – reply to email 45

From: Tim Kelsey

Sent: 29 March 2013 15:54

To: [s40]

Cc: [sec 40]; Barbara Hakin; Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk [s40] [s40] [s40] '[sec 40]' [sec 40]); [s40] [s40] [s40] [sec 40]; [sec 40]; [s40] [s40] [s40]

Subject: Re: Leeds + NHS England

Thanks [s40]

Sent from my iPhone

E-mail 49 – reply to email 47

[Out of scope]

Email 50 – in reply to email 49

[out of scope]

E-mail 51 – reply to email 40

[Out of scope]

Email 52

From: [s40]
Sent: 29 March 2013 15:57
To: Keogh Bruce (NHS ENGLAND)
Subject: DRAFT SCRIPT

Script for Ministers

Background

1. Leeds Teaching Hospital Trust (LTHT) is one of a number of centres in England which provides surgery for children with congenital heart disease. The longer-term future and proposal to rationalise the number of centres has been the subject of the 'Safe and Sustainable' strategic services review since 2010. This review has been subject to a number of challenges.

Information and concerns

2. During March 2013, the office of Sir Bruce Keogh received a number of comments from consultant clinicians expressing concern that children were not receiving the level of service that should be provided to them at the Leeds Unit, and that the Leeds Unit was not referring appropriately to other centres, [in particular that in Newcastle].

3. Allegations were also received, by the same office and by the Children's Heart Foundation, from parents of affected children that these surgical services were not performing optimally at Leeds.

4. During 2013 LTHT Medical Director received complaints from cardiologists in LTHT alleging poor communication and poor approach team-working within the Unit by one of their congenital cardiac surgeons. An investigation of this surgeon's outcome data, use of surgical devices and approach to clinical governance indicated that [s40] performance fell short of that which was expected. In March 2013 after discussion with the Trust Medical Director, the surgeon in question agreed to voluntary exclusion from operating on children with congenital heart disease.

5. LTHT have had difficulty in recruiting permanent consultant surgeon staff to the Unit. As a result, operations have been undertaken by the two permanent consultant staff, and two locum surgeons.

6. On 27 March 2013, Sir Bruce Keogh was provided with first draft of data from the Congenital Cardiac Audit Database (CCAD) in London. This data revealed mortality, expressed as standardised mortality ratios (SMR) for Units in England providing congenital cardiac surgery. The data was the first presentation of results for overall Unit performance, rather than condition-specific data which has been available hitherto. The data covered the period 2009 to 2012 and indicated that in years 2010-2011 and 2011-2012 the mortality ration in Leeds was higher than in other centres, and the gap between Leeds and other Units was widening. The SMR on this first draft was approximately double for the Leeds Unit.

Decision

7. The NHS England Medical Director, Sir Bruce Keough, and the NHS England Director and Medical Director for West Yorkshire, met the LTH Chairman, Chief Executive and acting Medical Director on 28 March 2013 to discuss the above concerns. A CQC representative attended this meeting. Following discussion, LTH decided to suspend surgery pending a detailed independently supported and validated review.

Actions

8. The Trust contacted other providers to establish capacity of other Units to receive urgent cases.

9. The Trust senior surgical clinicians have undertaken risk assessment on all in-patients and those awaiting urgent operation.

10. Discussions with parents of those involved took place.

11. Contact was made with EMBRACE, the coordinating service for specialist transport and commissioning of children with congenital heart disease.

12. The Trust will be seeking external reviewer expertise to oversee their review.

13. In the meantime, an immediate review of the data subsequently provided by CCAD has commenced.

14. A further review meeting will be held with LTHT, Trust Development Authority, CQC and NHS England on 2 April.

15. A Risk Summit has been convened for commissioner, provider and regulatory agencies involved. This is scheduled for 16 April 2013, in line with the guidance of the NHS National Quality Board.

Ongoing developments

16. Late evening on 28 March 2013, a member of CCAD provided a more refined analysis of SMR data of all congenital cardiac surgery Units in England. This addressed some of the initial inaccuracy of patient inclusion criteria which appeared in the first draft.

17. This revised data is presented quite understandably with the cautionary advice that it is subject to validation by the Units themselves who are expected to validate the data against their own patient records.

18. Notwithstanding the amendments made, the revised data does still show the LTHT Unit to be an outlier in mortality for the year 2011-12, and although confidence intervals are not yet available, the initial inspection still raises questions about the safety of the Leeds Unit in comparison to others.

E-Mail 53 – reply to email 51

From: [sec 40]

Sent: 29 March 2013 16:05

To: Tim Kelsey

Cc: Bruce.Keogh@dh.gsi.gov.uk; Tom Easterling; [s40] [s40] [s40] [sec 40]; [s40] [s40] [sec 40]; [sec 40]; [s40] [s40] [s40] [s40]; Colin Douglas

Subject: Re: Leeds + NHS England

Thanks Tim, appreciated.

All should be aware of this issue, and have lines to rebut etc...

BBC Newschannel 15:25 – Leeds Heart surgery

Transcript of e-mail of Bruce Keogh

[s40] (reporter) – Bruce Keogh drew on death rates in the Leeds General. He said the rate could be twice that of other children's heart centres. We've seen an e-mail from John Gibbs from the steering committee of Central Cardiac Audit Database. In that e-mail which is copied to Sir Bruce Keogh, he says he is appalled this is happened in this way, with no consultation with the steering committee, the data isn't even analysed and it is not fair to the public or the centres to make judgements when this hasn't even been tested. The e-mail goes on to say it has to be in everyone's interested for this to be based on trust and real evidence based, the way this is handled will destroy years of hard work by that team.We have tried to Bruce Keogh and he isn't responding, but he isn't making action purely on these statistics.

Message sent from a Blackberry handheld device.

E-Mail 54 – reply to email 53

[Out of scope]

Email 55 – reply to email 42

From: Keogh Bruce (NHS ENGLAND)
Sent: 29 March 2013 16:16
To: [S40]
Subject: Re: The Today Programme

Thanks [S40]. Isn't it strange that in the same week the Government responds to Francis I am being pilloried by MPs for this kind of action. If I recall correctly Mis Staffs happened while people argued over data and hesitated over action.
Best wishes, Bruce

Sent from my iPad

Email 56

From: Keogh Bruce (NHS ENGLAND)
Sent: 29 March 2013 17:31
To: [S40]
Subject: Re: Updated statement

[S40],

Looks good, but is the second last para a bit repetitious?

Many thanks, Bruce

Sent from my iPad

On 29 Mar 2013, at 16:42, [S40] wrote:

Sent from my iPhone

Begin forwarded message:

From: [S40]
Date: 29 March 2013 16:41:23 GMT
To: "Keogh Bruce (NHS ENGLAND)" <s22>
Subject: Updated statement

Dear Bruce

[s40] has composed an updated statement please see below. Are you happy with it or do you have any amendments please

Kind Regards

[S40]

Sent from my iPhone

Begin forwarded message:

From: [S40]
Date: 29 March 2013 16:25:53 GMT
To: [S40]
Subject: Re: Pulse article

Tell him interview was good

From: [S40]

To: [S40]
Sent: Fri Mar 29 16:24:52 2013

Subject: Re: Pulse article

[S40] is bruce at home

From: [S40]

To: [S40]
Sent: Fri Mar 29 16:17:00 2013
Subject: Re: Pulse article

I think that says it all do you want me to issue it now

Sent from my iPhone

On 29 Mar 2013, at 15:49, [S40] wrote:

How about this?

A spokesperson for NHS England said:

"Most of the big failures in NHS care have featured arguments about data. It is just days after the government's response to the Mid Staffs inquiry where people hesitated for exactly this reason and people suffered.

"The Trust's investigation is therefore a prudent precautionary step, helping them to keep children safe while answering the questions raised.

"As we have stressed, the data and other information raise questions. They do not provide answers. These are for the Trust's review to determine.

"We don't think it is helpful to speculate inaccurately about who has come forward to raised concerns. It is more important to address the constellation of issues that have raised.

"We appreciate that there has been a campaign to keep the unit in Leeds, but this matter is unrelated.

"It must be right to put the safety of children first. It was a highly responsible precautionary step to suspend the service.

"We hope that Leeds will shortly be in a position to restart children's heart surgery secure in the knowledge that everything is okay."

From: Hardie Mary (NHS ENGLAND)

To: Roger Davidson

Sent: Fri Mar 29 14:38:45 2013
Subject: RE: Pulse article

New statement in response to BBC Yorkshire

A spokesperson for NHS England said:

It is nearly always the case that there are disagreements about data. The investigation is for asking questions.

In regard to the identity of the whistleblowers, no one has said who they are are and to speculate is unhelpful.

Whilst it is the case that there is a campaign around keeping the unit in Leeds it must be right to put the safety of the children first. In light of this it is a highly responsible precautionary step to suspend the service.

We hope that Leeds will shortly be in a position to restart children's heart surgery secure in the knowledge that everything is okay.

Does this sound OK?

and is Bruce doing the TV interview?

[S40]

E-mail 57

[Out of scope]

Email 58

From: Keogh Bruce (NHS ENGLAND)
Sent: 29 March 2013 19:01
To: Jarman, Brian
Subject: Re: PCS SMRs

No objection at all. Very different to CCAD! It illustrates just how difficult this is.

Best wishes, Bruce

Sent from my iPad

On 29 Mar 2013, at 18:29, "Jarman, Brian" - s40] wrote:

Bruce,

I am attaching the updated PCS SMRs April 2009 to Feb 2013 (using our Bristol methodology, which has the limitations that I mention on my website brianjarman.com). We've applied to be allowed to analyse the CCAD data but not been given permission. You'll see Leeds is high but not significantly so (as it was in the last PCS analysis I sent you).

I'd like to put this in my dropbox and tweet it - would you have any objection?

Brian.

.

<Paediatric cardiac surgery SMRs to Apr 2009 to Feb 2013.doc>

Email 59

From: [sec 40]

Sent: 29 March 2013 20:25

To: [sec 40]; [sec 40]; Keogh Bruce (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; Douglas Colin (NHS ENGLAND); [sec 40]

Subject: RE: Leeds + NHS England

Importance: High

[sec 40], all,

With apologies for the delay, please find attached some information for Ministers (which has been cleared by Bruce Keogh and David Nicholson).

This includes the additional information requested following SofS speaking to three local MPs:

1. Chair of CCAD's concerns about data - was it appropriate to use the data in this way? [see para 9]

2. Could all data be put in the public domain? [see para 10]

3. Reassurance around the decision making process on this. [paras 7-8]

4. Why decision taken now was different to that taken in Bristol in September (scaling down rather than stopping surgery). [paras 11, 13]

The note contains at annexes A and B NHS England press statements from yesterday and today.

Many thanks,

[sec 40]

Chair and Chief Executive's Office

NHS England

[sec 40]

Attachment A – (attached to email 59)

Brief for Ministers on LTHT

Background

1. Leeds Teaching Hospital Trust (LTHT) is one of a number of centres in England which provides surgery for children with congenital heart disease. The longer-term future and proposal to rationalise the number of centres has been the subject of the 'Safe and Sustainable' strategic services review since 2010. This review has been subject to a number of challenges.

Information and concerns

2. Earlier this year, the office of Sir Bruce Keogh received correspondence from the Children's Heart Federation expressing concern that children were not receiving the level of service that should be provided to them at the Leeds Unit, and that the Leeds Unit was not referring appropriately to other centres.

3. During 2013 LTHT Medical Director received complaints from cardiologists in LTHT alleging poor communication and poor team-working within the Unit by one of their congenital cardiac surgeons. An investigation of this surgeon's outcome data, use of surgical devices and approach to clinical governance indicated that [S40] performance fell short of that which was expected. In March 2013 after discussion with the Trust Medical Director, the surgeon in question agreed to voluntary exclusion from operating on children with congenital heart disease.

4. LTHT have had difficulty in recruiting permanent consultant surgeon staff to the Unit. As a result, operations have been undertaken by the two permanent consultant staff, and two locum surgeons.

5. On 26 March 2013 Sir Bruce Keogh received two telephone calls from respected paediatric cardiac surgeons. One expressed similar concerns to the Children's Heart Federation and the second raised concerns over surgical staffing.

6. On 27 March 2013, Sir Bruce Keogh was provided with a first draft of data from the Central Cardiac Audit Database (CCAD). This data revealed mortality, expressed as standardised mortality ratios (SMR) for Units in England providing congenital cardiac surgery. The data was the first presentation of results for overall Unit performance, rather than condition-specific data which has been available hitherto. The data covered the period 2009 to 2012 and indicated that in years 2010-2011 and 2011-2012 the mortality ration in Leeds was higher than in other centres, and the gap between Leeds and other Units was widening. The SMR on this first draft was

approximately double the national average for the Leeds Unit, taking casemix in to account.

Decision making process including use of data

7. The NHS England Medical Director, Sir Bruce Keogh, and the NHS England Director and Medical Director for West Yorkshire, met the LTH Chairman, Chief Executive and acting Medical Director on 28 March 2013 to discuss the above concerns. A CQC representative attended this meeting. Following discussion, LTHT decided to suspend surgery pending a detailed independently supported and validated review, which will look at all contributory factors.

8. This was the Trust's decision, though Sir Bruce Keogh praised the Trust for taking a highly responsible precautionary step.

9. We understand that CCAD have concerns about the fact that pre-published data was taken into account, but Sir Bruce Keogh is under an obligation to act when made aware of any threat to patient safety. He was right to do so, whether the data was validated or not. We understand that the Trust took its decision recognising that the numbers of children operated on are small and that waiting for numbers to be large enough to calculate statistical significance and confidence levels would take an unpredictable length of time. It is right not to take any avoidable risk while matters are looked into.

10. There have been suggestions that the CCAD data should be put into the public domain now. CCAD do publish their data in line with their usual organisational policies, but it is a decision for them as to what data they want to release now.

[Out of scope]

Actions taken by the Trust and next steps

11. The Trust contacted other providers to establish capacity of other Units to receive urgent cases.

12. The Trust senior surgical clinicians have undertaken risk assessment on all in-patients and those awaiting urgent operation. The Trust has supplied NHS England and CQC with a copy of its Standard Operating Procedure in relation to management of patients who may require surgery in the immediate future. NHS England is satisfied that the Trust has adopted a risk-based approach and that patients would only be moved or have their operation delayed following careful risk assessment by a senior surgical clinician, and with full discussion with the family.

13. Discussions with parents of those involved took place.

14. Contact was made with EMBRACE, the coordinating service for specialist transport and commissioning of children with congenital heart disease.

15. The Trust will be seeking external reviewer expertise to oversee their review.

16. In the meantime, an immediate review of the data subsequently provided by CCAD has commenced.

17. A further review meeting will be held with LTHT, Trust Development Authority, CQC and NHS England on 2 April.

18. A Risk Summit has been convened for commissioner, provider and regulatory agencies involved. This is scheduled for 16 April 2013, in line with the guidance of the NHS National Quality Board.

Ongoing developments

19. Late evening on 28 March 2013, a member of CCAD provided a more refined analysis of SMR data of all congenital cardiac surgery Units in England. This addressed some of the initial inaccuracy of patient inclusion criteria which appeared in the first draft.

20. This revised data is presented quite understandably with the cautionary advice that it is subject to validation by the Units themselves who are expected to validate the data against their own patient records.

21. Notwithstanding the amendments made, the revised data does still show the LTHT Unit to have the highest mortality for the year 2011-12, and although confidence intervals are not yet available, the initial inspection still raises questions about the safety of the Leeds Unit in comparison to others. LTHT have received this revised data and have not revised their decision.

ANNEX A – NHS ENGLAND PRESS STATEMENT FROM 28 MARCH 2013

NHS ENGLAND PRAISES LEEDS HOSPITAL TRUST FOR PRECAUTIONARY PAUSE IN PAEDIATRIC CARDIAC SURGERY

NHS England today (Thursday) praised Leeds Teaching Hospitals NHS Trust for pausing paediatric cardiac surgery while checks are made to ensure the unit is operating safely.

Sir Bruce Keogh, the Medical Director of NHS England, said: “The Trust has taken a highly responsible precautionary step. Some questions have been raised by the Trust’s own mortality data and by other information. It is important to understand that while this information raises questions, it does not give us answers. But it is absolutely right not to take any risks while these matters are being looked into. The priority must be the safety of children. I hope that Leeds will shortly be in a position to restart children’s heart surgery secure in the knowledge that everything is okay.”

ANNEX B – NHS ENGLAND SPOKESPERSON STATEMENT FROM 29 MARCH 2013

“Most of the big failures in NHS care have featured arguments about data. It is just days after the government’s response to the Mid Staffs inquiry where people hesitated for exactly this reason and people suffered.

“The Trust’s investigation is therefore a prudent precautionary step, helping them to keep children safe while answering the questions raised.

“As we have stressed, the data and other information raise questions. They do not provide answers. These are for the Trust’s review to determine.

“We don’t think it is helpful to speculate inaccurately about who has come forward to raised concerns. It is more important to address the constellation of issues that have raised.

“We appreciate that there has been a campaign to keep the unit in Leeds, but this matter is unrelated.

“It must be right to put the safety of children first. It was a highly responsible precautionary step to suspend the service.

“We hope that Leeds will shortly be in a position to restart children’s heart surgery secure in the knowledge that everything is okay.”

Email 60

From: [s40]
Sent: 29 March 2013 20:46
To: Keogh Bruce (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Riley Damian (NHS LEEDS NORTH CCG); Buck Andy (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); Field Steve (NHS BIRMINGHAM SOUTH AND CENTRAL CCG); Mitchell Andy (LONDON STRATEGIC HEALTH AUTHORITY); Willett Keith (NHS ENGLAND); Mike Richards, McShane Martin (NHS ENGLAND); [sec 40]; Andrew Buck; [s40] Easterling Tom (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Sutton Ann (NHS ENGLAND); Kelsey Tim (NHS ENGLAND)
Subject: RE: Leeds Heart surgery

As promised below, please see attached some information provided to Ministers.

[s40]

Brief for Ministers on LTHT – [repeat of contents in attachments of email 60].

Email 61 – reply to email 59

From: [sec 40]
Sent: 29 March 2013 21:08
To: [s40]); [sec 40]; [sec 40]; Keogh Bruce (NHS ENGLAND); Easterling Tom (NHS ENGLAND);[sec 40] [sec 40]; [sec 40] [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; Douglas Colin (NHS ENGLAND); [sec 40]; [s40]
Subject: Re: Leeds + NHS England

Thank you [s40], this looks pretty comprehensive.

Can I clarify what the status of CCAD is - do either SofS or NHS England have any powers to insist they publish data they hold, or is it an independent professional body/holder of data?

If there are any follow up questions from SofS I will let you know asap.

Many thanks
[sec 40]

Message sent from a Blackberry handheld device.

E-mail 62

From: Bewick Mike (NHS ENGLAND)
Sent: 29 March 2013 21:12
To: Keogh Bruce (NHS ENGLAND)
Subject: Re: Leeds Heart surgery

Bruce
Would you like me to cancel my trip to [Sec 40]? I am more than happy to do so. I would be happy to support Damian and Andy locally.
I hope your trip is spared any intrusion best wishes Mike

Dr Mike Bewick
Medical Director NHS CB North

On 29 Mar 2013, at 19:46, "Keogh Bruce (NHS ENGLAND) - <s22>> wrote:

>
Dear All,
>
> I will be going to [sec 40] tomorrow, but will be easily contactable except during the flight.
>
> The Leeds issue is being handled by Andy Buck and Damian Riley (MD North of England). Lyn Simpson has offered support from Ops Directorate. There is some ambiguity of responsibility between the old and new NHS. So we need a pragmatic approach.
>
> In my absence Andy Mitchell will act as old NHS medical director. Andy is a paediatrician and MD of London and will handle media bids while I am away. However, as from 1st April the TDA will have responsibility for LTHT so Kathy McLean has kept closely in touch with Damian.
>
> I will be speaking to the lead MP tonight to try to defuse some issues.
>
> I hope this helps.
>
> Best wishes, Bruce
>
>
> Sent from my iPad

Email 63 – reply to email 62

-----Original Message-----
From: [s40]
Sent: 29 March 2013 19:57
To: Keogh Bruce (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Riley Damian (NHS LEEDS NORTH CCG); Buck Andy (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); Field Steve (NHS BIRMINGHAM SOUTH AND CENTRAL CCG); Mitchell Andy (LONDON STRATEGIC HEALTH AUTHORITY); Willett Keith (NHS ENGLAND); Mike Richards – s22]; McShane Martin (NHS ENGLAND); McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY); Andrew Buck - s22); [s40]; Easterling Tom (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Sutton Ann (NHS ENGLAND); Tim Kelsey (s22)
Subject: RE: Leeds Heart surgery

Bruce,

Thank you, that's helpful, and it would seem sensible for Lyn to take a co-ordinating role from Ops Directorate given her responsibilities. I will soon be sending the briefing to Ministers (with thanks to Andy Buck and Damian Riley for their contributions to this), which you and David have cleared, and I will ensure copyees see this too.

[sec 40]
Chair and Chief Executive's Office
NHS England
4W08 Quarry House, Leeds
[s40] [s40]

On 29 Mar 2013, at 20:38, [s40] wrote

Thanks [s40].

Lyn has asked that I schedule a telecon for tomorrow morning to involve NSH CB, NTDA and CQC to colleagues discuss the operational consequences of yesterday's announcement.

I'd be grateful if colleagues could join the call at 9am that Lyn will chair. I'd suggest, as a minimum, from the NHS CB: Lyn Simpson, Andy Buck, Damian Riley, Bruce (or Andy Mitchell), Ann Sutton, [s40] ;from the NTDA: [sec 40], [sec 40]; and Andy will coordinate CQC representation. The dial in details are: [out of scope] Grateful if those planning to join the call could confirm.

Thanks, [s40]

Email 64 – reply to email 63 chain

[out of scope – replies to attendance of tele-conference]

Email 65 – reply to email 63 chain

[out of scope – replies to attendance of tele-conference]

Email 66 – reply to email 63

[out of scope – replies to attendance of tele-conference]

Email 67 - reply to email 63

[out of scope – replies to attendance of tele-conference]

Email 68 – response to email 42

From: Riley Damian (NHS ENGLAND)
Sent: 29 March 2013 21:20
To: Keogh Bruce (NHS ENGLAND)
Cc: Stuart Andrew; [sec 40]
Subject: Re: Leeds Children's Heart Unit

Will do
Risk Summit is timetabled for 16th April, 2pm to 5pm, in Leeds Venue TBC My mobile no is [sec 40] if needed Thanks

Dr Damian Riley
Medical Director
NHS England (West Yorkshire)

On 29 Mar 2013, at 21:06, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

> Dear Damian,
>
> I have just had a helpful discussion with Stuart Andrew MP who has led the campaign to save the children's heart unit at LTHT . I have said we would invite him to the risk summit. He is knowledgeable of the issues and will, I think, make a valuable contribution.
>
>Stuart, Damian is one of the Commissioning Board's local medical directors and also an associate medical director for the North of England.. He is a GP by background. [sec 40] was medical director of a foundation trust, then an SHA and is now medical director of the Trust Development Authority, which has oversight of LTHT from 1st April.
>
> Damian, could you please make early contact with Stuart.
>
> Very many thanks,
>
> Bruce
>
> Sent from my iPad
>

E-mail 69

[Repeat of email 68]

E-mail 70 – reply to email 63

[out of scope – replies to attendance of tele-conference]

E-mail 71 – reply to e-mail 61

From: [S40]
Sent: 29 March 2013 22:38
To: [sec 40]

Cc: [sec 40]; [sec 40]; Keogh Bruce (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40];[sec 40]; [sec40] [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; Douglas Colin (NHS ENGLAND); [sec 40]; [S40]
Subject: Re: Leeds + NHS England

[sec 40],

Sorry I don't think I / we know the answer to that but the Health and Social Care Information Centre runs the CCAD.

[S40]

E-mail 72

From: Keogh Bruce (NHS ENGLAND)
Sent: 29 March 2013 22:55
To: Roger Boyle
Subject: Fwd: PCS SMRs

Roger,

This may be interesting.

Good luck tomorrow. I'll be on a plane to [Sec 40]!

Will listen on iPlayer.

Best wishes, Bruce

Sent from my iPad

Begin forwarded message:

From: "Jarman, Brian" <[S40]>
Date: 29 March 2013 18:28:54 GMT
To: "Bruce.Keogh@dh.gsi.gov.uk" <Bruce.Keogh@dh.gsi.gov.uk>
Subject: PCS SMRs

Bruce,

I am attaching the updated PCS SMRs April 2009 to Feb 2013 (using our Bristol methodology, which has the limitations that I mention on my website brianjarman.com). We've applied to be allowed to analyse the CCAD data but not been given permission. You'll see Leeds is high but not significantly so (as it was in the last PCS analysis I sent you).

I'd like to put this in my dropbox and tweet it - would you have any objection?

Brian.

Attachment B – attached to e-mail above (e-mail 72)

[Repeat of attached document in Email 59]

E-mail 73

From: [s40]

Sent: 29 March 2013 23:37

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Leeds

Dear Bruce,

I hope this does not sound patronising. I just wanted to say that I think the manner in which you are handling the absurd reaction to the decision at Leeds is spot on. We can all imagine the furore if you had ignored the concerns brought to your attention. I do hope you manage to have some respite from this over Easter.

With best wishes,
[s40]

E-mail 74 – reply to email 73

From: Keogh Bruce (NHS ENGLAND)
Sent: 30 March 2013 03:41
To: [sec 40]
Subject: Re: Leeds

[Sec 40],

Thank you so much. I appreciate your comments enormously. They are friendly, not patronising at all!

Have a good break,

Bruce

Sent from my iPad

[duplicate email chain deleted]

E-mail 75

-----Original Message-----
From: Paul Bate [mailto:s40]
Sent: 30 March 2013 07:35
To: Keogh Bruce (NHS ENGLAND)
Subject: Re: Leeds paed heart surgery

Hi Bruce - thanks and yes, saw the graph. Agree looks heavily outlying given the grouping of the others.

Happy travels.

Paul

Paul Bate
Health and adult social care
10 Downing Street
London SW1A 2AA
0207 968 3293

----- Original Message -----
From: Keogh Bruce (NHS ENGLAND) [mailto: <s22>]
Sent: Saturday, March 30, 2013 07:19 AM
To: Paul Bate
Subject: Re: Leeds paed heart surgery

Paul,

Struggling to send the graph I promised. But it is accurately represented in the Telegraph. You will see why I had to do something. If Francis taught us anything it was that we should not hesitate to act in the face of alarming data, even if it is imperfect.

Have decided to go to Japan, but will be fully contactable.

Happy Easter!

Bruce

Sent from my iPad

[Rest of email chain are repeats of email 21, 22 and 27]

Email 76

From: [s40]
Sent: 30 March 2013 09:55
To: Keogh Bruce (NHS ENGLAND)
Subject: RE: DSM internal confidential re: Cerner Math predictive model for paediatric open-heart surg -- Tetralogy repair

By the way, well done on interviews and Leeds handling
Best
[s40]

[Rest of email chains – 77 and 78 chain out of scope]

Email 79

[Duplicate of Email 76 – out of scope]

E-mail 80

From: Roger Boyle – [s40]
Sent: 30 March 2013 08:30
To: Kelsey Tim (NHS ENGLAND)
Cc: Keogh Bruce (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); [sec 40]; [sec 40] Hakin Barbara (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Riley Damian (NHS LEEDS NORTH CCG); Bewick Mike (NHS ENGLAND); Willett Keith (NHS ENGLAND); Field Steve (NHS BIRMINGHAM SOUTH AND CENTRAL CCG); [sec 40]; Mitchell Andy (LONDON STRATEGIC HEALTH AUTHORITY); [s40]; [sec 40]
Subject: Re: Today Programme Saturday at 07.50

Dear Tim

Thanks for this. The unholy row has perhaps been helpful in breaking down the barriers and moving to a more transparent position. We have not yet worked out the best methodology for sharing the new methodology with the public or the IRP for that matter but we are keen to do this.

I found it rather strange to be castigated by a supposedly intelligent MP (Channel 4 News last night) for doing precisely what Francis and SofS have been calling for so there is another communication gap. You can only publish information if it says the right thing apparently.

Best wishes

Roger

On 30 Mar 2013, at 08:05, Kelsey Tim (NHS ENGLAND) wrote:

> Well that went well and Brian J, quite rightly, supported action by
> Bruce. Roger also did excellent job on the moral imperative of acting
> on data. Had a brief chat with Brian in advance - and we will need to
> discuss nature of his CCAD access, Bruce/ Roger - but it will wait
> until Bruce is back. Thanks to Roger for making time to do the
> interview this morning. Best, Tim
>
> Sent from my iPhone
>
> On 30 Mar 2013, at 03:54, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:
>
>> All,
>>
>> Roger Boyle will be on the Today Programme at 07.50 to debate paediatric cardiac surgical outcomes with Brian Jarman. The discussion will highlight the difficulty of measurement in such a highly technical field. There is likely to be strong disagreement.
>>

>> Brian has been offered access to CCAD data on several occasions provided he works with clinical experts in the field . [sec 40]
>> With best wishes, Bruce
>>
>>
>> Roger
>>
>> Sent from my iPad

E-mail 81

From: [s40]
Sent: 30 March 2013 09:12
To: Bruce.Keogh@dh.gsi.gov.uk
Subject: Quick message

You won't have time to read this but for what it is worth which is very little I think u have behaved with great dignity and integrity in a situation in which you can't win whatever you do

Hope you get a little time off over Easter

[s40]

E-mail 82

From: Tom Easterling (NHS ENGLAND)
Sent: 30 March 2013 10:39
To: Bruce.Keogh@dh.gsi.gov.uk; [s40] [s40] [s40] [s40] [s40] [s40] [s40]
Cc: [s40] [s40] [s40] [s40]
Subject: Leeds paed cardiac surgery - update

To National Directors

A quick update on this:

Lyn Simpson chaired a useful multiagency telecon this morning with CQC and NTDA input.

We were reassured that operational arrangements are in hand. Our local leads are Andy Buck and Damian Riley.

The Trust is producing a daily sit rep.

A further telecon is scheduled for Monday morning.

A meeting with the Trust is scheduled for Tuesday morning.

Terms of reference for the Trust's review will be agreed with us, CQC and NTDA.

A risk summit is scheduled for 16 April. It is anticipated that this may be a preliminary session, depending on progress of the trust's review.

SofS was briefed yesterday and spoke to 3 local MPs.

Please let me know if you require further information.

Thanks

Tom

Tom Easterling
[s40]
Sent from my iPhone

E-mail 83 – reply to email 15

From: Roger Boyle – [email Sec 40]

Sent: 30 March 2013 10:45

To: John Gibbs

Cc: Bruce.Keogh@dh.gsi.gov.uk]; [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] ; Cunningham, A; [s40]

Subject: Re: SMRs for Paediatric Cardiac Surgery

Dear All

You will all have seen John's email widely aired by the BBC and the subsequent furore in the media.

My comeuppance has been a whole day dealing with the media so please consider this due punishment. As always in these situations, the realities were rather different and I felt that I had no choice but to escalate concerns rapidly.

It now means that there is high level interest in all of this and the new algorithms.. I am hoping that the software can be distributed to all Trusts early next week - the money is in place to sort out the transactions with UCL Business

Then we will be expected to move rapidly towards a more formal publication of data once Trusts have had their chance to validate the findings. For those of you who tuned in to the Today Programme this morning, Brian Jarman is fishing around again and we might be asked to collaborate with him but we should be able to insist on proper oversight by your group. Jarman was implying that his method of risk adjustment was as good as yours even though he only looks at the under fives.

In [s40] absence in Greece, [s40] has asked David Spiegelhalter for advice regarding the principles of sorting out confidence intervals and the correct statistical approach to the SMR analysis. He is meant to be doing that this weekend.

I hope that this clarifies the current situation.

Roger

E-mail 84 – reply to email 63

From: Riley Damian (NHS ENGLAND)
Sent: 30 March 2013 11:03
To: [s40] [s40] Keogh Bruce (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Buck Andy (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); Field Steve (NHS BIRMINGHAM SOUTH AND CENTRAL CCG); Mitchell Andy (NHS ENGLAND); Willett Keith (NHS ENGLAND); [sec 40]; McShane Martin (NHS ENGLAND); [sec 40]; Andrew Buck Andrew Buck – s40; Easterling Tom (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Sutton Ann (NHS ENGLAND); Lyn Simpson [email – s40]; [sec 40]; [sec 40]; [sec 40][sec 40]
Subject: RE: Urgent - Telcon, 9am Saturday RE: Leeds Heart surgery

attached is briefing note sent from [sec 40] (Divisional General Manager at [sec 40]) to Malcolm at CQC today at approx 0930

Dr Damian Riley
Medical Director (West Yorkshire)
Tel [sec 22]

Attachment from email 84

Dear All ,

As requested (by Malcolm via email to Bryan Gill yesterday), I am providing the detailed update for the time period :

29th March 2013 -09:00 hours to 30th March 2013 - 09:00 hours .

The details are as follows:

Point 1 of the Interim Operating Procedure for Paediatric Cardiac Surgery - No patients in our care have required paediatric cardiac surgery or intervention on an emergency/life saving basis at LTHT .

Point 2 of the same procedure :

[Sec 40]
[Sec 40]
[Sec 40]

Point 3 - Acute patients at home- [sec 40]None of the other patients who are in this category need surgery in the next 2-3 days on the basis of their current clinical status.

Point 4 - 6 . Our clinicians are still working through the detail of elective patients planned to have surgery or intervention in the next 3 weeks.
We have a number of other providers (Birmingham, Alder Hey and Leicester) who have agreed to help us with those patients who the Cardiologists and Surgeons at Leeds think should not have their procedures postponed and we will make arrangements for each of these individuals during the course of the next few days.

Point 7 - I do not have this detail .We need to validate this with Embrace who are managing this aspect of the arrangements.

Point 8 - [sec 40]
Any queries please do not hesitate to come back to me.

Best Wishes,

[sec 40]

Email 85 – reply to email 84

From: Andrew Buck [email – s40]
Sent: 30 March 2013 11:56
To: Riley Damian (NHS ENGLAND)
Cc: [s40]; [s40] ; Keogh Bruce (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Buck Andy (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); Field Steve (NHS BIRMINGHAM SOUTH AND CENTRAL CCG); Mitchell Andy (NHS ENGLAND); Willett Keith (NHS ENGLAND); [sec 40]; McShane Martin (NHS ENGLAND); [sec 40]; Easterling Tom (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Sutton Ann (NHS ENGLAND); Lyn Simpson [email– s40]; [sec 40]; [sec 40];[sec40]);[sec 40]; ; Malcolm Bower-Brown
Subject: Re: Urgent - Telcon, 9am Saturday RE: Leeds Heart surgery

Dear All

I have as agreed on the telcon spoken to [sec 40] at Sheffield Children's FT, which runs the Embrace specialist neonatal and paediatric transfer service across Yorkshire and the Humber. [s40] has in turn spoken to Embrace, and reports that there are no operational concerns at present.

Thanks

Andy

Andy Buck
Director (West Yorkshire)
NHS England

Mobile: [s40]

Email 86

From: Jarman, Brian [sec 40]
Sent: 30 March 2013 12:56
To: Keogh Bruce (NHS ENGLAND)
Subject: RE: PCS SMRs

Bruce,

Here is the final Word file that I will post in a tweet, as I did yesterday. This is based the two Excel files I sent you earlier today - it covers April 2009-Feb 2013 and now is for under 5s and under 15s.

Brian.

From: Jarman, Brian
Sent: 30 March 2013 11:46
To: 'Keogh Bruce (NHS ENGLAND)'
Subject: RE: PCS SMRs

Bruce,

I've marked the significant high and significant low units - comparing them with the overall value for the 10 units for each year.

Brian.

From: Jarman, Brian
Sent: 30 March 2013 11:27
To: 'Keogh Bruce (NHS ENGLAND)'
Subject: RE: PCS SMRs

Bruce,

You may be interested in the PCS data attached - done by our method using HES data, which, although without the latest CCAD case-mix for procedures, does go up to the end of Feb 2013, the last full month.

I have done the analyses for under 5s and under 15s and for each I have done the last 4, 3, 2, and 1 year's data. I note that Leeds had not deaths over the last year (Apr 2012-Feb 2013) - the only unit where that was the case.

Brian.

Attachment from email 86

Paediatric open heart operations (excl. transplants) - 10 English University Hospital main PCS units - Under 5 years & Under 15 years

Under 5s

Report date: 29/03/2013

Outcome: Mortality (in-hospital 30 days)

Paediatric open heart operations (excl. transplants)

Age Range: 0-4

First / Last: Apr-09 / Feb-13

University Hospitals	Admissions	Superspells	Deaths	Expected deaths	SMR	Lower 95% CI of SMR	Upper 95% CI of SMR	Significance
Alder Hey Childrens NHS Foundation Trust	787	787	28	18.9	148.1	98.4	214.1	sig high
Birmingham Childrens Hospital NHS Foundation Trust	1084	1083	34	36.5	93.2	64.5	130.2	average
Great Ormond Street Hospital For Children NHS FT	1223	1223	15	23.5	63.8	35.7	105.3	average
Guys and St Thomas NHS Foundation Trust	664	663	16	16.4	97.6	55.7	158.4	average

Leeds Teaching Hospitals NHS Trust	566	566	10	10.2	98.0	46.9	180.3	average
Royal Brompton and Harefield NHS Foundation Trust	711	710	4	14.2	28.2	7.6	72.1	sig low
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	385	385	4	9.3	43.0	11.6	110.1	average
University Hospital Southampton NHS Foundation Trust	492	492	3	9.5	31.6	6.3	92.3	average
University Hospitals Bristol NHS Foundation Trust	577	577	5	13	38.5	12.4	89.8	average
University Hospitals Of Leicester NHS Trust	384	384	4	9.3	43.0	11.6	110.1	average
English University Hospital PCS units	6873	6870	123	160.8	76.5	63.6	91.3	

Under 15s

Report date: 30/03/2013

Outcome: Mortality (in-hospital 30 days)

Paediatric open heart operations (excl. transplants)

Age Range: 0-14

First / Last: Apr-09 / Feb-13

University Hospitals	Spells	Superspells	Deaths	Expected	SMR	Lower 95% CI of SMR	Upper 95% CI of SMR	Significance
Alder Hey Childrens NHS Foundation Trust	934	934	30	20.1	149.3	100.7	213.1	sig high
Birmingham Childrens Hospital NHS Foundation Trust	1381	1380	36	39.4	91.4	64.0	126.5	average
Great Ormond Street Hospital For Children NHS FT	1463	1463	16	25.9	61.8	35.3	100.3	average
Guys and St Thomas NHS Foundation Trust	765	764	17	17.3	98.3	57.2	157.3	average
Leeds Teaching Hospitals NHS Trust	704	704	11	11.5	95.7	47.7	171.2	average
Royal Brompton and Harefield NHS Foundation Trust	859	858	5	16	31.3	10.1	72.9	sig low
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	454	454	6	10.5	57.1	20.9	124.4	average
University Hospital Southampton NHS Foundation Trust	627	627	3	11	27.3	5.5	79.7	average
University Hospitals Bristol NHS Foundation Trust	692	692	7	14.1	49.6	19.9	102.3	average

University Hospitals Of Leicester NHS Trust	444	444	5	10.6	47.2	15.2	110.1	average
English University Hospital PCS units	8323	8320	136	176.4	77.1	64.7	91.2	

See caveats regarding the data analysis at brianjarman.com.

Comparisons are with the overall SMR of the 10 units for each agegroup

E-mail 87

From: Cummings Jane (NHS ENGLAND) [mailto: s22]
Sent: 30 March 2013 13:21
To: Easterling Tom (NHS ENGLAND)
Cc: Bruce.Keogh@dh.gsi.gov.uk; Hakin Barbara (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Baumann Paul (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); [s40]); [S40] Simpson Lyn (NHS ENGLAND); [sec 40]
Subject: Re: Leeds paed cardiac surgery - update

Thanks Tom

Happy to help if useful.

Jane

Sent from my iPhone

E-Mail 88

From: Roger Boyle [- mailto:s40]

Sent: 30 March 2013 15:09

To: John Gibbs

Cc: Bruce.Keogh@dh.gsi.gov.uk; [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40] [s40]; Cunningham, A; [s40]

Subject: Re: SMRs for Paediatric Cardiac Surgery

Andy Mitchell is leading the process for the moment as Bruce is away.

He agrees that the CCAD group should do the ratification and understands that this may take some time. Andy knows that you will be point of contact until [Sec 40] returns on Monday.

He is not pressing for Jarman - that idea came from Kelsey.

[sec 40] tells me that there are about 130cases with missing weights which may well be relevant. Only LGI can sort that.

Roger

Sent from my iPad

On 30 Mar 2013, at 11:07, [John Gibbs – s40 wrote: (in reply to email 81)

It would be a ridiculous move to involve Jarman and any motivation to do so would be politically motivated and have nothing to do with ensuring our analyses are correct. He has no knowledge of PRAIS, no knowledge of EU coding and no clinical understanding of congenital heart disease. We are WAY ahead with this and other than cleaning the data, carrying out final adjustments to the methodology and analysis (something only the steering group can do with its huge experience of congenital cardiac coding) the only help we need is with the confidence limits. And we now have the world's leading expert on confidence limits helping with that.

We absolutely must be given time to make sure we have ironed out all the problems in this before it is released formally. If we are forced to do anything prematurely it is highly likely to make everyone involved look incompetent when we have to withdraw it and say it was wrong. None of us needs any more egg on face, surely.

The steering group will not be swayed on this - we have a duty to make sure that this is robust before it is released by us. We should go through our usual vigorous processes to minimise the chances of any more catastrophically inappropriate conclusions are drawn from data that is wrong. We already know that the data

leaked was wrong. For heaven's, the patients', Bruce's and your own sake don't let that be repeated.

J

John Gibbs

Lead clinician for congenital heart disease

Central Cardiac Audit Database

NICOR

170 Tottenham Court Road

London W1T 7HA

[s40]

E-mail 89

From: [s40]
Sent: 30 March 2013 17:55
To: Bruce.Keogh@dh.gsi.gov.uk
Subject: the right thing

Bruce,

Don't be put off you are doing the right thing. There will always be politics but we cannot ignore data if it looks like there could be a problem. What would people say if we had worrying data but did not act on it on to find out there was months later? What you said on radio 4 was entirely correct and I think the vast majority of the public and profession can see that. Happy Easter

[s40]

E-mail 90

From: [sec 40]

Sent: 30 March 2013 23:00

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: well done

Dear Bruce

I admired your leadership in your TV presentations regarding your decisions about the Leeds Hospital cardiac surgery service reported in the media in the last few days.

In your interviews you demonstrated your concerns and responsibility well, despite the resulting media backlash.

Thank you.

Regards to [sec 40]

Yours

[sec 40]

Email 91 – reply to email 90

From: Keogh Bruce (NHS ENGLAND)
Sent: 31 March 2013 02:45
To: [sec 40]
Subject: Re: the right thing

Thanks [sec 40]. I imagine it will get tricky for a while. The irony is that had they submitted complete and accurate data in the first place this could have been avoided

Best wishes, Bruce

Sir Bruce Keogh
National Medical Director

Email 92

From: Hasan, Asif - mailto:Sec 40]
Sent: 31 March 2013 10:00
To: Keogh Bruce (NHS ENGLAND)
Cc: [Sec 40]
Subject: RE: Leeds

Dear Bruce

I am delighted that you have taken a prompt and courageous decision to investigate the concerns raised by myself and others related to Leeds cardiac services. I spoke to you after considerable deliberations between myself and my colleagues, these relate to a barrage of clinical problems we have had to deal with in last few months emanating from patients from Leeds area. I will prepare a dossier related to these patients.

I am also acutely aware that it is possible that in due course we would have to work with cardiologist from Leeds region and may incur consequences. I will discuss this with my colleagues at Freeman and inform you in relation to question of remaining anonymous.

Again I am most grateful that you have continued to show commitment in resolving the mess which is festering since the Bristol saga.

Asif

From: Keogh Bruce (NHS ENGLAND) [mailto: <s22>]
Sent: 31 March 2013 09:06
To: Hasan, Asif
Subject: Fwd: Leeds

Asif,

Please see the email below. My apologies I inadvertently put an extra s in your name.

Best wishes, Bruce

Sent from my iPad

Begin forwarded message:

From: "Keogh Bruce (NHS ENGLAND)" <s22>

Date: 31 March 2013 04:55:10 GMT+09:00
To: "Asif Hassan - s40]
Cc: Leslie Hamilton - s40]>, "Keogh Bruce (NHS ENGLAND)" <s22>, "Riley Damian (NHS LEEDS NORTH CCG)" <s22>
Subject: Leeds

Dear Asif,

Last Tuesday you called me, in confidence, to express your grave concerns regarding the quality of advice families were receiving from colleagues in Leeds. You asked me to intervene as a matter of urgency.

I have done so, based on your concerns and those of others.

I was clear that you would need to back up your assertions, given that in my position I would have no choice but to act.

I am now writing to you formally to request your evidence. This will be used to inform a risk summit which will be convened during the week of 15th April.

A "risk summit" is a formal meeting attended by the CQC, NHS England, the Trust Development Authority, the Local Authority, Health Education England and other interested parties. Bill Brawn and a local MP will also be in attendance.

Unfortunately, Leslie Hamilton has been identified in the media as being responsible for alerting me to this issue. I will correct that misconception, but you may want to consider whether you remain anonymous. This is not important. The quality of the evidence is.

Please could you let Damian Riley (above, medical director for the north of England) have a dossier of your evidence in time for the risk summit. You may wish to work in conjunction with the Children's Heart Federation who have similar concerns. In any event, the evidence needs to be sound. I suggest you notify your medical director and chief executive and that you put someone full time on to preparing the dossier.

Many thanks for your help and courage. At a personal level, I know you to be a highly credible surgeon with enormous integrity. To protect your anonymity you may wish to consider whether the dossier should come from the CHF who have already gone public on this.

Substantiating your assertions is your duty as a doctor. Failure to do so may incur professional sanction.

With best wishes,

Sir Bruce Keogh
National Medical Directo

E-mail 93

From: Keogh Bruce (NHS ENGLAND)
Sent: 31 March 2013 13:15
To: Bewick Mike (NHS ENGLAND)
Subject: Re: Cover for NHSE MD this week

Mike thanks,

Andy will cover everything till 1st April because he is an SHA medical director till then, without any other activities. Kathy should stick to her TDA role.

After the 1st April Andy should continue covering the paediatric issues in support of Damian, till you get back. Steve can cover other NHSE things.

I hope that works for you. If there are practical issues that would be better served by a different arrangement please feel free to make changes.

Thanks for your help, Mike.

With best wishes, Bruce

Sent from my iPad

On 31 Mar 2013, at 20:31, "Bewick Mike (NHS ENGLAND)" <s22> wrote:

> Bruce
> Just to confirm that the following should be in place for this week to cover your leave.
>
> Until 1st April Andy Mitchell will cover as NHS MD, on the paediatric
> cardiology area with Kathy McLean covering general issues Following
> the handover to the commissioning board . Andy Mitchell and Steve Field will cover during the week.
> I will talk to Richard Barker with regards to running the risk summit.
> I have talked to Keith W who will also be able to cover if required.
> Best wishes
> Mike
> Dr Mike Bewick
> Medical Director NHS CB North

E-mail 94

From: Riley Damian (NHS ENGLAND)
Sent: 31 March 2013 21:54
To: Keogh Bruce (NHS ENGLAND)
Subject: RE: Questions regarding Leeds

thanks Bruce

I had given a first stab at the ToR and your comments help inform us further.

I think i'd covered at least most but not all of your points.

Also, Following your emails I had had a chance today to talk to the surgeon who contacted you too, and wrapped up in my draft ToR are questions [sec 40] posed.

Will continue to refine.

Dr Damian Riley

Medical Director (West Yorkshire)

Tel [sec 22]

From: Keogh Bruce (NHS ENGLAND)

Sent: 31 March 2013 21:35

To: Riley Damian (NHS LEEDS NORTH CCG)

Cc: McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY); Mitchell Andy (LONDON STRATEGIC HEALTH AUTHORITY); Buck Andy (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); [s40]; [sec 40]; [s40] [sec 40]

Subject: Questions regarding Leeds

Dear all,

As you draw up the terms of reference for the review, may I raise some specific questions that need answering?

1. DATA

The basis for the review is that Leeds had an apparently high mortality on the first cut of risk adjusted mortality from NICOR. The mortality had been rising for two years. Subsequent inclusion of incomplete records into CCAD following a validation visit reduced the gap and has apparently brought Leeds back into an acceptable range, although i have not seen the revised analysis.

This raises two issues. Firstly, why was their submitted data of such poor quality that so many records were rejected from the national database in the first place? If the exclusions were due to minor omissions, such as weight, who was checking data quality in Leeds? Does this reflect an overall malaise towards their data?

Secondly, has the data been similarly corrected for all the other units? If so, and the gap between Leeds and the other other units has narrowed, it probably means that Leeds does not take their data accuracy as seriously as other units. This itself would reflect a deficient cultural approach to data collection and analysis, an issue raised in the Francis report and the Government's response. This will need to be checked with David Cunningham of CCAD.

2. TRUST SOLUTIONS

If there is an elevated mortality, is this simply due to the surgeon who has withdrawn from surgery, or is part of the issue related to [sec 40] who left and went to [sec 40]? The Trust implied there were some issues with [sec 40]. Were there, and if so did they let [sec 40] know?

What are the research and other governance issues surrounding the withdrawal of [sec 40] from surgery?

3. APPROPRIATENESS OF TREATMENT

The Children's Heart Federation wrote to the CQC earlier this year reflecting serious concerns regarding advice given to some parents and access to second opinions. This was amplified by one of the phone calls I had last Tuesday from a surgeon in [sec 40] [sec 41]. When he called I was very explicit that by calling me he was making a serious accusation which I couldn't ignore. He had the chance to retract. I asked whether the difference of opinion was normal or serious. He confirmed the latter and said he had evidence. I have since written to him asking him to prepare a

dossier in time for the risk summit. Mike Bewick has agreed to have a word with him this week. In many senses this is the most serious issue.

4. SURGICAL COVER

Concerns have been expressed to me that the two locums in Leeds should be supported by senior substantive consultants as a matter of good practice. This Easter weekend it seemed that of the two substantive consultants one was not operating and the other was away. The question is whether that was reasonable and safe or whether it reflects substandard practice and a risk to children? A second question is whether either one of the locums was elevated to consultant status without a CCT and if so was that reasonable?

Finally, the review of children's heart surgery has been going on for some years and emotions run high, particularly in Leeds. This review is NOT about trying to influence the longer standing Safe and Sustainable review. It is about resolving the questions above within the context of the past and the present, being honest about any deficiencies and finding rapid solutions so the Safe and Sustainable review can proceed on an even keel.

Children's heart surgery is very complex in organisational, relationship and technical terms. I suggest that, as agreed with Bryan Gill, Bill Brawn from Birmingham is involved in informing your review and also in the risk summit. Mr John Wallwork from Papworth would also be helpful. He is a transplant surgeon, not a congenital surgeon but he will be utterly impartial as there is no children's heart surgery in his region.

I will send you Mr Wallwork’s contact details.

Other issues may emerge which you also want to consider. I have copied this email to colleagues in the DH who have an interest in this.

With best wishes,

Bruce.

Sent from my iPad

Email 95 – response to Keogh Bruce (NHS ENGLAND) Sent: 31 March 2013 21:35 in email 94 chain

From: Keogh Bruce (NHS ENGLAND)
Sent: 31 March 2013 21:58
To: Riley Damian (NHS ENGLAND); Bill Brawn
Cc: McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY); Mitchell Andy (NHS ENGLAND); Buck Andy (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); [s40]; [sec 40]; [sec 40] [sec 40]
Subject: Re: Questions regarding Leeds

Through this email I am copying Bill Brawn.

Bill, thanks.

Bruce

Sent from my iPad

E-mail 96

From: Keogh Bruce (NHS ENGLAND)
Sent: 31 March 2013 21:59
To: Riley Damian (NHS ENGLAND); Bill Brawn
Cc: Lyn Simpson – s40]; Simpson Lyn (NHS ENGLAND)
Subject: Re: thoughts about what might go into ToR. Comments?

Bill,

Please could you share any thoughts?

Many thanks,

Bruce

Sent from my iPad

On 1 Apr 2013, at 05:46, "Keogh Bruce (NHS ENGLAND)" <22> wrote:

Damian,

This looks like a massive endeavour which will take a long time.

Should we consider doing it in two parts? Firstly is the unit safe and if not how can we make it safe so they can get back to work? Secondly, are there suboptimal practices which need correction e.g. Referrals.

I am agnostic. I think the ToR should be shared with Bill Brawn. I will get his email address for you.

Best wishes,

Bruce

Sent from my iPad

On 1 Apr 2013, at 05:35, "Riley Damian (NHS LEEDS NORTH CCG)" <s22> wrote:

Dear Bruce and Lyn

following Mike's suggestions in email below, please scroll down to see some suggestions as "work in progress" on what might go into ToR for a "broad" service review, if there is to be one.

We will discuss on our conference call tomorrow Lyn?

One obvious question is "is this too broad and too unwieldy for the timescale "

Dr Damian Riley
Medical Director (West Yorkshire)
Tel [sec 22]

From: Bewick Mike (NHS ENGLAND)
Sent: 31 March 2013 21:19
To: Riley Damian (NHS LEEDS NORTH CCG)
Cc: Andy Buck – s40]; Riley Damian (NHS LEEDS NORTH CCG)
Subject: Re: thoughts about what might go into ToR. Comments?

Damian

Thank you for this excellent piece of work. I will study it and respond am. Could you send Bruce and Lyn a copy as 'work in progress'

Many thanks again

Mike

Dr Mike Bewick

Medical Director NHS CB North

On 31 Mar 2013, at 20:57, "Riley Damian (NHS LEEDS NORTH CCG)" <s22> wrote:

Attached is word doc of same, but if you cannot access on mobile device it's reproduced below:

Remit (draft Terms of Reference) for Review of Children's Congenital Cardiac Surgery Service at Leeds Teaching Hospital Trust

April 2013

Remit:

· To review and advise upon the quality of surgery performed in Leeds on children up to and including 16 years of age for congenital and acquired cardiac conditions

Objectives:

· To examine the existing service and comment on overall safety , with reference to current best practice

· To determine patient flows and referral sources into the service, patient management through the service, and disposition of patients by onward referral to other Children's Surgical Units or to other services and comment on the appropriateness of such

· To determine trends in these incoming referrals and disposition routes since 2009

· To determine the range of surgical procedures undertaken and comment on the appropriateness of such for the Unit relative to the population served and patient demand

· To determine the staffing levels, both quantitatively and qualitatively where possible, for all relevant disciplines of staff (surgical, nursing, anaesthetic and Intensivist and ancillary) and comment on the suitability of such for the service being provided

· To determine effectiveness of working relationships with other relevant Units in other cities, and in particular those performing transplant services, and to

determine the protocols or principles in use for deciding when and how to refer to such

· To assess and comment upon the procedures techniques and accuracy of foetal diagnosis of relevant conditions

· To assess effectiveness of Trust and Unit protocols and assurance systems with regard to clinical governance; in particular relating to audit, record keeping, data analysis, surgical procedures, and introduction of devices and mortality

· To make relevant assessment of and comment on the impact of locum surgeon staffing on the aboveCheck 1st stage investigation report

· To assess the impact of exclusion of an employed surgeon from the Unit on the above

Principles:

· The review is commissioned by NHS England and shall be reported to NHS England

· The review will be led by relevant subject specific expertise who does not have conflict of interest

· The review team will include multi-disciplinary input

· Conducted with minimal disruption to the work of the Unit

· It is not a direct review of Interventional cardiology services in Leeds

· Patient identifiable information shall not be released

· Examination of surgical procedures undertaken and their outcomes shall include analysis on individual consultant basis

· Serious concerns and risks to patient safety are to be notified without delay to the Medical Director of NHS England

· The review does not disrupt or corrupt the internal Trust management of any practitioner undergoing MHPS investigation

· Media relations and communications with stakeholders is conducted through NHS England only

· Records to be chosen will include in-patient and out-patient records, identifying the selection of surgical case-mix and those rejected for surgery.

· Case notes for children who died during or 30 days after treatment in the Unit will be included for those affected from 2009 onwards

Dr Damian Riley
Medical Director (West Yorkshire)
Tel [sec 22]

<Remit.docx>

Email 97 response to 1 Apr 2013, at 05:35, "Keogh Bruce (NHS ENGLAND)" in email 96 chain

From: Keogh Bruce (NHS ENGLAND)
Sent: 31 March 2013 22:02
To: Andy Buck – s40
Subject: Fwd: Questions regarding Leeds

Andy,

Sorry, I think I used your other email below.

Best wishes, Bruce

Sent from my iPad

Begin forwarded message:

From: "Keogh Bruce (NHS ENGLAND)" <s22>
Date: 1 April 2013 05:57:53 GMT+09:00
To: "Riley Damian (NHS LEEDS NORTH CCG)" <s22.; Bill Brawn <sec 40>
Cc: "McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY)" <s22>"Mitchell Andy (LONDON STRATEGIC HEALTH AUTHORITY<s22>, "Buck Andy (NHS ENGLAND)" <s22>"Bewick Mike (NHS ENGLAND)" <s22>"Dalton Ian (NHS ENGLAND)" <s22>"Kelsey Tim (NHS ENGLAND)" <s22>"Hakin Barbara (NHS ENGLAND)" <s22>, "McCarthy Bill (NHS ENGLAND)" <s22>"[s40]", [sec 40]" "[S40]>, "[sec 40]"
Subject: Re: Questions regarding Leeds

Through this email I am copying Bill Brawn.

Bill thanks.

Bruce

Sent from my iPad

Email 98

From: Keogh Bruce (NHS ENGLAND)
Sent: 01 April 2013 22:23
To: Paul Bate
Subject: Re: Questions regarding Leeds [UNCLASSIFIED] [Non-Record]

Paul,

I'm back on the 10th

Bruce

Sent from my iPad

On 2 Apr 2013, at 04:19, "Paul Bate" <s40> wrote:

Thanks, Bruce.

Are you back later this week? Hope all is well in Japan.

Paul

Paul Bate
Health and adult social care
10 Downing Street
London SW1A 2AA
[s40]

From: Keogh Bruce (NHS ENGLAND) [mailto: <s22>]
Sent: 31 March 2013 23:20
To: Paul Bate
Subject: Fwd: Questions regarding Leeds

Paul,

FYI.

As you know CQC are also involved.

Best wishes,

Bruce

Sir Bruce Keogh

National Medical Director

[Rest of email chain repeat of 94, email from Sir Bruce Keogh on 1 April 2013 at 05:35]

Email - 99

From: Keogh Bruce (NHS ENGLAND)
Sent: 01 April 2013 14:15
To: Bewick Mike (NHS ENGLAND)
Cc: Bruce.Keogh@dh.gsi.gov.uk
Subject: Re: update

Thanks Mike.

Firstly, Damian says he has spoken to [sec 40] in [sec 40]. I thought he had done this through you. I'll try to get his details. I don't have them to hand.

With respect to reopening, This depends on the data. The reason for asking them to suspend surgery was because the data indicated that there could be a big problem, but subsequent inclusion of their previously rejected data has apparently brought Leeds back into the pack. The key issue is whether all the other units have had their data validated. If not the Leeds improvement may be a temporary illusion.

So, Assuming the CCAD data is now robust and Leeds are OK up to and including 11/12, then the issue becomes whether the action they have taken this financial year is enough to assure us that they are safe. My guess is that they have done enough. They have identified a problem, stopped a surgeon operating and are reviewing their data. Would it not be possible for them to restart once [sec 40] is back and to address the issues regarding referrals over a more extended time frame?

In terms of checking that CCAD data has been validated for all units, the person responsible for the data is David Cunningham. His phone number is [s40]. His email used to be [S40] but I have not used this for a few years.

Do we need to remind the LTHT the final decision to pause services was theirs? At some point we will need to point out to them that they would probably never have been labelled outliers if they had taken their CCAD data collection responsibility seriously.

Many thanks,

Bruce

Sent from my iPad

On 1 Apr 2013, at 20:28, "Bewick Mike (NHS ENGLAND)" <s22> wrote:

> Bruce
> We have had several TC's his morning with Ops, NTDA,CQC and ourselves
> . We are proposing the following
>
> 1. That we hold a Regional led QSG with all parties other than the Trust tomorrow at 10.30. This will be led by Gill Harris. The Trust will have met with the NTDA CQC

and Area Team earlier at 8 am. We propose to keep in contact with the Trust throughout the day and to agree a common comms plan.
> The QSG will determine the TOR's for the review.
> 2. That ops calls 'an incident' as we are concerned that the Trust may bring in legal argument to re-open the unit prematurely. As the initial pause was initiated by the Trust they may feel that as they now have data to show the service is safe, justified in doing so. Our line is that we need to verify evidence via a risk summit and consider all risks, not concentrate purely on mortality (as in your TOR's sent yesterday). Calling an incident also allows us to bring in the wider health community to help support the service.
>
> 3. That we aim to bring forward the Risk summit, I have suggested I will chair it on the 10th, but there is a view from others that this will still be too slow and that it should be later this week.
>
> With [sec 40]and you both away and the fact that Gill Harris is just back from 2 weeks leave I feel it important I stay in the country. If the risk summit is brought forward I will be around to lead it.
> I am attempting to make contact with the [sec 40] in [sec 40], but don't have any contact details as yet. Do you have [sec 40] number?
> I will resist the pressure to reopen the unit until we deem it safe to do so.
>
> I hope you are happy with these arrangements
>
>
> Dr Mike Bewick
> Medical Director NHS CB North

Email - 100

[out of scope]

Email - 101

From: Keogh Bruce (NHS ENGLAND)
Sent: 01 April 2013 22:23
To: Paul Bate
Subject: Re: Questions regarding Leeds [UNCLASSIFIED] [Non-Record]

Paul,

I'm back on the 10th

Bruce

Sent from my iPad

On 2 Apr 2013, at 04:19, "Paul Bate" [sec 40] wrote: [reply to email 99]

Thanks, Bruce.

Are you back later this week? Hope all is well in [sec 40].

Paul

Paul Bate
Health and adult social care
10 Downing Street
London SW1A 2AA
[s40]

Email 102 - reply to email 96

From: Keogh Bruce (NHS ENGLAND)
Sent: 01 April 2013 22:31
To: Riley Damian (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Andy Buck – s40]; Buck Andy (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Dalton Ian (NHS ENGLAND)
Subject: Fwd: thoughts about what might go into ToR. Comments?

All,

Some thoughts below from Bill Brawn.

Many thanks,

Bruce

Sent from my iPad

Begin forwarded message:

From: Bill Brawn [sec 40] [sec 41]

Date: 1 April 2013 22:44:07 GMT+09:00
To: "Keogh Bruce (NHS ENGLAND)" <s22>
Subject: Re: thoughts about what might go into ToR. Comments?

Bruce,The review outline is ok.It should be the aim to get Leeds back to work if outcomes / mortality are not a problem. Other parts of the review could continue while they work.The data analysis is of paramount importance.We need to know Patients declined for treatment in Leeds,what happened to them.

Are the locums safe for patients and themselves.Are the procedures appropriate to level expertise?

Problem Sand S have inspected twice and found no problems.??How would the review relate to S and S. Bill

Email 103

From: Keogh Bruce (NHS ENGLAND)
Sent: 02 April 2013 08:52
To: Bewick Mike (NHS ENGLAND)
Subject: Re: Leeds referral patterns

[Extract – out of scope of request]

On 2 Apr 2013, at 16:09, "Bewick Mike (NHS ENGLAND)" <s22> wrote:

> Bruce
> Thank you. I am proposing to visit him tomorrow to discuss the evidence. We are aiming to hold the Risk Summit on Thursday. Damian and Andy are at th atRUST AS i WRITE.

[Extract – out of scope of request]

Best wishes
Mike

Dr Mike Bewick
Medical Director NHS CB North

On 1 Apr 2013, at 22:53, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

Dear Mike,

May I please thank you so much for all your help and generosity in dealing with the Leeds issue.

Asif Hasan's contact details are: [s40]; [s40]; [s40]

I understand he is very happy to talk openly and has discussed with his CEO, Len Fenwick.

With best wishes, Bruce

Sent from my iPad

Email - 104

[Email of complaint ref Leeds Heart Surgery – information contained withheld under sec 41 and sec 40]

Email - 105

From: Easterling Tom (NHS ENGLAND)
Sent: 02 April 2013 20:56
To: [sec 40]
Cc: [S40]; [sec 40]; [sec 40]; Keogh Bruce (NHS ENGLAND); [S40]; [S40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; Douglas Colin (NHS ENGLAND); [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]
Subject: Re: Leeds heart surgery - capacity at other units

[sec 40]

I have now spoken to Andy Buck, our Area Director who is managing the operational arrangements on the ground.

Andy confirms that NHS England has today taken stock of capacity and resilience at all other units. This work was undertaken by our specialised services commissioning team. This stocktake has given us assurance that the suspension of the Leeds service has not caused unmanageable difficulties in other units.

Thanks

Tom Easterling

Director of the Chair and Chief Executive's Office

NHS England

[s22]

Sent from my iPad

On 2 Apr 2013, at 18:10, [sec 40] <sec 40>, wrote:

Hi [sec 40], Tom

I know that there has been a VC today to catch up on next steps with Leeds, and understand there will be a stakeholder handling plan shared with us tomorrow to set out how concerns of local MPs and other interested parties are being effectively managed.

In the meantime, we've been made aware that Stuart Andrew MP has raised further concerns about the knock-on effect on other children's heart units (in particular he has raised concerns about capacity at Newcastle, Liverpool and Leicester).

Please could I have an urgent update for SofS on this issue of capacity at other units, and the lines to take? Also grateful for confirmation that these concerns from MPs will be addressed as part of the stakeholder plan coming up tomorrow.

Many thanks
[sec 40]

Richmond House, 79 Whitehall, London SW1A 2NS
[sec 40]

Email - 106 – with reference email 104 (summarised complaint)

From: Keogh Bruce (NHS ENGLAND)
Sent: 02 April 2013 23:16
To: Durkin Mike (NHS ENGLAND)
Cc: Easterling Tom (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Acheson Nigel (ROYAL DEVON AND EXETER NHS FOUNDATION TRUST)
Subject: Fwd: [sec 40] [sec 41]

Mike,

Please could you make contact with [sec 40]. Let them know that Bill is in [sec 40] and we will expedite contact.

Secondly Mike Bewick has the latest cut of data on Leeds which shows Leeds is a statistical outlier but Bristol isn't.

Could you also share [sec 40] email below and the previous one with CQC.

Many thanks,

Bruce

Sir Bruce Keogh

National Medical Director

[Remaining email chain relates to complaint submitted to Sir Bruce and withheld under s40 and s41]

Email 107 – with reference to email 106

From: Bewick Mike (NHS ENGLAND)
Sent: 02 April 2013 23:35
To: Keogh Bruce (NHS ENGLAND)
Subject: Re: [sec 40] [sec 41]

Bruce

will do. I have just arrived in Newcastle, having finished a meeting at LTH tonight at 9.30. There was a rumour reported on the TV that the unit was opening. We don't know where this came from.It has been dealt with.

We have spent several hours going through the latest stats with the Trust. As you might expect this wasn't easy as they are unhappy with the CCAD data.

They are not pushing to open but have asked for clarification on the acute and urgent cases building on your agreement last week. We are talking this through with Ian Dalton and Lyn tomorrow.I have discussed this with Andy and Kathy. I am being cautious on what is agreed, but do want to help clarify what they can and cannot do.

The main issue is in terms of the governance of the organisation, missing data and a possible culture of not sharing important information.The Risk Summit will address these and other issues.

The team was pretty warn out today as we had a 3 hour SCG yesterday and another similar length one today. I will send you the proposed agreement on acutely ill cases as soon as I have the amended copy.

I will be available to talk at 7.30 GMT tomorrow morning.

Best wishes

Mike

Dr Mike Bewick

Medical Director NHS CB North

[Remaining email chain relates to complaint submitted to Sir Bruce and withheld under s40 and s41]

Email 108 – Re: email 104 (summarised complaint).

From: Keogh Bruce (NHS ENGLAND)
Sent: 03 April 2013 08:05
To: Durkin Mike (NHS ENGLAND)
Subject: Re: [s40]

Thanks Mike,

Interesting article. Don't recognise the author.

Bruce

Sir Bruce Keogh

National Medical Director

From: Durkin Mike (NHS ENGLAND)
Sent: 02 April 2013 23:45
To: Keogh Bruce (NHS ENGLAND)
Cc: Easterling Tom (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Acheson Nigel (ROYAL DEVON AND EXETER NHS FOUNDATION TRUST); [sec 40]; [sec 40]
Subject: Re: [sec 40]

Hi Bruce

Will do, will call Mike, follow up with Nigel and will share with CQC.

Did you get the article I forwarded? Interesting connotations on what I plan to do re Indicator 5c: Reporting on Deaths and Severe Harm in Care.

Catch up on your return

BWs

Mike

Dr Mike Durkin

Medical Director NHS South of England

National Clinical Director for VTE

Director of Patient Safety

NHS Commissioning Board

[Remaining email chain relates to complaint submitted to Sir Bruce and withheld under s40 and s41]

Email 109 – regarding email 108

From: Keogh Bruce (NHS ENGLAND)
Sent: 03 April 2013 08:05
To: Durkin Mike (NHS ENGLAND)
Subject: Re: [sec 40] [sec 41]

Thanks Mike,

Interesting article. Don't recognise the author.

Bruce

Sir Bruce Keogh

National Medical Director

Email - 110

From: Dalton Ian (NHS ENGLAND)
Sent: 03 April 2013 08:47
To: Keogh Bruce (NHS ENGLAND)
Subject: Fwd: Leeds paediatric congenital heart service

Sent from my iPad

Begin forwarded message:

From: Andrew Buck <s22>

Date: 2 April 2013 23:11:35 BST
To: "Dalton Ian (NHS ENGLAND)" <s40>
Cc: Lyn Simpson – s40], "Bewick Mike (NHS ENGLAND)" <s22> "Riley Damian (NHS LEEDS NORTH CCG)" <s22> Gill Harris – s40]

Subject: Leeds paediatric congenital heart service

Dear Ian

Thank you for our telephone conversations earlier this evening. Please find attached the document we have received from LTHT which seeks to clarify and confirm the position regarding emergency and urgent treatment and the continued suspension of elective treatment.

Look forward to speaking to you tomorrow morning about this.

Thank you.

Andy

Attachment associated to email above 110

DRAFT

LEEDS TEACHING HOSPITALS NHS TRUST

INTERIM OPERATING PROCEDURE FOR PAEDIATRIC CARDIAC SURGERY

The following has been agreed with NHS England, CQC, NTDA and LTHT with respect to the delivery of paediatric cardiac surgery/interventional cardiology in LTHT from the date of this SOP until such time as all parties agreed to further amendments.

This operating procedure will be in force until a further notice.

NB: This applies to children 16 years and under only

LTHT to provide cardiac surgery/Interventional cardiology under the following patient categories

1. Patients who are in LTHT in-patient beds who need emergency (life-saving) surgery and/or interventional cardiology.
2. Patients under the direct care of LTHT needing 'urgent' cardiac surgery, defined as within 72 hours, will undergo surgery in LTHT
3. Patients under the direct care of LTHT needing 'urgent' interventional cardiology, defined as within 72 hours, will undergo the procedure in LTHT
4. Patients presenting in Yorkshire and the Humber neonatal units who may require emergency (life saving) surgery/interventional cardiology may be transferred, following clinician to clinician discussion, to LTHT for assessment. Intervention (surgery &/or interventional cardiology) will only apply under 1- 3 above.
5. Antenatal patients under the direct care of LTHT with known foetal heart problems will deliver in LTHT and undergo a cardiological assessment. Intervention (surgery &/or interventional cardiology) will only apply under categories 1- 3 above.

LTHT will not provide cardiac surgery/Interventional cardiology under the following patient category

6. Patients with planned (elective) procedures.

A daily report will be provided to CQC, NHS England and NTDA on the outcome of any patients falling into the above categories.
Dr A B Gill

Interim Medical Director

2nd April 2013

Email 111 – reply to email 110

From: Keogh Bruce (NHS ENGLAND)
Sent: 03 April 2013 09:04
To: Dalton Ian (NHS ENGLAND)
Cc: Bewick Mike (NHS ENGLAND); McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY); Riley Damian (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Buck Andy (NHS ENGLAND)
Subject: Re: Leeds paediatric congenital heart service

Ian,

Who advised CQC, NTDA and NHS England on this? Has it been reviewed with independent paediatric cardiological / surgical advice? It could be interpreted that it is OK for LTHT to treat the highest risk, sickest children out of convenience; But they won't accept the more straightforward elective cases. To me the logic appears fractured.

Do we know from the CCAD data that LTHT are better at emergencies than elective cases?

I will discuss this with Bill Brawn and Pedro Del Nido (chief of paediatric cardiac surgery at Boston Children's Hospital). We must not sign up to this until experts tell us it is the right thing.

Best wishes, Bruce

Sent from my iPad

Email 112 in response to email 111

From: Keogh Bruce (NHS ENGLAND)
Sent: 03 April 2013 09:06
To: Easterling Tom (NHS ENGLAND)
Subject: Fwd: Leeds paediatric congenital heart service

Sorry Tom, should have included you in email below..

Bruce

Sent from my iPad

Email - 113

From: Keogh Bruce (NHS ENGLAND)
Sent: 03 April 2013 09:21
To: Bewick Mike (NHS ENGLAND)
Subject: Re: Leeds paediatric congenital heart service

Thanks Mike.

Sir Bruce Keogh

National Medical Director

On 3 Apr 2013, at 17:16, "Bewick Mike (NHS ENGLAND)" <s22> wrote: [regarding email 112]

Bruce

We have taken advice since nationally from Huon Gray, Andy M and others. We agree with your conclusions.

Regards

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email - 114

From: Keogh Bruce (NHS ENGLAND)
Sent: 03 April 2013 09:23
To: McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY)
Subject: Re: Leeds paediatric congenital heart service

Kathy,

Thanks.

Bruce

Sir Bruce Keogh

National Medical Director

On 3 Apr 2013, at 17:06, "McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY)" [s40] wrote: [regarding email 112]

Bruce

Agree. I have said that this morning.

Kathy

Sent from my iPad

Email - 115

From: [S40]
Sent: 03 April 2013 16:01
To: Bruce.Keogh@dh.gsi.gov.uk
Subject: BRUCE TO SEE Well done on swift action on Leeds!

Dear Sir Bruce,

[Extracted – out of scope]

I have tweeted support for your swift NHS whistleblower action on the Leeds's infirmary. As a heart surgeon yourself, you are the best expert to tell if a heart unit is safe or not!

[Extracted – out of scope]

Best wishes,
[Sec 40]

[Extracted – out of scope]

[sec 40]

Email - 116

From: Keogh Bruce (NHS ENGLAND)
Sent: 04 April 2013 06:16
To: Bewick Mike (NHS ENGLAND)
Subject: Re: Risk Summit

Mike,
Thanks. Give a call if you have time.
Bruce

Sir Bruce Keogh
National Medical Director

On 4 Apr 2013, at 13:52, "Bewick Mike (NHS ENGLAND)" <s22> wrote:

Thanks Bruce

I will endeavour to keep an objective view. The data will always be difficult but the alarm was raised and we couldn't ignore it. My suggestion would be that we agree with LTHT to perform an investigation along the lines you suggested at the weekend, We have agreed TORs with the NTDA and CQC, but not yet the Trust (they are yet to see them). The Trust with the team of investigators could rapidly agree to changes in their internal reporting systems and improved sharing of data with other parties. A further strand would be to confirm how they would improve governance and how they see this improving patient care. They must also address the external criticism coming from patient groups and other centres.

Newcastle have 14 cases where significant criticisms of the care at LTHT have been recognised over the last 12 months . Common themes are;, late referral, inappropriate and premature use of the palliative care pathway; lack of counselling for intra-uterine diagnosis , inappropriate or incompetent surgery (small number). Their other concern was of that a significant cultural issue. In their view LTHT is seen as isolated ; retention of senior consultants being poor and attracting new staff has been difficult , cardiologist to cardiologist conversations between trusts are often limited, failure to develop new methodologies, referral of difficult cases elsewhere, dogmatic view of available treatments.

My view is that there is a need for the trust to accept these criticisms and demonstrate how they will address them. Any reopening should be phased, monitored and subject to scrutiny. They should start with the more straightforward cases first.
.
Do you want a call before the summit?

Best wishes

Mike
Dr Mike Bewick

Medical Director NHS CB North

On 4 Apr 2013, at 03:19, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:
>
Dear Mike,

Thank you for your sterling work on this and for chairing the risk summit. Thank you also for meeting the MPs. Whilst they will have a desire to keep LTHT open in the longer term, they will also have a desire and responsibility to ensure that it is safe. This is where the CCAD data flags a big question mark. Everyone needs to understand that whilst this is very difficult, the best way to protect LTHT clinicians and the reputation of the trust is to remove the question marks around the data and also around the CHF accusations. It might also be worth mentioning that in the immediate post Francis era we cannot sit on data that implies a safety risk while we argue about its statistical merits. [Out of scope]

It seems that the aim of the summit is to clarify the questions I raised when we met the trust last week, so there is a shared understanding of the issues, how they should be addressed and in what timeframe. It may be possible to resolve some issues at the meeting.

Please emphasise that this is primarily about the data which still shows that they are statistical outliers. The constituents of the summit need to be content that there are appropriate governance mechanisms in place to be sure that they have addressed the additional problems that have arisen in 2012/13 adequately. Once you are happy with that it would seem to me reasonable to recommence surgery. That may take a few days and is in the hands of Bryan Gill who had already started his own investigation into events surrounding [sec 40] prior to last Thursday's meeting, but who was not aware of the comparative CCAD data.

I have concerns about restarting surgery with the sickest emergency cases where the risk is high. This view is shared by others, including [sec 40] at [sec 40], with whom I discussed this last night.

Finally, LTHT must be encouraged to take their data collection and submissions more seriously.

I hope this helps, Bruce

Sent from my iPad

Email - 117

[out of scope]

Email - 118

[Email of complaint ref Leeds Heart Surgery – information contained withheld under sec 41 and sec 40].

Email 119 – reply to email 118

From: Keogh Bruce (NHS ENGLAND)
Sent: 05 April 2013 10:14
To: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND)
Subject: Fwd: HEART UNIT LEEDS

Lyn and Mike,

We need a formal process for dealing with this type of concern.

Any thoughts?

I will tell [sec 40] we will raise it with the trust

Bruce.

Sir Bruce Keogh
National Medical Director

Email 120 – reply to email 118

From: Keogh Bruce (NHS ENGLAND)
Sent: 05 April 2013 10:17
To: [sec 40]
Subject: Re: HEART UNIT LEEDS

Dear [sec 40],

I am so sorry to hear your sad story. I am away at the moment but have asked the team dealing with the hospital to raise it.

We will keep you posted

Once again, I'm really sorry.

Sir Bruce Keogh
National Medical Director

Email – 121

From: Paul Bate
Sent: 05 April 2013 08:26
To: [S40]; Bruce.Keogh@dh.gsi.gov.uk
Subject: Fw: PA: HEART SURGERY UNIT SET TO REOPEN

Hi Bruce - is the re-opening ok with you?

Paul

Health and adult social care

10 Downing Street

London SW1A 2AA

[sec 40]

[Rest of email chain – out of scope]

Email - 122

From: [S40]
Sent: 05 April 2013 17:53
To: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Andrew Buck – s40; Buck Andy (NHS ENGLAND); Gill Harris – s40; Douglas Colin (NHS ENGLAND); [s40]; [s40]; Riley Damian (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)
Subject: Leeds - URGENT - telcon - NOW AT 5pm

Process for the review agreed:

1. Data and clinical governance review over weekend to review procedures and recent incidents, likely to conclude Sunday afternoon
2. QSG on Sunday evening, 6pm – chaired by Gill
3. Risk summit on Monday, noon – chaired by Mike
4. Risk summit to submit recommendation to Bruce and Ian on whether to restart surgery on a phased approach

Colin to prepare PN for different outcomes options in advance to consider and agree by close of play Sunday and to agree detailed plan of choreography from Monday morning onwards; Bruce to lead media on Monday if back into the country (if not possible then need an alternative plan).

Lyn to coordinate on-call rota and virtual support office (both in place); telcon and briefing process agreed (11am and 5pm Saturday and Sunday); capacity data will feed into meetings; review on-going issues (including media issues); enhanced transfer arrangements in place; PICU data to review bed availability. Lyn to update National Directors after each teclon.

Lyn confirmed no current capacity issues.

[Sec 40]

Email - 123

-----Original Message-----
From: McCarthy Bill (NHS ENGLAND) [mailto: <s22>]
Sent: 05 April 2013 18:54
To: [S40]
Cc: Easterling Tom (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Hakin Barbara (NHS ENGLAND); Cummings Jane (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); Baumann Paul (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); [S40] [s40]; [S40]; Douglas Colin (NHS ENGLAND); Simpson Lyn (NHS ENGLAND)
Subject: Re: Leeds paed cardiac surgery - further update

Thanks [sec 40]. Please can we make sure NEDs are sighted.

Bill

Sent from my iPad

On 5 Apr 2013, at 18:26, "[sec 40]> wrote:

> Dear National Directors,
>
> For your information, please find attached a letter Ian has sent this afternoon to LTHT describing the process that will be followed following yesterday's risk summit. Further telcons will take place over the weekend to monitor capacity and appropriate transfer arrangements for any child requiring surgery.
>
> We expect that the QSG will convene on Sunday evening and that it will make a decision whether, in light of the clinical data and governance review that is being undertaken by independent experts this weekend, these is new information sufficient to reconvene the risk summit.
>
> Further updates will be provide as necessary over the weekend.
[Sec 40]

Email - 124

From: [sec 40])

Sent: 08 April 2013 18:16

To: [sec 40] Douglas Colin (NHS ENGLAND); [sec 40]; Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND)

Subject: BRUCE TO SEE FW: re paediatric cardiac surgery

All, copy of Ian's letter, [Sec 40]

From: Dalton Ian (NHS ENGLAND)

Sent: 08 April 2013 18:15

To: [Sec 40]

Subject: FW: re paediatric cardiac surgery

Ian Dalton

Chief Executive NHS North of England

Chief Operating Officer, NHS Commissioning Board

From: Dalton Ian (NHS ENGLAND)

Attachment from email 124

Please find attached document titled “Annex B – email 124 attachment”

Email - 125

From: John Gibbs

Sent: 06 April 2013 11:06

To: John Deanfield; Dr Huon H Gray; Bruce.Keogh@dh.gsi.gov.uk

Cc: [sec 40]; David Cunningham; [sec 40]; [sec 40]; [sec 40]; [sec 40] [s40] [sec 40]; [sec 40]; [sec 40]; [sec 40]; James Roxburgh

Subject: Further data analysis

John, Huon & Bruce

I have heard this morning that there has been an order from on high that David Cunningham must reanalyse the partially corrected data we have and that this may be released to outside bodies. This is insane. You all know that the data corrections have not been completed and you are all aware that the steering committee have still not completed the complex checking of the data, and that even when we have the reanalysis will all need to be rechecked carefully again by the steering committee.

Surely nobody can afford any more cockups. If this is allowed to go ahead and the final data shows something different the credibility of absolutely everyone involved, from the very top to the bottom, will be destroyed. PLEASE DON'T LET THIS HAPPEN. We must be allowed to follow due process and make sure we get this right once and for all if the patients, the wider public and all other involved parties are to be treated fairly.

I repeat my message from yesterday - this sort of behaviour contradicts national guidance on code of conduct for official statistics, and I can't see that anyone is going to come out looking good from that. What good has come so far from it all? None, not a jot, just pure, unadulterated damage.

J

John Gibbs

[s40]

Email 126 – reply to email 125

From: Cunningham, A

Sent: 06 April 2013 11:41

To: Deanfield, John; Dr Huon H Gray; Bruce.Keogh@dh.gsi.gov.uk

Subject: RE: Further data analysis

This was not leaked by me. Unless I hear to the contrary I shall continue as instructed to look at the data with David S's advice.

Dr A D Cunningham

Senior CCAD Strategist

National Institute for Cardiovascular Outcomes Research

170 Tottenham Court Road, London W1T 7HA

T: [sec 38] E: david.cunningham@ucl.ac.uk

Email - 127

From: [sec 40]

Sent: 06 April 2013 11:47

To: Bruce.Keogh@dh.gsi.gov.uk

Cc: Bruce Keogh

Subject: Support

Bruce

I am very upset about the way the press and politicians are spinning the Leeds story and the way they are treating you. I think that you were in a no-win position and you have taken a step to give the hospital time to ascertain safety. It would have been "easier" for you to do nothing, and you have taken the brave decision to protect patients. I find it disturbing that politicians are able to spin any story in order to gain personal consensus which they hope translates in votes. The Current political system is non-ethical when it behaves like this. I am not alone in these feelings and I can tell you that there is widespread support for you at least at [sec 40].

You know well that only those who do not make any decisions, have little consequences and I know that in all your decisions the patients are always at the centre.

I thought that while you are trying to have a break, you will be comforted to know that you are not alone, my friend.

See you soon

Regards

[sec 40]

Email 128

From: Jarman, Brian [sec 40]
Sent: 06 April 2013 14:45
To: Tim Kelsey; [sec 40]; [s40]: [s40]; [s40];

Cc: Bruce.Keogh@dh.gsi.gov.uk
Subject: FW: BBC NEWS TV 5 April 2013

FYI

http://www.bbc.co.uk/news/health-22042371

There was also something on the BBC R4 PM programme yesterday (more or less the same stuff).

Brian

Email 129 – reply to email 127

From: Keogh Bruce (NHS ENGLAND)

Sent: 06 April 2013 15:39

To: [sec 40]

Subject: Re: Support

Thanks, [sec 40].

I have to come back early. Leaving [sec 40] In [sec 40].

Best wishes, Bruce

Sent from my iPad

Email 130 – regarding email 126

From: Keogh Bruce (NHS ENGLAND)

Sent: 06 April 2013 15:42

To: Cunningham, A

Cc: Deanfield, John; Dr Huon H Gray; Bruce.Keogh@dh.gsi.gov.uk

Subject: Re: Further data analysis

Sent from my iPad

Email - 131

From: [s40]

Sent: 06 April 2013 18:57

To: Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Cummings Jane (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Baumann Paul (NHS ENGLAND); Dalton Ian (NHS ENGLAND)

Cc: Simpson Lyn (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [sec 40]; [sec 40]

Subject: Leeds paediatric cardiac surgery

Further to my email of last night, attached for your information is an update on progress today re paediatric surgery at LTHT.

[sec 40]

Attachment from email 131

To: Ian Dalton

From: Lyn Simpson

Date: 6 April 2013

Leeds Paediatric Cardiac Surgery

Purpose of briefing

1. To update you on progress with the issues relating to Leeds Paediatric Cardiac Surgery.

Timing

2. Urgent. There is significant media interest.

National Capacity and Transfers

3. The PICU bed situation is being monitored closely with downloads available every four hours. We are aware that there are no national Paediatric Intensive Care capacity issues in England.

4. There are no reports of children requiring transfer. This is confirmed via EMBRACE and Yorkshire Ambulance Service.

Feedback from the Government's Review

5. The review has commenced and is moving at the agreed timetable. The multi-disciplinary group are on site today.

Press and Media

6. Communications are being managed positively, no interviews have been scheduled, although a response to an enquiry has been provided to the Mail on Sunday.

7. Scenario planning regarding possible outcomes of the review are being developed.

Conclusion

8. You are asked to note this briefing. If any further information is required, please let me know.

Email 132 – reply to email 131

From: [s40]

Sent: 06 April 2013 20:06

To: [s40] Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Cummings Jane (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Baumann Paul (NHS ENGLAND); Dalton Ian (NHS ENGLAND)

Cc: Simpson Lyn (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [sec 40]; [sec 40])

Subject: RE: Leeds paediatric cardiac surgery

All just to be clear, the review is not a government review; it is being undertaken by independent clinical experts and was agreed at Thursday's risk summit with the Trust, CQC, and NTDA.

[sec 40]

Email - 133

From: Cunningham, A

Sent: 07 April 2013 17:50

To: Keogh Bruce (NHS ENGLAND)

Subject: RE: Further data analysis (4)

Thank you Bruce. Not an Easter 'break' I shall remember with much fondness.

All of this info is in the report which we are close to finalising. The answer is that the first analysis was presented on 27th March and the Leeds data for surgery on under 16s contained 35% missing weights. The next highest unit was 1.4%. Having identified that quickly, we recovered most of the weight data from late data submissions and the version 2 analysis was circulated on 28th March. Subsequently Leeds have manually recovered all but one of the remainder and our 'final' analysis is based on that.

All of this will be in the report which we send you before 12:00 tomorrow so I would be grateful if this information is considered to be confidential until the report has been delivered.

With thanks

David

[sec 40]

From: Keogh Bruce (NHS ENGLAND) [mailto: <s22>]

Sent: 07 April 2013 17:43

To: Cunningham, A

Cc: Huon H Gray; Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND)

Subject: Re: Further data analysis

Dear David,

Like Huon I am also sorry that you feel under so much pressure from different quarters.

May I please ask you two questions?

Firstly, when was the first cut of the risk adjusted analysis was first circulated to the NICOR steering group?

Secondly, where did Leeds sit compared with other units in terms of (1) records rejected because of missing data and (2) missing records discovered at the validation visit?

It would be helpful to have this information by midday Monday.

With very many thanks,

Bruce

Sir Bruce Keogh

National Medical Director

On 7 Apr 2013, at 03:09, Huon H Gray [sec 40] wrote:

Carry on David. I've sent a private response to John G.

Sorry this is putting so much pressure on you.

BW

H

Huon H Gray

Sent from my mobile.

On 6 Apr 2013, at 15:41, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

Sent from my iPad

[Rest of email chain is a repeat of email 132]

Email 134 – reply to email 133

From: Bewick Mike (NHS ENGLAND)

Sent: 07 April 2013 18:01

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Further data analysis (5)

Bruce

Welcome back. I am on a TC for the next hour or so, happy to catch up later. I hope the travel wasn't too traumatic.

Best wishes

Mike

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 135 – reply to email 133

From: Keogh Bruce (NHS ENGLAND)

Sent: 07 April 2013 22:15

To: Cunningham, A

Subject: Re: Further data analysis (6)

David,

Very many thanks and Happy Easter!

Bruce

Sir Bruce Keogh

National Medical Director

Email 136 – reply to email 133

From: Keogh Bruce (NHS ENGLAND)

Sent: 07 April 2013 22:17

To: Bewick Mike (NHS ENGLAND)

Subject: Fwd: Further data analysis (7)

Mike,

This emphasises the data problem.

Bruce

Sir Bruce Keogh

National Medical Director

Attachment from email 136

[Out of scope]

Email 137

[out of scope]

E-mail 138

[out of scope]

E-mail 139 – reply to email 132

From: [s40]

Sent: 07 April 2013 21:37

To: [s40] Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Cummings Jane (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Baumann Paul (NHS ENGLAND); Dalton Ian (NHS ENGLAND)

Cc: Simpson Lyn (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; [s40]

Subject: RE: Leeds paediatric cardiac surgery (1)

All, attached is a further update on progress today,

regards, [sec 40]

Attachment from email 139

To: Ian Dalton From: Lyn Simpson

Date: 7th April 2013

Leeds Paediatric Cardiac Surgery

Purpose of Briefing

1. To update on the progress over the weekend with regards to the Leeds Paediatric Cardiac Surgery

Timing

2. Urgent. Media interest continues, although this has reduced over the weekend

National Capacity and Transfers

3. The PICU bed situation is being closely monitored with downloads available every four hours. We are aware there were no reported Paediatric Intensive Care capacity issues reported over the weekend and the system continues to shows capacity should this be required.

4. [sec 40] Follow up pm call advised that this will not be an issue which requires addressing in the next 24-48 hours. No reported issues in relation to this transfer.

5. There were no commissioning issues or local issues to report.

Feedback from Governance review

6. The review has progressed well during the day; information collected will be documented into a final draft report within the next 24 hours.

7. Preliminary report has been received; this will inform the risk summit on Monday.

Preparation for analysis and information

8. Trust outlining a rapid review of Cardiac Surgery services at LTHT, a report (draft) was received by the Quality Surveillance group chaired by [sec 40]. The report while needing refinement reported positively. The review team of experienced clinicians expressed their collective and individual confidence in the service. The further data analysis by NICOR is awaited and a risk summit will take place tomorrow afternoon at 2.30pm providing the data is available.

9. Following the recommendation of the risk summit a decision will be made by yourself (Ian Dalton) and Sir Bruce Keogh as to whether the pause of service can be stood down and a resumption in a phased manner occur.

Media and Comms

10. Relatively quiet today. The Mail on Sunday online addition has run a relatively balanced article today, and ITV Yorkshire has been in contact querying if any other investigations are on-going. This has been referred to the Trust.

Next Steps

11. The Quality Surveillance Group reconvened this evening, and it was agreed that there was sufficient information from this weekend's review to support a second risk summit tomorrow afternoon.

12. Comms sequencing media plan for tomorrow are being agreed

Conclusion

13. You are asked to note this briefing. If further information is required, please let me know.

Email 140 – reply to email 136

From: Bewick Mike (NHS ENGLAND)

Sent: 07 April 2013 22:46

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Further data analysis (8)

Bruce

Thanks. While we have heard a lot of reassuring information today, the Trust at the Risk Summit tomorrow must be informed of the extent of their data issues. Importantly they will need to demonstrate how they will rectify this rapidly.

Speak tomorrow

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 141

[Out of scope]

E-mail 142

[Out of scope]

E-mail - 143

From: Riley Damian (NHS ENGLAND)

Sent: 08 April 2013 11:54

To: Keogh Bruce (NHS ENGLAND); Bewick Mike (NHS ENGLAND)

Subject: Fwd: FInal Draft of Phase 1 Review Report and Re-start schedule

Dear Bruce

Final draft attached.

Hope email below is explanatory (except for the fact that the word source is meant to say resource...)

Thanks

Dr Damian Riley

Medical Director

NHS England (West Yorkshire)

Begin forwarded message:

From: "Riley Damian (NHS ENGLAND)" <s22>

Date: 8 April 2013 11:48:19 BST

To: "Gill Harris – s40] "Bewick Mike (NHS ENGLAND)" <s22>; Bryan Gill, [sec 40], [sec 40],"David Anderson – s40] Sue Ward s40], "McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY)" <s40]; John Wallwork <sec 40>

Cc: "Simpson Lyn (NHS ENGLAND)" <s22>, [s40]

Subject: Fwd: FInal Draft of Phase 1 Review Report and Re-start schedule

Dear colleagues

Once again many thanks to everyone for their help in pulling together the report.

I attach what I am calling the final draft.

Unless I hear otherwise, it will be taken as final version by this afternoon.

There are a few spelling typos still to sort, I realise this

I have added significantly in areas to do with consultant and locum staffing, the surgeon who comes once per month and scheduling of operations

I have taken on board all comments received so far.

John you phoned me this morning and I have made the changes you advised.

I have also expanded on the issue of the "internal data management" (which we viewed as adequate) versus external database management for CCAD submissions and drawn references from the CCAD visit report from February 2013. Essentially this says as we know, that the uploading of data to CCAD was under-achieved, but since then a huge amount of source has been directed at it.

Please note the final format is a 2 page exec summary at the front and then a series of appendices.

Our recommendations each have a priority ranking of high medium or low, represented by the H or M or L which appears in the second to last column in the tables in the body of findings. Each of these then has, in the final column, an impact assessment which relates to the impact of this issue pertaining to the restarting of service.

An example: we all realise the complaints process is in need of change and this is a high priority recommendation but it is of low impact in terms of patient safety in the restarting of surgery this week. Hope this makes sense.

For restarting surgery, John I advised LTHT of your comments re having two surgeons available, and you will see the narrative at the start of their document now reflects their approach to this.

Any comments to me ASAP

Many thanks again

Dr Damian Riley

Medical Director

NHS England (West Yorkshire)

Begin forwarded message

From: "Riley Damian (NHS ENGLAND)" <s22>

Date: 8 April 2013 11:21:28 BST

To: "Riley Damian (NHS ENGLAND)" <s22>

Subject: FInal Draft of Phase 1 Review Report and Re-start schedule

Dr Damian Riley

Medical Director (West Yorkshire)

Tel [sec 22]

Attachment from email 143

This information is in the public domain. Under Section 21 of the FOI Act (information accessible to the applicant by other means), we will refer you to the published source:

http://www.england.nhs.uk/wp-content/uploads/2013/04/leeds-ext-review-rep.pdf

Attachment 2 from email 143

Available in the public domain: http://www.england.nhs.uk/wp-content/uploads/2013/04/leeds-ext-review-rep.pdf

Email 144 – reply to email - 143

[out of scope]

Email 145

From: Bewick Mike (NHS ENGLAND)

Sent: 08 April 2013 12:13

To: Keogh Bruce (NHS ENGLAND); Dalton Ian (NHS ENGLAND)

Subject: Fwd: NICOR REPORT

See attached

They are not technically an outlier they are still very close. I think we need a further conversation.

tHANKS

mIKE

Dr Mike Bewick

Medical Director NHS CB North

Begin forwarded message:

From: [sec 40]

Date: 8 April 2013 11:56:44 BST

To: "Bewick Mike (NHS ENGLAND)" <s22>

Cc: [sec 40]. "[sec 40], [sec 40]

Subject: NICOR REPORT

Dear Mike

Please find enclosed the report as promised. We will reformat it and sign it shortly!

Best

[sec 40]

[sec 40]

National Centre for Cardiovascular Prevention and Outcomes (incorporating NICOR)

Institute of Cardiovascular Sciences

170 Tottenham Court Road

LONDON

W1T 7HA

[sec 40]

Attachment one from email - 145

2013-04-08 Report -
Investigation of mort

Attachment 2 from email above 145

8 April 2013

Dr Mike Bewick
NHS England

Dear Mike

NICOR ANALYSIS OF PAEDIATRIC CARDIAC SURGICAL MORTALITY

Please find enclosed an analysis of paediatric cardiac surgical mortality in England and Wales for 2009-12.

NICOR congenital audit receives data from 10 centres and normally reports annually. Data collection and submission is undertaken by each Trust and is collated by NICOR's team. They support Trusts to ensure the best data quality and this process includes site validation visits by NICOR staff. It is important to emphasize, however, that ultimately the NICOR analysis is dependent on accurate timely submission of all relevant data by all Trusts. Leeds have been an outlier in this regard. The effectiveness of the data submission process could be considered as a measure of organizational culture and commitment to Quality Service delivery and excellence by individual Trusts. High quality local data submission will need to increase in importance for clinical commissioning, regulatory and transparency purposes to achieve their desired ends in the NHS.

In Congenital Heart Disease (CHD) appropriate adjustment for case mix is crucial, together with expert oversight from clinicians who understand the specific issues for CHD patients. NICOR has been reporting adjusted outcomes by procedure for over a decade. NICOR has not previously, however, undertaken formal comparison on overall performance between Units but is committed to deliver this important analysis.

Recently, novel software (PRAiS) has been developed specifically for CHD and validation has been published this week (10.1136/heartjnl-2013-303671). This is designed to be used by individual Trusts to follow local activity and results for their own QC/QA. This approach is a 'world first' and should be very helpful for local continuous monitoring of performance.

The PRAiS software is now being used in this report for the first time to analyse comparative performance between Units. This approach is also novel and will require further refinement. It represents a major step forward over reporting of crude mortality and less sophisticated risk adjustments. The importance of complete accurate data for the process, however, cannot be overemphasized.

The original preliminary analysis which had been shared with NHS England was based on data available in August 2012 for 2011-12 activity. There had been a clear deadline for data submission prior to this analysis. All Trusts except Leeds were able to submit high quality

data for analysis (with only minor cleaning required). We have now incorporated all data made available to us subsequently (by Friday 5 April 2013 from Leeds) into the current analysis (7 April 2013). This does not reveal statistically significant outliers in terms of mortality, although there are variations in outcomes between centres and over the 3 year analysis period. We recognize that additional data from all centres is being submitted with a "window" until April 19 for all Trusts, in collaboration with the NICOR Steering Group, to allow full PRAiS methodology to be used. However, we do not expect this to change materially the output of the current analysis of 7 April 2013.

We hope that this information is helpful for NHS England's current deliberations around service provision for CHD surgery. Mortality is only one measure of quality, but currently is the most robust available outcome. We are unable to comment on other factors which may be relevant to NHS England's decisions. Our analysis should be used together with these other measures to ensure that best care is provided for patients born with CHD in England and Wales.

NICOR is committed in all its registries to provide appropriately analysed, accurate outcome data in a timely manner which is understandable by the public, health care providers and the medical profession. I would be happy to discuss any aspects of this report with you and your team and am available today within the specified time limits.

Best regards,

John Deanfield
NICOR Director
For NICOR Review Team

Email 146

From: [sec 40]

Sent: 08 April 2013 18:08

To: Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Cummings Jane (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Kelsey Tim (NHS ENGLAND); Baumann Paul (NHS ENGLAND); Dalton Ian (NHS ENGLAND)

Cc: Simpson Lyn (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [sec 40]; [sec 40]

Subject: Leeds paediatric cardiac surgery (6)

All, I am writing to confirm that Sir Bruce and Ian have reviewed the recommendations from this afternoon's risk summit and have concluded that services at LTHT can resumed on a phased approach.

Attached is a copy of NHS England's press notice.

Regards, [sec 40]

Attachment from email - 146

Monday 8 April 2013

NHS ENGLAND AGREES PHASED RESUMPTION OF CHILDREN'S HEART SURGERY AT LEEDS HOSPITAL

Reassurance given on immediate safety issues but hospital asked to improve monitoring of care

Children's heart surgery at Leeds General Infirmary can begin a phased restart on Wednesday, NHS England said today (Monday).

It follows completion of the first-stage of a review by a multi-disciplinary independent clinical team, which has been working to establish the immediate safety of the unit.

NHS England has accepted the Trust's recommendation, supported by independent experts, that surgery should resume gradually over the next month, starting with lower-risk cases.

The second stage of the review will now begin looking at other areas where improvement may be necessary. This will comprise:

- a review of the way complaints from patients are handled, including the issues raised by the Children's Heart Federation;
- completion of a review of patients' case notes over the last three years.

In addition, NHS England will further explore issues that have been raised about referral practices to ensure they are clinically appropriate.

During the first stage of the review, NHS England received assurances from independent experts about the quality of surgery and staffing levels that were sufficient to allow the phased resumption of operations.

However, it has asked for significant improvements to the way the unit monitors the quality of care so it can be compared with similar services. The review found that the Trust's data for monitoring surgical results was uniquely poor, triggering concerns about death rates and gaps in information.

The decision follows a risk summit that drew together the Trust, NHS England, the Care Quality Commission and the NHS Trust Development Authority.

Sir Bruce Keogh, the Medical Director of NHS England, said: “The information that came to light about Leeds raised some really serious questions and action had to be taken. The Trust agreed to pause surgery until these questions were investigated.

“If we have learned anything from public inquiries such as Bristol and Mid Staffordshire it is that patients were harmed while organisations argued about the veracity of data used to measure clinical results, rather than addressing the underlying issues. We would not have been forgiven if a child had died or suffered unnecessary harm while we sat on our hands.

“I am pleased that we have now been given assurances by independent assessors that the immediate safety concerns, which were bubbling up from a variety of sources, have been addressed and that the unit can recommence surgery.

“We now need to explore some of the wider issues around how the unit operates as a whole. I hope we will soon be able to give the unit a full clean bill of health beyond this immediate reassurance of safety.”

He added: “I want to be clear that NHS England will do everything in its power to make sure that measuring clinical outcomes will be given priority in the new NHS. Organisations cannot know they are providing effective or safe care unless they are measuring and monitoring their services.”

NHS England originally raised concerns about Leeds General Infirmary because of preliminary data suggesting high mortality, concerns about staffing levels, whistleblowing information from clinicians, and complaints from patients.

Ends

Notes to Editors

- NHS England (formerly known as the NHS Commissioning Board) is the new body which leads the NHS in England. Its main aim is to improve the health outcomes for people in England, and it will set the overall direction and priorities for the NHS as a whole.

- For further information, please e-mail the NHS England media team at nhscb.media@nhs.net or call 07768 901293

Email - 147

Sent: 08 April 2013 18:14

To: Dalton Ian (NHS ENGLAND); Maggie Boyle; [sec 40]

Cc: Bewick Mike (NHS ENGLAND); Simpson Lyn (NORTH EAST STRATEGIC HEALTH AUTHORITY); Andrew Buck – s40]; Kathy McLean; Riley Damian (NHS LEEDS NORTH CCG); Keogh Bruce (NHS ENGLAND); Malcolm Bower Brown

Subject: RE: re paediatric cardiac surgery

Dear Maggie and [sec 40],

Please see the attached letter form Ian regarding paediatric cardiac surgery at Leeds Teaching Hopsitals Trust.

Ian Dalton

Chief Operating Officer, NHS England

Attachment from Email - 147

Letter to Maggie Boyle 08 April 2013.p

Email - 148

From: Bewick Mike (NHS ENGLAND)

Sent: 08 April 2013 17:29

To: Douglas Colin (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)

Subject: Fwd: Statement

Colin

we have changed a few words but taken out the second bullet point Mike

Dr Mike Bewick

Medical Director NHS CB North

Begin forwarded message:

>

>

> NHS ENGLAND AGREES PLANNED RESUMPTION OF CHILDREN'S HEART SURGERY AT

> LEEDS HOSPITAL

>

> • Reassurance given on immediate safety issues but hospital asked to

> improve monitoring of care

>

> Children's heart surgery at Leeds General Infirmary can begin a planned restart on Wednesday, NHS England said today (Monday).

>

> It follows completion of the first stage of a review by a multi-disciplinary independent clinical team, which has been working to establish the immediate safety of the unit.

>

> NHS England has accepted the Trust's recommendation, supported by independent experts, that surgery should resume gradually over the next month, starting with lower-risk cases.

>

> The second stage of the review will now begin looking at other areas where improvement may be necessary. This will comprise:

>

> • a review of the way complaints from patients are handled; •

> completion a review of patients' case notes.

>

> In addition, NHS England will follow on issues that have been raised about referral practices to ensure they are clinically appropriate in partnership with other agencies.

>

> During the first stage of the review, NHS England received assurances from independent experts about the quality of surgery and staffing levels that were sufficient to allow the planned resumption of operations.

>

> However, it has asked for significant improvements to the way the unit monitors care outcomes so it can be compared with similar services. The review found that the Trust's data for monitoring surgical results was poor, triggering concerns about death rates and gaps in information.

>

> The decision follows a risk summit that drew together the Trust, NHS England, the Care Quality Commission and the NHS Trust Development Authority.

>

> Sir Bruce Keogh, the Medical Director of NHS England, said: “The information that came to light about Leeds raised some really serious questions and action had to be taken. The Trust agreed to pause surgery until these questions were investigated.

>

> “If we have learned anything from public inquiries such as Bristol and Mid Staffordshire it is that patients were harmed while organisations argued about the veracity of data used to measure clinical results rather than addressing the underlying issues. We would not have been forgiven if a child had died or suffered unnecessary harm while we sat on our hands.

>

> “I am pleased that we have now been given assurances by independent assessors that the immediate safety concerns, which were bubbling up from a variety of sources, have been addressed and that the unit can recommence surgery.

>

> “We will continue to work closely with the Trust to ensure the delivery of high quality services for all children.

>

> He added: “I want to be clear that NHS England will do everything in its power to make sure that measuring clinical outcomes will be given priority in the new NHS. Organisations cannot know they are providing effective or safe care unless they are measuring and monitoring their services.”

>

> NHS England originally raised concerns about Leeds General Infirmary because of preliminary data suggesting high mortality, concerns about staffing levels, whistleblowing information from clinicians, and complaints from patients.

>

> Ends

>

Email - 149

[out of scope]

Email - 150

From: [sec 40]

Sent: 08 April 2013 20:09

To: Bewick Mike (NHS ENGLAND)

Cc: [sec 40]; Keogh Bruce (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [sec 40]; Simpson Lyn (NHS ENGLAND); [sec 40]; [sec 40]

Subject: BRUCE TO SEE RE: Conference Call at 8pm

Statement from trust on their website:

Leeds children's heart surgery to resume on Wednesday 10 April Leeds Teaching Hospitals NHS Trust is delighted to announce that we will be restarting children's congenital cardiac surgery at Leeds General Infirmary from Wednesday 10th of April.

Chief Executive Maggie Boyle said: "We stated on Friday that we wished to restart surgery once our partners were as confident in our staff and services as we are. I am delighted to say we are now reopening the unit having had the quality of our service independently verified by the Care Quality Commission, NHS England and the NHS Trust Development Authority following a rapid review process which took place over the weekend.

"The review of our services found:

'…no evidence of significant safety concerns in terms of governance, staffing or the management of the patient pathway for surgical care in the unit or referral to other units as required.

'A number of very positive aspects of practice are present in the service provided by this unit. The teamwork is strong, inter-professional working is effective, surgical staffing levels are comparable to other units.'

"A further analysis of paediatric surgical mortality data undertaken by NICOR has concluded there is not a safety problem in Leeds or in any other children's heart surgery centre in England.

"We are aware of the upset and worry this process has caused to our patients and families as well as the dedicated staff of the unit. We can only apologise on behalf of all concerned for the worry and uncertainty they have suffered as a consequence of this process.

“Our partners and ourselves are now in a position to reassure those families coming to Leeds for treatment that our hospital is as safe as any children’s heart surgery centre in England.

“I would personally like to thank the families, our local stakeholders and most particularly our staff for their continued support and understanding during what has been an extremely difficult and worrying time.

“I would particularly like to acknowledge the work done by our staff to minimise the impact on children of the decision to pause surgery whilst recognising the strain this has placed on everyone connected with the service.

“I know that staff are keen to return to providing safe and effective care for their patients and we will work with them to ensure that the reintroduction of the service proceeds as planned.”

[sec 40]

From: Bewick Mike (NHS ENGLAND)

Sent: 08 April 2013 18:44

To: [sec 40]

Cc: [sec 40]; Keogh Bruce (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [sec 40]; Simpson Lyn (NHS ENGLAND); [sec 40]; [sec 40], [sec 40]

Subject: Re: Conference Call at 8pm

one other issue

OSC Leeds on the 10th

Thanks

Dr Mike Bewick

Medical Director NHS CB North

On 8 Apr 2013, at 18:39[sec 40] wrote:

All, suggested agenda for the 8pm – [Out of scope] iii) feedback on discussion with Trust (Lyn).

[sec40]

Email - 151

[out of scope]

Email - 152

From: [sec 40]

Sent: 09 April 2013 09:05

To: Bruce.Keogh@dh.gsi.gov.uk; Keogh Bruce (NHS ENGLAND)

Cc: Jeremy Hunt MP; david.nicholson@dh.gsi.gov.uk; Douglas Colin (NHS ENGLAND); s22]; com.easterling@nhs.net; [sec 40]; [sec 40]; [sec 40]

Subject: BRUCE TO SEE FORWARD TO M BEWICK Paediatric Heart Surgery at Leeds (1)

Dear Sir Bruce and colleagues

This message has been written in some haste, and I apologise for any lack of formality. I am also aware that NHS email addresses are changing, and I would be grateful for your cooperation to ensure that it reaches all of its intended recipients.

I was enormously concerned to read in yesterday's media release from NHS England that particular aspects of the Leeds service were "uniquely bad" and that there were other residual concerns about some aspects of the service.

You may already be aware that we have a meeting of the Joint Health Overview and Scrutiny Committee for Yorkshire and the Humber scheduled for 11am tomorrow (Wednesday 10 April) in Leeds Civic Hall and we would be grateful if you could supply detailed information about the matters that are causing concern to NHS England. If necessary the committee can consider some of these matters in confidence, but in order to do this they must be clearly identified as confidential. We originally hoped that both you and Sir Roger Boyle would be able to attend our meeting. I understand that this will not be possible, but in view of the seriousness of the matters being raised, we would be grateful if you could provide an alternative spokesperson, and also fix a date in the near future when you will both be able to visit Leeds and discuss these matters with the Joint Scrutiny Board.

I shall be attending another Scrutiny Board this morning, but my colleagues in the Leeds Scrutiny Support Unit will be able to make arrangements on my behalf. I would be grateful if you could instead contact [sec 40] (email address above) or [sec 40]

[sec 40]

Email 153 regarding email 152

From: Keogh Bruce (NHS ENGLAND)

Sent: 09 April 2013 09:32

To: Bewick Mike (NHS ENGLAND)

Cc: Dalton Ian (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40]

Subject: Fwd: Paediatric Heart Surgery at Leeds (1)

Mike,

Will you be going to this? In any event we should send [sec 40] the NICOR report.

Bruce

Sir Bruce Keogh

National Medical Director

Email - 154

From: [sec 40]

Sent: 09 April 2013 10:20

To: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); [sec 40] ; Douglas Colin (NHS ENGLAND)

Cc: Dalton Ian (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)

Subject: Urgent - LTHT - update note for David Nicholson (1)

All,

David's office have asked for an update on yesterday's proceedings (i.e. what decisions were taken and on what basis, what happens next etc).

I've draft the attached but would be grateful for contributions and comments from colleagues: particularly on the second-stage review and the response/ engagement with stakeholders going forward. I've included the background to the pause, primarily so we have one note that captures events.

Mike, Lyn, Colin, [sec 40] – could you please let me have any comments by noon so Ian can review a revised draft and we can get this to David's office by mid-afternoon.

Thanks, [sec 40]

Email 155 regarding email 152

From: [sec 40]

Sent: 09 April 2013 10:21

To: Dalton Ian (NHS ENGLAND); [sec 40]; Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]

Cc: Douglas Colin (NHS ENGLAND); [sec40]; [sec 40]

Subject: FW: Paediatric Heart Surgery at Leeds (5)

Importance: High

All,

Please see the email below, received by David, which contains a request for information on NHS England's concerns around LTHT ahead of a JOSC meeting tomorrow morning.

Grateful to know how this will be handled.

Many thanks,

[Sec 40]

Email 156

[sec 42]

Attachment 2 from email 156

Available in the public domain - http://www.judiciary.gov.uk/Resources/JCO/Documents/Judgments/judgment-leeds-heart-case.pdf

Email - 157

From: [Sec 40]

Sent: 09 April 2013 09:40

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: Personal

Dear Bruce

I heard you on the radio this morning yet again entering the lists in relation to Leeds.

It may not be my place to comment on this sort of thing, but based on what I have read and heard in the media about this, I just wanted you to know that the action you have taken seems to me precisely the sort of thing which should happen to protect patients from risk when concerns are raised which cannot be dismissed immediately. I regard this as an encouraging sign that there has indeed been a change in organisational attitude since Stafford.

Kind regards

[sec 40]

Sent from my iPad

Email - 158

From: Fragile Hearts [mailto:fragilehearts@mail.com]

Sent: 09 April 2013 15:51

To: Keogh Bruce (NHS ENGLAND); commissioningboard nhs (HEALTH AND SOCIAL CARE INFORMATION CENTRE - X26)

Subject: FORWARD TO M BEWICK Fw: Re: Meeting with Parents re:LGI

Importance: High

Good Afternoon,

Although Steve, has very kindly agreed to get these looked at we are concerned that we had already sent this to the CQC and today found out they hadnt been passed to NHS England (in light of whats happened over the last two weeks we were a little dissapointed with this).

We are sending these statements to you as we at Fragile Hearts fully supported the suspension of surgery at LGI due to concerns from our members who's chidlren have died or been permanently affected by their poor care.

We wish you to read the statements to be able to act appropriately or we are trusting others to present the information to you accurately.

Fragile Hearts is made up of a group of parents who have been affected by bad care at various units throughout the UK although our main body is LGI parents at the moment. We are concerned by the amount coming forward.

We await your input.

Regards

Fragile Hearts

----- Original Message -----

From: Fragile Hearts

Sent: 04/09/13 01:20 PM

To: Steve Field

Subject: Fw: Re: Meeting with Parents re:LGI

(Sorry, I am clearly trigger happy today and sent before they were all attached).

We were abit dismayed that the CQC had not sent these to you in light of what has happened in the last two weeks. And therefore are sending these to you.

The most terrifying of these is [details withheld under Sec 40]. Unfortunately we do not know of the other patients.

Whilst we are aware that there are clearly some excellent staff at the unit (who guided [Sec 40] not to donate [Sec 40] organs and who asked for a case review of the death).

We are seriously concerned about;

- the amount of pressure put on parents to terminate

- the amount of surgical procedures carried out based on very old or no cardiac catheter/TOE/CT/MRI results.

- the amount of children sent home for palliative/comfort care after being told there's no hope when in fact the condition is perfectly treatable at another unit

- the affect of not referring children to other units more skilled to carry out the operation in question

- the ingrained "bad"(for want of a better word) attitude of staff throughout the hospital; parents regularly shouted at.

- the lack of truth given to parents when things go wrong

- the use of malicious allegations (such as accusing parents of having MSBP in order to prevent referral) ref: parent EF An-non may be persuaded to discuss these allegations with you privately.

- the amount of surgical procedures abandoned mid operation

- the way complaints are handled; one of our parents called a liar

- the amount of case notes that "disappear" mysteriously

- the misleading comments of staff of LGI trust, CHSF & SOS - especially in regard to NHS Englands statement regarding the "phased re-introduction of surgery" and worry that parents and the public of Yorkshire & the Humber are not being given the full information in order to make an informed choice about whether to put their children through surgery at that unit.

As a result of a trend that has occurred amongst our parents we looked at Fontan on CCAD and notice large anomalies amounts tha patients undergoing the first stage - bidrectional cavopulmonary shunt and the final stage - eg Fontan.

If you look at Bristol, Southampton and Freeman, they have all carried out almost exactly the same number; which would fit due to the population size each centre serves.

Then look at Liverpool, they have carried out 49 procedures. Leeds have a fairly similar population as Liverpool, yet they have carried out only 8, with 1 death! Even Belfast, who serve a population of only 1 million and do not have a permanent resident surgeon performed 6 in the last 3 years!

When you look at the Funnel Plot of this data, it shows how close to the green line Leeds are for this procedure.

leads to the question; when Leeds should be doing roughly 40-50 Fontans over this 3 year period, where have the other 30-40 gone?

Statistically, if Leeds were to perform 1 more Fontan and it went badly they would cross the red line. This seems to be driving a change that is not in line with any other centre in the Country.

To me, there are only 4 potential avenues for this:

1. The outcome has been negative and the child has been dropped into miscellaneous

2. To avert potential risk through surgery, the child has been sent home as palliative and therefore will not show up on any database

3. The child has been referred to another centre

4. The decision has been made to perform a different procedure, which clinically is totally inappropriate and would result in significantly higher chance of multiple surgeries and greater risk for the child.

If this isn't flagged at the very highest level then these children will disappear and no one will ever know if they lived or died!

We have another 3 we which I am waiting on the information to be sent to me. Currently, we have also early contact with another two cases.

However, if you could kindly contact [Sec 40] CQC quoting enquiry reference [Sec 41], [Sec 40] will gladly advise of any further cases you need to look at.

As I believe that due to the investigation started [Sec 40] has requested data from Leeds on all brain damaged cases, those sent home for palliative care, and those referred elsewhere.

Kind regards,

Fragile Hearts Parents

----- Original Message -----

From: Fragile Hearts

Sent: 04/09/13 12:34 PM

To: Steve Field

Subject: Re: Meeting with Parents re:LGI

Hi Steve,

Thank you for that. We have shared our statements with the CQC and have just found out that they havent shared these statements with NHS England.

----- Original Message -----

From: Steve Field

Sent: 04/08/13 10:38 PM

To: Fragile Hearts

Subject: Re: Meeting with Parents re:LGI

Thank you - I have forwarded to Dr Mike Bewick who is my colleague - He is the Medical Director for our Northern region and like me is a deputy national medical director - but he is leading re the North and Leeds in particular

Best Wishes

Steve

Professor Steve Field CBE FRCP FFPH FRCGP

Deputy National Medical Director - Health Inequalities

NHS England

Chairman, National Inclusion Health Board &

General Practitioner at Bellevue Medical Centre, Birmingham

Follow me on Twitter! @profstevefield

My Personal Assistant is [s40]

[sec 40]’s direct line is [s40] email [s40]

Sent from my iPad

On 8 Apr 2013, at 22:12, "Fragile Hearts" <fragilehearts@mail.com> wrote:

> Dear Mr Field/Bewick

>

> Further to our previous discussion, we would like to ask for a meeting at your earliest convenience with NHS England over our concerns regarding LGI 's children's heart unit.

>

> Our parents, who have joined together as a means of support after our children were left either brain damaged, dead or seriously disabled as a result of the care received from Leeds General Infirmary.

>

> We wish to emphasise that we are campaigning to improve outcomes of children's heart surgery throughout the UK in the wake of the Kennedy review & seek only to ensure the full weight of our evidence is heard.

>

> We have serious misgivings about the unit continuing surgery as the deep rooted issues have been raised on numerous occasions and three investigations have still failed to improve clinical outcomes and mortality rates.

>

> We look forward to hearing from you.

>

> Fragile Hearts Parents.

Attachments from email 158

[Contents withheld under sec 40 and sec 41].

Email - 159

From: Bewick Mike (NHS ENGLAND)

Sent: 09 April 2013 17:16

To: Keogh Bruce (NHS ENGLAND)

Cc: Dalton Ian (NHS ENGLAND); [sec 40]; Douglas Colin (NHS ENGLAND); [s40]

Subject: Fwd: 2013-04-09 Data Comparison Information.docx

Bruce

Please see a possible summary document for the OSC tomorrow.

Is this OK?

Mike

Dr Mike Bewick

Medical Director NHS CB North

Begin forwarded message:

From: [sec 40]

To: "Bewick Mike (NHS ENGLAND)" <s22>

Cc: [sec 40]

Subject: 2013-04-09 Data Comparison Information.docx

Dear Mike

Please find attached the initial data and subsequent re-analysed data as per our report from yesterday. Please let me know if you require anything further. I will be here until just before 6pm and back in at 7.30am if you need anything else.

Best wishes,

[sec 40]

National Centre for Cardiovascular Prevention and Outcomes (incorporating NICOR)

[sec 40]

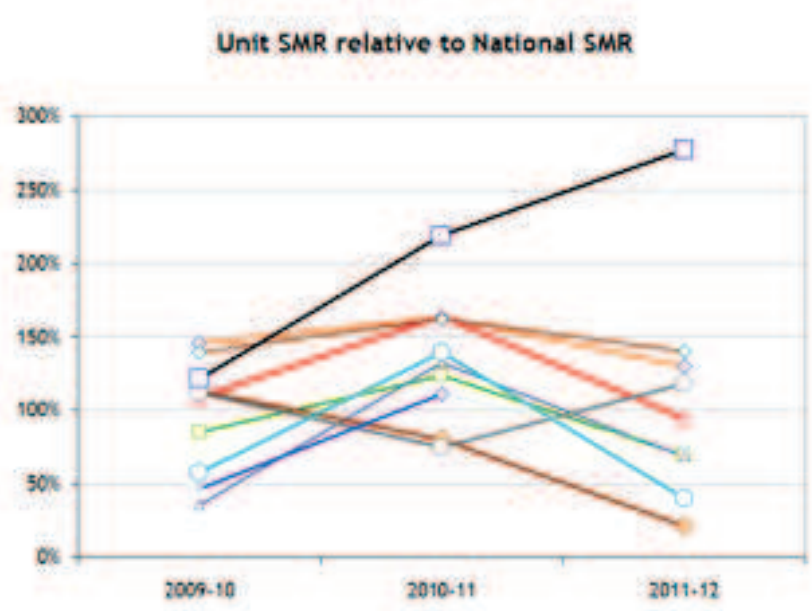
Attachment from above email 159

PAEDIATRIC CARDIAC SURGICAL DATA

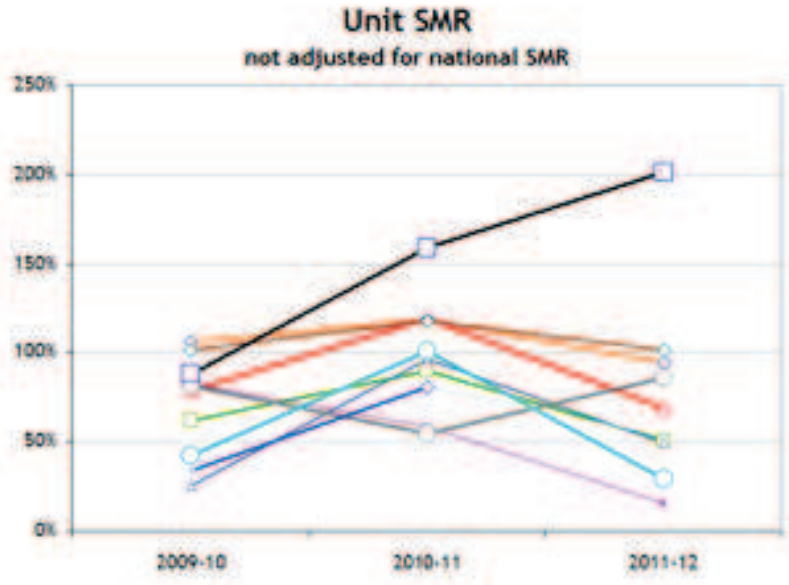
CONTENTS

Excludes weight for 130 cases and approx. one third of 2011/12 activity

Graph 1

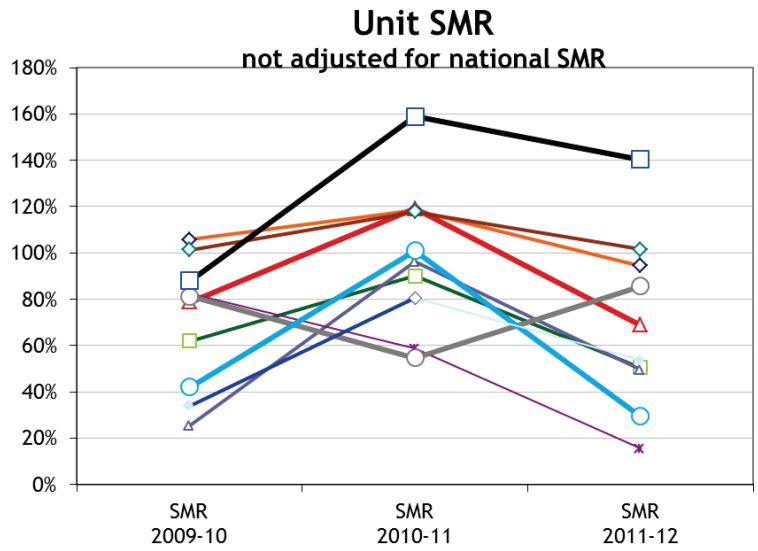


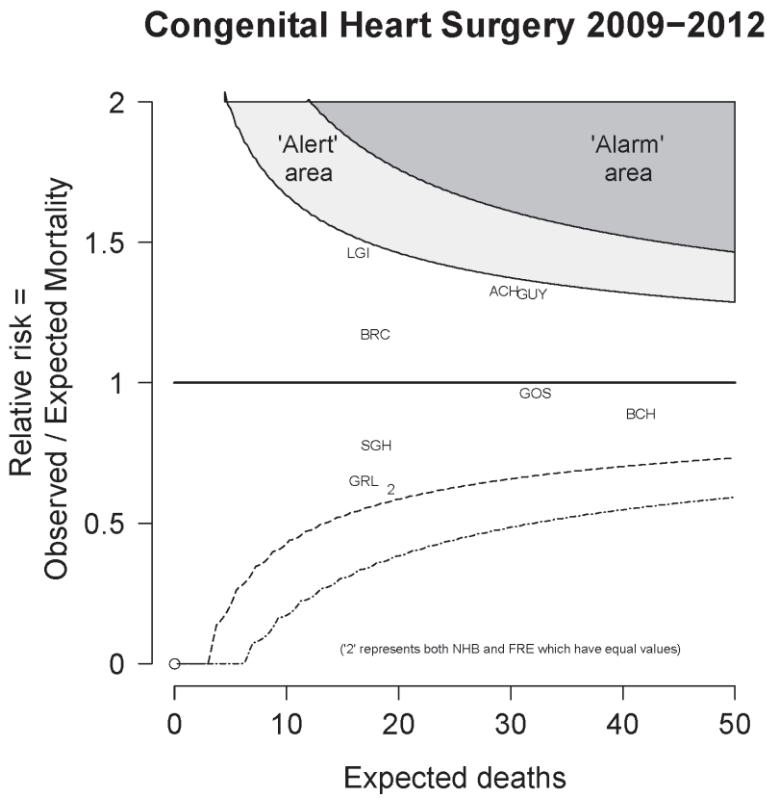
Graph 2



Includes weight of 130 cases but missing data for 18 cases

Graph 3





An average Unit has a 1 in 40 chance of being in the 'Alert' area, and 1 in 1000 chance of 'Alarm' area

Unit	Missing weight in 2011-12 data
BRC	0%
GOS	0%
GUY	0%
NHB	0%
RAD	0%
SGH	0%
ACH	0.3%
GRL	0.5%
BCH	1.2%
FRE	1.4%
LGI	34.7%

Table B: data as submitted August 2012

Conclusions

- Using data available on 05/04/13, no centre crosses the standard criterion for an 'alert', neither in individual years nor for the pooled 3 year period.

- By definition, around half of all Units will have more deaths than 'expected'. It is therefore inappropriate to label centres as 'blameworthy' for these deaths, as the analysis does not show a significantly increased mortality rate.

- In 2011-12, LGI experienced nine 30-day deaths compared to 6.5 expected (recalibrated). This is compatible with chance variation.

- Over the pooled 3-year period 2009-2012, LGI experienced 24 deaths compared to 16.5 expected (recalibrated), a relative risk of 1.46. With this pooled data, they were very close to the 'alert' threshold, as were 2 other centres.

- These findings do not indicate a 'safety' problem in any centre.

- However, centres with 3-year outcomes approaching the alert threshold may deserve additional scrutiny and monitoring of current performance.

Email - 160

From: Keogh Bruce (NHS ENGLAND)
Sent: 10 April 2013 08:33
To: Dalton Ian (NHS ENGLAND)
Cc: Bewick Mike (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Easterling Tom (NHS ENGLAND)
Subject: Fwd: RESTRICTED:Parent E mails requesting for info to be sent to NHS England

Ian,

Ian it seems to me that we need a process for dealing with these.

Any thoughts?

Sir Bruce Keogh

National Medical Director

Begin forwarded message:

From: "Westhead, Deborah" <Deborah.Westhead@cqc.org.uk>

Date: 10 April 2013 08:18:25 BST
To: "Bruce.Keogh@dh.gsi.gov.uk" <Bruce.Keogh@dh.gsi.gov.uk>
Cc: "Bewick Mike (NHS ENGLAND)" <s22>, Malcolm Bower-Brown <Malcolm.Bower-Brown@cqc.org.uk>
Subject: RESTRICTED:Parent E mails requesting for info to be sent to NHS England

Dear Bruce

Firstly let me introduce myself. I am the Head of Regional Compliance for CQC in the NE, and alongside Malcolm Bower-Brown DDO, we have been liaising closely with your colleagues in relation to Leeds Teaching Hospital.

As you may be aware CQC has received a number of concerns from parents regarding Leeds Teaching Hospitals in relation to congenital heart services. Over the past 10 days we have continued to participate in all QSGs and Risk Summits.

In relation to these parents concerns, we have already shared the high level anonymised detail with NHS England and the TDA; and we continue to speak with a number of parents. [sec 41]

If you have any questions regarding this mail and its contents then please do not hesitate to contact me further. We also look forward to working with you further in relation to the development of the ToR for the second phase of the review. [Sec 41]

Regards

Debbie

Debbie Westhead

Head of Regional Compliance North East

Operations Directorate

Care Quality Commission

Mobile: [s40]

deborah.westhead@cqc.org.uk

By Post:

Care Quality Commission North East

Citygate

Gallowgate

Newcastle upon Tyne

NE1 4PA

Attachment 1 from Email - 160

[Letters of complaint – withheld under s38 and s40]

Attachment 2 from Email - 160

[Letters of complaint – withheld under s38 and s40]

Attachment three from E-mail - 160

[Letters of complaint – withheld under s38 and s40 - attachment from email 160]

Attachment five from E-mail - 160

[Letter of complaint – withheld under s38 and s40]

Email 161 – reply to email - 153

From: McCarthy Bill (NHS ENGLAND)

Sent: 09 April 2013 09:53

To: Keogh Bruce (NHS ENGLAND); Bewick Mike (NHS ENGLAND)

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [s40]

Subject: RE: Paediatric Heart Surgery at Leeds (2)

I presume someone is going for NHS England?

Bill

Email 162 - reply to email 161

From: Dalton Ian (NHS ENGLAND)

Sent: 09 April 2013 09:55

To: McCarthy Bill (NHS ENGLAND)

Cc: Keogh Bruce (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [s40] [s40]

Subject: Re: Paediatric Heart Surgery at Leeds (3)

Yes they will be. We need to determine exactly who though as this hearing appears to cover both Safe and Sustainable and more recent events. I will be talking to key parties this afternoon and working with them to determine our representation.

Ian

Sent from my iPad

Email 163 – reply to email - 153

From: Bewick Mike (NHS ENGLAND)

Sent: 09 April 2013 10:08

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Paediatric Heart Surgery at Leeds (4)

Bruce

At present I am going

Thanks

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 164 – regarding email 155

From: [sec 40]

Sent: 09 April 2013 10:41

To: [sec 40] Dalton Ian (NHS ENGLAND); [sec 40] Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]

Cc: Douglas Colin (NHS ENGLAND); [sec 40]

Subject: RE: Paediatric Heart Surgery at Leeds (6)

Hi [sec 40]

Colin is on the case with this, in partnership with [sec 40]

[sec 40]

Email - 165

From: [sec 40]

Sent: 09 April 2013 10:54

To: Keogh Bruce (NHS ENGLAND)

Subject: RE: Paediatric Heart Surgery at Leeds (7)

Thanks [sec 40] – presume Mike is sending him the NICOR report (or are you?)

[sec 40]

From: Keogh Bruce (NHS ENGLAND)

Sent: 09 April 2013 10:41 – **regarding email 163**

To: [sec 40]

Subject: FW: Paediatric Heart Surgery at Leeds

[sec 40] please see below, hopefully this answers your question of the JOSC request

Kind regards

[sec 40]

Email 166 – regarding email - 154

From: Bewick Mike (NHS ENGLAND)

Sent: 09 April 2013 11:20

To: [sec40]

Cc: Simpson Lyn (NHS ENGLAND); [sec 40]; Douglas Colin (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)

Subject: Re: Urgent - LTHT - update note for David Nicholson (2)

[sec 40]

I think the document is accurate and succinct. The first risk summit should list membership, which was as of the second with Local Authority Director of Children's services and the local exec councillor with that brief. We also had the services of Allan Goldstone a Consultant Paediatric intensivist from GOGH's CT surgery unit.

As I called the review I will coordinate it on behalf of NHS England. We need to identify a clinician to lead the work on complaints and issues which will undoubtedly arise from the dossier (I am assured it will be sent). I think we need to agree with Sir Bruce who that will be. I will make two members of my team available to support that person and I am sure the Area Team will do so. I envisage we will need several clinicians to investigate. We need to amend the TOR's post the rapid review.

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 167 – regarding email 154

From: Douglas Colin (NHS ENGLAND)

Sent: 09 April 2013 11:21

To: [sec 40] ; Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); [sec 40]

Cc: Dalton Ian (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)

Subject: RE: Urgent - LTHT - update note for David Nicholson (3)

[sec 40]

I've made a couple of small changes and added a small section on comms.

Colin

Colin Douglas

Director of Communications

NHS England

Mob: [sec 40]

Attachment from email above 167

Leeds Hospital paediatric cardiac surgery

Background: concerns about the service

1. Earlier this year, the office of Sir Bruce Keogh received correspondence from the Children's Heart Federation expressing concern that children were not receiving the level of service that should be provided to them at the Leeds Unit, and that the Leeds Unit was not referring appropriately to other centres.

2. During 2013 LTHT Medical Director received complaints from cardiologists in LTHT alleging poor communication and poor team-working within the Unit by one of their congenital cardiac surgeons. An investigation of this surgeon's outcome data, use of surgical devices and approach to clinical governance indicated that [sec40] performance fell short of that which was expected. In March 2013 after discussion with the Trust Medical Director, the surgeon in question agreed to voluntary exclusion from operating on children with congenital heart disease.

3. LTHT have had difficulty in recruiting permanent consultant surgeon staff to the Unit. As a result, operations have been undertaken by the two permanent consultant staff, and two locum surgeons.

4. On 26 March 2013 Sir Bruce Keogh received two telephone calls from respected paediatric cardiac surgeons. One expressed similar concerns to the Children's Heart Federation and the second raised concerns over surgical staffing.

5. On 27 March 2013, Sir Bruce Keogh was provided with a first draft of data from the Central Cardiac Audit Database (CCAD). This data revealed mortality, expressed as standardised mortality ratios (SMR) for Units in England providing congenital cardiac surgery. The data was the first presentation of results for overall Unit performance, rather than condition-specific data which has been available hitherto. The data covered the period 2009 to 2012 and indicated that in years 2010-2011 and 2011-2012 the mortality ration in Leeds was higher than in other centres, and the gap between Leeds and other Units was widening. The SMR on this first draft was approximately double the national average for the Leeds Unit, taking casemix in to account.

Decision to suspend surgery

6. Sir Bruce Keogh, and the NHS England Area Director and Medical Director for West Yorkshire, met the LTHT Chairman, Chief Executive and acting Medical Director on 28 March 2013 to discuss the above concerns. A CQC representative attended this meeting. Following discussion, LTHT decided to suspend surgery pending a detailed independently supported and validated review, which would look at all contributory factors.

7. Steps have been taken by NHS England to ensure that patients are not adversely affected by the suspension of the Leeds service. We have worked closely with other providers to ensure that there is sufficient capacity available and that patients can be treated appropriately.

First risk summit and first-stage review

8. A risk summit, chaired by Dr Mike Bewick (Deputy Medical Director of NHS England), and attended by representatives from NHS England, NTDA, QQC and the Trust met on 4 April 2013, to discuss the suspension of paediatric congenital heart surgery at LTHT.

9. Representatives at the summit spent a number of hours considering the full range of issues leading to the suspension of surgery and set out the position of NHS England and the process to be followed in order to be able to reach a decision to a phased restart of surgery at the Trust.

10. The summit concluded that NHS England and the Trust would work together over the weekend to secure further assurance about key outstanding issues concerning governance and risk. This included the issues arising from the concerns raised by other professionals and parents, and the remaining concerns about staffing levels.

11. This process involved:

a) The validation by The National Institute for Cardiovascular Outcomes Research (NICOR) of the data provided yesterday by the Trust, and its review by independent clinical experts in this narrow field; and,

b) A review of the clinical governance in the unit. The investigation team will aim to assessassessed that the services available for paediatric cardiac surgery are of a standard consistent with other units in the country with a similar case mix.

12. This evaluation looked in detail at current working practices across paediatric cardiac surgery and intensive care. It will also looked at details of the current protocols and policies within the unit and interview staffed involved in the care of these children. This work was led by Professor John Wallwork and other independent clinicians.

Conclusion of the first stage-review

13. NICOR's validation of the dated data submitted by the Trust last week, concluded that the unit's performance over the period 2009-12 did not cross the standard criterion for an 'alert', neither in individual years nor for the pooled 3 year period. By definition, around half of units will have more deaths than 'expected'; and it is therefore inappropriate to label centres as 'blameworthy' for these deaths, as the analysis does not show a significantly increased mortality rate.

14. In 2011-12, LTHT experienced nine 30-day deaths compared to 6.5 expected (recalibrated). This is compatible with chance variation. Over the pooled 3-year period 2009-2012, LTHT experienced 24 deaths compared to 16.5 expected (recalibrated), a relative risk of 1.46. With this pooled data, they were very close to the 'alert' threshold, as were 2 other centres.

15. The NICOR report concluded that '[t]hese findings do not indicate a 'safety' problem in any centre.'

16. The review of the clinical governance arrangements in the unit reported a number of very positive aspects of practice are present in the service provided by this Unit. No serious concerns have been found in relation to governance, staffing, or patient management pathways and the arrangements for referrals to other Units.

17. In terms of governance, staffing and patient pathway management, the review team found no reason for on-going closure of the Unit. A number of recommendations were made to improve the service, where some concerns have been identified.

Second risk summit and decision to a phased resumption of surgery

18. The evidence collated over the weekend informed a second risk summit at 14:30 on Monday 8 April, again chaired by Dr Mike Bewick and attended by representatives from NHS England, NTDA, QQC and the Trust. The risk summit recommended that surgery could commence with a phased approach from Wednesday 10 April.

19. Sir Bruce and I subsequently reviewed the conclusions from NICOR and the governance reviews along with the recommendation of the risk summit, and agreed the risk summit recommendation was appropriate and should resume gradually over the next month, starting with lower-risk cases.

20. However, the review found that the Trust's data for monitoring surgical results was uniquely poor, triggering concerns about death rates and gaps in information, and we have asked for significant improvements to the way the unit monitors the quality of care so it can be compared with similar services.

Second-stage review

21. A second stage of the review will now begin looking at other areas where improvement may be necessary. This will comprise:

- a review of the way complaints from patients are handled, including the issues raised by the Children's Heart Federation; and,
- completion of a review of patients' case notes over the last three years.

22. In addition, NHS England will further explore issues that have been raised about referral practices to ensure they are clinically appropriate. The findings of this

second stage of the review will be considered at a future meeting of the Quality Surveillance Group and this may lead to a further risk summit if required.

Communications

22.23. Yesterday's national media focus was on the death of Baroness Thatcher, leaving very little space to cover other issues. As a result, our media activity has been limited (but effective). Bruce did an interview yesterday evening with one regional TV news programme (BBC Look North), and this morning's Today Programme. There is some twitter noise from local MPs raising questions about NHS England's decision making process, with Greg Mulholland being the most vociferous but not the only parliamentary voice on this. Media and stakeholder attention is increasingly focusing on data quality, and how we justify our reference to this as being "uniquely poor". BBC World at One and tomorrow's Joint Health Overview and Scrutiny Committee are both focusing on this issue.

Bruce/ Mike – is there any more we can add on the review? TofR? Who will lead it? Thanks.

Media and stakeholder management

Colin/ Mike/ [s40] – anything to add please?

Ian Dalton, Chief Operating Officer/ Deputy Chief Executive

9 April 2013

Email - 168

From: [sec 40]

Sent: 09 April 2013 12:57

To: Keogh Bruce (NHS ENGLAND)

Subject: Risk Summit

Dear Bruce

I hope this email finds you well.

Your very good interview with John Humphries this morning reminded me to contact you. I understand that one of the meetings about the children's heart surgery at Leeds was labelled as a risk summit. As far as I am aware HEE and/or the Yorkshire and the Humber LETB were not invited as per the NQB protocol for a risk summit. This may have been an over sight in the heat of the moment but I would be grateful if you would confirm that HEE and the relevant LETB will be invited to all future risk summits.

Every best wish

[sec 40]

Email - 169

[out of scope]

Email - 170

From: Bewick Mike (NHS ENGLAND)

Sent: 09 April 2013 16:39

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Paediatric Heart Surgery at Leeds (7)

Bruce

I am preparing a short paper with the help of NICOR to reinforce what was said in your interview tomorrow. I will pass it by you asap

Best

mike

Dr Mike Bewick

Medical Director NHS CB North

On 9 Apr 2013, at 16:37, "Keogh Bruce (NHS ENGLAND)" <s22> wrote: [regarding email 152]

Mike,

Please see the email below – are you aware of the request for information in preparation for a meeting tomorrow at Leeds Civic Hall?

Many thanks

[sec40]

Email - 171

From: Keogh Bruce (NHS ENGLAND)

Sent: 10 April 2013 08:41

To: [sec 40]

Subject: Re: Leeds

[sec 40],

Many thanks!

Bruce

Sir Bruce Keogh

National Medical Director

On 9 Apr 2013, at 22:45, [sec 40] wrote:

> Bruce,
>
> Just thought I would drop you a note of support. I believe strongly your decision re Leeds was the right one. Safety first, every time. But it shows we have a long way to go to convince the public about these issues.
>
> I have been very active on Twitter on this issue. It staggers me how personal vested interest from clinical professionals can trump patient safety. But, hey, challenging the status quo of incumbent producers is what good commissioning is. I know, I've done it and still have the scars!
>
> [sec 40]

Email - 172

From: Simpson Lyn (NHS ENGLAND)

Sent: 10 April 2013 09:53

To: Bewick Mike (NHS ENGLAND)

Cc: Keogh Bruce (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND)

Subject: Re: RESTRICTED:Parent E mails requesting for info to be sent to NHS England

Mike what is the problem why is there a delay?

Sent from my iPhone

On 10 Apr 2013, at 09:07, "Bewick Mike (NHS ENGLAND)" <s22> wrote: [regarding email 160]

Bruce

I have started to collect them but a I don't have a permanent PA for the next 2 weeks I think all cases should be collected together centrally

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 173

From: Fragile Hearts [mailto:fragilehearts@mail.com]
Sent: 10 April 2013 12:50
To: Keogh Bruce (NHS ENGLAND); commissioningboard nhs (HEALTH AND SOCIAL CARE INFORMATION CENTRE); Field Steve (NHS BIRMINGHAM SOUTH AND CENTRAL CCG)
Subject: FORWARD TO MB Further Evidence - LGI
Importance: High

Good Afternoon,

Further to our email yesterday, please find attached a further 3 statements from parents - bringing the total you should have received to 11 for LGI alone. Our concerns were also given in a letter to Jeremy Hunt on 24th March 2013 and we are still awaiting a response.

Please do not hesitate to contact us if you require any further information. We now await your response.

Kind regards,

Fragile Hearts Parents Group.

Emails attached – redacted [s40], [s41]

Email - 174

From: [sec 40]

Sent: 11 April 2013 13:13

To: [sec 40]

Cc: [sec 40]; Simpson Lyn (NHS ENGLAND); Douglas Colin (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40] (NHS ENGLAND); Dalton Ian (NHS ENGLAND)

Subject: FOR INFO Update for DN - FW: Leeds

[sec 40]

As discussed, you've received the attached request from David's office for a further update note. Attached is the quick update I prepared on Tuesday which they've already had. This new update should therefore cover:

i) feedback on yesterday's OSC (Mike/ Colin);

ii) update on the terms of reference and process for the second-stage review (Mike/ [sec 40]);

iii) operational arrangements during the phased restart of surgery (Lyn).

You said that you are already pulling a similar note together for PQs next week. Given it's the Board tomorrow, could you ensure that there is a draft that we can clear by 10am.

Thanks, [sec 40] Email: [sec 40]

From: [sec 40]

Sent: 11 April 2013 12:37

To: Easterling Tom (NHS ENGLAND); [sec 40] [sec 40]

Cc: [sec 40]

Subject: RE: Leeds

All,

Apologies sent again but this time copied in to [sec 40].

[sec 40] The Chair and Chief Executive's Office, NHS England

Mobile: [s40]

From: [sec 40]

Sent: 11 April 2013 12:36

To: Easterling Tom (NHS ENGLAND); [sec 40], [sec 40]

Subject: RE: Leeds

All,

Tom emailed earlier in the week to request an up to date briefing on Leeds by close of play Friday. Just to flag that Tom is on leave so could I ask that the briefing is sent to both [sec 40] and myself by 4pm on Friday. This will ensure we can get something to David and Malcolm to read over the weekend.

Thanks

[sec 40]

Mobile: [sec 40]

Attachment from email 174

Leeds Hospital paediatric cardiac surgery

Background: concerns about the service

Earlier this year, the office of Sir Bruce Keogh received correspondence from the Children's Heart Federation expressing concern that children were not receiving the level of service that should be provided to them at the Leeds Unit, and that the Leeds Unit was not referring appropriately to other centres.

During 2013 LTHT Medical Director received complaints from cardiologists in LTHT alleging poor communication and poor team-working within the Unit by one of their congenital cardiac surgeons. An investigation of this surgeon's outcome data, use of surgical devices and approach to clinical governance indicated that [sec 40] performance fell short of that which was expected. In March 2013 after discussion with the Trust Medical Director, the surgeon in question agreed to voluntary exclusion from operating on children with congenital heart disease.

LTHT have decided not to recruit permanent consultant surgeon staff to the Unit because of the uncertainty surrounding its future. As a result, operations have been undertaken by the two permanent consultant staff, and two locum surgeons.

On 26 March 2013, Sir Bruce Keogh received telephone calls from two paediatric cardiac surgeons and an eminent cardiologist. They expressed similar concerns to the Children's Heart Federation and the concerns over surgical staffing.

On 27 March 2013, Sir Bruce Keogh was provided with a first draft of data from the Central Cardiac Audit Database (CCAD). This data revealed mortality, expressed as standardised mortality ratios (SMR) for Units in England providing congenital cardiac surgery. The data was the first presentation of results for overall Unit performance, rather than condition-specific data which has been available hitherto. The data covered the period 2009 to 2012 and indicated that in years 2010-2011 and 2011-2012 the mortality ratio in Leeds was higher than in other centres, and the gap between Leeds and other Units was widening. The SMR on this first draft was approximately double the national average for the Leeds Unit, taking casemix in to account.

Decision to suspend surgery

Sir Bruce Keogh, and the NHS England Area Director and Medical Director for West Yorkshire, met the LTHT Chairman, Chief Executive and acting Medical Director on 28 March 2013 to discuss the above concerns. A CQC representative attended this meeting. Following discussion, LTHT decided to suspend surgery pending a detailed independently supported and validated review, which would look at all contributory factors.

Steps have been taken by NHS England to ensure that patients are not adversely affected by the suspension of the Leeds service. We have worked closely with other providers to ensure that there is sufficient capacity available and that patients can be treated appropriately.

First risk summit and first-stage review

A risk summit, chaired by Dr Mike Bewick (Deputy Medical Director of NHS England), and attended by representatives from NHS England, NTDA, QQC and the Trust met on 4 April 2013, to discuss the suspension of paediatric congenital heart surgery at LTHT.

Representatives at the summit spent a number of hours considering the full range of issues leading to the suspension of surgery and set out the position of NHS England and the process to be followed in order to be able to reach a decision to a phased restart of surgery at the Trust.

The summit concluded that NHS England and the Trust would work together over the weekend to secure further assurance about key outstanding issues concerning governance and risk. This included the issues arising from the concerns raised by other professionals and parents, and the remaining concerns about staffing levels.

This process involved:

The validation by The National Institute for Cardiovascular Outcomes Research (NICOR) of the data provided yesterday by the Trust, and its review by independent clinical experts in this narrow field; and,

A review of the clinical governance in the unit. The investigation team assessed that the services available for paediatric cardiac surgery are of a standard consistent with other units in the country with a similar case mix.

This evaluation looked in detail at current working practices across paediatric cardiac surgery and intensive care. It will also looked at details of the current protocols and policies within the unit and interview staffed involved in the care of these children. This work was led by Professor John Wallwork and other independent clinicians.

Conclusion of the first stage-review

NICOR's validation of the data submitted by the Trust last week, concluded that the unit's performance over the period 2009-12 did not cross the standard criterion for an 'alert', neither in individual years nor for the pooled 3 year period. By definition, around half of units will have more deaths than 'expected'; and it is therefore inappropriate to label centres as 'blameworthy' for these deaths, as the analysis does not show a significantly increased mortality rate.

In 2011-12, LTHT experienced nine 30-day deaths compared to 6.5 expected (recalibrated). This is compatible with chance variation. Over the pooled 3-year period 2009-2012, LTHT experienced 24 deaths compared to 16.5 expected (recalibrated), a relative risk of 1.46. With this pooled data, they were very close to the 'alert' threshold, as were 2 other centres.

The NICOR report concluded that '[t]hese findings do not indicate a 'safety' problem in any centre.'

The review of the clinical governance arrangements in the unit reported a number of very positive aspects of practice are present in the service provided by this Unit. No serious concerns have been found in relation to governance, staffing, or patient management pathways and the arrangements for referrals to other Units.

In terms of governance, staffing and patient pathway management, the review team found no reason for on-going closure of the Unit. A number of recommendations were made to improve the service, where some concerns have been identified.

Second risk summit and decision to a phased resumption of surgery

The evidence collated over the weekend informed a second risk summit at 14:30 on Monday 8 April, again chaired by Dr Mike Bewick and attended by representatives from NHS England, NTDA, QQC and the Trust. Also present were Leeds Director of Children's Services and the local councillor with responsibility for children's services. The summit was also support by Allan Goldstone a Consultant Paediatric intensivist from GOGH's cardiac surgery unit. The risk summit recommended that surgery could commence with a phased approach from Wednesday 10 April

Sir Bruce and I subsequently reviewed the conclusions from NICOR and the governance reviews along with the recommendation of the risk summit, and agreed the risk summit recommendation was appropriate and should resume gradually over the next month, starting with lower-risk cases.

However, the review found that the Trust's data for monitoring surgical results was uniquely poor, triggering concerns about death rates and gaps in information, and we have asked for significant improvements to the way the unit monitors the quality of care so it can be compared with similar services.

Second-stage review

A second stage of the review will now begin looking at other areas where improvement may be necessary. This will comprise:

a review of the way complaints from patients are handled, including the issues raised by the Children's Heart Federation; and,

completion of a review of patients' case notes over the last three years.

In addition, NHS England will further explore issues that have been raised about referral practices to ensure they are clinically appropriate.

Sir Bruce will agree the terms of reference for this review and will appoint an independent clinician to undertake this work. We expect the terms of reference to be agree in the next few days. The findings of this second stage of the review will be considered at a future meeting of the Quality Surveillance Group and this may lead to a further risk summit if required.

Capacity and transfer arrangements

We are maintaining the current arrangements with Embrace and bed states, with a central point of coordination for next two to four weeks. This will be so we can assure ourselves that capacity arrangements for any 'transferred' work are robust and safe during the second-phase of the review.

Communications

Yesterday's national media focus was on the death of Baroness Thatcher, leaving very little space to cover other issues. As a result, our media activity has been limited (but effective). Bruce did an interview yesterday evening with one regional TV news programme (BBC Look North), and this morning's Today Programme. There is some twitter noise from local MPs raising questions about NHS England's decision making process, with Greg Mulholland being the most vociferous but not the only parliamentary voice on this. Media and stakeholder attention is increasingly focusing on data quality, and how we justify our reference to this as being "uniquely poor". BBC World at One and tomorrow's Joint Health Overview and Scrutiny Committee are both focusing on this issue.

Ian Dalton, Chief Operating Officer/ Deputy Chief Executive

9 April 2013

Email 175

[out of scope]

Email - 176

From: [sec 40]

Sent: 11 April 2013 19:37

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [sec40]

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec 40]; [sec 40]; [sec 40]

Subject: Weekend Arrangments for Leeds Peadiatric Cardiac Services - On behalf of Lyn Simpson

Importance: High

SENT ON BEHALF OF LYN SIMPSON

Dear Colleagues,

Leeds Paediatric Cardiac Services

It is important that we maintain consistency and provide assurance that as Leeds reintroduce surgical services on a planned / phased basis we have national arrangements in place to manage any surge in capacity and transfer.

My suggestion is the co-ordination element is provided by the National team over the week-end with this reverting to business as usual from Monday. To this end, I will be continuing with routine reporting focusing on capacity and transfers through out and conference calls will be on an exception basis other than a call Sunday evening at 5.30 pm.

Grateful if all could dial into the 5.30 pm Sunday telecom details below

Teleconference details:

[out of scope] (chair: Lyn Simpson)]

Following the teleconference on Sunday a brief note will be sent to Tom Easterling for onward transmission to National Directors advising of the weekend position .Media handling will be dealt with by the Communications team liaising with Mike Bewick, Deputy Medical Director

On-call arrangements

NHS England EPRR Duty Officer single point of contact (SPOC) for

Urgent Paediatric Cardiac issues (including surge / capacity)

Contact [sec 40] [sec 40]

General Resilience Issues

Contact [sec 40] [sec 40]

PICU reporting and transfer arrangements

An updated position on Paediatric bed state and any Paediatric Cardiac transfer arrangements (EMBRACE) will be reported to the circulation list at 10am daily Friday through to Monday. This will be circulated by Paul Dickens

Provided the situation remains stable as of Monday morning the on-going management will revert to business as usual

Regards

Lyn Simpson

National Director of Operations

[sec 40]

[sec 40]

Email 177 – regarding email - 176

From: [sec 40]

Sent: 12 April 2013 10:28

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [sec 40]

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Young Tim (NHS ENGLAND); [sec 40]; Riley Damian (NHS ENGLAND); Gill Harris – s40; [sec 40]

Subject: Leeds Peadiatric Cardiac Services - PICU update

Dear Colleagues

As per the note from Lyn Simpson yesterday evening please find the latest position statement in terms if PICU and Leeds

To confirm no Leeds cardiac transfers in the last 24 hours, and no capacity issues for EMBRACE

The latest update from EBS as of 10.00 am today for PICU

England 11 beds available now with 9 reported in the next 3 -6 hours plus one HDU bed currently available at Royal London

Devolved administrations – 1 bed available now

I will maintain a watching brief on CMS

Thanks

[sec 40]

Email 178

[ss. 41 and 42]

Attachment 1 from email 178

[ss. 41 and 42]

Attachment 2 from email 178

[ss. 41 and 42]

Attachment 3 from email 178

[ss. 41 and 42]

Email 179 regarding email 174

From: [sec 40]

Sent: 12 April 2013 11:54

To: [sec 40]

Cc: Simpson Lyn (NHS ENGLAND); Douglas Colin (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Dalton Ian (NHS ENGLAND); [sec 40]; nhscb media (NHS ENGLAND)

Subject: RE: Update for DN - FW: Leeds (1)

Hi [sec 40]

In response to your e-mail yesterday to [sec 40], please find attached a briefing which addresses each of the points you raised. It has been cleared by Dr Mike Bewick. I trust you will forward it on as appropriate.

Please let me know if you have any queries or require anything further.

Kind regards.

[sec 40]

Attachment from email 179

Leeds Hospital – Paediatric Cardiac Surgery – Update

Background

1. This paper provides an update to the briefing prepared by Ian Dalton on 9 April 2013 and is in response to a request from the office of the Chief Executive.

Meeting with the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

2. On Wednesday 10 April 2013, the Deputy Medical Director of NHS England, Dr Mike Bewick, and the Director (West Yorkshire), Andy Buck, attended the Joint Health Overview and Scrutiny Committee for Yorkshire and Humber to discuss the item on the recent pause in children's heart surgery at Leeds Teaching Hospitals NHS Trust (LTHT). Representatives from the Trust and the CQC were also in attendance.

3. Both Dr Bewick and Mr Buck gave an account of the events leading to the pause in surgery, the work undertaken since that time and the rationale for resuming surgery.

4. Members of the Committee raised a number of questions which primarily focussed on the National Institute of Cardiovascular Outcomes Research (NICOR) data and on the other reasons for the pause in surgery which were outlined in Mr Dalton's original briefing.

5. The Committee were keen to receive an assurance that the Leeds service was now safe and received an unequivocal confirmation from Dr Bewick and Mr Buck to that effect. Dr Bewick and Mr Buck also made reference to Sir Bruce Keogh's recent radio interview in which he confirmed that he would be happy for a child of his to receive services from Leeds.

6. Overall, members appeared to be satisfied with the way in which the item had been presented and to the responses which had been provided.

7. Following the meeting, Dr Bewick was interviewed by national, regional and local media. He gave a clear line that Leeds was safe but was equally clear that the decision to pause surgery had been the right one, based on the information that was available at the time.

Second Stage Review – Terms of Reference

8. The Terms of Reference for the next phase of work will be agreed at the Quality Surveillance Group later today, Friday 12 April 2013.

9. This second stage review will include a clinically led peer review of deaths of LTHT patients from 2009/10 to 2012/13 (total 30 cases); a review of the concerns and complaints received from parents; obtaining assurance about governance

(data collection and submission, complaints management and risk management) and a review of any other concerns which may be drawn to team's attention.

Operational Arrangements

10. The operational arrangements for urgent and emergency needs are operating as normal, with clinical decisions being made by clinicians in feeder hospitals, advised by LTHT cardiologists. The transfer of patients is being supported by the specialist intensive care transfer services for Yorkshire and the Humber (Embrace).

[sec 40]

11 April 2013

Email 180 – reply to email 179

[out of scope]

Email 181 – reply to email 179

[out of scope]

Email 182

From: Douglas Colin (NHS ENGLAND)

Sent: 12 April 2013 12:24

To: [sec 40], [sec 40]; [sec 40]

Cc: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Dalton Ian (NHS ENGLAND); nhscb media (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [Sec 40] ; Buck Andy (NHS ENGLAND)

Subject: RE: Update for DN - FW: Leeds (5)

Yes

Director of Communications

NHS England

Mobile: [s40]

From: [sec 40 – reply to email 180]

Sent: 12 April 2013 12:18

To: Douglas Colin (NHS ENGLAND); [sec 40]; [sec 40]

Cc: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Dalton Ian (NHS ENGLAND); [S40] nhscb media (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40]; Buck Andy (NHS ENGLAND)

Subject: RE: Update for DN - FW: Leeds

Colin, [sec 40]. Presumably [sec 40] and [sec 40] can incorporate the material from Medical and comms into the note.

Thanks, [sec40]

Mobile: [sec 40]

Email: [sec 40]

Email 183

From: [sec 40]

Sent: 12 April 2013 17:14

To: Dalton Ian (NHS ENGLAND); [sec 40] ; Keogh Bruce (NHS ENGLAND)

Cc: Douglas Colin (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40] [sec 40], [sec 40], [sec 40], Dwelly Jane (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec 40]

Subject: RE: Leeds surgery update

All

Further to my email on Tuesday – please find attached an updated summary of commentary from MPs [attached document – out of scope]. Updated information from today is in red.

Thanks

[sec 40]

From: [sec 40]

Sent: 09 April 2013 14:13

To: Dalton Ian (NHS ENGLAND); [sec 40] Keogh Bruce (NHS ENGLAND)

Cc: Douglas Colin (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40], [sec 40], [sec 40]; [sec 40]; Dwelly Jane (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec 40]

Subject: RE: Leeds surgery update

All

Please find attached an updated summary of MP & other stakeholder commentary. Please note that this is summary of very recent activity (in the last 24hrs) following

our statement yesterday. [Out of Scope – related to media handling following decision]

Much of the commentary from MPs directed at NHS England is based around the decision making process . Greg Mulholland continues to be the most critical.

Stuart Andrew has said that he will write to Bruce on behalf of all Leeds MPs so we can expect a letter from him if we have not already received it.

I will keep monitoring activity for any further developments. Do let me know if you would like any further information.

[sec 40]

From: Dalton Ian (NHS ENGLAND)

Sent: 09 April 2013 09:44

To: [sec 40]

Cc: Douglas Colin (NHS ENGLAND); Easterling Tom (NHS ENGLAND); [sec 40] [sec 40] [sec 40]; [sec 40]; Dwelly Jane (NHS ENGLAND); [sec 40]; Simpson Lyn (NHS ENGLAND)

Subject: Re: Leeds surgery update

Pleased went well. Makes sense to call a halt unless new developments demand further comment from us.

Is there any further commentary on the situation from stakeholders?

Ian

Sent from my iPad

On 9 Apr 2013, at 08:42, "[Sec 40] <mailto: sec 40> wrote:

Bruce did bbc in the north last night and today programme this morning.

Both have gone fine particularly today. Humphreys did all the expected questions but Bruce told a clear story. We are getting one or two other bids but our judgement is to draw stumps now rather than promote story. I hope this has drawn a line under this as a media issue.

[sec 40], i think we need to watch carefully for stakeholder and political reaction. It may be worth Bruce having a catch up with [sec 40] soon on this and the many other issues [sec 40] is working on.

[sec 40]

Sent from my iPhone

On 9 Apr 2013, at 00:08, "Douglas Colin (NHS ENGLAND)" <[out of scope]> wrote:

Yes, it was press statement and covering email is sent at 5.45pm

Colin Douglas

Director of Communications

NHS England

Mobile: [s40]

Sent from my iPhone

On 8 Apr 2013, at 22:55, "Easterling Tom (NHS ENGLAND)" <s22> wrote:

[sec 40]

Has a further briefing been produced?

Thanks

Tom

Tom Easterling

Director of the Chair and Chief Executive's Office

NHS England

[s22]

From: [sec 40]

Sent: 08 April 2013 11:04

To: [sec 40]; [sec 40]; [sec 40]

Cc: Douglas Colin (NHS ENGLAND); [sec 40] Tom Easterling; Dalton Ian (NHS ENGLAND); lyn.simpson@dh.gsi.gov.uk; [s40] [s40]

Subject: Leeds surgery update

Please see attached. Another briefing will follow around 5pm.

[sec 40]

NHS England

[sec 40]

Attachment from email 183

[Out of scope]

Email 184

From: John Gibbs [email address - sec 40]

Sent: 12 April 2013 18:12

To: Dr Huon H Gray; Keogh Bruce (NHS ENGLAND)

Subject: Roger…. (1)

I'm worried about Roger - could he be ill? It doesn't seem like him to make loony statements to the press (like we heard on the radio this morning). It's terribly sad to see all his great achievements over the years overshadowed by this recent unpleasantness when he should be looking forward to peace & enjoying himself (like me) at the seaside.

BW

J

John [s40] Gibbs

[sec 40]

E-mail 185 – reply to email 184

From: Dr Gray

Sent: 12 April 2013 18:50

To: John Deanfield

Cc: Keogh Bruce (NHS ENGLAND)

Subject: Re: Roger…. (2)

Dear John

I had just the same feelings this morning. A mixture of surprise, incredulity and disappointment. I have sent a text to Bruce and hope to speak to him when convenient because there is a lot of professional unhappiness circulating, and I would like to do what I can to calm the situation. [sec 40]

All best

Huon

E-mail 186

From: Buck Andy (NHS ENGLAND) [mailto:s22]

Sent: 12 April 2013 19:00

To: Barry, Peter (Dr.)

Cc: [sec 40]; Bewick Mike (NHS ENGLAND); Douglas Colin (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk; Dalton Ian (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec 40]; Riley Damian (NHS ENGLAND); [sec 40]

Subject: Re: NICOR investigation into mortality from paediatric cardiac surgery (1)

Dear Dr Barry

Thank you for copying me into your email, and for drawing our attention to this problem.

[sec 40], as you aware we have this evening issued the NICOR report via our website. Having re-read the report, it would appear that Dr Barry is correct, and that the graph for 2009/10 has been replicated for 2011/12. It would appear that that the analysis is not affected by this, although we would like this to be confirmed, please.

I have drawn this problem to Bruce Keough's attention, and Bruce plans to call you to discuss.

Kind regards

Andy Buck

Andy Buck

Director (West Yorkshire)

NHS England

Mobile: [s40]

On 12 Apr 2013, at 17:47, Dr Barry – s40] wrote:

Dear Professor

On scanning the report, my attention was quickly drawn to the table on page 8, table d), entitled 'outcomes for 2011-12' and the corresponding graph entitled Congenital Heart Surgery 2011-12.

In the table, the 'relative risk' for my centre, Glenfield (GRL) is given as 0.21. However, on the graph of 'relative risk' against 'expected deaths' Glenfield's 'relative risk' is plotted at about 1.14.

Perhaps I have misunderstood, but it seems to me that this is a graphical error. I think you have the 2009-10 graph labelled as the 2011-12 one by mistake. Perhaps you could confirm and if so retract your report until this is corrected.

I appreciate that this might be considered a minor error, but graphs like the one mentioned are being used in the media, and in the current fevered atmosphere created in part by people associated with NICOR, I feel that it is important to get this absolutely correct.

Many thanks

Peter Barry

Consultant Paediatric Intensivist

Department of Child Health,

Level 5, RKCSB,

LRI, Leicester

LE2 7LX.

[s40]

Phone [s40]

Fax [s40]

Mobile [s40]

Please note my new mobile number

Email 187 – reply to email - 186

From: Bewick Mike (NHS ENGLAND)

Sent: 12 April 2013 19:56

To: Keogh Bruce (NHS ENGLAND)

Cc: Buck Andy (NHS ENGLAND)

Subject: Fwd: NICOR investigation into mortality from paediatric cardiac surgery (2)

Bruce

I have advised we play this down. The 3 year dat is unaffected. We will ask [sec 40] to check this on Monday.

I hope you agree?

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 188 – reply to email 185

From: John Gibbs [email - [sec 40]

Sent: 12 April 2013 20:44

To: Huon H Gray

Cc: Keogh Bruce (NHS ENGLAND)

Subject: Re: Roger…. (3)

[sec 40] Any ideas what we can do to help rather than just distance ourselves (which is what everyone else seems to want to do)? [sec 40] [sec 38]

Bruce - you can usually come up with some kind of cunning plan….

BW

[sec 40]

Email 189 – reply to email 188

From: Keogh Bruce (NHS ENGLAND)

Sent: 12 April 2013 21:37

To: John Gibbs

Cc: Huon H Gray

Subject: Re: Roger…. (4)

Dear John

I have spoken to Roger. He will step back from NICOR and S&S.

I agree he has made a major contribution over the years. I will talk to him on his return from China.

Best wishes,

Bruce

Sir Bruce Keogh

National Medical Director

Email - 190

From: [sec 40]

Sent: 12 April 2013 22:09

To: Keogh Bruce (NHS ENGLAND)

Subject: BMJ news article you mentioned

The Clare Dyer news piece is on the news section of the BMJ website dated 9 April:

NHS medical director defends his decision to pause paediatric heart surgery at Leeds

Leeds General Infirmary is to resume children's heart surgery from 10 April, after a review team called in to investigate concerns about death rates and staffing levels pronounced it safe.

The surgery, which was stopped on 28 March after a visit from NHS England medical director Bruce Keogh, will restart gradually, beginning with low risk operations, while the review continues to explore other issues about the unit.

The first stage of the review by a multidisciplinary clinical team found that Leeds Teaching Hospitals NHS Trust's data for monitoring surgical results were "uniquely poor, triggering concerns about death rates and gaps in information," NHS England said. It would be asking for "significant improvement to the way the unit monitors the quality of care so it can be compared with similar services."

Keogh told BBC Radio 4's Today programme that the unit, for example, omitted to record the weight of the baby operated on in 35% of cases, compared with between 0% and 1.4% in other units.

Leeds was earmarked as one of three children's heart surgery units facing closure in the "Safe and Sustainable" review, aimed at concentrating services in larger, more specialised centres. Campaigners fought a legal battle to try to keep it open, and Keogh's intervention came just a day after a High Court judge quashed the closure decision and ordered the review to redo part of its consultation.

He was criticised by local MPs, who questioned his motives. But Stephen Bolsin, the anaesthetist whose revelations of high death rates in children's cardiac surgery at Bristol Royal Infirmary in the early 1990s sparked a public inquiry, told the Todayprogramme on Saturday that politicians "have to be prepared to have the blood of children on their hands" if children died.

NHS England said that it originally raised concerns about Leeds because of “preliminary data suggesting high mortality, concerns about staffing levels, whistleblowing information from clinicians and complaints from patients.”

Keogh said, “If we have learned anything from public inquiries such as Bristol and Mid Staffordshire, it is that patients were harmed while organisations argued about the veracity of data used to measure clinical results, rather than addressing the underlying issues. We would not have been forgiven if a child had died or suffered unnecessary harm while we sat on our hands.”

He added, “I want to be clear that NHS England will do everything in its power to make sure that measuring clinical outcomes will be given priority in the new NHS. Organisations cannot know they are providing effective or safe care unless they are measuring and monitoring their services.”

The second stage of the review will look at the way patients’ complaints have been handled, including concerns raised by the Children’s Heart Federation, an umbrella organisation of patient support groups. It will also complete a review of patients’ case notes over the past three years.

In addition, NHS England will “explore issues raised about referral practices to ensure they are clinically appropriate.” Some patients had alleged that clinicians were reluctant to refer patients elsewhere.

The Leeds trust’s chief executive, Maggie Boyle, said, “The review of our services found ‘no evidence of significant safety concerns in terms of governance, staffing, or the management of the patient pathway for surgical care in the unit or referral to other units as required.’ [It also found that] ‘a further analysis of paediatric surgical mortality data undertaken by NICOR (the National Institute for Cardiovascular Outcomes Research) has concluded there is not a safety problem in Leeds or in any other children’s heart surgery centre in England.’”

Email - 191

From: [sec 40]

Sent: 13 April 2013 10:31

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [s40]

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [s40]; [s40]; Riley Damian (NHS ENGLAND); [s40]; [s40];

Subject: RE: Leeds Paediatric Cardiac Services - PICU update

Dear Colleagues

As per the note from Lyn Simpson please find the latest position statement in terms if PICU and Leeds

To confirm 1 cardiac transfer from Rotherham to Leeds in the last 24 hours, and no capacity issues for EMBRACE

The latest update from EBS as of 10.00 am today for PICU

England 20 beds available now with 2 reported in the next 3 -6 hours.

Devolved administrations –2 beds available now

Apologies for the slight delay in sharing the data this has been due to clinical activity on a number of units

I will maintain a watching brief on CMS

Thanks

[sec 40]

From: [sec 40]

Sent: 12 April 2013 10:28

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [s40]

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [s40]; [s40]; Riley Damian (NHS ENGLAND); 'Harris Gill (NHSNW)'; [s40]

Subject: Leeds Peadiatric Cardiac Services - PICU update

Dear Colleagues

As per the note from Lyn Simpson yesterday evening please find the latest position statement in terms if PICU and Leeds

To confirm no Leeds cardiac transfers in the last 24 hours, and no capacity issues for EMBRACE

The latest update from EBS as of 10.00 am today for PICU

England 11 beds available now with 9 reported in the next 3 -6 hours plus one HDU bed currently available at Royal London

Devolved administrations – 1 bed available now

I will maintain a watching brief on CMS

Thanks

[sec 40]

From: [sec 40]

Sent: 11 April 2013 19:37

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [s40]

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec 40]; [sec 40]

Subject: Weekend Arrangments for Leeds Peadiatric Cardiac Services - On behalf of Lyn Simpson

Importance: High

SENT ON BEHALF OF LYN SIMPSON

Dear Colleagues,

Leeds Paediatric Cardiac Services

It is important that we maintain consistency and provide assurance that as Leeds reintroduce surgical services on a planned / phased basis we have national arrangements in place to manage any surge in capacity and transfer.

My suggestion is the co-ordination element is provided by the National team over the week-end with this reverting to business as usual from Monday. To this end, I will be continuing with routine reporting focusing on capacity and transfers through out and conference calls will be on an exception basis other than a call Sunday evening at 5.30 pm.

Grateful if all could dial into the 5.30 pm Sunday telecom details below

[Out of scope – teleconference details]

Following the teleconference on Sunday a brief note will be sent to Tom Easterling for onward transmission to National Directors advising of the weekend position .Media handling will be dealt with by the Communications team liaising with Mike Bewick, Deputy Medical Director

[out of scope]

PICU reporting and transfer arrangements

An updated position on Paediatric bed state and any Paediatric Cardiac transfer arrangements (EMBRACE) will be reported to the circulation list at 10am daily Friday through to Monday. This will be circulated by [s40]

Provided the situation remains stable as of Monday morning the on-going management will revert to business as usual

Regards

Lyn Simpson

National Director of Operations

[Sec 40]

Email 192

From: Keogh Bruce (NHS ENGLAND)

Sent: 14 April 2013 08:54

To: Dr Huon H Gray; Iain Simpson; James Roxburgh; John Deanfield

Cc: Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND)

Subject: Re: Roger Boyle (5)

Previous email sent in error. Please ignore. More coherent version from my NHS England account to follow Bruce

Sent from my iPad

On 14 Apr 2013, at 08:48, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

> Dear Huon, Iain and James,

>

> James called me yesterday following your conference call to advise me that the BCCA, BCS and SCTS were minded to produce a joint press statement calling for Roger to step down as co-director of NICOR with immediate effect.

>

> May I ask you to reflect carefully on the impact of such a move. I know that within your respective constituencies feelings are running high, and there is anger that Roger acted "precipitously" by sending me preliminary data and that his subsequent statements have been unhelpful. I understand the subsequent emotions. But please don't act precipitously yourselves.

>

> There is a risk that your press statement could lead to a perception that the profession has closed ranks, protected it's own, stifled and vilified a man who has done more for cardiovascular medicine in this country than any other member of the signatory societies.

>

> There is currently an ongoing investigation into Leeds based on a number of triggers and we should not prejudge the outcome of that review. Just imagine, for a moment, that Roger Boyle is right and significant issues emerge. How will your proposed joint statement look in the media or on a large screen in an inquiry? In my view it will open a whole series of legitimate and difficult questions, all of which the professional leaders of NICOR should have been considering and addressing anyway.

>

>

> Roger is in India at present but has told me privately that he will step down from NICOR and I have sent him a text asking him to confirm that. Secondly, he will withdraw as an adviser to S&S which has now moved to NHS England.

>

>

>

> Many will ask, as you should, why data in Leeds was 20 times worse than other units over a sustained period, and whether this was reasonable when the programme was being led from Leeds with more than one Leeds cardiologist on the steering group? Will they wonder why the patterns of some procedures for similar diagnoses is different in Leeds to other units and whether the steering group had considered this? Will people ask how soon the data, already a year old, would have been published if Roger hadn't brought his concerns to my attention? Will this in turn raise questions about the suitability of NICOR to protect families with vulnerable babies in a timely fashion, if at all? Will this feed the demand for the raw NICOR data to be put in the public domain, while weakened professional societies protest?

>

> Remember, the NICOR data is only one part of a complex picture emerging from multiple sources including patient groups and other surgeons and cardiologists who are also members of your societies. Professional societies must of course respond to membership concerns. But I invite you to reflect carefully on where your statement might lead.

>

> James is concerned that people will stop submitting data to NICOR databases. My view is that the appropriate professional response, under your leadership, should be to encourage colleagues to submit more accurate data in a more timely fashion, so it can be analysed and published more contemporaneously. This is an issue of increasing political interest as part of the Government's commitment to sharing and disclosure of publicly funded data.

>

> You also need to be absolutely clear that not submitting data would be morally wrong and it would lead to another series of questions and actions. It would make revalidation of those individuals impossible and preclude progression up the CEA ladder. It would force NHS England to make submission of data a contractual requirement for specialised commissioning, something I am considering anyway.

>

> Finally, the Government's response to the Francis Inquiry includes in the executive summary a clear statement on submission of accurate data.

>

> So I am asking you to help create an environment in which these issues can all be addressed and solved in a fair and objective manner. I am sure you will be able to achieve this in you discussions later today.

>

> Please, let the review of Leeds continue with an open mind and without turning up the temperature in a way that allows complex clinical issues to be publicly manipulated in a way that distorts a fair intervention in Leeds where colleagues go in to work on a daily basis to do the best they can for sick children.

>

> I have copied Malcolm Grant as President of UCL and Chair of NHS England. The success of NICOR is key to both.

>

>

>

>

>

>

> Sent from my iPad>

Email 193 – reply to email 192

[Full email – 194]

Email - 194

From: Keogh Bruce (NHS ENGLAND)

Sent: 14 April 2013 09:27

To: Dr Huon H Gray; Iain Simpson; James Roxburgh

Cc: Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND); [s40]; John Deanfield

Subject: Press statement on Roger Boyle (9)

Dear Huon, Iain and James,

James called me yesterday following your conference call to advise me that the BCCA, BCS and SCTS were minded to produce a joint press statement calling for Roger to step down as co-director of NICOR with immediate effect.

May I ask you to reflect carefully on the impact of such a move. I know that within your respective constituencies feelings are running high, and there is anger that Roger acted "precipitously" by sending me preliminary data and that his subsequent statements have been unhelpful. I understand the emotions, but please don't act precipitously yourselves and inadvertently make matters worse.

Roger is in India at present but has told me privately that he will step down as co-director of NICOR and I have texted him asking him to confirm that. Secondly, he will withdraw as an adviser to S&S which has now moved to NHS England.

There is currently an ongoing investigation into Leeds based on a number of triggers and we should not prejudge the outcome of that review.

Just imagine, for a moment, that Roger Boyle is right and significant issues emerge. How will your proposed joint statement look in the media or on a large screen in an inquiry? There is a risk that it could lead to a perception that the profession has closed ranks, protected it's own, stifled and vilified a man who has done more for cardiovascular medicine in this country than any other member of the signatory societies.

There are also a whole series of legitimate and difficult additional questions, all of which the professional leaders of NICOR should have been considering and addressing anyway.

Many will ask, as I am sure you are now asking, why data in Leeds was 20 times worse than other units over a sustained period, and why this wasn't acted on given the national programme was being led from Leeds with more than one Leeds cardiologist on the steering group? Will they ask whether the pattern of some procedures for similar diagnoses is different in Leeds to other units and whether the steering group had considered this? Will people ask how soon the data, already a year old, would have been published if Roger hadn't brought his concerns to my attention? Will this in turn raise questions about the suitability of NICOR to protect families with vulnerable babies in a

timely fashion, if at all? Will this feed the demand for the raw NICOR data to be put in the public domain, while weakened professional societies protest?

Remember, the NICOR data is only one part of a complex picture emerging from multiple sources including patient groups and other surgeons and cardiologists who are also members of your societies. Professional societies must of course respond to membership concerns. But I invite you to reflect carefully on where your statement might lead.

James is concerned that people will stop submitting data to NICOR databases. My view is that the appropriate professional response, under your leadership, should be to encourage colleagues to submit more accurate data in a more timely fashion, so it can be analysed and published more contemporaneously. This is an issue of increasing political interest as part of the Government's commitment to the sharing and disclosure of publicly funded data.

You also need to be absolutely clear that not submitting data would be morally wrong and it would lead to another series of questions and actions. It would make revalidation of those individuals impossible and preclude progression up the CEA ladder. It would force NHS England to make submission of data a contractual requirement for specialised commissioning, something I am considering anyway.

Finally, the Government's response to the Francis Inquiry includes in the executive summary a clear statement on submission of accurate data.

So I am asking you to help create an environment in which these issues can all be addressed and solved in a fair and objective manner. I am sure you will be able to achieve this in your discussions later today.

Please, let the review of Leeds continue with an open mind and without turning up the temperature in a way that allows complex clinical issues to be publicly manipulated in a way that distorts a fair intervention in Leeds where colleagues go in to work on a daily basis to do the best they can for sick children.

I have copied in Malcolm Grant as President of UCL and Chair of NHS England. The success of NICOR is key to both. Clinical outcomes are now the currency of our NHS and NICOR is well positioned to lead. An Injudicious press statement could compromise that.

Best wishes,

Bruce

Sent from my iPad

Email 195 – reply to email 194

From: Grant, Malcolm [sec 40]

Sent: 14 April 2013 09:44

To: Keogh Bruce (NHS ENGLAND)

Subject: RE: Press statement on Roger Boyle (10)

Bruce

Thanks for copying me in. I do hope this causes them to reconsider. The more I learn about the submission of data to NICOR and its handling the more I worry about it. That this data was already a year old and hadn't been properly processed and published makes nonsense of the process.

I think we are going to have to use our commissioning power, as you indicate, to improve the quality of data across the board.

The other issue, which we both touched on at the meeting, is to be clear about what the data tell us, which is to provide an historical review of performance. More timely submission and analysis can provide an updated snapshot, a dashboard of current performance, but it still doesn't catch the events that ought to cause a hospital to pause surgery, such as temporary absence of the senior surgeons.

The professional societies simply have to get themselves into a leadership role.

All best

Malcolm

Email 196 – reply to email 194

From: James Roxburgh [sec 40]

Sent: 14 April 2013 09:55

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Roger Boyle (11)

Bruce

I have been thinking long and hard about this. As I said yesterday "the good men do is oft interred with their bones but the evil lives on" or similar. Roger has been a loyal supporter of SCTS and cardiac surgery. Provided I am assured he is going to step down then I am happy. I can ride out the storm over the next few days. As we said yesterday I am not happy about congenital NICOR and several senior surgeons agree that they need to look inwards at themselves. I also understand your points about Leeds and we discussed this yesterday. As you know I have spent 10 years persuading my colleagues to publish data and I would never advocate non compliance. I have had too much verbal abuse, often personal, to let go now.

I will think about a statement to the membership but whatever I say will upset someone but I think something that states SCTS supports data transparency and that surgeons , cardiologists and Trusts must fully engage with timely data submission and collection.

May call later if OK.

An old man once said to me. " you can think what you like but do not think to loud"

As always your advice much appreciated

James

James C Roxburgh

Email - 197

From: Dalton Ian (NHS ENGLAND)

Sent: 14 April 2013 10:49

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Press statement on Roger Boyle (13)

Thanks.

Ian

Sent from my iPad

On 14 Apr 2013, at 10:05, "Keogh Bruce (NHS ENGLAND)" <s22> wrote: - [forwarded email 194]

Ian, sorry, I should have included you in the message below.

Best wishes, Bruce

Sent from my iPad

Email - 198

From: [sec 40]

Sent: 14 April 2013 10:59

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [sec 40]

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND);[sec 40] ;[s40]; Riley Damian (NHS ENGLAND); Gill Harris – s40; [s40];

Subject: RE: Leeds Peadiatric Cardiac Services - PICU update (2)

Dear Colleagues

As per the note from Lyn Simpson please find the latest position statement in terms of PICU and Leeds

To confirm EMBRACE

1 medical neonatal transfer into leeds no acute cardiac transfers in the last 24 hours, and no capacity issues

The latest update from EBS as of 10.00 am today for PICU

England 23 beds available now with 9 reported in the next 3 -6 hours.

Devolved administrations –3 beds available now

I will maintain a watching brief on CMS

Below are the 5.30 pm telecom details below

[out of scope]

Thanks

[sec 40]

Email 199 – reply to email 187

From: Keogh Bruce (NHS ENGLAND)

Sent: 14 April 2013 12:09

To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); [sec 40]

Subject: Re: NICOR investigation into mortality from paediatric cardiac surgery (2)

Mike,

I spoke to [sec 40] about this on Friday. I have copied him in as a reminder.

Best wishes,

Bruce

Sent from my iPad

Email 200 – reply to email 194

From: Huon H Gray

Sent: 14 April 2013 11:51

To: Keogh Bruce (NHS ENGLAND)

Subject: Confidential (1)

Dear Bruce

Thank you for your wise advice.

[sec 40]

After our telephone conversation on Friday evening I phoned [S40] to relay the fact that Roger had privately agreed to withdraw from NICOR and S&S, encouraging [sec 40] to reconsider releasing a statement.

As we discussed, personally I do feel Roger's position has become untenable (as obviously is your view also) but throughout this developing issue I have tried to persuade all involved to wait and see how things develop, not least because of the point you make about the possibility that concerns may ultimately prove to be justified. I have not called on Roger to consider his position; indeed when I spoke to him last week I encouraged him to wait and see how things look when some of the dust had settled. I'm not sure when he made the statements reported on Friday - perhaps they were recorded some time ago and only now released - but the timing didn't help calm the concerns.

Just wanted you to know that I have acted as NCD, as part of your team, and not as a member of BCS or NICOR, and I certainly wouldn't sign any statement (even if I were to be asked). I would always discuss something like this with you and Mike before taking any particular position. Just wanted you to be reassured!

BW

Huon

Email 201 – reply to email 200

From: Keogh Bruce (NHS ENGLAND)

Sent: 14 April 2013 12:09

To: Huon H Gray

Subject: Re: Confidential (2)

Huon,

Thank you so much for the clarification. I had always assumed you would be acting on behalf of our team. I must have misunderstood who [sec 40] said was on the call. I had suspected that you had been drawn in because your views are so highly respected.

I have spoken to both [sec 40] and [sec 40] today. I'm sure they will be very measured.

Best wishes, Bruce

Email - 202

From: Keogh Bruce (NHS ENGLAND)

Sent: 14 April 2013 12:35

To: [sec 40]; [sec 40]; [sec 40]

Cc: Dr Huon H Gray; Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND)

Subject: Fwd: Letter re: Professor Sir Roger Boyle (14)

Dear [sec 40], [sec 40] and [sec 40]

The letter below from Maggie Boyle may help your deliberations this afternoon.

I have not had a response from Roger to my text regarding his position.

Best wishes, Bruce

Sent from my iPad

Begin forwarded message:

From: "Dalton Ian (NHS ENGLAND)" <s40>

Date: 12 April 2013 19:37:14 BST

To: "Keogh Bruce (NHS ENGLAND)" <s22>

Cc: "Simpson Lyn (NHS ENGLAND)" <s22>, "Bewick Mike (NHS ENGLAND)" <s22>, [s40], "Douglas Colin (NHS ENGLAND)" <s22>, "McCarthy Bill (NHS ENGLAND)" <s22>

Subject: Fwd: Letter re: Professor Sir Roger BoyleBruce

To see. This doesn't seem to have gone to you. Do we need to act/respond? Please advise.

Ian

Sent from my iPad

Begin forwarded message:

From: [sec 40]

Date: 12 April 2013 18:51:02 BST

To: [sec 40], [sec 40], "Dalton Ian (NHS ENGLAND)" <s40>, [sec 40]

Cc: Bryan Gill [email address -sec 40]; [sec 40]; Maggie Boyle [email address - sec 40], [sec 40]

Subject: Letter re: Professor Sir Roger Boyle

Please find attached a letter from Maggie Boyle, Chief Executive at The Leeds Teaching Hospitals Trust.

Regards

[sec 40]

Attachment from Email - 202

The Leeds Teaching Hospitals NHS
NHS Trust

Telephone enquiries, please contact: [sec 40]
Our ref: [sec 40]

Date: 17 October 2013

Sent by e-mail to:

[sec 40], CCAD
[sec 40], NICOR
[sec 40], HQIP
[sec 40], HQIP
[sec 40], UCL Partners
Ian Dalton, NHS England

Chief Executive
Trust Headquarters
St James's University Hospital
Beckett Street
Leeds
LS9 7TF

Direct Line: [sec 40]
Fax: [sec 40]
Mail: [sec 40]
PA: [sec 40]

www.leedsth.nhs.uk

Dear Colleague,

You will be aware of the damaging comments that have been made by Professor Sir Roger Boyle regarding paediatric cardiac surgery at Leeds General Infirmary.

These comments appear to originate from his use of NICOR/CCAD data with which your organisation may have some connection, either through commissioned activity hosting arrangements or oversight of audit programmes.

The purpose of this letter is to advise you that we are concerned that there may have been a contravention of HQIPs rules on the detection and management of outliers within the national audit programme as well as the statutory Code of Conduct for handling official statistics.

As we are sure you will appreciate we are having to take significant steps to address the concerns that we know have been raised in the minds of parents (and indeed many of our older paediatric patients as well): as always, the interests and needs of our patients must come first.

We are as yet unclear as to what course of action we intend to pursue in order to remedy the damage caused by these continued attempts to undermine confidence in the unit at Leeds. However, given that you may have some governance responsibility in this matter, I felt we should bring this to your attention at the earliest opportunity.

We will contact you again early next week to advise you of further steps that may be appropriate.

Yours sincerely
Maggie Boyle (Miss)
CHIEF EXECUTIVE

Email 203 – reply to email 190

[out of scope]

Email - 204

From: Bewick Mike (NHS ENGLAND)

Sent: 14 April 2013 13:08

To: [sec 40]

Cc: Keogh Bruce (NHS ENGLAND); Buck Andy (NHS ENGLAND); Riley Damian (NHS ENGLAND)

Subject: NICOR report

[sec 40]

Firstly just to thank you and your team for the sterling work, done at pace, that helped us with our decision making last week. I would be grateful of NICOR's further assistance on two issues;

1. I was informed on Friday that one of the graphs wasn't accurate relating to an individual but not 3 year data. Is this true and would it affect the overall outcome?

2. There is a view, about to be publicised tomorrow,that inappropriate procedures are taking place. Specifically this relates to the Glenn and Fontan operations. There is a concern expressed that the Glenn is overused at the expense of the more appropriate Fontan procedure.

(This is outside my expertise but I believe both are used for uni-ventricular hearts?). Are you able to do any sub analysis of the number of these procedures done, and the ratio of these two interventions in Leeds and all other units ?

I am sorry to burden you with requests for more analysis, but in the current highly charged situation we are being scrutinised and questioned across a wide range of issues relating to the Leeds Trust.

Many thanks in advance for your help

Kind regards

Mike

Dr Mike Bewick

Medical Director NHS CB North

Email 205

From: [S40]

Sent: 14 April 2013 14:44

To: [sec 40]

Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; [sec 40]

Subject: Release of recent children's heart surgery data

Dear Colleagues,

Release of recent children's heart surgery data

Please may I bring to your kind attention the publication of up-to-date data on children's heart surgery which can be found on this BBC News article, Heart expert queries Leeds surgery reopening, which of course refers to recent comments made by Prof. Sir Roger Boyle. This is just ahead of BBC Radio 4's, The Report: Children's heart surgery, which is due to be broadcast this Thursday, 18 April, at 8:00pm (30 minutes).

Of crucial significance is the inclusion in the article of this data, Figures from NHS England, which is an Investigation of mortality from Paediatric Cardiac Surgery in England 2009-12 (April 2013).

As Liz Kendall, MP, a shadow health minister, has correctly stated, "All the evidence must be thoroughly assessed before any final decision is taken about the future of children's heart surgery services."

Although the release of this data has come at the eleventh hour, it can still be used in the review which is now being carried out by the Independent Reconfiguration Panel (IRP) into this very important matter.

This will be in welcome contrast to the JCPCT/Safe & Sustainable review, announced on 4 July, 2012, which recommended that paediatric heart surgery should stop at Glenfield and be moved to already overloaded Birmingham. The JCPCT review decided to ignore earlier data which found that Glenfield had the lowest death rates for children having heart surgery.

Prof. Sir Brian Jarman, from the Dr Foster Intelligence Unit at Imperial College Faculty of Medicine understandably said that this previous failure to take into account 'outcome data' was "appalling."

Glenfield successfully helps many children, some with very complex surgical needs, so the excuse that it was too difficult to make adjustments to take into account more complex cases with higher risks is simply not valid.

As Mr Giles Peek, head of the children's heart centre at Glenfield has said of the JCPCT, "In making the decision to close Glenfield, they are closing the centre with one of the lowest mortality rates in the country."

It is clear that Glenfield has improved on its own already exceptional standards and has succeeded in keeping mortality to an absolute minimum. This is exactly the sort of information that parents need to know, because the survival rate is the most important measure that most people associate with quality.

Yours faithfully,

[sec 40]

Other sources:

"Jeremy Hunt 'should release data on heart surgery says Leicester West MP Liz Kendall," Leicester Mercury, 14 March, 2013

"Heart centre campaigners studying High Court ruling," Leicester Mercury, 28 March, 2013

"Review "ignored" death rates data," Leicester Mercury, 15 November, 2012

"Deaths data "ruled out" of decision on children's heart surgery units" Daily Telegraph, 10 Nov, 2012

Email - 206

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 06:24

To: [sec 40]; [sec 40]

Cc: Dr Huon H Gray ; Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND); [sec 40]

Subject: Roger Boyle and NICOR (15)

All,

Roger has sent a formal note of resignation from his post as co-director of NICOR to [sec 40].

Please do everything you can to make sure that Roger understands your thinking and that he does not feel stifled from expressing his concerns in any way.

With best wishes,

Bruce

Sent from my iPad

Email - 207

From: [sec 40]
Sent: 15 April 2013 10:55
To: Bewick Mike (NHS ENGLAND); Buck Andy (NHS ENGLAND); Harris Gill (NHS ENGLAND); Douglas Colin (NHS ENGLAND); [s40]; Caston Kate (NHS ENGLAND); [sec40],

Cc: Dalton Ian (NHS ENGLAND); Easterling Tom (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec40]; [sec40]; (NHS ENGLAND); Riley Damian (NHS ENGLAND); [sec40] [sec40];

Subject: RE: Leeds Peadiatric Cardiac Services - PICU update

Dear Colleagues

As per the note from Lyn Simpson please find the latest position statement in terms of PICU and Leeds

To confirm EMBRACE no acute transfers in the last 24 hours, and no capacity issues

The latest update from EBS as of 10.30 am today for PICU

England 27 beds available now with 10 reported in the next 3 -6 hours.

Devolved administrations –4 beds available now

As per the agreement on yesterday's TC this is the final circulation from the national team. Responsibility for oversight and co-ordination will transfer back to the West Yorkshire Area Team with Support from the Regional Office (North) as required.

Kind regards

[sec 40]

Email - 208

From: Bewick Mike (NHS ENGLAND) [mailto:s22]
Sent: 15 April 2013 15:17
To: [sec 40]
Cc: [sec 40]; [sec 40]; Bruce.Keogh@dh.gsi.gov.uk
Subject: Re: REVISED NICOR REPORT

[sec 40]

Thank you for your prompt response

Best wishes

Mike

Dr Mike Bewick

Medical Director NHS CB North

On 15 Apr 2013, at 10:45, [sec 40] wrote:

Dear Mike

As I'm sure you're aware, the report that we submitted to you on Monday had an incorrect graph, the graph that was labelled 11-12 was in fact the same graph as 09-10. This however made no difference to the conclusions.

Our Statistician has amended this mistake and the correct report is now attached, if this could replace the copy that you have on your website.

We can only apologize for this oversight; please let me know if we can be of any further help.

Best wishes,

[sec 40]

National Centre for Cardiovascular Prevention and Outcomes (incorporating NICOR)

Institute of Cardiovascular Sciences

170 Tottenham Court Road

LONDON

W1T 7HA

[sec 40]

From: [s40]
Sent: 08 April 2013 16:35
To: Mike Bewick – s22
Cc: [sec 40]; [sec 40]
Subject: FINAL NICOR REPORT

Dear Mike

Please find attached the FINAL report. [sec 40] is available to talk about this at any time.

Best wishes,

[sec 40]

From: [sec 40]
Sent: 08 April 2013 15:48
To: Mike Bewick – s22
Cc: [sec 40]; [sec 40]
Subject: RE: NICOR REPORT

Dear Mike

Please find attached our finalized reformatted report with cover letter.

Best wishes,

[sec 40]

National Centre for Cardiovascular Prevention and Outcomes (incorporating NICOR)

Institute of Cardiovascular Sciences

170 Tottenham Court Road

LONDON

W1T 7HA

[sec 40]

From: [sec 40]
Sent: 08 April 2013 11:57
To: Mike Bewick – s22
Cc: [sec 40]; [sec 40]; [sec 40]
Subject: NICOR REPORT
Importance: High

Dear Mike

Please find enclosed the report as promised. We will reformat it and sign it shortly!

Best

[sec 40]

[sec 40]

National Centre for Cardiovascular Prevention and Outcomes (incorporating NICOR)

Institute of Cardiovascular Sciences

170 Tottenham Court Road

LONDON

W1T 7HA

[sec 40]

<2013-04-08 Final Report - Investigation of mortality from paediatric cardiac surgery in England 2009-12 V2.pdf>

(Attachment is in the public domain and under s21 we will refer you to the published source – http://www.england.nhs.uk/wp-content/uploads/2013/04/finl-rep-mort-paed-card-surg-2009-12.pdf)

Email 209 – forwarding email 194

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 15:40

To: [sec 40]

Subject: Fwd: Press statement on Roger Boyle (19)

[sec 40],

Thanks for your help.

The specialist societies involved decided not to issue a press statement.

Bruce

Sir Bruce Keogh

National Medical Director

Email - 210

From: [sec40]

Sent: 15 April 2013 12:24

To: [sec 40]

Cc: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Douglas Colin (NHS ENGLAND); [sec40]; Riley Damian (NHS ENGLAND)

Subject: FW: Leeds review reports

[sec 40],

As we discussed, I understand that the Leeds Phase 1 report was not published on Friday and was the subject of further review this weekend.

Ian and Bruce have briefly discussed this morning and have agreed that the report needs to be reformatted and re-titled.

The pdf needs to be split into two documents:

i) A summary report from Damian to Mike as the chair of the Risk Summit – this is basically pages 1-3 in the attached pdf, but it needs to be retitled as the current title is misleading – it was not an NHS England review);

ii) The report by the independent review team (pages 4-38, I think) in the pdf.

You mentioned that you are working on redactions that will be necessary to the report prior to publication. Alongside the above, there will be need to a briefing note for David and Malcolm explaining that the report will be published.

Could you please clarify who has already seen the draft report?

Happy to look at a further iteration if that would be helpful.

Thanks,

[sec 40]

From: Damien Riley

Sent: 12 April 2013 15:41

To: [sec 40]; [sec 40];

Subject: Leeds review reports

Dear [sec 40] and [sec 40]

Please find attached final versions of the reports that are being released today and going up on our website.

Below is the statement that will be accompanying the reports:

NHS England has today (Friday 12th April) released two reports relating to children's heart surgery at Leeds Teaching Hospitals

1. NHS England Review of Children's Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust

2. NICOR Investigation of mortality from paediatric cardiac surgery in England 2009 – 12

The First report is the output of the independent review team that formed part of the first stage of the review into children's heart surgery at Leeds . This report looked at systems within the unit and found that there were no immediate issues that would prevent a resumption of surgery.

The second is a report from the National Institute for Cardiovascular Outcomes Research which is part of the University College London which was commissioned to inform the review. This report reviewed the data, based on further information provided by Leeds Teaching Hospital and found that the mortality rate was within the acceptable range. However, this report was also very critical of the hospital's data collection, describing

‘major deficiencies’ in the data submitted, which it said could be a measure of ‘organisational culture’.

It is important that both reports are read and considered together.

NHS England welcomes these reports and the reassurance they offer that that the immediate safety concerns raised two weeks ago have been addressed in order that the unit could recommence surgery on a phased basis earlier this week.

This is not the end of the process, and a second stage of the review is underway in which we now need to explore some of the wider issues around how the unit operates as a whole. We hope we will soon be able to give the unit a full clean bill of health beyond this immediate reassurance of safety.

Throughout this process our sole concern has been the safety of patients

Kind Regards

Damien Riley

Attachment from email above 210

This is in the public domain and under s21 we will refer you to the published source - http://www.england.nhs.uk/wp-content/uploads/2013/04/leeds-ext-review-rep.pdf

Email 211 – reply to email 210

From: [sec 40]
Sent: 15 April 2013 17:19
To: [s40]; [sec 40]
Cc: Simpson Lyn (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Douglas Colin (NHS ENGLAND); [sec 40]; Riley Damian (NHS ENGLAND)
Subject: RE: Leeds review reports

[sec 40], Colin

Is there any further news on the publication of the report and cover note?

[sec 40],
Mobile: [sec 40]
Email: [sec 40]

Email - 212

From: Dalton Ian (NHS ENGLAND)

Sent: 15 April 2013 17:48

To: Keogh Bruce (NHS ENGLAND)

Cc: Simpson Lyn (NHS ENGLAND); [sec 40]

Subject: Fwd: Letter re: Professor Sir Roger Boyle (20)

Bruce

For information.

Ian

Sent from my iPad

From: Maggie Boyle <Maggie.Boyle@leedsth.nhs.uk>

Date: 15 April 2013 16:59:54 BST

To: [sec 40]

Cc: [sec 40], Bryan Gill <sec 40>; [sec 40]; [sec 40]; [sec 40], "Dalton Ian (NHS ENGLAND)" <s40>, [sec 40]

Subject: RE: Letter re: Professor Sir Roger Boyle

[sec 40]

Thank you for this - and for taking my call on Friday. I can understand why HQIP is taking this seriously and welcome your commitment to openness and transparency.

In my letter I indicated that we are in the process of taking advice as to possible future action in relation to Professor Sir Roger Boyle, in particular. Should that have any implications for HQIP, I will, of course, let you know.

Maggie Boyle

Chief Executive

Leeds Teaching Hospitals

NHS Trust

>>> "[sec 40] 15/04/2013 16:43 >>>

Dear Maggie,

Thank you for our telephone call and letter (reference MB/HK) received Friday 12 April 2013 at 18: 50.

As you correctly state, HQIP commissions the Congenital Heart Disease Cardiac Audit (CHD) and contract with UCL/NICOR for the processing of the data collected as part of that commission. HQIP is the controller for the data collected relating to this project.

HQIP has written to UCL/NICOR requesting that full details relating to the release of data concerning Leeds is made available by the Monday 22 April 2013 at 12:00. HQIP has requested that this report confirms in detail what data was released, and all other relevant background information, to enable us to fully understand the circumstances. HQIP has also requested that UCL/NICOR confirms what steps have been taken, and any steps being planned, to ensure UCL/NICOR remains in compliance with the seventh data protection principle, namely 'appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data'.

Please be assured that HQIP takes this matter very seriously and will consider further remedial action in relation to UCL/NICOR should the organisation be found to have been in breach of their contractual obligations to HQIP. HQIP is absolutely committed to transparency and as such, when the report from UCL/NICOR is received, HQIP will share this with appropriate third parties including yourselves and NHS England.

I will keep you informed regarding the information HQIP receive from UCL/NICOR on Monday 22 April 2013. However, if in the meantime HQIP can be of any further assistance, please do not hesitate to contact me directly.

Kind regards

[sec 40]

Healthcare Quality Improvement Partnership

[sec 40]

Holland House

4 Bury Street

London

EC3A 5AW

[sec 40]

[Remaining part of email chain is a repeat of email 202]

Email - 213

From: [sec 40]

Sent: 15 April 2013 19:11

To: Bruce.Keogh@dh.gsi.gov.uk; [sec 40]; Keogh Bruce (NHS ENGLAND); [s40]

Cc: [sec 40]; [sec 40]; [sec 40]

Subject: (1) URGENT - response before 9.30 tomorrow please Oral questions - line for ministers on transparency of children's heart surgery data

Importance: High

Bruce/[sec 40]

probably shouldn't be coming directly to you on this but not sure who else to ask with so little time.

As you know there was an urgent question today in the HofC about the suspension of heart surgery at Leeds. Liz Kendall was on the front bench but didn't ask a question herself. However, PS(H) thinks the suspension of heart surgery in Leeds will be raised tomorrow at oral questions as a supplementary to a question he is answering. I think what Liz Kendall will ask if she can is why data on mortality data/rates following children's heart surgery were made available by NHS E last Friday but when Prof Jarman asked for similar/same information through a FOI request, and this was declined.

Could you call me/email me and let me know the answer or who I can get one from?

Bruce

[sec 40] wants to talk to SofS about suspension of surgery at Leeds because he is getting a number of calls/complaints from various quarters. We have been trying all day to talk to someone in your office about whether you would do the call as it seems more appropriate for you than SofS but have not got anywhere. Would you ring [sec 40] if we find you the number please?

thanks

[sec 40]

_____

Thank you for briefing PS(H) just now.

In addition to the extra information on the Safe and Sustainable Review I requested earlier, PS(H) has also requested the following information:

- Lines on publishing Children's Health Surgery mortality rates
- An assessment of whether public health strategies to reduce the incidence of smoking exacerbate health inequalities between socioeconomic groups and any figures to support this.

Grateful for this by 9:30am tomorrow.

Thank you,

[sec 40]

Email - 214

[Duplicate of email 202]

Email - 215

From: Keogh Bruce (NHS ENGLAND)
Sent: 15 April 2013 06:28
To: Roger Boyle
Subject: Fwd: Roger Boyle

Roger,

FYI, in confidence

Do your best to enjoy your trip

Sent from my iPad

From: "Bewick Mike (NHS ENGLAND)" <s22>
Date: 14 April 2013 09:00:39 BST
To: "Keogh Bruce (NHS ENGLAND)" <s22>
Subject: Re: Roger Boyle

Bruce
This is a very measured approach. I hope they respond in a similar vein.
Best wishes
Mike

Dr Mike Bewick
Medical Director NHS CB North

On 14 Apr 2013, at 08:53, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

[Repeat of email 192]

Email 216 – reply to email 206

From: [sec 40]

Sent: 15 April 2013 07:49

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Roger Boyle and NICOR (17)

Bruce,

Thanks for letting me know. I am sure this is for the best and I will e-mail Roger later.

[sec 40]

Email 217

From: Keogh Bruce (NHS ENGLAND)
Sent: 15 April 2013 08:52
To: [sec 40]
Cc: Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND)
Subject: Leeds Fontan procedures

[sec 40],

You will have been asked by colleagues overseeing the review of paediatric cardiac surgery in Leeds to look at the ratio of Glenn to Fontan procedures.

The background to this is that [sec 40] [sec 41] told me that the Mail had made some enquiries implying that Leeds did more Glenn procedures than any other unit and fewer Fontan's. I cannot believe that the Mail asked this question of their own accord, so I am keen to understand, firstly, whether this is true, and, secondly whether it matters. My recollection is that expert opinion remains divided.

I am determined that any assessment of Leeds' clinical performance is fair. Your help would be much appreciated. I realise you can help with the data, but are you also In a position to help us understand whether there is genuine equipoise or whether a focus on the Glenn procedure is a marker of a unit that has failed to modernise. If not who should we ask, because I am sure this issue will surface at some point.

Your help is very much appreciated..

Best wishes, Bruce

Email 218 – forwarding email 193

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 09:27

To: [s40]

Subject: Fwd: Roger Boyle (18)

FYI

Sir Bruce Keogh

National Medical Director

Email 219

[s. 42 – legally privileged (created for sole or dominant purpose of litigation)]

Email 220

From: Keogh Bruce (NHS ENGLAND)

Sent: 14 April 2013 10:26

To: Bewick Mike (NHS ENGLAND); Riley Damian (NHS ENGLAND)

Cc: Buck Andy (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Dr Huon H Gray

Subject: Ensuring leeds is safe

Dear Mike and Damian,

I understand that the operating schedule for Leeds surgeons has to be agreed in advance with [sec 40] and [sec 40]. Please can you make sure that this includes a discussion relating to each patient and that the reviewers are content that the operative plan is appropriate for the diagnosis.

Could you please also formally ask NICOR and the reviewers to examine the appropriateness of use of the Glenn and Fontan procedures. There is a concern expressed that the Glenn is overused at the expense of the more appropriate Fontan procedure. I don't know what this really means, but it needs clearing up urgently.

Similarly, the case note review will need to tackle appropriateness of surgery and accuracy of consent. I would like Bill Brawn to be involved in this. He is highly respected and will be utterly impartial.

Finally, please can you let me know how you propose to engage the concerned parents' groups such as CHF and Fragile Hearts so they feel involved and know that we are listening to their concerns.

With many thanks and best wishes,

Bruce

Sent from my iPad

Email 221 – reply to email 205

From: Brian Jarman [email sec 40]

Sent: 14 April 2013 16:59

To: [sec 40]; [sec 40]

Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; [sec 40]

Subject: RE: Release of recent children's heart surgery data

Thank you [sec 40].

As you say, Glenfield (Leicester, 'GRL' in the NICOR report) has one of the lowest SMRs for 2009-12 in the NICOR analysis (page 10 of their analysis, attached). This was also shown in our Hospital Episode Statistics based analysis (attached), which I published and also sent to Bruce Keogh. Two of the three paediatric cardiac surgery units with the lowest SMRs are scheduled for closure by the 'Safe and Sustainable' review. Our analysis has also found the same three high SMR units as those found by the NICOR analysis one, Leeds, scheduled for closure, the others being Guy's and Alder Hey. [sec 40], says in [sec 40] 8 April 2013 covering letter (attached – [S41]) with their latest paediatric cardiac surgery unit SMR analysis: "Mortality is only one measure of quality, but currently is the most robust available outcome."

One has to wonder why NICOR did not publish an analysis of the PCS units' SMRs earlier. We did so at the Bristol Inquiry and in our report we emphasised the importance of openness and honesty with the public. The units' SMRs could have helped parents of children with CHD to decide where to take their children for operation, as well as being one of the factors that could have been taken into account in the decision to close some units. It seems that some of our recommendations in the Bristol Inquiry are relevant to the situation and I will copy a few below. I was particularly struck by how far we are from the Bristol Inquiry aspiration for an "open, free, non-punitive environment in which healthcare professionals can feel safe to report adverse events and near misses." The attached December 2012 BMJ editorial is a reflection on the current culture of the NHS.

Selected Bristol Royal Infirmary Inquiry quotations:

• '... the Department of Health accepts that it is responsible and is accountable for any failings of the systems that were in place during the period covered by the Inquiry. Ultimate responsibility rests with the Department of Health and the Secretary of State.'

- At a national level there was confusion as to who was responsible for monitoring quality of care. The confusion was not, however, just some administrative game of ‘pass the parcel’. What was at stake was the health, welfare, and indeed the lives of children. What was lacking was any real system whereby any organisation took responsibility for what a lay person would describe as `keeping an eye on things'.

- From the start of the 1990s a national database existed at the Department of Health (the Hospital Episode Statistics database) which among other things held information about deaths in hospital. It was not recognised as a valuable tool for analysing the performance of hospitals. It is now, belatedly.

- First, trust can only be sustained by openness.

- Secondly, openness means that information be given freely, honestly and regularly.

- Thirdly, it is of fundamental importance to be honest about the twin concerns of risk and uncertainty.

- Informing patients must be regarded as a process and not a one-off event.

- The quality of healthcare should be regulated through bodies such as the National Institute for Clinical Excellence and the Commission for Health Improvement.

- These bodies should be independent of government.

- A culture of safety crucially requires the creation of an open, free, non-punitive environment in which healthcare professionals can feel safe to report adverse events and near misses (sentinel events).

- Patients and the public are entitled to be involved wherever decisions are taken about care in the NHS.

- The involvement of patients and the public must be embedded in the structures of the NHS and permeate all aspects of healthcare.

- The public and patients should have access to relevant information.

- Healthcare professionals must be partners in the process of involving the public.

- There must be transparency and openness in the procedures for involving the public and patients.

Regards,

Brian.

Attachment from email 221

Paediatric open heart operations (excl. transplants) - 10 English University Hospital main PCS units - Under 5 years & Under 15 years

Under 5s

Report date: 29/03/2013

Outcome: Mortality (in-hospital 30 days)

Paediatric open heart operations (excl. transplants)

Age Range: 0-4

First / Last: Apr-09 / Feb-13

University Hospitals	Admissions	Superspells	Deaths	Expected deaths	SMR	Lower 95% CI of SMR	Upper 95% CI of SMR	Significance
Alder Hey Childrens NHS Foundation Trust	787	787	28	18.9	148.1	98.4	214.1	sig high
Birmingham Children's Hospital NHS Foundation Trust	1084	1083	34	36.5	93.2	64.5	130.2	average
Great Ormond Street Hospital For Children NHS FT	1223	1223	15	23.5	63.8	35.7	105.3	average
Guys and St Thomas NHS Foundation Trust	664	663	16	16.4	97.6	55.7	158.4	average
Leeds Teaching Hospitals NHS Trust	566	566	10	10.2	98.	46.9	180.3	averag

					0			e
Royal Brompton and Harefield NHS Foundation Trust	711	710	4	14.2	28.2	7.6	72.1	sig low
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	385	385	4	9.3	43.0	11.6	110.1	average
University Hospital Southampton NHS Foundation Trust	492	492	3	9.5	31.6	6.3	92.3	average
University Hospitals Bristol NHS Foundation Trust	577	577	5	13	38.5	12.4	89.8	average
University Hospitals Of Leicester NHS Trust	384	384	4	9.3	43.0	11.6	110.1	average
English University Hospital PCS units	6873	6870	123	160.8	76.5	63.6	91.3	

Under 15s

Report date: 30/03/2013

Outcome: Mortality (in-hospital 30 days)

Paediatric open heart operations (excl. transplants)

Age Range: 0-14

First / Last: Apr-09 / Feb-13

University Hospitals	Spells	Supers pells	Dea ths	Expected	SM R	Lower 95% CI of SMR	Upper 95% CI of SMR	Signific ance
Alder Hey Childrens NHS Foundation Trust	934	934	30	20.1	14 9.3	100.7	213.1	sig high
Birmingham Children's Hospital NHS Foundation Trust	1381	1380	36	39.4	91. 4	64.0	126.5	averag e
Great Ormond Street Hospital For Children NHS FT	1463	1463	16	25.9	61. 8	35.3	100.3	averag e
Guys and St Thomas NHS Foundation Trust	765	764	17	17.3	98. 3	57.2	157.3	averag e
Leeds Teaching Hospitals NHS Trust	704	704	11	11.5	95. 7	47.7	171.2	averag e
Royal Brompton and Harefield NHS Foundation Trust	859	858	5	16	31. 3	10.1	72.9	sig low

The Newcastle Upon Tyne Hospitals NHS Foundation Trust	454	454	6	10.5	57.1	20.9	124.4	average
University Hospital Southampton NHS Foundation Trust	627	627	3	11	27.3	5.5	79.7	average
University Hospitals Bristol NHS Foundation Trust	692	692	7	14.1	49.6	19.9	102.3	average
University Hospitals Of Leicester NHS Trust	444	444	5	10.6	47.2	15.2	110.1	average
English University Hospital PCS units	8323	8320	136	176.4	77.1	64.7	91.2	

See caveats regarding the data analysis at brianjarman.com.

Comparisons are with the overall SMR of the 10 units for each agegroup

Attachments from email - 221

When managers rule
bmj editorial 19 Dec 2

2013-04-08 Final
Report - Investigatio

2013-04-08 NICOR
Analysis of Paediatric

Email - 222

From: [s40]
Sent: 14 April 2013 22:08
To: Kelsey Tim (NHS ENGLAND); Wass Jo-Anne (NHS ENGLAND); Baumann Paul (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); Cummings Jane (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Hakin Barbara (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); Bruce.Keogh@dh.gsi.gov.uk
Cc: Easterling Tom (NHS ENGLAND)
Subject: FOR INFO, TO READ LTHT Update - 14 April 2013 (4)

All,

Please find attached a briefing regarding the latest position re Leeds.

Regards

[sec 40]

Sent from my iPhone

Attachment from email 222

To: Ian Dalton From: Lyn Simpson

Date: 14th April 2013

Paediatric Cardiac Surgery

Leeds Teaching Hospitals NHS Trust

Purpose of Briefing

1. To update Ian Dalton and NHS England National Directors on the progress over the weekend with regard to Paediatric Cardiac Surgery at Leeds Teaching Hospitals NHS Trust as well as the next steps.

Timing

2. Media interest continues, although national interest has reduced over the weekend

National Capacity and Transfers

3. The PICU bed situation is being closely monitored with downloads available every four hours. No Paediatric Intensive Care capacity issues have been reported over the weekend and the system continues to show capacity.

4. There has been one paediatric case transferred by EMBRACE from Rotherham to Leeds and one medical neonatal transfer into Leeds.

5. There were no commissioning issues or local issues to report

Feedback from Governance review

6. The NTDA are engaging with Leeds Teaching Hospitals NHS Trust on further work around governance.

7. Damian Riley and Andy Buck will ensure the case note review is undertaken and will continue to work with [s40] (external assessor) and the Chief Nurse at Leeds Teaching Hospitals NHS Trust on reviewing the parent complaints and concerns.

8. The West Yorkshire Area Team will ensure that operational oversight continues to move forward.

Analysis and information

9. Over the weekend period, Ian Dalton and Bruce Keogh reviewed the rapid review report with a view to making the necessary amendments to enable this to be released.

10. A presentational error in the NICOR report was highlighted on Friday evening; it was noted that one of the graphs was a replica of a graph from the previous year. This is being addressed.

11. A process will be put in place to check the appropriateness of procedures being offered by the Trust.

12. A dossier, received on Friday from Newcastle upon Tyne Hospitals NHS Foundation Trust, is being reviewed.

Media and Comms

13. Media interest continues with requests from the BBC, Mail on Sunday and The Press Association requesting an explanation of the issues surrounding the data.

14. Questions have been asked regarding the case mix and type of surgery being offered. The Daily Mail suggested that Leeds Teaching Hospitals NHS Trust has been 'cherry picking' the types of procedures undertaken.

15. Sir Brian Jarman of Dr Foster appeared on the Today programme on Saturday 14 April and it was felt that a balanced perspective had been given in terms of the action taken by NHS England

Next Steps

16. It was agreed that the responsibility for this issue should transfer to the West Yorkshire Area Team, supported by the Regional Team (North).

17. The National Team offered support, if required, either formally or informally.

18. Further clarity is required on the definitive timescales for completion of the second stage review

Any other issues / resilience

19. There were no general resilience issues at an Area, Regional or National level.

Conclusion

20. Responsibility for the coordination of the Leeds Paediatric Cardiac surgery is to be provided by the West Yorkshire Area team with support from the North Regional Team. The national team will provide support should it be required and will maintain a watching brief on progress.

Email – 223

From: John Gibbs
Sent: 15 April 2013 11:17
To: John Deanfield
Cc: [sec 40]; [sec 40]; [sec 40]; [SEC 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; Dr Huon H Gray; [sec 40]; Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40] [s40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40]; [sec 40], [sec 40]
Subject: Nicor report to NHS England

John - yesterday I was forwarded the Nicor report to NHS England following a revision of the congenital CCAD statistical analyses, along with your accompanying letter.

The facts (in your words) lead to the conclusion "These findings do not indicate a 'safety' problem in any centre". Yet you go on to say "However, centres with 3-year outcomes approaching the alert threshold may deserve additional scrutiny and monitoring of current performance." And "Data submission by individual Trusts to NICOR has been very variable. Leeds have underperformed consistently in this regard. The data submission could be considered as a measure of the organisation and commitment to Quality Service delivery and excellence by Trusts."

Congenital CCAD (and, I believe the other national cardiac audits) have always held a very strong view that there was a clear job in hand - to recieve and analyse data and to publish outcome indicators in a totally non-partisan and totally non judgmental way. Our data contributors have always trusted us to behave in that manner. Neither of the comments above were warranted from the data presented and the latter in particular appears plain and simply spiteful. Had you been involved directly in congenital CCAD in any way you would know that there are many reasons for data errors and submissions (sometimes of CCAD's own doing). I am not party to the reasons for the errors in the Leeds data and nor are you. It is wildly inappropriate to suggest it is a symptom of poor service delivery and you have done Nicor and its previous supporters a great disservice by making such comments. I cannot believe that the congenital CCAD steering committee sanctioned the contents of your letter.

Nicor cannot survive without the national cardiac audits and cannot afford to alienate the clinicians who have put so much work into the making of Nicor. The real issue with this ghastly recent business is that Nicor has, like it or not, to bear corporate responsibility for leaking of very sensitive data which had not even started to go through its usual rigorous processes of checking, and which was wrong. Absolutely, horribly, exactly the opposite of what Nicor and fairness to patients are all about. It is actually irrelevant in that regard if any centre had made important errors - if due process had been allowed to take place the errors would have been identified and corrected before the data went public and the terrible events of the last few weeks would have been completely avoided. In those circumstances, it would seem wise that any correspondence to NHS England (or any other body or the media) from Nicor might include a little humility and take particular care to avoid any hint of personal feelings or impartiality.

This all reinforces the need for a formal Nicor code of conduct, not just on matters of confidentiality and proper process but on personal behaviour of Nicor staff.

It's as well I retired from Nicor a couple of weeks ago - if I hadn't I would be resigning. I never thought I would ever find myself thinking back fondly of the pre-Nicor Information Centre management days!

John

Email 224 – reply to email 204

From: [s40]

Sent: 15 April 2013 14:34

To: Bewick Mike (NHS ENGLAND)

Cc: Deanfield, John; Rodney Franklin – personal; Cunningham, A; Keogh Bruce (NHS ENGLAND); Buck Andy (NHS ENGLAND); Riley Damian (NHS ENGLAND)

Subject: FW: NICOR report

Dear Mike,

Thank you for your kind words. We are happy to support efforts to ensure optimal Congenital Heart Disease care delivery.

1. I apologise for the error in the reporting of the graphs. This occurred because of time pressure. We have rectified the report and the NICOR website this morning and sent the revised version to NHS England for release. There is no change to our conclusions.

2. I have asked Rodney Franklin, the Chair of NICOR Congenital, to address this issue. He is aware of the need to respond in a timely manner to specific issues! Patients born with single ventricles are managed in a staged manner, with a Glenn (SVC-PA communication) followed later by a Fontan (IVC-PA communication) when appropriate. There are differences in opinion within the profession around the advantages of completing the Fontan in well palliated patients after Glenn. The ratio of Glenns to complete Fontans will reflect this and, in my view, is unlikely to be a measure of performance unless the numbers are very different from the other centres. We will investigate!

Please let me know if we can be of any further help.

Very best regards,

John Deanfield

-----Original Message-----

From: Deanfield, John

Sent: 15 April 2013 12:37

To: [s40]

Subject: FW: NICOR report

Professor John E. Deanfield BA Hons MB BChir (Cantab) FRCP BHF Vandervell Chair of Congenital Heart Disease Director Centre for Cardiovascular Prevention & Outcomes Deputy Director Cardiovascular Program Director, UCL Partners

Tel: [s40]

E-Mail: [s40]

[Rest of email chain repeat of Email 204]

Email 225

[sec 42]

Email 226

[Duplicate of Email 218]

Email - 227

From: [sec 40]

Sent: 15 April 2013 15:50

To: [sec 40]; [sec 40]; Stewart John (NHS ENGLAND); [sec 40]

Cc: Keogh Bruce (NHS ENGLAND)

Subject: FW: Very urgent: Call to British Heart Foundation (1)

Importance: High

Hello [sec 40],

I am forwarding your email to [sec 40] who is our communications contact, [sec 40] who is our [sec 40] and John Stewart who is our Lead Director on the Mortality Outliers for progression.

Many thanks.

Kind Regards

[sec 40]

From: [sec 40]

Sent: 15 April 2013 13:14

To: [sec 40]

Cc: [sec 40]; [sec 40]; [sec 40]

Subject: Very urgent: Call to British Heart Foundation

Importance: High

[sec 40]

I've left a voicemail on your phone this morning and also spoken to both your colleagues [sec 40] and [sec 40]. [sec 40] in Secretary of State's Office has also called.

I've recently taken over leading for the Department on issues and handling to do with the Safe and Sustainable Review and related issues at Leeds General in relation to children's heart surgery (the temporary suspension and the JR). As I'm sure you know Sir Bruce is leading on the response on behalf of NHS England.

The Chief Executive of the British Heart Foundation is pushing for an urgent call with Secretary of State to discuss this matter and how concerns from families can be addressed. We think it would be better for Sir Bruce to take this call as he can address the clinical concerns and it is not possible for DH to comment at this point, not least as these are matters for NHS England and the local NHS and that the IRP has not yet responded. I'd be grateful if you could confirm whether or not this would be possible either today or tomorrow.

In addition, we have three further queries that we are chasing for an update from your office:

1) whether Sir Bruce accepted the invitation to attend the Leeds OSC last week and if so what he was questioned on

2) if the data related to the review of the 10 hospitals in the Keogh review, including Leeds, has been released into the public domain following the media announcement on Saturday

3) what position Sir Bruce was referring to when he commented that Sir Roger Boyle should resign over the weekend.

Can you please call me urgently on [sec 40] to discuss these matters.

It would also be helpful if we could arrange a meeting for later in the week to join up our communications and handling of these related and highly sensitive issues. We will be in touch shortly to set this up and would be grateful for your steers on attendees.

Many thanks,

[sec 40]

Email 228 – forwarding email 205

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 15:58

To: [sec 40]

Subject: Fwd: Release of recent children's heart surgery data (5)

Sir Bruce Keogh

National Medical Director

Email 229 – with reference to email 227

From: [sec 40]

Sent: 15 April 2013 16:05

To: [sec 40]; [sec 40]; [sec 40]; Stewart John (NHS ENGLAND)

Cc: Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40]; [sec 40]

Subject: FW: Very urgent: Call to British Heart Foundation (2)

[sec 40] and all

Many thanks for your email reply. My latest phone message has just overlapped with this one. I look forward to hearing from one of you shortly. If you can ensure that [sec 40] in SofS's office is copied in please.

Many thanks,

[sec 40].

Email 230 – forwarding email 221

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 16:09

To: McCarthy Bill (NHS ENGLAND)

Subject: Fwd: Release of recent children's heart surgery data (6)

Bill,

I have received the following from [sec 40] with respect to safe and sustainable.

Bruce

Sir Bruce Keogh

National Medical Director

Email 231 – forwarding email 221

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 16:09

To: [sec 40]

Subject: Fwd: Release of recent children's heart surgery data (7)

Sir Bruce Keogh

National Medical Director

Email 232 – forwarding email 221

From: Keogh Bruce (NHS ENGLAND)

Sent: 15 April 2013 16:28

To: Kelsey Tim (NHS ENGLAND); [Sec 40]

Subject: Fwd: Release of recent children's heart surgery data (8)

Tim and [sec 40],

Please note I am NOT involved in the Safe and Sustainable process

Sir Bruce Keogh

National Medical Director

Email 232 – reply to email 228

From: [sec 40]

Sent: 15 April 2013 16:52

To: Keogh Bruce (NHS ENGLAND)

Subject: RE: Release of recent children's heart surgery data (9)

Dear Bruce

Thanks for sight of this.

Predictable stuff.

At some point we will need an agreed position on how the data analysis will inform the Safe and Sustainable deliberations, if at all.

Best wishes

[sec 40]

Email 233

[sec 42]

Attachment from email 233

[sec 42]

Email 234

[sec 42]

Email 235

[sec 42]

Email - 236

From: [sec 40]
Sent: 16 April 2013 08:23
To: Douglas Colin (NHS ENGLAND);[sec 40]; Keogh Bruce (NHS ENGLAND); Bewick Mike (NHS ENGLAND); Dalton Ian (NHS ENGLAND); Buck Andy (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); [sec 40];[sec 40];[sec 40];[sec 40];[sec 40]; [sec 40]
Subject: Hansard Transcript of the Urgent Question re Leeds Cardiac
Importance: High

Dear All

For your reference, please find attached a transcript of the Urgent Question raised in the House of Commons yesterday afternoon, 15 April 2013, about Leeds Cardiac. It can also be accessed via the link below:

http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130415/debtext/130415-0001.htm#1304154000003

Please let me know if you require anything further.

Kind regards.

[sec 40]

Briefing Manager

NHS England

Tel: [sec 40]

Mob: [sec 40]

E-mail: [sec 40]

Attachment from email 236

This information is in the public domain. Under Section 21 of the FOI Act (information accessible to the applicant by other means) we will refer you to the published source:

http://www.publications.parliament.uk/pa/cm201213/cmhansrd/cm130415/debtext/130415-0001.htm#1304154000003

Email - 237

From: [sec 40]

Sent: 16 April 2013 14:27

To: [sec 40]; [sec 40]; [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40]

Subject: BRUCE TO SEE From Prof Sir Roger Boyle (21)

Importance: High

Sensitivity: Confidential

Dear all

Please find attached a letter from Roger.

Best wishes,

[sec 40]

Attachment from email 237

[sec 40] [sec 38]

15th April 2013

[sec 40]

[sec 40]

[sec 40]

Bruce Keogh

[sec 40]

[sec 40]

Dear Colleagues

I am writing to clarify my position at NICOR. I am currently out of the country so I have only a rough idea of what is going on back home but I understand that there are serious concerns about may actions over recent weeks.

I understand that some people believe that I released the preliminary, unvalidated and later revised data on congenital heart surgery to the media. I did not do so. I mentioned that this early cut of a new method of analyzing the data to Bruce at a high level teleconference related to Safe and Sustainable and later that day forwarded that data to him. How the preliminary data ended up in the public domain I do not know but it was clearly leaked by someone.

So my crime appears to be that I shared these data with our sponsor, previously the Department of Health, now NHS England.

My comments regarding Leeds to the media relate to a wide range of issues regarding the management of families at that institution that have left me with very serious concerns about their governance arrangements and overall quality. Much of this has been aired by others in the media and, as far as I know, there is ongoing investigation into some of this.

The last thing that I want to do is to jeopardize the workings of NICOR going forward and, as it seems that I have lost the confidence of the specialist societies over this, I have decided to resign forthwith.

I wish you well with your continued endeavours at NICOR and I am sure that a succession can easily be arranged.

I believe that I had a duty to speak out and that I will be vindicated in due course regarding the wider issues but I accept that my involvement in NICOR and Safe and Sustainable simultaneously has complicated matters.

I feel that I have been tried in my absence and that the media have ruled the roost here. Nevertheless I have resolved to quit and that will, of course, be welcomed in some quarters.

All best wishes

Roger

(Beijing)

Email 238 – reply to email 227

[Duplicate of email above]

Email 239 – reply to email 228

From: Bewick Mike (NHS ENGLAND)

Sent: 16 April 2013 16:23

To: Keogh Bruce (NHS ENGLAND)

Cc: [sec 40]

Subject: COMPLETED Re: Very urgent: Call to British Heart Foundation (4)

YES I CAN

Dr Mike Bewick

Medical Director NHS CB North

On 16 Apr 2013, at 15:55, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

Mike,

Please see the email trail below which, primarily, is pressing for Bruce to have a call with the Chief Executive of the BHF in relation to Leeds.

[sec 40] PA has called again this afternoon for a decision on when this can take place. Is this something that you can pick up on Bruce's behalf/discuss with [sec 40] and Bruce?

Many thanks

[sec 40]

Email 240 – reply to email 213

From: [sec 40]
Sent: 15 April 2013 22:34
To: [sec 40]
Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40]; [s40]; [s40]; Stewart John (NHS ENGLAND)
Subject: Re: (2) URGENT - response before 9.30 tomorrow please Oral questions - line for ministers on transparency of children's heart surgery data

[sec 40],

The requests for data from CCAD from [sec 40]/[sec 40] were data access requests made to HQIP as the data controller for CCAD, not FOI requests. They were rejected by HQIP because they could lead to patients being identified or, because of the methodology proposed by Imperial College, could lead to the double or multiple counting of patients and misleading information being made available. I think you were copied into various exchanges I had with PS(PH)'s office about these requests a month or so ago.

[s. 40] so was not involved in the release of data by NICOR to NHS England, However, I understand from email exchanges between colleagues that no patient identifiable information was released to NHS England. Also, the analysis provided by NICOR benefits from the use of new sophisticated case mix-adjustment methodology (PRAiS - Partial Risk Adjustment in Surgery) developed by NICOR with input from expert clinicians and statistical experts.

A further point worth noting (although I am not suggesting you include this in PS(H)'s brief) is that it appears HQIP's approval was not sought for the release of this data to NHS England. The sharing of data collected by the national clinical audits, including the national cardiac audits, is allowed within the legal framework prescribed by the Data Protection Act 1998. For this purpose, the data controller is HQIP and approval for the release should have been sought.

Finally, please note my correct nhs.net email address (as above).

[sec 40]
[sec 40]
PLEASE NOTE: I transfer to NHS England on 1 April 2013. From this date my email address will be:
[sec 40]

Email 241 – reply to email 240

From: [sec 40]
Sent: 15 April 2013 23:31
To: [sec 40]
Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40]; [s40]; [s40]); Stewart John (NHS ENGLAND)
Subject: Re: (3) URGENT - response before 9.30 tomorrow pleaseOral questions - line for ministers on transparency of children's heart surgery data

[sec 40]

Many thanks for this - it is very helpful.

Can you check the following for me please?

Q. Why has NHSE released data on mortality rates following children's heart surgery when [sec 40]/Dr Foster/Imperial College was refused access to such data?

A. The data requested by [sec 40] could have resulted in individual patients being identified and a breach of confidentiality. Also the methodology proposed for analysing the data could have resulted in misleading information being put in the public domain.

No patient identifiable data was released when NHSE made the NICOR data available last Friday. The case mix adjustment methodology developed and used by NICOR makes the analysis of this data more robust and meaningful.

Thanks

[sec 40]

Email 242

From: Bewick Mike (NHS ENGLAND)
Sent: 16 April 2013 09:00
To: Keogh Bruce (NHS ENGLAND)
Subject: Re: (4) NHS ENGLAND: Release of two data reports relating to children's heart surgery at Leeds Teaching Hospitals

Bruce

Thanks for this. NICOR are amending the graph that was erroneously labelled in the report. I was also informed last night that there is a further error in the report the effect of which remains uncertain. They will contact me this morning and I will let you know if it is a serious ammendment or not.

I will try and get the rapid review report amended today ready for publication

See you tonight

Mike

Dr Mike Bewick

Medical Director NHS CB North

On 16 Apr 2013, at 08:54, "Keogh Bruce (NHS ENGLAND)" <s22> wrote:

Mike,

I don’t know if you have received the email below but sending it to you in case you haven’t.

Thanks

[sec 40]

From: [sec 40]
Sent: 15 April 2013 12:40
Subject: FW: NHS ENGLAND: Release of two data reports relating to children's heart surgery at Leeds Teaching Hospitals

Dear Colleague

I am sure some of you have already seen these reports and they are now in the public domain. This is a very complex issue with many interweaving strands that evolves on a daily basis. SCTS is working closely with all the individuals and groups involved but please feel free to contact the co-chairs of the congenital sub-committee ([sec 40] or [sec 40]) if you have any issues or concerns you wish to raise.

[sec 40]

From: [sec 40]
Sent: 15 April 2013 11:41
Subject: NHS ENGLAND: Release of two data reports relating to children?s heart surgery at Leeds Teaching Hospitals

Release of two data reports relating to children's heart surgery at Leeds Teaching Hospitals

12 April, 2013

NHS England has released two data reports relating to children's heart surgery at Leeds Teaching Hospitals

1. The original data sent to Sir Bruce Keogh by Sir Roger Boyle
2. NICOR Investigation of mortality from paediatric cardiac surgery in England 2009 – 12

See also a covering letter from NICOR
The first report is the data sent to Sir Bruce Keogh by Roger Boyle
The second is a report from the National Institute for Cardiovascular Outcomes Research which is part of the University College London which was commissioned to inform the review of Children's Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust. This report reviewed the data, based on further information provided by Leeds Teaching Hospital

[sec 40]

[sec 40]

Email 245 – with reference to email 241

From: [sec 40]
Sent: 16 April 2013 09:22
To: [sec 40]; [sec 40]
Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40]; [sec 40]; Stewart John (NHS ENGLAND)
Subject: RE: (5) URGENT - response before 9.30 tomorrow pleaseOral questions - line for ministers on transparency of children's heart surgery data

[sec 40],

Can we hedge slightly the statement about no patient identifiable data being released by NICOR - that is certainly the position as far as we are aware, but I have not had final confirmation from HQIP that was the case. What about:

Q. Why have the National Institute for Cardiovascular Outcomes Research (NICOR) and NHS England released data on mortality rates following children's heart surgery when [sec 40]/Dr Foster/Imperial College was refused access to such data?

A. The data requested by [sec 40] could have resulted in individual patients being identified and a breach of confidentiality. Also the methodology proposed for analysing the data could have resulted in misleading information being put in the public domain.

It is my understanding that no patient identifiable data was released when NHSE made the NICOR data available last Friday. The case mix adjustment methodology developed and used by NICOR makes the analysis of this data more robust and meaningful.

[sec 40]

[sec 40]

Email 246 – reply to email 245

From: [sec 40]
Sent: 16 April 2013 09:25
To: [sec 40]; [sec 40]
Cc: [sec 40]; Bruce.Keogh@dh.gsi.gov.uk; Keogh Bruce (NHS ENGLAND); [sec 40]; [sec 40]; [sec 40]; Stewart John (NHS ENGLAND)
Subject: RE: (6) URGENT - response before 9.30 tomorrow pleaseOral questions - line for ministers on transparency of children's heart surgery data

Great

many thanks for this

[sec 40]

Email 247 – reply to email 239

From: [sec 40]
Sent: 16 April 2013 16:51
To: Bewick Mike (NHS ENGLAND)
Cc: Keogh Bruce (NHS ENGLAND)
Subject: Re: Very urgent: Call to British Heart Foundation (5)

Mike, my call earlier was just to ask if you were near to finalising the report as it has been suggested that we need to brief David's office on this.

Grateful for an update

Kind Regards

[sec 40]

Email 248- reply to email 247

[Out of scope]

Letter 1

11 Greenfield Crescent, Edgbaston

Birmingham, B15 3AU, United Kingdom

Telephone: 0121 455 8982

Facsimile: 0121 455 8983

info@lhm.org.uk

www.lhm.org.uk

Little Hearts Matter

Half a heart...not half a life

Our Ref: SH/TR

17th April 2013

Sir Bruce Keogh

Medical Director of NHS England

Dear Sir Bruce

Re: Stage Two of the Inquiry into Congenital Cardiac services at Leeds General Infirmary, NHS England and the Care quality Commission

"We need to enable individual surgical teams to maximise their experience on particular complex and rare conditions. The only way we can do this is by increasing the number of cases to which they are exposed. This cannot be achieved by simply tinkering at the edges of local services."

Sir Bruce Keogh

Over the past three years Little Hearts Matter has striven to achieve the changes needed within the Congenital Cardiac service that would allow every patient with only one functioning ventricle a chance at the best quality of life possible, no matter where they were born. The promise that the reorganisation of cardiac services would at last remove the risk of low skilled teams offering inexperienced treatment, or no treatment at all, gained our support and so we have patiently waited for the change promised, but the children can wait no longer.

As the national charity with a specialist view on the diagnosis, treatment and lifestyle care of children and young adults with these complex, non correctable conditions, we have had the responsibility of ensuring that their voice has been heard in the mêlée of discord. It is clear from parental and patient comment and the evidence within the CCAD and NICOR documentation that the service for children with complex hearts hangs in the balance. We are also aware that the data, yet to be fully collected for the year 2012/13 will highlight a series of deaths related to our group of patients.

Our concerns are wide spread but in three distinct sections.

- The current service for children treated at the Leeds General Infirmary. *See detailed list of concerns attached.*
- The national care of children receiving surgery for single ventricle disorders is varied and in some areas barely mediocre. The CCAD information and the risk adjusted information on expected deaths relate in the main to patients with complex conditions namely Hypoplastic Left Heart Syndrome or other Fontan circulation conditions. The evidence that units have come close to referral for deaths during or following treatment for single ventricle conditions is very concerning. The fact that we have no indicators for the short or long term outcome for these patients is even more disquieting as death is not the only bad outcome for these children.
- The inertia that is currently delaying the reconfiguration of services is causing the service to seriously crumble. Lack of unit investment, low staffing levels, long waiting lists and localism preventing patient case discussion and timely referral.

As the medical director of the NHS England we urge you to take action on behalf of this very vulnerable group of children.

Having taken our Leeds based concerns to the Care Quality Commission they have directed us to NHS England as it is you that is conducting the stage two assessment of patient notes which should clearly indicate the treatment pathways for these complex children. All of our concerns are set out in the documentation attached.

On the broader issue of Fontan care we again raise the need to restrict the number of units offering Norwood and Fontan care. Had the reconfiguration of congenital cardiac services gone ahead as planned the final number of units should have been able to create, with education and scrutiny, a service that every child with a complex heart deserves, but with every day of delay their care becomes poorer, their lives are put at risk and their chances of achieving even half the potential of their peers is reduced. It is time for action.

The current political and media frenzy surrounding the need for change is creating a smoke screen that is masking true risks for children with congenital heart disease. The whole premise for the need for change set out by Kennedy over 12 years ago, is more evident today than it was then. We should not have to wait for more deaths before someone takes the important step forward on behalf of these complex children.

Yours Sincerely

Suzie Hutchinson RGN; RSCN — Peter Turner

Chief Executive — Chair

Enclosed with letter 1

NHS England and The Care Quality Commission

Little Hearts Matter is a national organisation that offers support and information to children, and their families, affected by a diagnosis of single ventricle heart disease. The charity supplies all of the UK units with Information Standards Certificated information on the diagnosis, treatment and lifestyle information needed by families as they learn about the treatment pathway planned for their child. The charity receives direct referral from many of the UK units at antenatal diagnosis and works as an added source of lifestyle information for clinical teams throughout the country. The charity sits on the Implementation Standards team and the Congenital cardiac Clinical Reference Group as well as working to highlight the needs of this complex group of children and young adults within arenas for change, medical, educational, social service and governmental.

Little Hearts Matter Concerns

1. Types of surgery undertaken at Leeds, outcomes not mortality but morbidity.
2. Timing of surgery – evidence that operations are undertaken later than the nation average. Glen and Fontan.
3. Surgery that Leeds admit that they should not undertake. – Norwood's.
4. Referral for complex care beyond local units.
5. Patients/Parents access to second opinions or a transfer of care.
6. Antenatal diagnosis, termination rates, treatment plans and referrals.
7. Potential miss diagnosis.
8. The critical condition of many of the children once they are received by a referral unit.

Little Hearts Matter would like these concerns highlighted during the case note review planned as part of the second stage of review into the Leeds surgical service.

Information sources.

- Individual Little Hearts Matter membership concerns.
- Members seeking a clearer understanding of the surgical process for their child.
- CCAD and NICOR data.
- Research on optimal surgical care for children with complex single ventricle disorders

Types of Surgery Undertaken at Leeds

Concerns that complex procedures, Fontan, are being undertaken in a unit with poor outcomes. See CCAD data.

Number of Glen/Cavo Pulmonary Connections done in relationship to the number of Fontan procedures. If they are not having Fontan's what is being done for these patients?

- Are they being transferred to other units?
- Is their surgery being delayed?
- Are they dying?

There are signs of slow post operative recovery, long periods of time spent in ITU, HDU, Ward. Re-operation rates for complications. Long term outcome appears poor but currently unmeasured.

A number of patients with complex conditions are being seen in OPD 2 monthly, continually, why.

HES and CCAD data does not give a clear view of this sort of outcome experience because it only reports mortality.

There is also an issue with the developmental issues experienced by a number of children.

Is outcome explained correctly? Are parents being given all the right information to make choices about surgery? Parents will not know about outcomes unless they are told. They have full faith in their cardiac team.

Timing of Surgery

Evidence from LHM members that surgery is done far later than in other units.

Glen Shunts done at age 2 or 3 years sometimes as late as 6 years old. (Nationally recognises timing between 3 and 9 months - deciding factor cyanosis, increased heart failure and reduction in growth)

Fontans done in late childhood. (Most units offer this surgery between 3 and 6 years - deciding factors, tailing off in growth, increased heart failure, and increased cyanosis)

Delays in setting out treatment plans have caused a marked deterioration in outcome.

Confirmation of types of surgery not undertaken at Leeds

Leeds agreed some years ago to stop offering the Norwood procedure for complex cases (because of poor outcomes), LHM would like to understand the criteria for other complex cases being referred away or not. It is clear that some single ventricle heart conditions are being treated at Leeds. National experts recommend a minimum of 20 Norwood's and 20 Fontans to maintain the expertise needed for these complex cases. (This is still to be agreed by the medical profession but is one submission to the IRP)

Referrals for complex care beyond Leeds

Having confirmed that some patients require a referral to a unit beyond Leeds the referral pattern does not appear to be clear and certainly does not meet Leeds own requirement for patients to be treated as close to home as possible.

Many patients are being referred to London when the Newcastle or Birmingham Units would be closer.

Patient/Parent access to a second opinion

Patient choice is clearly set down as the right of anyone being treated by the NHS.

It is clear that a number of families, when seeking either a second opinion or to transfer their care, are meeting with resistance and in some cases a clear NO to the request. (One mother was even tainted with the diagnosis of Munchausen's by proxy).

Delays in referral and mis- information or no information following the patient to another unit have delayed emergency treatment to the point where their condition has deteriorated markedly potentially affecting outcome.

Medical consultation about complex cases is not as forth coming as it used to be.

Antenatal diagnosis, termination rates, treatment plans and referrals

Expectant parents are being given mixed messages about diagnosis and very mixed messages about the referral plans for treatment if treatment is offered at all.

Many families feel that they are being pushed to termination. It is important to note that any expectant family being told that their child has an incurable condition may only hear that termination is recommended and not hear that there are other options but some families report being told that their child had a completely inoperable condition when another unit was able to offer surgery.

There are no clear referral pathways, no clear delivery information and no referral to other organisations who would be able to offer support and parent lead information.

Potential miss diagnosis.

Antenatal diagnosis of congenital heart disease is a highly skilled area of medical care. Often patients have to undergo a series of scans before a final diagnosis is confirmed.

Expectant parents will be offered, in most cases of complex disease, a series of treatment pathways. One of which will be termination of pregnancy.

It is rare, but not impossible, for the malformation within the heart to be so extensive that there can be no treatment offered but that diagnosis would be reached after a series of scans allowing for growth of the baby to allow for change.

Sometimes at birth a diagnosis will be changed because scanning the baby's heart directly is easier than scanning through the mother.

Following a series of scans there should be a clear diagnosis and a pathway of care set out.

The critical condition of many of the children once they are received by a referral unit.

The timing of the referral of a child for expert treatment at another centre is paramount to the surgical outcome for that child. Not just their survival but also their neurological and developmental outcome.

The pathway from diagnosis, through treatment planning into referral needs to be swift and clear (where possible). Parents, and the child themselves, need to be fully included in the planning and decision making.

Skilful judgement about optimal referral time is essential.

Letter 2

Dr Christopher Wren
querying CCAD data

Letter 3

[Duplicate of letter 1]

Letter 4

[Letter from member of the public raising concerns about the Safe and Sustainable Review process and withheld under sec 40, sec 41]

Email 249

From: [sec 40]

Sent: 17 April 2013 08:24

To: [sec 40]; [sec 40]

Cc: Keogh Bruce (NHS ENGLAND)

Subject: Fw: EDM 1270 - Sir Bruce Keogh and the Leeds Children's Heart Unit

Please see attached.

Regards

[sec 40]

----- Forwarded by [sec 40] on 17/04/2013 08:21 -----

[sec 40]

16/04/2013 10:54

To

[sec 40], [sec 40]

cc

[sec 40], [sec 40], [sec 40], [sec 40], [sec 40], [sec 40], [sec 40], [sec 40], [sec 40]

Subject

EDM 1270 - Sir Bruce Keogh and the Leeds Children's Heart Unit

Greg Mulholland MP has tabled an Early Day Motion. The text is as follows:

1270 SIR BRUCE KEOGH AND THE LEEDS CHILDREN'S HEART UNIT 15:4:13

[sec 43]

Guidance on EDMS:

[out of scope]

Yours sincerely,

[sec 40]

Email 250 – reply to email 248

From: [sec 40]
Sent: 17 April 2013 09:33
To: Bewick Mike (NHS ENGLAND)
Cc: Keogh Bruce (NHS ENGLAND); colin.douglas@dh.gsi.gov.uk

Subject: Re: Very urgent: Call to British Heart Foundation (7)

Many thanks Mike

Colin, could I as you to let me have sight of the report please and provide an update on publication timetable

Kind Regards

[sec 40]

Email 251 – reply to email 239

[Out of scope]

Email 252 – reply to email 251

[Out of scope]

Email 253

From: [sec 40]
Sent: 17 April 2013 16:24
To: Keogh Bruce (NHS ENGLAND)
Subject: Fwd: pdf version of letter to Mike and the External Review report (1)

Bruce, final report for your sign off

Kind Regards

[sec 40]

Sent from my iPhone

Begin forwarded message:

From: "Riley Damian (NHS ENGLAND)" <s22>
Date: 17 April 2013 15:32:39 BST
To: [s40] "Bewick Mike (NHS ENGLAND)" <s22>
Cc: [sec 40], "Douglas Colin (NHS ENGLAND)" <sec40>, "[sec 40]" [sec 40]

Subject: RE: pdf version of letter to Mike and the External Review report

attached with Mike's change in it.

thanks

Dr Damian Riley
Medical Director (West Yorkshire)
Tel [sec 22]

From: [s40]
Sent: 17 April 2013 15:01
To: Bewick Mike (NHS ENGLAND)

Cc: Riley Damian (NHS ENGLAND); [sec 40]; Douglas Colin (NHS ENGLAND); [sec 40]; [sec 40]
Subject: Re: pdf version of letter to Mike and the External Review report

[sec 40], you will want to liaise with Damian to make this change.

Thanks

[s40]

Mobile: [sec 40]

Email: [sec 22]

On 17 Apr 2013, at 14:53, "Bewick Mike (NHS ENGLAND)" <s22> wrote:

The following sentence should be changed in the introduction

Those present at the meeting were also informed that two senior clinicians had independently contacted Sir Bruce Keogh to raise concerns that children were not getting the right treatment at the Leeds Unit.

Those present at the meeting were also informed that two senior clinicians had independently raised concerns. One over medical staffing of the unit the other on the quality delivered within it,

Dr Mike Bewick

Medical Director NHS CB North

On 17 Apr 2013, at 14:01, "Riley Damian (NHS ENGLAND)" <s22> wrote:

Dear all

Please find attached the cover note to Mike and the report of the External Review Team , now in final version with patient identifiable details and staff names redacted.

(As you know an earlier draft was presented to the Risk Summit with no redactions. The attached version has no amendments to findings summary conclusions or recommendations)

I understand there are requests for this to be made public now. May I leave the arrangements for this with you please.

Dr Damian Riley
Medical Director (West Yorkshire)
Tel [sec 22]

<Leeds_Review_Phase_1_Report.pdf>

<Letter_to_Mike_Bewick.pdf>

Attachments from email 253

Final version within public domain – sec 21:

http://www.leedsth.nhs.uk/uploads/tx_lthboardmeetings/29.2_-_NHS_England_Review_of_Children_s_Congenital_Cardiac_Surgery_Service_at_LTHT.pdf

Email 254 – forwarding email 192

From: Keogh Bruce (NHS ENGLAND)

Sent: 18 April 2013 12:30

To: Roger Boyle

Subject: Fwd: Press statement on Roger Boyle (22)

FYI. thankfully they didn't issue a press statement.

Try to enjoy your trip

Bruce

Sir Bruce Keogh

National Medical Director

Email 255 – reply to email 254

From: Roger Boyle [mailto: sec 40]

Sent: 18 April 2013 13:46

To: Keogh Bruce (NHS ENGLAND)

Subject: Re: Press statement on Roger Boyle (23)

Thanks Bruce and for your help with this.

China want a National Service Framework!

Catch up soon.

Roger

Email 256

From: Buck Andy (NHS ENGLAND)
Sent: 30 April 2013 18:26
To: [s40]
Cc: Bewick Mike (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Richard Barker – s22]; Hakin Barbara (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Riley Damian (NHS ENGLAND)
Subject: Re: Update re Leeds (1)

Dear [sec 40]

Thanks for your email.

It's important to note that we have received more detailed information from some parents (last Thursday) and from Newcastle FT. We are considering how best to proceed in light of this information. We may be clearer about this by Friday, in which case we can brief David accordingly. So, I hope the following will suffice for the timebeing. Do give me a call if needs be.

Mike/Damian: do you have anything to add?

Thanks

Andy

First phase review reports:

The report from the first phase review and the NICOR report have both been published.

Mike Bewick (for Bruce Keough) and Andy Buck attended the Yorkshire and the Humber Joint Overview and Scrutiny Committee to discuss the recent events. We give the Committee a thorough account of what had happened and why. The Committee said it found our open and detailed account helpful.

Resumption of surgery:

Surgery resumed from 10 April on a phased basis. This has proceeded smoothly, with prospective information being shared about planned activity and subsequent sit reps about activity undertaken. No adverse incidents have been reported.

Second phase review:

Arrangements are being made to review the 30 cases in which patients died within 30 days of surgery between 2009/10 and 2012/13. This review will be undertaken by clinicians from other centres.

Mike Bewick (on behalf of Bruce Keogh) and Sue Cannon (W Yorks nurse director) met on 25 April with six mothers from the Fragile Hearts group. This was a very helpful meeting at which the mothers shared their detailed concerns. In light of this, we are considering how best to review these concerns, alongside the complaints and concerns from other families.

We are also considering how best to investigate the more detailed concerned raised with us by Newcastle FT.

The NHS Trust Development Authority continues to work with the Trust on governance concerns, including data completeness, complaints handling and response, and risk management.

We continue to liaise with the CQC about all these issues.

The Quality Surveillance Group will meet again to review progress and agree further action.

Andy Buck

Director (West Yorkshire)

NHS England

Mobile: [s40]

On 30 Apr 2013, at 15:09, [sec 40] wrote:

Mike, Andy

David Nicholson wants to say a few words about Leeds in his CX update at the public meeting of this board on Friday morning. His office have asked for a few bullet points by close tomorrow (Wednesday). Could you provide a quick update that I can use to prepare his speaking note? This should be a reminder that surgery recommence a couple of weeks ago; that this was a phased approach; an update on the second phase of the review; and next steps.

Thanks, [sec 40]

[sec 40]

NHS England

Mobile: [s40]

Email: [sec 40]

Email 257 – reply to email 256

From: Riley Damian (NHS ENGLAND)
Sent: 30 April 2013 19:18
To: Buck Andy (NHS ENGLAND)
Cc: [sec 40]; Bewick Mike (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Richard Barker – sec 22]; Hakin Barbara (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]
Subject: Re: Update re Leeds (2)

Nothing to add thanks Andy

Dr Damian Riley

Medical Director

NHS England (West Yorkshire)

Email 258

From: [sec 40]
To: Keogh Bruce (NHS ENGLAND)
Subject: Story re child death (1)

From Sky News report Friday 12th April and pulse.co.uk.

The mother of a young girl who died following heart surgery at Leeds General Infirmary has said she wants to know how and why her daughter died.

Siobhan Casey, from Rossington near Doncaster, has written to the Leeds Teaching Hospitals NHS Trust with a list of 27 issues that she wants them to address following the death of her four-year-old daughter Mylee.
Mylee had surgery to remove a build up of muscle on her heart that was restricting blood flow on March 15. Several hours after the four-hour operation, Mylee began to show stroke-like symptoms of stiffness down one side of her body.
Her mother said she wasn't informed straight away, and there was a gap of 13 hours between the symptoms being noticed and Mylee being given a CT scan.
The scan showed two areas of brain damage, prompting doctors to perform emergency surgery to remove blood clots. The next day an MRI scan showed more extensive brain damage, and on March 21, Mylee died.
"I want answers to why it happened," said Ms Casey. "Answers to why she wasn't treated more effectively and quicker than she was."
She also claims that staff on the unit were discourteous, unsympathetic and not fully trained in treating head injuries.
The Leeds Teaching Hospitals NHS Trust told Sky News it cannot discuss the clinical details of individual cases, but did issue a statement, saying: "We extend our deepest sympathy to Mylee's family and have been speaking to her mother about the family's concerns and have arranged a meeting with her next week to discuss these further. In such circumstances families understandably want to ask many questions and we will do everything possible to help."
Two weeks ago operations in the children's heart unit at Leeds General Infirmary were suspended by NHS England when figures suggested the unit had an uncommonly high death rate.
That data was later found to be flawed, and surgery partially resumed earlier this week.
NHS England have apologised for any inconvenience the decision to suspend surgery may have caused, but not for making the decision.
Earlier this week, the deputy director of medical services for NHS England, Mike Bewick, said the unit had been investigated in detail during the 11-day period that surgery was suspended for.

Best wishes,
[sec 40]

Email 259 – reply to email 258

From: Keogh Bruce (NHS ENGLAND)
Sent: 18 April 2013 19:43
To: [sec 40]
Subject: Re: Story re child death (2)

Thank you.

Confirms other information that there had been a death the previous week. In the meeting I asked if there had been a death in the last week. They said no, not for three weeks. Either they were trying to mislead me or they don't know what's going on, even though they were conducting an internal review.

Many thanks, Bruce

Sir Bruce Keogh

National Medical Director

Email 260

From: [sec 40]

Sent: 19 April 2013 18:41

To: Riley Damian (NHS ENGLAND)

Cc: Buck Andy (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)

Subject: BRUCE FOR ACTIONRe: word version of report (1)

Damian, thank you, we will keep on informed as requested

Kind Regards

[sec 40]

On 19 Apr 2013, at 18:00, "Riley Damian (NHS ENGLAND)" – mailto: Sec 22] wrote:

Dear [sec 40]

I received your voice message saying you wished a word version of this, rather than the pdf version previously issued

I apologise I have been unable to attend to this earlier than now

I trust it will not be materially changed without you letting me know

many thanks

Dr Damian Riley

Medical Director (West Yorkshire)

Tel [sec 22]

<Leeds External Review Report April 2013.docx>

Email 261 – forwarding email 253

From: Keogh Bruce (NHS ENGLAND)
Sent: 20 April 2013 06:31
To: Bruce Keogh
Subject: Fwd: pdf version of letter to Mike and the External Review report (2)

Sent from my iPad

Begin forwarded message:

From: [sec 40]

To: "Keogh Bruce (NHS ENGLAND)" <s22>
Subject: Fwd: pdf version of letter to Mike and the External Review report

Bruce, just had it confirmed that this is the final document

Kind Regards
[sec 40]

Email 262

From: Keogh Bruce (NHS ENGLAND)
Sent: 20 April 2013 06:35
To: Easterling Tom (NHS ENGLAND)
Cc: [sec 40]; [s40]
Subject: Re: BRUCE TO SEE URGENT Board minutes - urgent

Perfect,

Many thanks, Tom.

Have a good weekend,

Bruce

Sent from my iPad

On 19 Apr 2013, at 14:12, "Easterling Tom (NHS ENGLAND)" <s22> wrote:

Bruce

I have substantially redrafted the Board minutes re Leeds – see below. Are you comfortable with my amended version?

If you have a moment to look at this today it would be appreciated, as we really need to get the minutes to Malcolm this evening.

Thanks

tom

Tom Easterling

Director of the Chair and Chief Executive's Office

NHS England

[s22]

High quality care for all, now and for future generations

Leeds Children's Heart Surgery

Sir David Nicholson commended the work undertaken by Sir Bruce Keogh in response to a range of concerns raised regarding the quality of services provided at the paediatric cardiac surgery unit at Leeds General Infirmary. Following a meeting with the Trust shortly before Easter, the Trust had agreed to suspend operations for an interim period.

A robust process had been followed to rapidly investigate the concerns that had been raised. The methodology recommended by the National Quality Board was used for this exercise. A central feature of the process was the convening of a multi-agency risk summit. Throughout the investigation, the focus for NHS England had been to assure the safety of children at the unit. Following the investigation, it was concluded that although more work was still required, particularly with regard to data quality, the investigation had provided adequate assurance that it was appropriate to recommence surgery at the Trust. There was now an opportunity to stand back, reflect and learn lessons.

Sir Bruce outlined the factors that had precipitated the decision to suspend surgery. First, staffing: one of the unit surgeons had been taken off surgical duties, a second was on leave, and many operations were being undertaken by locums. Second, concerns raised by surgeons in Newcastle regarding patient access and the quality of advice being given. Third, preliminary data that indicated that the unit had a mortality rate significantly higher than the national average. Taken together, these factors made it essential for the Trust to take action to suspend services pending an investigation.

Sir Bruce Keogh explained the complex nature of paediatric cardiac services, with younger babies now being treated and more complex post-operative care now available. This had generated a broad consensus that expertise should be concentrated in a smaller number of larger units. This had led to the establishment of the Safe and Sustainable programme. Sir Bruce emphasised that he had no involvement in this programme.

In response to follow-up questions, Sir Bruce reiterated that the decision to pause services had been made by the Trust; at the time the investigation started he had been both NHS Medical Director and NHS England's Medical Director.

Concerns were raised regarding the level of communication with the public and patients during the period of investigation; it was agreed that this would be reviewed as part of a look back at the whole process.

The Board debated the need for accurate and timely data in order for patients to make informed choices; Sir Bruce reported that new software was being put in place within heart units to enable day by day comparisons to be made. It was further noted that discussions were taking place with regard to the collection of data for national audits.

In summary, the Board's central focus was on outcomes for patients. It was important to look at data, soft intelligence and claims from whistle-blowers, all of which provided important information. NHS England would need to take a precautionary stance but it was acknowledged that these sorts of interventions took place in an emotionally charged arena. Patients needed to be kept well-informed of the reasons for the decisions, purpose for interventions and the associated processes involved.

Email 263

From: Keogh Bruce (NHS ENGLAND)
Sent: 21 April 2013 11:28
To: Riley Damian (NHS ENGLAND)
Cc: [sec 40]

Subject: Re: BRUCE FOR ACTIONRe: word version of report (2)

Damian,

I cannot edit this on my iPad, so may I make the following suggestions:

1. "LTHT confirmed that one of its surgeons was presently not operating pending internal investigation of separate matters not pertaining to children's cardiac surgery" is changed to "LTHT confirmed that one of its congenital surgeons was presently not operating pending internal investigation." [s. 31]

2. "Within the context and remit of this review no evidence was found of immediate significant safety concerns in terms of clinical governance, staffing or in the management of the patient pathway for surgical care in the Unit, or for referral to other units". Suggest remove "or for referral to other units". This cannot be assessed by an internal review and is currently subject to phase 2.

Please could you make these changes, after which I think this can be published.

With many thanks and best wishes,

Bruce

Sent from my iPad

On 21 Apr 2013, at 10:28, "Riley Damian (NHS ENGLAND)" <s22> wrote:

Dear Bruce: word version attached

do give me a ring me if I can be of any more assistance

many thanks

Dr Damian Riley
Medical Director (West Yorkshire)
Tel [sec 22]

From: Keogh Bruce (NHS ENGLAND)
Sent: 20 April 2013 06:29
To: [sec 40]
Cc: Riley Damian (NHS ENGLAND); Buck Andy (NHS ENGLAND)
Subject: Re: BRUCE FOR ACTIONRe: word version of report

Sent from my iPad

On 19 Apr 2013, at 18:41, [sec 40] wrote: - [in reply to email 260]

Damian, thank you, we will keep on informed as requested

Kind Regards

[sec 40]

Letter 5

[Contents withheld under Sec 40 and Sec 41]

Email 264 – reply to 263

From: [sec 40]
Sent: 22 April 2013 07:12
To: Keogh Bruce (NHS ENGLAND)
Cc: Riley Damian (NHS ENGLAND); [sec 40]
Subject: Re: BRUCE FOR ACTIONRe: word version of report (3)

Bruce, thank you

Damian, if possible we would look to publishing the report at 12 noon today, our comms team are lined up for this and if we are to go ahead we would need the report by 10am at the latest.

Please call me if you need to discuss this

Kind Regards

[sec 40]

Email 265 – reply to email 263

From: Riley Damian (NHS ENGLAND)
Sent: 22 April 2013 10:05
To: Keogh Bruce (NHS ENGLAND)
Cc: [sec 40]
Subject: Re: BRUCE FOR ACTIONRe: word version of report (4)

Dear Bruce

Many thanks for this advice.

To avoid this becoming overly contentious, I wanted to check your thoughts here...

[s. 31] +[s. 40]

On this basis, can we change the working of the first sentence to

" pending a separate internal investigation "

On the second issue ,

We were aware of a small number of patients who alleged they requested transfer of care elsewhere and that Leeds was not obliging. One high profile case has reported, via grandma, her story to the press.

[s. 40, s. 31]

On balance, can we therefore tweak the final sentence to:

"Within the context and remit of this review no evidence was found of immediate significant safety concerns in terms of clinical governance, staffing or in the management of the patient pathway for surgical care in the Unit, or for referral to other units in the case of the specific case files examined"

Dr Damian Riley

Medical Director

NHS England (West Yorkshire)

Email 266 – reply to email 265

From: [sec 40]
Sent: 22 April 2013 10:40
To: Riley Damian (NHS ENGLAND)
Cc: Keogh Bruce (NHS ENGLAND)
Subject: Re: BRUCE FOR ACTIONRe: word version of report (5)

Damian, just waiting for Bruce to call me back

Kind Regards

[sec 40]

Sent from my iPad

Email 267 – reply to email 265

From: Keogh Bruce (NHS ENGLAND)
Sent: 22 April 2013 10:55
To: Riley Damian (NHS ENGLAND)
Cc: [sec 40]; Bewick Mike (NHS ENGLAND)
Subject: Re: BRUCE FOR ACTIONRe: word version of report (6)

Damian, just spoken to Bruce who is happy with your suggestions, so please go ahead and sign off the report from your end, send it to me and I will make arrangements for it to go to comms

Thank you for all your help and assistance

Kind Regards

[sec 40]

Email 268 – forwarding email 267

From: Keogh Bruce (NHS ENGLAND)

Sent: 22 April 2013 10:57

To: [sec 40]

Subject: Fwd: BRUCE FOR ACTIONRe: word version of report (7)

[sec 40], please see below, just waiting for the final report to come back and we are good to go - in SMT at the moment and will come to you as soon as I can

Kind Regards

[sec 40]

Email 269

From: Riley Damian (NHS ENGLAND)
Sent: 22 April 2013 10:58
To: Keogh Bruce (NHS ENGLAND); [sec 40],
Subject: Leeds External Review Report April 2013 (1)

[no text]

Attachment from email 269

[sec 21 - This report is available at http://www.england.nhs.uk/2013/04/23/rev-cccss-leeds/ and is titled: “Review of Children’s Congenital Cardiac Surgery Service at Leeds”]

Email 270

From: Riley Damian (NHS ENGLAND)
Sent: 22 April 2013 10:59
To: Keogh Bruce (NHS ENGLAND); [sec 40]
Subject: Leeds External Review Report April 2013 (2)

[no text]

Attachment from email 270

[Report by Dr Damien Riley – publicly available - http://www.england.nhs.uk/wp-content/uploads/2013/04/leeds-ext-review-rep.pdf]

Email 271

From: [sec 40]
Sent: 22 April 2013 15:43
To: Riley Damian (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)
Subject: RE: Leeds External Review Report April 2013 (3)

[Out of scope]

Kind regards

[sec 40]

-----Original Message-----
From: Riley Damian (NHS ENGLAND)
Sent: 22 April 2013 10:59
To: Keogh Bruce (NHS ENGLAND); [sec 40]
Subject: Leeds External Review Report April 2013

Email 272

From: [sec 40]

Sent: 22 April 2013 16:41

To: Keogh Bruce (NHS ENGLAND)

Subject: FW: Leeds data

Dear Bruce

We have had the enquiry below inviting comment on your actions relating to the Leeds data. I explained the course of action based on the statements that have been issued, that it was a necessary precautionary step especially in light of the other issues raised such as complaints, staffing levels and whistleblowers but I was not drawn on the question below.

I don't know if you wish to respond or feel the subject has been adequately dealt with before and as I have described above.

Kind Regards

[sec 40]

From: [sec 40]

Sent: 19 April 2013 14:57

To: [sec 40]

Subject: Leeds data

Hello [sec 40]

As you requested, to clarify our conversation earlier, I would be grateful if you would comment.

It was routine that there would be discrepancies in the data that Sir Bruce used to impose a temporary closer on the Leeds unit. Nicor has a routine procedure for dealing with discrepancies in preliminary data. It is usual that the data is verified before anyone rushes to conclusions about it.

Sir Bruce, with his experience as founder of Nicor and with his familiarity with the procedures around the data, and his familiarity with such data, would have known 1. that the data looked odd and needed to be verfied and 2. what the procedures where for verifying that data. and 3. that he should have verified the data before acting on it the way he did.

Best regards

[sec 40]

Email 273

From: [sec 40]
Sent: 25 April 2013 15:32
To: [sec 40] Keogh Bruce (NHS ENGLAND); McCarthy Bill (NHS ENGLAND); [sec 40]

Subject: URGENT BRUCE TO ACTION FW: Statement regarding ACHD review

Dear Bruce and Bill

Here is the other statement for sign off. This statement is a response to the Yorkshire Post article which claims that if children's heart surgery is no longer carried out in Leeds it will also mean the end of adult heart surgery in Leeds.

Please can you confirm you are happy with this statement before I send it off. Please note this is also for a 4pm deadline.

Kind Regards

[sec 40]

From: [sec 40]

Sent: 25 April 2013 15:04
To: [sec 40]
Cc: [sec 40] NHS Specialised Services
Subject: Statement regarding ACHD review

Hi [sec 40],

Please find below our response to the comments reported on this morning regarding the ACHD review.

“The NHS is reviewing adult congenital heart services to improve care for adults with congenital heart disease (ACHD) across the country. The NHS is continuing to engage with patients, families and clinicians on the proposed model of care and draft designation standards, which were developed by a multi-disciplinary expert advisory group.

All views are welcome during this engagement period. Any proposed changes will be consulted on fully before decisions are made.”

Further information about the adult heart surgery review can be found here:
www.specialisedservices.nhs.uk/info/adults-with-congenital-heart-disease

Of course, happy to discuss.

Thanks

[sec 40]

Safe and Sustainable Communications Team
T: 020 7025 7520
E: nhsspecialisedservices@grayling.com

W: www.specialisedservices.nhs.uk

From: [sec 40]
Sent: 25 April 2013 14:12
To: '[sec 40]'
Cc: [Sec 40]; NHS Specialised Services
Subject: Costs statement

Hi [sec 40]

Please find attached our statement regarding communications cost – this is in response to the enquiry from Katie Baldwin at the Yorkshire Post and I have just had a call about it from Vanessa Thurston at ITV Calendar. Apparently she has spoken to [sec 40] at the NHSE press office who was going to pass the enquiry onto you. I explained to Vanessa that we are working with you but it would be NHS England that provides a response.

ITV Calendar is running items tonight on both the comments around the ACHD review and separately about costs. Vanessa has interviewed Stuart Andrew for the report on costs and as you would expect, he is particularly critical of the cost of external communications.

Our statement in response is attached – as you can see we explain that the costs involved communications around the largest consultation the NHS has ever run – something which Vanessa fully understood. We have also included a breakdown of the different communications activity the costs cover.

Vanessa's number is: [sec 40]

When Katie Baldwin spoke to me this morning she asked us to confirm if the £6m figure for the overall costs of the *Safe and Sustainable* review included the communications cost – please could you confirm with Katie that it does.

We'll get the statement regarding the ACHD review to you very shortly.

Please do give me a call if you would like to discuss any of this.

Kind regards

[sec 40]

Safe and Sustainable Communications Team
T: 020 7025 7520
E: nhsspecialisedservices@grayling.com

W: www.specialisedservices.nhs.uk

From: [sec 40]
Sent: 25 April 2013 13:48
To: NHS Specialised Services
Subject: RE: Enquiry from the Yorkshire Post

Hi [sec 40]

Thank you for this. It had come to us, but as we have only just taken over I think we are going to have to speak to Dept of Health on this.

On the other issue I spoke to you about this morning how are you doing with the statement as I have local ITV on a 4 pm deadline for an answer and now have BBC.

Kind Regards

[sec 40]

From: NHS Specialised Services [mailto:nhsspecialisedservices@grayling.com]
Sent: 25 April 2013 13:11
To: [sec 40]
Cc: NHS Specialised Services
Subject: Enquiry from the Yorkshire Post

Hi [sec 40]

I know you were keen that NHSE answers enquiries around costs related to the *Safe and Sustainable* review, following the Parliamentary questions earlier this week.

Please find below an enquiry we have received from Katie Baldwin at the Yorkshire Post, who as you'll be aware, has followed the review very closely. Katie would like a response, particularly regarding the communications cost, before 5pm.

We'll prepare lines and send them to you shortly.

Jeremy sent the attached email to Roger on Monday about the PQs.

Best wishes

[sec 40]

Safe and Sustainable Communications Team
T: 020 7025 7520
E: nhsspecialisedservices@grayling.com

W: www.specialisedservices.nhs.uk

From: Katie Baldwin [mailto:Katie.baldwin@ypn.co.uk]
Sent: 25 April 2013 12:20
To: NHS Specialised Services
Subject: Parliamentary question on cost of Safe and Sustainable review

Hi there

As mentioned I am doing a story for tomorrow's papers about the information given to Stuart Andrew MP in response to a written question - details here

http://www.theyworkforyou.com/wrans/?id=2013-04-23a.152903.h&m=40489

I will be mentioning the £1.7m spending on external communications, the total cost of the review and the cost of the judicial review.

Could you provide a response by 5pm please?

Also, could you confirm whether it is correct that the total costs incurred would be around £8m (adding the legal costs, external communication costs and 'other costs')?

Many thanks

Katie

Katie Baldwin

Health reporter

Yorkshire Evening Post

0113 238 8465

www.yorkshireeveningpost.co.uk

Follow me on Twitter @katiebaldwinYEP

Email 274

From: Bewick Mike (NHS ENGLAND)

Sent: 29 April 2013 10:20

To: Keogh Bruce (NHS ENGLAND)

Subject: Fwd: Cong cardiac surgery sitrep wk comm 22.04.13_1.xls

FYI

Dr Mike Bewick

Medical Director NHS CB North

Begin forwarded message:

From: "Riley Damian (NHS ENGLAND)" <s22>

Date: 29 April 2013 08:48:03 BST

To: "McLean Kathy (NHS TRUST DEVELOPMENT AUTHORITY)" <kathymclean@nhs.net>, [sec 40], "Bewick Mike (NHS ENGLAND)" <s22>

Subject: FW: Cong cardiac surgery sitrep wk comm 22.04.13_1.xls

Dr Damian Riley

Medical Director (West Yorkshire)

NHS England

Tel [sec 22]

From: [sec 40]

Sent: 26 April 2013 15:51

To: Riley Damian (NHS ENGLAND)

Cc: Bryan Gill; [sec 40]; [sec 40]; [sec 40];Maggie Boyle

Subject: Fwd: Cong cardiac surgery sitrep wk comm 22.04.13_1.xls

Dear Damian ,

Please find attached this weeks SITREP for Congenital Cardiac Surgery. Any queries please do not hesitate to call me

Best Wishes

[sec 40]

Attachment from email 274

From: [sec 40]

Sent: 26 April 2013 11:58

To: [sec 40]

Cc: [sec 40]; [sec 40]

Subject: Cong cardiac surgery sitrep wk comm 22.04.13_1.xls

[sec 40]

Please find attached

Regards

[sec 40]

Attachment from attachment from email above 274

[sec 40]

Email 275

From: [sec 40]

Sent: 29 April 2013 18:02

To: Bruce.Keogh@dh.gsi.gov.uk

Subject: FORWARD TO MB Re: Review of Children's Congenital Cardiac Services in England

Importance: High

Dear Sir Bruce,

For your information, please see below a copy of an email sent to the Chair of the IRP, Lord Ribeiro, alongside copies of the associated attachments.

I trust this is helpful, but should you have any queries and/or need any further information, please do not hesitate to contact me.

Kind Regards

[sec 40]

From: [sec 40]

Sent: 29 April 2013 14:12

To: ribeirob@parliament.uk

Cc: [sec 40]; [sec 40]

Subject: Re: Review of Children’s Congenital Cardiac Services in England

Importance: High

Dear Lord Ribeiro,

Please find attached a letter and enclosure from [sec 40],

I trust this is helpful, but should you have any queries and/or need any further information, please do not hesitate to contact me.

Kind Regards

[sec 40]

Attachments from email above 275

[Two letters withheld under ss. 40 and s. 41]

Email 276

From: Riley Damian (NHS ENGLAND)

Sent: 01 May 2013 08:32

To: [s40]; Buck Andy (NHS ENGLAND)

Cc: Bewick Mike (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); <s22>; Hakin Barbara (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]

Subject: FOR INFO RE: Update re Leeds (3)

I anticipate mortality case review completed by end of May

with best wishes

Dr Damian Riley

Medical Director (West Yorkshire)

NHS England

Tel [sec 22]

From: [s40 – reply to email 256]

Sent: 01 May 2013 08:21

To: Buck Andy (NHS ENGLAND)

Cc: Bewick Mike (NHS ENGLAND); Simpson Lyn (NHS ENGLAND); Richard Barker - s22>; Hakin Barbara (NHS ENGLAND); Keogh Bruce (NHS ENGLAND); [sec 40]; Riley Damian (NHS ENGLAND)

Subject: Re: Update re Leeds

Thanks Andy, this is very helpful. Can you confirm the start an end date for the second review.

Regards

[s40]

Mobile: [sec 40]

Email: [s40]

Letter 6

[Repeat of contents within Letter 1 – page 389]

Email 277

From: Jarman, Brian [mailto:s40]
Sent: 21 May 2013 10:29
To: [s40]
Cc: Riley Damian (NHS ENGLAND); Buck Andy (NHS ENGLAND); Keogh Bruce (NHS ENGLAND)
Subject: SENT TO MB RE: Leeds Child Heart Surgery - Analysis of PCS HES data 2009-12 for electives only

Dear [Sec 40],

Thank you for your email. If Dr Damian Riley, Medical Director for the West Yorkshire Area Team (NHS England) and Andy Buck, Director of the West Yorkshire Area Team wish to have further analyses I would be happy to sent them. For instance, because the SMRs for Leeds appear to have been increasing the data for 2010-2012, as opposed to 2009-2012 (which I used because NICOR used those years) shows Leeds more of an outlier. I have no included the 2012-2013 data because they appear to be incomplete at the moment for Leeds, but mat be updated later in the year.

I will also copy this email to Bruce Keogh.

Regards,

Brian.

From: [s40] [mailto:- s40]
Sent: 21 May 2013 09:15
To: Brian Jarman
Cc: Riley Damian (NHS ENGLAND); Buck Andy (NHS ENGLAND)
Subject: Leeds Child Heart Surgery - Analysis of PCS HES data 2009-12 for electives only

Dear Professor Jarman

Thank you for your email addressed to [sec 40].

I have passed your email on to Dr Damian Riley, Medical Director for the West Yorkshire Area Team (NHS England) and Andy Buck, Director of the West Yorkshire Area Team.

[sec 40]

Safe and Sustainable Programme Director
Direct Line: [s40] Mobile: [s40]

From: [sec 40]
Sent: Tuesday 21 May 2013 08:58
To: [s40], Sheehan Jo (LONDON STRATEGIC HEALTH AUTHORITY)
Subject: FW: Analysis of PCS HES data 2009-12 for electives only.

[Sec 40]

Direct Line: [sec 40]

From: [sec 40]
Sent: Monday 20 May 2013 23:50
To: [s40]
Cc: [sec 40]; [sec 40]; Keogh Bruce (NHS ENGLAND); Murray Richard (NHS ENGLAND)
Subject: Analysis of PCS HES data 2009-12 for electives only.

Dear [sec 40],

Today I did an analysis, using the Imperial College methodology and HES 2009/12 data, of the SMRs of the 10 PCS units, looking at the elective admissions only (the 5431 electives analysed are 81% of 6721 total admissions). This analysis may be more relevant for families and their GPs to help them choose the unit for admission of their child. I am attaching the results for the IRP. They show that Leeds is a clear outlier. I showed this analysis on the screen today to BBC Yorkshire when they asked to interview me.

Regards,

Brian Jarman.

From: Jarman, Brian
Sent: 11 February 2013 11:17
To: [s40]
Cc: [sec 40]; [sec 40]
Subject: FW: Meeting with the IRP

Dear [s40],

I am emailing you to check that you did receive the attached paper that I sent to the Independent Review Panel on 1 February in my email below. You may remember that I had problems with my earlier submissions not being taken into account, or their receipt acknowledged.

Regards,

Brian Jarman.

From: Jarman, Brian
Sent: 01 February 2013 18:34
To: [s40]
Subject: RE: Meeting with the IRP

Dear [sec 40],

I would like to thank the IRP for giving me the chance to talk to them on 25th January.

The chairman asked my to send the panel a paper explaining why we at Imperial College would like to be able to analyse the CCAD data and I am attaching one.

Regards,

Brian Jarman..

From: [sec 40]

Sent: 22 January 2013 15:36
To: Jarman, Brian
Subject: RE: Meeting with the IRP

Dear Prof. Jarman,

Thank you for coming back to me to confirm the 25th. I have spoken to the IRP and they have asked if it would be possible to meet with you at 12:00, and they are expecting the meting to last about an hour.

[Out of scope]

I hope that is all ok, but if there is anything else please do let me know

Regards

[s40]

Direct Line: [sec 40]

From: Jarman, Brian [mailto:s40]
Sent: Tuesday 22 January 2013 10:58
To: [s40]
Subject: RE: Meeting with the IRP

Dear [s40]

This Friday 25th Jan would suit me.

Brian Jarman.

From: [s40]

Sent: 22 January 2013 09:47
To: Jarman, Brian
Subject: Meeting with the IRP
Importance: High

Dear Dr Jarman,

I am writing as I understand that [sec 40] has been n touch with you in regards to meeting with the IRP as part of their review to Safe and Sustainable and the decision made on the 4th Jult 2012.

I understand that you discussed 2 dates, the 25th and 28th of Jan, and I have spoken to [sec 40] who has asked me to confirm this Friday, the 25th of January with you. If you could let me know if this is still a suitable date for you I will send you all the details in regards to the venue and timing of the meeting.

Thank you very much

Regards

[s40]

Safe and Sustainable
NHS Specialised Commissioning Team
2nd floor, Southside
105 Victoria Street
London SW1E 6QT

Direct Line: [sec 40]

www.specialisedservices.nhs.uk

Safe and Sustainable. Find out more about the NHS reviews of children's neurosurgery and congenital cardiac services. Get involved at: www.specialisedservices.nhs.uk

Email 278

From: [sec 40]
Sent: 29 May 2013 15:44
To: [sec 40]; [sec 40]
Cc: Keogh Bruce (NHS ENGLAND)
Subject: URGENT - FOIA requests (SDR-65793)
Importance: High

Dear [sec 40] and [sec 40],

I'm aware other emails are being sent on the Leeds cardiac review by [s40 & s41]

Email 279

From: Holden John (NHS ENGLAND)

Sent: 31 May 2013 20:21

To: Keogh Bruce (NHS ENGLAND); [sec 40]; McCarthy Bill (NHS ENGLAND)

Subject: (1) suggested prompts/questions for discussion with professoinal associations (safe and sustainable) - Monday 2.30pm

I have suggested a few prompts, following our discussion earlier this week. Hope these are helpful

We can discuss which are useful /appropriate in our pre-meet from 1.45pm

John

John Holden

Director of System Policy

NHS England

(o) <s22>

(m) <s22>

<s22>

High quality care for all, now and for future generations

Attachment from email 279

Notes for conversation with clinical representatives re: children's congenital cardiac care

1. Welcome – ensure attendees willing to have a conversation in confidence

2. Context

• Since Bristol (2001) same question – how do we secure lasting improvements in children's cardiac care? No successful reform in 12 years since then ("stain on the soul of the profession" etc).

• Safe & Sustainable – JCPCT's March 2012 decisions were challenged by judicial review; and Sec of State referred the overall process to IRP

• Judicial Review – Judge's ruling in March 2013 quashed the decision to stop surgery at Leeds, Leciester and Brompton. NHS England has appealed against the decision, on basis of legal advice

• IRP - – report is with SOS – Bill has seen (and now Bruce?) – SOS is yet to announce his decision so we can't pre-empt, but we need to be ready. Hence this conversation.

• Many of you will have spoken to IRP and will know the topics they were interested in. Issues raised include scope (aligning adults' and children's), context in which evidence was presented for consultation (eg link between volume and activity), whether impact assessment took full account of patient pathway, etc.

• Likely that IRP's findings won't allow us to implement JCPCT decisions. NHS England has responsibility now that JCPCT no longer exists. Our intention to engage and find common ground. No pre-conceived answer (about process or outcome) - want to build on what has been done to date, consistent with our NHS England ethos – we focus on outcomes; public & patient engagement; clinical leadership; address inequalities; look for transformational change.

3. Suggested questions and prompts for discussion

• When SOS announces his decision, we intend to state NHS England's unwavering commitment to tackle this issue, however difficult, because we believe it is in the best interests of children today and future generations. Is that a message that clinicians will want to hear? Would your organisations endorse this message?

• We are considering an immediate process of listening and discussion – without a fixed proposition to discuss – once SOS has announced his decision on IRP. Do you agree this is a necessary first step? What issues should we bear in mind to make this productive and well received ? How best do we engage with your organisations and other national/local clinical bodies? What lessons (good and bad)

have we learnt about this from recent experience?

- We are determined to listen and engage but – in the interests of children's outcomes - we will need to make progress without undue delay. One way to do this may be to quickly define a few "fixed points" - the defining characteristics of a sustainable service . Is there consensus? What are your suggestions?

- (If required), prompts for debate: -

  - adoption of the adults and children's standards – should they be the core around which we want service change? Will promulgation of standards alone be sufficient as catalyst for local, evolutionary change? Or do we need national direction?

  - is it safe to assume there is universal agreement about the need for 24/7 cover (which implies a minimum of four consultants per centre to be resilient).?

  - Is there consensus on the need to have adults' and children's surgery in close proximity?

  - Or paediatric cardiac surgery, and other tertiary paediatrics, on same site?

  - To what extent must we factor transplants (and ECMO) into the consideration?

Email 280 – reply to email 279

From: [sec 40]
Sent: 01 June 2013 18:53
To: Holden John (NHS ENGLAND)
Cc: Keogh Bruce (NHS ENGLAND); McCarthy Bill (NHS ENGLAND)
Subject: Re: (2) suggested prompts/questions for discussion with professoinal associations (safe and sustainable) - Monday 2.30pm

Hi John

Looks good. I would also add building on what hasn't been challenged as a starter - you know better than I do what hasn't been challenged - but patient pathway, model of care from fetus To adult as well as the standards, using the ODN model for cardiac services which was agreed last December as part of all the other ODNs

Might also be wise to have some answers about the appeal process

We can talk more on Monday

[sec 40]

Sent from my iPhone

Letter 7

11 Greenfield Crescent, Edgbaston

Birmingham, B15 3AU, United Kingdom

Telephone: 0121 455 8982

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Little Hearts Matter

Half a heart...not half a life

Our Ref: SH/TW

17th June 2013

Sir Bruce Keogh

Dear Sir Bruce

Urgent Response

We are writing to you for an urgent response to the building crisis in the treatment of children with complex heart conditions at the Leeds General Infirmary.

Following our letter to you in April of this year highlighting our concerns about the treatment offered to children with complex heart conditions at Leeds General Infirmary we are very distressed to learn of further failures in the care of these vulnerable patients.

Little Hearts Matter is a national organisation that specialises in offering support and information to the most complex group of congenitally heart affected children, those born with only half a working heart. These children and their families rely on expert care given in expert units.

A number of our families treated in Leeds have raised serious concerns with us about their children's care with many of them demanding that their care be moved to other units only to discover that serious delays in their treatment has reduced the success of future, life-saving, surgery.

We are now seeking an immediate assurance from you that NHS England have concretely defined what is a complex case to the Leeds team and halted any further treatment of those cases. We also stress the need to assess not just the surgical failure rate but the clinical pathway to treatment.

It is clear that the management of these children leaves them seriously cyanosed for long periods of time. Initial treatments are being left in place to the detriment of future surgery. Serious complications during surgery are leading to long term complications and the need to change surgical pathways. Long delays in offering surgery has always created greater risk for successful future treatment but is now leading to death.

We are aware that senior clinical leads have also raised these concerns with you.

With the hope that we can reduce public outcry and with a serious priority to the children under the care of Leeds General Infirmary we ask for no further delay in NHS England stopping complex treatment at this unit.

Yours sincerely

Suzie Hutchinson RGN; RSCN — Peter Turner

Chief Executive — Chair

cc: Tony Salmon, Mike Bewick, Bill McCarthy, Jeremy Hunt

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Councillor John Illingworth
Leeds City Council

SENT VIA EMAIL

3 December 2013

Dear Councillor Illingworth

Re: Children's Heart Surgery – Freedom of Information (FOI)

I am writing further to your letter of 27 August 2013 regarding the release of material relating to the Safe and Sustainable review. It was my intention to reply to the points in your letter of 27 August 2013 at the same time as disclosing information. However because of the continuing delay in the provision of information, I am writing now to address the points you raised and to alert you to problems we have encountered in dealing with your request. I believe Bill McCarthy has also spoken to you about the FOI requests when you spoke on 29 October 2013.

Your letter was in response to mine of 21 August 2013, in which I set out how NHS England intended to respond to your request for information. Since you and I first met in July 2013, and discussed your FOI requests, the team responsible for Safe and Sustainable has entirely disbanded, and the NHS England FOI team has taken up responsibility for fulfilling the Safe and Sustainable FOI requests. Since then the FOI team has undertaken a review of the remaining work to be completed, as well as finalising the FOI work undertaken by Safe and Sustainable.

As outlined in my letter of 21 August 2013, NHS England under-estimated significantly the scale of the task required to fulfil your request, and misjudged our ability to provide this within the agreed 40 hours (which of course takes no account of many hours of work checking with individuals who are named, or considering and undertaking redaction (which I know you believe should "not be necessary")). It is proving to be a laborious process which is quite far removed from the vision you describe of "skilfully designed queries [which] allow a large proportion of the relevant documents to be located in a single pass".

As I said in my letter of 21 August 2013, we face practical obstacles due to the "duration of Safe and Sustainable (2008-2012), the range of organisations whose correspondence you wish to see, and the amount of change in the health system since 2008".

As a result, there has been and continues to be a delay in providing you with this information. Please be assured we are continuing to progress this request with a view to providing a final response by the end of December 2013. The detail of what we have and have not been able to provide will be set out in that response, but I thought it would be helpful to set out here a response to the points in your letter of 27 August 2013.

Paragraph numbering is the same as in your letter:-

Paragraph 1) - This relates to your criticism of Safe and Sustainable and the National Specialised Commissioning Team (NSCT). I appreciate your frustration but there is nothing I can add to this which would assist the FOI request we are dealing with here.

Paragraphs 2) 3) and 4) - You refer to a separate FOI request that was handled by NHS England relating to requests from January, February and March 2013. I understand that this has since been investigated by the ICO. I am unable to comment further. The FOI team for NHS England handles all requests for information including those which are escalated to the Information Commissioner. My understanding is that following this decision by the Commissioner your next recourse is through the Information Tribunal.

Paragraph 3) - You suggest that NHS England obtains "e-discovery" software which could carry out searches to locate the information you are interested in obtaining. However NHS England does not have this technology already, and there is no intention to procure it. I am unable to comment further on the details of this specific request.

Paragraphs 5) and 6) - These paragraphs do not affect the FOI request under consideration.

Paragraph 7) - We will, to the best of our ability, provide electronic copies of information. I had previously said there would be a trade-off as I understood it would be quicker to process paper copies and therefore hard copy permitted more extensive disclosure. However, I am now informed that it is no more time-consuming to provide electronic copies instead.

Paragraphs 8) and 9) - These do not relate to the FOI in question.

Paragraph 10) – You requested a "forensic image of the server-side directories" of the NSCT website. The website was (and is) managed by an external contractor. We are not able to carry out the request in the way in which you have described.

Paragraph 11) – This does not relate to the FOI in question.

Paragraph 12) – This relates to a previous FOI request which was aggregated with a number of other requests you submitted. Please refer to my comments made under Paragraph 2), 3) and 4) which clarifies the position on this.

Paragraphs 13) to 16) – These relate to the number of individuals we are reviewing. My letter of 21 August 2013 proposed that in the interest of the most effective approach to disclosure, we would target our approach on official correspondence ranging from 2008 to 2012 between nine individuals in NSCT, and five other individuals or groups, which were - Sir David Nicholson, Sir Bruce Keogh, Royal Colleges of Medicine, Professional Societies and NHS Trusts involved in the review.

Your letter of 27 August 2013 disagreed with this approach and asked us to search for a larger set of individuals and groups. NHS England will not be undertaking any further search of the additional individuals you have named since to do so would be to broaden the terms of the initial request and would have significant resource implications for NHS England. And in any case, it will be impossible to do this within the 40 hours we have agreed to undertake. It has become clear to us that there are significant challenges in fulfilling the request relating to the nine individuals which will limit the disclosure we can ultimately make. We will endeavour to provide you with a representative sample of all of the relevant material but I do not believe it will be possible to do more than this within the 40 hours. I am not yet in a position to advise precisely how the disclosure is affected but this will be made clear in our final response and disclosure of material to you.

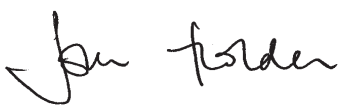
Paragraphs 17) to 18) – These relate to a previous FOI request you submitted to NHS England. This has since been responded to and subsequently reviewed at an Internal Review. As with earlier FOI requests, I am unable to comment further. If you are dissatisfied with the response to your Internal Review and material disclosed, you are able to raise this with the Information Commissioner directly.

Paragraph 19) – This refers to historic queries and FOI requests with NSCT and now NHS England. I have explained that these have been reviewed by the Information Commissioner.

Paragraph 20) – You have requested a complete non-redacted version of the most recent “Keogh” emails; as you know I passed your request on immediately to those responsible for the on-going review of patient safety at Leeds.

I hope this letter helps to clarify the position of NHS England in handling this request and our progress. We will endeavour to provide you with our final response by the end of December 2013.

Yours sincerely



John Holden
Director of System Policy

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