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Leeds CITY COUNCIL

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Wednesday, 11th December, 2013 at 10.30 am

(A pre-meeting will take place for all Members of the Committee at 10.00 am)

MEMBERSHIP

Councillors

J Worton – Barnsley Council

M Gibbons – Bradford Metropolitan District Council

A McAllister – Calderdale Council

C Funnell – City of York Council

T Revill – Doncaster Metropolitan Borough Council

B Hall – East Riding of Yorkshire Council

D Brown – Hull City Council

L Smaje – Kirklees Council

J Illingworth (Chair) – Leeds City Council

J Hyldon-King – North East Lincolnshire Council

J Bromby – North Lincolnshire Council

J Clark – North Yorkshire County Council

B Steele – Rotherham Metropolitan Borough Council

M Rooney – Sheffield City Council

B Rhodes – Wakefield Council

Please note: Certain or all items on this agenda may be recorded.

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (*In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting.)	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1 To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified on this agenda.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 13 SEPTEMBER 2013** To confirm as a correct record the minutes of the meeting held on 13 September 2013.	1 - 10
7			**CHILDREN'S CONGENITAL CARDIAC SURGERY AT LEEDS TEACHING HOSPITALS NHS TRUST - NHS ENGLAND'S CONTINUING INVESTIGATIONS** To consider a report from the Head of Scrutiny and Member Development providing an update on the progress of NHS England's subsequent phases of the review of quality of children's heart surgery services at LTHT.	11 - 14

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8			**THE NEW REVIEW OF CONGENITAL HEART DISEASE SERVICES IN ENGLAND - DRAFT REVISED TERMS OF REFERENCE FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER)** To consider a report from the Head of Scrutiny and Member Development presenting revised, draft terms of reference for Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), in respect of the new review of Congenital Heart Disease (CHD) services in England.	15 - 18
9			**THE NEW REVIEW OF CONGENITAL HEART SERVICES IN ENGLAND - UPDATE** To consider a report from the Head of Scrutiny and Member Development providing an update associated with the new review of congenital heart services in England.	19 - 72
10			**THE NEW REVIEW OF CONGENITAL HEART DISEASE SERVICES IN ENGLAND - INFORMATION REQUIRED AND NEXT STEPS FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (YORKSHIRE AND THE HUMBER)** To consider a report from the Head of Scrutiny and Member Development to assist members consider the information required and next steps for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in respect of the new review of Congenital Heart Disease (CHD) services in England.	73 - 76
11			**CARE QUALITY COMMISSION (CQC) HOSPITAL INSPECTION PROGRAMME: REQUEST FOR INFORMATION** To consider a report from the Head of Scrutiny and Member Development to assist in determining what, if any, information it should submit to inform the Care Quality Commission's planned inspection of Leeds Teaching Hospitals NHS Trust in March 2014.	77 - 78

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

FRIDAY, 13TH SEPTEMBER, 2013

PRESENT: Councillor J Illingworth in the Chair

Councillors J Clark, C Funnell, M Gibbons, R Goldthorpe, B Hall, J Hyldon-King, T Revill, B Rhodes, L Smaje and B Steele

1 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair agreed to accept the following late information:

- Minutes from the meetings held on 3 December 2012 and 10 April 2013 (Minute 4 refers)
- Notes of the meeting between NHS England, the Local Government Association (LGA) and the Centre for Public Scrutiny (CfPS) – 27 August 2013 (Minute 6 refers).
- Copy of the letter from Sir Bruce Keogh to Dr Tony Salmon – 30 August 2013 (Minute 6 refers).
- Copy of the letter from Sir Bruce Keogh to Professor John Deanfield -– 30 August 2013 (Minute 6 refers).
- Copy of letter from Children's Heart Surgery Fund to Bill McCarthy –12 September 2013 (Minute 6 refers).

The above documents were not available at the time of agenda despatch, but were subsequently made available on the Council's website.

The Chair outlined that, following the committee's previous meeting in April 2013, there had been three separate requests for copies of Sir Bruce Keogh's e-mail correspondence at and around the time of the temporary suspension of children's cardiac surgery services in Leeds. The intention had been to present and share such information with members of the joint committee; however non-redacted copies of the information requested had not been provided.

The Chair expressed his deep concern in this regard and stated his intention to continue to pursue this matter on behalf of the joint committee.

2 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

3 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, D Brown, A McAllister and J Worton.

Councillor R Goldthorpe was in attendance as a substitute member for Councillor A McAllister.

4 Minutes - 3 December 2012 and 10 April 2013

RESOLVED – That the minutes of the meetings held on 3 December 2012 and 10 April 2013 be approved as correct records.

5 Safe and Sustainable Proposals for Children's Congenital Cardiac Services in England: Advice from the Independent Reconfiguration Panel (IRP)

The Head of Scrutiny and Member Development submitted a report that presented the advice from the Independent Reconfiguration Panel (IRP), following its review of the Safe and Sustainable Proposals for Children's Congenital Cardiac Services in England.

It was outlined that the report had been submitted to the Secretary of State for Health on 30 April 2013 and subsequently made publicly available following the Secretary of State's announcement on 12 June 2013.

It was reported that representatives from the IRP had been invited to attend the meeting to outline the report in more detail and address any questions from members of the joint committee.

It was reported that while it was customary to invite report authors to present reports to the joint committee, the IRP had advised such attendance would not fit comfortably with its terms of reference, set by the Secretary of State for Health. The submission of the IRP's advice (on 30 April 2013) had effectively ended the IRP's involvement in the matter and, as such, the invitation to attend had been declined.

The Principal Scrutiny Adviser briefly introduced the report and subsequently invited member's comments.

Members of the joint committee welcomed the IRP's report and recommendations, noting the significant reference to the work of the joint committee and specific points raised in the reports published in October 2011 and November 2012. The comments included the following points:

- The Health Impact Assessment encapsulated the issues raised by the joint committee;
- The statement regarding 'flawed analysis' was particularly welcomed;
- The IRP's report was refreshingly helpful;

- Openness and transparency needed to be key characteristics of the new review – something that had been lacking;
- Concern regarding the recruitment practices in establishing the various advisory bodies associated with the Safe and Sustainable Review and potential issues of bias;
- It was important that the new review was subject to the same level of in-depth scrutiny.

While recognising the significant reference to the work of the joint committee within the IRP report, which reflected well on the efforts of members, the Chair expressed his regret that the referral to the Secretary of State for Health and the subsequent IRP report and recommendations, had become necessary parts of the former Safe and Sustainable review process.

RESOLVED – To note the Independent Review Panel's report and welcome the outcome of its review of the Safe and Sustainable process and proposals.

6 The new review of congenital heart services in England

The Head of Scrutiny and Member Development submitted a report that sought to introduce and present a range of details associated with the new review of congenital heart services in England.

The Principal Scrutiny Adviser introduced the report that confirmed NHS England as the responsible body for undertaking a national review of congenital heart services for both children and adults. It was reported that the new review would consider the whole lifetime pathway of care for people with congenital heart disease (CHD) and aim to:

- Achieve the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
- Tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care.
- Achieve 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.

It reported that NHS England Board had established a committee (or sub-group) to provide formal governance for the new review work going forward. The membership of that committee was reported as follows:

- Sir Malcolm Grant (NHS England's Board Chairman) – Chair
- Margaret Casely-Hayford (Non-Executive Director)
- Ed Smith (Non-Executive Director)
- Sir Bruce Keogh (Medical Director)
- Bill McCarthy (National Director for Policy)

A range of further information relevant to the new review was appended to the report, as follows:

- A copy of the report setting out broad proposals for undertaking the new review, which was considered by the NHS England Board at its meeting on 18 July 2013.
- Details provided by NHS England to the Secretary of State for Health, via a letter from the Chair of NHS England (dated 31 July 2013).
- Notes from the first meeting of the Congenital Heart Disease (CHD) sub-group, held on 29 July 2013.
- Notes from a series of different stakeholder meetings, as follows:
- National charities and patient groups – 16 July 2013;
- National clinical organisations – 16 July 2013;
- Clinicians from surgical centres – 22 July 2013; and,
- Local charities and patient groups – 7 August 2013.

Having been submitted earlier in the meeting (minute 1 refers) the following supplementary information was also considered:

- Notes of the meeting between NHS England, the Local Government Association (LGA) and the Centre for Public Scrutiny (CfPS) – 27 August 2013.
- Copy of the letter from Sir Bruce Keogh to Dr Tony Salmon – 30 August 2013.
- Copy of the letter from Sir Bruce Keogh to Professor John Deanfield – 30 August 2013.
- Copy of letter from Children's Heart Surgery Fund to Bill McCarthy –12 September 2013.

The following representatives were in attendance to address the joint committee and respond to appropriate questions:

- John Holden, Systems Director (NHS England);
- Sharon Cheng, Director (Children's Heart Surgery Fund (CHSF)); and,
- Lois Brown, Parent and member of Children's Heart Surgery Fund.

In providing an introduction to the joint committee a number of specific points were highlighted, including:

Children's Heart Surgery Fund (CHSF)

- Welcomed the content of the IRP report and recommendations.
- Welcomed the new review of congenital heart services in England.
- To-date, the contact and engagement work from NHS England had been good.
- There were some concerns regarding the relevant Clinical Reference Group (Congenital Heart Services) and some of its 'patient experience members'. The recruitment/ appointment process was unclear and questions had been raised regarding the appropriateness of some of

the appointed members. Reference was made to the letter from Children's Heart Surgery Fund to Bill McCarthy (12 September 2013).
- A meeting with NHS England's Deputy Medical Director was scheduled to take place in the near future.

NHS England

- NHS England was the new, single NHS organisation responsible for commissioning congenital heart services in England.
- It was hoped the discussion would represent the start of a new relationship and dialogue between the joint committee and NHS England.
- It was intended that the new review would consider:
- The 'whole lifetime pathway' of care – covering prior to birth through to end of life care.
- Achieving high quality standards and services – now and in the future.
- A national service, working to national standards, and seek to address variations across the country.
- Provision of information for patients.
- The review would be undertaken at pace, due to some services being 'vulnerable', with the aim of achieving an implementable solution within a year.
- Achieving an implementable solution within a year (that was not simply a top-down solution) represented a significant challenge.
- The new review would adopt the following principles:
  - Putting patients first – the needs of patients and families being at the heart of the review, over-riding organisational boundaries;
  - Transparency and openness – ensuring everything of substance is shared and available for public scrutiny;
  - Evidence based decisions – being clear on the nature and limitations of the evidence, and the use of 'judgement'.
  - Retaining good elements from the Safe and Sustainable review – although the precise scope was still to be determined.
- In terms of addressing any perceived 'bias' it was important to be:
- As transparent as possible.
- Clear about advisory and decision-making processes.
- Judged on actions and not words i.e. be held to account.
- CRGs have an important role to develop standards for all nationally commissioned services, however it was important to recognise the concerns raised and the sensitivities associated with the CRG for Congenital Heart Services: It would be important for the concerns raised to be addressed by the Chair of the CRG.

The subsequent key points of discussion included:

- Concerns over potential bias at such an early stage in the new review: It would be important to maintain an overview of such matters going forward.

- The importance of NHS England maintaining a close dialogue with all stakeholders.
- The need to avoid mistakes and learn the lessons from the previous review that produced a situation of 'winners and losers'.
- The new review needed to be undertaken in a robust manner in order to establish credibility and maintain the confidence of all stakeholders.
- Concerns regarding the proposed timescales of the new review.
- The direction of research / analysis of the impact of variables (such as ethnicity, socio-economic factors, size of unit, distance travelled) on the outcomes of cardiac surgery.
- General issues around the scope and boundary of the new review, in particular the inclusion of the treatment neonates within the review.

In summing up, the Chair acknowledged members general view that, in order to ensure any future proposals were in the best interest of patients and families across Yorkshire and the Humber, the new review was likely to require the same level of external scrutiny as the previous Safe and Sustainable review of services.

RESOLVED –

(a) That the contents of the report, its appendices and the information provided at the meeting be noted.

(b) That, subject to the outcome of the discussion around the future role of the Joint HOSC, the joint committee maintain an overview of progress of the new review of congenital heart services in England.

7 Children's Congenital Cardiac Surgery: Service provision at Leeds Teaching Hospitals NHS Trust

The Head of Scrutiny and Member Development to provide an update on the current provision of children's heart surgery at Leeds Teaching Hospitals NHS Trust (LTHT) and the progress of the subsequent phases of the review of quality of children's heart surgery services at LTHT.

The report reminded members of the matters relating to the temporary suspension of children's heart surgery at Leeds Teaching Hospitals NHS Trust in late March 2013, as discussed at the joint committee's previous meeting in April 2013. Appended to the report, for completeness, were copies of the following reports (referred to at the meeting in April 2013):

- Report of the External Review of Children's Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust
- Report from NICOR National Institute for Cardiovascular Outcomes Research (NICOR) following its investigation of mortality from Paediatric Cardiac Surgery in England 2009-12.

The following representative was in attendance to address the joint committee and respond to appropriate questions:

- Andy Buck, Director – West Yorkshire Area Team (NHS England)

It was confirmed that since the temporary suspension and subsequent recommencement of children's heart surgery at LTHT in March/ April 2013, a number of other activities had been taken forward. These were summarised as follows:

- Clinically led mortality review (April 2009 – 2013)
- Covering all child deaths at LTHT within 30 days after undergoing heart surgery.
- The review had been completed and a draft report was being considered by NHS England and LTHT.
- Whilst the report was still in draft form, that the review had found no major safety issues.
- The review, in line with the vast majority of clinical audits in the NHS, some areas for improvement – which were likely to benefit other units performing children's heart surgery.

- Independent review of concerns/ complaints raised by parents and families
- Review commissioned by NHS England – to be undertaken by Professor Pat Cantrill.
- Professor Cantrill will meet with parents and families to listen to concerns and will subsequently draft a report for consideration by NHS England and LTHT.
- Any necessary / additional actions will then be agreed.

- Confirmation of any other outstanding issues requiring attention

It was reported that LTHT was taking proactive steps to ensure the provision of a safe, robust and high quality service.

The key points of the joint committee's discussion included the following points:

- Welcomed the report of no major safety issues at LTHT in its provision of children's heart surgery.
- Looked forward to the formal conclusion and reporting of NHS England's investigation and associated learning points.
- Some concern regarding timescales associated with NHS England's investigations – which commenced in late March 2013, with no target date for completion.
- Recent personnel changes at LTHT, including the appointment of a new Chief Executive, Medical Director, Nurse Director and additional surgeons.
- Public perception around the movement / changes in personnel at LTHT and any relationship to the Trust's stance/ position in relation to the Safe and Sustainable review.

RESOLVED –

(a) That the contents of the report and appendices be noted.
(b) That the formal conclusion and outcome of NHS England's investigations, alongside the associated learning points, be reported to a future meeting of the joint committee.

8 Future of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

The Head of Scrutiny and Member Development submitted a report that considered the future role of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), as currently constituted.

The Principal Scrutiny Adviser reminded Members that – in the absence of any standing Joint Health Overview and Scrutiny Committee (HOSC) arrangements in Yorkshire and the Humber – in March 2011, the Joint HOSC was established with a very clear and defined remit – i.e. to consider and respond to proposals arising from the Safe and Sustainable review of Children's Congenital Cardiac Services in England.

It had been reported and considered elsewhere on the agenda (minute 5 refers) that, on 12 June 2013, the announcement from the Secretary of State for Health had called a halt to the previous Safe and Sustainable review of Children's Congenital Cardiac Services in England. As such, it was noted that there was no legitimate scope for the Joint HOSC to continue in its current form

Furthermore, while details associated with the new review of congenital heart services in England had been presented and considered elsewhere on the agenda (minute 6 refers), it was also noted that currently there were no explicit NHS proposals to consider and/or pass comment on.

It was noted that further legal advice had been sought and clarified that, while the terms of reference for the Joint HOSC would need to be revised to reflect the changed approach to reviewing services and, potentially, making future proposals – which may need approval from the constituent local authorities – it would not be necessary to formally dissolve the committee.

Members discussed the report and information presented, making a number of comments, including:

- The strength of joint scrutiny arrangements across Yorkshire and the Humber, vis-à-vis the Safe and Sustainable review and proposals, was clearly evident in the Secretary of State's announcement in June 2013.
- That the new review of congenital heart services in England would benefit from similar robust scrutiny arrangements as those in place for the Safe and Sustainable review.

- General support for the current joint scrutiny arrangements (with revised/ appropriate terms of reference) continuing for the new review of congenital heart services in England.
- Concern regarding the likely timescales for the new review and the processes necessary for agreeing revised terms of reference across fifteen constituent local authorities.
- The need for a fair acceptance from those undertaking the new review (i.e. NHS England) that establishing joint health scrutiny arrangements could be a complex and time-consuming process that needed to be taken into account.
- Recognising the need for broader political discussions, support, in principle, for establishing standing joint health scrutiny arrangements across Yorkshire and the Humber.

Summing up, the Chair reflected on the broad support for the work of the Joint HOSC to continue – insofar as it relates to the new review of congenital heart services in England, with appropriately revised terms of reference – alongside the need to facilitate broader political discussions associated with the potential establishment of any standing joint health scrutiny arrangements.

RESOLVED –

(a) That the existing Joint HOSC arrangements be maintained, insofar as it might relate to the new review of congenital heart services in England.

(b) That, in collaboration with health scrutiny support officers across Yorkshire and the Humber, the Principal Scrutiny Adviser takes the necessary and appropriate action in support of (a) above, including:

i. Producing revised draft terms of reference to reflect the new review of congenital heart services in England (as it is currently understood);
ii. Ensuring the appropriate consideration and agreement of the draft revised terms of reference with the constituent local authorities.

(c) That the Chair and Principal Scrutiny Adviser undertake the necessary and appropriate action to help facilitate broader political discussions associated with the potential establishment of a standing joint health overview and scrutiny committee across Yorkshire and the Humber.

Following conclusion of the discussion, Members formally recorded their thanks and appreciation for the on-going support and administration of the work of the Joint HOSC, provided by Leeds City Council in general and specifically the Principal Scrutiny Adviser in attendance.

The Chair thanked everyone for their attendance and closed the meeting at 12:25pm.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 11December 2013

Subject: Children's Congenital Cardiac Surgery at Leeds Teaching Hospitals NHS Trust – NHS England's continuing investigations

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	☐ Yes	☒ No

Purpose

1. The purpose of this report is to provide an update on the progress of NHS England's subsequent phases of the review of quality of children's heart surgery services at LTHT.

Background

2. On 28 March 2013 LTHT was presented with new mortality data from the Congenital Cardiac Audit Database (CCAD) by NHS England's Medical Director. This data indicated higher mortality rates at LTHT for 2010-11 and 2011-12 compared to other children's cardiac units in England. LTHT was also informed that two senior clinicians had independently raised concerns – one related to medical staffing of the unit and the other related to the quality delivered within it. In addition, at the meeting, a representative of the Care Quality Commission (CQC) informed LTHT that the CQC had information from patient complaints, which raised the concern that patients were being refused timely referrals to other Units for either a second opinion or for further treatment such as transplant.

3. LTHT decided to pause children's cardiac surgery pending further investigation – a decision supported by NHS England and the CQC.

4. At its meeting, on 10 April 2013, the Joint HOSC heard from representatives from NHS England, the CQC and LTHT. At that meeting details were provided of an urgent Quality Surveillance Group (QSG) meeting (convened by NHS England on 2 April 2013) and a subsequent Risk Summit (held on 4 April 2013), where it had been agreed

by NHS England, CQC, the NHS Trust Development Authority and LTHT that a review would be carried out.

5. It was reported that the review would have distinct phases, where the first phase had consisted of an urgent review of LTHT Children's Cardiac Unit to ascertain if there were significant and readily identifiable safety concerns.

6. It was previously outlined that the first phase review had focused on clinical governance processes, staffing capacity and capability, and the patient experience which included referral management and patient pathways in and out of the Unit. It was reported that the first phase review had found no evidence of immediate significant safety concerns in these areas and that surgery would be recommenced on a phased basis.

7. It was further reported that subsequent phases of the review work would involve:
   - A case note review of the deaths (mortality review) that have occurred and the complaints brought by a third Party.
   - Understanding data handling, the application of data relevant to Unit mortality and inter-Unit comparison at a national level

8. At its previous meeting (13 September 2013), the JHOSC was presented with the following
   - Report of the External Review of Children's Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust (published 23 April 2013)
   - Report from National Institute for Cardiovascular Outcomes Research (NICOR) following its investigation of mortality from Paediatric Cardiac Surgery in England 2009-12.

9. At that meeting it was confirmed that since the temporary suspension and subsequent recommencement of children's heart surgery at LTHT, a number of other activities had been taken forward, including:
   - A clinically led mortality review (April 2009 – 2013) – covering all child deaths at LTHT within 30 days after undergoing heart surgery; and,
   - An independent review of concerns/ complaints raised by parents and families – commissioned by NHS and being undertaken by Professor Pat Cantrill.
   - Confirmation of any other outstanding issues requiring attention.

<u>Clinically led mortality review (April 2009 – 2013)</u>

10. It was reported that the review had been completed and a draft report was being considered by NHS England and LTHT and, while the report was still in draft form, no major safety issues had been identified. It was also reported that, in line with the vast majority of clinical audits in the NHS, some areas for improvement were likely to be identified – which were likely to benefit not only LTHT but also other units performing children's heart surgery.

<u>Independent review of concerns/ complaints raised by parents and families</u>

11. It was reported that Professor Cantrill would initially meet with parents and families to listen to concerns and then draft a report for consideration by NHS England and LTHT.

Confirmation of any other outstanding issues requiring attention

12. It was reported that LTHT was taking proactive steps to ensure the provision of a safe, robust and high quality service.

Main issues and considerations

13. At its meeting on 13 September 2013, Members of the JHOSC welcomed the report of no major safety issues at LTHT in its provision of children's heart surgery and looked forward to the formal conclusion and reporting of NHS England's investigation and associated learning points.

14. However, Members also raised a number of concerns, including the timescales associated with NHS England's investigations, which commenced in late March 2013 and seemingly had no target date for completion.

15. The JHOSC resolved the formal conclusion and outcome of NHS England's investigations, alongside the associated learning points, be reported to a future meeting of the joint committee. As such, the purpose of this report is to report further progress in the regard.

16. Appropriate representatives have been invited to the meeting and will provide a verbal update at the meeting.

Recommendations

17. That the JHOSC:

- Considers and comments on the details presented in this report and outlined at the meeting; and,
- Identifies any additional scrutiny activity necessary at this stage.

Background documents[1]

18. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 11 December 2013

Subject: The new review of Congenital Heart Disease services in England – draft revised Terms of Reference for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	☐ Yes	☒ No

Purpose

1. The purpose of this report is to present revised, draft terms of reference for Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), in respect of the new review of Congenital Heart Disease (CHD) services in England.

Background

2. In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) 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).

3. At that time, the terms of reference identified that purpose of the Joint HOSC's work was to make an assessment of, and where appropriate, make recommendations on the potential options to reconfigure the delivery of Children's Congenital Heart Services in England. It was highlighted that this would specifically include consideration of the:

    - Review process and formulation of options presented for consultation;
    - Projected improvements in patient outcomes and experience;
    - Likely impact on children and their families (in the short, medium and longer-term), in particular in terms of access to services and travel times;
    - Views of local service users and/or their representatives;

- Potential implications and impact on the health economy and the economy in general, on a local and regional basis;
- Any other pertinent matters that arise as part of the Committee's inquiry.

4. Consideration was also given to the adequacy of the arrangements for consulting on the proposals, which was the subject of an unsuccessful referral to the Secretary of State for Health in October 2011.

5. Following the JCPCT's decision on the proposed future model of care and designation of surgical centres on 4 July 2012, it became increasingly apparent that there would be significant issues associated implementation that the JHOSC wished to consider on an on-going basis. Revised terms of reference to reflect this position were agreed on 24 July 2012.

6. However, notwithstanding the issues associated implementing the JCPCT's decision, in November 2012 the JHOSC referred the JCPCT's decision to the Secretary of State for Health. This was subsequently passed to the Independent Reconfiguration Panel (IRP) for consideration and advice, which was report to the Secretary of State for Health at the end of April 2013.

7. 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.

8. The IRP's full report and appendices, alongside a covering letter form the Secretary of State for Health were considered by the JHOSC at its previous meeting held on 13 September 2013.

Main issues and considerations

9. At its previous meeting, 13 September 2013, it was clarified that while the existing terms of reference for the JHOSC would need to be revised to reflect the changed approach to reviewing CHD services – which in turn may need approval from the constituent local authorities – it would not be necessary to formally dissolve the joint committee.

10. At that meeting, Members expressed their broad support for the work of the JHOSC to continue, insofar as it relates to the new CHD review, and specifically highlighted a number of points, including:

    - The strength of joint scrutiny arrangements across Yorkshire and the Humber, vis-à-vis the Safe and Sustainable review and proposals, was clearly evident in the Secretary of State's announcement in June 2013.
    - That the new CHD review would benefit from similar robust scrutiny arrangements as those in place for the Safe and Sustainable review.
    - Concern regarding the likely timescales for the new review and the processes necessary for agreeing revised terms of reference across fifteen constituent local authorities.
    - The need for a fair acceptance from those undertaking the new review (i.e. NHS England) that establishing joint health scrutiny arrangements could be a complex and time-consuming process that needed to be taken into account.

11. It was subsequently resolved that:

(a) That the existing Joint HOSC arrangements be maintained, insofar as it might relate to the new review of congenital heart services in England.

(b) That, in collaboration with health scrutiny support officers across Yorkshire and the Humber, the Principal Scrutiny Adviser takes the necessary and appropriate action in support of (a) above, including:

i. Producing revised draft terms of reference to reflect the new review of congenital heart services in England (as it is currently understood);
ii. Ensuring the appropriate consideration and agreement of the draft revised terms of reference with the constituent local authorities.

(c) That the Chair and Principal Scrutiny Adviser undertake the necessary and appropriate action to help facilitate broader political discussions associated with the potential establishment of a standing joint health overview and scrutiny committee across Yorkshire and the Humber.

12. Due to competing demands, it has not been possible to take forward the above actions forward as speedily and as fully as previously hoped.

13. Nonetheless, it is proposed to present revised draft terms of reference for the work of the JHOSC to reflect the new review of congenital heart services in England (as it is currently understood) for comment and possible agreement.

Recommendations

14. That the JHOSC notes the report and considers the revised draft terms of reference for the work of the JHOSC presented at the meeting for comment and possible agreement.

Background documents[1]

15. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 11 December 2013

Subject: The new review of congenital heart services in England – update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	☐ Yes	☒ No

Purpose

1. The purpose of this report is to provide an update associated with the new review of congenital heart services in England.

Background

2. Following the restructuring arrangements across the NHS that came into force from 1 April 2013, NHS England became the body responsible for commissioning specialised services. This includes commissioning services associated with the diagnosis and treatment of congenital heart disease (CHD).

3. On 12 June 2013, an announcement from the Secretary of State for Health called a halt to the previous Safe and Sustainable review of Children's Congenital Cardiac Services in England. This followed the advice provided by the Independent Reconfiguration Panel (IRP) – the detail of which is presented elsewhere on the agenda. In making that announcement, the Secretary of State invited NHS England to provide details of its proposed approach for undertaking a new review by 31 July 2013.

4. NHS England is now responsible for undertaking a national review of congenital heart services for children and adults, which will consider the whole lifetime pathway of care for people with CHD and aim to:

   - Achieve the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
   - Tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care

- Achieve 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.

5. At its previous meeting on 13 September 2013, the JHOSC received and considered a range of information associated with the new review. For ease of reference, the relevant extract from the draft minutes of that meeting are attached at Appendix 1.

Main issues and considerations

6. At its Board meeting on 8 November 2013, NHS England considered a report setting out an update on the progress of the new congenital heart disease review and key points, which the task and finish group wished to draw to the Board's attention. The report is attached at Appendix 2 and presents a range of information, including updates on:

   - The Board Task and Finish Group;
   - Governance arrangements;
   - Managing conflicts of interest;
   - Scope and Interdependencies of the new review.

7. To assist the JHOSC's consideration of progress of the review, NHS England was invited to send a representative to attend the meeting. However, at the time of drafting this report, it appears unlikely that an appropriate representative will be in attendance. A copy of NHS England's response to the invitation to attend is attached at Appendix 3.

8. However, it should be noted that NHS England has produced regular updates regarding progress of the review via its dedicated 'blog'. Updates have generally been given at fortnightly intervals. In its 12th update (25 November 2013), NHS England provided a link to a presentation recently used to update 'three different engagement groups'. For information, the presentation slides are attached at Appendix 4 and provide a summary of a range of issues associated with the new CHD review, including challenges, aims and objectives, engagement, governance arrangements, scope of the review and anticipated timescales.

9. For completeness, and in respect of the scope and interdependencies of the new review, the exchange of correspondence between the Chair of the JHOSC and NHS England's Director of System Policy is attached at Appendix 5.

Input from other stakeholders

10. In order to provide the JHOSC with a rounded picture of progress, representatives from other key stakeholders/ organisations with a specific role in the new review have been invited to the meeting to provide an update of their involvement and input to date.

11. The following organisations have been invited to provide an update on their involvement and input into the new review to date and respond to questions from members of the JHOSC:

    a. Leeds Teaching Hospitals NHS Trust (LTHT); and,
    b. Children's Heart Surgery Fund (CHSF).

12. A written submission from CHSF is attached at Appendix 5.

Recommendations

13. That the Joint HOSC:
    a. Considers and comments on the details presented in this report and outlined at the meeting
    b. Identifies any additional scrutiny activity necessary at this stage.

Background documents[1]

14. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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APPENDIX 1

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

EXTRACT FROM THE DRAFT MINUTES OF THE MEETING HELD ON FRIDAY, 13 SEPTEMBER 2013

The New Review of Congenital Heart Services in England

The Head of Scrutiny and Member Development submitted a report that sought to introduce and present a range of details associated with the new review of congenital heart services in England.

The Principal Scrutiny Adviser introduced the report that confirmed NHS England as the responsible body for undertaking a national review of congenital heart services for both children and adults. It was reported that the new review would consider the whole lifetime pathway of care for people with congenital heart disease (CHD) and aim to:

- Achieve the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
- Tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care
- Achieve 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.

It reported that NHS England Board had established a committee (or sub-group) to provide formal governance for the new review work going forward. The membership of that committee was reported as follows:

- Sir Malcolm Grant (NHS England's Board Chairman) – Chair
- Margaret Casely-Hayford (Non-Executive Director)
- Ed Smith (Non-Executive Director)
- Sir Bruce Keogh (Medical Director)
- Bill McCarthy (National Director for Policy)

A range of further information relevant to the new review was appended to the report, as follows:

- A copy of the report setting out broad proposals for undertaking the new review, which was considered by the NHS England Board at its meeting on 18 July 2013.
- Details provided by NHS England to the Secretary of State for Health, via a letter from the Chair of NHS England (dated 31 July 2013).
- Notes from the first meeting of the Congenital Heart Disease (CHD) sub-group, held on 29 July 2013.
- Notes from a series of different stakeholder meetings, as follows:
    - National charities and patient groups – 16 July 2013;

- National clinical organisations – 16 July 2013;
- Clinicians from surgical centres – 22 July 2013; and,
- Local charities and patient groups – 7 August 2013.

Having been submitted earlier in the meeting (minute 86 refers) the following supplementary information was also considered:

- Notes of the meeting between NHS England, the Local Government Association (LGA) and the Centre for Public Scrutiny (CfPS) – 27 August 2013.
- Copy of the letter from Sir Bruce Keogh to Dr Tony Salmon – 30 August 2013.
- Copy of the letter from Sir Bruce Keogh to Professor John Deanfield -– 30 August 2013.
- Copy of letter from Children's Heart Surgery Fund to Bill McCarthy –12 September 2013.

The following representatives were in attendance to address the joint committee and respond to appropriate questions:

- John Holden – Systems Director (NHS England);
- Sharon Cheng – Director (Children's Heart Surgery Fund (CHSF)); and,
- Lois Brown – Parent and member of Children's Heart Surgery Fund

In providing an introduction to the joint committee a number of specific points were highlighted, including:

Children's Heart Surgery Fund (CHSF)

- Welcomed the content of the IRP report and recommendations.
- Welcomed the new review of congenital heart services in England.
- To-date, the contact and engagement work from NHS England had been good.
- There were some concerns regarding the relevant Clinical Reference Group (Congenital Heart Services) and some of its 'patient experience members'. The recruitment/ appointment process was unclear and questions had been raised regarding the appropriateness of some of the appointed members. Reference was made to the letter from Children's Heart Surgery Fund to Bill McCarthy (12 September 2013).
- A meeting with NHS England's Deputy Medical Director was scheduled to take place in the near future.

NHS England

- NHS England was the new, single NHS organisation responsible for commissioning congenital heart services in England.
- It was hoped the discussion would represent the start of a new relationship and dialogue between the joint committee and NHS England.

- It was intended that the new review would consider:

    - The ‘whole lifetime pathway’ of care – covering prior to birth through to end of life care.
    - Achieving high quality standards and services – now and in the future.
    - A national service, working to national standards, and seek to address variations across the country.
    - Provision of information for patients.
- The review would be undertaken at pace, due to some services being ‘vulnerable’, with the aim of achieving an implementable solution within a year.
- Achieving an implementable solution within a year (that was not simply a top-down solution) represented a significant challenge.
- The new review would adopt the following principles:
    - Putting patients first – the needs of patients and families being at the heart of the review, over-riding organisational boundaries;
    - Transparency and openness – ensuring everything of substance is shared and available for public scrutiny;
    - Evidence based decisions – being clear on the nature and limitations of the evidence, and the use of ‘judgement’.
    - Retaining good elements from the Safe and Sustainable review – although the precise scope was still to be determined.
- In terms of addressing any perceived ‘bias’ it was important to be:
    - As transparent as possible.
    - Clear about advisory and decision-making processes
    - Judged on actions and not words i.e. be held to account.
- CRGs have an important role to develop standards for all nationally commissioned services, however it was important to recognise the concerns raised and the sensitivities associated with the CRG for Congenital Heart Services: It would be important for the concerns raised to be addressed by the Chair of the CRG.

The subsequent key points of discussion included:

- Concerns over potential bias at such an early stage in the new review: It would be important to maintain an overview of such matters going forward.
- The importance of NHS England maintaining a close dialogue with all stakeholders.
- The need to avoid mistakes and learn the lessons from the previous review that produced a situation of ‘winners and losers’.
- The new review needed to be undertaken in a robust manner in order to establish credibility and maintain the confidence of all stakeholders.
- Concerns regarding the proposed timescales of the new review.
- The direction of research / analysis of the impact of variables (such as ethnicity, socio-economic factors, size of unit, distance travelled) on the outcomes of cardiac surgery.
- General issues around the scope and boundary of the new review, in particular the inclusion of the treatment neonates within the review.

In summing up, the Chair acknowledged members general view that, in order to ensure any future proposals were in the best interest of patients and families across Yorkshire and the Humber, the new review was likely to require the same level of external scrutiny as the previous Safe and Sustainable review of services.

RESOLVED –

(a) That the contents of the report, its appendices and the information provided at the meeting be noted.
(b) That, subject to the outcome of the discussion around the future role of the Joint HOSC, the joint committee maintain an overview of progress of the new review of congenital heart services in England.

Paper NHSE131108

BOARD PAPER - NHS ENGLAND

Title: Update from the Board task and finish group on the new congenital heart disease review.
Clearance: Bill McCarthy, National Director: Policy
Purpose of paper: • To update the Board on progress of the new congenital heart disease review.
Key issues and recommendations: This paper contains an update on the progress of the new congenital heart disease review and key points, which the task and finish group wish to draw to the Board's attention.
Actions required by Board Members: The Board is asked to: • note the progress of the new congenital heart disease review to date; and • approve the task and finish group terms of reference (Annex C).

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

Background

1. At its meeting on 18 July 2013, the NHS England Board received a paper regarding the new congenital heart disease review. The paper described the challenge facing NHS England in improving these services, and outlined early thinking on the way forward.

2. The purpose of this paper is to provide an update to the NHS England Board on the progress of the review.

Board task and finish Group

3. The purpose of the Board task and finish group is to:

- provide strategic direction to the new congenital heart disease review on behalf of the NHS England Board;
- provide assurance to the Board that the work is aligned with the stated aims of the review and NHS England's other strategic priorities;
- advise the Board on particular issues in relation to the review and also on any decisions which the Board may be required to make; and
- where required, commission work and / or request further information from the review's programme board in order for the group to fulfil its function.

2. Since the NHS England Board meeting on 18 July 2013, the Board task and finish group (the "Group") has met on two occasions, 29 July 2013 and 30 September 2013, with a further meeting scheduled for 29 October 2013.

3. At its meeting on 29 July 2013, the Group discussed the progress of the review to date, including the 18 July 2013 Board paper, the outline timetable for the review and the discussion at the Board meeting itself.

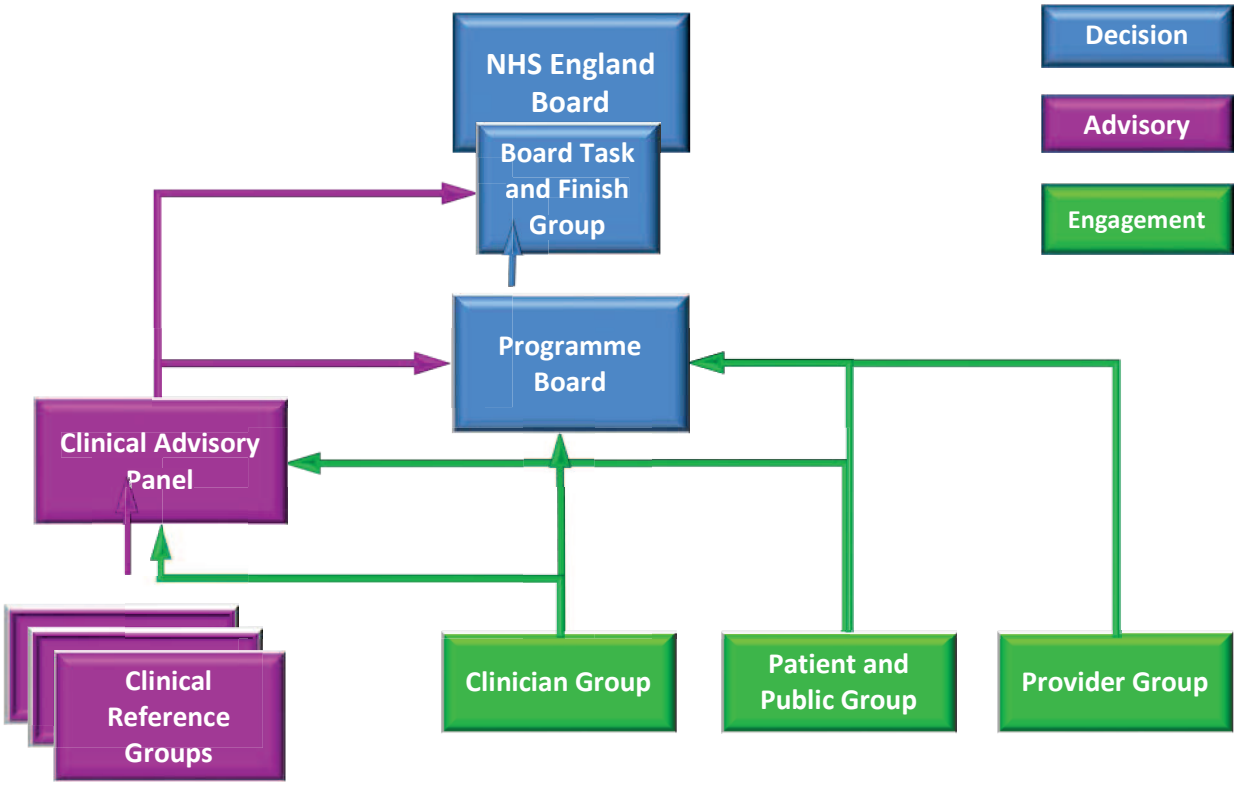
4. At its meeting on 30 September 2013, the Group discussed the review's proposed governance, decision making, stakeholder participation and engagement arrangements, the scope and interdependencies and also considered how the proposition would be developed.

5. The notes / minutes of both the meeting on 29 July 2013 and 30 September 2013 meetings have been published on the NHS England website in line with the review's commitment to transparency and are attached as Annex A and Annex B.

6. At the time of writing, the meeting on 29 October 2013 has not yet taken place, however Professor Sir Malcolm Grant will provide a verbal update to the Board during the Board meeting.

Governance

7. The governance, decision making and stakeholder participation and engagement arrangements for the review are depicted in the diagram below:



8. During the discussion on 30 September 2013, the Group considered its own draft terms of reference along with those of the programme board and clinical advisory panel. It was during this discussion that it was agreed that Professor Sir Michael Rawlins (Chair of the clinical advisory panel) should be invited to join the Group to ensure the views of the clinical advisory panel were represented fully. Professor Rawlins has since accepted this invitation and will attend future meetings of the Group. The Board are now asked to consider and approve the Group terms of reference (attached at Annex C).

9. Both the review's programme board and clinical advisory panel met for the first time during October 2013. Both the agendas and papers for these meetings were published on the NHS England website.

10. The review's three engagement groups (patient, public, clinician and provider) are due to hold their first meetings during November 2013.

Managing conflicts of interest

11. In line with NHS England's commitment to transparency the Group believe it is important that any potential conflict of interests relating to this review are clear and made public from the outset. Though NHS England already publishes online a Register of Members' interests in relation to its Board Members, the

Group believe that publication of any potential / perceived conflicts of interest should be applied to:

- the task and finish group;
- the clinical advisory panel;
- the programme board;
- the clinician group;
- the provider group; and
- the patient and public group.

12. We have sought to ensure that a wide cross section of parties and viewpoints is represented in the governance arrangements. This recognises that in this context it is quite appropriate for representatives of an organisation, charity or professional group to speak from the perspective of that group. Nonetheless all members will be expected to consider what is in the best interests of all patients with congenital heart disease, and to put those interests first. A policy has been developed defining a "potential conflict of interest" for these purposes and also in the event that a conflict arises, the necessary action to be taken. The application of the principles described in the policy will be discussed with each of these groups to agree whether any register of interests is appropriate.

Scope and Interdependencies

13. At its meeting on 30 September 2013, the Group considered a paper regarding the scope and interdependencies of the review which also outlined the process in place to resolve the remaining questions. This paper was published online and comments were invited from stakeholders, approximately 40 comments were received. These comments were collated and passed to the Clinical Advisory Panel for their consideration in providing advice to the Group who will make the final decision on scope of the review at the meeting on 29 October 2013.

Recommendations

14. The Board is asked to:

- note the progress of the new congenital heart disease review to date; and
- approve the task and finish group terms of reference (Annex C).

Bill McCarthy
National Director: Policy
October 2013

Note of meeting of Board CHD sub group - 29 July 2013

The group discussed progress to date including the recent Board paper and outline timetable, and the discussion on 18 July.

In discussion the following points were made:

- in response to the Secretary of State's request for an update by the end of July, the Chair would write to Mr Hunt, with a short explanatory letter, enclosing the Board paper
- an initial series of meetings with stakeholders was underway, including a meeting with local charities and patient groups, scheduled for 7 August
- NHS England would need to be able to reconcile the work of the new CHD review with the "Call to Action" - and explain clearly how the two were related
- the process for the new CHD review would establish a precedent for similar exercises in future dealing with other specialties and should, as far as possible, use the specialised commissioning approach (clinical reference groups to advise on standards, development of networks etc).
- we must avoid well-intentioned but misguided pragmatism, ie the path of least resistance, or simply developing a solution to accommodate every existing provider. NHS England must determine the characteristics of the best possible service and commission with that in mind
- the number of units, and the link between volume of activity and patient outcomes, were recurrent themes in early discussions. IRP had criticised the way in which evidence regarding volume and outcomes had been presented in the previous review. So – if the new review relied on numbers of cases per surgeon/centre, it would need to differentiate clearly between evidence and judgement
- irrespective of any evidenced link between volume and outcome, there were intuitive grounds for having four surgeons in each unit, to ensure sustainability and to "future proof" the service. These included mutual support, better on-call arrangements, opportunities for training etc. Having enough surgeons meant removing some of the stress of what was intrinsically a very stressful job
- similarly, the intuitive arguments for larger units, with greater concentration of expertise, were that public expectations were rising, pressures on surgical teams was greater, babies were operated on earlier and operations were increasingly complex. These were potential reasons for performing some of the most difficult and complex operations in a very limited number of centres

- it will be important to think radically about what is best for patients in the long term, which requires a focus on principles and standards, and how best to future-proof the service – for example anticipating changes in technology and clinical practice. This requires a broader approach than simply reviewing the merits of the current providers – how, for example, to best align leading edge research and current practice?
- given the need to consider adults' services alongside children's, the questions about the precise meaning of "co-location", and the need to consider the latest data and best projections, NHS England was not required to work towards a set number of units (eg reducing from 10 to 7). It may be that the conclusion of the review will be to prescribe a number of units, which could be the same or fewer, but this was not the starting point of the review
- some stakeholders had raised safety concerns and there were undoubtedly risks during transition – this was being discussed with NHS England's patient safety domain lead and we would agree a consistent process to be followed. CQC had legal responsibility for essential levels of safety & quality, and NHS England could address issues locally through its regional medical directors working with CQC (eg in Quality Surveillance Groups), with potential escalation to the Chief Inspector of Hospitals
- as the sole national commissioner NHS England wanted a single national service to a single set of national standards, consistently applied. This may require some sharing of accountability, potentially though the way that contracts are let and managed (it was a matter of concern that relationships between centres appeared to have broken down).
- whatever the outcome of this review it was clear that there were practical issues to overcome, for example in the relationships between centres to help ensure an appropriate degree of co-operation and collaboration. NHS England would also need to consider how to support those affected by change – for example patients and families who might potentially need to use different services, and clinicians and staff whose units might be affected
- summing up, the Chair reiterated the importance of openness, transparency, clinical leadership and service user engagement in the way NHS England conducted its business. The success of this new review would depend in part on early clarity about the fixed points around which the service must be built, the use of formal standards and networks, and consideration of the sustainability and "future proofing" of the service, including links to research. This in turn would require careful thought as to how to rebuild damaged relationships and the potential for some sharing of accountability in a national service of the future.
- NHS England would continue engagement and discussion with a view to developing an initial proposition for discussion in the autumn.

Annex B

Minutes of the Board Task and Finish Group held on 30 September 2013

Present:

- Professor Sir Malcolm Grant (Chair)
- Mr Ed Smith, Non-Executive Director
- Professor Sir Bruce Keogh, National Medical Director
- Mr Bill McCarthy, National Director: Policy

Apologies:

- Ms Margaret Casely-Hayford, Non-Executive Director

In attendance:

- Mr John Holden, Director of System Policy
- Mr Michael Wilson, Programme Director

Item	Agenda Item
1	**Welcome and Apologies**
	The Chair welcomed everyone to the meeting. Apologies were noted. The Chair commended Mr Holden's blog as an innovative means of communicating progress. Mr Holden reported that it was being read by both patient groups and clinicians.
2	**Note of the last meeting**
	The Chair noted that this was a note rather than formal minutes reflecting the nature of the meeting at that time but that in future formal minutes would be produced. The notes of the meeting on 29 July 2013 were accepted as an accurate record.
3	**Action log**
	The Chair noted that all items on the Action Log were either completed or in progress. The Chair requested more information about the engagement groups referred to in action 7. Mr McCarthy replied that a first round of meetings with charities, clinical leaders, front line clinicians and organisational leaders had taken place. These had acknowledged concerns from the judicial review and the

Item	Agenda Item
	Independent Reconfiguration Panel. They had been helpful in explaining that the new review was not simply a re-run of Safe and Sustainable, and reinforcing our commitment that it would put patients first. It would not compromise on standards. He considered that it was the beginning of a process to build trust which was also supported by the blog and other expressions of openness and transparency. These groups were now being incorporated into a more structured system of participation and involvement which would be described under item 7.
4	**Terms of reference**
	The Chair stressed that the qualities of transparency and openness were paramount for this exercise. Mr Holden confirmed that the agenda, papers and minutes of this and other meetings would be published, as detailed in the publication scheme to be considered under item 6. In addition the blog, with its facility for comment, was an important part of achieving transparency and openness. The task and finish group would report regularly to the NHS England Board (which met in public) and all decisions that affected the commissioning and delivery of CHD services would be taken by the main board in public. The Chair invited the Group to consider whether it was important in the interests of transparency and openness for it to conduct its meetings in public. The Group was of the opinion that it would be normal for a working group of any organisation to hold its meetings in private, subject to it always reporting publicly the substance of its discussions. The Group's meetings would be about the nuts and bolts of the review and transparency and openness would be amply achieved in the ways Mr Holden had described. The proper management of any possible conflicts of interest would be critically important. Mr Holden introduced the terms of reference (TOR) and emphasised that there was a need to be clear about the role of a decision-making group like this one. The Group was a Task and Finish Group acting on behalf of the Board of NHS England in steering and shaping the review, and taking the decisions necessary for that purpose. The Board would receive regular reports, oversee the process and take the necessary substantive decisions. The review's programme board would make decisions on the day to day running of the review and report back to, and make recommendations to the Task and Finish Group. No other groups would make decisions within the review – their roles were advisory and to ensure that a wide range of stakeholders had a voice in the process. It was noted that the membership of the Group was not symmetrical – the chair of the programme board was a member but the chair of the clinical advisory panel was not. If the chair of the clinical advisory panel (CAP) was a member it would then be clear how the CAP's advice was considered by the Group. The Chair agreed that Professor Sir Michael Rawlins should be asked to join the group. With this amendment the terms of reference were agreed.
Action	The chair of the CAP, Professor Sir Michael Rawlins to be invited to join the Group.
5	**Scope and interdependencies**
	Professor Sir Bruce Keogh introduced the paper on scope and interdependencies. He explained that the paper sets out what is being done to resolve the remaining questions. This was for information rather than a

Item	Agenda Item
	decision. Advice would be sought from the CAP and a final decision would be made at the next Group meeting. He explained that the paper showed what is already known about the scope of the review, for example that it should cover the whole pathway, and that some services were out of scope but were still significantly connected to congenital heart disease (CHD) services. An example was paediatric intensive care (PIC). If paediatric CHD surgery were to cease at a hospital this could impact on the viability of the PIC unit and thus affect other clinical services. Michael Wilson explained that such services were not considered to be in scope – it was important to limit the review to the subject at hand, but it would be important for the review to recognise the interdependency and be clear how the connections would be managed. Sir Bruce explained that there were other areas where it is less clear whether a service or aspect of a service should be considered to be in scope. It would be important to consider the interdependencies and any knock on effects of change on other services. The Group considered that criteria needed to be developed to shape decisions about what was in and why. The proposed process involved seeking the advice of the Congenital Heart Services clinical reference group (CRG). Also the papers for this meeting of the Group had been published on the web site and views were being sought from any interested party by this route. A number of stakeholders had already expressed opinions. These responses would be collated and used to inform the CAP as it considered its advice for the Group. The CAP's advice would be shared publicly before TAFG took its decision. The review needed to ensure an appropriate balance between clinical expertise and public opinion. It was important that the CAP was clinically led. The Chair noted that the paper presented the question of scope as a binary choice – in scope or not. But the reality was more of a spectrum.
Action	CAP advice on programme scope to be published on the NHS England website and views invited before Group makes its decision.
6	**Proposed governance and decision making**
	Mr McCarthy explained that the paper and diagram showed how the proposed arrangements link together and the proposed reporting line. Decisions affecting the commissioning and delivery of CHD services would be taken by the main Board at its public meetings. The Chair asked for the review to be a standing item on the Board agenda. Mr Holden stated that it was important to note that only three groups made decisions – the Board of NHS England, the Group and the programme board. Mr McCarthy drew attention to the governance diagram. The CAP and the CRG were the formal advisory groups. The clinician group, the patient and public group and the provider group were a systematic means of ensuring input from these key stakeholders; they ensured that the review had the necessary channels for regular engagement and gave the review team an opportunity to test its thinking. Mr Holden explained that NHS England had nominated independent chairs for each group, who could act as an honest broker as well as represent the views

Item	Agenda Item
	of the group. Questions were raised: (1) whether the provider group should feed into the clinical advisory panel as well as the programme board. This was not considered essential given the specific focus of the provider group (eg on organisational, financial and workforce issues) and the provider group's direct representation on the programme board. (2) what the relationship between the three engagement groups would be, and whether it could be helpful for there to be some joint working. Mr Holden replied that some attendees at the various stakeholder groups which had met to date were aware of each others' meetings (through reading meeting notes etc) and had in some instances referred to the notes/outputs of each other's discussions. But these three new, consolidated panels would need to be more systematically kept abreast of each other. Mr Wilson added that while it could be impractical to bring all the groups together on every occasion there would be occasions when it would be helpful to bring them together. The Group agreed that it would be important that the arrangements should make it possible to hear smaller groups and those whose voices were sometimes crowded out. Patients and parents who had a poor experience or less good outcome were an important group with a lot to teach us.
Action	The new CHD review to be added to the main Board agenda as a standing item.
	Programme Board (including proposed terms of reference) Mr McCarthy stated that while the Group acted on behalf of the main Board of NHS England in steering and shaping the review, the programme board was responsible for running the programme of work necessary to bring the review to a successful conclusion including the management of risk. It did this work on behalf of this Group and following its direction. It was agreed that Professor Rawlins should be invited to join the programme board. With this amendment the Group were content to convey the terms of reference to the programme board for its consideration and approval.
Action	The chair of the CAP, Professor Sir Michael Rawlins to be invited to join the programme board.
	Clinical Advisory Panel (including proposed terms of reference) Sir Bruce stated that having reflected on the panel's membership he now considered that an anaesthetist should be added to the group. Even with this addition, he noted that there would be comment about the membership of the CAP. It was not intended that every geography or professional interest group was represented. The review had other mechanisms for that, through the clinical group and the clinical reference group. Members of the CAP had been selected for their personal expertise. With the proposed amendment to membership the Group were content to convey the terms of reference to the CAP for its consideration and approval.

Item	Agenda Item
Action	An anaesthetist to be invited to join the Clinical Advisory Panel.
	Managing conflicts of interest The Chair emphasised the importance of the review's approach to managing conflicts of interest. He welcomed the paper but considered that it should be tightened up even further so that less formal associations were also registered. Everything should be in the open.
Action	The proposed approach to managing conflicts of interest should be further developed to ensure that informal associations were also declared.
	Publication scheme for the review The publication scheme was welcomed as an important contribution to the review's approach to openness and transparency.
7	**Proposed stakeholder participation and engagement arrangements**
	Mr McCarthy explained that this paper complemented item 6 by showing how each stakeholder group would be able to participate in the review's work. Mr Wilson emphasised that it did not present a complete communications and engagement plan; this was being developed. The Chair asked about the plan for working with overview and scrutiny committees (OSCs). Was there an intention to establish a joint national OSC? Mr McCarthy agreed that this would be a very helpful development, since this was a national review of a national service. Nonetheless some local councillors had expressed concerns or questioned the feasibility of such an approach. The Chair agreed to explore the issue with the chair of the Local Government Association, Sir Merrick Cockell.
Action	Sir Malcolm Grant to discuss the potential for joint local government engagement, overview and scrutiny.
8	**Developing the proposition**
	NHS England had committed to a deliverable proposition by June 2014. The Chair asked whether it would be possible to meet the deadline. Mr Holden replied that the paper defined an implementable solution as a specification for children's and adult congenital heart disease (CHD) services together with a recommended commissioning and change management approach, including an assessment of workforce and training needs. This was achievable for June 2014. But the process was not without risk, and while there were good reasons for seeking to deliver the review at pace, this needed to be balanced against the need to ensure comprehensive engagement and alignment in support of the proposals, which of course was not guaranteed. The Chair stated that it would be important for NHS England to support providers of CHD services to work together in developing a national approach.
9	**Highlight report**
	The highlight report was noted. The Chair affirmed that the review was a whole organisation priority and the Group agreed the importance of ensuring that the organisation's resources were mobilised to support the review.

Item	Agenda Item
10	**Any other business**
	There was no other business.
Date of next meeting	29 October 2013 – Maple Street, London W1T 5HD

New Congenital Heart Disease Review Board Task and Finish Group:

DRAFT Terms of Reference

New Congenital Heart Disease Review Board Task and Finish Group

DRAFT Terms of Reference

Issue Date: 24 October 2013

Prepared by: Michael Wilson, Programme Director

Information Reader Box

Directorate	
Medical	Operations
Nursing	Commissioning Development
Patients & Information	Policy
Finance	Human Resources

Document Purpose	To described the terms of reference of the New Congenital Heart Disease Review: Board Task and Finish Group
Document Name	New Congenital Heart Disease Review: Board Task and Finish Group: DRAFT Terms of Reference
Author	NHS England, Policy Directorate
Target Audience	General
Additional Circulation List	Website; Intranet
Description	Terms of Reference
Cross Reference	n/a
Superseded Document	n/a
Action Required	As described
Timing/Deadlines	See programme plan
Contact Details (for further information)	Cassandra McLean, PA / Project Co-ordinator cassandra.mclean1@nhs.net NHS England Southside 105 Victoria Street London SW1E 6QT Direct Line: 0207 932 9128

Document Status

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Purpose

The purpose of this document is to define the Terms of Reference for the 'Board Task and Finish Group (New Congenital Heart Disease Review)'.

1. Background

1.1 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, in summer 2013, NHS England established a new review to consider the whole lifetime pathway of care for people with congenital heart disease.

1.2 The aim of the review is 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:

- To secure the best outcomes for all patients, not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives.
- To tackle variation so that services across the country consistently meet demanding performance standards and are able to offer resilient 24/7 care.
- To ensure 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.

1.3 The Task and Finish Group (referred to as "the Group" from here on in) has been established by the NHS England Board (referred to as "the Board" from here on in) to provide oversight to, and assure the development of the new review of congenital heart disease services.

1.4 The Board has authorised the Group to provide strategic direction on behalf of the Board on all matters relevant to the new Congenital Heart Disease review.

1.5 The Group does not have permanency, and will exist until such time as the review has concluded and an implementable solution has been agreed. The high level programme plan and ambition of the organisation suggests that this will be June 2014.

2. Role and Responsibilities

2.1 The role of the Task and Finish Group is to:

- provide strategic direction to the new congenital heart disease review on behalf of the Board;
- provide assurance to the Board that the work of the review is aligned with the aims stated above and NHS England's other strategic priorities;
- advise the Board on particular issues in relation to the review and also on any decisions which the Board may be required to make; and
- where required, commission work and / or request further information from the Programme Board in order for the Group to fulfil its function.

2.2 The Task and Finish Group will be responsible for the following:

- making arrangements for the proper governance of the review and its programme of work;
- appointing a senior responsible owner for the programme;
- taking decisions on the direction and running of the review;
- ensuring that arrangements are in place to provide the group with clinical advice and the review with clinical leadership;
- assuring the board that appropriate arrangements have been made for the engagement of stakeholders in the review;
- resolving any issues and risks escalated by the Programme Board;
- ensuring that the review is properly resourced including ensuring that the review is a priority for the whole organisation and that the resources of the whole organisation are appropriately mobilised to support the work;
- making recommendations to the board on the actions to be taken as a result of the review, in particular decisions affecting the commissioning and delivery of congenital heart disease services; and
- at the end of Phase 3 (*preparation for implementation*), providing a recommendation to the Board in respect of ongoing governance arrangements in light of any decisions made and plans for implementation.

3. Membership

3.1 Core Membership

The core membership of the Task and Finish Group is as follows:

- Professor Sir Malcolm Grant, NHS England Chair (Chair);
- Ed Smith, NHS England Non-Executive Director ;
- Margaret Casley-Hayford, NHS England Non-Executive Director;
- Professor Sir Bruce Keogh, National Medical Director;
- Bill McCarthy, National Director: Policy and Chair of the Programme Board; and
- Professor Sir Michael Rawlins, Chair of the Clinical Advisory Panel.

3.2 Additional attendees

The additional attendance at the meetings is as follows:

- John Holden, Director of System Policy; and
- Secretariat.

3.3 On occasions when the Chair is unable to attend the meeting it will be chaired by a non-executive director.

3.4 The meeting will be quorate if three members are present, one of which must be a non-executive director and one, a national director

3.5 Where members are unable to attend a meeting, deputies will not normally be appropriate. Where a member considers that a deputy may be appropriate this should be agreed with the Chair in advance. Such deputies in attendance will not count toward the meeting being quorate.

4. Frequency

4.1 The Task and Finish Group will meet at the end of each phase of the programme and on such occasions as the Chair shall deem necessary.

5. Secretariat

5.1 The Task and Finish Group Secretariat function will be provided by the new congenital heart disease review Programme Director.

6. Agenda and papers

6.1 The agenda and all papers will be normally be distributed via email to members and those in attendance in advance of the meeting by the new congenital heart disease review team. The agenda and papers will be published on the NHS England website in advance of the meeting.

6.2 The actions to be taken will be recorded in the Task and Finish Group's minutes which will be circulated to all members of the Group.

6.3 The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to NHS England accurately record the decisions taken and, where appropriate, that the views of the individual group members have been taken into account. Once agreed by the Chair the minutes will be published on the NHS England website as outlined in the procedural rules document.

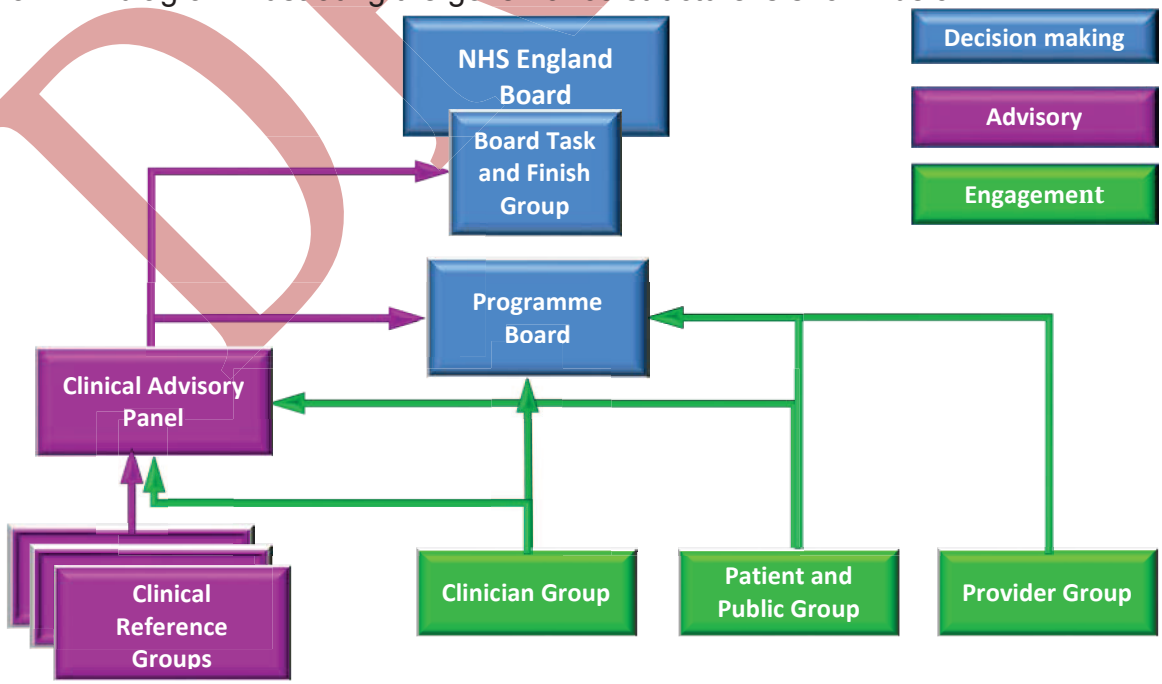
6.4 Minutes will be formally approved at the subsequent meeting (or by email where this would be more than one month later). Approved minutes will be published on the NHS England website.

7. Reporting line(s)

7.1 A report from the SRO on the work of the review will be provided at each board meeting.

7.2 The Group will make recommendations to the Board of any decisions requiring full Board approval and at the end of phase 3.

7.3 A diagram illustrating the governance structure is shown below:



8. Declaration of interests

8.1 Members must comply with the "*Policy for managing potential conflicts of interest*[1]" which details the approach and broad principles for the management of potential and perceived conflicts of interest, specifically in relation to the new congenital heart disease review.

9. Public services values for members

9.1 Members must comply with the NHS England Standards of Business Conduct Policy at all times. Available here: http://www.england.nhs.uk/wp-content/uploads/2012/11/stand-bus-cond.pdf

[1] *This document is currently unavailable as the policy for managing potential conflicts of interest is due to be approved by the Task and Finish Group at its meeting on 29 October 2013.*

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Councillor John Illingworth

By email

28 November 2013

Dear Councillor Illingworth

Thank you for inviting me to attend a further meeting of the Joint Health Overview and Scrutiny Committee (JHOSC) on 11 December 2013.

Having considered your request, I am afraid that I will need to decline your invitation. We are working hard to ensure that the review establishes an even handed approach with its stakeholders. The work of the review will affect the residents of every council area so we need to consider how to work with all 152 councils and their scrutiny functions. To return to a Yorkshire and Humber JHOSC meeting so soon would not be consistent with this approach. We are planning a plenary session with council leaders, Health and Wellbeing Boards, and Healthwatch leaders, and we will be trying to visit other OSCs now that we have prioritised the three who referred Safe and Sustainable to Secretary of State. I am happy to send a short written update in advance of the 11 December 2013 meeting, and I do not rule out attending a future meeting. But I am sorry that I will not be able to attend in person on the day.

Yours sincerely

John Holden
Director of System Policy

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New Congenital Heart Disease Review

NHS England

Engagement events

November 2013

THE NHS CONSTITUTION
the NHS belongs to us all

Update

- The challenge
- Objectives
- Engagement & communications
- Governance – decision making, advice & engagement
- Scope
- Standard setting

The Challenge

- The best outcomes
- Consistently meeting standards
- The best patient experience
- Standards driven
- No pre-conceived answers
- The health of the service
- Delivery at pace vs. inclusivity
- Scope

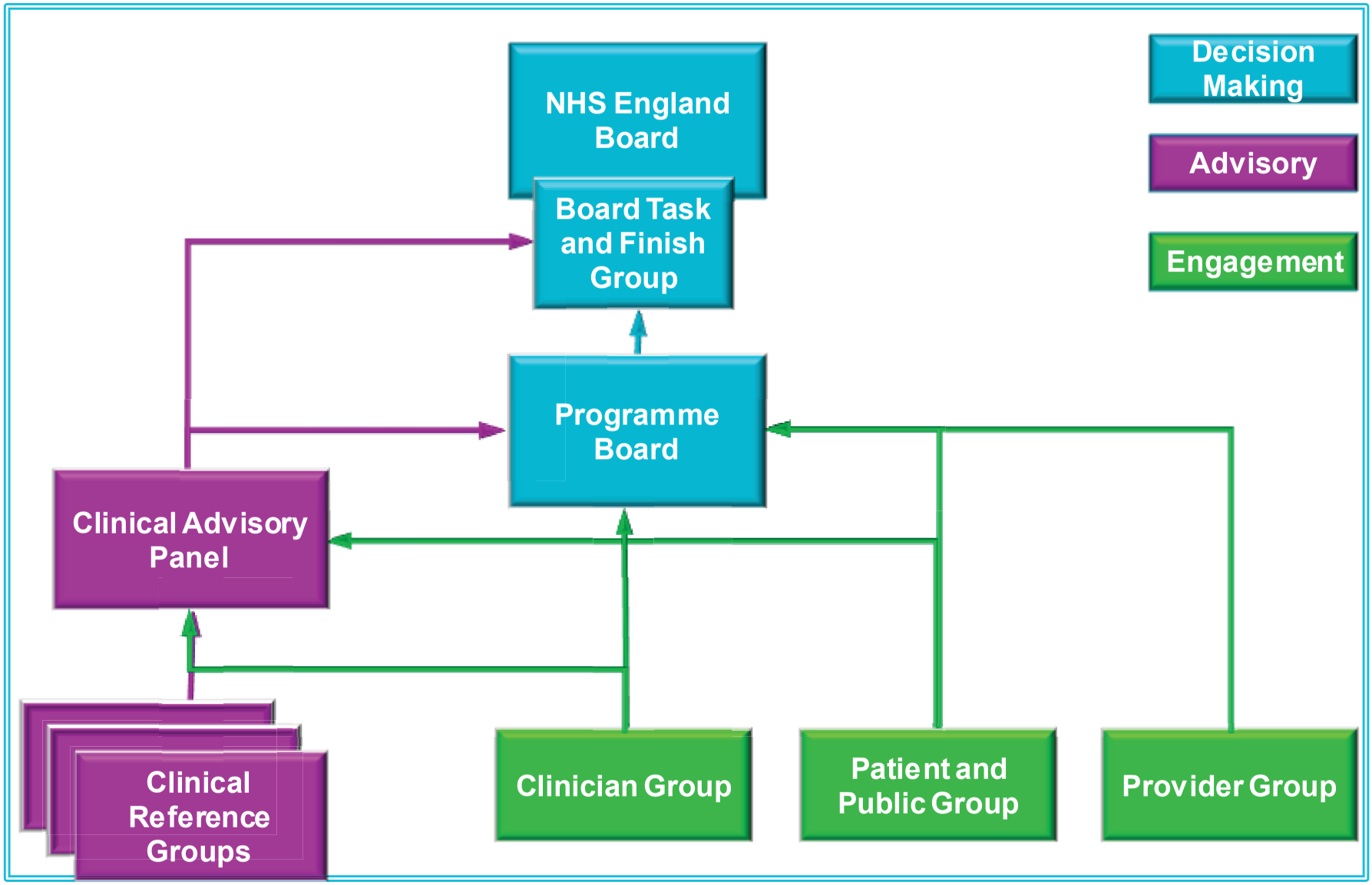
Objectives… we aim to

- Develop standards to improve outcomes, minimise variation & improve patient experience
- Analyse demand for specialist inpatient care now and in future
- Make recommendations about function, form and capacity of services to meet demand and quality standards, taking account of accessibility and health impact
- Make recommendations on commissioning and change management approach including workforce & training needs
- Establish a system for provision of information about performance to inform commissioning and patient choice
- Improve antenatal and neonatal detection rates

Engagement and communication

- Openness/transparency
- Blog & webpages
- Publication Scheme
- Managing interests
- Seeking input as we go, continue to refine approach
- Engagement groups
- Targeted engagement
- Consultation on specification
- ?Children & young people; seldom heard groups

Decision making, advice and engagement



Scope of review

a) Improving the quality of care for people with suspected or diagnosed congenital heart disease (CHD) along the whole patient pathway

b) The review covers all care for CHD commissioned by the NHS for people living in England

c) Conditions which aren't CHD but receive services wholly or mainly from CHD pathway – won't set standards for these conditions but full involvement in review

d) Services which aren't CHD-specific but often used by CHD patients - review won't set their standards but full involvement and consideration of dependencies

Services which are explicitly out of scope of this review are:

- Adults with inherited heart disease;
- Adult respiratory ECMO;
- Local maternity services; and
- Pulmonary hypertension services.

Standard setting timeline

- **Ongoing** - work to align children's and adults' standards
- **End November 2013** - aligned standards will be passed to CRG to be included in a proposed updated specification
- **December 2013** - CRG to discuss new specification
- **January 2014** - Programme Board will discuss, agree and sign-off proposals for engagement during 12 week public consultation **(Feb-April 2014)**
- **May 2014** - analysis of consultation responses, financial/affordability assessment, workforce assessment
- **Late 2014 -** CRG will revise and agree specification then make recommendations on the final specification

Councillor John Illingworth
Chair, Scrutiny Board
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Your ref
Our ref JI/SMC
Date 11 October 2013

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

Sent by e-mail only

Dear Mr Holden,

Following the request for comments relating to the second meeting of the New Congenital Heart Disease Review: Task and Finish Group, held on 30 September 2013, you will have already received my personal response.

Now, after consulting more widely with other members of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – the JHOSC – I am writing in my capacity as Chair of that body and express the deep concern regarding the following matters:

(1) New Congenital Heart Disease Review: Task and Finish Group

Fundamentally, it is important to understand the remit of the Task and Finish Group and the underpinning legislation that has been used to determine and govern its operation.

Specifically, the draft Terms of Reference document makes specific reference to the Task and Finish Group being authorised by the NHS England Board to provide strategic direction on all matters relevant to the new Congenital Heart Disease review. Indeed, from the governance structure (detailed on page 7 of the document) it is clear that the Task and Finish Group is a sub-group of the full NHSE Board. However, the legislation under which the NHS England Board delegated authority to the Task and Finish Group is less clear, along with the supporting legislation that determines and governs the operation of the Task and Finish Group.

Furthermore, it seems curious that the Terms of Reference for the Task and Finish Group should be determined and formally agreed by the Group itself and not the NHS England Board. This point needs to be specifically addressed and explained.

Given the general lack of clarity around governance, I should be grateful if you could set out the legislative framework under which delegated authority has been passed from NHS England to the Task and Finish Group and its various advisory panels/

groups, alongside the associated legislation that should determine the governance arrangements for the said groups.

(2) Openness and transparency

There has been considerable trumpeting in the media about greater openness and transparency in the NHS, and there would be little disagreement about this being a positive step. Few would disagree that a greater level of openness and transparency needs to apply across all levels of the NHS, with NHS England being the standard bearer in this regard. However, I fear that NHS England is still some way off the levels of openness and transparency it so often requires of other NHS organisations. Notwithstanding the details with the recent IRP report, many would perhaps remain shocked by recent examples of NHS England's unreasonable delays and general reluctance to release information requested under the legislation related to the scrutiny of the NHS – including its attempts to determine what is and is not legitimate information for the JHOSC to request. This was a significant issue during the Safe and Sustainable review and unless there is a shift in attitudes and behaviour it will be virtually impossible to adequately hold NHS England to account – with the risk of the new review repeating the mistakes and duplicating some of the failures of the previous arrangements.

(3) Notification of the meeting

As Chair of the JHOSC, I first received notification on 1 October 2013 (17:24hrs) that the meeting of the Task and Finish Group had taken place the preceding day ((Monday) 30 September 2013). Furthermore, it would appear that the first public notification of the meeting was not provided until late afternoon on (Friday) 27 September 2013 – via a blog update.

There are clear benefits associated with using social media, however it is wholly unsatisfactory for this to be the sole mechanism for providing notice of NHS England business and falls well below the standards demanded by the Public Bodies (Admission to Meetings) Act, which I believe requires such meetings to be properly advertised well in advance.

As such, I believe all the decisions must be re-taken:

(a) Once it can be demonstrated that the Task and Finish Group is acting with proper and well-defined authority; and,

(b) After providing sufficient public notice of the meeting and the matters to be considered.

(4) Requests for comments

In providing notification that the meeting of the Task and Finish Group had taken place, NHS England then proceeded to invite comment on the information discussed – including the proposed governance model, terms of reference etc., but making specific reference to the proposed scope and interdependencies: Seeking comments by the end of (Monday) 7 October 2013.

Such timescales are completely unacceptable and fall well below the standards of general stakeholder engagement I would expect from any NHS organisation – let alone NHS England, which should be acting as a national exemplar for other NHS bodies.

It is also worth considering such standards in the context of the previous Safe and Sustainable review and the issues outlined in the IRP report around engagement and listening.

(5) Engagement with Health Overview and Scrutiny bodies

You will no doubt recall your recent attendance at the JHOSC meeting held on 13 September 2013. You will also recall the significant notice provided when inviting NHS England to attend and prepare its contribution to that meeting, plus the public notification and publication of the agenda and reports beforehand. There was also the provision for considering supplementary information that had become available since the public notification had been issued. Unfortunately, the standards displayed by NHS England do not compare favourably with the JHOSC arrangements and have not provided the JHOSC with sufficient notice to formally consider and respond to the information now provided.

While all members of the JHOSC remain grateful for your attendance and contribution to the discussion at the meeting on 13 September 2013, I would also make specific reference to the following two aspects from that meeting:

(a) You asked the JHOSC to give you (NHS England) a fair hearing – requesting that NHS England be judged and held to account for its actions and not the actions of its predecessors (namely those involved and responsible for the Safe and Sustainable Review). The JHOSC noted your request and agreed it was appropriate to look forward and judge NHS England on how the new review moved forward and was conducted.

As such, it seems appropriate that NHS England should be held to account for its recent failures in this regard and provide a response to the concerns raised.

(b) You will no doubt recall the discussion around 'scope' of the new review, with specific reference to standards of care and provision of services for neonates. At that point, you were reluctant to enter into detailed discussion on scope as it had not yet been determined. In light of the current request, this seems to have been a significant opportunity missed – i.e. to directly engage with a stakeholder group representing over 5 million people across Yorkshire and the Humber. You also failed to give any indication of the timescales for agreeing the scope, and made no reference to the (at that point) forthcoming meetings of the Task and Finish Group or the Clinical Advisory Panel meetings – at which scope would be considered and largely determined.

Given your role in the new review, it is hard to believe you were unaware of the proposals to consider and discuss the scope of the new review at these meetings, or indeed the thinking or discussions (at that time) of what would or would not form the scope of the new review. Again, it seems appropriate NHS England should be held to account for its failures in this regard and provide a response to the concerns raised.

In expressing the above concerns, it is worth emphasising that the JHOSC had hoped and expected much better of NHS England – particularly given the early stage of the new review and the statements made at the recent JHOSC meeting. In this regard, I

think it is worth specifically highlighting the following points raised at the JHOSC meeting and detailed in the draft minutes:

- Concerns over potential bias at such an early stage in the new review: It would be important to maintain an overview of such matters going forward.
- The importance of NHS England maintaining a close dialogue with all stakeholders.
- The need to avoid mistakes and learn the lessons from the previous review that produced a situation of 'winners and losers'.
- The new review needed to be undertaken in a robust manner in order to establish credibility and maintain the confidence of all stakeholders.
- Concerns regarding the proposed timescales of the new review.

As set out in the report to the NHS England Board meeting in July 2013, the new review of CHD is likely to set the benchmark and blueprint for reviewing other specialised services. As such, it is vitally important that NHS England works to the highest possible standards from the outset.

As such, I would like NHS England to provide sufficient assurance to the JHOSC of much better general standards of operation moving forward, including a response to each of the issues identified above.

Comments of the reports/ papers considered by the Task and Finish Group

Notwithstanding the misgivings outlined above, and despite not having the opportunity to have face-to-face discussions with other JHOSC members, please see the following points in relation to specific agenda items from the recent Task and Finish Group meeting.

Item 2 – Notes of meeting of Board CHD sub group – 29 July 2013

Recognising these notes formed part of the agenda papers presented to the JHOSC on 13 September 2013, I should be grateful if you could:

(a) Confirm/ explain the relationship between the new review and the 'Call to Action' along with the need to 'reconcile' the two.

(b) Explain in more detail the 'specialised commissioning approach' to be adopted and provide assurance that this is not an attempt to work around the requirements of the NHS to work and engage with local authority health scrutiny bodies around substantial variation and/or development of services.

Item 3- Action Log

No specific comments at this time.

Item 4 – Terms of reference

Notwithstanding the general points about governance arrangements detailed above, it is worth highlighting the following points:

(a) There is limited reference to the specific outcomes from the judicial review and the IRP recommendations (which were accepted in full by the Secretary of State for Health). As the body responsible for overseeing the new review, it would not seem

unreasonable for NHS England to reflect the specific points highlighted through the judicial review and IRP review processes the specific points/ considerations for the new review, to be repeated in the terms of reference document.

(b) Furthermore, looking at the governance structure (detailed on page 7 of the document) it is clear that the Task and Finish Group is a sub-group of the full NHSE Board. Again, it would not seem unreasonable to expect the Terms of reference to be determined and formally agreed by that Board and not the Group itself.

The draft document makes reference to Phase 3 of the review (preparation for implementation) – without any reference to Phases 1 and 2 and what these might consist of. This is particularly relevant as the document also details that the Group will meet (as a minimum) at the end of each phase of the programme (review). Please provide details of all anticipated phases of the review, including likely timescales and the anticipated outcomes from each phase of the review.

As mentioned previously, the notification of the Group's meeting and publication of its agenda and reports has fallen well below the standards expected of a publically funded body. In addition, while the terms of reference sets out that the agenda and papers '…will be published on the NHS England website in advance of the meeting', it provides no indication of timescales. For any local authority body meeting in public, a minimum of 5 clear working days' notice is required – meaning a meeting on 30 September 2013, would require the agenda to be published no later than 20 September 2013 – and not 27 September 2013 as has been the case in this instance.

The document also makes reference to a 'procedural rules document'; however a search of the NHS England website does not appear to reveal any such document. Please provide a copy of the document and detail its status/ official standing – including where and when it was agreed and where it is publically available.

Item 5 – Scope and interdependencies

It is difficult to comment on scope without discussion the potential implications of including or excluding specific elements/ areas. As such and as previously mentioned, if NHS England is serious in its desire to seek the views of all stakeholders, perhaps it would have been helpful to have engaged in a more detailed discussion in this regard at the JHOSC meeting on 13 September 2013.

That said, based on the limited information available I would make the following observations on behalf of the Joint HOSC:

(a) Both the outcome of the judicial review and the IRP review identified a number of matters that NHS England should consider as part of any subsequent review process. To date, NHS England has not provided a definitive response to such outcomes in general and specifically the recommendations submitted by the IRP. The draft Terms of Reference also makes little reference to such matters. As such, I should be grateful if NHS England could provide a full response to the IRP report and recommendations – setting out in detail how each recommendation will be taken forward as part of the new review.

(b) There are concerns that service areas such as neonatal, paediatric and adult intensive care unit services and local maternity services are currently deemed to be outside the

scope of the review. Such matters were intrinsic elements of the Safe and Sustainable Review and are referenced within the associated standards documents.

(c) The issue and consideration of co-location of services should be a fundamental element of the new review, as previously outlined in the JHOSC's reports. The matter of co-location is also highlighted in the IRP report. The JHOSC has not been provided with any evidence (or details of any expert judgement) to suggest its previously stated position should not remain the case and believes co-location should remain a significant consideration as part of the review. Again, co-location of services is referenced within the associated standards documents.

(d) It also seems illogical to exclude transport and retrieval services as part of a national service review that aims to deliver a national service to national standards. Transport and retrieval services will be vital elements of the service into the future – particularly if the outcome of the review results in fewer surgical centres. There will need to be clear and consistent standards for transfers and retrievals.

(e) In terms of the areas 'to be determined', there are clear links with a number of service areas – particularly those previously referred to as Nationally Commissioned Services under the Safe and Sustainable review. The view of the JHOSC at that time was that too much emphasis was placed on such services and the focus of the review should be on those areas which deliver and maintain clinical benefits to the largest number of patients. This may result in the need for some subsequent and/or difficult decisions around other service areas, however the JHOSC has not been provided with any evidence (or details of any expert judgement) to suggest its previously stated position should not remain the case.

(f) One of the main findings of the IRP's review was that too many unanswered questions remained as part of the implementation phase. It is vital that the new review does not repeat that mistake.

As previously stated, the JHOSC has not had the benefit of being able to fully consider any changing circumstances and/or the implications of including or excluding specific areas from the scope of the new review. It should be recognised this is the case and, as such, the comments above should not prejudice any future consideration of such matters.

<u>Item 6 – Proposed governance and decision-making arrangements</u>

In general, due to concerns regarding how the previous Safe and Sustainable Review established and used various advisory bodies, it is essential to be explicit about the precise scope, terms of reference and membership of the groups detailed in the document. The need for openness is referenced in the 'Supplementary Publication Scheme' document, but not all terms of reference documents and membership details are available. I am specifically referring to the following groups:

- Patient and Public Group
- Provider Group
- Clinician Group
- (Some) Clinical Reference Groups – currently information about individual CRGs is (at best) inconstant and not up-to-date.

I believe to be truly open and transparent, it is also essential that details of meeting dates, agendas, reports and minutes of meetings for all the groups listed (and indeed any additional groups subsequently established) are made available throughout the review. In this regard, I

should be grateful if you could immediately provide any details currently available and make further/future information regularly and routinely available through the dedicated web-pages for the new review.

Please note, in terms of the earlier comments regarding the timing of information relating to the Task and Finish Group meetings being made available – these also apply to the various groups detailed in the documents.

Having reviewed the various draft documents, we also have reservations regarding the Clinical Advisory Panel insofar as the frequency of meetings is concerned – specifically regarding the use of email to seek advice. Please provide assurance of the processes that will govern such practice and provide the necessary levels of openness and transparency to ensure such advice is properly debated, recorded and made publically available (in its entirety).

You will be aware of the concerns raised by Children's Heart Surgery Fund (CHSF) and echoed by the JHOSC regarding the membership (and associated appointments process) of the Congenital Heart Services Clinical Reference Group (CRG). At the time of writing, I understand that responses to those concerns and/or assurances from NHS England have not yet been provided. I would urge NHS England to address this matter urgently and provide the JHOSC with details of its response to the concerns raised.

Furthermore, given the statutory nature of the local authority health scrutiny function, it is disappointing not to see any specific reference to NHS England's responsibilities in this regard detailed in the documents provided. NHS England should give specific consideration to its responsibilities associated with local authority health scrutiny.

Item 7 – Proposed stakeholder participation and engagement arrangements

The comments in terms of local and national government are noted. However, I would again remind you of local government's statutory health scrutiny function – most often delegated to overview and scrutiny committees. NHS England should also be reminded of the clear consensus, at the meeting on 13 September 2013, for the JHOSC to maintain an overview of the new review and respond at appropriate times to any consultations. Revised terms of reference are currently being drafted to reflect this position.

Item 8 – Developing the proposition

The paper sets out some useful information and the JHOSC would welcome the opportunity to discuss this in more detail: It would be useful to do this within the context of understanding the discussion from the meeting and therefore the minutes will be extremely useful.

In addition, I believe it is also worthwhile highlighting some of the points discussed at the recent JHOSC meeting – particularly in relation to the use and development of outcome data, likely to be key considerations in a national review seeking, in part, to address variations across the country.

As discussed at the JHOSC meeting, external factors that might reasonably be expected to affect surgical outcomes include:

- Ethnicity
- Social class

- Travelling distances
- Size of cardiac surgical unit
- Historic NHS spending patterns
- Co-located and interdependent services

This is not intended to be an exhaustive list, nor is it intended to replace those clinical factors (such as the patient's age and weight) which have already been identified as key variables. However, having established the PRAiS system for partial risk adjustment in cardiac surgery, it is essential for NHS England should attempt to identify the most important and influential factors that determine outcomes. Failing to take account of specific variables without analysis of the available data and/or a well-reasoned judgements for not doing so will not positively affect the credibility of the new review.

Item 9 – Highlight Report

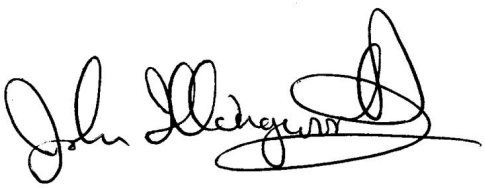
This provides a useful summary of progress but it would be helpful to have fuller details of the future meeting dates of all the various groups detailed in the governance papers.

In summary

At the JHOSC meeting on 13 September 2013, it was stated that the ambitious timescales for undertaking the review did not provide an excuse for a top-down review process. Unfortunately, the nature of this current engagement very much feels like just that. As such, given there has been no opportunity for a collective discussion with other JHOSC members I would again wish to record the dissatisfaction regarding the timescales and the totally unsatisfactory nature that comments have been requested. On behalf of the JHOSC I reserve the right to provide any additional comments following any future consideration and discussion of these matters by the JHOSC.

I look forward to a detailed response on the specific issues raised in the near future.

Yours sincerely



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

cc: All Members of the JHOSC (Yorkshire and the Humber)
All Members of Parliament (Yorkshire and the Humber)
All Yorkshire and Humber Local Authority Leaders
Cllr Lisa Mulherin, Executive Member for Health and Wellbeing, Leeds City Council
Tom Riordan, Chief Executive – Leeds City Council
Andy Buck, Director – NHS England (West Yorkshire Area Team)
Tim Gilling, Deputy Executive Director – Centre for Public Scrutiny

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Councillor Illingworth
By email

8 November 2013

Dear Councillor Illingworth

Thank-you for your letter of 11 October 2013, on behalf of the Yorkshire and Humber JHOSC. For ease of reference I will respond to the points you raise using the same headings/numbering as in your letter.

(1) New Congenital Heart Disease Review: Task and Finish Group

I do not accept your suggestion that there is a "general lack of clarity around governance" of the programme. On the contrary, the governance of the programme has been clearly set out and placed in the public domain, most recently in the Programme Initiation Document which post-dates your letter, but also in the papers that preceded it. The terms of reference for each of the programme's governance and advisory groups set out the arrangements clearly and at an appropriate level of detail.

You asked about the basis of delegating authority to a Task and Finish Group. At its meeting on 3 May, the Board of NHS England formally established the Task and Finish Group. The right to establish task and finish groups in this way is covered in the board's standing orders (available here: http://www.england.nhs.uk/wp-content/uploads/2013/05/pol-0001.pdf) which explain that this right derives from paragraph 13, Schedule A1 of the NHS Act 2006.

It is usual in the NHS for the terms of reference of a group or committee to be discussed by that group or committee as well as by the group that formally sets it up. Since proposals to amend the terms of reference may arise as part of this process, final sign-off is not normally achieved until after this stage. The Task and Finish Group has agreed its terms of reference and we expect them to be approved by the full Board at its meeting on 8 November 2013.

(2) Openness and transparency

I welcome your committee's acknowledgement that a greater level of openness and transparency has been achieved. In part this has been a response to the JHOSC's helpful advice that a greater level of prospective publication could avoid subsequent requests for information under the scrutiny and Freedom of Information regulations.

(3) Notification of the meeting

You expressed concern about the advance notice of our board's Task & Finish Group meeting on 30 September 2013. Unlike NHS England's main Board meetings, we do not believe that this Group's meetings are covered by the provisions of the Public Bodies (Admission to Meetings) Act 1960 to which you refer. We agree that it is in everyone's interests that we give as much notice as possible of the work we are doing and the papers we are considering. I am happy to concede that in an ideal world, the papers would have been published further in advance of the meeting, but it was not possible to do so on this occasion, because we are trying to strike a balance between pace and inclusivity. Our timing was in accordance with our publication scheme (which commits to publishing the agenda and papers) and the Group's own terms of reference, which state: "The agenda and papers will be published on the NHS England website in advance of the meeting". Of course we can always do better. But I also believe that in publishing the papers for the review's working groups in this way we provide a practical example of our commitment to openness and transparency. You state that the first notification of the meeting was late on 27 September 2013. This is not correct. While papers for the meeting were published on 27 September 2013, the date of the meeting was publicised in my blog dated 23 September 2013 (http://www.england.nhs.uk/2013/09/23/john-holden-7/).

The Task and Finish Group considered the question of meeting in public at its meeting on 30 September 2013, as recorded in the draft minutes (http://www.england.nhs.uk/wp-content/uploads/2013/10/item2.pdf):

> *"The Chair invited the Group to consider whether it was important in the interests of transparency and openness for it to conduct its meetings in public. The Group was of the opinion that it would be normal for a working group of any organisation to hold its meetings in private, subject to it always reporting publicly the substance of its discussions. The Group's meetings would be about the nuts and bolts of the review and transparency and openness would be amply achieved in the ways Mr Holden had described. The proper management of any possible conflicts of interest would be critically important."*

It is important to note that the role of the Task and Finish Group is to oversee the review, to provide assurance to the Board and to provide strategic direction to the programme on behalf of the Board. In this capacity the group will take decisions on the direction and running of the review. Decisions affecting the commissioning and delivery of congenital heart disease services as a result of the review will be taken by the main Board, which as you know meets in public.

(4) Requests for comments

You expressed concern about the amount of time stakeholders were given to provide views on the review's scope. I think that the willingness to open up the debate on scope should be seen and acknowledged as an important contribution to running an open and transparent process. In the past, the NHS would simply have determined the scope of a review such as this, with no debate. That is not the approach we have taken; we have invited comments on scope and I believe we will have a better review as a result, but in some ways it makes the job harder. I acknowledge that 10 days was a relatively short time to allow people to respond, and that is why we were happy to agree to requests for an extended deadline, up to 11 October 2013. But in giving stakeholders the maximum possible amount of time to respond (from 27 September to 11 October 2013), we inevitably allowed less time for the analysis of their responses before submission to the Clinical Advisory Panel (CAP). This meant that the paper on scope which CAP considered was not completed or published until just before the meeting, which gave Panel members less time to consider the paper, and which could also have been cause for complaint from stakeholders. This illustrates the trade-offs that have to be made at every step of this process. There is no right answer. NHS England's Board has an ambition for an implementable solution within a year, because of the acknowledged vulnerability of the service arising from continual review, and the need to deliver rapid improvements for patients. Against this, the only way to develop a lasting solution will be by meaningfully engaging stakeholders, which takes time. We will not always get the balance right but we are doing our best.

Despite the relatively tight timescale, we received over 40 responses which were very helpful to the Clinical Advisory Panel in considering its recommendations.

(5) Engagement with Health Overview and Scrutiny bodies

I note the points you have raised, most of which are addressed elsewhere in this letter. I am sorry that you doubt my integrity. I will continue to do my best to run the process as fairly, openly and honestly as I can. The information I presented to JHOSC on 13 September 2013 and the answers I provided – about the scope of the review and numerous other matters - were given in good faith. There was no intention to mislead or to manipulate the process, and I do not think any of the points you make in your letter of 11 October 2013 prove otherwise.

Comments on the reports/papers considered by the Task and Finish Group

Item 2 - Notes of meeting of Board CHD sub group – 29 July 2013

You asked about *A Call to Action* - this describes the context within which the NHS is working and is NHS England's means of building a common understanding about the need to renew our vision of the health and care service. It describes the challenges of the future and gives people an opportunity to

contribute their thinking on how the values that underpin the health service can be maintained in the face of future pressures as well as ideas and potential solutions for the future. It asks, for example, 'how can we improve the quality of NHS care?' and 'how we can we maintain financial sustainability?' Naturally NHS England wants to ensure that there is strategic coherence between its programmes.

The 'specialised commissioning approach' is the way in which NHS England undertakes its direct commissioning responsibilities for specialised services. The intention in referring to this is to affirm that the way in which congenital heart services will be commissioned will be congruent with the usual specialised commissioning operating model - more information is available here: http://www.england.nhs.uk/wp-content/uploads/2012/11/op-model.pdf. This is assured through the presence of the Director of Commissioning (Corporate) on the review's Programme Board, and the National Clinical Director of Specialised Services, on both the Programme Board and the clinical advisory panel.

Item 4 - Terms of reference

Your view - that the outcomes of the judicial review and Independent Reconfiguration Panel should be explicitly referenced in the review's documentation – has been noted. The absence of explicit reference should not be taken to imply that our review is not cognisant of the recommendations of these two reviews. Rather, their recommendations are reflected in the substance of our approach. When our review is complete we will need to be able to describe how we have addressed the findings of the IRP and judicial review. But we are under no obligation to incorporate them now into our documentation or to "provide a full response to the IRP report". The IRP report was, of course, addressed to the Secretary of State and not to NHS England, and his response was, effectively, the statement he made to Parliament on 12 June 2013.

You are concerned that "the draft document makes reference to Phase 3 of the review …. without any reference to Phases 1 and 2 and what these might consist of.". The three phases are those described in the July Board paper (available here: http://www.england.nhs.uk/wp-content/uploads/2013/07/180713-item13.pdf) which set out a high level programme plan and indicative timetable. You were present at the Board meeting in London on 18 July 2013 when this paper was considered and discussed in public.

There is a specific reference to 'the end of Phase 3' because at that point the Task and Finish Group will be required to make recommendations to the Board on the actions to be taken as a result of the review, in particular decisions affecting the commissioning and delivery of congenital heart disease services. The Task and Finish Group is then also expected to provide a recommendation to the Board in respect of ongoing governance arrangements in light of any decisions made and plans for implementation.

You requested a copy of the "procedural rules document" as referred to in the Terms of Reference including details of its status / official standing, where and when it was agreed and where it is publically available. I will respond to this point in a separate communication to you.

Item 5 - Scope and interdependencies

The JHOSC's comments on the proposed scope and interdependencies of the review have been noted and were taken into account by the Clinical Advisory Panel in making its recommendations.

Item 6 - Proposed governance and decision-making arrangements

All substantive information about the review has been and will continue to be published. This will, in due course, include the terms of reference for the engagement groups listed. These have not yet been published because they have not yet been written. The lists of organisations invited to participate in these groups have been published through my blog as have planned meeting dates. Papers for these and the review's governance and advisory groups will continue to be published in accordance with our publication scheme. We have attempted to be exhaustive in publishing everything of any relevance to the review, but if you manage to spot an omission please let us know and we will rectify it.

The facility for the Clinical Advisory Panel to discuss issues electronically or meet virtually recognises that it will not always be possible for its work to be confined to scheduled physical meetings. I am happy to provide an assurance that the advice of the Clinical Advisory Panel will be made publicly available.

I have provided a full response to the Children's Heart Surgery Fund on the issues they raised. It would not be appropriate for me to share that correspondence solely with a single third party. That would not be in line with our desire to ensure that all stakeholders are treated in a fair and even handed way. As soon as the facility exists to do so, this and other correspondence will be published on our website as set out in our publication scheme.

NHS England will continue to support all scrutiny committees in the discharge of their statutory functions. We have set out our intention to convene a meeting with representatives from local government to further discuss appropriate engagement with the whole of local government including scrutiny.

Item 7 - Proposed stakeholder participation and engagement arrangements

We have noted your comments.

Item 8 - Developing the proposition

The draft minutes of the Task and Finish Group held on 30 September 2013 have been published, and all minutes of all this group and the programme board and clinical advisory panel will continue to be published in accordance with our publication schedule.

The JHOSC's views on factors likely to influence surgical outcomes are noted.

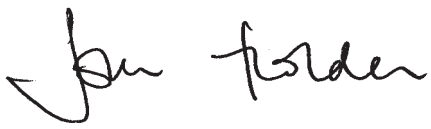
Item 9 - Highlight Report

Future meeting dates will be published as soon as they are confirmed. The JHOSC is not alone in wishing that more information on meeting dates was available at an earlier date, but the absence of this information is simply a reflection of the difficulty of establishing a large number of meetings and the need to work with a number of people with very congested diaries.

In summary

I am sorry that the JHOSC considers that the new CHD review's approach to engagement "feels like … a top-down process". That is certainly not our intention and we are working very hard to run a fair, robust, open and transparent process. We know that the success of the review depends on it, and that the review will fail if we cannot persuade stakeholders that this is the case. I hope that we can now all move on from the antipathy and scepticism linked to the previous process, and work together to give the new review the best prospect of success. I want the JHOSC to be able to give an assurance to the people of Yorkshire and the Humber that they can have confidence in the review and in its outcomes. Unless we can all find a way to change the prevailing dynamic, the review will be weakened, perhaps fatally. I would welcome your thoughts on how we can change the nature of the relationship, in the interests of people with congenital heart disease who are depending on us to improve their care.

Yours sincerely



John Holden
Director of System Policy

Draft update to CHSF for JHOSC meeting on 11th December

Update from the Children's Heart Surgery Fund on the CHD Review for the Yorkshire and Humber JHOSC

- Since we last updated the JHOSC (13th September), CHSF has been pleased by several assurances given by NHSE on the following issues:

  - **Scope** – CHSF made a submission to the Review team on the proposed scope of the new review, informed by our view on the shortcomings of Safe and Sustainable. Following this, the proposed scope was revised to ensure that the Review would:
    - consider "the whole lifetime pathway of care", including "foetal and neonatal diagnosis of CHD; specialist obstetric care... transition from children's services to adult services…"
    - take into account congenital heart disease services in Scotland
    - allow patients and specialists from neonatal, paediatric and adult ICU services as well as transport and retrieval services to participate

  - **Handling Conflicts of Interest** – The Programme Board for the CHD Review agreed a set of rules regarding conflicts of interest and whilst initially these covered only decision-makers, they have now been extended to members of advisory and engagement groups. Again, this is an improvement on Safe and Sustainable, where conflicts of interest were badly managed. There remains, however, the matter of the Patient Experience members of the CHD Clinical Reference Group (see below).

  - **Timescale** – We were told at the Patients and Public Group meeting on 12th November that the new Review would take around 6 months longer than planned and so would finish in "late 2014." Given that all units are safe, we believe it is better that the Review reaches the right decision rather than a quick decision and had expressed concerns to NHSE about the impact the original, tight timescale was having on the quality of engagement with patients and families.

- But despite the concerns which have been raised by CHSF and other charities as well as in Parliament, **there still has not been any public assurance on the Patient Experience representatives in the Congenital Heart Services Clinical Reference Group.** CHSF has had private assurances that certain individuals have been removed from the Group but believes that patients, their families and the public deserve openness and transparency on this matter. CHSF recognises that this is something that is not the responsibility of the CHD Review but of others in NHS England.

- CHSF attended the Patients and Public Group meeting on 12th November:

  - Well organised
  - Broad spectrum of opinion
  - Everyone given opportunity to speak
  - Obvious tensions between some organisations palpable but overcome

  - Concerns raised by local groups and charities that their trusts were not being kept up to date as well as they could be

- Ahead of the public consultation between February and April 2014, CHSF is seeking **to facilitate engagement in the CHD Review by members and representatives of South Asian communities in Yorkshire**, who makeup around one-quarter of the Leeds Children's Heart Surgery Unit's caseload yet whose voice was not heard during Safe and Sustainable.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 11 December 2013

Subject: The new review of Congenital Heart Disease services in England – information required and next steps for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes	☐ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Not applicable Appendix number: Not applicable	☐ Yes	☒ No

Purpose

1. The purpose of this report is to assist members consider the information required and next steps for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) in respect of the new review of Congenital Heart Disease (CHD) services in England.

Background

2. In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) 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).

3. At that time, the terms of reference identified that purpose of the Joint HOSC's work was to make an assessment of, and where appropriate, make recommendations on the potential options to reconfigure the delivery of Children's Congenital Heart Services in England. It was highlighted that this would specifically include consideration of the:

    - Review process and formulation of options presented for consultation;
    - Projected improvements in patient outcomes and experience;
    - Likely impact on children and their families (in the short, medium and longer-term), in particular in terms of access to services and travel times;
    - Views of local service users and/or their representatives;

- Potential implications and impact on the health economy and the economy in general, on a local and regional basis;
- Any other pertinent matters that arise as part of the Committee's inquiry.

4. Consideration was also given to the adequacy of the arrangements for consulting on the proposals, which was the subject of an unsuccessful referral to the Secretary of State for Health in October 2011.

5. Following the JCPCT's decision on the proposed future model of care and designation of surgical centres on 4 July 2012, it became increasingly apparent that there would be significant issues associated implementation that the JHOSC wished to consider on an on-going basis. Revised terms of reference to reflect this position were agreed on 24 July 2012.

6. However, notwithstanding the issues associated implementing the JCPCT's decision, in November 2012 the JHOSC referred the JCPCT's decision to the Secretary of State for Health. This was subsequently passed to the Independent Reconfiguration Panel (IRP) for consideration and advice, which was report to the Secretary of State for Health at the end of April 2013.

7. 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.

8. The IRP's full report and appendices, alongside a covering letter form the Secretary of State for Health were considered by the JHOSC at its previous meeting held on 13 September 2013. At that meeting, Members expressed their broad support for the work of the JHOSC to continue, insofar as it relates to the new CHD review, and specifically highlighted a number of points, including:

   - The strength of joint scrutiny arrangements across Yorkshire and the Humber, vis-à-vis the Safe and Sustainable review and proposals, was clearly evident in the Secretary of State's announcement in June 2013.
   - That the new CHD review would benefit from similar robust scrutiny arrangements as those in place for the Safe and Sustainable review.
   - Concern regarding the likely timescales for the new review and the processes necessary for agreeing revised terms of reference across fifteen constituent local authorities.
   - The need for a fair acceptance from those undertaking the new review (i.e. NHS England) that establishing joint health scrutiny arrangements could be a complex and time-consuming process that needed to be taken into account.

Main issues and considerations

9. It is proposed to present revised draft terms of reference for the work of the JHOSC elsewhere on the agenda. In addition, members will also consider a progress updates around the new CHD review and the progress made by NHSE in terms of its on-going investigations/ assurance work regarding the quality of children's cardiac surgery services provided by Leeds Teaching Hospitals NHS Trust.

10. In order to take the work of the JHOSC forward, it is necessary to consider its next steps and identify, in general terms, what information may be necessary for the JHOSC's future work.

11. Members of the JHOSC may also wish to consider the frequency of its future meetings, particularly in light of the proposed timescales of the new CHD review considered elsewhere on the agenda.

Information associated with the temporary suspension and subsequent commencement of children's cardiac surgery at LTHT in March/ April 2013

12. Members will be aware that immediately after the temporary suspension and subsequent commencement of children's cardiac surgery at LTHT in March/ April 2013, the Chair of the JHOSC made a number of requests for information using Freedom of Information (FOI) requests. This included associated details of correspondence to/ from Sir Bruce Keogh around that time. This resulted in the release of a large volume of correspondence (previously shared with members of the JHOSC) – however the details included a large number of redactions. In the main the redactions obscured the names of individuals.

13. As mentioned above, it is the FOI legislation that has been used to obtain this information, rather than the legislation that underpins the Health Overview and Scrutiny function. However, the views of members of the JHOSC are being sought in terms of:

    (a) Whether or not the full (i.e. un-redacted) correspondence is considered relevant and necessary information as part of the JHOSC's consideration of the new CHD review.
    (b) If considered relevant and necessary information, the extent to which the aforementioned correspondence should be sought on behalf of the JHOSC.
    (c) Any limitations, for example time and/or resource constraints, that should be placed on taking forward the pursuit of the aforementioned correspondence.
    (d) Any other considerations and/or discussions that should be taken into account prior to seeking the aforementioned correspondence.

Recommendations

14. That the JHOSC notes the content of the report and:

    (a) Identifies and agrees any specific information/ details necessary to inform the JHOSC's future work;
    (b) Considers and agrees the timing and frequency of its future meetings;
    (c) Considers and agrees the JHOSC's position regarding the correspondence associated with the temporary suspension and subsequent commencement of children's cardiac surgery at LTHT in March/ April 2013, as detailed in paragraphs 12 and 13 of this report.

Background documents[1]

15. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Report author: Steven Courtney
Tel: 24 74707

Report of the Head of Scrutiny and Member Development

Report to the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

Date: 11 December 2013

Subject: Care Quality Commission (CQC) hospital inspection programme: Request for information

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: 10.4.3	☐ Yes	☒ No

Summary of main issues

1. As part of its new hospital inspection programme, on 24 October 2013, the Care Quality Commission (CQC) announced details of a second phase of hospital inspections – due to commence in January 2014.

2. 19 NHS trusts have been identified as part of the second wave of inspections – including Leeds Teaching Hospitals NHS Trust – and will be inspected using larger, expert teams that include professional and clinical staff and members of the public who use care.

3. The 19 NHS trusts have been identified/ selected for the second phase of inspections based on whether they scored highly using the CQC intelligent monitoring tool; are a foundation trust applicant that Monitor have requested CQC to inspect; or were previously investigated as part of the Keogh Mortality Review.

<u>Hospital inspection programme</u>

4. The first phase of inspections started in September 2013 and by December 2015, the CQC will have inspected every NHS Trust in England. Each inspection will seek to answer the following five questions:

   - Are services safe;
   - Are services caring;
   - Are services effective;
   - Are services well-led; and,
   - Are services responsive to people's needs?

5. Inspectors will then make a judgement about the quality and safety of the care provided in each NHS Trust. The second phase of inspections will be the first to see NHS trusts given a rating from the CQC, with care rated as outstanding, good, requiring improvement or inadequate.

Leeds Teaching Hospitals NHS Trust (LTHT)

6. In November 2013, the CQC advised that LTHT's inspection is scheduled for week commencing 17 March 2014. The CQC also invited any evidence / feedback from a Health Overview and Scrutiny perspective to be submitted by 14 February 2014.

7. The CQC confirmed that, following the evaluation of the 1st wave of hospital inspections, the following eight key service areas will be considered as part of the inspection process:

   - Accident & Emergency
   - Medical care (including older people's care)
   - Surgery
   - Intensive / Critical care
   - Maternity & family planning
   - Children's care
   - End of life care
   - Outpatients

8. Others service areas will be considered if necessary.

9. Since its formal establishment in March 2011, the work of the JHOSC has included issues associated with specific aspects of service at LTHT. As such, members are asked to consider whether any or not the JHOSC should make any formal submission(s) to the CQC, to inform aspects of its planned inspection of LTHT.

Recommendations

10. The Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) is asked to consider what, if any, information it should submit to inform the Care Quality Commission's planned inspection of Leeds Teaching Hospitals NHS Trust in March 2014.

Background documents[1]

11. None used

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.