

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

THURSDAY, 10TH APRIL, 2014

PRESENT: Councillor J Illingworth in the Chair

Councillors D Brown, J Clark, M Gibbons,
J Hyldon-King, B Rhodes, L Smaje and
S Wiseman

19 Chair's Opening Remarks

The Chair opened the meeting and welcomed all in attendance. It was noted that some additional information requested had only recently been provided and it may be necessary to hold a further meeting to allow members time to review the information more thoroughly prior to discussing matters in more detail.

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20 Third Party Recording

The Principal Scrutiny Adviser made reference to Leeds City Council's new protocol relating to third party recording of Committees, Boards and Panels, including both video and audio recording. Copies of this protocol were available at the meeting.

Members were advised that the protocol would be applied to the current and future meetings of the Joint Committee.

21 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 – 11 December 2013 (minute 24 refers):
 - Draft minutes of meeting held on 11 December 2013
- Requests for Information (minute 25 refers):
 - Letter from Dr Mike Bewick (NHS England), dated 3 April 2014
 - Advice from Leeds City Council's Legal Services

- NHS England's Review of Children's Heart Surgery at Leeds Teaching Hospitals NHS Trust (minute 26 refers):
 - QSG minutes – 19 February 2014
 - QSG follow-up notes – 26 February 2014
 - QSG minutes – 7 March 2014
 - Risk summit minutes – 7 March 2014
 - LTHT update on progress against recommendations
 - Supplementary information (meeting notes, minutes and letters) relevant to the temporary suspension of services at LTHT (March / April 2013)
- The New Review of Congenital Heart Disease Services in England – Update (minute 27 refers):
 - Letter from John Holden (NHS England), dated 2 April 2014
- Work schedule (minute 28 refers)
 - Report outlining issues associated with the Committee's future work schedule.

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

22 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

23 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors J Bromby, C Funnell, B Hall, A McAllister, M Rooney B Steele and T Revill.

Councillor S Wiseman was in attendance as a substitute member for Councillor C Funnell.

It was noted that Sir Bruce Keogh (invited to attend the meeting) had registered his apologies with Dr Mike Bewick (Deputy National Medical Director – NHS England) attending in his place.

24 Minutes - 11 December 2013

RESOLVED – That the minutes of the meeting held on 11 December 2013 be approved as a correct record.

25 Requests for Information

The Head of Scrutiny and Member Development submitted a report to help members of the Joint Committee consider the position regarding the provision of information requested under the Local Authority (Public Health, health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The report detailed that a number of information requests remained outstanding. It was outlined that such requests related to the Safe and Sustainable Review of Children's Congenital Cardiac Services and the temporary suspension and recommencement of children's heart surgery services at Leeds Teaching Hospitals NHS Trust during March / April 2013.

The following supplementary information was also submitted and considered at the meeting (minute 21 refers):

- Letter from Dr Mike Bewick (NHS England), dated 3 April 2014
- Advice from Leeds City Council's Legal Services

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Dr Mike Bewick (Deputy National Medical Director – NHS England)
- Steven Courtney (Principal Scrutiny Adviser – Leeds City Council)

By way of introduction, the Chair of the Joint Committee outlined efforts to obtain information from NHS England relating to the Safe and Sustainable Review of Children's Congenital Cardiac Services and the temporary suspension and recommencement of children's heart surgery services at Leeds Teaching Hospitals NHS Trust during March / April 2013.

The Chair expressed disappointment around NHS England's efforts to respond to a number of information requests, which in some cases were described as slow, reluctant and incomplete. The Chair also expressed concern around key information currently outstanding (making specific reference to a letter from the Chief Executive of Children's Heart Federation) and the level of redactions applied to information currently provided.

In addressing the Joint Committee, the Deputy National Medical Director (NHS England) apologised on behalf of NHS England for any delay in responding and assured members that NHS England was not attempting to block the appropriate release of information. In relation to the issues raised around redacting information, it was stated that redactions were only made where it was felt there may be harm caused in delivering such information, with the following specific points being made:

- Where an individual's career may be affected – where there is no process for any right of response.
- Where comments have been received when individuals have 'merely written in' and have been involved in the detailed scope of matters.
- Where details are under the tutelage of other organisations (for example, the Department of Health)

On behalf of the National Medical Director (NHS England), the Deputy National Medical Director gave an assurance to provide as much information as possible in response to requests made.

The Principal Scrutiny Adviser addressed the meeting and summarised the legal advice provided to the Joint Committee covering the following areas:

- Breadth of request;
- Information that may be “reasonably” required; and,
- The redaction of information.

In discussing the next steps with members of the Joint Committee it was proposed that:

- The Joint Committee should confirm its relevant function – i.e. Under Regulation 26(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Joint Committee’s request for information derived from the review and scrutiny of the temporary closure of the Children’s Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust (LTHT) in March / April 2013.
- The information was reasonably required to specifically establish Sir Bruce Keogh’s role in that closure, the potential role of other organisations or individuals and the processes associated with the temporary closure of the Children’s Congenital Cardiac Surgery Service at LTHT in March / April 2013.
- In order to seek local resolution, lawyers representing NHS England should be invited to enter discussions with legal representatives acting on behalf of the Joint Committee to discuss the interpretation and application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, insofar as they relate to the temporary closure of the Children’s Congenital Cardiac Surgery Service at LTHT in March / April 2013.
- Should the attempts to reach local agreement around the interpretation and application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, insofar as they relate to the temporary closure of the Children’s Congenital Cardiac Surgery Service at LTHT in March / April 2013, be unsuccessful, that legal representatives acting on behalf of the Joint Committee should seek Counsel Opinion on such matters.

Members also discussed the terms of reference for the Joint Committee’s future consideration of specific matters associated with the temporary closure of the Children’s Congenital Cardiac Surgery Service at LTHT in March / April 2013. It was proposed and agreed that authority to agree such terms of reference with NHS England be delegated to the Chair of the Joint Committee and Principal Scrutiny Adviser.

Members of the Joint Committee were specifically asked to confirm details around the relevant function and information now reasonable required from NHS England.

RESOLVED –

- (a) That the information presented to the meeting be noted.
- (b) That, under Regulation 26(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Joint Committee's now requested information derived from the review and scrutiny of the temporary closure of the Children's Congenital Cardiac Surgery Service at Leeds Teaching Hospitals NHS Trust (LTHT) in March / April 2013.
- (c) That, in relation to the temporary closure of the Children's Congenital Cardiac Surgery Service at LTHT in March / April 2013, the Joint Committee reasonably required all information from NHS England necessary to specifically establish Sir Bruce Keogh's role in that closure, the potential role of other organisations or individuals in that closure and all the steps and processes leading up to and associated with that closure.
- (d) That authority to agree the specific terms of reference for the Joint Committee's future consideration of specific matters associated with the temporary closure of the Children's Congenital Cardiac Surgery Service at LTHT in March / April 2013, be delegated to the Chair of the Joint Committee and Principal Scrutiny Adviser.
- (e) That, in order to seek local resolution, lawyers representing NHS England be invited to enter discussions with legal representatives acting on behalf of the Joint Committee to discuss the interpretation and application of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, insofar as they relate to the temporary closure of the Children's Congenital Cardiac Surgery Service at LTHT in March / April 2013.
- (f) That, should attempts to reach local agreement (as outlined in (e) above) be unsuccessful, that legal representatives acting on behalf of the Joint Committee should seek Counsel Opinion on such matters.

At the conclusion of the discussion, the Chair thanked the Deputy National Medical Director for his contribution to the item and areas of discussion.

26 NHS England's Review of Children's Heart Surgery Services at Leeds Teaching Hospitals NHS Trust

The Head of Scrutiny and Member Development submitted a report to help members of the Joint Committee consider an update on the progress of NHS England's on-going review of quality of children's heart surgery services at Leeds Teaching Hospitals NHS Trust, following the temporary suspension and recommencement of services in March / April 2013.

The report briefly summarised a range of activity that followed the temporary suspension and recommencement of services in March / April 2013 and introduced a report from NHS England that presented the findings of the Mortality Case Review and the Family Experience Report, published on 13 March 2014.

The report also introduced written submissions from the Children's Heart Surgery Fund and the former President of the British Congenital Cardiac Association (BCCA).

The following supplementary information was also submitted and considered at the meeting (minute 21 refers):

- Quality Surveillance Group (QSG) minutes – 19 February 2014
- QSG follow-up notes – 26 February 2014
- QSG minutes – 7 March 2014
- Risk summit minutes – 7 March 2014
- LTHT update on progress against recommendations
- Supplementary information (meeting notes, minutes and letters) relevant to the temporary suspension of services at LTHT (March / April 2013)

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Dr Mike Bewick (Deputy National Medical Director – NHS England)
- Dr Damian Riley (Medical Director – NHS England (North of England))
- Andy Buck (Director – NHS England (West Yorkshire Area Team))
- Yvonne Evans (Head of Quality – NHS Trust Development Authority)
- Julian Hartley (Chief Executive – Leeds Teaching Hospitals NHS Trust)
- Dr Yvette Oade (Medical Director – Leeds Teaching Hospitals NHS Trust)
- Dr Bryan Gill (Medical Director (Quality) – Leeds Teaching Hospitals NHS Trust)
- Dr Carin Van Doorn (Consultant Surgeon – Leeds Teaching Hospitals NHS Trust)
- Steven Courtney (Principal Scrutiny Adviser – Leeds City Council)

The Principal Scrutiny Adviser briefly introduced the report, summarising the Joint Committee's previous consideration of associated matters and outlining the information presented for consideration at the meeting.

In addressing the Joint Committee, the Deputy National Medical Director (NHS England) reminded Members that the temporary suspension of services in March / April 2013 had occurred in the context of a constellation of issues, which included:

- Concerns regarding an early cut of NICOR mortality data / analysis
- Concerns identified by clinical peers (external to the Trust)
- Parental concerns

Members were also reminded that services were recommenced on a phased basis following recommendations arising from a rapid review in April 2013. This had formed Phase 1 of NHS England's review. At the conclusion of Phase 1, three specific workstreams were identified where further work was

required. These workstreams, which formed Phase 2 of NHS England's review, were:

- a) A mortality case review
- b) A review of parental concerns
- c) A review of clinical peer concerns

The report before the Joint Committee covered workstreams (a) and (b) above.

It was reported that the review of clinical peer concerns (i.e. workstream (c) above) had not been completed and remained outstanding; on completion, a report would be published in due course. Later in the meeting, it was reported that all interviews would be concluded by mid-April 2014, with a report expected to be published no later than week commencing 19 May 2014.

The Joint Committee proceeded to consider issue related to the mortality case review (workstream (a)) and the review of parental concerns (workstream (b)) – now referred to as the Family Experience Report.

It was noted that the author of the Family Experience Report, Professor Pat Cantrill, had declined the invitation to attend the Joint Committee to present the review findings and address any specific matters raised by the Joint Committee.

Mortality Case Review

Addressing the Committee, the Medical Director (NHS England (North of England)) gave a brief summary and outline of the mortality case review outcomes and process. It was reported that the review had taken place over June/ July 2013, with a series of draft reports produced. It was also reported that Leeds Teaching Hospitals NHS Trust had been working on the recommendations since July 2013.

Representatives from Leeds Teaching Hospitals NHS Trust outlined the Trust's progress since the temporary suspension of services and specifically against the recommendations highlighted by the mortality case review.

The Joint Committee discussed aspects of the mortality case review findings and recommendations presented and highlighted at the meeting. A number of matters were raised, including:

- Queries around how the outcomes of the review were being fed into the new review of congenital heart disease, particularly where there was reference to national protocols and evidence.
- How any triangulation of the three different workstreams would be undertaken – given the work around clinical peer concerns had not been completed.
- The priority levels of the identified recommendations.

- How the learning from the review was being raised and considered by other surgical centres.
- Confirmation of any plans to undertake similar views within other surgical centres.

Family Experience Review

Addressing the Committee, the Director (NHS England (West Yorkshire Area Team)) gave a brief summary and outline of the family experience review outcomes and process. It was recognised that the report concentrated on a relatively small number of families; however this should not detract from some of the important lessons identified.

In terms of the review process, it was noted there had been no intention to counter-balance or compare the family experience reported with staff views and/or evidence from elsewhere, such as patient notes etc.

Representatives from Leeds Teaching Hospitals NHS Trust acknowledge that for some members of staff the report content had proved difficult to accept. It was also reported that some members of staff had been concerned that the report did not provide an opportunity for a right of reply, although it was acknowledged that the details represented the reality for some families. It was reported that the Trust viewed the report very seriously and had offered all the families the opportunity to have some input into improving services at the Trust.

The Joint Committee discussed aspects of the family experience review report presented and outlined at the meeting. A number of matters were raised, including:

- It was appreciated that any poor family experience and the distress this may cause was a concern. However, it was important to recognise the context of the family experience report – i.e. that the vast majority of families received good services and had a positive experience. It was felt this was not adequately reflected in the family experience report.
- Concern regarding the number of iterations before the final version of the report was published. Members requested a copy of each iteration of the report, along with a summary of the main amendments and changes between successive versions.
- How any triangulation of the three different workstreams would be undertaken – given the work around clinical peer concerns had not been completed.
- It was felt important that for any similar reviews in the future the methodology should allow all voices to be heard – including that of staff.
- Some concern that there were no national standards to help compare some of the areas where recommendations for improvement had been identified.
- Queries around how the learning and recommendations from the review were being shared and acted upon at other surgical centres.

- Confirming any plans to undertake similar views within other surgical centres.
- Confirming the Joint Committee's desire to invite the National Medical Director (NHS England) to a future meeting in order to discuss specific issues associated with the temporary suspension and recommencement of children's cardiac surgery services at Leeds Teaching Hospitals NHS Trust in March / April 2013.

The Chair reminded those present that due to the timing of receipt of some of the information presented, it may be necessary for the Joint Committee to reconsider some of the information at a future meeting.

RESOLVED –

- (a) That the various reports and information presented to the meeting be noted.
- (b) That, subject to further information becoming available, it may be necessary for the Joint Committee to reconsider some of the information presented at a future meeting.
- (c) That NHS England be requested to provide a copy of each iteration of the family experience report, along with a summary of the main amendments and changes between successive versions.
- (d) That the Joint Committee maintain an overview and review progress against the recommendations of each report (i.e. the mortality review and the patient experience report), both in terms of local and national responses.
- (e) That NHS England seek to conclude the third aspect of its review in the very near future (i.e. the review of clinical peer concerns) and present this, alongside any triangulation of issues, to the Joint Committee as soon as practicable.
- (f) That, simultaneously, Leeds Teaching Hospitals NHS Trust present its response to the reports and any associated recommendations relating to (e) above.
- (g) That the National Medical Director (NHS England) be invited to a future meeting of the Joint Committee in order to discuss specific issues associated with the temporary suspension and recommencement of children's cardiac surgery services at Leeds Teaching Hospitals NHS Trust in March / April 2013.

At the conclusion of the discussion, the Chair thanked all those in attendance for their contribution to the item and specific considerations.

27 The new review of congenital heart services in England - update

The Head of Scrutiny and Member Development submitted a report to help members of the Joint Committee consider an update around the new review of congenital heart disease (CHD) services in England.

The following supplementary information was also submitted and considered at the meeting (minute 21 refers):

- Letter from John Holden (NHS England), dated 2 April 2014

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Dr Mike Bewick (Deputy National Medical Director – NHS England)
- Dr Bryan Gill (Medical Director (Quality) – Leeds Teaching Hospitals NHS Trust)
- Dr Carin Van Doorn (Consultant Surgeon – Leeds Teaching Hospitals NHS Trust)
- Steven Courtney (Principal Scrutiny Adviser – Leeds City Council)

The Deputy National Medical Director (NHS England) addressed the Joint Committee and briefly outlined the additional details provided by NHS England (through John Holden's letter, dated 2 April 2014). This covered:

- The objectives of the new review;
- A summary of the engagement work to date;
- An outline of the range of issues / areas being discussed by the various engagement and advisory groups informing the review;
- Confirmation of a standards based approach and that NHS England was not currently developing major service change proposals;
- Confirmation that the draft standards would be the subject of a 12-week public consultation exercise – likely to commence in July 2014.

It was also acknowledged that the original review timetable had slipped as a result of the extensive work being undertaken.

Clinicians representing Leeds Teaching Hospitals NHS Trust outlined the Trust's role and involvement in the new review of congenital heart disease services. Primarily, the Trust's involvement was through two different advisory groups established as part of the new review's overall governance and programme management arrangements – the clinical advisory group and the provider advisory group. Some of the specific points raised included:

- Some of the identified knotty issues identified were:
 - Unit size – the total number of procedures and the number of procedures per surgeon
 - Sub-specialisation of particular procedures and where these might be performed.
- The increase in procedures was currently running at 16% - compared to the population growth of around 3%;
- The highest number of procedures (per head of population) was in the Yorkshire and Humber region;
- It was important to feed in Leeds' learning (following the temporary suspension of services) into the new review.

The Joint Committee also considered a written submission provided by Children's Heart Surgery Fund in relation to its involvement in the new review.

The Joint Committee discussed the information presented and raised a number of specific matters, including:

- An acknowledgement that NHS England appeared to be taking more account of the Joint Committee's previous observations and recommendations around population and demographics.
- Confirmation that the change in evidence did not suggest a reduction in the number of units.
- The need for further details around NHS England's plan for public consultation.
- The potential role of HealthWatch as part of any public consultation.

RESOLVED –

- (a) That the report and information presented to the meeting be noted and that NHS England's more transparent approach be welcomed;
- (b) To specifically note that the new review represented a standards based approach and that NHS England was not currently developing major service change proposals NHS England;
- (c) That a fuller and more detailed update around the review and associated process be considered at a future meeting.

At the conclusion of the discussion, the Chair thanked all those in attendance for their contribution to the item and the specific matters raised.

Councillor L Smaje left the meeting at 12:10pm, immediately after the Scrutiny Board's consideration of this item.

28 Work Schedule

The Head of Scrutiny and Member Development submitted a report to help members consider the future work schedule 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 (minute 21 refers).

The following representatives were in attendance to help the Joint Committee consider the information presented:

- Steven Courtney (Principal Scrutiny Adviser – Leeds City Council)

In addressing the Joint Committee, the Principal Scrutiny Adviser provided a brief outline of the report, which sought views on the Joint Committee's future work schedule – specifically relating to the new review of congenital heart services in England.

In considering the information presented the members confirmed that it was the intention of the Joint Committee to consider the new review process, alongside responding to any formal public consultation on standards.

It was agreed that the process should follow that set out in the report, although the Joint Committee would be flexible in its approach as it was appreciated the timescales would need to reflect the current position of the review timetable – which earlier in the meeting had been reported as having slipped.

It was also suggested that NHS England should be requested to provide a report detailing its actions against each of the recommendations identified in the report from the Independent Reconfiguration Panel, published in June 2013.

RESOLVED –

- (a) That in consultation with the Chair and taking account of the views and comments expressed by members of the Joint Committee, the Principal Scrutiny Adviser devise a draft work schedule to reflect all the different elements of work discussed at the meeting.
- (b) That the Joint Committee formally consider and respond to any future consultation on proposed standards. It was noted that this aspect of work was likely to commence in July 2014.
- (c) That NHS England be requested to provide a report detailing its actions against each of the recommendations identified by the Independent Reconfiguration Panel in its report published in June 2013.

29 Date and Time of Next Meeting

RESOLVED – That the Joint Committee next meeting be scheduled early in the new municipal year.

Following the conclusion of the discussion, the Chair thanked all members of the Joint Committee for their continued attendance and contributions to the work of the Joint Committee.

The Chair thanked everyone for their attendance and closed the meeting at 12:20pm.