Title of meeting: NHS England HCID Programme Board

Location: Rm 307a, Skipton House

Date: Wednesday 28 September 2016

Time: 11:00 – 12:30hrs

Attendees:
Tim Young (TY), NHS England (Joint SRO/Chair)
Stephen Groves (SG), NHS England
NR), NHS England
Mike Jacobs (MJ), NHS England
Fiona Marley (FM), NHS England
NR NHS England
George Leahy (GL), Public Health England
Kevin Dodds (KD), Department for Health
NR MOD, via T/C
NR Health and Safety Executive via T/C
NR NHS England via T/C

Apologies:
Name Redacted NHS England (Joint SRO/ Chair)
NR NHS England
Simon Enright, NHS England
Paul Cosford, Public Health England
NR Public Health England
Jenny Harries, Public Health England
Prof Tom Evans, ACDP Chair
NR Public Health England

NOTES OF MEETING

HCIDPB 16/44	**Introduction, welcome and apologies** The Chair welcomed everyone to the meeting and noted the apologies received.
HCIDPB 16/45	**Notes of previous meeting** The minutes from the last meeting held on 31 August were reviewed and agreed as accurate.
HCIDPB 16/46	**Review of action log** The Chair invited Stephen Groves (SG) to provide an update on the action log. The following points were noted: • HCIDPB 16/32a & HCIDPB 16/32b – both items were on hold and being reviewed as part of a workload prioritisation exercise by Department for Health (DH). Kevin Dodds (KD) was keen to understand the impact this may have on the programme/ critical path. SG commented that both actions needed to be resolved to inform the pathways and highlighted that the request around quarantine and legal ramifications stemmed from previous discussions during the Ebola outbreak and Exercise Alice but no solutions had been offered to date. The Chair acknowledged that this was a sensitive and wide ranging topic but requested an update on potential arrangements, for

	example if quarantine was required what would a facility look like. Previous options included the use of a redundant hospital or hotels (as per the South Korea model). As such, the Chair suggested that DH should continue to develop proposals but keep options relatively high-level and simple at this stage to unlock and inform further debate. The Group noted that all other outstanding actions were due to be reported under planned agenda items.
HCIDPB 16/47	**Governance** The Chair acknowledged recent membership changes which included: • Kevin Dodd acting as the Department for Health representative; and • NR acting as the Surgeon General representative, Ministry of Defence. The Chair confirmed these updates had been formally reflected in the revised Terms of Reference and circulated to the Group for review and agreement. The Chair asked members to support these material changes and recommended approval. The Group agreed to adopt these arrangements.
HCIDPB 16/48	**NHS England HCID Programme Update** The Chair invited Mike Jacobs, Programme Director to introduce NHS England's Highlight Report and business planning update. The Group noted that: • a draft business plan has been prepared to extend the programme for a further year (FY 2017/18). This was due to go through NHS England's business planning cycle for sign-off and approval this autumn. The current proposal sets out the key activities for the period (transitioning and operationalising the first phase of the programme); and the clinical and PMO resource required to support this work; • the patient pathways were nearing completion and overall workstream progress remains on target. As highlighted in August, the workstreams are currently focused on developing: the content for the service specifications; and some of the detailed protocols/ supporting information to support clinicians on what they may need to know about managing a HCID; • whilst the pathways concept had been broadly agreed by key partners, this approach was due to be tested by stakeholders in autumn. Additionally, next year's change management programme would ensure more time to: engage and prepare stakeholders/ end users for the scale of change; and exercise plans and proposed arrangements to ensure they are fit for purpose prior to application; • one fundamental question still needs to be addressed around the treatment model for children with HCIDs. Possible options include: - establishing units specifically for treating children with these diseases (which might be different for contact and airborne); - or having a mixed economy of either treating children in 'adult' HCID units and

	bringing in paediatric staff; or - treating children in established paediatric ID units and bringing in (adult) staff who are particularly expert in treating HCIDs. • MJ noted there were advantages and disadvantages with each of the models but felt any solutions needed to be clinically led and requested some assistance to urgently progress. In response, SG agreed to facilitate a conversation with Jackie Cornish, National Clinical Director for Children and Young People. FM also confirmed that the Clinical Reference Groups (CRG) under specialised commissioning have just undergone a review and been re-formed with revised memberships. As such, FM suggested it might be worth MJ speaking with the new Chair of the Paediatric Medicine CRG to get his views. [Post-meeting note: FM has facilitated an introductory meeting between MJ and Vin Diwakar, Chair of Paediatric Medicine CRG, Medical Director and Consultant Paediatrician at Great Ormond Street Hospital]; • MJ also raised concerns regarding the communication of the HCID Programme with the Devolved Administrations (DAs). MJ confirmed that he is regularly contacted by clinicians in Scotland on this issue, and there appeared to be a disconnect with the governing bodies as messages were not being promulgated. SG reassured MJ and the Group regular updates are provided through the quarterly Four Countries Operational Group and specialised commissioning links but agreed to discuss further with the Department of Health to identify other potential options/ fora. The Chair asked AC working with SG and FM to establish a connectivity map (list of stakeholders/ DA contacts and method of communication) which can be periodically refreshed, and asked for the DAs to be considered as part of stakeholder engagement plans.
HCIDPB 16/49	**PHE HCID Programme Update** The Chair invited George Leahy (GL), PHE Deputy Programme Director to provide an update. The Group noted: • there were a number of Programme Management Office (PMO) changes. Carole Fry was now a key part of the PHE team to ensure workstreams keep pace and deliver their outputs; • the RAG ratings provided for the Risks and Issues section of the highlight report needed to be reviewed as the mitigation measures did not clearly articulate the issues; • lessons learnt from previous incidents and emergencies (Exercise Alice, Ebola, SARS, MERS-CoV) were being considered to ensure actions were being picked-up by the programme; • PHE's Concept of Operations and National Incident & Emergency Response Plan were due to be signed-off imminently; • the lack of pace from some workstreams could delay activity on the critical path particularly where clear independencies have been identified between programmes. This would be reflected in the Risk and Issues table going forward; • bi-lateral discussions have taken place regarding the issue of community sampling

	and its utility to the programme. Those that participated in the discussion agreed that it was out of the scope on the basis it does not have a role in clinical management or the public health response. However, there may be a need for community sampling for research/ academic purposes. GL confirmed that Jenny Harries had committed to drafting a paper to confirm the outcome of this discussion. The Chair asked for the paper to be shared with the Board to close the action.
HCIDPB 16/50	**Communications workstream update** The Chair asked NR to provide an update on the communications workstream. The following points were noted: • the first sub-group meeting took place on 19 September. During this meeting MJ outlined: the vision of the programme; and the current challenges for the workstream (professional communications and engagement with the service); • to inform the professional communication work, Members were due to receive a presentation on the research commissioned by NHS England regarding preferred communication methods for different healthcare professionals at the next meeting; • Members have also been asked to review the Ebola key stakeholder list as part of this process. This would also influence the design of the stakeholder events to validate the proposed patient pathways; and options for the overarching end product; and • the stakeholder update letters due to go out to the system were currently on hold. These would be re-cast and aligned with the implementation plan post-March 2017 (change management process). Two letters were anticipated and due to be directed at those Trusts most affected by the changes e.g. ID units and surge centres. A wider communication plan would be developed for the wider system which would include updates via NHS England bulletins and the main public-facing website.
HCIDPD 16/51	**Any Other Business** No further business was discussed.

Actions

1. SG to facilitate a discussion between Mike Jacobs and Jackie Cornish, National Clinical Director for Children and Young People regarding the treatment model for children with HCIDs.
2. FM to facilitate introductory meeting between Mike Jacobs and Vin Diwakar, Chair of Paediatric Medicine CRG, Medical Director and Consultant Paediatrician at GOSH regarding the treatment model for children with HCIDs.
3. NR to establish a connectivity map (list of stakeholders/ DA contacts and method of communication) which should also inform stakeholder engagement plans.
4. PHE to share paper to confirm the outcome of the community sampling discussion.