

Board Task and Finish Group

1 September 2014

AGENDA

10am – 12noon

(Malcolm Grant's Office, Room 6A1, 6th Floor, Skipton House, London)

Members in attendance: Professor Sir Malcolm Grant, Board Chair, (Chair)
Margaret Casely-Hayford, Non-Executive Director
Professor Sir Michael Rawlins, Chair of the Clinical Advisory Panel

Apologies: Ian Dodge, National Director: Commissioning Strategy
Professor Sir Bruce Keogh, National Medical Director
Ed Smith, Non-Executive Director

Additional attendees: John Holden, Director of System Policy
Michael Wilson, Programme Director
Lauren Phillips, Programme Development Manager (Secretariat)

Item	Agenda Item	Action	Lead
1	Welcome and Apologies	To note	Chair
2	Minutes of the last meeting (23 June 2014)	To agree	Chair
3	Declarations of Interest (verbal)	To note	Chair
4	Action Log	To discuss	Chair
5	Board Task and Finish Group Terms of Reference	To agree	Chair
6	Update from the Programme Board (verbal)	To note	Michael Wilson
7	Preparing for consultation <ul style="list-style-type: none"> • Overview • Timeline • Dependency map • Launch criteria • Engagement during consultation • Next steps 	To approve	John Holden / Michael Wilson
8	Highlight report	To note	John Holden
9	Any other business	To discuss	All

Minutes of the Board Task and Finish Group held on 23 June 2014

Present:

- Professor Sir Malcolm Grant (Chair)
- Ms Margaret Casely-Hayford, Non-Executive Director
- Professor Sir Bruce Keogh, National Medical Director
- Rosamond Roughton, Interim National Director: Commissioning Strategy (*via VC*)

Apologies:

- Professor Sir Michael Rawlins, Chair of the Clinical Advisory Panel
- Mr Ed Smith, Non-Executive Director

In attendance:

- Mr John Holden, Director of System Policy
- Lauren Phillips, Programme Development Manager (Secretariat)

Item	Agenda Item
1	Welcome and Apologies
	The Chair welcomed everyone to the meeting, especially Rosamond Roughton. Apologies were noted from Professor Sir Michael Rawlins and Mr Ed Smith.
2	Note of the last meeting
	The minutes of the last meeting of the Board Task and Finish Group (15 April 2014) were agreed.
3	Declarations of Interest
	Both Professor Sir Malcolm Grant and Professor Sir Bruce Keogh advised the group that they had held posts at the University College London (UCL) and that National Institute for Cardiovascular Outcomes Research (NICOR) is part of the National Centre for Cardiovascular Preventions and Outcomes (NCCPO) which sits within the Institute of Cardiovascular Science (ICS) at University College London.
ACTION	The review team to ensure both Professor Sir Malcom Grant's and Professor Sir Bruce Keogh's declaration of interest form includes the relevant information in relation to National Institute for Cardiovascular Outcomes Research (NICOR).
4	Action log
	All actions in progress were considered.

Item	Agenda Item
5	Board Task and Finish Group Membership (Verbal)
	<p>The Chair explained that following Bill McCarthy's departure, Rosamond Roughton was providing oversight to the Commissioning Strategy Directorate until a substantive appointment was made to the newly created National Directorate post.</p> <p>The Group noted that Rosamond would be attending the Task and Finish Group meetings as member and chairing the review's Programme Board meetings during this period.</p> <p>The Chair explained that the Board Task and Finish Group's term of reference would be updated</p>
ACTION	The Board Task and Finish Group terms of reference to be updated in light of Bill McCarthy's departure and the subsequent appointment of a National Director for Commissioning Strategy.
6	Update to the NHS England Board – One year on
	<p>John Holden introduced the item "Update to the NHS England Board – One year on".</p> <p>Mr Holden explained that that this paper was still in draft and that the content had been written in light of steers provided by the review's Programme Board at its meeting on 10 June 2014.</p> <p>Mr Holden explained that the paper, once finalised, would be enclosed as an Annex to the regular update from the Board Task and Finish Group to the NHS England Board at its meeting in public on 3 July 2014. The purpose was to provide an account of the progress which had been made, one year on since the NHS England Board set the ambition of an implementable solution within one year at its meeting in July 2013.</p> <p>In respect of the section on Objective 2: Professor Sir Bruce Keogh pointed out that the wording in relation to the issue of "incomplete" adult data should be clarified with the Lead Analyst and amended to provide further clarity of the situation.</p>
ACTION	The review team to explore the query in relation to the issue of "incomplete" adult data with the Lead Analyst and amend the One Year One paper accordingly.
7	Update from the Programme Board (Verbal)
	<p>John Holden provided a verbal update from the Programme Board meeting which had taken place on 10 June 2014.</p> <p>Mr Holden explained the most of the key issues from that meeting would be discussed in more detail during the course of the Task and Finish Group meeting.</p> <p>Mr Holden reported that the planned programme of visits to specialist units by Professor Deirdre Kelly and the review team were now complete. Mr Holden advised members that the process had been both of great value to the review and had been well received by the Trusts.</p>
8	Timeline Update
	<p>John Holden introduced the item "timeline update".</p> <p>Mr Holden explained that the service specifications would be developed by the</p>

Item	Agenda Item
	<p>congenital heart services clinical reference group (CRG) based on the proposed standards. He went on to explain that it would be the Directly Commissioned Services Committee (DCSC) of the NHS England Board who would sign-off the standards and the service specifications for formal public consultation.</p> <p>Mr Holden drew members' attention to the current plan / timeline for the public (12 week) consultation to be launched in mid-September 2014.</p> <p>The Board Task and Finish Group asked whether once consultation had closed, and following analysis of the responses, there would be a requirement to go through the NHS England specialised commissioning governance again. Mr Holden confirmed that this was the current process, but this was under review.</p> <p>The Board Task and Finish Group requested that once consultation was launched, a further iteration of timeline be brought to a meeting of the Group, setting out the requirements for further specialised commissioning governance processes and the associated dates.</p>
ACTION	A further iteration of timeline to be brought to a future Board Task and Finish Group meeting, setting out the requirements for further specialised commissioning governance processes and the associated dates.
9	Preparing for consultation
	<p>John Holden introduced the item "preparing for consultation".</p> <p>Mr Holden explained that the preparation for consultation had largely focussed on engagement, both with the review's stakeholders and the NHS England specialised commissioning governance groups.</p> <p>The Group noted that the review had engaged early with groups such as the Clinical Priorities Advisory Group (CPAG), the Specialised Commissioning Oversight Group (SCOG) and the Women and Children's Programme of Care Board to both keep those groups up to date with the progress of the review, and also to gain a better understanding of what would be required in terms from the review to provide appropriate levels of assurance.</p> <p>Mr Holden explained that in addition to the consultation document itself, a variety of additional materials would be published to support the consultation. These materials would include: an audio visual version, an easy read version, a full reference document, draft standards and specifications; and initial financial impact and equality assessments.</p> <p>The Group noted the current thinking in relation to consultation activities which included regional events, specific / targeted engagement with adults, black, Asian and Minority Ethnic (BAME) groups, bereaved families and patients with learning disabilities.</p> <p>Mr Holden explained that in addition the review's organised events and activities, the team would be encouraging partners and stakeholders to hold their own events and develop materials to support such activities</p> <p>Mr Holden explained the latest thinking in terms of the consultation questions themselves, the ways in which responses would be submitted and the potential requirement to a commission specialist independent agency to analyse the responses.</p>

Item	Agenda Item
10	Transition Dashboard
	<p>John Holden introduced the item “transition dashboard”. Mr Holden explained that this paper had been considered by the Programme Board on at its meeting on the 10 June 2014 in response to the risk to safety associated with no change happening whilst the services are under review.</p> <p>Mr Holden explained that the dashboards provide early warning measures to NHS England commissioners in Area Teams. Their purpose is to facilitate a conversation between the unit and the commissioner which will lead to an improvement plan where necessary. The Group were advised that the dashboard is in place in all units and a monthly “sitrep” telephone call happens across commissioners in all areas to enable identification of themes.</p> <p>Mr Holden confirmed that Objective 5 of the review would aim to resolve the issue of data availability in the long term.</p>
11	Programme Board Membership
	<p>John Holden introduced the item on “programme board membership”. Mr Holden explained that in order to maintain appropriate governance of the review and give the necessary focus to both the financial and commissioning impacts, it was necessary at this time to adjust the membership.</p> <p>Mr Holden also explained that the new proposals meant that named deputies attending meetings on behalf of the member would count towards the quoracy of the meeting.</p> <p>Rosamond Roughton advised that, as per discussions at the Programme Board meeting on 10 June 2014, the proposed membership should be updated to:</p> <ul style="list-style-type: none"> • include the addition of two CCG leaders; • two Area Team commissioners; and • one Regional commissioner. <p>The Board Task and Finish Group noted that Rosamond Roughton would continue to Chair the Programme Board, until the substantive National Director for Commissioning Strategy was in place.</p> <p>Subject to the amendments requested, the Board Task and Finish Group approved the proposed Programme Board Membership.</p>
ACTION	<p>The Programme Board membership to be updated to:</p> <ul style="list-style-type: none"> - include the addition of two CCG leaders; - two Area Team commissioners; and - one Regional commissioner.
12	Update from the Clinical Advisory Panel (Verbal)
	<p>Professor Sir Bruce Keogh explained that the last meeting of the Clinical Advisory Panel had taken place on 18 June 2014, and was Chaired by Professor Sir Michael Rawlins. The Group noted that Professor Sir Malcolm Grant had also been in attendance for part of the meeting.</p>

Item	Agenda Item
	<p>The Task and Finish Group noted that in the focus of the CAP meeting on 18 June 2014 had been:</p> <ul style="list-style-type: none"> discussion of the findings from the literature review carried out by the University of Sheffield School of Health and Related Research (SchARR) “What evidence is there for a relationship between organisational features and patient outcomes in congenital heart disease services?”; and reviewing and amending the proposed standards in response to a paper which brought together the reports from SchARR, the National Institute for Cardiovascular Outcomes Research (NICOR), the children and young people events, the visits to specialist units and engagement with the Patient and Public, Clinicians’ and Provider Engagement and Advisory Groups.
13	Highlight report
	<p>The Board Task and Finish Group noted the highlight report. Members noted the large volume of engagement activity that had taken place over the last few months including, the Trust Visits by Professor Deirdre Kelly and the nine children and young people’s engagement event.</p>
14	Any other business
	<p>There was no other business.</p>
Date of next meeting	<p>Members noted that the date for the next meeting of the Board Task and Finish Group was TBC.</p>

Action Log: Task and Finish Group

Action no.	Meeting date	Action description	Responsibility	Progress details	STATUS	Date closed
24	07.01.14	Engage with both Monitor and the Competition and Markets Authority in advance of any scenario planning / modelling.	John Holden	Discussions planned as part of work of Objective 3.	IN PROGRESS	
25	07.01.14	The new review team to speak to the Royal College of Surgeons about training, as a matter of urgency.	Michael Wilson	Discussed by Clinical Advisory Panel on 31 March 2014 - reassurance received regarding effectiveness of the pipeline of congenital surgeons.	CLOSED	18.06.14
26	07.01.14	The new review team to look at what work could be done in parallel, including scenario planning on what form services could take, without prejudice to any future public consultation.	Michael Wilson	Plans to be developed during consultation period.	IN PROGRESS	
29	15.04.14	Further engagement required with Black, Asian and Minority Ethnic (BAME) groups.	John Holden	Specific engagement planned with BAME communities during consultation.	IN PROGRESS	
30	15.04.14	Discussion to be scheduled at a future meeting of the Board Task and Finish Group regarding the recommendations of function, form and capacity of future services and the commissioning model.	John Holden	On the forward plan for discussion at a future meeting of the Board Task and Finish Group	IN PROGRESS	
32	15.04.14	An update to be provided to the NHS England Board in July 2014, detailing the progress since June 2013.	John Holden	An update was provided to the NHS England Board at its meeting on 3 July 2014.	CLOSED	03.07.14
34	23.06.14	The review team to ensure both Professor Sir Malcom Grant's and Professor Sir Bruce Keogh's declaration of interest form includes the relevant information in relation to University College London and the National Institute for Cardiovascular Outcomes Research (NICOR).	John Holden	Forms are currently in the process of being updated.	IN PROGRESS	
35	23.06.14	The Board Task and Finish Group terms of reference to be updated in light of Bill McCarthy's departure and the subsequent appointment of a National Director for Commissioning Strategy.	John Holden	Board Task and Finish terms of reference updated and due for discussion at the Task and Finish Group on 1 September 2014	IN PROGRESS	
36	23.06.14	Clarify what was meant by "incomplete" adult data in the One Year On paper.	John Holden	Wording in paper amended to ensure clarity and email sent to Board Task and Finish Group members on 25 June 2014.	CLOSED	25.06.14
37	23.06.14	A further iteration of timeline to be brought to a future Board Task and Finish Group meeting, setting out the requirements for further specialised commissioning governance processes and the associated dates.	John Holden	On the forward plan for discussion at a future meeting of the Board Task and Finish Group.	IN PROGRESS	
38	23.06.14	The Programme Board membership to be updated to include: two CCG leaders, two Area Team commissioners and one Regional commissioner.	John Holden	Programme Board terms of reference updated and agreed at the Programme Board meeting on 28 July 2014	CLOSED	28.07.14



New Congenital Heart Disease Review Board Task and Finish Group Terms of Reference

Information Reader Box	
Directorate	
Medical	Commissioning Operations
Nursing	Commissioning Strategy
Patients & Information	Transformation and Corporate Operations
Finance	
Document Purpose	To describe 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 Terms of Reference
Author	NHS England, Commissioning Strategy 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)	<p>Jennie Smith, Programme Co-ordinator england.congenitalheart@nhs.net NHS England Quarry House Quarry Hill Leeds LS2 7UE</p> <p>Direct Line: 0113 8248232</p>
Document Status	
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New Congenital Heart Disease Review Board Task and Finish Group Terms of Reference

Version number: 1.2

First published: 24 October 2013

Updated: 20 August 2014

Prepared by: Michael Wilson, Programme Director

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1 Purpose

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

2 Background

- 2.1 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.
- 2.2 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.
- 2.3 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.
- 2.4 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.
- 2.5 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.

3 Role and Responsibilities

- 3.1 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.

3.2 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.

4 Membership

4.1 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;

- Ian Dodge, National Director: Commissioning Strategy and Chair of the Programme Board; and
- Professor Sir Michael Rawlins, Chair of the Clinical Advisory Panel.

4.2 **Additional attendees**

The additional attendance at the meetings is as follows:

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

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

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

4.5 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.

5 **Frequency**

5.1 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.

6 **Secretariat**

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

7 **Agenda and papers**

7.1 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.

7.2 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.

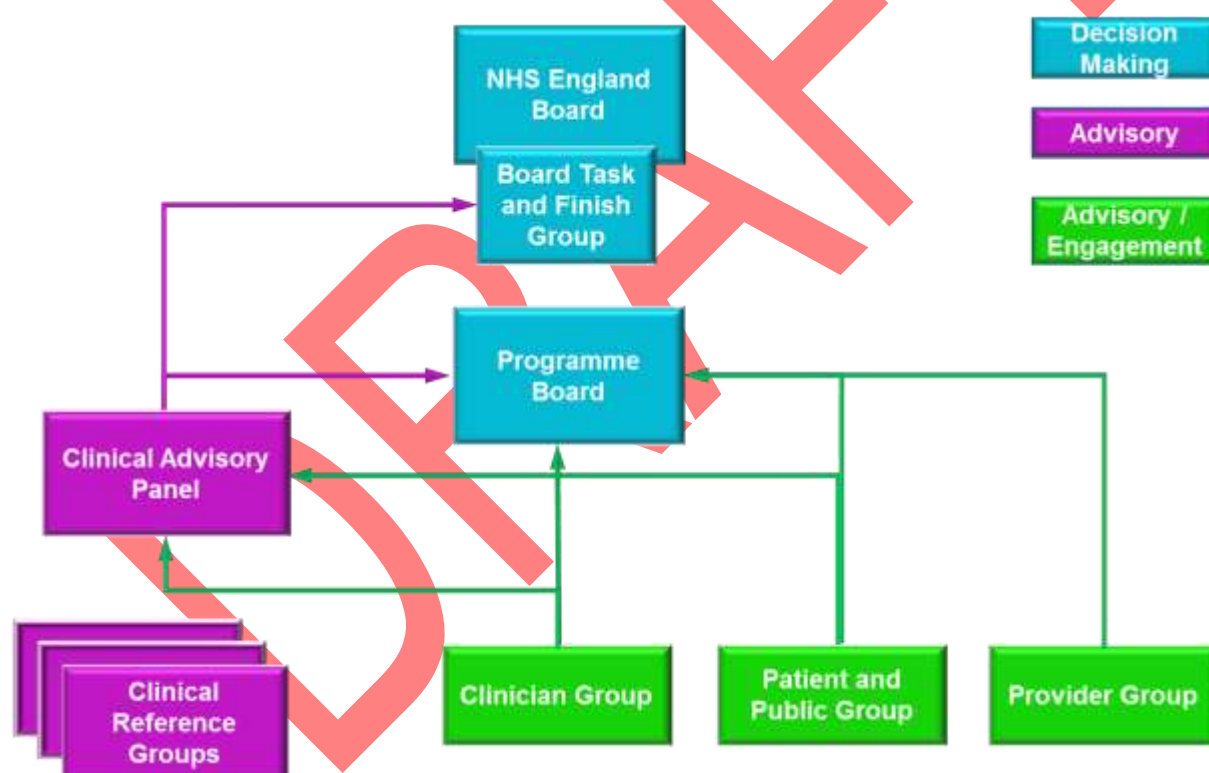
7.3 The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to NHS England accurately record the decisions taken,

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.

- 7.4 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.

8 Reporting line(s)

- 8.1 A report from the SRO on the work of the review will be provided at each board meeting.
- 8.2 The Group will make recommendations to the Board of any decisions requiring full Board approval and at the end of phase 3.
- 8.3 A diagram illustrating the governance structure is shown below:



9 Declaration of interests

- 9.1 Members must comply with the document “*Policy for managing potential conflicts of interest*” 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.

10 Public services values for members

10.1 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>.

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Preparing for consultation

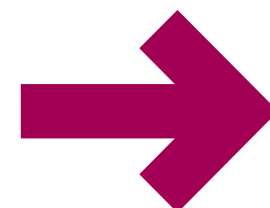
Board Task and Finish Group

1 September 2014



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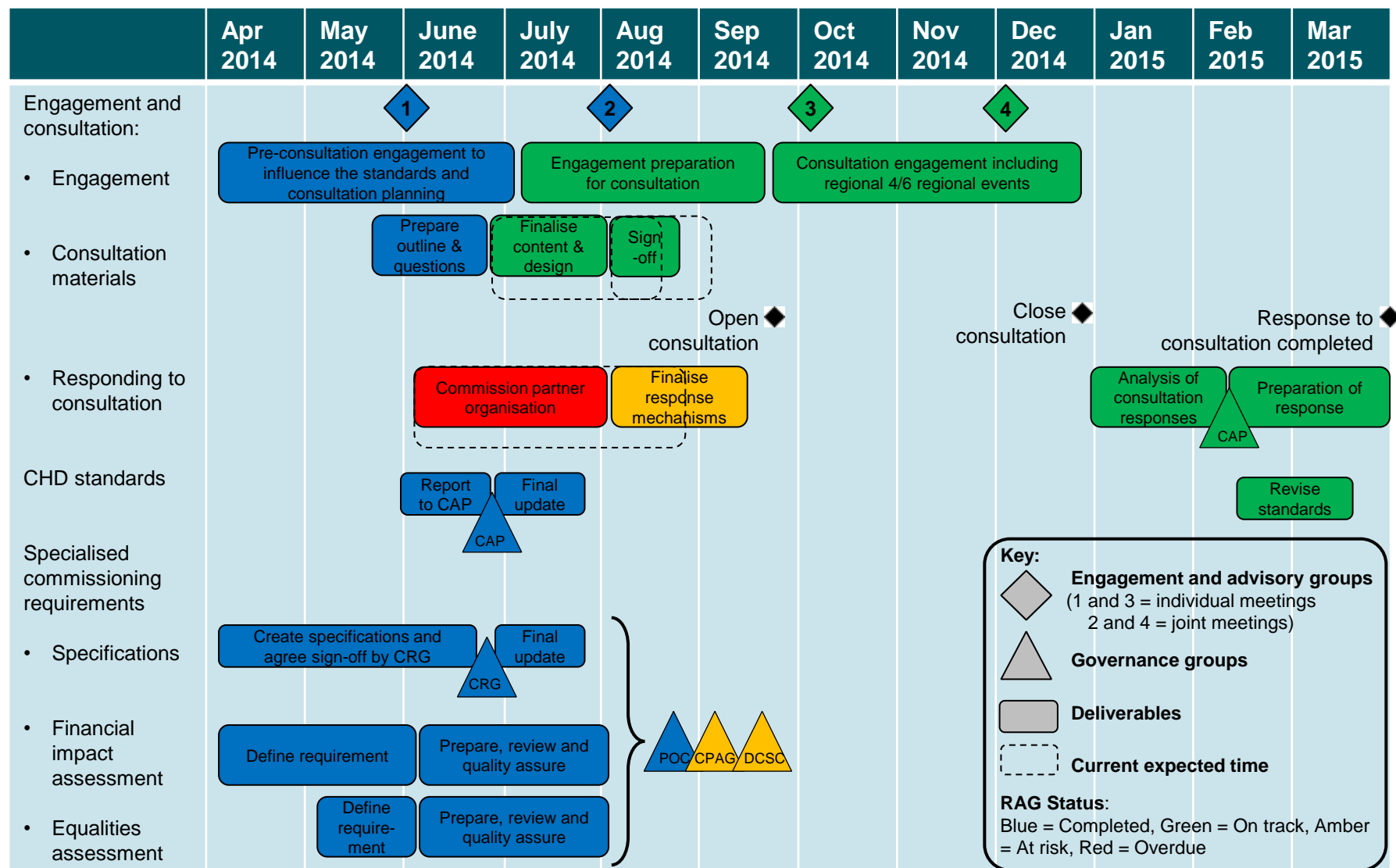
Overview

- The new congenital heart disease review team have made significant progress towards launching a public consultation on standards and specifications in mid-September 2014.
- Details of the progress made to date is contained in this presentation.
- The Task and Finish Group are asked that approval to launch the consultation is delegated to the Programme Board, subject to approval by the Directly Commissioned Services Committee (DCSC) that the specifications are suitable for consultation.

Timeline

- On 23 June 2014 we shared our new proposed timeline, which had been reviewed by our Programme Board.
- We explained why we had been delayed and showed you the detailed dependency map of all the activities that needed to be completed to launch consultation.
- This suggested that the **best case scenario** for consultation launch was mid/late September 2014.
- We told you about the risks to delivering to that date and asked for your support.
- Of these risks, the only one that remains, is **that all assurance groups need to approve the proposals at the first consideration.**
- All groups have had a chance to ask questions, provide input and advice, and appropriate assurance has been sought and received.
- Although there are some areas which have been delayed, and timescales are now very tight, the review **remains on track to launch consultation in mid/late September 2014.**

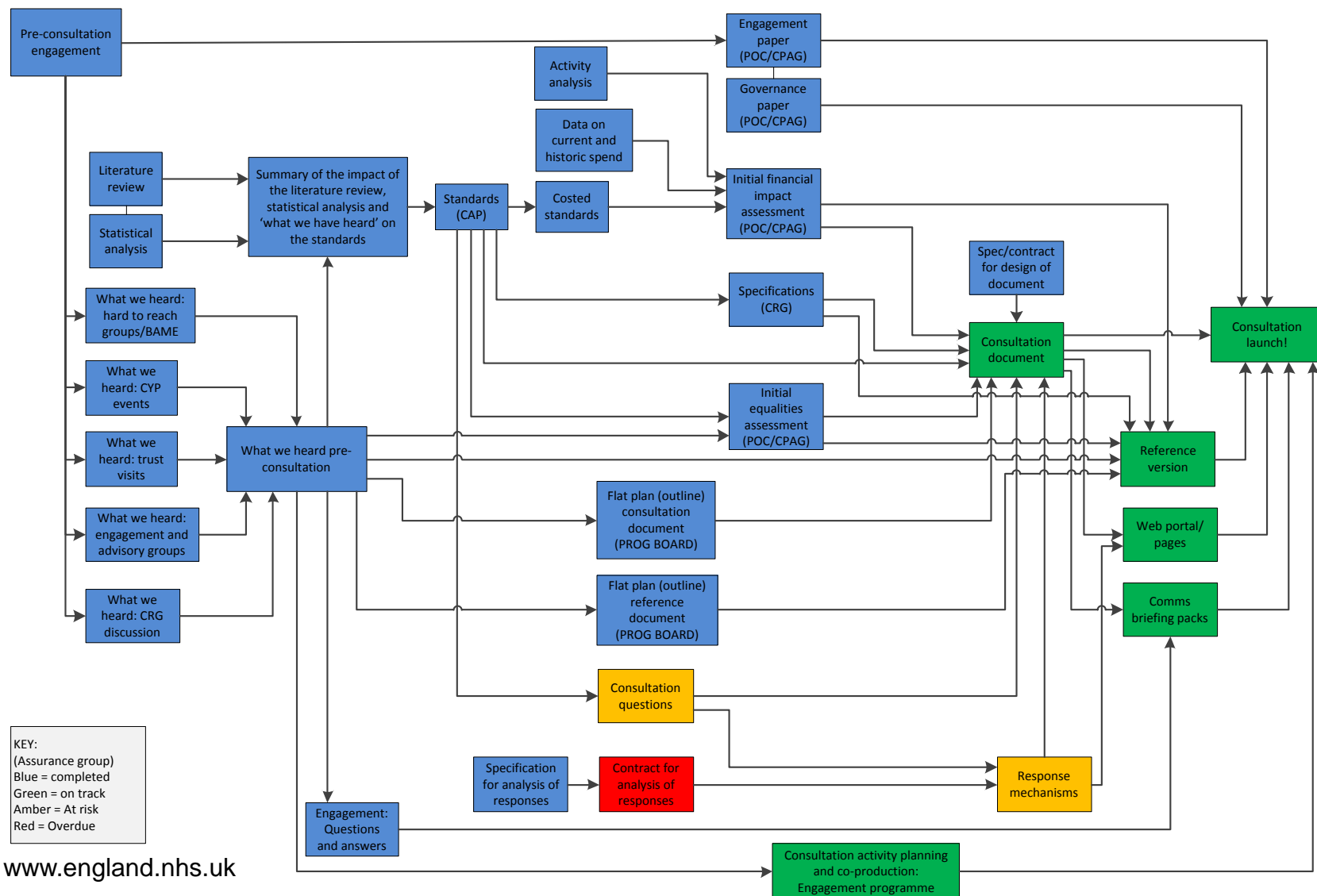
Timeline



Overdue and at risk deliverables

- The timetable for preparation of the consultation document and agreeing the consultation questions has been adjusted to take account of slightly later completion.
- This does not risk the launch date for consultation.
- Procurement of a partner to work with on analysis of the responses to consultation has taken longer than planned.
- A contingency plan is now in place and this is not expected to cause a delay to launch.

Dependency map



Launch Criteria

- In order to ensure the consultation is well planned and supported we presented a list of launch criteria to the Programme Board in July 2014 (attached as Annex A).
- The Programme Board approved this list of criteria.
- We will report against these criteria, providing evidence where appropriate, at the Programme Board meeting on 8 September 2014 in order to provide assurance that we are ready to launch.
- The following slides show progress made against each criterion to date.

Specialised commissioning assurance

The specifications, associated impact assessments and other supporting materials are required to pass through the formal specialised commissioning governance process.

- **POC** - The Women and Children's Programme of Care (POC) Board have endorsed the specifications for onward submission to the Clinical Priorities Advisory Group (CPAG).
- **CPAG** - Advice on the materials being submitted to CPAG was received by the POC board on 20 August 2014 and the appropriate adjustments have been made and the materials submitted to CPAG.
- **DCSC** - The Directly Commissioned Services Committee (DCSC) have had an opportunity to review the materials and have agreed to sign-off by Chair's action, following CPAG approval.
- **CPAG** meet on **2 September 2014** and the **DCSC** will then approve by **5 September 2014**, prior to the next meeting of the Programme Board.

Other assurance

In addition to the specialised commissioning governance there are a number of other assurances the Programme Board will expect and all are in place or on track:

- The review's Clinical Advisory Panel (CAP) have advised the Programme Board that they are satisfied with the final version of the standards for consultation, and with the alignment between the standards and the specifications.
- All required consultation products are expected to clear the NHS England 'gateway' process within the required timescales
- If the Task and Finish Group are satisfied with progress and plans that they confirm this and delegate authority to Programme Board for final launch approval.

Briefing and communications

A range of detailed briefing and communications mechanisms are in place:

- The Specialised Commissioning Oversight Group (SCOG) have received materials and been briefed on the review and plans for consultation.
- Consultation launch has an agreed date on the NHS England communications grid.
- A full communications and media launch plan is currently in development and is ready to be implemented.
- Briefing packs are being created and will be ready to be disseminated as per the launch plan.

Stakeholder involvement

A detailed engagement paper has been developed outlining the extensive involvement of stakeholders in the review to date has been prepared and published in support of the specialised commissioning governance process. In particular:

- Stakeholders from the review's Standards Groups, Clinical Advisory Panel and Engagement and Advisory Groups, and the Congenital Heart Services Clinical Reference Group (CRG) have had a chance to review draft finance impact assessment, equalities analysis and supporting papers before they were issued to the specialised commissioning governance groups.
- The questions for the consultation have been tested with appropriate stakeholders.
- The consultation document has been reviewed by key programme stakeholders and revised in light of their advice.
- Engagement arrangements for the consultation are being put in place, and have been reviewed by colleagues within patient and public voice and revised in light of their advice.
- Clear arrangements with the devolved administrations in relation to their role in consultation are in the process of being finalised.
- Support materials are in development to enable partners to run events during consultation.

Accessibility

A number of measures are being put in place to ensure the consultation is as accessible as possible:

- An easy-read version of the consultation document is being created and will be tested by appropriate stakeholders.
- An audio summary of the purpose and outline of the consultation is being developed.
- The plans for the running of the consultation have been designed in such a way as to ensure it is accessible by all and these have been assured by the NHS England equalities team.
- Arrangements to support people for whom English is not the first language in engaging with and responding to the consultation, are being considered by both the NHS England patient and public voice and legal teams in order to assure they will meet standard NHS England policies.

Response mechanisms

A range of ways to respond to the consultation are in development, however a key focus will be 'digital first' and all communications will aim to encourage digital routes wherever possible:

- Response mechanisms for the consultation have been defined and meet NHS England standard requirements.
- A 'Citizen Space' consultation hub is being developed in line with the NHS England standard.
- Work is ongoing to select the supplier to handle the responses and some final decisions about the detail of how responses are handled will need to be made later than planned.

Engagement during consultation

- During consultation engagement with key stakeholders and the public will continue.
- A detailed paper outlining plans was approved by the Programme Board at their meeting in July 2014.
- Plans are in development for 12 'exhibition style' events around the country between weeks 4 and 9 of the consultation.
- These are intended to better equip and inform stakeholders and the wider public as a whole about the proposed standards and to enable them to make informed comment and responses.
- Plans are also in development to work with a number of so far under-represented groups; bereaved parents, adults with CHD, patients from a South Asian background and those with learning disabilities for whom a link with CHD services was identified in the equalities analysis.

Next steps

- It is expected that the consultation be launched as planned in **mid/late September 2014**.
- In late September 2014 we will update the Programme Board on our plans for, and progress on, Objectives 3, 4,5 and 6.
- By October 2014 we will have finalised the details and dates for the process of adjusting the standards and specifications post-consultation and how we respond publicly
- This will include maintaining the commitment that any decisions will be made by the NHS England Board, at a meeting in public.

The Task and Finish Group is asked to **delegate authority to the Programme Board** to provide final approval to launch the consultation.

Consultation Launch Criteria

In addition to the specifications and associated impact assessments, required to pass through the formal NHS England specialised commissioning governance process, there are a number of other criteria that the review team will need to satisfy in order to be supported to launch the consultation by the review's Programme Board. These are outlined below.

Assurance

- The review's Clinical Advisory Panel (CAP) have advised the Programme Board that they are satisfied with the final version of the standards for consultation, and with the alignment between the standards and the specifications.
- All required consultation products have been through the NHS England 'gateway' process and are cleared for publication.
- The NHS England Board Task and Finish Group are satisfied with plans for consultation and have delegated final sign-off to launch the consultation to the Programme Board, subject to the approval required by the Directly Commissioned Services Committee.

Briefings and Communications Planning

- The Specialised Commissioning Oversight Group (SCOG) and Patient and Public Voice Advisory Group (PPVAG) have received materials and been briefed on the review and plans for consultation.
- Consultation launch has an agreed date on the NHS England communications grid.
- A full communications and media launch plan has been developed and is ready to be implemented.
- Briefing packs have been created and are ready to be disseminated as per the launch plan.

Stakeholder involvement

- Stakeholders from the review's Standards Groups, Clinical Advisory Panel and Engagement and Advisory Groups, and the Congenital Heart Services Clinical Reference Group (CRG) have had a chance to review draft impact assessments and supporting papers before they were issued to the specialised commissioning governance groups.
- The questions for the consultation have been tested with appropriate stakeholders.

- The consultation document has been reviewed by key programme stakeholders and revised in light of their advice.
- Engagement arrangements for the consultation are in place, and have been reviewed by colleagues within patient and public voice and revised in light of their advice.
- Clear arrangements with the devolved administrations in relation to their role in consultation are agreed and in place.
- Support materials have been developed to enable partners to run events during consultation.

Accessibility

- An easy-read version of the consultation document has been created and appropriately assured.
- Assurance that the plans for the running of the consultation have been designed in such a way as to ensure it is accessible by all has been provided by the NHS England equalities team.
- Arrangements have been made to support people for whom English is not the first language in engaging with and responding to the consultation, and the approach has been assured by both the NHS England patient and public voice and legal teams.

Consultation mechanisms

- Response mechanisms for the consultation have been defined and meet NHS England standard requirements.
- A 'Citizen Space' consultation hub has been developed in line with the NHS England standard, and all documents and links are ready to be made live.
- A provider has been selected to analyse the responses to consultation.

HIGHLIGHT REPORT to the TASK AND FINISH GROUP

SRO: Professor Sir Bruce Keogh, National Medical Director

Programme Director: Michael Wilson

KEY UPDATES SINCE LAST MEETING OF TASK AND FINISH GROUP:

- A paper providing an update to the NHS England Board: “One Year On” to its’ meeting in public on 3 July 2014.
- Attendance at the Specialised Commissioning Oversight Group (SCOG) meeting on 22 July 2014.
- The review team held a joint meeting of the review’s three engagement and advisory groups in London on 25 July 2014.
- A meeting of the review’s Programme Board on 28 July 2014.
- Attendance at the Women and Children Programme of Care (POC) Board meeting on 29 July 2014.
- Trust Visit by Professor Deirdre Kelly and members of the review team to Blackpool on 30 July 2014 (This was the first of three visits to a representative sample of units providing ACHD procedures outside the specialist congenital surgery centres).
- Meeting on 7 August 2014 with some families who missed out on the Trust Visit to Bristol.
- Trust Visit by Professor Deirdre Kelly and members of the review team to Brighton 13 August 2014.
- Trust Visit by Professor Deirdre Kelly and members of the review team to Papworth 15 August 2014.
- A paper regarding the new specifications for consultation for congenital heart disease (CHD) services circulated to the Directly Commissioned Services Committee (DCSC) for action by correspondence on 15 August 2014.
- Attendance at the Women and Children Programme of Care (POC) Board meeting on 20 August 2014.

KEY RISK

Description	Current residual risk rating
1. Following approval at the Women and Children’s POC Board, there is still a risk that consultation is delayed because approval to consult is not achieved at the meeting of the Clinical Priorities Advisory Group on 2 September 2014. (MITIGATION: Board Task and Finish Group asked to ensure that successful launch of consultation at the earliest possible date is a shared priority across the whole organisation.) 2. There is a risk that a contract cannot be put in place with a partner organisation to deliver the analysis of responses. (MITIGATION: Contingency plans are being put in place for responses to be gathered by NHS England until a supplier is in place)	Amber

ISSUES

Description
No issues

NEXT STEPS:

COMMS AND ENGAGEMENT: detailed planning is underway for engagement during consultation including the scheduling of further meetings of the engagement and advisory groups. A detailed communications plan for launch is now being finalised.

FUTURE KEY MEETINGS: CPAG on 2 September 2014; Programme Board on 8 September 2014; and Board Task and Finish Group on 24 November 2014.

SUPPORT REQUIRED: The Board Task and Finish Group is asked to **delegate authority to the Programme Board** to provide final approval to launch the consultation at its meeting on 8 September 2014.