Programme Board

18 February 2015

AGENDA

10:00am – 12:00pm
Room 6D1, Skipton House
Room 7E04, Quarry House

Members in attendance: John Holden, Director of System Policy (Vice Chair);
Wayne Bartlett-Syree, Assistant Head of Planning and Delivery (Specialised Commissioning);
Professor Sir Bruce Keogh, National Medical Director;
Mr James Palmer, Clinical Director, Specialised Services;
Professor Peter Weissberg, Chair of the review's Patient and Public Group;
Giles Wilmore, Director for Patient & Public Voice & Information (joining via video conference);
Michael Wilson, Programme Director; and
Dr Cathy Winfield, CCG representative, NHS Wokingham CCG.

Apologies: Ian Dodge, National Director: Commissioning Strategy (Chair)
Professor Deirdre Kelly, Chair of review's Clinicians' Group;
Professor Sir Michael Rawlins, Chair of Clinical Advisory Panel; and
Dr Mike Bewick, Deputy Medical Director

Additional attendees: Jane Docherty, Project Manager – Objective 6
Ben Parker, Project Development Manager – Objective 5
Nicola Humberstone, Programme Manager

Item	Agenda Item	Action	Lead
1.	Welcome and apologies	To note	Chair
2.	Minutes of the previous meeting on 4 December 2014	To agree	Chair
3.	Declarations of interest	To note	Chair
4.	Action log	To discuss	Chair
Programme Process			
5.	Programme transition, integration & timeline for commissioning services	To agree	Michael Wilson
Updates			
6.	Engagement Groups update • Patient and Public Group • Provider Leads' Group • Clinicians' Group	To note	Professor Peter Weissberg Chris Hopson Professor Deirdre Kelly
7.	Consultation response update (verbal)	To note	Michael Wilson

Item	Agenda Item	Action	Lead
	• Independent report • Standard variation		
8.	Objective 6 - Antenatal and neonatal detection – Final Report	To agree	Jane Docherty
9.	Objective 5 – Interim report	To discuss	Ben Parker
10.	Objective 2, 3 & 4 Commissioning & Networking	To discuss	Wayne Bartlett-Syree/Michael Wilson
11.	Risk and issue registers	To agree	Chair
12.	Highlight report	To note	Chair
13.	Any other business	To discuss	All
	Next meeting: **23 March 2015, 10:00 - Noon**	To note	

Minutes of the Programme Board held on 04 December 2014

Present:

- John Holden, Director of System Policy (Vice Chair) *(via videoconference);*
- Wayne Bartlett-Syree, Assistant Head of Planning and Delivery (Specialised Commissioning);
- Mike Bewick, Deputising for Professor Sir Bruce Keogh, *(via videoconference)*;
- Eleri de Gilbert, Area Team representative, Area Team Director (South Yorkshire and Bassetlaw);
- Chris Hopson, Chair of the review's Provider Group;
- Will Huxter, Regional Team representative, Head of Specialised Commissioning (London);
- Ann Jarvis, deputising for James Palmer
- Daniel Phillips, Director of Planning, Welsh Health Specialised Services Committee *(via teleconference)*;
- Professor Peter Weissberg, Chair of the review's Patient and Public Group;
- Giles Wilmore, Director for Patient & Public Voice & Information *(via videoconference)*;
- Dr Cathy Winfield**,** NHS Wokingham, Clinical Commissioning Group; and
- Michael Wilson, Programme Director.

Apologies:

- Ian Dodge, National Director: Commissioning Strategy (Chair);
- Sam Higginson, Director of Strategic Finance;
- Professor Deirdre Kelly, Chair of review's Clinicians' Group;
- Professor Sir Bruce Keogh, National Medical Director;
- Michael Macdonnell, Head of Strategy, Specialised Commissioning Taskforce;
- Mr James Palmer, National Clinical Director, Specialised Services
- Linda Prosser, Area Team representative, Director of Commissioning (Bristol, North Somerset, Somerset and South);
- Professor Sir Michael Rawlins, Chair of Clinical Advisory Panel.

In attendance:

- Siobhan Clibbens, Programme Co-ordinator,
- Nicola Humberstone, Programme Manager; and
- Jennie Smith, Engagement Coordinator (Secretariat).
- Stephen Cordes , Mandate, Partnerships and Accountability Manager

Item	Agenda Item
1	**Welcome and apologies**
	John Holden opened the meeting in Leeds via video conference (VC). He

Item	Agenda Item
	welcomed attendees and noted apologies. Members were invited to introduce themselves due to the new secretariat and deputies in attendance.
2	**Note of the last meeting**
	The minutes from the last meeting of the Programme Board were agreed.
3	**Declarations of Interest**
	No specific interests in relation to today's agenda were declared.
4	**Action log**
	Item 4 was introduced and the following actions were brought to the attention of the group: **Action 73**: The board were originally seeking two representatives from Clinical Commissioning Groups. No further nominations had been forthcoming. It was agreed that further support to the Programme Board was required; it was agreed that Eleri De Gilbert would seek an additional representative from the Northern Region. **Action 75**: New Programme Board members and representatives had been asked to complete a form as soon as possible. A reminder was given to existing members to ensure Declarations Of Interest were up-to-date. **Action 84**: The Verita report was on the agenda for discussion under Item 7 **Action 87**: A report would be provided to the January 2015 Programme Board; work was ongoing. Further contacts have been made with Health Education England. **Action 89**: This action was closed by the group; translations had been made in a variety of languages and the consultation still offered bespoke translations on request.
ACTION	Eleri de Gilbert - to speak to colleagues in the North to seek a further CCG representative. Programme Team - to send declaration of interest forms to all new members of the group, and place returned forms on the website.
5	**Programme planning and transition**
	Michael Wilson introduced the item. It was noted that the same set of papers had been considered by the Board Task And Finish Group. He reported that the group had agreed that implementation of the CHD proposals through commissioning to deliver the standards remained a board priority.

Item	Agenda Item
	Turning to the issue of funding the new CHD specification Mr Wilson noted that NHS England was over-committed on specialised services expenditure and so could not make additional investment into CHD services. However, financial assessment of proposals was a key part of the specialised services assurance process. He suggested that while the original financial assessment was comprehensive it addressed the wrong question. The question was not 'how much would it cost to implement the standards and can NHS England afford that?' Rather the question was - 'it is a board priority to implement the standards but this must be achieved without extra investment, so how do we design a commissioning and payment approach that would deliver this outcome?' Following discussion, the Programme Board agreed with this approach. Mr Wilson proposed that in order to move forward it would be necessary to have a shared understanding of what was meant by 'at no extra cost'. This had been a problem for the first financial assessment and now needed to be resolved. Scenario planning undertaken by the review had shown that under the 'do nothing' scenario, activity within the specialty would be expected to rise as a result of demographic change, increasing life expectancy for CHD patients, and changes to clinical practice. The review understood 'at no extra cost' to mean that implementation of the standards should not add to the cost to commissioners beyond the increase in costs that could be expected even if the standards were not implemented. (Dealing with the inherent inflationary pressures is not one of the objectives of the review). Mr Wilson acknowledged that individual provider costs could be expected to rise as the standards were implemented if there was no change in the way the service is provided. Some of those costs were already inherent in the existing specification. These rises would feed through into reference costs, but the group noted that because these are an average and some providers already meet many aspects of the new specification, the impact would be limited and would be offset by the tariff deflator. . For providers, the rising income that would follow rising activity would offset these costs. Chris Hopson noted that the proposed 50% cap on income for increased specialised activity contained within Monitor's 2015/16National Tariff Payment System consultation would undermine the assumption that rising activity would offset the cost of higher standards. This was acknowledged, and would need to be taken into account once the outcome of the consultation was known. Mr Wilson also noted that the review did not assume that services would continue to be provided in the same way. The impact of networked working or any proposed changes to the number and scale of units providing the service also needed to be modelled to aid understanding of how the standards could be implemented at no extra cost. He further explained that while such modelling was prudent, the implementation of the standards through a commissioning approach meant that the way in which the service was provided in future could not be known in advance (including the number and scale of units providing the service). This would emerge through the

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	commissioning process from the bids made by providers, NHS England's assessment of whether those bids met its requirements for access, capacity, choice, quality and price, and any subsequent negotiations. Attempting to second guess the outcome of this process would be prejudicial to the process. The review would work with providers to address the challenge of how to implement the standards at no extra cost, but this would not involve asking individual providers to assess the financial impact because this would again be the wrong question, and would simply result in an unaffordable 'shopping list' from providers. The review's approach would be to seek their assistance in developing an approach that delivers the standards at no extra cost (to commissioners). Chris Hopson raised a question as to the continued development of quality relationships with providers moving forward? He noted that members of the Provider Group had embraced the programme's approach and wanted to see this inclusive development continue through the forthcoming phases. John Holden provided reassurance that established relationships would be maintained. Wayne Bartlett-Syree echoed Chris' comments advising that the process so far should be embraced moving forward and could be an exemplar. Ann Jarvis advised that all stakeholders needed to explore all approaches with regards to commissioning of services moving forward. Mr Wilson advised the board that the review would, as part of its contribution to the affordability debate, examine the opportunities for savings within the specialty (from both a commissioner and a provider perspective) that might accrue from reducing variation (for example in local agreements on payments and on lengths of stay). Mr Wilson noted that in order to successfully design a commissioning and payment system that would deliver the standards at no extra cost the review would need expert commissioning, procurement and payments input from within NHS England and this would need to go beyond simply commenting on proposals developed by others. The solution needed to be developed and owned internally. Gaining this degree of buy-in and ownership had proved difficult to date. It was agreed that the groups may need to develop further to be more inclusive of colleagues to support the next phases, i.e., from specialised commissioning and finance. It had been already agreed that Richard Jeavons should be invited to join the Board Task and Finish Group. Wayne Bartlett-Syree advised the Board that Andrew Leary was seeking a Specialised Commissioning Finance representative to join the Programme Board. Michael Wilson discussed the "business plan" (which the final report is being termed at present) that would include outline recommendations. The precise timing for sign-off of this report was as yet unclear and subject to the impact of the pre-election restricted period had been worked through. The Programme Team were seeking legal advice to prevent any avoidable delay to the review process. It was agreed that the programme's governance and assurance arrangements as it moved towards final sign-off of the proposals would need to be clear, in particular the relationship between the review's own

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	governance and the specialised services assurance process, and the role of each. The programme had gone through these processes prior to consultation and it was felt that the same route should be adopted; going to certain groups in parallel where applicable. The sign-off process for the business plan would be initially with the Programme Board , followed by Board Task and Finish Group and ultimately in public, by the NHS England Board. Professor Weissberg commented on the need to ensure that the process is explained in a simple and effective way moving forward so that all stakeholders can appropriately engage with the process.
6	**Consultation update (verbal)**
	Michael Wilson gave the Programme Board an update on the consultation process to date. **Consultation response:** Stephen Cordes advised the Board that as at Friday 28th November the team had received over 157 responses. It was expected that a greater number of responses would be received in the final week of consultation. It was noted by the Board that on average NHS England consultations on service specifications receive between 5 and 50 responses. The proposed timeline advocated an initial response from the consultation analysis in February 2015. **Events:** The review team had conducted a series of twelve exhibition style/drop in consultation events across the UK. Approximately 4-500 people attended the events. The aim of the events was to inform people about the consultation and support them in responding. Information was accessible in differing media. (e.g., via video), Consultation materials were provided both on- line and in information sheets. Team members were available to talk to about any element of the review process. It was noted that the events were an opportunity for attendees to talk about what was important to them. The style of the events, although not what everyone attending expected, was very well received; child facilities were offered to enable carers to participate in discussions. A wide variety of people attended the events, with some experiencing for the first time the work of the review. The Programme Team actively encouraged the public to officially respond to the consultation. Dan Phillips advised the Board that the event in Cardiff was well received with professional attention from the programme team and the Welsh language translations were much appreciated. **Other engagement opportunities:** provided by the Programme team and partner organisations included MPs, Local Government, Healthwatch and Health and Wellbeing Boards, Joint Health Overview and Scrutiny Committees and Overview Scrutiny Committees', Royal College of Nursing, the British Congenital Cardiac Association and charities such as the Somerville Foundation (Annual General Meeting) – to name a few. Giles Wilmore congratulated the team on their work during consultation. It

Item	Agenda Item
	was noted that the response rate could be limited as pre-consultation engagement had involved many stakeholders and captured views at an early stage. A discussion followed about the scope of the review and whether it extended to areas such as the ambulance service. Mr Holden advised that while the review would need to ensure ambulance service engagement, and support the network-led approach, it was not within the scope of the review to write standards for ambulance service provision or to be involved in the commissioning of this service. Dr Bewick agreed but added that CHD Networks should put in place transport arrangements with their ambulance providers. It was noted that colleagues and partner organisations had continued communication. Eleri De Gilbert advised that a number of meetings had been attended by the area teams and she would like to communicate this to the wider audience. Michael Wilson advised the group that any summaries of meeting attendances could be sent to the programme team for inclusion within the blog.
ACTION	**John Holden and Michael Wilson to discuss any service requirements relating to CHD services but outside the scope of the review with relevant colleagues.**
7	**Verita update**
	John Holden invited Mike Bewick, deputising for Professor Sir Bruce Keogh, to provide the context of this item due to his involvement with the Verita Report. He began by giving a brief history, for members not aware of the Verita report. The sources of concern were: • Mortality data released by staff from the National Institute for Cardiovascular Outcomes Research (NICOR) in March 2013. • Complaints and concerns of families of children treated in the unit and reported to the care quality commission (CQC) and others. • Concerns about patient care that other NHS professionals passed to Professor Sir Bruce Keogh. Following investigation a report was provided with conclusions, findings and recommendations under five headings: 1. Data submission and record-keeping 2. Communication and complaints 3. Managing consultations on major reconfiguration 4. Whistleblowing 5. Restoring trust and confidence

Item	Agenda Item
	Michael Wilson thanked Dr Bewick for the introduction and continued with a discussion about the impact of the report of the Verita work on the CHD review. In most cases, the review team's proposal was that the Clinical Advisory Panel should consider whether the Verita recommendations were to be embedded within new standards. Within the section of the report entitled 'Managing consultation on major configuration' specific attention was given to recommendations 10 and 12. Recommendation10 – It was agreed that the review was ensuring that there were clear governance arrangements to manage the risk advised in recommendation 10 by networking and peer review. Recommendation12 – It was agreed that the review had actively encouraged the building of relationships. In relation to the 'Restoring trust and confidence' section, Michael Wilson drew attention to recommendations 16 and 17. Michael explained to the group, that in relation to recommendation 16 the independent literature review undertaken on behalf of the review found that while there was evidence of a relationship between volumes and outcomes, there was no compelling evidence about the range of volumes over which this applies, or of a minimum unit activity level required for safety. Also that NHS England had always been clear that services were good but could be better. There has never been a suggestion that any centres were unsafe. Finally, in response to recommendation 17, the review team recognised the importance of bringing the process to a close in a timely and conclusive manner. The Programme Board was satisfied with the action of the review team, but recommended the Verita report should be reviewed by other groups such as the Patient and Public Engagement/Advisory group and Specialised Commissioning Oversight Group.
8	**Risk and issues register**
	John Holden drew attention to a new risk (risk16) - Changes proposed may need support from other stakeholders. It was noted that the programme was continuing to work to establish relationships for partnership working. Risk 8, referencing commissioning, had expired; this would now be changed to 'ongoing' as a group has met and further integration of working was expected with commissioning representatives as they were invited to the Boards and groups. It was agreed that risk 14 – regarding translation would be closed as the review team had translated consultation materials into six different languages and would accept requests for further translations if required.
9	**Highlight report**

Item	Agenda Item
	The group noted and accepted the highlight report – the majority of Items had been covered during the meeting's agenda.
10	**Any other business**
	John Holden thanked the group for their work over the past year and their contributions to the review process and looked forward to seeing everyone in the New Year.
Date of next meeting	Members were asked to note the date of the next meeting of the Programme Board, scheduled to take place on Tuesday 13 January 2015 at Skipton House, London.

Action Log:
Programme Board

Action no.	Meeting date	Action description	Responsibility	Progress details	STATUS	Date closed
61	13/05/2014	**Seek advice from the Independent Reconfiguration Panel (IRP)**	John Holden	Call to be scheduled at a later point in the review as appropriate.	ON HOLD	
63	13/05/2014	**A summary report of the children and young people's engagement events to be produced and published via John Holden's bi-weekly blog.**	Michael Wilson	The report will be published on the New Congenital Heart Disease Review webpages in December.	COMPLETE	16/12/2014
73	10/06/2014	**Contact Rosamond Roughton to advise on Area Team, Regional Team and CCG representatives to join the Programme Board.**	Michael Wilson	Two Area Team, one Regional Team and one CCG representatives have joined the Programme Board. A further CCG representative still to be identified.4th December 2014 - Eliri De Gilbert has agreed to seek an additional CCG representative from the Northern region.	ON GOING	
75	28/07/2014	**All new members of the review's Programme Board to complete declaration of interest forms and submit to the review team for publication by 8 September 2014.**	Michael Wilson	Declaration of interest forms circulated to all new members. This will be an ongoing process. 04/12/14 - all members were reminded to complete a DOI.	ON GOING	
85	23/09/2014	**Different commissioning options will be worked up and tested with providers, clinicians and other stakeholders.**	Michael Wilson	This will be discussed under Item 8: Transition at the 4 December Programme Board.	IN PROGRESS	
87	23/09/2014	**Recommendations to improve early detection rates of congenital heart disease to be received by the Programme Board in December 2014.**	Michael Wilson	A paper is being prepared and will be brought to the February meeting of the Programme Board, as the January meeting was cancelled.	IN PROGRESS	
88	23/10/2014	**Workforce and training issues related to anaesthetists, nurses, perfusionists, sonographers and other technical staff - highlighted across the programme by actions 50, 51, 62 and 86.**	Michael Wilson	Clinical workforce issues will be discussed by CAP and recommendations brought forward under objective 3.	IN PROGRESS	
90	04/12/2014	**Michael Wilson and John Holden to discuss service requirements relating to CHD services, but outside the scope of the review, with relevant colleagues.**	Michael Wilson	John Holden and Michael Wilson have ensured that representatives from various organisations are being engaged as the review continues.	IN PROGRESS	

Programme Board

New Congenital Heart Disease Review

18/02/15

NHS England

Item 5

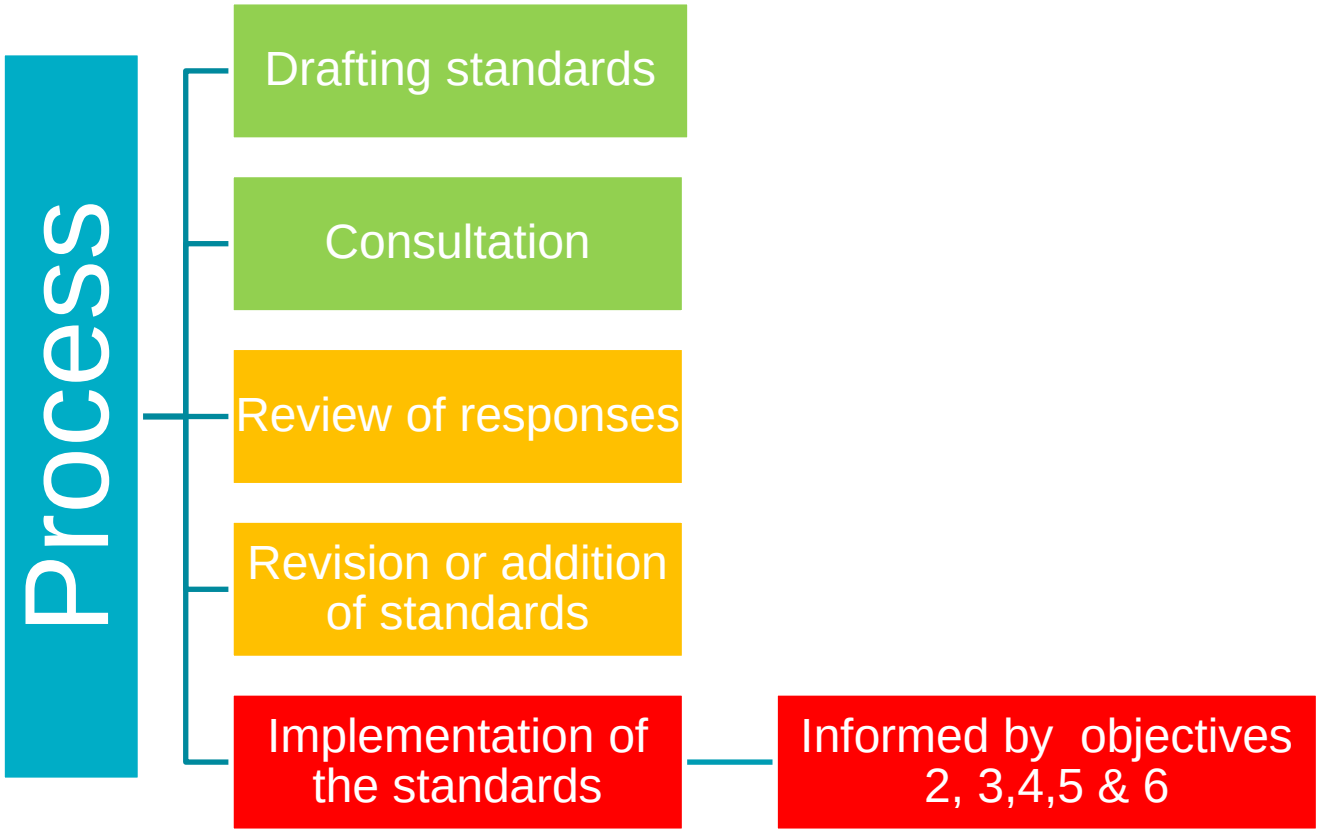
Programme process

Michael Wilson

NHS England

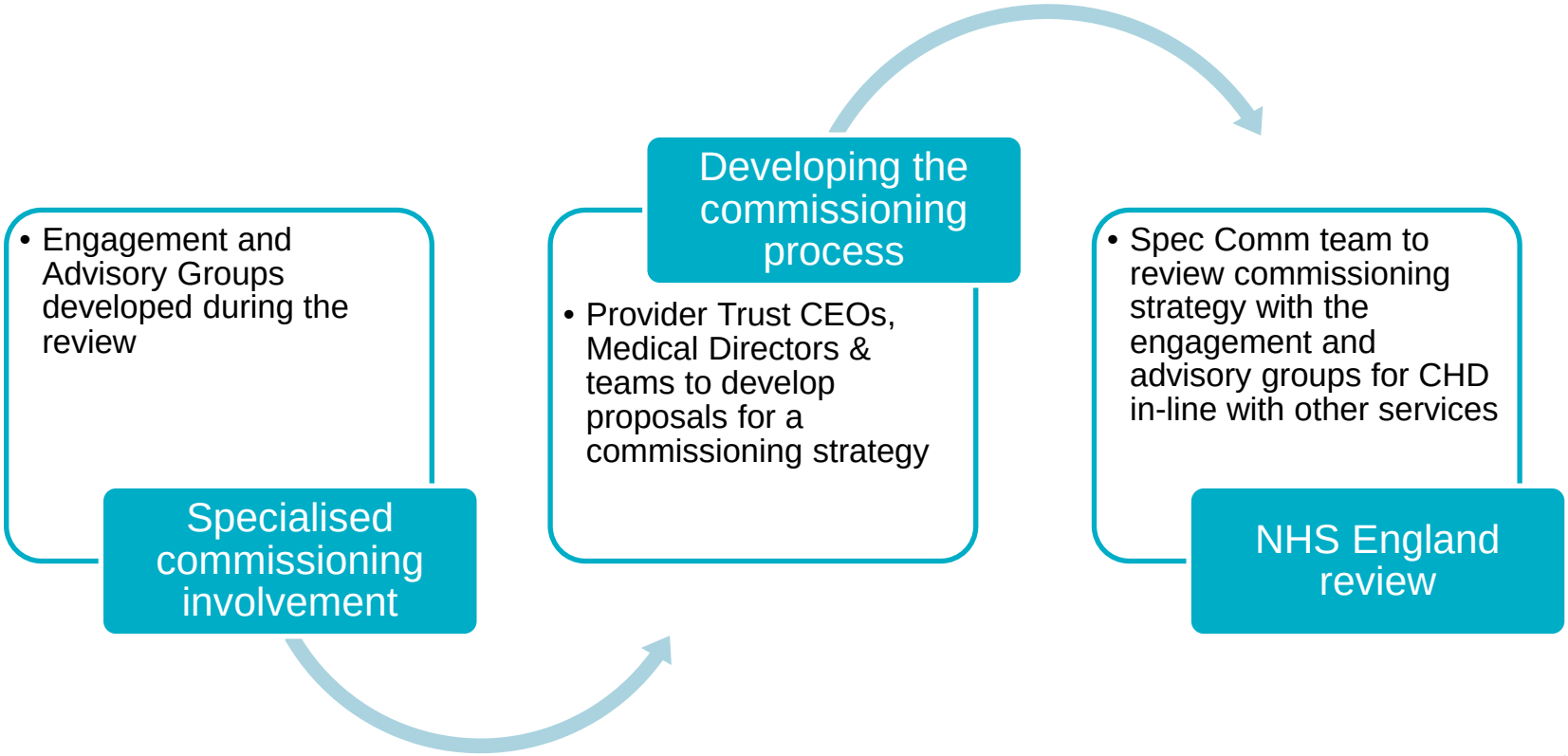
Item 5

CHD review – ready for transition?



Item 5

Programme integration



Proposed timeline for response to consultation

Item 5

Review	**09/12/14 – 06/02/15** - All responses read by: team members & Dialogue by Design (DbyD)
Analysis	**20/02/15** - Final report of independent analysis of responses
Advise	**02/03/15** - Standards & Clinical Reference Groups will advise on the standards
Recommendations	**19/03/15** - Clinical Advisory Panel will make recommendations on any changes to the standards.
Approve & Assure	**23/03/15** – Programme Board
	24/03/15 - Board Task & Finish Group
Decision	**July 2015** - Proposed date for NHS England Board considers the whole review and makes the final decision.

Programme timetable: 2015/16

2015-16

April – July 2015

Commissioning development

Decision

PMO support

August 2015 – March 2016

Procurement

Specialised commissioning; finance; comms & engagement; analytics

April 2016 onwards

Live

Contract & performance management

Transition from review to SpecCom

Item 6

Engagement Groups Update

Item 7

Consultation response update

- **Independent report**
  - Information provision not a vote, but a collation of feed back

- **Standard variation**
  - Inclusions& alterations considered
    - Joint standards & Clinical Reference Group
    - Clinical Advisory Panel

NHS England

Item 8

Objective 6

NHS England

Item 9

Objective 5

NHS England

Item 10

Commissioning

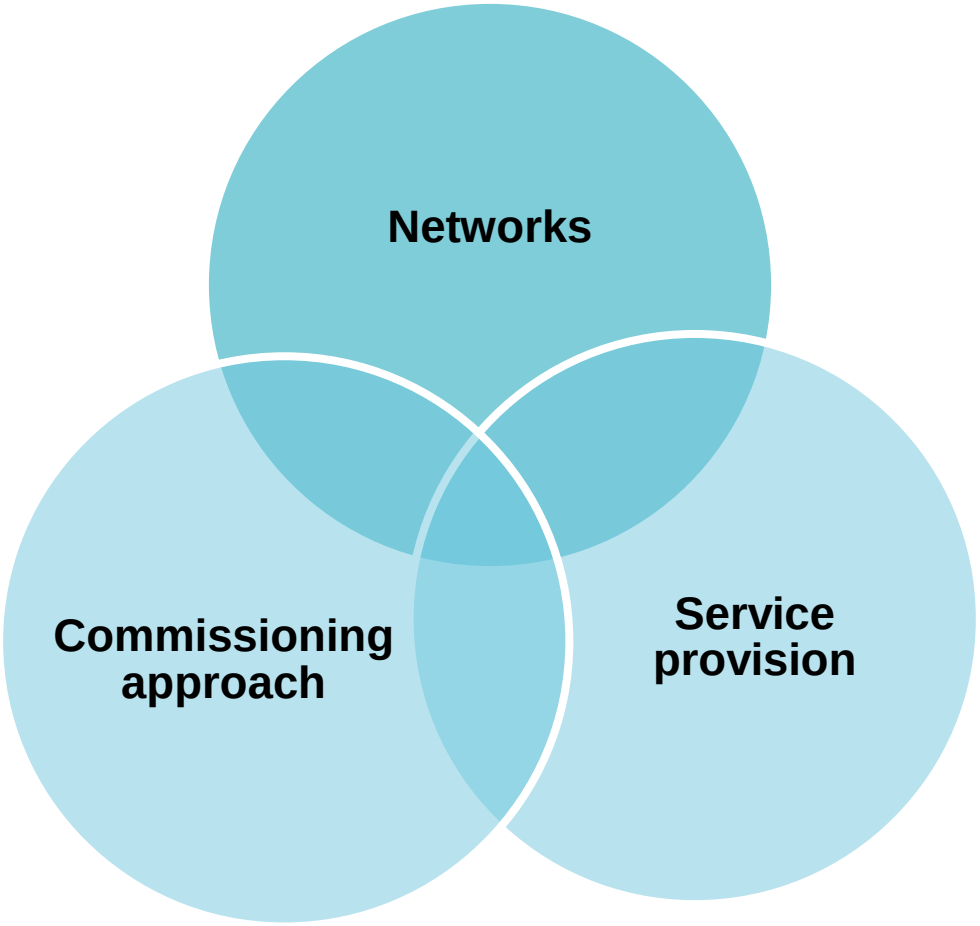
Objective 3 & 4

- Meeting the commissioning challenges
  - Time of rapid policy development
  - New and emerging specialised commissioning team
  - Developing appropriate approach for commissioning this service
  - Working with CCGs on commissioning of tier 3

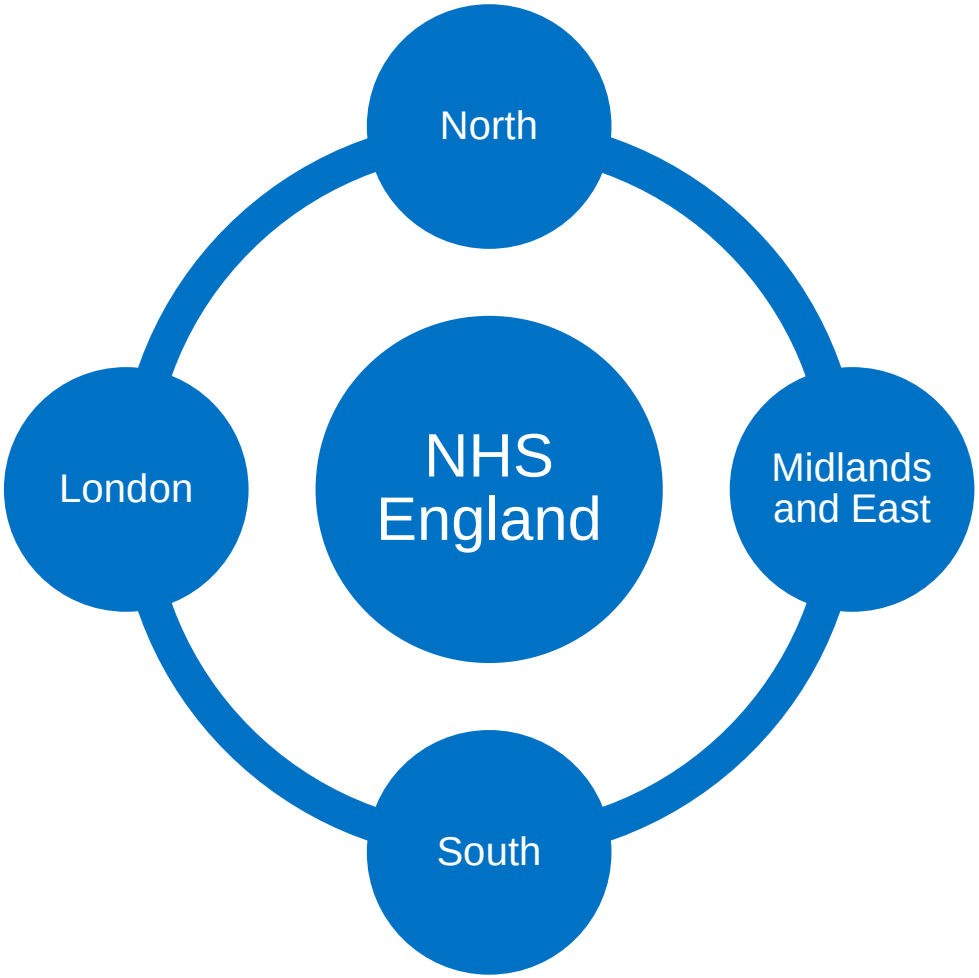
Objective 2: Activity analysis

- Update existing analysis to include 2013/14 data, comments etc.
- Develop
  - subnational activity analysis
  - diagnosis (rather than procedure) based activity analysis
  - analysis of current travel times (modelled)
  - analysis of comparative lengths of stay
- Translate existing analysis into different currencies (ops or interventions, admissions, bed days, beds required etc.)
- Analysis of NICOR ACHD mortality data
- Support further affordability analysis

Achieving congruence



Specialised commissioning



Commissioning approach:

Needs to fit with our business as usual processes

- Working through regional team
- Collaborative working with providers
- Openness and transparency

Supporting commissioning

NHS England

Item 10

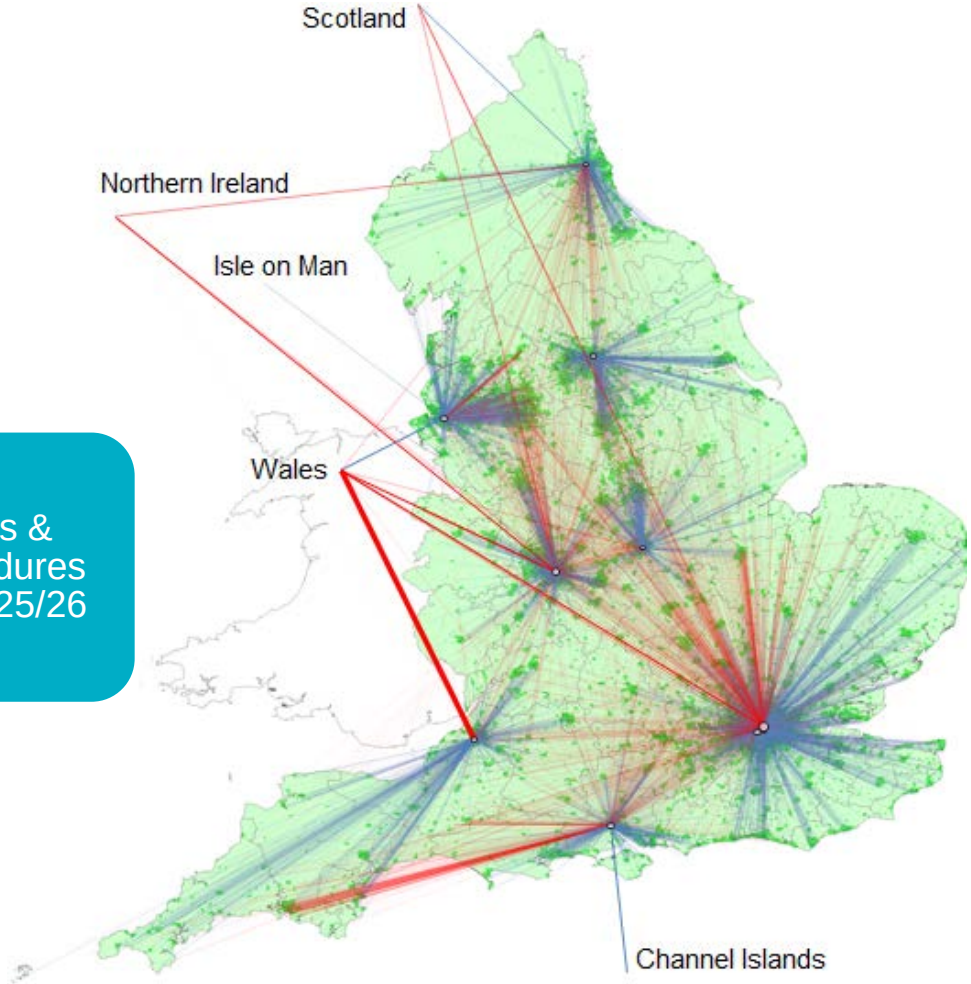
Task for consideration	Area to be worked through
Network development	Build on existing networks? What support is required?
Referral pathways and transition	How will the pathways operate? What timeframe for delivery?
Commissioning approach for the network	Options for delivery - Tier one unit to receive funding? Co-commissioning?
Governance	How will this work across the network?
Workforce management	Support, development, training requirements
Quality/Performance management	IT, Measuring and agreement
Integrated service management	Co-morbidity management

Building the service

Units & procedures 2012/13

Growth of the service & application of standards

Units & procedures for 2025/26



Next steps

Action	Reason
Letter to CEO & MD copied to lead clinicians	To • Establish buy-in to work to a principle for commissioning of services in a given time period
Providers to collaborate	To • work together on a solution for the proposal to be fed back to NHS England. Using the criteria from the standards and service specifications
NHS England	To • Advise on the timeline for providers to work to, given the pre-election restricted period • Consider proposals in the wider context of specialised commissioning services

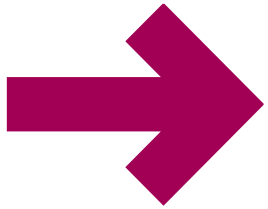
NHS England

Item 10

Networking

Networks

- Leadership
- Relationship building
- What needs to be done to enable networks to function effectively?
- What ought to be developed at a national level to ensure necessary consistency and what should be developed by each network?

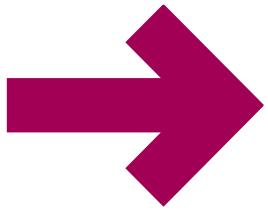


Network arrangements

- Governance
- Accountability
- Shared arrangements
- Staffing
- Reporting
- Protocols
- Engagement and contracting with other stakeholders
- Cost and savings division

Networks: provider considerations

- Shared staffing / ‘freedom of movement’
- Managing patient flow
  - Units/Consultants
  - Subspecialisation
  - Out of hours
- Contractual relationships between providers
- Clinical governance
- Managing risk



Practicalities

Questions
IT interoperability and data sharing
HR processes to accommodate multi-site working
Parking
How will we ensure timely management of high priority and emergency transfers?
How can relationships be built over networks with local clinicians, patients and carers?
How will outreach services to support transition be managed and maintained?
Local unit works up CHD patient for specialised unit

Risk Owner	Risk Ref	Potential Risk Description	Current Risk Score (note 1)			Mitigating Actions in Place	Further Mitigating Actions
			Impact	Likelihood	RAG Status	Systems and processes that are in place and operating that mitigate this risk	Additional actions required to mitigate this risk further
Programme Risk Register							
National Director: Commissioning Strategy Supported by: National Medical Director	**1**	**There is a risk that continued uncertainty may compromise the safety, quality, resilience and viability of services until the future configuration of the service is established.**	**4**	**3**	**AR**	1. NHS England has worked with providers to develop a 'transition dashboard' and this is now being rolled out across the country to give early warning of any emerging concerns and to allow commissioners and providers to respond promptly whenever concerns arise. 2. NHS England continues to drive an ambitious timeline to bring the period of uncertainty to an end as soon as possible.	Continue to progress the review at pace whilst being as open as possible, and maximising opportunities for engagement. The programme board and task and finish groups were updated on the transition dashboard in June. Further discussions will be held in relation to the potential to share this data in future.
National Director: Commissioning Strategy Supported by: National Medical Director	**2**	**There is a risk that continued uncertainty for patients, families and staff may lead to concern about the future of particular units and the implications for individuals.**	**3**	**3**	**A**	1. Ensuring good communication and stakeholder engagement are at the heart of the review and that stakeholders are informed about the process, it's aims, objectives and ways of working and are enabled to participate in that process in a way that suits them. 2. Bi-monthly meetings of the engagement and advisory groups continue and a joint meeting of all 3 groups took place in July 2014. Visits to all paediatric surgical centres along with an opportunity to engage with local patient and public groups have taken place. Visits have also been made to three adult centres. 3. Detailed plans are now underway for engagement during consultation and an update will be provided to the Programme Board at their meeting on 8 September 2014. 4. A detailed communications grid and briefing packs have been developed for the lead up to consultation and are ready to go once consultation launch is approved.	Ongoing revision and development of stakeholder communications and engagement plan must be carried out to ensure all stakeholder groups are identified and well informed. Public consultation events have now begun and planning for a second meeting of all engagement and advisory groups in December is underway.
National Director: Commissioning Strategy Supported by: National Medical Director	**5**	**There is a risk that the review will not achieve the required level of stakeholder engagement and ownership of the processes and proposals of the review leading to mistrust of or opposition and delaying needed service improvements for patients.**	**4**	**3**	**AR**	1. Continuing to work closely with colleagues in the Patients and Information Directorate. 2. Communications and engagement plan drafted and considered by the Programme Board at its meeting on 21 October 2013. 3. A further update presented to the programme board in February 2014 to advise of the detail of the engagement currently taking place and planned.	The stakeholder communications and engagement plan to be constantly reviewed and updated following dialogue with stakeholders - reflective of how they want to be engaged.
National Director: Commissioning Strategy Supported by: National Medical Director	**6**	**There is a risk that any proposed solutions will be formally challenged, for example through judicial review or referral to Secretary of State, delaying needed service improvements for patients.**	**3**	**3**	**A**	1. Open and transparent approach - bi-weekly blogs, new congenital heart disease (CHD) webpages, publishing all meeting papers etc. 2. Supplementary publication scheme for the new review approved by the Programme Board at its meeting on 21 October 2013. 3. Ensure both the new standards and specifications are created in collaboration with all established programme engagement groups and all established NHS England specialised commissioning groups.	Progress work to ensure that all information / documents are published in line with the agreed supplementary publication scheme. Continue to maintain an extensive plan of engagement and communications activity with all stakeholder groups. Advice has been taken from the NHS England Legal team. Areas of the commissioning process which may require legal advice have been identified and will be progressed as the commissioning and change model work develops.
National Director: Commissioning Strategy Supported by: National Medical Director	**7**	**There is a risk that if a challenge was raised against the programme (see risk 6) it could be successful if best practice in all processes has not been followed.**	**3**	**2**	**A**	1. Reflecting on the lessons learned from the challenges brought against the safe and sustainable process. 2. The new review is taking into account the recommendations made by the Independent Reconfiguration Panel (IRP) in their report and the Judicial Review. 3. Commitment has been made by NHS England to not leave all the key decisions until to the end of the process wherever possible. 4. The NHS England specialised commissioning process for the development of new service specifications is being followed and best practice standards will be consulted on and agreed before consideration is made as to how these can practically be applied. 5. Stakeholders are being engaged at every stage in an open and transparent way to allow input to the process in addition to the content of the review. 6. All appropriate stakeholders have had the opportunity to input pre-consultation and all appropriate governance groups have signed off the relevant materials. A full report is to be provided to the Programme Board at their meeting on 8 September 2014. 7. An equalities analysis has been undertaken, assured by the NHS England Equalities team and published on the NHS England website after review by key stakeholders.	Seek expert advice on the review's processes (e.g. Legal, Monitor, scrutiny) - as part of increased focus on Objective 4 (commissioning & change model).

Risk Owner	Risk Ref	Potential Risk Description	Current Risk Score (note 1)			Mitigating Actions in Place	Further Mitigating Actions
			Impact	Likelihood	RAG Status	Systems and processes that are in place and operating that mitigate this risk	Additional actions required to mitigate this risk further
National Director: Commissioning Strategy Supported by: National Medical Director	**8**	**There is a risk that as NHS England is not the commissioner for the third tier in the proposed service standards, this may result in extended timescales to deliver change, or an inability to fully implement the new service model and standards.**	**4**	**3**	**AR**	1. Resource now identified to lead the engagement with Area Team commissioners and providers (update June 2014).	NHS England to work closely with CCG's to ensure that changes can be implemented across the pathway. Programme team to continue to engage more closely with specialised commissioning colleagues following initial meetings, to ensure handover to commissioning is seamless and that expert commissioners are advising on the implementation of standards for service areas outside of NHS England's direct commissioning reach. Commissioning colleagues are now members of the Boards, as well as codirecting the Programme.
National Director: Commissioning Strategy Supported by: National Medical Director	**9**	**There is a risk that the new standards and specifications result in higher cost services which will conflict with current work underway to reduce costs across all specialised service areas, which may result in the funding being unavailable to implement required changes.**	**3**	**4**	**AR**	1. An initial financial impact assessment has been carried out assessing areas of cost pressure within the standards and current delivery costs. - This initial assessment contains a much higher level of detail including modelling potential financial impact of all standards and has been assured by the CPAG financial advisor and NHS England strategic finance.	Consideration later in the review process will need to be made as to the likely cost of implementation of best practice standards by working closely with providers to understand costs, undertaking further financial assessment of the new standards, understanding the relationship and trade offs between higher standards, number of centres/access, payment systems and risk sharing and the impact of rising activity levels. The timing of this work will be carefully considered alongside the planning of the commissioning approach.
National Director: Commissioning Strategy Supported by: National Medical Director	**12**	**There is a risk that a need to replicate a similar governance process to that required to launch consultation, prior to providing a formal public response to the consultation, will result in a delay to responding until after the general election. This in turn could lead to a delay in implementation.**	**3**	**3**	**A**	The governance process has been reviewed.	The programme plan takes account of all the assurance processes necessary to meet the reviews objectives.
National Director: Commissioning Strategy Supported by: National Medical Director	**15**	**There is a risk that the work undertaken by the new CHD review is not sufficiently aligned with the broader programme of work being developed across specialised commissioning. This may result in commitments made that do not align with those being made across other services.**	**3**	**4**	**AR**	1. Representatives from across specialised commissioning have now joined the programme board and are working with the team to define the next steps and the commissioning process which will follow the consultation on standards and specifications.	Director of Specialised Commissioning briefed and joining TAFG. Briefing provided for SpCom SMT and SCOG. Specialised commissioning colleagues attending provider group.
National Director: Commissioning Strategy Supported by: National Medical Director	**16**	**Changes proposed may need support from other stakeholders e.g., Public Health, Societies, to name a few- which will require a greater time period than the programme is able to support; to ensure and assure the delivery of the changes, given the proposed demand and capacity.**	**3**	**3**	**AR**	Working in partnership with other organisations/stakeholders to influence change.	Programme Board to ensure that recommendations result in continuing NHS England involvement and influence on delivery following the completion of the Review.

HIGHLIGHT REPORT to the PROGRAMME BOARD 18/02/15

SRO: Professor Sir Bruce Keogh, National Medical Director

Programme Director: Michael Wilson

KEY UPDATES SINCE LAST MEETING OF PROGRAMME BOARD:

Governance meetings

- The January 2015 Programme Board was cancelled
- Clinical Advisory Panel seminar was held to review the programme plan on 10 February 2015

Engagement meetings

- Patient and Public meeting was held on the 14th January 2015; this enabled the group to review the progress of the programme and understand the timetable for the coming months.
- Provider Leaders' Group and Clinicians' Group met on the 3rd and 4th of February respectively. Collaborative working will continue to design a commissioning approach.

Reports

- The Dialogue by Design report on the review of consultation responses has been drafted, following the close of consultation on the 8th December 2014.

Literature

- John Holden's blog with reference to the review programme, has been updated with the latest being the 38th version - http://www.england.nhs.uk/category/publications/blogs/john-holden/.

KEY RISK:

Description	Current residual risk rating
1. Reference risk 1 - Timeline for the commissioning of the CHD services, following consultation and the publication of documents along with the limitations enforced by the pre-election restricted period, inclusive of governance. 2. Reference risk 5 - Engagement process is adequate to meet the needs of the review; to be enlightened by the Dialogue by Design report 3. Reference risks 9 and 15 - Future commissioning of services. Related actions - 85 & 90.	AR

ISSUES:

Description
No issues at this time.

NEXT STEPS:

Communication & Engagement:

- A further Joint Engagement group is set to meet on the 9th March 2015.
- RCN meeting 5th March 2015

Future key meetings:

- 02 March 2015 – Joint Standards Group and Clinical Reference Group meeting
- 09 March 2015 – Joint Engagement/Advisory Group meeting
- 19 March 2015 – Clinical Advisory Panel

SUPPORT REQUIRED:

The Programme Board is asked to:

- provide advice on further actions relating to the consultation responses update;
- review and advise on the programme transition;
- advise on the governance and decision-making for the review; and
- advise on future recommendations for objectives 5 and 6.