

Safe and Sustainable Children's Congenital Heart Services Implementation Plan during 2012/13 and Transfer into the NHS Commissioning Board for April 2013

2 August 2012

Introduction

Implementation of the JCPCT's decision on the future configuration of children's congenital heart services will present complex challenges. The NHS in England will need to respond to these challenges in a coordinated way; maintaining safe services throughout, whilst many organisations themselves are subject to organisational change and a tighter financial environment.

The NHS Commissioning Board (NHS CB) will assume responsibility for commissioning children's congenital heart services from April 2013 and will need to start to contract for the services from October 2012. There will need to be a smooth transition of responsibility as this passes from the current specialised commissioning arrangements to the NHS CB. The collective working of the pre-existing SCGs and the four transitional Cluster SCGs will continue with clarity of roles passing to the new regional and local teams of the NHS CB as they are established in 2012. National coordination maintaining the corporate memory will remain important in the medium term to ensure a consistent approach to implementation and compliance with a national model of care.

It will be crucial for NHS commissioners and the professional associations to support the NHS Trusts and NHS staff affected by the eventual decision, and clear communication will be needed with the public and parents throughout the process of implementation. Strong leadership and open engagement will be required at all levels.

Phased approach to developing the implementation plan

A final and detailed implementation plan can only be developed once the JCPCT has made a decision on the future configuration of services on 4 July 2012, and once the implications of that decision have been considered and discussed between NHS commissioners, relevant NHS trusts and other key stakeholders such as user groups and professional associations. This document therefore represents the first iteration of the strategy for implementation.

Implications of challenge to the JCPCT's decision

In view of the high-profile nature of the review it is reasonable to assume that the JCPCT's decision may meet with future challenge, either by way of further judicial review or by referrals to the Secretary of State for Health from Health Overview and Scrutiny Committees. While the NHS would be unable to finalise implementation to the point of making irremediable changes until the challenge has been resolved, the NHS commissioners and NHS trusts are free to pursue a process of active preparation for implementation.

The implementation plan for 2012/13 therefore assumes a process of active preparation for implementation until around April 2013 when it is reasonable to assume that the process for defending challenge will be complete. At this point, it is planned that permanent changes to service delivery can begin to be implemented and embedded assuming that the challenge has been successfully defended.

The defence against challenge will be led by the National Specialised Commissioning Team in view of its management of the review process since 2008 and its accumulated knowledge of the process.

Structures for implementation

i. National project team

A small national project team will be established by the Director of National Specialised Commissioning in July 2012. It is likely that the team will comprise members of the current *Safe and Sustainable* team and be led by the current *Safe and Sustainable* Programme Director. The national project team will facilitate a collective oversight of the process of implementation to ensure consistent, coherent and legally robust implementation strategies across the country. The national project team will:

- Manage the process of defence against challenge
- Act as secretariat to the **Project Board**
- Provide a formal link to the Department of Health and NHS Commissioning Board Authority through the Specialised Commissioning National Transition Team up to April 2013
- Deliver stakeholder forums on specific issues, as required
- Act as secretariat to the **Implementation Advisory Group**

- Manage the process of developing standards, outcome measures and quality measures, for the proposed Children's Cardiology Centres and District Children's Cardiology Services (this work is planned to commence by September 2012)
- Develop an implementation model of Operational Delivery Networks integrated to the NHS Commissioning Board. These will be established by the Local Area Directors¹ of the NHS Commissioning Boards. The national team will develop a national specification for the networks.
- Develop a national network of operational delivery networks (ODNs) integrated with the Clinical Reference Group for Congenital Heart Services. This group will lead on the annual cycle of delivering the 'products' of commissioning – the service specification, the unified national service policies, the quality measures, CQUIN, QIPP, and innovation portfolio
- Provide management support to the Congenital Heart Services Clinical Reference Group as it develops its commissioning products
- Coordinating developmental work with the network leads including shared learning across professions and organisations
- Establish a long-term peer-review process for the networks
- Coordinate formal engagement with relevant professional associations for the development of minimum standards of provision of care for support services (such as clinical psychology) and for scoping national training and educational needs (such as with the Royal College of Nursing around specialist cardiac nursing roles and Royal College of Paediatrics and Child Health around increasing the number of Paediatricians with Expertise in Cardiology)
- Develop and manage national communications and engagement strategies, including a coordinated response to Freedom of Information requests

¹ The Local Area Director posts are currently being advertised by the NHS CB and will be in post by the end of July. Ten of the Local Area Teams will be responsible for specialised services commissioning, they have the responsibility to establish the Operational Delivery Networks (ODNs)

- Support the work of the national Clinical Reference Groups for Paediatric Intensive Care and Neonatal Intensive Care on setting strategic direction and setting specifications to strengthen PICU and paediatric retrieval services

Provide a formal link to the separate review of services for adults with congenital heart disease

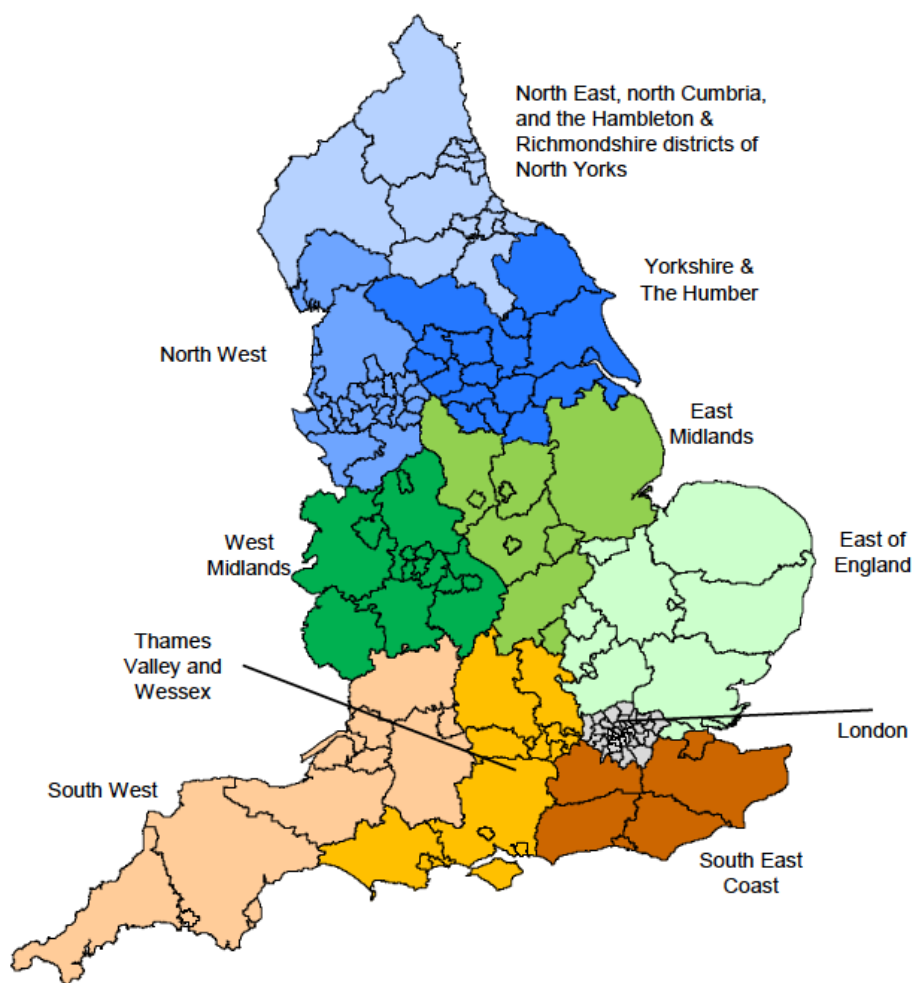
The national project team will establish a **Project Board** that will oversee implementation in a formal process of monitoring progress against the implementation plan and the key principles of implementation (the first such meeting will be held as soon as possible, ideally in **August 2012**). The **Project Board** will include the Director of National Specialised Commissioning and the Specialised Commissioning Group Chief Operating Officers for the four regions in the first instance, to be replaced with the newly appointed Local Area Teams by November 2012. Terms of reference will be published for the **Project Board** in August 2012.

ii. Regional commissioning leads

From July 2012 the Specialised Commissioning Group Chief Operating Officers for each of the four Regions in England will act as the **Regional Commissioning Lead** for the formation of each of the new congenital heart networks.

During August the Local Area Teams will be formed with a responsibility for specialised commissioning namely:

- Cumbria, Northumberland, Tyne and Wear
- South Yorkshire and Bassetlaw
- Cheshire, Warrington and Wirral
- East Anglia
- Leicestershire and Lincolnshire
- Birmingham and the Black Country
- Bristol, North Somerset, Somerset and South Gloucestershire
- Wessex
- Surrey and Sussex
- London



The National Project Team will provide the newly formed Local Area Teams the specification for the Operational Delivery Networks and the Service Specifications for Designated Paediatric Cardiac Surgery Centres.

As the new Local Area Team structure is embedded the SCG Chief Operating Officer will hand over the commissioning leadership for the development of networks to the Local Area Director for Direct Commissioning and no later than 1 November 2012. The region will then take an oversight and assurance role on behalf of the NHS CBA through the Regional Director of Direct Commissioning.

The Local Area Teams will work with the **national project team** and NHS services in their networks to produce the first iteration of a local implementation plan by November 2012 that will:

- Establish a local implementation commissioning team that covers, finance, contracting and information and support from the Public Health England hubs alongside their other specialised commissioning responsibilities

- Establish a formal congenital heart network using the nationally defined specification
- Through the Local Area Team Medical Director oversee the implementation of the *Safe and Sustainable* standards in NHS trusts that are designated as providers of children's heart surgical services (addressing any particular weaknesses of current and future compliance with the standards in each centre as reported to the JCPCT by the Kennedy panel) including increasing capacity to the required levels in the surgical centre (for example: Paediatric Intensive Care, High Dependency, ward beds and theatres). The national team will provide a quality legacy document to be handed over to the Local Area Team Medical Director with particular issues related to their local service that emerged as part of the Safe and Sustainable review.
- For those relevant local area teams oversee the de-commissioning of NHS trusts that are not designated as providers of children's heart surgical services
- Identify implementation resource issues in NHS trusts across the networks, including a plan to minimise workforce risks and to minimise financial risk to NHS trusts and NHS commissioners
- Ensure stability at all parts of the patient pathway, including compliance with central access and waiting time requirements
- Plan and oversee changes that may be required to interdependent services including paediatric intensive care and paediatric retrieval services
- Working with the National Specialised Commissioning Team / Highly Specialised Portfolio of the NHS CB² on planning and overseeing changes that may be required to nationally commissioned services
- Effective maintenance of contractual relationships

A priority for the SCG Cluster COO / Local Area Director will be to establish formal processes of active engagement with the NHS trusts in their networks and the development of systems to achieve the necessary structural change. Initial meetings will begin from July 2012. This will include ensuring that each of the NHS Trusts that currently provide children's heart surgical services develop detailed project plans, undertake full risk assessments and set up credible internal project management

² The work of the National Specialised Commissioning Team will pass to the Highly Specialised Portfolio of the NHS Commissioning Board. This handover will be complete by April 2013

arrangements by September 2012 to take forward change effectively. The SCG Cluster COO / Local Area Director will ensure that each Trust's internal project plan complements and informs the development of, and eventual outputs of, the **Congenital Heart Networks**.

iii. Congenital Heart Network Boards

The SCG Cluster COO / Local Area Director will put in place a commissioner-led process for working towards establishing Congenital Heart Network Boards.

It is well recognised that clinical networks thrive best when there is mutual professional respect and trust, and a shared vision of the benefits that a well managed clinical network can bring to the delivery and quality of care for the patient. Developing this climate when there are complex changes to take forward that affect NHs staff and patients, as well as institutions, will require significant leadership and sensitivity.

The new congenital heart networks will embrace many organisations and professionals needed to deliver care to patients and their families, but the contract between commissioner and provider delivering specialised congenital heart services must be with a legal entity.

The contract for the Operational Delivery Network will preferentially be held with the Trust that provides the surgical centre, Local Area Teams may wish to consider other options for provider hosting. The Trust will host the network³, be responsible for overseeing its development and creating the working partnerships with clinical teams and organisations that will take forward the changes required. This host trust will receive transitional resources to deliver these complex integrated services across the organisations providing the pathway of care, including for example, outreach specialist clinics in DGHs. The host trust will

³ It is assumed for the purpose of this paper that there will be (depending on the JCPCT's eventual decision on the number of surgical units in London) two or three congenital heart networks covering London, the East and South East of England rather than one. In any event there are potentially unique challenges in London given the number and proximity of the current surgical units. The eventual arrangements, including project arrangements, will be determined by London commissioners and the London Trusts as a matter of priority.

need to develop formal agreements with each organisation in the network that reflect mutual responsibilities.

The host trust will need to establish appropriate project arrangements (that accord with the national approach) by engaging key organisations affected by the decision, and will be responsible (with assistance from the **Local Area Team**) in establishing a **Congenital Heart Network Board**. This will necessitate each host Trust establishing a senior project team by September 2012.

The **Congenital Heart Network Board** will eventually comprise members from a range of NHS and external organisations across each network and will include parent and patient representation and NHS commissioners. A national template for terms of reference and membership will be included in the national service specification for the Operational Delivery Network produced by the **national project team** by September 2012 (though each **Congenital Heart Network Board** will be able to apply for derogation from the network specification if local issues apply).

Each **Congenital Heart Network Board** should be established in shadow form by January 2013, including the appointment of a senior clinician to lead the **Congenital Heart Network Board**, as envisaged by the *Safe and Sustainable* standards. Managerial and administrative support should also be identified by the host Trust⁴. The **Local Area Director** will oversee a commissioner-led process that is appropriate for local circumstances (but which is consistent with the national approach) to identify and secure appropriate membership to each Board.

Each **Congenital Heart Network Board** will be expected to ensure that membership and scope sufficiently reflects the various NHS services that see children with congenital heart disease, and their families including pregnant mothers, for the entirety of the patient pathway from antenatal diagnosis, maternity and obstetrics through to the transition to adult congenital heart services.

⁴ The potential resource implications of establishing the Congenital Heart Network Boards have been addressed in the financial analysis that will be presented to the JCPCT on 4 July 2012

Each **Congenital Heart Network Board** will have senior representation on the national **Implementation Advisory Group**.

Formal terms of reference for the **Congenital Heart Network Boards** will be included in the network specification delivered by the **national project team** in September 2012 but as broad principles they will be expected to achieve the following:

- A network approach across the entirety of the patient pathway which reasonably responds to any particular local issues identified by respondents to public consultation, and which is reasonably aligned with networks for fetal services, trauma networks, services for adults with congenital heart disease⁵, neonatal and paediatric retrieval services, and other relevant services
- Integration with the Clinical Senates developing as part of the NHS CB clinical advice structure. Each Congenital Heart Network will need to identify a lead Clinical Senate it relates to.
- Common clinical protocols and guidelines across the network for the management of patient pathways and treatment thresholds, including the care of children with cardiac conditions requiring non-cardiac interventions
- Protocols for the transfer of children requiring interventional treatment and protocols for the transfer of children by ambulance from home to the most appropriate point in the pathway
- A strong network of specialist cardiac nursing support which accords with the role descriptions developed by the Royal College of Nursing⁶
- Guidelines for communication between services in the network

⁵ The *Safe and Sustainable* Steering Group has advised the JCPCT that the eventual aim should be integrated networks covering paediatric and adult congenital heart networks. Emerging work from the x Clinical Reference Group also supports this approach.

⁶ The role descriptions are annexed to the *Safe and Sustainable* standards

- Common record-keeping throughout the network, ensuring each professional has access to records at the point of treatment
- Regular multi-disciplinary team meetings, the composition of which is pathway driven
- Agreed outcome measures and plans to achieve them, including consistent processes for data collection, analysis, benchmarking, reporting and acting on conclusions, including notification recording and dissemination of serious incidents that occur across the network
- Audit of referral, waiting time and cancellation data
- Development of tele-medicine across the network
- Research activities across the network to instil and disseminate best practice, including in partnership with Higher Education institutions
- Education and training strategy for the range of professionals in the network
- Best practice quality assurance and an annual report on the achievements and weaknesses of the network (and a description of remedial action plans)
- Consistent high quality information for parents and children, ensuring that services in the network are culturally sensitive to the needs of the local population
- Ongoing active engagement with local and national parent / patient groups and other community groups

iv. Implementation Advisory Group

An **Implementation Advisory Group** (IAG) comprising clinical experts (nominated by the relevant professional associations), lay experts, **Congenital Heart Network leads** and the **Local Area Directors** will be established in

September 2012, chaired by Professor Deirdre Kelly. Formal terms of reference (including membership) will be delivered by the **national project team**⁷.

The **IAG** will provide expert advice to the **Local Area Directors** and **national project team** on relevant clinical issues during the period of implementation including:

- Establishing congenital heart networks and referral pathways that accord with the agreed model of care, and their alignment with other clinical networks
- De-commissioning of surgical services in centres that are not designated as providers of surgery;
- Lead on the development of standards for Children's Cardiology Centres and District Children's Cardiology Services, including a process of engagement with key stakeholders
- Implementation of the *Safe and Sustainable* standards in centres that are designated as providers of surgery, including compliance with other relevant national guidance
- Advise the National Clinical Reference Group on the development of service specifications for services in the congenital heart networks
- Impact to inter-dependent clinical services, including paediatric intensive care services, retrieval services and nationally commissioned services
- Safe service planning for rare and complex congenital heart procedures
- Roles, responsibilities and relationships between the various services in a network that see children with congenital heart disease, and the contracting arrangements between them
- Improving the collection, analysis and reporting of outcome data by surgical units

This advice will cover *inter alia*:

- Workforce and training implications
- Capacity and resource requirements
- Clinical governance, audit and reporting
- Identification of potential risks to successful implementation and mitigations

⁷ The National Specialised Commissioning Team has consulted with relevant professional associations and NHS organisations on potential membership

- Communications with staff and the public

The **IAG's** deliverables will include:

- Advice to NHS commissioners that will inform the updating of the implementation plan over the period of implementation, responding to the various challenges and opportunities of implementation
- Quality standards for Children's Cardiology Centres and District Children's Cardiology Services that are endorsed by key stakeholders, and the development of a designation process
- Exceptional reports, as required, to NHS commissioners and key stakeholders that provide advice on significant implementation issues
- A planned process for the implementation of recommendations around improving the reporting of outcome data, agreed with key stakeholders

The IAG will need to continue into the 2013/14 year following transition of service commissioning into the NHS CB. They will become advisory to the Highly Specialised Portfolio of the Medical Directorate in the NHS Commissioning Board. The group will be stood down by the National Clinical Director of Specialised Commissioning once the networks have been established and the fundamental changes of service provision have been delivered.

v. Clinical Reference Group

Synergistic working across the **IAG** and the **Congenital Heart Clinical Reference Group** (chaired by Dr Graham Stuart of the British Congenital Cardiac Association) will enhance the quality of advice offered to NHS commissioners. The IAG will provide the detailed advice on implementation issues that will benefit NHS commissioners in the short to medium term once the JCPCT has made a decision. The CRG will be responsible for assuring the commissioning products such as service specification, and assuring the quality measures, service policies, CQUIN, and QIPP plan for the NHS CBA and NHS CB. Hence the IAG will act as a sub-group of the Clinical Reference Group for the commissioning products but report into the National Specialised Commissioning Team and transfer to the Portfolio Board of the NHS CB by April 2013 for its wider remit of supporting this set of major service change. It is proposed that Dr Stuart is a member of the **IAG** to ensure appropriate cross-

cover across the two groups, in addition to other senior representatives of the relevant professional associations who are expected to sit on both groups (such as the President of the British Congenital Cardiac Association).

Specific work streams in 2012/13

1. National workshop in October 2012

A facilitated national workshop will be delivered by the **national project team** in October 2012 for representatives of NHS trusts (including those who deliver support services in the network), Local Area Directors, members of the **Implementation Advisory Group** and representatives of the professional associations. The purpose of the workshop will be to identify priority issues that would benefit from a coordinated approach, discuss the proposed specification for the establishment of **Congenital Heart Networks**, and to agree principles for the next iteration of the national implementation strategy.

2. Events for specific professions

Facilitated events will also be delivered by the **national project team** for specific professional groups in the autumn of 2012. For example, the National Specialised Commissioning Team has begun discussions with the Royal College of Nursing about planning for a national event for nurses that covers issues such as: training and education, career pathways, workforce planning and role descriptions. Related to these events will be a need for the **national project team** to work with the professional associations and the NHS Trusts to scope potential staff movement and future workforce and training needs so that the NHS is able to commission appropriately specialist education courses as required.

3. Event for national user groups and parent groups

The national project team will hold a small facilitated event with national user groups and national parent groups in September 2012. The purpose of will be to consider immediate issues presented by the JCPCT's decision in terms of communication with parents and users, and to review the various issues for implementation suggested by these groups during consultation in light of the JCPCT's decision. The outcome of this event will inform the next iteration of the implementation plan and the communications plan.

4. Defining network boundaries

An immediate priority for the **national project team** and the **Cluster SCG COO / Local Area Directors** will be to determine in detail the precise geographical area to be served by each of the congenital heart networks. There will be minimum deviation from the JCPCT's high level decision on postcodes assigned to networks but a further 'precision approach' will

be required to define the networks at the boundaries using local intelligence. This work should be completed by October 2012.

5. Coordinated Hand Over to the NHS CB

As described the leadership for the initiation of the first stages of preparation for implementation will be from the Cluster SCG Chief Operating Officers. The recently appointed Regional Directors of the NHS CB will appoint a Regional Director of Direct Commissioning. The Cluster SCG COOs will hand over the leadership to this Director (at a point that may be at different times). The Regional Director for Direct Commissioning will be appointing a Regional Programme Manager for the Women and Children National Programme of Care during 2012. Once all 4 regional Programme Managers are in place the national team will progressively handover components of the change programme to the National Programme Director for the Women and Children National Programme of Care.

The national transformation team is proposed to continue as part of the Improvement and Transformation Directorate (subject to further discussion). The Programmes of Care will need to support of a transformation team that has full knowledge of the history of the programme of work.

Following the NHS CB Local Area Directors appointments in July the Local Area Directors of Direct Commissioning, Medical Director, Nursing Director, and Finance Director will be appointed. It will be the Local Area Teams responsibility to establish contracting arrangements for the network and services using national defined specifications and supporting products. At the earliest opportunity it is proposed that the Local Area Director pick up the forward planning of the establishment of the Congenital Heart Networks.

6. Planning for the transfer of activity

Local implementation plans developed by the **Cluster SCG COO / Local Area Directors** will plan for a transfer of activity in the medium term, by April 2014. They will work to a plan that assumes maintaining current referral patterns and no significant change to service delivery in the short term, and a phased approach to transferring activity to designated surgical units. However, mindful of the potential risks of more immediate change highlighted by some respondents to consultation, there will need to be active response to staff changes if they prove to be significant. A more detailed analysis of potential risks in this respect will be included in the second iteration of the national implementation plan (October 2012) after the JCPCT's decision has been announced and after the national workshop has been held in September.

Cluster SCG COO / Local Area Directors will also address how to manage the process of embedding change in local NHS settings. All of the JCPCT's viable options for reconfiguration envisage significant change in the relationship between some local NHS Trusts and the relevant surgical unit. Some local hospitals will become part of a congenital heart network that is led by a surgical unit that has not previously been the lead surgical unit for the local hospital's population; in many cases outreach clinics will have been held in the local hospital by the previous surgical unit.

There will need to be a well managed process for identifying local areas that will experience significant change, establishing effective relationships across the surgical units and local hospitals and planning for the eventual transfer of responsibility (including outreach clinics) to the new surgical unit. The plans for addressing these issues will be part the local implementation plans developed by each **Cluster SCG COO / Local Area Director** but responsibility will also rest with the **Congenital Heart Network Boards**, for example in the development of patient pathways and clinical protocols.

7. Workforce and Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)

While it is clear that responsibility for addressing the employment and workforce implications of the JCPCT's decision rests with the NHS Trusts (in their roles of current and potential employing bodies) the process of implementation will benefit from a common understanding between the Local Area Teams, the national project team and the NHS Trusts on the potential employment implications of the JCPCT's decision, including the application of the TUPE regulations. The national project team, taking legal advice, will develop a document that establishes the legal principles that are relevant to the next iteration of the implementation plan in light of the JCPCT's decision.

8. Potential impact to PICU and retrieval services

There are a number of potential risks that the JCPCT has identified⁸ that will require mitigation. These include: diminished resilience and flexibility in PICUs that would no longer accept cardiac admissions, future ability to attract and retain skilled staff in diminished PICUs, the need to develop sufficient capacity in the PICUs that would accept cardiac admissions in the future and the impact of changes in PICUs to associated paediatric retrieval teams. Mitigation strategies will be developed and overseen by the **Cluster SCG COO / Local Area Director** as part of the local implementation plan but national

⁸ As set out in the Pre Consultation Business Case, consultation document and Decision Making Business Case

coordination is desirable. To this end, the Director of National Specialised Commissioning has established a small working group to scope the current delivery of paediatric and neonatal retrieval services across the country to inform the development of a national plan to strengthen retrieval services across the country. The work stream will integrate with the Paediatric Intensive Care and Neonatal Intensive Care national clinical reference groups and is working with the President of the Paediatric Intensive Care Society and representatives of PICANET. The work will inform the CRG on the development a specification for a programme of work to assist NHS commissioners in planning and delivering sufficient capacity in PICUs across England. A formal process for feeding the outcome of the national work into local project plans will be developed by the Director of National Specialised Commissioning by September 2012.

9. Children's Cardiology Centres

The professional associations, via the *Safe and Sustainable* steering group, have advised that the proposed Children's Cardiology Centres are a viable proposition. However, potential risks to the viability of the CCCs have been highlighted during the process of consultation and the steering group has advised that mitigation plans are developed.

The **national project team** will manage a process of engagement with the professional associations and other key stakeholders, including the development of standards for the CCCs (timeline to be confirmed by the **Implementation Advisory Group** in due course). A formal process will be established by the **national project team** that enables local implementation plans to benefit from the advice offered by the professional associations in this respect.

10. Contracts and finance

The contracts for paediatric cardiac surgery centres will be part of the single operating model for specialised services of the NHS CB. A single provider contract will cover all prescribed services of the NHS CB and will refer to the national contract specification. There will be no variance in the content of the contract specification but providers may apply for derogation with their Local Area Team from the specification to the NHS CB. This for example would be how the contracts for the decommissioned services would be handled.

A nationally coordinated finance sub-group will be established by the national project team in September 2012 with time-limited terms of reference to develop, for the benefit of the Local Area Teams, the next iteration of the implementation plan in so far as it relates to financial issues (this will include a plan for addressing the implementation issues identified in the capacity review and Decision Making Business Case and a formal means of capturing

provider issues). SCG Chief Operating Officers will advise the national project team on membership of this group. The finance sub-group will publish its report by November 2012 to inform the development of local implementation plans. The Local Area Teams will jointly decide in November 2012 whether it would be helpful for a nationally coordinated sub-group to continue for the remainder of the 2012/13 year

11. . Communications and engagement strategy

It will be important that the public and key stakeholders are kept informed of the emerging implementation plan, and progress against the plan. This is likely to require local engagement in addition to printed literature. A detailed plan will be published by the **national project team** in July 2012 and updated throughout the 2012/13 year.

4 July 2012	JCPCT's final decision
August 2012	National project team established with Cluster SCG COOs
August 2012	First meeting of the national project team and Cluster SCG COOs
August 2012	First meetings between Cluster SCG COOs and NHS Trusts
August 2012	First meeting between the national project team and national user / parent groups
August 2012	First iteration of communications and engagement strategy published by national project team
September 2012	Establishment of the finance sub-group
September 2012	First meeting of the Implementation Advisory Group
September 2012	National workshop for NHS Trusts, Local Area Directors and IAG members
September 2012	National project team delivers national specification for Congenital Heart Networks (legal, governance, terms of reference)
September 2012	NHS Trusts confirm internal project management arrangements
September 2012	First workshops for specific professional associations delivered by national project team
September 2012	Formal process relating to national coordination of work around PICU and paediatric retrieval services delivered by Director of National Specialised Commissioning
October 2012	Work to define network boundaries completed by national project team and Local Area Directors
October 2012	Second iteration of national implementation plan delivered by national project team
November 2012	Finance sub-group delivers its report on finance-related implementation issues
November 2012	Local Area Directors produce first iteration of local implementation plans assured by the Regional Director of Direct Commissioning
December 2012	Hand over of agreed parts of the programme of change to the Women and Children National Programme of Care with continued support from the National project team
January 2013	Congenital Heart Network Boards established in shadow form, including appointment of a senior clinical lead
April 2013	NHS Commissioning Board assumes commissioning responsibility for paediatric congenital heart services
April 2014	Transfer of activity to newly designated surgical units complete

