Health Gateway Review 0: Strategic assessment

Programme Title: NHS North West London Shaping a Healthier Future
Health Gateway ID: DH710

Health Gateway Review
Review 0: Strategic assessment

Version number: Version 1.0 FINAL
Date of issue to SRO: 4th May 2012
SRO: Anne Rainsberry, Chief Executive
Organisation: NHS North West London
Health Gateway Review dates: 24/04/2012 to 27/04/2012

Health Gateway Review Team Leader:
Peter Clark

Health Gateway Review Team Members:
  Lynne Clemence
  Brian Milstead
  Simon Neville
Background

The aims of the programme:

Maintaining a sustainable health economy is one of the main aims of NHS NW London. The Commissioning Strategy Plan (CSP) developed by the Cluster outlines how Commissioners will oversee a shift in the way care is delivered. The strategy is that care will be delivered more locally and specialised care centralised where necessary. This will establish a more integrated care system. The CSP also outlines the savings that are needed for financial stability. To meet the requirements of the CSP significant reconfiguration of the Acute landscape is required.

The Shaping a Healthier Future Programme was established in November 2011 in order to enable commissioners to work with clinicians, providers, patients and other local stakeholders to identify, test and refine the optimal future configuration of healthcare services across NWL and move to implementation of this solution. The current phase of work aims to develop options for consultation and begin engagement with the full range of stakeholders prior to launching a public consultation in June 2012.

A set of aims has been developed for the programme:

- Improved clinical outcomes for patients
- Improved patient and carer experiences
- Improved experiences for staff, due not only to improvements in patient care, but also improved team and multi-disciplinary working, improved integration across primary and secondary care, and increased opportunities to maintain and enhance skills
- Creating financially sustainable services.

The driving force for the programme:

The driving force for the programme is threefold:

- The significant work undertaken across the cluster, including the work of the Clinical Working Groups from 2009 to 2011, identified a need to change the way that hospital services were delivered in NW London. Providers carried out work to outline how they might meet the new requirement. The programme is now at the stage of bringing the work together to gain a Cluster-wide view.

- The case for change identified that the health needs of NW London are changing and the right service configuration needs to be in place to meet this need. In addition, a need to increase clinical quality and a £381m financial challenge means that the change in services needs to happen, and happen quickly.
The Cluster has always intended to agree the future for acute services before the transition to new commissioning arrangements brought about by the Health & Social Care Bill. This is consistent with the Cluster CSP.

The procurement/delivery status:
The Programme was set up in November 2011 and is currently developing its approach and communication material to commence Public Consultation on the reconfiguration of healthcare services in North West London following the NHS London Board in June 2012.

Current position regarding Health Gateway Reviews:
This is the first Gateway Review of the Programme.

In parallel with the Gateway Review, the National Clinical Assessment Team (NCAT) visited NHS North West London regarding the reconfiguration of A&E and Urgent Care Services on 18th April and on the 25th April 2012 to assess the reconfiguration of Maternity and Paediatric services.

Purposes and conduct of the Health Gateway Review

Purposes of the Health Gateway Review
The primary purposes of a Health Gateway Review 0: Strategic assessment, are to review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to government, departmental, NHS or organisational overall strategy.

Appendix A gives the full purposes statement for a Health Gateway Review 0.

Conduct of the Health Gateway Review
This Health Gateway Review was carried out from 24th – 27th April 2012 at NHS NW London, Westminster. The team members are listed on the front cover.
The people interviewed are listed in Appendix B.

The review team would like to thank Anne Rainsberry, the Programme Team and stakeholders who attended for interview for their support and openness, which contributed to the review team’s understanding of the programme and the outcome of this review. Particular thanks to Kerry Doyle for managing the logistics for the Review and coordinating the interview process.
Delivery Confidence Assessment

AMBER/GREEN

The DCA reflects the Review Team’s view of the programme’s readiness to commence, effectively manage and conclude the consultation process.

The programme is well structured and resourced to ensure that it can deliver at pace to meet the challenging deadline for consultation at the end of June 2012. Governance arrangements are effective; an inclusive Reconfiguration Programme Board ensures strong stakeholder involvement and support. Clinical engagement and commitment to the programme from both primary and secondary care is impressive. As consultation nears, care must be taken to maintain stakeholder support.

The programme team’s proactive action to support workstreams in partner organisations has ensured that delays due to the lack of external input have been minimised.

Doing nothing is not an option as some services are fragile and could fall-over as they fail to meet quality and safety standards. However, in such an important consultation care should be taken at a senior level to reflect and review proposals before launching to the public. An appropriate balance will need to be struck in addressing these tensions.

To maintain momentum the programme team must ensure that appropriate resources are in place to manage consultation and implementation planning of the chosen option. This is particularly important given the changes affecting Healthcare and the need to cover key programme roles. This demand will remain as the preferred option is implemented.

The planned reconfiguration is complex and extensive service and financial modelling has been carried out to inform the selection of short-list options. Communication of service plans, particularly to the public, is fundamental to the consultation process. Greater clarity needs to be provided on the future of potentially affected Hospital sites, particularly Charing Cross.

Step-by-step storyboards are needed to explain the new service provisions for Boroughs and also the detail for each service, particularly Urgent Care Centres, A&E, Maternity and Out of Hospital support. Benefit delivery, both for patients and the wider Health community, will need to be managed and captured.

To date the process to develop and shortlist options has been transparent and thorough. This approach must be maintained in demonstrating how the final options, and indeed a preferred option, have been selected.
The delivery confidence assessment status should use the definitions below.

<table>
<thead>
<tr>
<th>Colour</th>
<th>Criteria Description</th>
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<tbody>
<tr>
<td>G</td>
<td>Successful delivery of the project/programme appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly</td>
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<tr>
<td>AG</td>
<td>Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery</td>
</tr>
<tr>
<td>A</td>
<td>Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.</td>
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<tr>
<td>AR</td>
<td>Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.</td>
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<tr>
<td>R</td>
<td>Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget, required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/programme may need re-baselining and/or overall viability re-assessed</td>
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A summary of recommendations can be found in Appendix C.

The professional and comprehensive programme management approach has been enhanced by the team’s proactive action to support workstreams in partner organisations, which contribute to the overall planning landscape.
Findings and Recommendations

1: Policy and business context

The Programme has produced a compelling Case for Change. Clinicians have developed the case with involvement from providers, patients and their representatives and the public. The Review Team (RT) found that key clinical stakeholders own the case and its conclusions, and that it is well supported by stakeholders across the local health economy. The case has been shared through engagement events, and has been signed off by the Programme Board. It is now available on the Shaping a Healthier Future website. This provides a robust basis for the development of service reconfiguration options and a reference source for the forthcoming consultation.

The drivers for change are not unique to NW London; they are prompting changes in health services across the country. The drivers include:

- recognition that local health needs are changing and placing ever greater demands on the local NHS.
- the need to improve the quality, range and availability of primary and community-based health services (“out of hospital” (OOH) care),
- reduction of the inappropriate use of acute hospital services,
- concerns about care quality and patient safety issues in some services,
- difficulties in providing appropriate levels of medical and other staffing due to new standards, regulations and specialisation,
- the need to achieve financial balance across the area.

The patient safety and workforce pressures mean that doing nothing is not an option. There is a real concern that some services will not be sustainable for very long due to an inability to recruit; this has already forced emergency service changes at Central Middlesex Hospital. It will be important to have contingency plans worked up for those services of particular concern, lest they should become unsustainable at short notice and/or before the consultation process has concluded.

Financial modelling shows that the current service configuration is unaffordable now, with the affordability gap widening over time if no action is taken.

There has been an NCAT review of the service proposals. The RT were able to speak with the team reviewing Maternity and Paediatric services, but not the team reviewing emergency care.

The Programme has moved at rapid speed since its public launch in January 2012, and has an ambitious and challenging plan for consultation at the end of June. There
are good reasons for this timescale, including the impact and timing of organisational change in the NHS. All those interviewed were committed to meeting the deadline for the launch of the consultation process, although there were concerns about the implications of the rapid pace of the programme. On the plus side, the short timescale has given the Programme considerable momentum; on the down side there were concerns that there was little time to reflect, to absorb and compare complex reports and other information, and a lack of detail in relation to some service models. The day-by-day activity demands of the programme through April, May and June are challenging with little room (if any) for manoeuvre. The next Programme Board has been delayed due to the London Mayoral election period and this reduces flexibility still further. The Programme Team are aware of these concerns and, to their credit, are flexing their planning to meet new demands as they occur.

The Programme envisages a 3-year implementation programme to 2015, but planning is less detailed for this phase. The RT understand that more detail will be produced for the short listed options once identified, but the level of detail will be limited given the timescales. Workforce planning to initiate and establish new service models is particularly underdeveloped at this point.

Inevitably, given the nature of the service change proposals envisaged, and on the basis of experience elsewhere, the consultation will be challenging. The Programme Team has been active in ensuring that the SHA, DH and others are regularly briefed.

2: Business case and stakeholders

This is a well structured and resourced programme that has been carefully geared to deliver at pace. An inclusive Reconfiguration Programme Board ensures that there is strong stakeholder support and there appears to be good involvement at all levels of the Programme. Clinical engagement and commitment to the Programme objectives from both primary and secondary care is particularly impressive. However, the RT were unable to ascertain the level of engagement of Social Services and other community providers.

There is recognition of the different constraints and objectives of each stakeholder and a collective willingness to help address these wherever possible. It will, however, be increasingly challenging to manage stakeholder expectations as the pace of progress increases in the final weeks before consultation.

Governance arrangements are effective and well founded and decision making clear. The process for establishing a Joint Overview and Scrutiny Committee has been executed promptly and with clarity and is to be commended. Quite properly, good practice has been taken from the experience of former and current similar
programmes across London. The need to integrate plans with neighbouring re-configurations, particularly SW London, has been recognised and effectively addressed.

Work is well under way to develop the business case but a significant amount of activity remains if a compelling case is to be produced.

At a strategic level the programme is underpinned by comprehensive modelling including activity, workforce, finance and estates impacts.

The Business Case and consultation document remain to be finalised.

3: Management of current and intended outcomes

The RT found that stakeholders viewed the programme as being well managed, with good inclusive and transparent processes, and that there was a high level of clinical and managerial leadership being demonstrated.

This is a well resourced project with the capability to address all the aspects of delivery that will be required on a programme of this scale. There is also a track record of experience in delivering similar types of reconfiguration consultations amongst some of the programme team and externally resourced staff.

To maintain momentum it will be important to ensure that appropriate resources are in place to manage the consultation process itself through to its conclusion and to move into implementation as appropriate. Given other events in the capital this summer, responses to the consultation may well be tail ended and the programme will need to plan for the potential issues this may create.

The RT also heard comment of the need to see some early wins from the CCGs’ OOH programme to give confidence of their ability to deliver on the changes being proposed. All CCGs are finalising their plans for these services in the next two weeks but there will need to be assurance that appropriate resource is in place to support their implementation and delivery.
Many of these schemes will require new ways of working across organisational boundaries and as such will need the right skills and capacity to get them up and running. This of course is going to be required at a time of great organisational change and specific thought needs to be given as to how clinical leaders in the CCGs will be supported in making these plans a reality for patients and the public in a realistic timeframe.

RECOMMENDATION 1: Review the ongoing resource requirements through to the completion of consultation and the start of implementation.

Much work has been completed on the various aspects of the change programme. There was some feeling that the A&E elements of the programme were currently dominating somewhat and that in the final presentation of the proposals more emphasis should be placed on the models of care for out of hospital provision. More specificity on these schemes would be helpful with clear examples of what the new care pathways will look like to patients.

It would be beneficial to create a storyboard for each borough describing services as they are now, what services will be there following the proposed changes and what the benefits to patients will be. This would also be helpful in tracking progress and validating what actual benefits have been delivered post implementation. It will be important to agree the data sources that will be used to capture and measure these.

RECOMMENDATION 2: Identify clearly the benefits to patients proposed for each Borough, together with who owns them and how they will be measured.

As discussed above it will be important to be clear what the future will be for services delivered from sites where there may be change in service provision and to create a vision for the future that can be communicated. This is particularly important for the Charing Cross site as the vision is not yet clear. The process will need the specific engagement of clinicians at that site and the support of wider stakeholders to its resolution prior to consultation.

RECOMMENDATION 3: Develop and agree the future vision for the Charing Cross site, with the engagement of local clinicians, prior to consultation.

Many interviewees commented on the challenging timescale although the reasons for this were generally well understood. On balance the feeling was it was necessary to ‘get on with it’ as the issues had been known about for some time. Doing nothing was not considered an option given the staffing and quality issues that are driving the need for change. Further delay may create unmanageable pressures in areas already struggling with recruitment difficulties.
There is still much to do to finalise the business case and consultation document ready for an end of June launch. The RT’s view is that this is achievable given the resources dedicated to the programme. There is however some concern that this may not allow time for final reflection prior to launch to make sure all the information and proposals are cohesive and make overall sense.

There was also some comment that the implementation timetables proposed are optimistic and it would be sensible to ensure that providers have high level plans that demonstrate these timeframes are feasible.

The issues regarding time for review and implementation planning will need careful management and oversight at a senior level prior to commencement of consultation.

4: Risk management

The Programme has a risk management framework with a clear process for capture, reporting and escalation although this stated process does not appear to be followed.

The RT observed that the Risk Register has relatively few entries for such a large programme. Those entries that are captured do not cover all the risks discussed with the RT. Although stakeholders reported that risks were discussed as part of Board agenda items there was no specific discussion of the top risks for the programme, although these are discussed at the weekly Programme Executive meetings. The Register and summary do not contain any listing of reviews and reporting of actions or mitigation taken so there is no audit trail to evidence active risk management.

The RT notes a number of risks recognised by stakeholders but not recorded, including:

- availability of sufficient resource to manage consultation and next steps,
- the lack of time allowed for review and reflection during the tight timetable to detect and correct inconsistencies in the consultation material and plans,
- the immaturity of workforce planning for transition and future service delivery. In particular any miss-match between desired and available skill and seniority mix,
- the real potential for services to fall over, as they fail to meet quality and safety requirements, if there is delay.
- delay due to Independent Reconfiguration Panel (IRP)/Sec of State (SoS) intervention,
- potential challenge regarding the different approach being taken for the reconfiguration in SW London,
- inconsistency in communication due to the lack of fully integrated messaging, particularly with Providers.

The programme must refresh the register and review its compliance with the stated risk process.

**RECOMMENDATION 4**: Review risk management for the programme to establish a comprehensive and auditable process.

The RT agrees with the recorded risk regarding the continuity of personnel. Clearly key roles must be covered up to and during consultation.

### 5: Readiness for the next phase: Delivery of outcomes

The next phase of the Programme is consultation. As previously mentioned the timetable is challenging and, at the time of the Review, the shortlist of options and the key consultation questions had not been resolved. Based on the RTs understanding of the options, and the views expressed by stakeholders, the RT believe that the consultation should describe 2 or 3 options in detail, with a preferred option and the reasons for its selection clearly stated. It will be important to ensure that any stated options are appropriate, deliverable and affordable.

The process of option selection to date has been transparent and thorough and this must be reflected and demonstrated in the business case and consultation document. This approach should be maintained in demonstrating how the final option(s) for consultation have been selected.

**RECOMMENDATION 5**: Ensure an appropriate and justifiable set of viable options is presented for consultation.

The RT received an outline for the pre-consultation business case, as yet incomplete. This appears to provide a good framework. The consultation document has not yet been produced. The RT were not provided with evidence that the Lansley 4-tests were met. This material is in preparation but will certainly need to be available for consultation. Key members of the Programme Team were confident that all the documentation could be completed within the timescales and there was clear evidence of appropriate resources, including external consultancy, being provided for this purpose. The quality of the documentation to date has been high, which provides reassurance that this can be delivered.

The RT believes that a clear and concise explanation should be given as to why doing nothing is not an option. This should include the consequences of leaving...
things as they are in terms of patient safety, service quality, staffing problems and the associated potential for emergency service closures and financial viability.

The step-through ‘storyboards’ for future service models must be clear, to provide assurance and build confidence with clinical staff across the local health economy, patients and the public. Specifically:

- The future service models for Urgent Care Centres (UCC) and Accident & Emergency (A&E) must be explained fully. The public need to understand what the UCCs will offer, and feel assured that they will be fit for purpose. Information about when and how existing UCCs will be modified should be provided. The current focus appears to be on closing A&E departments and not on the availability of UCCs meeting the needs of many patients locally, or the fact that patients are already taken to specialist centres by ambulance for trauma, stroke etc, by-passing their local A&Es.

**RECOMMENDATION 6: Clarify the service models for Urgent Care Centres and Accident & Emergency Departments.**

- The proposals for delivering services OOH need fleshing out. The current information is at a very high level, and probably insufficient to provide clinicians and public with confidence during the consultation process. Detailed OOH strategies are being developed alongside detailed finance, workforce and estates modelling, but the RT did not see these. These will be completed before consultation. Currently, it is not clear what services will be provided, how and where, and several stakeholders cited this as a major area of concern. While they support the service model in principle, they need further information about the individual services to be provided, and how these will link with other services to provide integrated care for patients. In consequence, there is some scepticism as to whether and when the services will be in place to deliver the planned benefits. More detailed work must be finalised and communicated to stakeholders to give a coherent and convincing picture for consultation.

**RECOMMENDATION 7: Provide more detail on proposed Out of Hospital services with a focus on implementation.**

- The full range of maternity services to be provided in each location needs to be articulated; the focus to date has been on hospital-based obstetric units, with little explanation of the range of ante and post natal services, diagnostics, foetal assessment or Maternity Led Units that will be available.

**RECOMMENDATION 8: Clarify the service model for Maternity services.**
The RT detect that the realisation is dawning amongst some stakeholders that the consultation and the subsequent implementation of the service changes is going to happen. With the ‘rush to the line’ it is important that communication is maintained with stakeholders and their commitment confirmed and reinforced. Stakeholder support should be monitored, and a segmented approach to communications may be required.

RECOMMENDATION 9: Engage with stakeholders, in some cases at an individual level, to ensure they remain fully supportive of the proposals.

The next Health Gateway Review is expected post consultation when the delivery plans are available. The current programme would indicate Jan 2013 as the likely date.
APPENDIX A

Purposes of Health Gateway Project Review 0: Strategic assessment

- Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to the overall strategy of the organisation and its senior management.
- Ensure that the programme is supported by key stakeholders.
- Confirm that the programme’s potential to succeed has been considered in the wider context of the organisation’s delivery plans and change programmes, and any interdependencies with other programmes or projects in the organisation’s portfolio and, where relevant, those of other organisations.
- Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any existing projects in the programme’s portfolio).
- Review the arrangements for identifying and managing the main programme risks (and the individual project risks), including external risks such as changing business priorities.
- Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience, and authorised.
- After the initial review, check progress against plans and the expected achievement of outcomes.
- Check that there is engagement with the market as appropriate on the feasibility of achieving the required outcome.
- Where relevant, check that the programme takes account of joining up with other programmes, internal and external.
## APPENDIX B

### Interviewees

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Daniel Elkeles</td>
<td>Director of Strategy and Programme Director, NHS NW London.</td>
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<tr>
<td>Dr Mark Spencer</td>
<td>Medical Director, NHS NW London, Workstream Lead for CCG Engagement.</td>
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<tr>
<td>Anne Rainsberry</td>
<td>CEO &amp; SRO, NHS NW London.</td>
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<tr>
<td>Dr Susan LaBrooy</td>
<td>Medical Director, Hillingdon Hospital. Programme Lead for Acute Care.</td>
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<tr>
<td>Thirza Sawtell</td>
<td>Director of Delivery Support Unit, NHS NW London. Workstream Lead for Out of Hospital.</td>
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<tr>
<td>Julie Lowe</td>
<td>CEO Ealing Hospital.</td>
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<tr>
<td>Liz Knight</td>
<td>Deputy Director of Strategy and Workstream Lead for Programme Delivery, NHS NW London</td>
</tr>
<tr>
<td>James Reilly</td>
<td>CEO Central London Community Healthcare NHS Trust.</td>
</tr>
<tr>
<td>Charlotte Joll</td>
<td>Programme Director, SW London Reconfiguration.</td>
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<tr>
<td>Dr Mike Anderson</td>
<td>Medical Director Chelsea and Westminster Hospital. Programme Lead for Acute Care.</td>
</tr>
<tr>
<td>Peter McKenna</td>
<td>Associate Director of Operations, London Ambulance Service</td>
</tr>
<tr>
<td>Brendan Farmer</td>
<td>Director of Strategy, Imperial College Healthcare.</td>
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<tr>
<td>Jeff Zitron</td>
<td>Chair, NHS NW London</td>
</tr>
<tr>
<td>Suzanne Truttero</td>
<td>NCAT - Midwifery Adviser, DH</td>
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<tr>
<td>Dr Fran Ackland</td>
<td>NCAT - Consultant Paediatrician,</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Mr David Richmond</td>
<td>NCAT - Medical Director, Liverpool Women's Hospital.</td>
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<tr>
<td>Trevor Begg</td>
<td>Hillingdon LINK and PPAG Chair</td>
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<tr>
<td>Dr Julian Redhead</td>
<td>Clinical Programme Group Director Medicine, Imperial College Healthcare.</td>
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<tr>
<td>Dr Mohini Parmar</td>
<td>Chair, Ealing CCG.</td>
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<tr>
<td>Cymbeline Moore</td>
<td>Director of Communications, Imperial Healthcare.</td>
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<tr>
<td>David Mallet</td>
<td>Assistant Director Strategy and QIPP Implementation, NHS London.</td>
</tr>
<tr>
<td>Anne Gibbs</td>
<td>Deputy CEO/Director of Strategy, West Middlesex University Hospital NHS Trust</td>
</tr>
<tr>
<td>Nicola Burbidge</td>
<td>Chair, Great West Consortium at NHS Hounslow.</td>
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<tr>
<td>Trish Longdon</td>
<td>NED, NHS NW London.</td>
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<tr>
<td>Dr William Lynn</td>
<td>Consultant and Lead Clinician for Ealing and NWL Healthcare.</td>
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<tr>
<td>Denise Chaffer (Nicky Brownjohn)</td>
<td>Director of Nursing, NHS NW London. Lead for Maternity &amp; Paediatric Workstream.</td>
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APPENDIX C

Summary of recommendations

The suggested timing for implementation of recommendations is as follows:-

**Do Now** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.

**Do By** – To increase the likelihood of a successful outcome the programme/project should take action by the date defined.

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<tr>
<th>Ref. No.</th>
<th>Recommendation</th>
<th>Timing</th>
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<tr>
<td>1.</td>
<td>Review the ongoing resource requirements through to the completion of consultation and the start of implementation.</td>
<td>Do by end May 2012</td>
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<td>2.</td>
<td>Identify clearly the benefits to patients proposed for each Borough, together with who owns them and how they will be measured.</td>
<td>Do by end May 2012</td>
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<td>3.</td>
<td>Develop and agree the future vision for the Charing Cross site, with the engagement of local clinicians, prior to consultation.</td>
<td>Do by end May 2012</td>
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<td>4.</td>
<td>Review risk management for the programme to establish a comprehensive and auditable process.</td>
<td>Do by end May 2012</td>
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<td>5.</td>
<td>Ensure an appropriate and justifiable set of viable options is presented for consultation.</td>
<td>Do Now</td>
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<tr>
<td>6.</td>
<td>Clarify the service models for Urgent Care Centres and Accident &amp; Emergency Departments.</td>
<td>Do Now</td>
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<tr>
<td>7.</td>
<td>Provide more detail on proposed Out of Hospital services with a focus on implementation.</td>
<td>Do Now</td>
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<tr>
<td>8.</td>
<td>Clarify the service model for Maternity services.</td>
<td>Do by end May 2012</td>
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<tr>
<td>9.</td>
<td>Engage with stakeholders, in some cases at an individual level, to ensure they remain fully supportive of the proposals.</td>
<td>Do Now</td>
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