



# **Confidence in Care Professional Regulation Workstream**

## **Project Initiation Document**

**25 March 2009**

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- Appendix 3 – Project Work plan

## 1 PURPOSE OF THIS DOCUMENT

The Department of Health (UK) programme of reform of the regulation of healthcare professionals is structured across 7 working groups, each with a number of sub-groups focussing on particular issues. The 7 working groups are:

- 1. Enhancing confidence in the health professional regulators** – including the size and composition of their councils, the strategic role of the councils, and accountability to patients, the general public and Parliament
- 2. Extending professional regulation** – advising on the criteria to determine whether emerging health care roles should be regulated, and making recommendations about existing non-regulated healthcare roles
- 3. Medical revalidation** – the principles and next steps for implementing the revalidation of doctors in the UK
- 4. Non-medical revalidation** – developing general principles, applicable to all professions other than doctors, for a new system of appraisal and revalidation
- 5. Tackling concerns nationally** – advising on the establishment of an independent body to adjudicate on medical fitness to practise cases brought before the General Medical Council
- 6. Tackling concerns locally** – coordinating a series of reforms which will strengthen local arrangements for identifying poor practice among healthcare workers and taking effective action to protect patients and the public
- 7. Health for health professionals** – piloting and evaluation of referral services for doctors, dentists, and development of an integrated strategy for the health of all health professionals

DHSSPS have translated this programme of work for Northern Ireland into the Confidence in Care Programme (and also integrated some outstanding work from *Safety First*). The Confidence in Care Programme has four workstreams encompassing the work emanating from the 7 national working groups. The 4 workstreams are:

- Professional Regulation
- Tackling Concerns (Locally and Nationally)
- Medical and Non-Medical Revalidation
- Pharmacy

The purpose of this document is to outline the objectives, key deliverables, project governance and overall project approach to the Professional Regulation workstream. This Project Initiation Document (PID) acts as a scoping document for the project and details the following aspects:

- **Project Definition** – including the project's terms of reference, the end product and dependencies/constraints;
- **Project Organisation and Structure** – including project roles, responsibilities and named individuals;
- **Project Controls** – including the format of Working Group and Programme Board meetings;

- **Project Phases and Stages** – including an outline of all project stages with associated aims, activities, processes, deliverables and control mechanisms; and
- **Project Plan** – including timescales for each stage of the project and target dates for delivery of the draft and final reports and the transition plan to move to new arrangements.

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## **2 PROJECT DEFINITION**

### **2.1 Project Background and Rationale**

The DHSSPS Professional Regulation Working Group maps directly onto the work emanating from 3 of the DH working groups:

- Enhancing Confidence in Healthcare Professional Regulators;
- Extending Professional Regulation; and
- Health for Health Professionals.

### **2.2 Health for Health Professionals**

The Health for Health Professionals DH working group was established to consider the recommendations of the White Paper *Trust, Assurance and Safety* that propose improvements in arrangements which support health professionals in maintaining their own health, and if needed seeking confidential advice and treatment. This workstream is now a devolved matter and whilst represented on the reference group the Devolved Administrations will be required to consider whether to participate in a UK wide strategy or to develop approaches tailored to local needs.

Within the Confidence in Care Programme Professional Regulation Working Group the work on Health for Health Professionals is led by Kathy Fodey, Nursing Officer, DHSSPS.

### **2.3 Enhancing Confidence in Healthcare Regulators**

This DH working group was established to consider the recommendations in *Trust, Assurance and Safety* that will enhance public confidence in healthcare professional regulators. In particular to consider and make recommendations on:

- The strategic role of councils
- Measures to demonstrate to the public, patients and Parliament the councils' commitment to conducting their responsibilities in a manner that commands public confidence
- How to ensure that the interests of all stakeholders are considered in council deliberations
- The size and composition of the councils
- The role of council committees
- Job and person specifications for council members
- Ensuring equity and diversity issues are fully considered in all workstreams

The group published their final report and government response in June 2008. Section 9 of the report makes reference to issues relating specifically to Devolved Administrations, namely:

- It is important for the regulatory bodies to understand the different contexts facing services in each country, especially but not exclusively in relation to NHS services. That means that each regulator will need to have formal

mechanisms through its committee structure for ensure that its outputs are relevant and appropriate to each domain.

- The Appointments Commission only operates in England, and it is recommended that arrangements should be made to ensure that its work is coordinated with the relevant bodies in other parts of the UK for appointments to UK wide regulators. In Northern Ireland this would be through the Commissioner for Public Appointments.
- The principles of engagement applied to other groups should apply to the devolved administrations. It is recommended that councils should be 'reflective' rather than 'representative'. The membership of each council should reflect in broad terms the skills, experience and competencies needed to fulfil its remit as a UK regulator.

Within the Confidence in Care Programme Professional Regulation Working Group the work on Enhancing Confidence in Healthcare Regulators is led by Joyce Cairns, Deputy Director of HR, DHSSPS.

## **2.4 Extending Professional Regulation**

The White Paper sets out Government proposals for extending statutory regulation to more healthcare professions/occupational groups. A DH working group was established to create a common approach across the UK for determining which groups should be subject to regulation now and in the future, and the most appropriate type of regulation. In addition the group were tasked to take forward the policy intention laid out in the White Paper, and to respond to requests to take on a supportive role for emerging government policies that impact on regulation across all four countries of the UK. The working group produced an interim report in June 2008, a final report including recommendations is expected in January 2009.

Within the integrated care model in Northern Ireland issues regarding extended workforce regulation will require coordination and dialogue. This will be addressed as part of the professional regulation workstream.

Within the Confidence in Care Programme Professional Regulation Working Group the work on Enhancing Confidence in Healthcare Regulators is led by Joyce Cairns, Deputy Director of HR, DHSSPS.

## **2.5 Project Aim and Terms of Reference**

### *2.5.1 Project Aim*

The overall aim of this workstream is to provide quality input from Northern Ireland into the relevant national working groups and to ensure that robust local arrangements are in place to secure the policy direction and standards emerging from the work.

### 2.5.2 *Terms of Reference*

The terms of reference associated with this project are:

- To contribute to the development of the three workstreams at the UK level and ensure that the Programme Board are kept informed of the implications arising out of the work.
- To ensure that robust local arrangements are in place to secure the policy direction and standards emerging from the work.
- To determine priorities and develop project plans in alignment with DH and local timescales.
- To work closely with the Stakeholder Forum and the HSC/Independent sector on implementation issues.
- To provide regular written and verbal updates to the Programme Board.
- To work in partnership with and manage the interdependencies between the other Confidence in Care workstreams.
- To identify and manage project risks and issues.
- To identify and secure, through the development of a business case, the resources necessary to implement the objectives of this project.
- To review the results emanating out of the Scottish pilot into the regulation of healthcare support workers, currently scheduled to report in January 2009, and consider the local options to inform policy direction.

## 2.6 Project Phases and Stages

The project is divided into four phases, with each phase containing a number of stages. Project phases and stages are summarised below and outlined in detail in Section 5 of this PID.

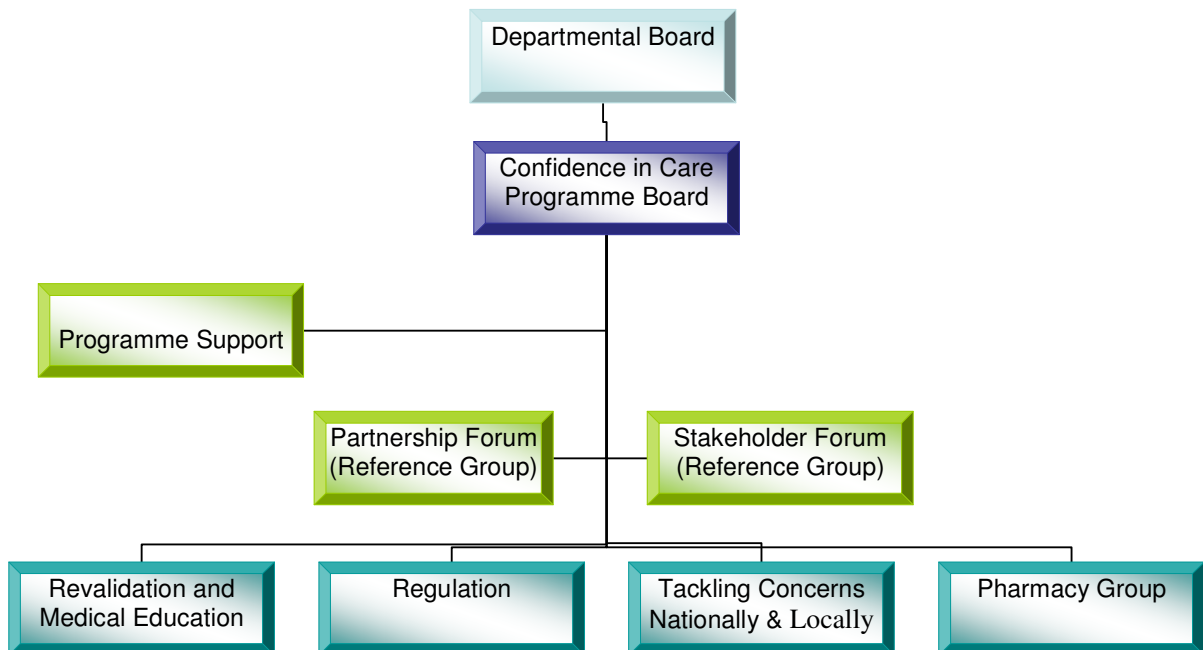
<p><b>» PHASE 1 – BASELINE ASSESSMENT AND GAP ANALYSIS</b></p> <p>Stage 1 – Develop and sign off PID</p> <p>Stage 2 – Continued Input – National Extending Professional Regulation Working Group</p> <p>Stage 3 – Continued Input – Enhancing Confidence in Healthcare Professional Regulators</p> <p>Stage 4 – Baseline Assessment and Options for Future Current Occupational Health Service in NI</p> <p>Stage 5 – Registration, Regulation and Revalidation of HSC Practitioners in NI Position Paper</p> <p>Stage 6 – Review of DH Recommendations, Gap Analysis and Position Paper</p>
<p><b>» PHASE 2 – DEVELOPING THE WAY FORWARD</b></p> <p>Stage 7 – Stakeholder Engagement – Extending Professional Regulation/Enhancing Confidence</p> <p>Stage 8 – Develop Future State Model for Professional Regulation and Occupational Health Services</p>
<p><b>» PHASE 3 - BUSINESS CASE DEVELOPMENT</b></p> <p>Stage 9 – Develop Full Business Case</p> <p>i) Develop Strategic Context</p> <p>ii) Objectives and Benefit Criteria</p> <p>iii) Generate Options</p> <p>iv) Review Non-Monetary Benefits</p> <p>v) Identify and Quantify Costs</p> <p>vi) Assess Sensitivity to Risk and Uncertainty</p> <p>vii) Identify Preferred Option</p> <p>viii) Production of Draft and Final Business Case Report</p>
<p><b>» PHASE 4 – TRANSITION AND IMPLEMENTATION PLANNING</b></p> <p>Stage 10 – Draft and Final Reports and Transition and Implementation Planning</p> <p>Stage 11 – Stakeholder Event</p> <p>Stage 12 – Incremental Rollout of Recommendations</p>

### 3 PROJECT ORGANISATION

This section describes the roles and responsibilities of those involved in managing the project to a successful outcome:

#### 3.1 Project Organisation Structure

The programme structure as outlined below consists of four workstreams reporting to a programme board, the Professional Regulation Working Group is one of these workstreams.



### 3.2 Departmental Board

Ultimate responsibility and decision making for the project lies with the Minister, informed by the recommendations of the Departmental Board and Confidence in Care Programme Board.

### 3.3 Confidence in Care Programme Board

The Confidence in Care Programme Board reports to the Departmental Board and is jointly chaired by the Chief Medical Officer and the Chief Nursing Officer as the Senior Responsible Officers (SRO's) for the Programme. The membership of the Programme Board is as follows:

Name	Position
Michael McBride	Chief Medical Officer (Joint Chair and SRO), DHSSPS
Martin Bradley	Chief Nursing Officer (Joint Chair and SRO), DHSSPS
Miriam McCarthy	Deputy Secretary, DHSSPS
Paddy Woods	Senior Medical Officer, DHSSPS
David Bingham	Director HR, DHSSPS
Donncha O'Carolan	Acting Chief Dental Officer, DHSSPS
Norman Morrow	Chief Pharmaceutical Officer, DHSSPS
Maggie Reilly	Chief Officer, WHSSC
Joan Pedan	Co-Director Governance, Equality & Improving Working Lives, Belfast HSC Trust
Bernard Mitchell	Programme Director, DHSSPS
Christine Jendoubi	Director of Primary and Community Care, DHSSPS
David Galloway	Director of Secondary Care, DHSSPS
Sean Holland	Acting Social Services Chief Inspector, DHSSPS
Jim Livingstone	Director of Safety, Quality and Standards

The roles and responsibilities of the Programme Group are to:

- Act as the executive decision making body in respect of project outcomes;
- Ensure that the recommendations of the workstream are consistent and synchronised with the recommendations emanating from the other three Confidence in Care workstreams;
- Authorise the initiation of the project;
- Agree the terms of reference of the project;
- Provide guidance and direction in the major stages of the project;
- Represent the interests of the wider DHSSPS at project initiation, during the project and at project closure;
- Put forward relevant and specialist viewpoints;
- Resolve major project issues;
- Seek to address any major project risks;
- Provide advice/guidance in respect of significant project risks;
- Shape and agree report recommendations;
- Sign off the products produced during the project on behalf of Department;  
and

- Authorise final project closure.

### 3.4 Working Group

The Working Group report to the Programme Board and is chaired by Martin Bradley, Chief Nursing Officer. The Working Group is constituted from 'core' members, with other expert advice, opinion and support co-opted into the team as and when required. During the lifetime of the project it is envisaged that the Working Group will meet monthly. The core membership of the Working Group is as follows:

Name	Role	Organisation
Martin Bradley	Chief Nursing Officer and Chair	DHSSPS
Gill Smith	Project Manager	DHSSPS
Joyce Cairns	HR	DHSSPS
Kathy Fodey	Nursing Officer	DHSSPS
Patricia Nicholl	Officer of Social Services	DHSSPS
Patricia Blackburn	AHP Professional Representative	DHSSPS/HSC
Brendan Johnston	Regulation	NISCC
Ken Addley	Occupational Health	HSC/NICS
Joan Pedan	HR	HR HSC
Delia Skan	Occupational Health	HSENI
Maggie Reilly	Patient Representative	HSCC
TBC	Trade Union	Staff Side
John Knape	RCN	Staff Side
TBC	RCM	Staff Side
Tom Black	BMA	Staff Side
Janet Montgomery	Employer	Independent Sector
Alice Casey	Standards	RQIA
Paddy Johnston	Higher Education	QUB
Hugh McKenna	Higher Education	UU
Hall Graham	Regulation/Standards	RQIA

The roles and responsibilities of the Working Group are to:

- Facilitate the work associated with the project phases and stages;
- Develop and quality assure all project deliverables before onward transition to the Programme Board;
- Access appropriate expert resources when required;
- Facilitate stakeholder engagement;
- Analyse stakeholder inputs;
- Develop recommendations in respect of the proposed way forward for consideration by the Programme Board;
- Review the project risk register, elevating significant gaps in controls/risks to the Programme Board;
- Manage project resources; and
- Manage the project work plan, taking corrective action as necessary in the event of a deviation from plan.

### **3.5 Other Roles and Responsibilities**

#### *3.5.1 Senior Responsible Officer*

Dr Michael McBride and Martin Bradley are joint Senior Responsible Officers for the Confidence in Care Programme. They are responsible for:

- Ensuring that the needs of DHSSPS and Minister are fully met; and
- Reporting project progress to the Departmental Board.

#### *3.5.2 Chair of Working Group*

Martin Bradley is the Chair of the Working Group. He is responsible for:

- Advising the Programme Board on deviations from plan and corrective actions taken;
- Quality assuring all deliverables produced by the Working Group (subject to initial quality assurance by the Project Manager); and
- Securing support and resources for the project to ensure that the terms of reference of the project are met and that the work plan for the project is achieved within agreed timescales.

#### *3.5.3 Project Manager*

Gill Smith is the Project Manager. The main responsibilities of the project manager are to:

- Report directly to the Chair of the Working Group;
- Develop the PID and Work Plan;
- Manage the project work plan and resources and initiate corrective action when necessary;
- Manage the project risk register, elevating significant risks/gaps in control to the Working Group in a timely manner;
- Lead the production of project deliverables and quality assure all deliverables produced before consideration by the Working Group;
- Provide advice and guidance to the Working Group in respect of project management arrangements;
- Advise the Working Group/Programme Board on deviations from plans and action taken or proposed; and
- Work closely with the Modernisation Programme Manager and the Project Manager for the other Confidence in Care workstreams to ensure the overall Confidence in Care Programme objectives are met.

### **3.6 Project Milestones**

The indicative milestones and associated timescales for each phase/stage of the project are illustrated below. The project milestones have been developed based

on the current indicative timescales for deliverables emanating from DH and as such may be subject to change.

A detailed project work plan outlines more specifically the individual tasks, interdependencies and timings associated with project stages. The work plan is attached at Appendix 3.

**Project Milestones – Professional Regulation Working Group**

Phase/Stage	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
<b>1 Preparation</b>														
Stage 1– Develop and sign off PID														
Stage 2 – Input DH Prof. Reg. Group														
Stage 3 –Input DH Healthcare Regs. Group														
Stage 4 – Baseline Assessment & Options Occupational Health Service														
Stage 5 – Registration, Regulation & Revalidation of HSC Practitioners														
Stage 6 – Review of DH Recommendations, Gap Analysis and Position Paper														
<b>2 Stakeholder Engagement</b>														
Stage 7 – Commence Stakeholder Engagement (1 <sup>st</sup> Stakeholder Forum)														
Stage 8 – Develop Future State Model for Professional Regulation and Occupational Health Services														
<b>3 Business Case Development</b>														
Stage 9 - Develop Full Business Case														
<b>4 Recommendations and Reporting</b>														
Stage 10 - Draft and Final Reports and Transition and implementation Planning														
Stage 11 - Stakeholder Event														
Stage 12 - Commence Incremental Rollout of Recommendations														

## **4 PROJECT CONTROLS**

### **4.1 Project Initiation**

The Professional Regulation workstream will proceed on the basis of the approach outlined in this PID. The PID is subject to formal approval by the Programme Board.

### **4.2 Programme Board Meetings**

Programme Board meetings are normally convened to agree particular courses of action, activities and endorse direction. The Programme Board will meet to initiate, close the project and at any other agreed points during the project. A set timetable for Programme Board meetings has been agreed.

### **4.3 Working Group Meetings**

The Working Group will review and manage the Work Plan for the project. It is envisaged that the Working Group will meet on a monthly basis. A set timetable for Working Group meetings has been established.

### **4.4 Highlight Reports**

The Project Manager will produce a progress report in the form of a highlight report at regular intervals for issue to Working Group and Programme Board members. This will be a short report, illustrating progress against the planned tasks. The report will highlight any issues or delays and should act as an early warning system to potential problem areas. Following sign-off of the Highlight Report by the Programme Board the report will be circulated as agreed in the Communications Plan for the project to the wider DHSSPS and Health and Personal Social Services.

### **4.5 Quality Control**

This role will be undertaken by the Working Group, who will quality assure all deliverables produced by the Project Manager prior to escalation to the Programme Board. The Project Manager will ensure that all deliverables are of the highest standard.

### **4.6 Project Closure**

Following implementation of the recommendations associated with the Professional Regulation workstream the Programme Board will meet to formally close the project.

#### **4.7 Project Risks**

The ability to deliver this project in line with the terms of reference will be dependent upon the following factors:

- The availability of appropriate skills and resources;
- The continuing period of change and 'bedding down' of new structures and roles as part of RPA;
- Various multi-professional stakeholders are willing and available to take part in the project process; and
- Stakeholders give their full co-operation to the consultation process.

A project risk register has been developed (Appendix 1). The risk register will be reviewed and managed by the Working Group. Any significant risks/gaps in control will be elevated to the Programme Board for consideration/action.

## 5 PROJECT PHASES AND STAGES

### ► PHASE 1 – BASELINE ASSESSMENT AND GAP ANALYSIS

#### 5.1 Stage 1 – Develop and Sign off PID

The focus of Stage One is to formally sign off the PID. The PID and associated work plan will be signed off by the Programme Board.

This PID will act as a scoping document for the project and will detail the following aspects:

- **Project Definition** – including the project's terms of reference, the final deliverables and dependencies/constraints;
- **Project Organisation and Structure** – including project roles and responsibilities, named individuals and a project plan.
- **Project Controls** – including the format of Programme and Working Group meetings; and
- **Project Stages and Tasks** – including an outline of all project stages with associated aims, activities, processes, deliverables and control mechanisms.

**Stage 1 Outcome:**  
Project Initiation Document approved.

#### 5.2 Stages 2 & 3 – Continued Input to National Working Groups - Extending Professional Regulation and Enhancing Confidence in Healthcare Professional Regulators

Stages 3 and 4 will require the continued involvement of DHSSPS representatives in the DH national working groups.

**Stages 2 & 3 Outcomes:**  
Continued input to national working groups and ensuring synergy between national and regional developments.

#### 5.3 Stage 4 – Baseline Assessment of Current Occupational Health Service Status in NI

During Stage 4 a review of occupational health services will be undertaken with a view to their suitability as a future model to support healthcare professionals in N. Ireland. An assessment of potential options will be undertaken and a preferred future model identified. An options appraisal paper will be presented to the Working Group and Programme Board for consideration and sign-off. The output of Stage 4 will inform the future state model for occupational health services in N. Ireland to be confirmed during *Stage 8, Phase 2 – Developing the Way Forward*.

**Stage 4 Outcome:**  
**Identification of preferred model for future occupational health service to support healthcare professionals in N.Ireland.**

#### **5.4 Stage 5 – Position Paper, Registration, Regulation & Revalidation of HSC Practitioners in NI**

Stage 5 is concerned with undertaking a baseline assessment of the current registration, regulation and revalidation status of health and social care practitioners in N. Ireland. This position paper will identify current developments, drivers and timescales and provide a recommended policy direction in respect of registration and regulation for consideration by the Working Group and Programme Board.

**Stage 5 Outcome:**  
**Position paper outlining proposed policy direction for DHSSPS in respect of registration, regulation and revalidation of HSC practitioners in N. Ireland.**

#### **5.5 Stage 6 – Review of DH Recommendations, Gap Analysis and Position Paper**

Stage 6 involves the review of the DH national working group final recommendations associated with Enhancing Confidence in Healthcare Professional Regulators and Extending Professional Regulation, and a review of the findings of the Scottish and English HCSW Pilots.

Stage 6 will include an analysis of the gap between the proposed future position and the current position of professional regulation in N. Ireland. The gap analysis will inform the programme of work to be undertaken by the Working Group in order to fully implement the DH recommendations (taking account of any specific N.Ireland requirements). The Working Group will also review the evaluation of the Scottish and English HCSW Pilots with a view to their applicability for implementation in N. Ireland.

The output of Stage 6 will be a position paper which will identify:

- The gap between the current status of regulation, registration and revalidation of HSC practitioners in N. Ireland (as identified at Stage 5) and the national DH recommendations with regard to future state.
- The key elements of work which need to be taken forward (on a risk, proportionality and priority basis) to address the gap between current and future state with regard to practitioner regulation
- Any N. Ireland specific issues which require consideration (i.e. particularly those which affect the integrated model of health and social care)
- Summary of the findings of the Scottish and English HCSW pilots with an assessment of their applicability to N. Ireland, and an outline of any other models which may be considered.

The position paper will be issued to Working Group and Programme Board members for consideration and feedback.

**Stage 6 Outcomes:**

**Gap analysis and position paper re; practitioner regulation and HSCW models.**

**Identification of key elements of work to address gaps between current and future state of practitioner regulation in N. Ireland.**

► **PHASE 2 – DEVELOPING THE WAY FORWARD**

## 5.6 Stage 7 –Stakeholder Engagement

Stage 7 is concerned with engaging with key stakeholders to provide feedback on the proposed way forward and seek their input to the proposed future model for practitioner regulation in N.Ireland. Some preparatory work is required to ensure an effective and efficient stakeholder engagement process. The tasks to be undertaken during this stage include:

- i) ***Develop and agree a list of stakeholders*** –The Working Group will develop a list of stakeholders for engagement. This will include (though not necessarily be limited to) representatives from DHSSPS, HPSS Trusts, GP’s, Regional Board, professional associations and regulators, representatives from the independent sector, representatives from the education sector etc.
- ii) ***Establish Principles for Stakeholder Engagement*** – Prior to consultation it is vital to establish the principles on which engagement is based. Some consultation has already taken place in respect of the reforms associated with professional regulation. The rationale on which the principles for stakeholder engagement are based therefore reflect the need to take cognisance of previous consultations and ensure timely, effective and efficient use of scarce project resources, and the requirement to develop a clear way forward. On this basis the nature of the stakeholder engagement process is to:
  - Ensure transparency and openness;
  - Seek input to the overall decision-making process (rather than attempting to build consensus); and
  - Seek specific input on areas where further design detail is required and where there is some scope to inform the decisions made by devolved administration.
- iii) ***Develop Pre-Engagement Documentation*** – Prior to engagement with stakeholders the Working Group will prepare and circulate pre-engagement documentation. This will take the format of identified elements for discussion.
- iv) ***Develop Stakeholder Engagement Programme*** – An efficient and effective stakeholder engagement programme will be developed. The programme will take account of the most effective manner in which to facilitate engagement, whilst ensuring efficiency in the processes.

Engagement with stakeholders is likely to be based on themes and will be geographically spread to facilitate equity of access. Themes for stakeholder engagement may include: regulation of healthcare support workers, occupational health services, enhancing confidence in healthcare professional regulators.

Stage 7 of the project will be undertaken in line with the proposals outlined at Stage 6. It is envisaged that the first stakeholder engagement will take place during May 2009 in the form of the Confidence in Care Stakeholder Forum.

At the conclusion of Stage 7 a summary of the workshop findings will be shared with stakeholders, the Working Group and Programme Board. The outputs from Stage 7 will inform the development of the future state model in Stage 8.

**Stage 7 Outcome:**  
**Stakeholder engagement and input to future state model.**

### **5.7 Stage 8 – Future State Model**

Stage 8 will involve developing the way forward in terms of a future state model. A number of options may be considered at this stage. Ultimately, the future state model will outline how the recommendations of *Professional Regulation* will be implemented via a number of component parts in order to achieve the model. The outline of the model will be translated into action through the use of guidance, and where appropriate, regulations. The specific deliverables to be developed at this stage will be informed by the proceeding project stages but are likely to include (though not be limited to) guidance in respect of:

- Extending Professional Regulation and the order of priority associated with same;
- Model for regulation of HCSW's; and
- Model for occupational health services for HSC professionals.

The future state model will be subject to Working Group and Programme Board sign off prior to finalisation. All draft guidance will be circulated to the Working Group and Programme Board prior to sign off.

**Stage 8 Outcome:**  
**Development of Future State Model and Regulations and Guidance to support the way forward.**

## **» PHASE 3 - BUSINESS CASE DEVELOPMENT**

### **5.8 Stage 9 – Full Business Case Development**

The purpose Stage 9 is to establish the Full Business Case (FBC) for the implementation of the proposed way forward. The objective is not to establish *if* the recommendations associated with *Professional Regulation* are to be implemented, but rather how the model proposed at Stage 8 can be implemented.

During Stage 9 it is vital that the Working Group establish and maintain close contact with Department of Finance and Personnel (DFP) colleagues. Regular liaison with DFP allows the early and prompt resolution of any queries related to the business case, thus facilitating a more smooth and timely approval of the business case by DFP following formal submission for funding.

The FBC will be developed to HM Treasury Green Book Guidance in respect of business cases. HM Treasury Guidance requires the following tasks to be undertaken:

**(i) *Develop Strategic Context***

The objective of this task is to answer two fundamental questions:

1. Where are we now?
2. Where do we want to be?

The answers to the above questions set the strategic context for the proposed investment, and only when they have been answered can the third question “How can we get there?” be tackled.

**1. *Where Are We Now?***

The aim of this task is to establish that there exists a mismatch between current service provision and future service needs in respect of the recommendations associated with *Professional Regulation*. The output will form the basis of the service investment case to be presented to DFP. It is envisaged that much of the information to support the analysis at this stage will have been generated in the preceding project stages.

**2. *Where Do We Want to Be?***

The established techniques of strategic review will be employed at this stage, including:

- SWOT analysis to determine the current strengths that can be built on, weaknesses to tackle, opportunities for improvement and threats from other sources; and
- Establishing the case for change in terms of identifying to what extent the new arrangements will offer additional, improved or better quality services, value for money and improved performance.

**The output from (i) is the strategic context which is required to set the scene for the further analysis contained in the business case.**

**(ii) *Define Objectives and Identify Benefit Criteria***

The strategic context will inform this task which involves the definition of the objectives associated with *Professional Regulation* and the identification of suitable non-monetary benefit criteria. Objectives must be agreed which are specific, measurable, achievable, relevant and time-related, and objectives must also be ranked in order of priority.

Not all project benefits can be measured in monetary terms as in some cases it is not possible to put a financial value upon them. Therefore, identification of the non-monetary differences between options is a crucial element of the option appraisal stage of this phase. The development of the benefit criteria will be informed by the outputs from the stakeholder engagement and will be used at a later stage for the selection and evaluation of options.

Examples of benefit criteria that *could* be used in this project are:

- Improved patient/client safety;
- Increased public confidence; and
- Degree of fit with the wider Modernisation and Reform programme.

**At the end of task (ii) the objectives for the *Professional Regulation Model* have been agreed and the non-monetary benefit criteria identified.**

### ***(iii) Generate Options***

This task involves the identification of options designed to meet the objectives identified under task (ii). A long-list will be drawn up of potentially viable options to be taken forward for further appraisal. The options will include the “do nothing” or “do minimum” options, plus a number of alternatives to meet the project objectives. Whilst the “do nothing” option is not a viable option (given the national drivers for change in respect of professional regulation) it must be assessed to provide a benchmark against which all other options for change can be considered.

**At the end of task (iii) a short-list of potential options for the future model of *Professional Regulation* will be agreed.**

### ***(iv) Measure the Non-Monetary Benefits***

This task will involve scoring each of the options against the benefit criteria that were identified in task (ii), with the aim of ranking the options from best to worst in terms of non-monetary benefits. The non-monetary benefits analysis will use a scoring methodology to convert what can be a subjective analysis into a numerical format, which permits comparison on a like-with-like basis. The advantage of this process is that it gives a more rigorous analysis than would be achieved through discussion only. The process to be adopted at this stage is:

- Assigning a numerical weight to each of the project’s benefit criteria in order to highlight their importance relative to one another.
- Scoring each option against each of the benefit criteria on a scale of 0 to 10; where 0 indicates the option provides no benefit and 10 indicates the option provides maximum benefit.
- The sum total of the numerical weight multiplied by the score leads to the overall weighted score for each option.
- The option with the highest weighted score is the preferred option in terms of non-monetary benefits.

This process will ensure that each option is scored objectively against each weighted benefit criterion and that a preferred option emerges on the basis of the non-monetary benefits measurement alone at this stage.

The output from task (iv) is a total weighed score for each option and the identification of the preferred option in non-monetary benefits only.

#### **(v) Identify and Quantify the Costs**

The key task at this stage will be to identify the total net cost of options which relate to the establishment of the *Professional Regulation* model. Costing analysis will reflect both capital and revenue costs.

Public sector capital projects are normally appraised in terms of their “Net Present Cost” (NPC), which is calculated by applying a discount rate to the capital and revenue costs and benefits over the full appraisal period, which is usually the economic life of the assets concerned. The effect of discounting is to reduce the value of projected future costs and benefits to their values as seen from the present day. The project option with the lowest NPC is the preferred option in financial terms.

In addition to examining the NPCs as identified above, it is necessary to identify the impact of each option on the DFP’s annual revenue budget. The impacts are the additional revenue costs such as staffing for each option and the potential additional depreciation charge.

During this task it will be necessary to work closely with DPF to ensure that all possible costs have been captured and to quickly address any costing queries which DFP may have regarding the options under consideration.

**At the conclusion of task (v) the costs for each option will have been identified, a projection of net present costs (NPCs) undertaken for each option, and the least-cost option identified.**

#### **(vi) Assess Sensitivity to Risk and Uncertainty**

An appraisal of the feasibility of a range of various options requires an assessment to be made with respect to the degree of risk inherent within each option. Risk arises from the possibility that something will not materialise as planned or expected. The Green Book guidance on the treatment of risk requires an analysis of optimism bias. Optimism bias involves varying the value of the key project indicators that are likely to be subject to the greatest degree of uncertainty.

There is a demonstrated, systematic tendency for project costings to be overly optimistic<sup>1</sup>. To redress this tendency adjustments will be made, if necessary, to the project’s costs and duration. The Green Book provides empirical evidence into the size and causes of cost and time overruns in past projects from the results of the Mott MacDonald review. This evidence will be used as necessary as a starting point for any optimism bias adjustments, together with any other particular risks

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<sup>1</sup> Mott MacDonald *Review of Large Public Procurement in the UK*, July 2002

that have come to light, allied to any DHSSPS specific uplifts for project cost and time overruns.

The main aims of making the adjustments are to:

- Make adjustments to estimates of capital and operating costs, benefits, values and time profiles; and
- Provide a better estimate of the likely costs and works duration.

At the end of task (vi) the optimism bias analysis of benefits, costs and project duration will be complete and the risks associated with each option understood.

***(vii) Identify the Preferred Option***

This task brings together all the previous work and provides the opportunity to identify the option which is seen to provide the best balance between cost, benefit and risk.

An analysis of each option will be presented in terms of cost, benefit and risk, along with a commentary on how the options compare. It may be, for example, that one option is significantly ahead of all others with regard to all appraisal criteria, or that one of more options can be easily set aside if they are clearly inferior.

**At the conclusion of task (vii) the relative costs and benefits of the short-listed options will be summarised along with the risk, uncertainties and affordability of each.**

***(viii) Production of Draft and Final Business Case Report***

This task involves the production of a comprehensive report to demonstrate project viability and obtain funding in such a way that it presents DFP with the best possible information on which to make a final decision.

The Working Group will prepare a draft report for discussion with the Programme Board prior to consideration and approval before submission of the final Business Case to DFP.

The completion of task (viii) concludes the development of the business case and the final document will reflect DFP Business Case requirements including:

- Strategic Context;
- Options: defined objectives, identification of non-monetary benefit criteria, identification of project options, non-monetary benefit analysis, financial analysis, risks and uncertainties;
- Identification of the preferred option; and
- Project financing, management, monitoring and evaluation.

**Stage 9 Outcome:  
Completion of Full Business Case for Preferred *Professional Regulation* model for consideration by DFP**

**► PHASE 4 – TRANSITION AND IMPLEMENTATION PLANNING****5.9 Stage 10 – Draft and Final Reports and Transition and Implementation Planning**

Stage 10 of the project assumes that DFP approval has been granted for the proposed *Professional Regulation* model. The draft and final reports generated for the project will reflect the output of all project phases and stages and the associated recommendations. The reports will also contain a Transition Plan.

The Transition Plan will provide a road map to move from the current state to future state model in respect of *Professional Regulation*. The Transition Plan will take account of the current state versus the proposed future state, and will recognise that it may not be possible to implement fully all of the recommendations at once – rather an incremental approach is more likely.

Transition and implementation planning will take cognisance of national recommendations associated with implementation. Planning at this stage will also take cognisance of the sequence, timing of rollout of recommendations emanating from the other associated Confidence in Care workstreams (in particular Medical and Non-Medical Revalidation) as they relate to the *Professional Regulation* model.

The draft report and transition and implementation plan will be shared with stakeholders to seek their feedback and input. Following a period of consultation and feedback the draft report and plans will be subject to amendment and quality assurance by the Working Group prior to consideration by the Programme Board. Subject to Programme Board approval the draft report will be considered by the Departmental Board. Following sign-off by the Departmental Board and the Minister the final report for the project will be issued.

**Stage 10 Outcome:  
Production of Draft and Final Project Reports, Transition and Implementation Plans**

**5.10 Stage 11 – Stakeholder Event**

Stage 11 of the project represents the formal launch of the *Professional Regulation* model for operation in Northern Ireland and the associated transition and implementation arrangements. A stakeholder event will be facilitated as means of raising awareness amongst appropriate stakeholders of the implementation of the model and associated recommendations.

**Stage 11 Outcome:  
Increased Stakeholder awareness of implementation of *Professional Regulation* model**

**5.11 Stage 12 –Commence Incremental Rollout of Recommendations**

Stage 12 represents the formal implementation of the *Professional Regulation* model. The processes associated with implementation are dependant upon the model to be adopted and will be fully supported by the Transition Plan operationalised at Stage 10. As identified during Stage 10 the rollout of recommendations will be undertaken utilising an incremental approach and will be subject to progress monitoring.

<b>Stage 12 Outcome:</b> <b>Implementation of <i>Professional Regulation</i> Model</b>
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## **6 POST-IMPLEMENTATION PROJECT EVALUATION**

Following implementation of the *Professional Regulation* model a formal project evaluation will be conducted. The evaluation processes will include an assessment of the project outcomes against the defined objectives and monetary and non-monetary benefits as outlined in the Full Business Case.

# APPENDICES

## Appendix 1 – Project Risk Register

Risk Number	Risk Description	Owner	Impact	Probability	Risk Score	Control Measures
1	There is a risk of ineffective communication due to the diverse range and geography of stakeholders	SRO	3	3	9	<ul style="list-style-type: none"> <li>Project workstream communication plan linked to the overall programme communication strategy</li> <li>Appropriate representation of stakeholders on project team</li> <li>Communication with the stakeholder and partnership forums</li> </ul>
2	Lack of cooperation from HSC organisations	SRO	3	2	6	<ul style="list-style-type: none"> <li>Appropriate representation of stakeholders on project team</li> <li>Regular communication with stakeholders</li> </ul>
3	Lack of funding for the implementation of the workstream objectives	SRO	4	2	8	<ul style="list-style-type: none"> <li>Early identification of workstream implementation costs</li> <li>Benchmarking of costs with other regions</li> <li>Development of a business case for implementation costs</li> </ul>
4	Lack of policy direction in relation to the regulation of healthcare support workers	SRO	4	3	12	<ul style="list-style-type: none"> <li>Review pilot studies of models in England and Scotland</li> <li>Early position paper for consideration by Programme Board on proposed DHSSPS policy direction</li> <li>Develop options for regulation in NI</li> </ul>
5	Disproportionate response to strong lobbying from low risk professional/occupational groups, resulting in high risks groups not being prioritised	SRO	4	3	12	<ul style="list-style-type: none"> <li>Establish criteria to prioritise regulation</li> <li>Regular communication with Minister</li> </ul>

The purpose of the Risk Register is to contain all information about the risks, their analysis, countermeasures and status. Risks have been assessed on a scale of 1-5 for impact and probability, using the scoring framework outlined. As the Programme progresses, all risks will be R.A.G rated where:

- **Red** – Project is outside agreed tolerances or major issues exist which cannot be resolved by the programme manager alone;  
Score >12
- **Amber** – Project is in danger of exceeding tolerances or major issues exist, but are being resolved by the programme manager;  
Score between 6 and 12
- **Green** – Cost and schedule within tolerance limits and no major issues exist  
Score <6

	Impact		Probability
1	<ul style="list-style-type: none"> <li>• &lt; 2 weeks delay; or</li> <li>• Low impact on VfM and/or affordability and/or service provision</li> </ul>	1	<ul style="list-style-type: none"> <li>• 0-19% (very unlikely)</li> </ul>
2	<ul style="list-style-type: none"> <li>• &gt;2 weeks – 2 months delay. No impact on overall milestones; or</li> <li>• Minor increase in time to produce deliverables</li> </ul>	2	<ul style="list-style-type: none"> <li>• 20-39% (unlikely)</li> </ul>
3	<ul style="list-style-type: none"> <li>• &lt;2 months delay to overall milestone but no impact on overall go-live date; or</li> <li>• Medium impact on VfM and/or affordability and/or service provision</li> </ul>	3	<ul style="list-style-type: none"> <li>• 40-59% (feasible)</li> </ul>
4	<ul style="list-style-type: none"> <li>• 2-6 month delay to milestone, impacting go-live; or</li> <li>• Major increase in deliverables production time</li> </ul>	4	<ul style="list-style-type: none"> <li>• 60-79% (probable)</li> </ul>
5	<ul style="list-style-type: none"> <li>• ≥6 months delay to go-live; or</li> <li>• &gt;10% impact on budget; or</li> <li>• High impact on VfM and/or affordability and/or service provision</li> <li>• Major increase in deliverables production time</li> </ul>	5	<ul style="list-style-type: none"> <li>• 80-100% (expected)</li> </ul>

While all risks will be actively managed, those with higher scores and a **Red** or **Amber** status will receive the greatest attention



























## Appendix 2 – Project Communications Plan

Stakeholder	Stakeholder Interest	Level of Engagement	Frequency of Communication	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
Departmental Board	Reform of professional regulation	Regular communication via the programme board	Quarterly	Written updates to programme board	Workstream Chair	To provide advice and support on the implementation of decisions
Confidence in Care Programme Board	Achieving programme objectives	Regular communication through highlight reports and meetings with project/programme manager	Monthly and as required	Highlight reports Verbal updates Regular communication with the programme director	Workstream Chair	To be accountable for the success of the overall programme and approval of all major plans
Other Programme Workstreams	Interdependencies with other streams of work	Regular communication	Monthly via shared highlight reports and through verbal reporting to programme board	Highlight reports Verbal updates Workshops Stakeholder Forum	Workstream Chair/ project/programme manager	To ensure effective communication between workstreams
DoH England	Input from the devolved regions into National Policy	Regular two way communication	Monthly	Attendance at National working group meetings Attending conferences Newsletter and updates from project teams	Programme and project managers	To involve NI representatives in working groups and ensure effective communication
NISCC	Participation in workstream regarding	Regular	Monthly	Membership of workstream	Workstream Chair	To actively participate in the workstream to

Stakeholder	Stakeholder Interest	Level of Engagement	Frequency of Communication	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
	extending professional regulation			E-Mail and general correspondence Web Site Stakeholder Forum		achieve outlined objectives To advise their members
Employers	Implementation of any changes with regard to professional regulation	Regular	Monthly	Membership of workstream E-Mail and general correspondence Web Site Stakeholder Forum	Workstream Chair	Provision of advice and support as required To actively engage in the work of the project Internal Communication to advise their staff
Wider Stakeholders	Implementation of any changes with regard to professional regulation or health for health professionals	Regular	Quarterly	Stakeholder Forum Confidence in Care Newsletter Web Site	Workstream Chair	To provide views with regard to Departmental policy/strategy Internal communication to the members of the organisation whom they represent

Appendix 3 – Work Plan – Professional Regulation

Key to Plan – Completed/In Progress  To Do 

Phase/Stage	Lead/Support Responsibility	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
<b>PHASE 1 – BASELINE ASSESSMENT AND GAP ANALYSIS</b>															
<i>All Strands – Develop PID</i>	GS														
<i>All Strands – Sign-off PID</i>	WG/PB														
<i>All Strands – Develop Work Plan</i>	GS														
<i>All Strands – Sign-off Work Plan</i>	WG/PB														
<i>All Strands – Input to DH Working Groups</i>	JC														
<i>Health for Health Profs. Strand - Baseline Assessment of Current Occupational Health Status</i>	KF														
<i>Health for Health Profs. Strand - Occupational Health Position Paper to Working Group</i>	KF														
<i>Health for Health Profs. Strand - Occupational Health Position Paper to Programme Board</i>	KF														
<i>Extending Prof. Reg. Strand – Position Paper – Regulation, Registration &amp; Revalidation HSC Practitioners</i>	GS/JC/KF														
<i>Extending Prof. Reg. Strand – Baseline Assessment Regulation &amp; Registration Status to Programme Board</i>	JC/GS														
<i>All Strands – Develop and present to Working Group Paper&amp;Gap Analysis re; National Recs.&amp;current status</i>	GS/JC														

Phase/Stage	Lead/Support Responsibility	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
<i>All Strands</i> – Present to Programme Board Position Paper and Gap Analysis re; National Recs. and current status	GS/JC														
<b>PHASE 2 – DEVELOPING THE WAY FORWARD</b>															
<i>All Strands</i> – Agree list of stakeholders for consultation	WG														
<i>All Strands</i> – Establish principles for Stakeholder Engagement	WG														
<i>All Strands</i> – Organise and issue invitations for Workshops	GS														
<i>All Strands</i> – Develop Pre-Engagement Documentation	GS/WG														
<i>All Strands</i> – Issue Pre-Engagement Documentation	GS														
<i>All Strands</i> – Conduct Stakeholder Workshops	GS/JC/MB/KF														
<i>All Strands</i> – Develop stakeholder engagement summary	GS														
<i>All Strands</i> – Sign off and issue stakeholder engagement summary	WG														
<i>All Strands</i> – Develop Future State Model	WG														

Phase/Stage	Lead/Support Responsibility	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
<i>All Strands</i> – Sign off Future State Model	WG/PB														
<b>PHASE 3 – BUSINESS CASE DEVELOPMENT</b>															
<i>All Strands</i> – Develop Strategic Context	GS														
<i>All Strands</i> – Scope Options, Define Objectives & Benefit Criteria	WG														
<i>All Strands</i> – Develop Options	WG														
<i>All Strands</i> – Assess Options	WG														
<i>All Strands</i> – Identify & Quantify Costs	GS/DFP														
<i>All Strands</i> – Assess Sensitivity to Risk & Uncertainty	GS														
<i>All Strands</i> – Identify Preferred Option	WG														
<i>All Strands</i> – Develop Draft & Final Business Case Reports	GS														
<i>All Strands</i> – Sign off draft and final business case	WG/PB														
<i>All Strands</i> – Submit Final Business Case Report to DFP for Approval	GS														
<i>All Strands</i> – DFP Consideration/Approval of Business Case	DFP														

Phase/Stage	Lead/Support Responsibility	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
<b>PHASE 4 – TRANSITION AND IMPLEMENTATION PLANNING</b>															
<i>All Strands</i> – Develop Draft Report, Transition and Implementation Plans	GS/WG														
<i>All Strands</i> – Issue draft Transition and Implementation Plans for consultation	GS														
<i>All Strands</i> – Develop Final Report and Implementation and Transition Plans	GS														
<i>All Strands</i> – Sign-off Final Report, Implementation and Transition Plans	WG/PB														
<i>All Strands</i> – Organise and issue invitations for Stakeholder Event	GS														
<i>All Strands</i> – Stakeholder Event	GS/WG														
<i>All Strands</i> – Incremental Rollout of Professional Regulation Model	WG														

**Key**

GS	Gill Smith
MB	Martin Bradley
JC	Joyce Cairns
KF	Kathy Fodey
PB	Programme Board
WG	Working Group
DFP	Department of Finance and Personnel