



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

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MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# **Confidence in Care Tackling Concerns Locally and Nationally**

## **Project Initiation Document**

**15 December 2008**

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## 1 PURPOSE OF THIS DOCUMENT

The Confidence in Care Programme has been established to take forward the outstanding recommendations from Improving *Public Safety: Building Public Confidence* (DHSSPS, November 2006) and the work emanating from the White Paper *Trust, Assurance and Safety* (February 2007).

The Confidence in Care Programme is structured into four workstreams:

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

The purpose of this document is to outline the objectives, key deliverables, project governance and overall project approach to Tackling Concerns Locally and Nationally. 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.

## **2 PROJECT DEFINITION**

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

#### *2.1.1 Tackling Concerns Nationally*

The Tackling Concerns Nationally (TCN) Working Group in the Department of Health (DH) is one of seven working groups established to take forward the recommendations in the 2007 White Paper *Trust, Assurance and Safety*. The group's primary initial purpose was to support the establishment of an independent body to adjudicate on cases brought before the General Medical Council (GMC).

In addition, the group is developing options on achieving greater consistency between the systems employed by healthcare regulators in relation to their fitness to practice procedures.

#### *2.1.2 Tackling Concerns Locally*

The Tackling Concerns Locally (TCL) Working Group in DH is another of the seven working groups established to take forward the recommendations in the 2007 White Paper *Trust, Assurance and Safety*. The group is co-ordinating a series of reforms which will strengthen local arrangements for identifying poor practice among healthcare practitioners and taking effective action where such practice is identified. The work is being taken forward by six sub-groups concentrating on the following areas:

- GMC Affiliates;
- Responsible Officers;
- Information;
- Clinical Governance;
- Performers lists; and
- Death certification.

The final draft report of the group was issued in October 2008, and a final report is anticipated December 2008/January 2009.

#### *2.1.3 Elements Arising from Improving Patient Safety: Building Public Confidence*

The key messages from *Improving Patient Safety: Building Public Confidence* are:

- Improving governance in single handed practice;
- Improving governance for sessional doctors;
- Whistle blowing in general practice;
- Management of under performance in general practice; and
- GP Data analysis project.

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

### *2.2.1 Project Aim*

The overarching aim of this workstream is to establish an improved system of tackling concerns over practitioners' performance, which will provide assurances to both professionals and the public. In addition the workstream will:

- Work to improve governance arrangements across all sectors of health and social care;
- Determine the information needs to support those governance arrangements; and
- Oversee the introduction of measures to address the regulatory gap (essentially with the introduction of GMC affiliates and Responsible Officers).

### *2.2.2 Terms of Reference*

The terms of reference associated with this project are:

- To examine from a Northern Ireland perspective the proposals from the National groups relating to tackling concerns locally and nationally and provide informed feedback on issues arising.
- To identify and secure, through the development of a business case, the resources necessary to implement the objectives of this project
- To establish an improved system of tackling concerns in Northern Ireland taking account of the UK model and timetable.
- To work with the relevant DH working group to ensure that independent healthcare adjudication is fully compatible with judicial and regulatory arrangements in Northern Ireland.
- To work with HSC employers and other relevant organisations to support the implementation of the new systems for tackling concerns.
- To escalate to the Programme Board any unresolved issues relating to tackling concerns locally and nationally
- To work in partnership with the other Confidence in Care workstreams.

## 2.3 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.

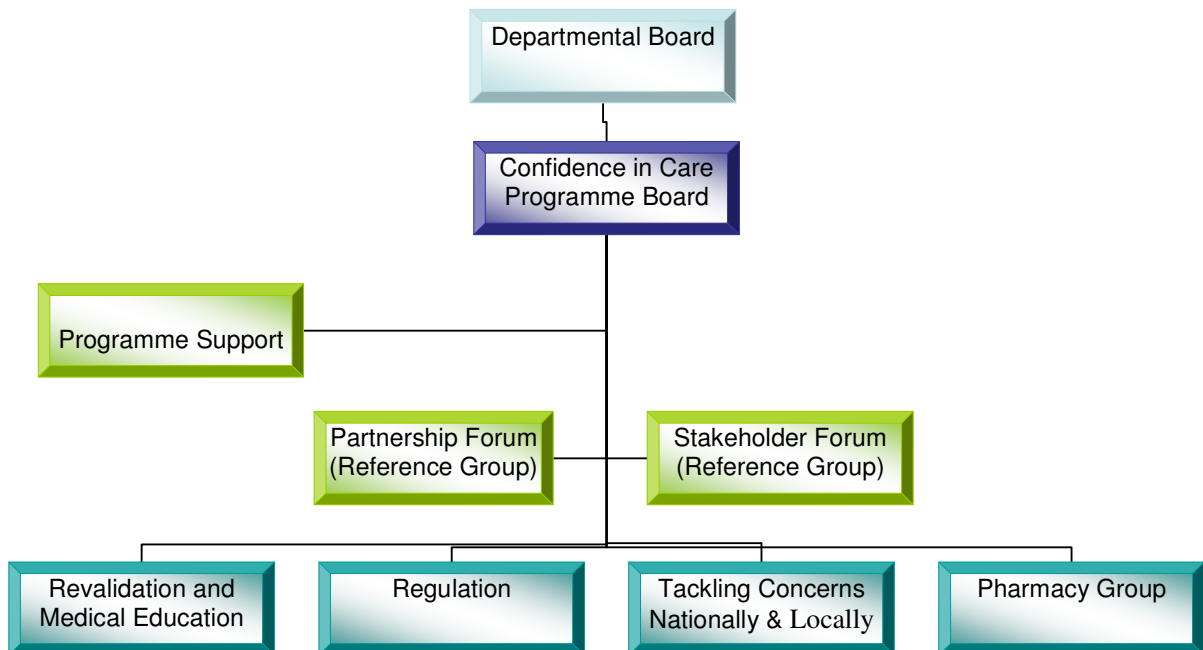
<p><b>» PHASE 1 – BASELINE ASSESSMENT AND GAP ANALYSIS</b></p> <p>Stage 1 – Develop and sign off PID</p> <p>Stage 2 – Feedback on Responsible Officer Consultation</p> <p>Stage 3 – Baseline Assessment of Current Status</p> <p>Stage 4 – Gap Analysis and Priority Setting</p>
<p><b>» PHASE 2 – DEVELOPING THE WAY FORWARD</b></p> <p>Stage 5 – Preparation for Stakeholder Engagement</p> <p>Stage 6 – Themed Stakeholder Workshops</p> <p>Stage 7 – Public Consultation</p> <p>Stage 8 – Develop Workshop/Consultation Output and Seek Feedback</p> <p>Stage 9 – Develop Future State Model for Tackling Concerns</p>
<p><b>» PHASE 3 - BUSINESS CASE DEVELOPMENT</b></p> <p>Stage 10 – 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 11 – Draft and Final Reports and Transition and Implementation Planning</p> <p>Stage 12 – Stakeholder Event</p> <p>Stage 13 – 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 tackling concerns nationally and locally 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/ Levette Lamb	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
Carolyn Harper	Deputy Chief Medical Officer, DHSSPS
Jim Livingston	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 the Dr Paddy Woods, Senior Medical 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	Position
Dr Paddy Woods	Senior Medical Officer and Chair
Gill Smith	Confidence in Care Project Manager
Joyce Cairns	Deputy Director of HR
John Farrell	Primary and Community Care Directorate
Dr Kathryn Booth	GP Medical Advisor
Dr Robert Thompson	Acting Director of Primary Care, SHSSB
Dr Tony Stevens	Trust Medical Director
TBC	AHP Professional Representative
TBC	Trust Director of Nursing
Sean Scullion	Safety, Quality and Standards
TBC	Trust HR Representative
TBC	RQIA Representative
Dr Steve Austin	BMA and Staff Side Representatives

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*

Dr Paddy Woods 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 are 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 – Tackling Concerns Locally and Nationally Project

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 – Feedback on RO Consultation														
Stage 3 –Baseline of Current Status														
Stage 4 – Gap Analysis/Priority Setting														
<b>2 Stakeholder Engagement</b>														
Stage 5–Preparation for Stakeholder Engagement														
Stage 6–Stakeholder Workshops														
Stage 7–Public Consultation														
Stage 8–Consultation Feedback														
Stage 9–Future State Model														
<b>3 Business Case Development</b>														
Stage 10–Develop Full Business Case														
<b>4 Recommendations and Reporting</b>														
Stage 11–Draft and Final Reports and Transition and implementation Planning														
Stage 12–Stakeholder Event														
Stage 13– Commence Incremental Rollout of Recommendations														

## **4 PROJECT CONTROLS**

### **4.1 Project Initiation**

The Tackling Concerns Locally and Nationally project 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 Tackling Concerns Locally and Nationally the Programme 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 Stage 2 – Feedback on Responsible Officer Consultation

Stage 2 is concerned with providing feedback to relevant stakeholders in respect of the DH and DHSSPS consultations on the responsible officer role. A consultation findings report will be developed and issued to relevant stakeholders. A copy of the report will also be provided to the Programme Board.

**Stage 2 Outcome:**  
Feedback on Responsible Officer Role.

#### 5.3 Stage 3 – Baseline Assessment of Current Status

Stage 3 involves an assessment of the current state of readiness of the HPSS and other relevant external organisations to implement the recommendations emanating from the DH *Tackling Concerns* Reports. During this stage face-to-face consultations will be conducted with key HPSS Trust, HSC Board and other relevant contacts to establish the current position. The output of this stage will be a position paper on the current status, which will be issued to Working Group and Programme Board members.

**Stage 3 Outcome:**  
Position Paper on Current Status Against *Tackling Concerns* Recommendations

#### 5.4 Stage 4 – Gap Analysis and Priority Setting

Stage 4 builds on the findings of Stage 3 to identify the gap between the current and future state position with regard to *Tackling Concerns*. During this stage the Working Group will analyse the findings of Stage 3 to identify the gaps and the programme of work which will need to be undertaken to fully implement the recommendations of *Tackling Concerns*. The programme of work will be prioritised on a risk basis. The output of this stage will be a position paper identifying the programme and work and associated priorities. The position paper will be issued to Working Group and Programme Board members.

**Stage 4 Outcome:**  
**Prioritised programme of work to address gaps between current and future state.**

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

#### 5.5 Stage 5 – Preparation for Stakeholder Engagement

Stage 5 is concerned with undertaking the necessary preparation and pre-work 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, HSC Boards, GMC, BMA, other Confidence in Care workstreams, Dental and Ophthalmic practitioners etc.
- ii) ***Establish Principles for Stakeholder Engagement*** – Prior to consultation it is vital to establish the principles on which engagement is based. A significant amount of previous consultation in respect of the reforms associated with Confidence in Care has been undertaken. The rationale on which the principles for stakeholder engagement are based therefore reflect the need to take cognisance of previous consultation findings, 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. The likely themes for stakeholder engagement are:
- Role of GMC Affiliates and Responsible Officers
  - Information and Clinical Governance
  - Performers List
  - Death Certification

**Stage 5 Outcome:**  
**Agreed stakeholder engagement programme.**

## **5.6 Stage 6 – Themed Stakeholder Workshops**

Stage 6 of the project will be undertaken in line with the plans agreed at Stage 5. It is envisaged that stakeholder engagement will take place during March 2009 in the form of stakeholder workshops.

**Stage 6 Outcome:**  
**Completion of Stakeholder Engagement.**

## **5.7 Stage 7 – Public Consultation**

Stage 7 will focus on undertaking public consultation in respect of the emerging way forward. As identified at Stage 5 much consultation has already taken place in respect of the reforms associated with Confidence in Care. On this basis the public consultation processes will be shaped accordingly.

**Stage 7 Outcome:**  
**Public Consultation.**

## 5.8 Stage 8 – Workshop/Consultation Feedback

Stage 8 of the project is concerned with reviewing the findings from both the themed stakeholder workshops at Stage 6 and the public consultation undertaken during Stage 7. The Working Group will analyse all findings to identify consistent themes, issues and factors which will impact upon the way forward. The summary of findings will be shared with stakeholders who engaged in the consultation process, the Working Group and Programme Board.

**Stage 8 Outcome:**  
**Position Paper – Stakeholder Engagement and Public Consultation**

## 5.9 Stage 9 – Future State Model

Stage 9 will involve developing the way forward in terms of a future state model. The future state model will outline how the recommendations of *Tackling Concerns* 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:

- The Responsible Officer Role;
- Clinical and social care governance arrangements as they relate to the recommendations of Tackling Concerns
- Information standards and management as they relate to the recommendations of Tackling Concerns
- Guidance and support mechanisms to underpin arrangements for mediation and retraining/reskilling of healthcare professionals in instances where concerns are identified.
- The Management of the Performers List
- Death Certification Processes

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

**► PHASE 3 - BUSINESS CASE DEVELOPMENT****5.10 Stage 10 – Full Business Case Development**

The purpose Stage 10 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 *Tackling Concerns* are to be implemented, but rather how the model proposed at Stage 9 can be implemented. During Stage 10 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 *Tackling Concerns*. 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 *Tackling Concerns* 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 public consultation in Stages 6 and 7, 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 safety;
- Increased public confidence; and
- Degree of fit with the wider Modernisation and Reform programme.

**At the end of task (ii) the objectives for *Tackling Concerns* 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 ministerial commitment in respect strengthening arrangements for identifying poor practice among healthcare professionals and taking effective action where such practice is identified) 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 *Tackling Concerns* 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 *Tackling Concerns* 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 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:

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

- 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 10 Outcome:**

**Completion of Full Business Case for Preferred *Tackling Concerns* model for consideration by DFP**

**» PHASE 4 – TRANSITION AND IMPLEMENTATION PLANNING**

### **5.11 Stage 11 – Draft and Final Reports and Transition and Implementation Planning**

Stage 11 of the project assumes that DFP approval has been granted for the proposed *Tackling Concerns* 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 *Tackling Concerns*. 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 and Education and Professional Regulation) as they relate to the *Tackling Concerns* 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 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 11 Outcome:**

**Production of Draft and Final Project Reports, Transition and Implementation Plans**

### **5.12 Stage 12 – Stakeholder Event**

Stage 12 of the project represents the formal launch of the *Tackling Concerns* 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 12 Outcome:**  
**Increased Stakeholder awareness of implementation of *Tackling Concerns* model**

### **5.13 Stage 13 –Commence Incremental Rollout of Recommendations**

Stage 13 represents the formal implementation of the *Tackling Concerns* 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 11. As identified during Stage 11 the rollout of recommendations will be undertaken utilising an incremental approach and will be subject to progress monitoring.

**Stage 13 Outcome:**  
**Implementation of *Tackling Concerns* Model**

## **6 POST-IMPLEMENTATION PROJECT EVALUATION**

Following implementation of the *Tackling Concerns* 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	4	2	8	<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	Current systems will be unable to provide the information necessary to facilitate objective assessment of the performance of individuals	SRO	4	3	12	<ul style="list-style-type: none"> <li>Make use of linkages between other systems of organisational quality assurance, service accreditation, patient safety and quality improvement.</li> <li>Table top exercise to interrogate current information systems</li> </ul>
5	Passivity of medical staff to become involved	SRO	3	3	9	<ul style="list-style-type: none"> <li>Inclusion of senior Medical leaders in workstream series of workshops to engage and update medical and other relevant staff of progress</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 regulations	Regular communication via the programme board	Quarterly	Written updates	Workstream Chair	To offer support and advice on the implementation of decisions
Confidence in Care Programme Board	Realising programme objectives	Regular communication through highlight reports and meetings with the programme manager	Monthly and as required	Highlight reports Verbal updates Workshops	Workstream Chair	Accountable for the success of the overall programme and approval of all major plans
DH England	Input from the devolved regions into National policy	Regular	Monthly	Attendance at national working group meetings  E mail and general correspondence  Responses to consultative documents	Workstream Chair	To involve NI representatives in the national working groups and ensure effective communication
Other Confidence in Care workstreams	Interdependencies with other workstreams	Regular communication	Monthly via shared highlight reports  Verbal reports to programme board	Highlight reports Verbal updates Workshops	Workstream Chair	To ensure effective communication between workstreams
HSC Employers	Implementation of new models of QA TCL	Regular communication	Monthly and as required	Membership of workstream  Engaged in pilot studies	Workstream Chair	Provision of advise and support as appropriate  To actively engage in the work of the project

Stakeholder	Stakeholder Interest	Level of Engagement	Frequency of Communication	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
				e-mail and general correspondence  Updates in Trust/Board newsletters  DHSSPS website		To keep their staff informed of progress
Senior professional leaders	To represent the views of professional staff	Regular communication	Monthly and as required	Membership of workstream  Engaged in pilot studies  e-mail and general correspondence  Updates in Trust/Board newsletters  DHSSPS website	Workstream Chair	To offer advise and support for initiatives  To actively engage in the work of the project
RQIA	To monitor the quality of health and social care services in NI	Regular communication	Monthly	Membership of the workstream  E-mail and general correspondence  DHSSPS website	Workstream Chair	To offer advise and support for initiatives

Stakeholder	Stakeholder Interest	Level of Engagement	Frequency of Communication	Communication Methods	Accountability	Stakeholder Roles & Responsibilities
Regulatory Councils	Participation in the revalidation and medical education workstream	Regular	As required	Membership of stakeholder forum  E – Mail and general correspondence  Input into workstream  DHSSPS website	Workstream Chair	To offer advise and support for initiatives To keep members advised
Staff side organisations	Representing their members	Regular	Monthly	Membership of workstream  Membership of the partnership forum  Workshops  Website	Workstream Chair	To represent the views of their members
Departmental Board	Reform of regulations	Regular communication via the programme board	Quarterly	Written updates	Workstream Chair	To offer support and advice on the implementation of decisions

### Appendix 3 – Work Plan – Tackling Concerns Locally and Nationally

Phase/Stage	Lead 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>															
Develop PID	GS														
Sign-off PID	WG/PB														
Develop Work Plan	GS														
Sign-off Work Plan	WG/PB														
Draft RO Feedback Report	GS														
Finalise and issue RO Feedback Report	GS														
Set up baseline assessment meetings	GS														
Conduct baseline assessment meetings	GS														
Develop baseline position paper and gap analysis	GS														
Sign off baseline position and gap analysis paper	WG/PB														
<b>PHASE 2 – DEVELOPING THE WAY FORWARD</b>															
Agree list of stakeholders for consultation	WG														
Establish principles for Stakeholder Engagement	WG														
Organise and issue invitations for Themed Workshops	GS														
Develop Pre-Engagement Documentation	GS														
Issue Pre-Engagement Documentation	GS														

Phase/Stage	Lead 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
Conduct Stakeholder Themed Workshops	GS/PW														
Conduct Public Consultation	GS														
Develop engagement feedback report	GS														
Sign off and issue stakeholder engagement feedback report	WG														
Develop Future State Model	WG														
Sign off Future State Model	WG/PB														
<b>PHASE 3 – BUSINESS CASE DEVELOPMENT</b>															
Develop Strategic Context	GS														
Scope Options, Define Objectives & Benefit Criteria	WG														
Develop Options	WG														
Assess Options	WG														
Identify & Quantify Costs	GS/DFP														
Assess Sensitivity to Risk & Uncertainty	GS														
Identify Preferred Option	WG														
Develop Draft & Final Business Case Reports	GS														
Sign off draft and final business case	WG/PB														
Submit Final Business Case Report to DFP for Approval	GS														
DFP Consideration/Approval of Business Case	DFP														

Phase/Stage	Lead 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>															
Develop Draft Report, Transition and Implementation Plans	GS/WG														
Issue draft Transition and Implementation Plans for consultation	GS														
Develop Final Report and Implementation and Transition Plans	GS														
Sign-off Final Report, Implementation and Transition Plans	WG/PB														
Organise and issue invitations for Stakeholder Event	GS														
Stakeholder Event	GS/PW/SRO														
Incremental Rollout of Tackling Concerns Model	WG														