



# **Confidence in Care**

## **Programme Initiation Document**

**Tabled at Programme Board as CIC/69/09 -07/10/09**

Revised 28<sup>th</sup> July 2009 V1.1

**PROGRAMME INITIATION DOCUMENT**

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**Project name**    **Confidence in Care Programme**

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**PRINCE2**

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## Document History

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|---------------------------------|-------------------------------|--|
| <b>2/10/07</b>                  | <b>N/A</b>                    | Discussions with Norman Morrow, Maura Briscoe, Martin Bradley and Andrew Hamilton  |
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| <b>21/01/08</b>                 | <b>5/11/07</b>                | Workstream structures amended. Approved by Andrew Hamilton, David Bingham and Michael McBride  |
| <b>2 April 08</b>               | <b>21/01/08</b>               | Comments from Maura Briscoe and Norman Morrow<br><ul style="list-style-type: none"> <li>- Representation on English working groups</li> <li>- addition of subgroups in tackling concerns locally</li> <li>- addition to PRLOG group</li> <li>- amendment to number of regulatory councils</li> </ul> |
| <b>6<sup>th</sup> June 2008</b> | <b>2 April 2008</b>           | Comments and changes from OSS directorate<br>Comments and amendments from Maura Briscoe and Norman Morrow  |
| <b>16/09/08</b>                 | <b>6<sup>th</sup> June 08</b> | Revisions to update document   |
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**Approvals** This document requires the following approvals.

| <b>Name</b>            | <b>Title</b>                                | <b>Date of Issue</b>                               | <b>Version</b> |
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## **1. Strategic Context**

The Department of Health 's (DH) White Paper "Trust, Assurance and Safety" published in February 2007 set out a programme of reform to the United Kingdom's system for regulation of health professionals, based on consultations on the two reviews of professional regulation published in July 2006:

- *Good doctors, safer patients* by the Chief Medical officer for England, which was a comprehensive report examining medical regulation in its broadest sense and
- The Department of Health's "The regulation of the non-medical healthcare professions".

The primary purpose of professional regulation is to ensure patient safety. As such it is a vital component of the overall framework in the United Kingdom for ensuring the highest quality health care for the public. In Northern Ireland careful consideration must be given to the interface between health and social care within the integrated model.

The White paper is also complemented by the Government's response to the recommendations of the Fifth Report of the Shipman Inquiry, the recommendations of the Ayling, Neale and Kerr/ Haslam inquiries, as contained in 'Safeguarding Patients', which sets out a range of measures to improve and enhance clinical governance in the NHS.

In Northern Ireland the DHSSPS published their response and action plan to the Shipman Inquiry recommendations in the document "Improving Patient Safety: Building Public Confidence" in November 2006. A mapping exercise was carried out to determine the outstanding recommendations of this report and the associated recommendations from HM Government publications "Safeguarding Patients" (Feb "2007) and "Learning from tragedy, keeping patients safe" (Feb

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2007). The implementation of these recommendations is addressed within this programme. The work of the following established NI Shipman subgroups is subsumed in the revised Confidence in Care work streams as outlined below

| Existing Shipman Subgroups                         | Lead/ Contact   | Proposed Confidence in Care Workstream   |
|--|---|--|
| Accountable Officer Subgroup                       | Norman Morrow, John Farrell   | Pharmacy Group                           |
| GP Data analysis subgroup                          | Kathryn Booth / Gillian Harkness (EHSSB)                            | Tackling Concerns Locally and Nationally |
| Enhancing prescribing in General Practice          | Kathryn Turner - CSA  | Tackling Concerns Locally and Nationally |
| Improving Governance in Single Handed GP practices | Discussions underway with Western Health and Social Services Board  | Tackling Concerns Locally and Nationally |
| The Education Framework                            | Diane Taylor  | Revalidation and Education               |
| Whistle Blowing in General Practice                | John Farrell  | Tackling Concerns Locally and Nationally |
| Management of Underperformance in General Practice | Paddy Woods   | Tackling Concerns Locally and Nationally |
| Improving Governance for sessional doctors         | Discussions underway with Northern Health and Social Services Board | Tackling Concerns Locally and Nationally |

The White Paper proposes a number of reforms for the modernisation of professional regulation. The aims of the reforms are to ensure that health professionals, throughout their careers, are able to assure themselves, their patients/ clients, colleagues and employers that their commitment to practise to the highest standard is underpinned by objective confirmation of their

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competence to do so. It also recognises that there are a number of new roles emerging in health care that may require registration with a regulatory body in the near future.

The White Paper notes that the Devolved Administrations are committed to regulation across the UK, including in the professions new to regulation. It is however recognised that in terms of operational practicalities some of the proposals will need to be considered by the Northern Ireland Assembly. These local arrangements will need to enable health professionals to move easily around the UK during their careers. Pilot exercises are being used to test and evaluate some of the proposed approaches to implementation.

Equally the White Paper recognises that public trust in the professionals needs to be sustained by ensuring that the nine regulators of healthcare professionals in the UK, i.e.

- The General Medical Council,
- The Nursing and Midwifery Council ,
- The Health Professional Council,
- The General Dental Council,
- The Optical Council
- Pharmaceutical Society of Northern Ireland,
- Pharmaceutical Society of Great Britain
- General Chiropractic Council
- General Osteopathic Council

provide objective scrutiny of the practitioners from the perspective of reasonable patient/ client expectation and free from any doubt that the regulators are overly sympathetic to lapses in conduct or competence through a sense of professional loyalty. A full copy of the White Paper may be downloaded from the following link:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_065946](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065946)

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In summary the White Paper is based on five key principles

1. The overriding interest of professional regulation must be the safety and quality of the care that patients/clients receive from health professionals.
2. Professional regulation needs to sustain the confidence of both the public and the professions through demonstrable impartiality. Regulators need to be independent of Government, the professions themselves, employers, educators and all other interest groups that impact on healthcare.
3. Professional regulation should be as much about sustaining, improving and assuring the professional standards of the overwhelming majority of health professional as it is about identifying and addressing poor practise or bad behaviour.
4. Professional regulation should not create unnecessary burdens, but should be proportionate to the risk it addresses and the benefit it brings.
5. There is a need for a system that ensures the strength and integrity of the health professions within the United Kingdom, but is sufficiently flexible to work effectively for the different health needs and healthcare approaches within NHS England, Scotland, Wales and Northern Ireland and to adapt to future changes.

To take forward the requirements of the White Paper the Department of Health in England has established a range of working groups

Current groups are:

- **Medical Education and Revalidation;**
  - ❖ Current NI representative – Paddy Woods (Senior Medical Officer, DHSSPS)
- **Non-Medical Education and Revalidation;**
  - ❖ Current NI representative – Joyce Cairns ( Deputy Director HR, DHSSPS)

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- **Tackling Concerns Locally** – which would include consideration, for example, of the proposal for GMC Affiliates, the role of the Medical Director, Death Certification, Performers List, Alert Letters and the local management of information;
  - ❖ Current NI representative – Paddy Woods ( SMO)

Nationally a number of groups have been established under the Tackling concerns locally banner. These are:

- I. GMC Affiliates group – Lead - Paddy Woods
- II. Responsible Officer group –Lead – Paddy Woods
- III. Death Certification group – Lead Dr Martin Donnelly
- IV. Performers List group – Lead John Farrell

The ongoing work and outcomes of these subgroups will be picked up and included in the Tackling concerns nationally and locally subgroup.

- **Tackling Concerns Nationally** – which includes consideration of an independent adjudicator;
  - Current NI representative – Paddy Woods (Senior Medical Officer, DHSSPS)
- **Enhancing Confidence in Healthcare Professional Regulators** – covering governance arrangements for the regulatory bodies;
  - ❖ Current NI representative – Joyce Cairns ( Deputy Director HR, DHSSPS)
- **Health of Health Professionals**
  - ❖ Current NI representative – Kathryn Fodey ( Nursing Officer, DHSSPS)
- **Extending Professional Regulation.**
  - ❖ Current NI representative – Joyce Cairns ( Deputy Director HR, DHSSPS)

In addition there is a **Pharmacy Regulation and Leadership Oversight Group** (PRLOG), chaired by Ken Jarrold, allied to the establishment of a General Pharmaceutical Council. Representation from Northern Ireland is provided by Norman Morrow, Chief Pharmaceutical Officer (DHSSPS), the President of the NI Pharmaceutical Society and Ms Tracey Boyce, Director of Pharmacy, SHSCT. Following the establishment of the GPhC the oversight group will be stood down.

### **Pharmacy Regulation in Northern Ireland**

The Minister has yet to make a final decision on the future of the Pharmaceutical Society of Northern Ireland (PSNI). However, he has indicated that he is going to wait until the General Pharmaceutical Council (GPC) is established in Great Britain; Current timescales would propose this new body would operate in shadow by late 2009 and become fully operational by January 2010.

The Minister has also indicated that in developing new arrangements for the future the Department will continue to work with the PSNI and other relevant bodies to ensure that patients/clients and the public are fully protected. The Department is therefore committed to changes in the current legislative provisions underpinning the PSNI and will be further informed by the Council of Healthcare Regulatory Excellence allied to its current performance review of the PSNI, published in August 2008.

In either event i.e. the incorporation of PSNI into a UK wide GPhC or the continued existence of PSNI as a separate regulator this is likely to have legislative resource implications for the programme. To this end a Pharmacy group has been established within the Confidence in Care programme to take forward these areas of work.

## **1a Interface with Social Care**

The Northern Ireland Social Care Council (NICSS) is the regulatory body for the social care workforce in Northern Ireland. Its aim is to increase the protection of those using social care services, their carers and the public. NISCC was legally established on October 1 2001 by the Health and Personal Social Services Act (Northern Ireland) 2001. It is a non-departmental public body, sponsored by the Department of Health, Social Services and Public Safety (NI).

An exercise was undertaken by the DHSSPS to compare the White Paper recommendations against current NICSS activity. The actions from this exercise have been addressed by the Office of Social Services of the DHSSPS, however issues regarding the future regulation of the wider health care support and social care workforce as per section 2 paragraph (3) of the Health and Personal Social Services Act (Northern Ireland) 2001 are the subject of further dialogue and action, with a consultation period due to conclude October 2009

In addition consideration is to be given to linkages with the new Independent Safeguarding Authority (ISA) whose aim is to prevent unsuitable people from working with children and vulnerable adults. The scheme is scheduled to go live on 12 October 2009.

## **1b Legislative implications**

- 9.** The Health and Social Care Bill, which includes elements of the White Paper proposals, was introduced at Westminster on 15<sup>th</sup> November 2007. The Assembly demonstrated support to the full content of the Bill by agreeing a legislative consent motion on 14 January 2008. The Bill received Royal Assent in July 2008.

## **2. Programme purpose and Objectives**

The purpose of this programme is to contribute effectively to policy formulation nationally associated with the requirements outlined in the White Paper “Trust, Assurance and Safety” and ensure that the proposals of the established working groups are successfully implemented in Northern Ireland. The programme also addresses the work of the PRLOG Group to ensure the implementation of the outstanding recommendations of the DHSSPS report “Improving Patient Safety: Building Public Confidence” and the associated recommendations from HM Government publications “Safeguarding Patients” (Feb “2007) and “Learning from tragedy, keeping patients safe” (Feb 2007)

### **2a Overarching Objectives**

The overarching objectives of the programme are:

- To ensure effective engagement as appropriate with the Minister.
- To ensure, through robust programme management, that the recommendations of the working groups are successfully co-ordinated, implemented, monitored and evaluated in Northern Ireland.
- To identify and action any short term measures required pending the outworking of the working groups including outstanding work associated with the outputs of the DHSSPS report “Improving Patient Safety: Building Public Confidence” and the associated recommendations from the HM Government publications “Safeguarding Patients” and “Learning from tragedy , keeping patients safe”
- To ensure effective representation, and quality of input, from Northern Ireland into the working groups and harmonisation of the regulatory framework in Northern Ireland.
- To ensure there is effective communication with key stakeholders throughout Northern Ireland, taking account of the diversity of professional roles and locations and the integrated structure of health and social care.

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- To quantify the resources necessary to support the running of the programme and ensure that they are allocated appropriately
- To develop a business case for any resources to support the effective implementation of the programme.

### **3. Programme Scope**

The programme addresses all actions arising from the White paper based on outcomes from the DoH working groups. While this does not include the implementation of the associated legislative framework nationally, action in respect of the role of the Assembly and Executive in this regard forms part of the work of the programme. The assurance of independence of professional regulators will be undertaken nationally by the Department of Health, England. The programme also encompasses the implementation of any outstanding recommendations from the DHSSPS report “Improving Patient Safety: Building Public Confidence” and the associated recommendations from the HM Government publications “Safeguarding Patients” (Feb “2007) and Learning from tragedy, keeping patients safe” (Feb 2007)

The programme does not directly address social care which remains the responsibility of the NISCC. A DoH report on the regulation of Health Care Support Workers is due to be published in addition to the recent pilot scheme in NHS Scotland. Issues regarding extended workforce regulation require continued co ordination and dialogue. This is addressed by the Group charged with ‘Extending Professional Regulation’. There is also senior representation from the Office of Social Services on the Programme Board accountable for the identification and translation of recommendations as appropriate from the working groups into the work of the NISCC.

#### **4. Programme Deliverables**

This section is based on the key deliverables identified in the individual White Paper working groups and the outputs of the DHSSPS report “Improving Patient Safety: Building Public Confidence” and the associated recommendations from the HM Government publications “Safeguarding Patients” and “Learning from tragedy , keeping patients safe” The advice of the working groups enables more detailed characterisation of the key deliverables to be developed for each workstream and these are being refined as implementation plans proceed.

##### ***4a Medical Revalidation and Education***

- A comprehensive system of appraisal in Northern Ireland using multi source feedback which will be sufficiently robust and consistent to inform reliably a UK wide system of revalidation
- In undertaking this work the group must take due regard of the regulatory arrangements for medical staff within the Irish Republic.

In addition this working group advises on the implementation of the delivery of the White Papers proposals for medical education.

##### ***4b Non –Medical Revalidation***

- Formative and summative appraisal arrangements for the non – medical professions in Northern Ireland which are sufficiently wide-ranging, robust and consistent to inform reliably a UK wide system of revalidation.
- Generic and profession specific identification of areas where risk necessitates further assessment approaches over and above appraisal and development of appropriate standards and assessment methodologies.
- In undertaking this work the group must take due regard of the regulatory arrangements for non-medical staff within the Irish Republic.

#### **4c *Tackling Concerns Nationally***

- Proposals and protocols for sharing information about registrants with the public, patients, employers and other interested parties and an extension of the range of actions available to regulators when they have identified concerns, so that , where appropriate, the options of rehabilitation, remediation and retaining are more readily available.
- Clarification and agreement of the role of the Council for Healthcare Regulatory Excellence in ensuring fair, effective and consistent fitness to practise arrangements and a move to a common standard of proof across professionals

#### **4d *Tackling Concerns Locally***

- The development and implementation of new arrangements for the roles and responsibilities of a UK network of GMC Affiliates and Responsible Officers
- The review and, if necessary, redesign of the Performers' List system;
- The review and development of systems for collecting and using information on health professionals for complaints, investigations and disciplinary measures
- The design and implementation of a new system of Death Certification for the United Kingdom.

#### **4e *Enhancing Confidence in Healthcare Professional Regulators***

- Measures to provide assurance to the public, patients, the professionals and the Assembly that Councils are operating fairly and effectively in the exercise of their duties

#### **4f *Extending Professional Regulation***

- The development of criteria against which all roles in the United Kingdom will be judged to determine which should be statutorily regulated and the priorities for doing so.
- Future regulation of the wider health and social care workforce

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- In undertaking this work the group must take due regard of the growth in integrated health and social care working patterns throughout the UK and of the integrated health and social care structures in Northern Ireland, alongside plans for registration and regulation of the social care workforce in each of the four countries

### **4g Health for Health Professionals**

- The development of an integrated national strategy for the health of all health professionals including the piloting and evaluation of referral services for doctors to inform the remedial and rehabilitative aspects of fitness to practise and revalidation outputs

### **Outstanding Recommendations**

The recommendations of the DHSSPS report “Improving Patient Safety: Building Public Confidence” and the associated recommendations from the HM Government publications “Safeguarding Patients” and “Learning from tragedy , keeping patients safe” have been mapped against the working groups and are included in their objectives and terms of reference

### **5. Constraints**

- Initial programme staffing resources have been secured with a further business case to be developed for future implementation costs.
- Availability of adequate resources for programme and project management
- Availability of Departmental and HSC staff to lead and populate project teams
- Timescales for this programme are primarily driven by the National framework

### **6. Assumptions**

- The national element of the legislative framework is to be managed by the Department of Health, England.
- Appropriate local representation on working groups

## **7. Interdependencies**

Most of the working groups have interdependencies and connections with the other groups. This is to be addressed by ensuring

- Appropriate representation on programme board
- appropriate cross-membership between working groups,
- regular formal meetings of the project managers ,
- circulation of Programme Board minutes and updated Programme plan.

## **8. Benefits**

- Compliance with the recommendations of the DHSSPS report “Improving Patient Safety: Building Public Confidence” and the associated recommendations from the HM Government publications “Safeguarding Patients” and “Learning from tragedy , keeping patients safe”
- The timely, effective and affordable introduction of a revalidation system comprising relicensure and recertification of doctors.
- Each regulator will develop the standards that a registrant will need to meet to periodically maintain their registration.
- The education function of the GMC will be brought into line with the operating methods of Post Graduate Medical Education and Training Board (PMETB). (The PMETB through its founding order has a wide range of interests on its Board including lay members, patients and the NHS).
- All professional staff will be recorded on a live register.
- Greater emphasis on remediation, rehabilitation and support for those health professionals who are experiencing difficulties.
- A legal practical way in which all health professionals could reach an appropriate standard of English language proficiency.
- The improved safety of patients, with lower risk of potential exposure to abuse, incompetence or unacceptable behaviour.
- A strengthening of the process through which health care organisations learn from mistakes and strive for continuous improvement in the quality of services they deliver.

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- The development of criteria against which all professional roles in the UK will be judged to determine which should be regulated.

### **9. Programme infrastructure**

The programme uses a structured programme management approach in line with Prince 2 methodology and 'Managing Successful Projects'.

#### **9a Resource Requirements and Benchmark Data**

Programme support has been secured and staff have been in place from Dec 2008-Jan 2009

The Programme is staffed by HSC seconded staff as follows:

Project Manager (Tackling Concerns Locally & Nationally/Professional Regulation) X 1

Project Manager (Medical Education & Medical/Non-Medical Revalidation/Pharmacy Regulation) X 1

Programme Support Officer X 1

#### **9b Programme Board**

The Northern Ireland Confidence in Care Programme Board oversees the work of the Programme. The Board are accountable for the success of the programme and are responsible for approval of all major plans and authorisation of any deviation from those plans.

The Programme Board are responsible for confirming the completion of the Programme and report progress to the Departmental Board quarterly, as depicted below ensuring that the Departmental Board is made aware of any issues of concern.

This Programme is co-chaired by the Chief Medical Officer and the Chief Nursing Officer, both of whom are also members of the Departmental Board

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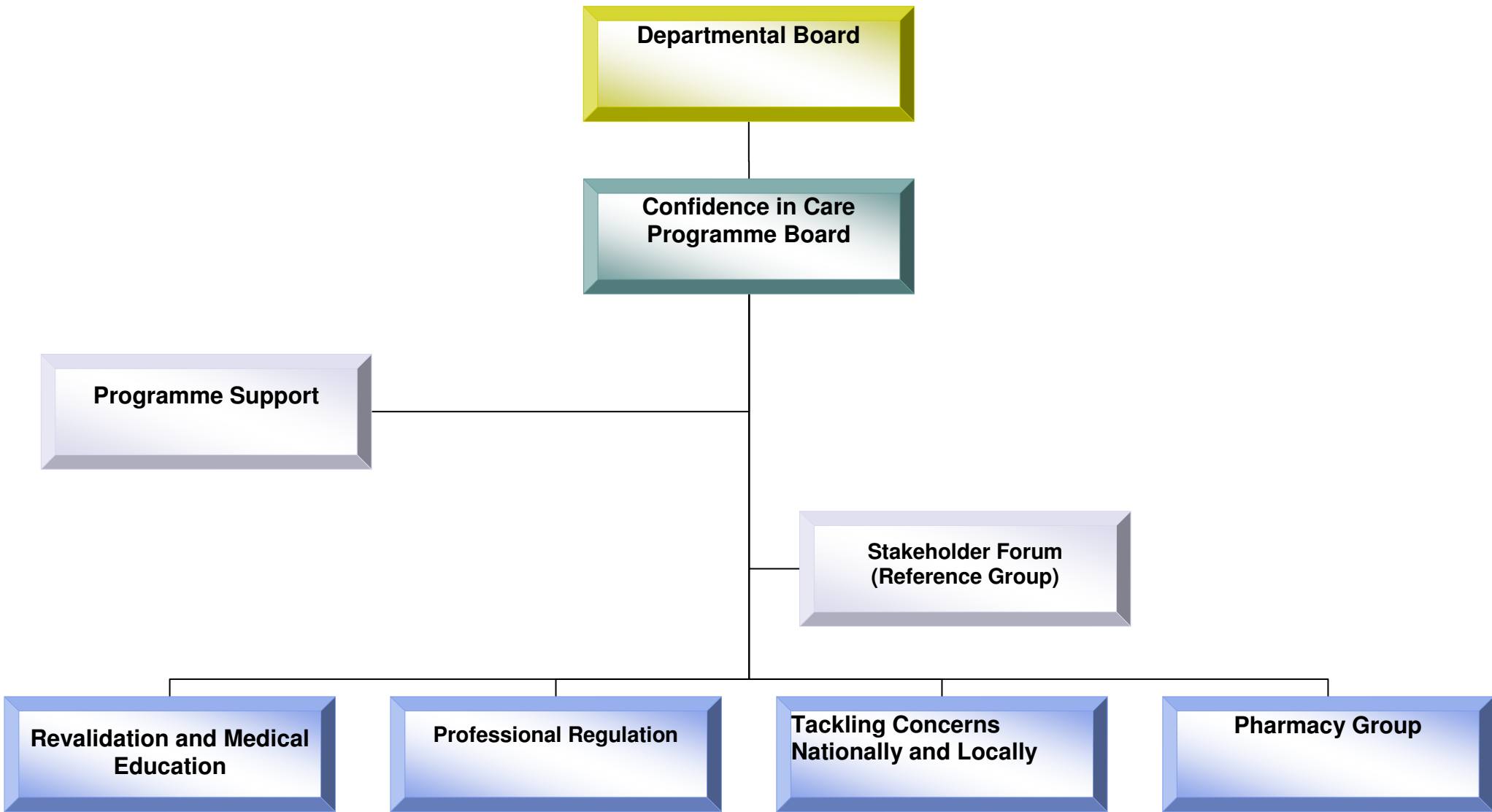
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The Programme Board meet on a bi-monthly basis. Deputies are only acceptable with the agreement of the Programme SROs. At each meeting, the Programme Board among other things consider;

- An updated Programme Plan
- A highlight report from each of the working groups detailing progress against agreed milestones in Project Plans, next steps and potential problems
- An updated Programme Risk Register
- Matters requiring approval and/or issues referred under escalation procedures

The Programme Board reports to the Departmental Board via quarterly highlight reports

**9c “Confidence in care” Programme Structure**



### **9d Stakeholder Engagement**

To ensure effective communication with key stakeholders a Stakeholder Forum Group has been established with representation from:

- Professional Councils
- Royal Colleges
- Employers
- Educational Bodies
- Trade Unions
- Other agencies

Stakeholder Engagement will be continued and developed appropriately throughout the duration of the Programme.

**Forum Chair – Martin Bradley – Chief Nursing Officer, DHSSPS**

### **9g Working Groups**

The Programme Board is supported by four workstreams, each of which has a lead person identified to:

- report directly to or be a member of the Programme Board,
- ensure the appropriate project /administrative support is available for their team.
- be responsible for meeting agreed objectives and reporting to the Programme Board

**Workstream and Chairs**

Tackling Concerns Nationally and Locally – Paddy Woods

Medical / Non Medical Revalidation and Medical Education – Diane Taylor

Professional Regulation – Martin Bradley

Pharmacy Group – Norman Morrow

The complexity of the programme is reflected in the overall approach. The methodology describes a series of interlinked Projects. The Programme Board will consequently oversee and quality assure the contribution of the various work streams to the overall requirements.

**9h Programme Board Membership**

| <b>Name</b>               | <b>Role</b>                                 | <b>Organisation</b> |
|---------------------------|---|---------------------|
| <b>Michael McBride</b>    | <b>Chief Medical Officer Co chair (SRO)</b> | <b>DHSSPS</b>       |
| <b>Martin Bradley</b>     | <b>Chief Nursing Officer Co chair (SRO)</b> | <b>DHSSPS</b>       |
| <b>Miriam McCarthy</b>    | <b>Deputy Secretary</b>                     | <b>DHSSPS</b>       |
| <b>Paddy Woods</b>        | <b>Senior Medical Officer</b>               | <b>DHSSPS</b>       |
| <b>Diane Taylor</b>       | <b>Acting Director HR</b>                   | <b>DHSSPS</b>       |
| <b>Donncha O'Carolan</b>  | <b>Chief Dental Officer</b>                 | <b>DHSSPS</b>       |
| <b>Norman Morrow</b>      | <b>Chief Pharmaceutical Officer</b>         | <b>DHSSPS</b>       |
| <b>Patricia Blackburn</b> | <b>Head of Allied Health Professionals</b>  | <b>DHSSPS</b>       |
| <b>Maggie Reilly</b>      | <b>Area Manager Western Office</b>          | <b>PCC</b>          |

|                           |  |                      |
|---------------------------|--|----------------------|
| <b>Joan Peden</b>         | <b>Co-Director Governance, Equality and Improving Working Lives, Belfast HSC Trust</b> | <b>Belfast Trust</b> |
| <b>Christine Jendoubi</b> | <b>Director Primary and Community Care</b>   | <b>DHSSPS</b>        |
| <b>David Galloway</b>     | <b>Director of Secondary Care</b>  | <b>DHSSPS</b>        |
| <b>Sean Holland</b>       | <b>Chief Social Services Officer</b>   | <b>DHSSPS</b>        |
| <b>Jim Livingstone</b>    | <b>Director of Safety , Quality and Standards</b>                                      | <b>DHSSPS</b>        |

## **9e Roles and responsibilities**

### **Co Chairs (SROs)**

The co-chairs are responsible for ensuring that the Programme meets its objectives and delivers its stated benefits. The co-chairs are ultimately accountable for the success of the programme and are responsible for enabling the organisation to exploit the new environment resulting from the programme, meeting the new business needs and delivering new capabilities.

### **Programme Managers**

The Programme Managers have the authority to run the programme on a day – to day basis on behalf of the steering group within stipulated constraints with appropriate project management support. The Programme Managers' main responsibilities are to ensure that the programme produces the required products to the required standard of quality within the specified constraints of time and cost.

## **9f Governance Arrangements**

To promote effective governance of the Programme:

- The SRO / Programme Workstream Lead of each of the working groups is tasked with ensuring that 8 weekly reports are prepared for the Programme Board.
- The Programme Board Communication Plan ensures that there is effective communication with key stakeholders and between the component parts of the Programme.
- Highlight Reports for presentation to Programme Board are completed in agreed template format by each of the project SRO's/ Programme Workstream Leads.
- The Programme Board ensures escalation arrangements are in place so that mission-critical problems are drawn to the attention of the Departmental Board in good time.

## **10. Risk Assessment**

The list below sets out the risks associated with the Programme. The actions taken and/or position with regard to each risk are detailed in **risk register**.

- Lack of robust programme management
- Risk of ineffective communication due to the complexity of the programme
- Lack of representative input into the DoH working groups
- Regional voice will not be heard
- Lack of control, with the pace of progress generated by DOH in England

## **11. Communication Plan**

A Communications Plan for the Programme has been developed.

## **12. Project Plan**

Individual programme workstream work plans have been established.