

# **Health and Social Care Reform**

## **MODERNISATION AND IMPROVEMENT PROGRAMME DEFINITION DOCUMENT**

**MIPB 154/08**

## PROGRAMME DEFINITION DOCUMENT

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**Programme name** MONDERNISATION and MPROVEMENT PROGRAMME

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## **DHSS & PS Programme Definition Document**

### **Modernisation and Improvement Programme**

The purpose of the Programme Definition Document (PDD) is to ensure that the modernisation and improvement programme range of projects has a sound business foundation, to build on the work that has successfully delivered the 1<sup>st</sup> phase of the programme and to establish the overall scope into which the various projects fits. Details of each of the projects will be found in the Projects Dossier and within individual project initiation documents. The role of Programme board which is referred to as MIPB is defined in the section “Programme Organisation and Structures”. The programme of work to be covered is the implementation of the 2<sup>nd</sup> phase of the HSC Reforms across DHSS & PS and HSC in Northern Ireland which will come to an end by spring 2009. This PDD will act as a base document against which the Modernisation and Programme Board (MIPB) and Programme Director can assess progress against agreed objectives. During the programme, business cases will be developed and approvals sought as appropriate. This Document covers the following areas:

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## **Purpose**

The purpose of this Programme is to secure:

The successful implementation of the changes to the administration structures for Health and Social Care in line with Ministerial and Executive decisions.

## **Background**

The Review of Public Administration (RPA) was launched by the Northern Ireland Executive in June 2002 with the final outcome announced by the Secretary of State in November 2005. Its purpose was to review Northern Ireland's system of public administration with a view to putting in place modern, accountable and effective arrangements for public service delivery in Northern Ireland covering almost 150 bodies including 26 District Councils, Health & Social Services Boards and Trusts, five Education and Library Boards and about 100 other organizations.

Following decisions on the Review of Public Administration in 2005/6, there were two major phases for implementation within health and social care. The first phase involved the establishment of the 5 new integrated Health and Social Care Trusts and was effected in April 2007. The second phase was scheduled for completion by April 2008 and included the establishing of new organisational arrangements to replace the present four HSS Boards, four Health's and Social Services Councils and a number of Agencies, restructuring the Department of Health Social Services and Public Safety and implementing new commissioning arrangements. Implementation within the DHSS & PS was led by a Reconfiguration Programme Board (RPB) chaired by the Permanent Secretary.

In addition, it was recognised that structural change alone would not improve the quality of services and that there also needed to be a systematic approach to managing and implementing service reform and modernisation.

Consequently, parallel to arrangements for the implementation of the RPA the Department established a programme of systems reform with nine projects

governed by a Systems Reform Programme Board also chaired by the Permanent Secretary.

The devolved Administration returned in May 2007 and the Executive undertook a comprehensive review of policy and strategic direction in respect of the proposals originally contained in the RPA. In February 2008 the Health and Social Care Minister, Michael Mc Gimpsey launched a full public consultation on his proposals to reform health and social care in Northern Ireland. In July 2008 the Health Minister announced his decision on the outcome of his proposals to reform health and social care in Northern Ireland.

The Minister's vision for a new world class health service is:

- Creating a modern and responsive HSC service that puts patients and clients at the heart of its thinking;
- Providing a streamlined HSC service;
- Supporting democratization within the HSC service; and
- Enhancing the involvement of local government in the delivery of health and social care.

The key elements of the proposals are as follow:-

- A new Regional Health and Social Care Board that will focus on financial management, performance management and commissioning.
- A new multi-professional Regional Agency Public Health Social Wellbeing to create better inter-sectoral working to tackle health promotion and inequalities and help realise the shared goal of a better and healthier future for all.
- The establishment of five Local Commissioning Groups to cover the same geographical area of the five Health and Social Care Trusts.
- A smaller, more sharply focussed Department.
- A Regional Business Services Organisation that will provide a range of support functions for the health and social care service.
- Reinforcing and strengthening the role of Health and Social Services Councils.
- Increased democratisation through local government representation on key bodies and improved partnership working.
- The reconfiguration of trusts in April 2007 should remain largely unchanged.

The key elements of the Minister decision are to be implemented as part of this programme.

### **Programme Objectives**

The objective of this programme is to deliver on Ministerial and Executive decisions regarding the Health and Social Care reform agenda within the DHSS & PS and HSC. The programme will ensure there is consistency with reform initiatives within the wider public sector including organisational restructuring; the reconfiguration of services and the release of savings which are to be reinvested in front line public services.

### **Programme Scope and associated projects.**

The Programme will cover all existing HSC bodies, and related functions within the DHSS & PS, and will address those issues impacting on the reform of the HSC organisational arrangements and systems, including structures, management and governance arrangements, transitional arrangements and capabilities

### **Exclusions**

- Decisions already implemented in reconfiguring the number of Trusts.
- Developments within the DHSS & PS related to the wider NI Civil Service Reform Programme which will continue to be the responsibility of the Change Management Forum.

### **Interfaces**

The key stakeholders for this project include:

- Minister for Health, Social Services and Public Safety;
- Health committee
- Assembly
- DHSS & PS Departmental Board
- DHSS & PS MIP Board
- MIP project teams and workstreams
- Health and Social Services Councils
- Health and Social Services Boards

- HSC Trust Chairs/CX's
- DHSS & PS and HSC Staff
- Independent contractors and their staff GPs, Administrative and Clerical Staff, Dentists, Opticians and Pharmacists
- Central Services Agency
- Public Service Commission
- NICS cross cutting groups and Departments N.I. C.S. - Cross Cutting groups Departments (i.e. OFMDFM, DFP, DOE Education)
- Trade Unions (HSC and Departmental) and professional groups
- Local political representatives
- Voluntary organisations/Community Groups
- Members of the Public/Patients/Clients/Carers
- Private Sector/trade organisations (Including consultants)
- Press and Media
- Universities, Colleges, Training Bodies, NHS Institute for Innovation and Improvement.
- National standards and guideline-setting bodies
- Inspection Bodies
- Executive Information Service

### **Outline Deliverables**

- Establish new organisations and structures by April 2009 that will be fit for purpose and have the ability to achieved required outcomes as determined by the Minister within agreed parameters and cost;
- The design and implementation of a comprehensive accountability framework for health and social care that ensures achievement of Ministerial targets and objectives;
- The delivery of appropriate staff reductions to ensure savings can be made whilst supports the vision of RPA
- Successful implementation of a HSC shared services organisation within agreed parameters. (Subsumed into the RBSO)
- Successful design and implementation of a revised finance regime that supports strong financial management through effective financial systems and processes
- The development and implementation of service frameworks;
- A comprehensive programme of organisational development to support modernisation and reform.
- The establishment of partnerships that promote joint working at all levels between HSC and other government departments, agencies and local

government in the planning and delivery of services and in tackling the underlying causes of ill health

- The delivery of coherent commissioning with integrated commissioning, performance management and improvement which comply with the recommendations of the “Appleby review” on funding, use of resources and performance management

## **Constraints**

The overall Programme will operate within the following constraints:

- The timescale for Implementation – 1 April 2009
  - Legislation timetable
  - Business Case approval
- Existing financial parameters for the RPA as per the CSR;
- The functionality of the existing IT infrastructure;
- Capacity, both within the Department and within HSC, to ensure the successful delivery of the project;
- Capability issues in the commissioning and provision of new systems of care;
- Any funding required for implementing the proposed solutions.
- Securing ownership from the relevant stakeholders
- Transition and change management issues
- Maintaining service levels during re-organisations
- Meeting government targets
- Securing the necessary legislative approval by the Northern Ireland Assembly
- Funding and necessary capital expenditure
- Cross cutting issues such as RPA reforms elsewhere in the public sector.

## **Assumptions**

The outline programme plan is based on the following assumptions:

- That the timing of Executive and Ministerial decisions will facilitate the programme schedule.

- Adequate resourcing will be provided for Programme and Project management.
- Realising the benefits of the programme will be the responsibility of the Senior Benefit Owners i.e. Permanent Secretary and/or Chief Executive of the relevant organisation.
- The successful attainment of the timetable will depend upon an effective and determined approach to programme and project management

## **Benefits**

The overall benefits relate to improving the overall quality of HSC service that will put patients and clients at the heart of its thinking; specifically these will include:

- Improve health and social wellbeing and a reduction in health inequalities of the population
- Achievement of efficiency savings by meeting RPA and CSR savings targets.
- Improved commissioning of HSC services.
- Increased assurance in accountability arrangements.
- Greater confidence in performance management systems to ensure delivery of key service targets.
- Introduction of new financial systems to improve performance across HSC
- Improve governance arrangements across HSC including quality and safety
- Increase effectiveness of user engagement
- Improved partnership working with Local government.

The Benefit Realisation Plan and register describes how the Programme will manage these benefits and will be reviewed regularly by MIPB

## **Costs**

Existing programme support is in place but will need to be kept under review as the programme develops. It is anticipated that the resources required to support individual projects and workstreams would be subject to approval in line with normal procedures but is likely to include;

- Management of change including expenditure associated with redeployment and rationalisation of staff;
- Project management costs;
- Infrastructure and information technology system costs;
- Costs associated with the rationalisation of estate;
- Set-up costs associated with new organisations and systems.

### **Preliminary 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 the programme risk register and will be reviewed regularly by MIPB.

- Organisations will not be ready for the change necessary to support the proposed HSC reforms
- Savings targets not achieved
- Ineffective implementation of HR Policy
- Insufficient staff involvement and engagement
- Programme Team not appropriately resourced to deliver programme on time
- Lack of robust performance management arrangements to achieve improvements
- Different timetable for implementation in Local Government and Education
- Lack of timely business systems integration
- Functionality of organisations limited due to retention of key staff during period of uncertainty
- Ineffective communication with stakeholders
- Programme not adequately funded to meet transitional costs
- Organisational structures, systems and operational framework not “Fit for purpose”

- Delays in the signing off the Business Cases
- Slippage on Legislation timetable
- Business continuity not maintained during period of transition

### **Communication plan**

The Communication Strategy and Plan sets out how the programme stakeholders and interested parties will be kept informed during the Programme. Regular monitoring and reporting of the programme and projects will be carried out. The principal meetings and reports will be:

- Monthly project highlight reports to MIPB.
- Monthly MIPB meeting.
- Minutes and actions from MIPB meeting.
- Project Team meetings.
- Minutes and actions from Project Team meetings.
- Project Directors monthly meetings

### **Expectations**

MIPB will expect that:

- The Programme delivers the objectives identified in the PDD within the timescales agreed;
- Each Project Team within the Programme achieves the deliverables within its PID and Implementation Plan;
- HSC bodies will engage and commit to change on the scale envisaged;
- Individual members of groups will contribute in a professional capacity;
- Meetings are well organised and chaired, and agendas managed tightly;
- Decisions are based on all relevant information and taken in a timely manner;
- Actions are followed through in line with Implementation Plans;
- There is recognition of the interdependencies between the Programme and individual Projects;

- Each Project Board is responsible for achievement of agreed project plans, and that all projects are managed to the same quality criteria;
- There is clear accountability within the Programme, from SRO's through to Programme Board;
- Monitoring of work is supported by regular and consistent reporting;
- There is openness and transparency with regard to the decisions taken.

### **Outline Programme Plan and milestones**

The Programme plan sets out the key milestone for the programme to be completed before April 2009 and will be used to monitor and control the overall programme of work. The timetable envisaged here is extremely tight. Listed below are the main milestones, which will be updated and routinely presented to MIPB.

- Completion of public consultation
- Minister's announcement on outcome of consultation
- Approval of Primary and Subordinate Legislation
- Preparation and approval of SBC
- Preparation and approval of Business Cases for new organisations and location
- Confirmation of new organisational structures to tier 3
- Securing & commissioning accommodation
- Recruitment of Chairs/CX's for RHSCB/RAPHSW/RBSO/PCC
- Appointment of 2<sup>nd</sup> level and 3<sup>rd</sup> level posts
- Regular Updates to DHSS & PS/HSC websites
- Processing of applications for the Voluntary Redundancy and Early Retirement Schemes
- Development of Staff Transfer Schemes for staff transferring on 1 April 2009
- Identification of which organisation staff will transfer to

### **Programme Organisation and Structures**

The overall management of the Programme will be undertaken by the Modernisation Directorate based on the OGC Prince 2 and 'Managing Successful Programmes' (MSP) methodologies.

### **Programme Board**

Membership of the Programme Board should be a manageable size and is based on the following criteria;

- The Programme SRO (as senior business owner responsible for the delivery of benefits);
- The projects SRO's and senior decision makers within the organisation with responsibility for the projects and services in question;
- The Programme Sponsor (with responsibility for overall Programme management) and Programme Director;
- Representation from key stakeholder organisations;
- An appropriately qualified and experienced critical friend.

Membership of the MIPB will remain subject to review in light of future Ministerial decisions, and will be:

### **MIP Programme Board Membership**

- Andrew McCormick, Chair and Programme SRO
- Linda Devlin , SRO Legislation
- Julie Thompson, SRO Planning & Finance
- Sean Donaghy, SRO Regional Shared Services Organisation
- Michael McBride, SRO RAPHSW and Service Frameworks
- David Bingham, SRO Human Resources and Leadership Development
- Hugh Mullen, SRO ICT/Information
- Linda Brown, SRO Communication
- Sean Holland, Acting Chief Social Services Officer
- Colm Donaghy, Chief Executive of an HSC Trust
- Karen Meehan, Non-Executive Director of an HSC Board

- Tom Creighton, Chair of a Health and Social Services Council
- Philip Robinson, Special Advisor
- Ken Jarrold, Critical Friend
- George O' Neill. Chair LCG.
- Bernard Mitchell, SRO PCC and Programme Director

## **Governance**

The Programme Board will meet on a monthly basis. Deputies will only be acceptable with the agreement of the Programme SRO. At each meeting, the Programme Board will 'inter alia';

- Receive brief verbal (and written) progress reports from project SRO's – highlights on previous month's objectives, achievements, communication activity next month's objectives and any critical issues.
- Raise any new risks that could impact the programme and determine any actions to militate against the risk and/or an approach to mitigate the risk. Discuss arising issues with a view to deciding how the item can be resolved; ensuring that appropriate actions are put in place; not necessarily resolving the issues at the time.
- Maintain and monitor progress on actions arising from the Programme Board meetings.
- Matters requiring approval and/or issues referred under escalation procedures
- Act as approval authority for all programme projects business cases
- The MIPB will focus on those issues that have a major impact on the overall programme and/or require resolution across project workstreams or with operational services.
- Individual projects should deal with day-to-day issues affecting them
- Project boards should attempt to resolve issues without recourse to the Programme Board in so far as they are able.

To promote effective governance of the Programme:

- The Programme shall be subject to independent Gateway Reviews by the Office of Government Commerce (OGC). Gateway reviews will also be undertaken by individual Projects at the discretion of the Programme Board.
- Project SRO's will be tasked with ensuring that escalation arrangements are in place so that mission-critical problems are drawn to the attention of the Programme Board in good time.
- The Programme Board will implement an effective Communication Plan which ensures that there is effective communication with key stakeholders and between the component parts of the Programme. This will include a regular meeting of Project Directors to be chaired by the Programme Director.
- A template for Highlight Reports will be used by Project SRO's to ensure that they are consistent and fit for purpose
- Programme Management will be the responsibility of the Modernisation Directorate and specifically the Programme Director who will also be responsible for ensuring the availability of properly resourced, skilled and experienced project support.

It is recognised that this Programme and projects need significant commitment from the project teams. In some cases dedicated resources are required for substantial periods, in all other cases appropriate resources will need to be provided in a timely manner regardless of other commitments if the Programme is to meet its deadlines and objectives. In so far as it is possible each of the projects will attempt to quantify these requirements in advance as part of the project planning process. However, flexibility is required by all of the DHSS & PS and HSC to help deliver this programme of work.

## **Projects**

This PDD provides the overall Programme management structure within which Project Teams will be expected to work. Each Project Team, working within the overall Programme structure, will be required to provide its own Project Initiation Document (PID), Project Plan, Communication plan, Risks

Register, Benefit realisation Plan, and funding and resources to meet overall project requirements as set out within this document.

The complexity of the programme is reflected in the overall approach. The methodology describes a series of distinct Projects. However, this is an organisation, systems and capabilities initiative supporting major sectoral change, and will require maximum coordination and integration under the direction of a Programme Board.

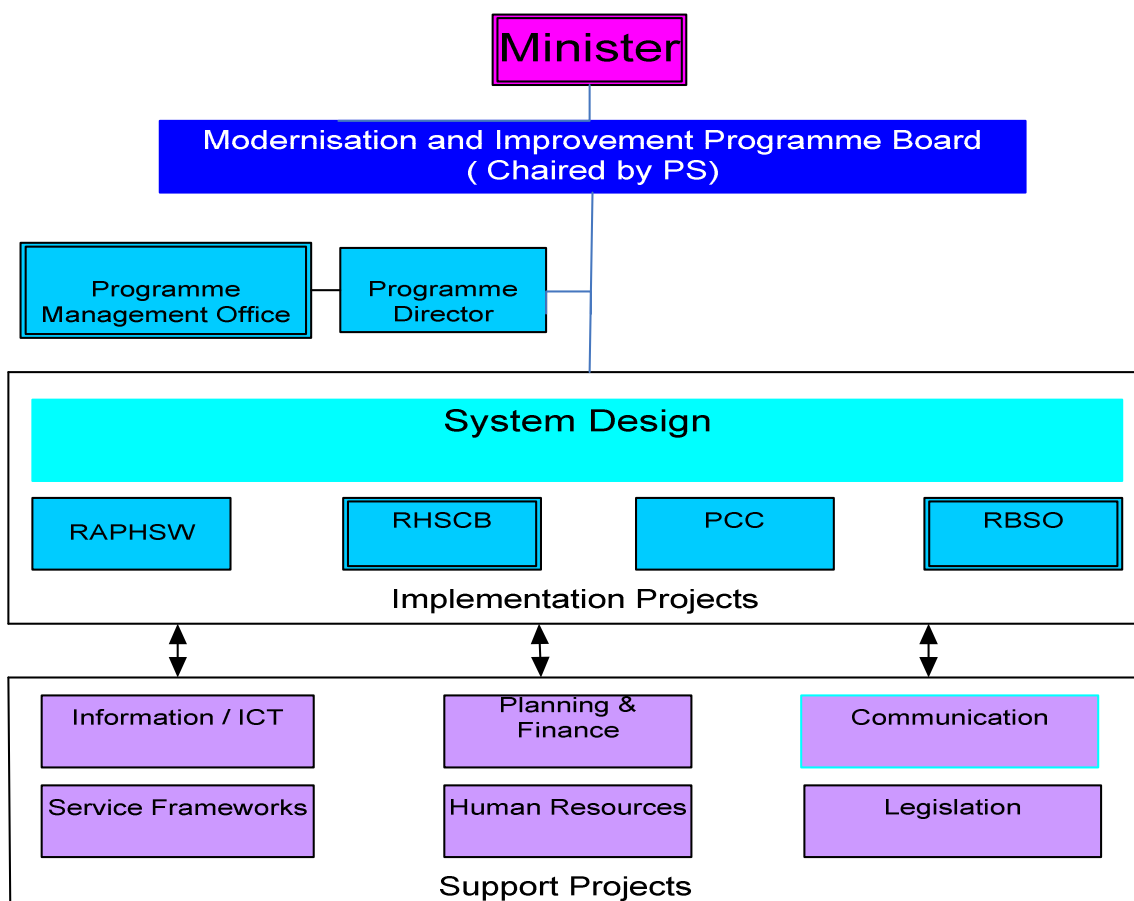
A list of the projects is given the table below within more details in Projects Dossier and individual projects PIDs

**Table 1 MIP projects**

<b>Modernisation and Improvement Programme</b>		
<b>Overarching</b>	<b>Establishment of Organisations</b>	<b>Manage the Transition</b>
Systems Design	Regional Health and Social Care Board (RHSCB), Regional Agency for Public Health and Social Wellbeing and Social Wellbeing (RAPHSW), Regional Business Services Organisation (RSSO) Patient and Client Council (PCC)	Communication Planning & Finance Legislation Service Frameworks Human Resources/Leadership Development Information/ICT

The MIPB structure and the interaction between the board and other relevant parties is shown below:

**Figure 1: The governance framework is summarised below**



### Programme & Projects Quality Plan

The Programme Manager is responsible for monitoring the overall quality of the programme and projects. The Project Teams take day-to-day responsibility for ensuring that project deliverables are of appropriate quality and delivered in a timely manner. The Programme Board will oversee and quality assures the contribution of the various work streams to the overall requirements.

All products will be subject to MIPB approval which will be documented.

Master Copies of all deliverable documents and any other documents pertaining to the programme will be held in the Programme Library. The Modernisation Directorate Business support unit shall maintain a comprehensive record of all programme and project meeting minutes and correspondence which will form part of the Programme Library.

All project documents will be held in MS Word form (or other current Microsoft Office products where appropriate, e.g. Excel). Unless otherwise requested, document distribution will be undertaken electronically. By exception, some papers may be distributed in hard copy when appropriate.

Once signed off, documents cannot be changed.

### **Timing**

Modernisation and Improvement Programme Board meet monthly

Project Programme Teams: Meet regular and report monthly to MIPB