QUALITY 2020

A 10-YEAR STRATEGY TO PROTECT AND IMPROVE QUALITY IN HEALTH AND SOCIAL CARE IN NORTHERN IRELAND

PROGRAMME INITIATION DOCUMENT

October 2012
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This document requires approvals to be signed off and filed in project files

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1. Introduction

1.1 This Programme Initiation Document (PID) relates to the Implementation of the Quality 2020 Strategy, taking forward the Implementation Plan. From this document, the Quality 2020 Steering Group (the Steering Group) can ensure that the programme has established:

(a) clear terms of reference;

(b) an adequate governance structure;

(c) that sufficient planning has taken place;

(d) that the required resources can be made available.

Purpose of this document

1.2 The purpose of this document is to:

(a) set out the aims and objectives of the programme;

(b) define the scope of the programme;

(c) set out the activities, resources, responsibilities and outputs required to facilitate the completion of the programme;

(d) set out the governance arrangements for the programme; and

(e) act as a base document against which the Steering Group can assess progress on an ongoing basis.

Background

1.3 Quality 2020 was launched on 17 November 2011. The vision of the Strategy is “to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care.” Achieving this will be built around 5 strategic goals of:

- Transforming the culture;
- Strengthening the workforce;
• Measuring the improvement;
• Raising the standards; and
• Integrating the care.

1.4 The purpose of Quality 2020 is to establish a strategic framework and plan of action that will protect and improve quality in health and social care over the next 10 years. It recognises that this will be a period of major challenges, including financial constraints, as well as opportunities and demands from various quarters. It will be subject to review every 3 years to ensure that it remains fit for purpose.

1.5 The Implementation Plan was developed by the DHSSPS in consultation with Quality 2020 Project Team members from across HSC and subsequently approved by the Minister. The emphasis is now on establishing the necessary programme management structures and to begin work on achieving these goals from 2012/13 onwards.
2. **Programme Approach**

**Approach**

2.1 This section outlines the staging and phasing of the programme along with any methodologies to be used.

2.2 The programme will consist of a number of stages as follows:

a) **Stage 1 - Preparation of Programme Initiation Document and establishment of management structures (Year 1).** The Programme Initiation Document will be prepared. The management structures will be established and populated.

b) **Stage 2 – Development of Plan (Year 1).** A detailed, high level plan will set out key activities and associated milestones.

c) **Stage 3 – Development and launch of first tranche projects (Year 1).** These projects will focus on key areas for improvement (Managing Safety Alerts, Quality Measures, Annual Quality Reports, and Standards Policy Framework, and others deemed as high priority) and pave the way for further project work during the life of the Strategy.

d) **Stage 4 – Development of second tranche projects (Year 2).** The priority of projects to be included in this tranche will be determined by the Steering Group subject to Ministerial approval. These may include: Culture Benchmarking, Improvement Methods, Quality Training and Service Frameworks as putative projects already identified, or new projects identified.

e) **Stage 5 – Development of third tranche projects (Year 3).** The priority of projects to be included in this tranche will be determined by the Steering Group subject to Ministerial approval. These may include: Service User Feedback, Quality Research, Quality Barriers and Quality Teams as putative projects already identified, or new projects identified.
f) **Stage 6 – Triennial Review of first three years of programme (Year 3)** - Review progress to date and plan for next three years. Review the strategic context and objectives and evaluate progress to date.

g) **Stage 7 – Second Phase (Year 3)** – Develop detailed programme plan for second three-year period.
3. Programme Definition

Objective

3.1 The objective of this programme is to ensure that the Q2020 Implementation Plan is effectively executed and that key milestones have been achieved.

Context and Authority for the programme

3.2 This programme has been established following the publication and Ministerial approval of both the Quality 2020 Strategy (November 2011) and its associated Implementation Plan (April 2012).

Stakeholders

3.3 The key stakeholders for this programme are shown in the diagram below:

![Stakeholders for Implementation of Quality 2020](image-url)
Stakeholder Management

3.4 The Communication Plan, Engagement Plan and Evaluation Plan will be developed by the Quality 2020 Management Group (the Management Group) in the first three months for insertion at Appendix 5. These will detail how the programme stakeholders and interested parties will be kept informed and involved during the lifetime of the programme and how the programme is continuously and discretely evaluated.

3.5 The following principles underpin the nature of communication with identified stakeholder audiences:

- work on the basis of equality of opportunity for all;
- transparency and openness in taking the Implementation Plan forward;
- all stakeholders will be kept fully informed of progress at regular intervals; and
- all parties will have their individual rights and educational ethos respected at all stages.

Scope

3.6 In working towards the five strategic goals set out in the Implementation Plan, the programme’s management structures will work to uphold the values of Q2020. Under the leadership of the Programme Sponsor, the Steering Group is accountable for the success of the programme. The Governance Model set out as an Addendum to the Implementation Plan, defines the programme governance structures needed to support decision making and accountability arrangements throughout the life of the programme.

Exclusions

3.7 This PID deals with the Implementation Plan as approved by the Minister. It is not anticipated that there will be significant changes in the work streams/projects as set out in that plan. However, in the event of significant change, approval will be sought from the Minister.
Programme Deliverables

3.8 The key programme deliverables to be generated throughout the first three years of the programme are as follows:

(a) **Programme Initiation Document (PID):**
   (i) A *Programme Initiation Document* (this document), which confirms the scope, objectives, key activities, outputs, governance arrangements and timetable for the project. A risk log and a detailed high level plan are also included.

(b) **Establishment of management structures to support the implementation**
   (i) Members will be invited to join the structures and permission will be sought from their organisations for their participation. Terms of Reference will be established for each Group and Project Team.

(c) **Detailed plan for the strategy implementation:**
   (i) A detailed high level plan will be developed by the Implementation Team led by the Management Group to support the Implementation Plan. (para 8.1 refers)

(d) **Communication, engagement and evaluation plans**
   (i) Communication, engagement and evaluation plans will be developed by the Management Group. (para 3.4 refers)

Programme Costs

3.9 Secretariat to the Steering Group and Quality 2020 Stakeholder Forum will be provided by Safety Quality & Standards Directorate (SQSD), DHSSPS. The Implementation Team will be supported from within the Public Health Agency (PHA). Given that that quality is a statutory duty and already an integral part of health and social care service delivery it is anticipated that the resources required to support individual projects and work streams will, as far as possible, be met from existing baselines.
3.10 All of the HSC will be expected to contribute towards resourcing the programme on a proportionate basis with some ‘pump priming’ resources provided by the DHSSPS.

3.11 Projects which require additional investment or deliver products that themselves have the potential for planned financial costs will be subject to the usual business procedures.
4. Programme Organisation

Overall Programme Organisation

4.1 The programme organisation consists of a Steering Group, a Programme Sponsor, a Senior Responsible Owner (SRO), a Management Group, an Implementation Team drawn from key stakeholders and the Stakeholder Forum. This programme’s governance and delivery structure is set out in the diagram below.

Governance and Delivery of Quality 2020
Roles and Responsibilities

4.2 The programme’s lead agency is DHSSPS. The Chief Medical Officer is the Programme Sponsor, and the DHSSPS Director of Safety, Quality and Standards is the Senior Responsible Officer (SRO) for the programme. The roles and responsibilities of the various elements of the programme organisation are set out in Appendix 1 of this document.

Quality 2020 Steering Group (the Steering Group)

The Steering Group, chaired by the Chief Medical Officer, will be responsible for the strategic direction and oversight of the Quality 2020 implementation, and will report on progress regularly, or as required, to the Permanent Secretary and Minister.

The Steering Group will be responsible for monitoring external events that will impact the programme. It will be made up as follows:

- Chief Medical Officer, DHSSPS, Dr Michael McBride (Chair and Sponsor);
- Chief Nursing Officer, DHSSPS, Angela McLernon;
- Under-Secretary, Healthcare Policy Group, DHSSPS, Catherine Daly;
- Under-Secretary, Social Services Policy Group, DHSSPS, Sean Holland;
- Director, Safety, Quality & Standards Directorate, DHSSPS, Dr Jim Livingstone; (SRO)
- Chief Executive, Health and Social Care Board (HSC Board) John Compton;
- Chief Executive, Public Health Agency (PHA), Dr Eddie Rooney;
- Chair of HSC Safety Forum Strategic Partnership Group, Hugh McCaughey;
- HSC Trusts, Chief Executive’s Representative, Elaine Way;
- Director Willowbank Project, Dungannon, Anne McGlone;
- Chief Executive, Health Foundation, Stephen Thornton.
The Co-Chairs of the Management Group/Implementation Team will attend Steering Group meetings.

**Programme Sponsor**
The Programme Sponsor is the Chief Medical Officer, who acts as Chair to the Steering Group.

**Senior Responsible Owner (SRO)**
The Senior Responsible Officer (SRO) is the Director of Safety, Quality & Standards Directorate (SQSD), DHSSPS and reports to the Programme Sponsor.

**Quality 2020 Management Group (the Management Group)**
The Management Group will meet every two months, or as required and agreed with the SRO, and will collectively provide leadership to the Implementation Team. The Management Group (and consequently the Implementation Team) will be co-chaired by the Director of Public Health/Medical Director, PHA and the Director of Nursing and Allied Health Professions, PHA. Programme (administrative) support will be provided by the PHA. The Group will ensure progress on objectives agreed by the Q2020 Steering Group and will report via its co-Chairs to the Steering Group through the SRO. It will be made up as follows:

- Director of Public Health/Medical Director, PHA; Carolyn Harper; (co-chair)
- Director of Nursing and Allied Health Professions, PHA, Mary Hinds; (co-chair)
- Director of Social Services, Health and Social Care Board (HSCB), Fionnuala McAndrew;
- Director of Performance Management & Service Improvement, Health and Social Care Board (HSCB), Louise McMahon;
- Deputy Director of Safety, Quality & Standards Directorate (SQSD), DHSSPS, Conrad Kirkwood.
Quality 2020 Implementation Team (the Implementation Team)

The Q2020 Implementation Team will be led by the Q2020 Management Group and tasked with implementing all decisions and directions of the Quality 2020 Steering Group. It will ensure that Q2020’s implementation plans remain well focused, suitably resourced, dynamic, flexible, fit for purpose and delivering outputs in a timely and efficient manner.

It will be co-chaired by the Director of Public Health/ Medical Director, PHA and the Director of Nursing and Allied Health Professions, PHA, and it will report via its co-Chairs to the Steering Group through the SRO. The Implementation Team will be made up as follows:

- Director of Public Health/ Medical Director, PHA; (co-Chair)
- Director of Nursing and Allied Health Professions, PHA; (co-Chair)
- Director of Social Services, Health and Social Care Board (HSCB)
- Director of Performance Management and Service Improvement, HSCB;
- Clinical Director, HSC Safety Forum ;
- Deputy Director, SQSD, DHSSPS;
- Senior HSC Trust representatives (Director level) reflecting appropriate blend (1-3 representatives) of health and social care interests;
- BSO representative; and
- Special Agencies representatives.

Programme support to the Implementation Team will be provided by the PHA and meetings will take place on a quarterly basis, or as required. The Programme Sponsor and the SRO may attend these meetings (and those of the Management Group). The Implementation Team may elect to form sub-groups to better manage workloads across and/or within Work-streams.
The co-Chairs of the Management Group (and consequently the Implementation Team) are responsible for convening meetings of the Management Group and the Implementation Team and ensuring business is conducted as directed by the Steering Group.

**Quality 2020 Stakeholder Forum**

The Quality 2020 Stakeholder Forum will meet at least once a year. Its membership will include a wide range of stakeholders including service users, carers, trade unionists, academics, HSC frontline staff, health and social care professionals including Chief Professionals in the DHSSPS along with senior clinicians/practitioners embracing all recognised professional groups (e.g. medical, nursing, pharmacy, dental, social work, psychology, allied health professionals, and others) nominated by Royal Colleges and relevant Professional Bodies. representatives from the independent sector providers of health and social care services. It will be jointly chaired by the Chief Executive’s of RQIA and PCC. Its secretariat will be provided by SQSD, DHSSPS.

The Forum will facilitate engagement with stakeholders and comment on the Annual Quality Reports provided by the Steering Group and individual HSC bodies as well as input of ideas or proposals for consideration by the Steering Group. Comments from the Forum on strategic progress and planning will not necessarily be by consensus or agreement but will reflect the diversity of its membership and will be taken account of by the Implementation Team in its planning processes. Forum members can also input ideas or comments on the overall integrity and effectiveness of Quality 2020 over and above that reflected in the reports provided.

**Programme Controls**

4.3 The Programme Sponsor, in conjunction with the SRO, exercises overall day to day responsibility for the control of the programme on behalf of the Steering Group. They receive information from the Management Group and
have control over whether the programme continues, ceases or changes
direction or scope within the bounds of the approval of the Implementation
Plan given by the Minister, and as agreed by the Steering Group.

4.4 The major controls for the Steering Group, the Programme Sponsor and the
SRO are:

(a) **Project Initiation** - to ensure that, before significant resource is spent
on a project, everything involved in the project has been agreed on e.g.
project objectives, roles and responsibilities, project scope and
boundary, project controls.

(b) **Highlight Reports** - provided by the Management Group to the
Steering Group through the SRO on a regular basis on progress to
date, achievements in the current period and achievements expected in
the next period, details of actual or potential issues and suggestions for
their resolution.

(c) **Exception Reports** - provided by the Management Group to the
Steering Group through the SRO on an exception basis to indicate
significant issues or failures.

(d) **Triennial Review** - this assessment is held between the Steering
Group and the Management Group after a significant milestone to
determine how the programme will proceed on the basis of an agreed
evaluation process.

(e) **Programme Closure** – The Steering Group formally closes the
programme, confirming recommendation from the SRO that the
programme has been completed.

4.5 Other controls which will be used during the project are:

(f) **Checkpoints** - these meetings will be held as required between the
Programme Sponsor, SRO and Management Group to discuss the
progress of the Programme against the plans and any problems that
need to be resolved.
5. Standards

5.1 The following DHSSPS standards will apply to the programme:

a) Microsoft Word is to be used for word processing documents;

b) TRIM will be used to store a full set of all documentation in the DHSSPS.

c) PPI scheme processes and principles will apply in all programme planning and organisation

d) DHSSPS FOI protocols
6. Quality Control

Quality Management

6.1 The quality requirement for the project is the production of programme products suitable for use. Specifically these must be produced:

a) On time;

b) To budget; and

c) To an acceptable level of quality.

d) In accordance with the established format and protocols for reporting which are agreed with the Steering Group.
7. **Issues and Assumptions**

7.1 Achievement of the timetable laid out in the plan is dependent on:

(a) The Management Group, Implementation Team and SRO being available to work on the programme as planned;

(b) Staff resources with the required skills to deliver the programme being made available;

(c) Management and stakeholders providing assistance and information as and when required.

7.2 In order to prevent delays to the project, where programme issues are identified, it is assumed that work will progress while issues are being considered and that the issues will be actioned promptly.

**Risks**

7.3 Due to the complexity of and numerous strands associated with this programme, the structure used to report, monitor and evaluate risks will be vital. High level risks are outlined within this PID to identify and assess initial factors which may have an adverse impact on the success of the programme. Risk management will be an ongoing process throughout this programme and therefore risks listed within this PID are not exhaustive.

7.4 The Management Group will be responsible for identifying, recording and reviewing any risks that are identified. The Management Group will maintain the risk log for the duration of the programme. The Risk Log can be found at Appendix 3.

7.5 The risk originator should use the Risk Impact Table (Appendix 4) to analyse the level of risk anticipated.

**Interfaces**

7.6 The programme will take account of, and interface effectively with, other key strategic initiatives, such as Transforming Your Care, in order to prevent
avoidable conflicts of policy or processes and minimise any duplication of effort or inefficiency.

8. Plan

8.1 A detailed high level Plan outlining the main stages of the programme is set out in Appendix 2. The Plan will be reviewed as required and following agreement of the business case a more detailed plan will be developed by the Management Group to support programme implementation.
Appendix 1

Roles and Responsibilities

Quality 2020 Steering Group (the Steering Group)

The Steering Group is accountable for the success of the programme and has responsibility and authority within the remit set by corporate management of the Department. The main responsibilities of the Steering Group are to:

(a) agree priorities within the programme in context of annual plans;
(b) authorise the initiation and scope of the programme via acceptance of the PID;
(c) authorise commitment of the necessary programme resources

As the programme progresses:

(d) review and approve plans and timetable for the programme;
(e) consider comments and recommendations from Quality 2020 Stakeholder Forum;
(f) provide their views on proposals from the Implementation Team;
(g) endorse products/processes developed by HSC bodies as being Q2020 compliant;

At the end of the programme:

(h) assure that all products have been delivered;
(i) consider recommendations of the Implementation Team;
(j) agree on approach to implementation of programme recommendations;
(k) authorise Programme Closure;
(l) approve Programme Evaluation Review; and
(m) approve Post Implementation Review.

Programme Sponsor

The Programme Sponsor represents the strategic interests of the DHSSPS and monitors the programme’s progress on behalf of the Accounting Officer (Permanent Secretary) and Minister. Specific tasks for the Programme Sponsor are to:

(a) act as Chair of the Steering Group;
(b) promote the aims and objectives; and
(c) ensure the smooth running of the programme.
**Senior Responsible Owner (SRO)**

The SRO represents the interests of the responsible policy directorate: namely, SQSD, DHSSPS and monitors the programme’s progress on behalf of the Programme Sponsor. Specific tasks for the SRO are to:

- a) liaise directly and effectively with the Management Group communicating the Steering Group directions and requirements;
- b) ensure desired outcomes at project level are clearly specified and are consistent with Quality 2020 principles and values, goals and objectives;
- c) ensure that there is a coherent organisational structure and logical set of plans;
- d) ensure that the necessary resources are available when required;
- e) report back to Programme Sponsor and the Steering Group; and
- f) provide regular progress reports into the DHSSPS’ Whole Systems Planning process.

**Quality 2020 Management Group (the Management Group)**

The Management Group has the delegated authority to manage the 5 strategic work-streams, and projects within each, on a day-to-day basis on behalf of the Programme Sponsor within agreed constraints and plans. The main responsibilities of the Management Group are:

- a) to deliver agreed products to required specification and quality within budget and according to plan;
- b) project manage and plan all stages of the programme;
- c) set work plans for the Implementation Team and the 5 Work-streams in conjunction with the SRO;
- d) prepare programme, stage and exception plans and agree with the SRO;
- e) manage business and risks (includes contingency planning);
- f) produce all necessary PIDs for projects, business cases and plans;
- g) liaise with members of associated projects or programmes;
(h) monitor progress, expenditure, resources, initiation of corrective action;
(i) preparation of Highlight Reports for the SRO and for the Steering Group;
(j) liaise with the SROs to assure the direction and integrity of the programme;
(k) prepare End Project Report;
(l) identify and obtain support and advice necessary for the management, planning and control of the project;
(m) provide programme support.

**Implementation Team**

Specific responsibilities of the Implementation Team are to:

(a) agree work plans with the Management Group;
(b) progress the tasks on the plan in accordance with agreed timescales;
(c) participate fully in any work-streams they are allocated to;
(d) monitor team progress and costs, and initiate any necessary corrective action;
(e) consult with peers and other staff involved in quality initiatives on their views;
(f) report progress to the Management Group;
(g) communicate any problems or slippage regarding work stream tasks;
(h) communicate any concerns or project issues to the Management Group;
(i) and attend Implementation Team meetings.
# Plan

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<td>May 2012</td>
<td>June 2012</td>
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<td>Establishment of Steering Group, Management Team</td>
<td>Securing membership of the groups and teams to support the implementation</td>
<td>Director of Safety, Quality &amp; Standards Directorate</td>
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<td>June 2012</td>
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<td>Director of Safety, Quality &amp; Standards Directorate</td>
<td>March 2012</td>
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### Risk Log

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<td>1</td>
<td>Failure to secure adequate knowledge/skills to deliver the project</td>
<td>May 12</td>
<td>The project is dependent on the required project personnel being available and input from key stakeholder staff.</td>
<td>L</td>
<td>H</td>
<td>3</td>
<td>Letters have been issued to line senior staff to secure the participation of key staff. SROs will refer to the Steering Group should it not be possible to secure the appropriate personnel.</td>
<td>SROs</td>
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<td>2</td>
<td>Failure to provide recommendations on Project output to the Steering Group within agreed timescale.</td>
<td>May 12</td>
<td>The project objectives will not be met.</td>
<td>L</td>
<td>M</td>
<td>2</td>
<td>SRO/Management Group will closely monitor progress of the Programme and update the Steering Group on difficulties as they arise.</td>
<td>SRO/Management Group</td>
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<td>3</td>
<td>Failure to ensure that Quality 2020 is reflected in all Departmental, Board and Trust strategic documentation</td>
<td>May 12</td>
<td>The project objectives will not be met.</td>
<td>M</td>
<td>M</td>
<td>4</td>
<td>Steering Group members will challenge any new strategic documentation which does not reflect Quality 2020</td>
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<td>4</td>
<td>Resistance to change from stakeholders</td>
<td>May 12</td>
<td>The project objectives will not be met.</td>
<td>H</td>
<td>H</td>
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## Appendix 4

### RISK IMPACT TABLE

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<tr>
<td>HIGH 3</td>
<td></td>
<td>(3)</td>
<td>(6)</td>
<td>(9)</td>
</tr>
<tr>
<td>MEDIUM 2</td>
<td></td>
<td>(2)</td>
<td>(4)</td>
<td>(6)</td>
</tr>
<tr>
<td>LOW 1</td>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
</tbody>
</table>

Likelihood should be determined according to the following guide:

<table>
<thead>
<tr>
<th>DESCRIPTOR / SCORE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH 3</td>
<td>Very likely to occur within a short timescale and is a persistent risk. Should this level of risk occur, the project may stall or be terminated. Immediate action required.</td>
</tr>
<tr>
<td>MEDIUM 2</td>
<td>Likely to occur, but timescale allows action to be taken to prevent, reduce or transfer risk. Not a persistent risk.</td>
</tr>
<tr>
<td>LOW 1</td>
<td>May occur. Requires action and monitoring.</td>
</tr>
</tbody>
</table>
INSERT COMMUNICATIONS PLAN, ENGAGEMENT PLAN AND EVALUATION PLAN