

Response to the UK Government (Public Health England) consultation:

"Fit for the future: a review of the public health workforce"

From and on behalf of **IIBA UK Chapter Limited**, a not-for-profit company incorporated by guarantee in England & Wales, company registration number 06067668, whose registered office is 20-22 Wenlock Road, London, N1 7GU.

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1. Introduction

1.1. This response has been produced by a volunteer-led sub-committee of the International Institute of Business Analysis, UK Chapter (IIBA UK) in response to the Government consultation on the public health workforce and provides a series of actionable recommendations based on research and experience.

1.2. This response is also endorsed by:

- BCS Learning & Development Ltd (part of BCS - the Chartered Institute for IT) - see www.bcs.org/ for further information.
- The BA Managers' Forum (BAMF) - see www.bamanagerforum.org for further information

2. Executive Summary

2.1. In order to meet the challenges of the next 5-20 years (and beyond), the public health system will increasingly rely on empowered experts who have the skills and competencies to think holistically, innovatively, and who routinely assess the potential impact of change. It will require individuals who encourage thinking beyond and between organisational 'silos', and change-activists who look beyond the obvious solutions to provide systemic changes that deliver better outcomes for patients, clinicians and society as a whole. It will require a shift of focus towards understanding the *benefits* of change projects, leading to increased cost effectiveness and a culture of increased executive accountability for the benefits forecast for projects and initiative.

2.2. A crucial part in achieving these outcomes will be an investment in the public health service's internal business analysis capability. Further development of an internal, empowered, business analysis capability will provide better service outcomes. If undertaken correctly this will reduce the need to spend on external contractors and consultants. Crucial operational knowledge will stay *within* the organisation (rather than 'walking away' when consultants and contractors leave), allowing valuable changes and optimisations to be implemented quicker, more effectively and cheaper. In particular, it is crucial that business analysis resource is engaged *before* projects are initiated or kicked-off--good quality pre-project problem analysis will

ensure that there is a thorough and shared understanding of the 'root cause' of any problem or opportunity being addressed, and that various options are considered and the most effective is chosen.

3. The following specific recommendations are made:
 - 3.1.1. **Holistic:** Encourage holistic thinking prior to implementing process, people, organisational or IT change. It is necessary to take a view on the *impact* that changes will make, not just locally, but overall to services , stakeholders and patients.
 - 3.1.2. **Benefits:** Increase the focus on outcomes and benefits - ensure that 'value for money' is value focussed and not purely cost focussed; and that relevant measurement takes place to ensure that this value is actually achieved.
 - 3.1.3. **Culture:** Develop a collaborative culture that drives, and is receptive to, change; which is also reflective and learning.
 - 3.1.4. **Business Cases:** Build outcome defined Business Cases for change and actively measure and assess the benefits of change initiatives.
4. Business Analysis is an important enabler for these and therefore, this report concludes it would be beneficial to:
 - 4.1. Accord greater recognition to the Business Analyst (BA) role
 - 4.2. Provide a clear career and development path for business analysis and provide adequate training
 - 4.3. Provide ongoing professional development for business analysis practitioners
 - 4.4. Encourage the use of internal business analysis resources first before looking to external consultants
 - 4.5. Equip all health workforce staff engaged in business change initiatives with a minimum of foundation skills in business analysis to enable them to contribute effectively throughout the business change lifecycle.

More detailed, specific recommendations are highlighted in **bold** throughout the report.

5. Summary of findings: Observation of Existing situation

- 5.1. In preparing this response, the sub-committee carried out background research, including interviewing seven individuals with specific experience of working within the healthcare system. This response captures the key shared themes observed across those interviews.
- 5.2. **Business Cases**
 - 5.2.1. One recurrent theme observed by the sub-committee was that business cases for change were not routinely developed and when they are they are not subject to robust scrutiny. One respondent described that their organisation had only just started utilising business cases, another described how business cases were created for capital spending, but that they decision gate was very 'weak'--allowing almost any change to be progressed.
 - 5.2.2. This is a significant concern; without sufficient emphasis on understanding the likely costs, benefits, risks and impacts of change initiatives, it is impossible for a decision

maker to know whether a decision represents value for money. **The sub-committee therefore recommends that sufficient analysis takes place *prior* to a project or change programme being initiated, and that business cases are created to empower decision makers with the facts they need to make a decision. Sufficiently trained and empowered staff should be available to undertake this task.**

5.3. **Benefits realisation**

5.3.1. A number of respondents explained that even if a business case was created, the effectiveness and efficiency of an implemented change would rarely (if ever) be measured. One respondent went as far as saying this was actively discouraged; strongly implying that business cases were 'inflated' to make projects look more beneficial than they really were.

5.3.2. With a lack of focus on the measurement of benefits, organisations cannot know whether they achieved their objectives and whether value for money was achieved. **The sub-committee therefore recommends that sufficient analysis takes place *after* a project or change initiative has been deployed, to ensure that the forecast benefits have actually materialised. If they do not, there may be opportunities for further changes to release further benefits. Sufficiently trained and empowered staff should be available to undertake this task.**

5.4. **Impact Analysis**

5.4.1. Interviewees described how changes would often be implemented without sufficient impact analysis taking place. This led to incomplete or ineffective processes being deployed--leading to a sense of frustration to those who undertake and are consumers of the changed process. Specific examples where resources had been wasted were described; since change had been 'rushed' without considering the consequences, money was spent unnecessarily and value for money was not achieved.

5.4.2. One small example (for which the interviewee granted us permission to cite) of this waste is as follows. In one health trust, a number of years ago an IT team upgraded and replaced a number of dot matrix printers with new models. However, nobody cancelled the standing order for 50 printer ribbons each month--meaning that the trust now has a stock of 5,000 unusable ribbons for an old model of printer that they no longer possess. A more holistic analysis of the situation could have prevented this, and at the very least one would have expected that an empowered individual might have asked "Why are we continuing to stock-pile ribbons we no longer use".

5.4.3. Larger examples of this have undoubtedly occurred. **The sub-committee recommends that thorough impact analysis is conducted before implementing change, and that skilled individuals (with relevant impact analysis skills) are made available to undertake this work**

5.5. Project Failure

5.5.1. The public sector has experienced a range of high-profile project failures, and projects that are severely compromised. It would be uncontroversial to say that the National Programme for IT could be considered in this category.

5.5.2. "The National Programme for IT in the NHS (the Programme) [was] an £11.4 billion programme of investment. Launched in 2002, its stated aim was to reform the way that the NHS in England uses information, and hence to improve services and the quality of patient care. By 31 March 2011, total expenditure on the Programme totalled some £6.4 billion. These costs include central expenditure on managing the Programme, delivering national systems, procuring systems for local NHS organisations, and the cost to those organisations of implementing these systems locally" (*Department of Health: The National Programme for IT in the NHS: an update on the delivery of detailed care records systems, Report by the Comptroller and Auditor General--HC 888 Session 2010–2012 18 May 2011*)

5.5.3. Over the coming years significant concerns were raised over the programme by the National Audit Office (NAO), specifically related to scope, timescales, quality and budget overruns. In 2009:

5.5.4. "The Department [reported] to the Committee that the original timescales had not been achieved because the suppliers were having to do more customisation to meet the needs of individual NHS organisations than was envisaged and because of the technically ambitious nature of the systems. The Department also reports to the Committee that it terminated Fujitsu's contract after negotiations to reset it had failed.

5.5.5. One particular area of difficulty was the cost of what Fujitsu termed 'new requirements.' The Department's position was that the majority of these requirements were remedial and were necessary to make the system being provided by Fujitsu fit for purpose.

5.5.6. Furthermore, that the delay to the programme was as a result of Fujitsu's failure to meet its contractual obligations. Fujitsu's position was that all the requirements were new and incremental to the existing contract and therefore needed additional funding.

5.5.7. Fujitsu's view was that the Department had caused delay to the Programme as a result of substantial changes to the system." (*Department of Health: The National Programme for IT in the NHS: an update on the delivery of detailed care records systems, Report by the Comptroller and Auditor General--HC 888 Session 2010–2012 18 May 2011*)

5.5.8. Over the coming months and years the programme attracted significant criticism and was eventually dismantled. The quotes above illustrate that there was not clear consensus on the *requirements*; i.e. *what* should be delivered. The discipline of requirements engineering is key to any change project, and the evidence would suggest that it was not conducted robustly.

5.5.9. Requirements engineering is one of many core competencies of a skilled business analysis practitioner. **The sub-committee therefore recommends establishing clear requirements engineering practices, and ensuring there are adequate empowered business analysis practitioners available to undertake the necessary activities.**

Business analysis involvement early in the change life-cycle--before a project is initiated--is crucial.

5.5.10. Furthermore, in September 2009, the Department announced that it was changing its approach to a more locally-led approach, allowing NHS organisations to implement smaller and more manageable changes in line with their specific local business requirements. Rather than replace the existing systems wholesale, trusts will be empowered to build on their existing systems. This implies a significant change of approach--and a recognition that a 'one size fits all' approach would not have worked. Had sufficient analysis of clinician, stakeholder and organisational need taken place earlier, this situation could arguable have been avoided--saving taxpayers money, clinicians' time and government budget.

5.6. **Business Analysis in Public Health**

5.6.1. Based on the sub-committees research into available vacancies, the Public Health Service appears to be quite active in the recruitment of Business Analysts (BAs), although this varies significantly depending on the specific trust or organisation.

5.6.2. However, interviewees expressed a frustration at a lack of availability of business analysis resource for crucial tasks and noted that they would often be absent on projects. They described how BAs tended to have a narrow remit focussing only on system changes, Business Intelligence, data and reporting.

5.6.3. Overall, there appears to be a significant appetite for change but innovation is hard because the current service is complex, in some places bureaucratic, and often measured on time & task rather than patient and societal outcomes. **The sub-committee therefore recommends that an increased focus on recruiting, developing and retaining business analysis practitioners is adopted. Business analysis should be routinely conducted on projects by empowered practitioners, and organisations should ensure that the role is embedded and well understood. This will alleviate many of the problems outlined in this paper.**

5.7. **KPIs and metrics**

5.7.1. Whilst the organisational collation of Key Performance Indicators (KPIs) is no doubt crucial, interviewees observed that hitting the KPIs does not necessarily demonstrate that a good service is being delivered. However, with so many mandatory KPIs, there is little time or resource to consider whether the *right* KPIs are being measured or whether *additional* KPIs would be useful to illustrate and understand the service efficiency and outcomes being delivered.

5.7.2. Timeliness in the delivery, and accuracy, of information is critical.

5.8. **Use of management consultants and contractors**

5.8.1. Use of management consultants is patchy, from being used extensively in some areas to not at all elsewhere. Many respondents mentioned that business analysis, when it is conducted, is resourced via the contract market. Contract resource is engaged for the duration of a project, but will then leave--taking valuable knowledge outside of the organisation. ***The sub-committee recommends developing and retaining sufficient in-house resource.***

5.9. **Other relevant observations**

5.9.1. Availability and lack of funding is a significant issue and may inhibit an "invest to save approach" and keep the focus on localised cost saving. This underpins the importance of having skilled professionals who can look *beyond* a single project, initiative or organisational silo and can work with clinicians and stakeholders to assess innovative integrated solutions.

5.9.2. It was noted that clinicians run the business but are not generally business trained--so whilst the mantra of "value for money" may *seem* clear--different clinicians may have very different perceptions over what this means. Also, it was noted that they may not readily be accepting of non-clinician specialists (who are actually there to help them)! This is particularly problematic when roles (such as business analyst) are undertaken by temporary contract resource; time will be taken to build rapport and gain sufficient organisational knowledge. This underpins the importance of developing a permanent in-house capability with the relevant analysis skillsets.

5.10. **Detailed Recommendation: Business Analysis**

5.10.1. The service should consider business analysis as a key capability and make it an integral part of public health workforce planning. Organisations which benefit the most from business analysis recognise the Business Analyst formally as a role and a key contributor within their Change Frameworks. Increasingly organisations are setting up formalised "communities of practice", which allow the pooling of knowledge and creation of common standards.

5.10.2. There are opportunities for the full range of business analysis capabilities to be deployed which will benefit the whole service - get BAs involved in business change, in and outside of projects, to help determine the right things to do.

5.10.3. Also, make use of BAs to seek out and determine the impact of new technology - this has the potential to radically alter the approach taken to individual and collective healthcare.

5.10.4. Consider carefully the knowledge and expertise that internal BA capability can bring to the service before engaging external consultants. They can bring about change from within, gain significant buy-in and reduce the feeling of being 'done to'.

6. **Response Background**

6.1. This document has been compiled from research conducted by an IIBA UK sub-committee. All IIBA UK directors are volunteers, and the sub-committee comprises volunteers who have significant experience in project, business and systems analysis. The committee consisted of:

- Adrian Reed CBAP, BA(hons), Dip Bus St (Open), Cert Soc Sci (Open) **(Chair)**
- Dr. Terri Lydiard, PhD, MSc, BSc
- Corrine Thomas BSc(hons)
- Chris Jarvis

6.2. The committee waives its right to anonymity, and in particular is happy for the above names to be published along with this response (and would ask that these names are *not* redacted if this response is ever provided under a Freedom of Information Act request)

6.3. The sub-committee interviewed individuals who have worked in and with the public health service. The interviewees were asked to provide insight into their own experiences of working within public health organisations, highlighting the level to which Business Analysis was recognised and utilised.

6.4. In addition, interviewees were asked for their views on the factors and drivers that will impact the public health service and the role Business Analysts will need to play to help the service meet these challenges - along with the skills required to do so.

7. **About Business Analysis:**

7.1. The business analyst role and the business analysis discipline have been described respectively as:

7.1.1. "An internal consultancy role that has the responsibility for investigating business situations, identifying and evaluating options for improving business systems, defining requirements and ensuring the effective use of information systems in meeting the needs of the business." (Paul, D. et al, "Business Analysis" 2010, BCS, Swindon)

7.1.2. "The practice of enabling change in the context of an enterprise by defining needs and recommending solutions that deliver value to stakeholders." (A Guide to the Business Analysis Body of Knowledge v3, 2014, IIBA, Toronto)

7.2. Effective business analysis helps to ensure that change initiatives succeed. For any organisation aiming for consistent success, whether in strategy development or the delivery of individual projects, the development of an effective business analysis

capability should be a high priority. An important element of this is the employment and training of business analysts and/or the development of business analysis skills within the existing workforce, coupled with a development pathway.

- 7.3. BAs can ensure that all impacts are considered and thereby reduce the risk of project failures. BAs operating in the pre-project space can do this as part of business case development.
- 7.4. Business Analysts play an important internal consultancy role. They provide a layer of internal innovation, expertise, challenge and scrutiny. In addition they build vital knowledge of the organisation and the way it works.
- 7.5. Reduce the risk of project failure: Whilst project management can help you “do the thing right” and will help you manage scope and costs, business analysis will help you to “do the right thing”. It encourages early and regular thinking that ensures the *right* solution is chosen. It ensures that the business environment is constantly scanned for any changes, ensuring that any potential solutions will fit.
- 7.6. Business analysis is useful throughout all stages of the business change lifecycle. Initially, time is invested in understanding the root problem and the needs of the key stakeholders. This ensures, assuming a project is initiated, that the project sets off in the right direction. This early pre-project problem analysis is absolutely vital in ensuring successful outcomes and is a core part of the business analysis discipline.
- 7.7. If this analysis is omitted, a project may be initiated without a clear understanding of the desired outcomes. Not only this, but an absence of such analysis can lead to early “solutioning”. This occurs when stakeholders seize upon a solution and initiate a project to implement it without attaining a full understanding of the problem they are trying to solve. Without understanding the root cause or problem, there can be no assurance that the solution that has been chosen will actually resolve it.
- 7.8. Taking a broader view on the impact that good business analysis can have on change initiatives, the Standish Chaos Report has previously found that effective business analysis will help mitigate over 60% of the factors that cause project failure and the cost of fixing the impacts of poor analysis are around 70%-85% of all project re-work costs. The investment, recognition and empowerment of the business analysis profession within government is therefore a cost effective way to significantly increase the likelihood of projects succeeding.
- 7.9. BA deployment model - BAs may be deployed in a number of different ways: dedicated team (pool) assigned to areas or projects as required; dedicated team with service-aligned individuals; service embedded BAs. All models are used across organisations in different industries and may be positioned within or without IT, and complemented with BA skilled operational staff and managers. There are a number

of different deployment models currently across public health. There is no right answer, just a way that works best for you. IIBA UK and its members can provide insight on pros and cons of different approaches.

8. **About BA Development**

8.1. BA practitioners should have a clear career and development path available. There are a number of certification schemes available; many of our members have taken some or all of these qualifications.

8.2. Certification and qualification routes include:

8.2.1. **IIBA CBAP/CCBA:** Certification based on IIBA's "Guide to the Business Analysis Body of Knowledge". This involves evidencing a prescribed level of practitioner experience, and sitting a multiple choice exam. In September 2016, an enhanced and expanded scheme will be available. Further information can be found at: <https://www.iibauk.org/certification>

8.2.2. **BCS International Diploma in Business Analysis & Advanced Diploma in Business Analysis** The BCS Diploma scheme involves four modules, with two core modules (Business Analysis Practice and Requirements Engineering) and two elective modules. Once a candidate has passed all four modules, the final stage is an oral examination. A new Advanced Diploma has also been released. Further information can be found at: <http://certifications.bcs.org/category/15680>

8.2.3. **BA Managers' Forum Expert BA Award:** The Expert BA Award validates the capability of an applicant to operate at a senior level within an organisation. Applicants will have experience of conducting business analysis activities on complex projects. Further information can be found at: <http://www.bamanagerforum.org/the-expert-ba-award>

8.3. **Ongoing BA professional development:** Best practice in business analysis is constantly evolving. Practitioners must be enabled to develop and share knowledge with those outside of their immediate organisation. As well as formal training, professional development could involve attendance at events offered by professional associations such as IIBA UK, BCS and the BA Managers' Forum. The Business Analysis Conference Europe is now in its 7th year. Professional development can also involve desk-based activities, learning and research.

9. About IIBA

- 9.1. The IIBA is an international independent body representing the Business Analyst profession. For more information about the IIBA, visit the website at www.iiba.org.
- 9.2. IIBA UK is the UK chapter of the IIBA and is a not-for-profit organisation, run entirely by enthusiastic volunteers who have day-jobs related to business analysis. We promote business analysis and run development and networking events for our members. Please do not hesitate to contact us if we can help further.

In the first instance, please contact: **Adrian Reed, President, IIBA UK , E-mail: president@iibauk.org**