

Due Diligence handover documentation

(To be used when services are in transition/transferring between areas.)

Guidance notes

- ▶ This template contains a list of questions/prompts that are designed to ensure all salient issues are raised as part of the Due Diligence handover. It is not an exhaustive list and can be added to.
 - ▶ The Due Diligence should be completed by the transferring service to assist the managers in the receiving service to undertake an impact assessment and to jointly plan appropriately for the transfer.
 - ▶ It is suggested that once the initial decision based on early scoping is made to progress the transfer, the Due Diligence process is completed as it will assist in determining the detail of the change. It should be revisited and updated prior to the final transfer taking place.
 - ▶ The information should as appropriate be crosschecked and signed in consultation with Finance, Quality & Patient Safety, HR, ICT, Estates, Communication and any other shared/relevant services. It is important that this part of the process is carefully attended to in order to minimise risk of key information not being formally handed over.
 - ▶ A date should be agreed from which relevant activity and resource data is used for the purpose of this Due Diligence exercise.
 - ▶ High level information only is required initially; however, on matters which currently or may in the future require more significant management focus, greater detail should be provided. This may be referenced and attached in the form of additional supplementary information (reports and spreadsheets).
 - ▶ In the event that Due Diligence is undertaken in respect of a service transfer from one geographic area to another, boundary/geographic analysis will be required from a population-impact perspective.
- ▶ Evidence must be provided of input into the Due Diligence process from senior management.
 - ▶ Evidence must be provided of input into the Due Diligence process from relevant specialists/clinical leads as appropriate to the service. Specialists/clinical leads for example can give an overview of key issues for the client group to the lead manager.
 - ▶ Each template must be signed off by the relevant managers at the appropriate levels.

Due Diligence (continued)

Area:
Service Area:

Section 1: Background information Please provide the following information:		
1.1	Date of establishment of service	
1.2	Purpose of the service	
1.3	Service/client profile	
1.4	Referral/access eligibility criteria	
1.5	Key service dependencies and relationships relevant to the client group, i.e. access to respite services, day hospital services, preschool services, etc.	
1.6	Identify shared care arrangements/protocols if in place	

Due Diligence (continued)

Section 1: Background information Please provide the following information:	
1.7	Identify the boundaries of the transferring service and assess for population and geographic impact for service delivery

Section 2: Responsibilities	
2.1	Name of manager
2.2	Position held
	Contact details
	Address
	Email
	Phone
2.4	Currently reports to

Due Diligence (continued)

Section 3: Budget/financial information		
3.1	What is the current overall budget and planned budget for next year for the service?	
3.2	Specify suballocations	
3.3	Is overall budget on target?	
3.4	Specify any cost containment measures	
3.5	Specify any major risk issues with cost containment implications	

Section 4: Human Resources		
Staffing and whole time equivalent information		
4.1	Staff ceiling	Confirm approved staff ceiling for the service (provide relevant breakdown per discipline, etc.)

Due Diligence (continued)

Section 4: Human Resources		
4.2	Recruitment/business cases	List any priority posts for recruitment List any posts currently in process of recruitment
4.3	Employee relations	Outline any major or potentially major staff relations issues/disputes Are there any staff on administrative leave or suspended from duty? If so provide details
4.4	Attendance management Include current level of sick leave and measures taken to address high absenteeism if relevant	

Due Diligence (continued)

Section 4: Human Resources	
4.5	Education and training Provide information regarding skill capacity, management and staff development, including clinical skills development
4.6	Administrative/clerical supports Outline current level of administrative support to the service/team and any deficits in this regard

Section 5: Service issues
Service activity

Due Diligence (continued)

Section 5: Service issues		
5.1	<p>Service activity</p> <p>Please list for all relevant parts of the service including caseload numbers, waiting lists, activity data, etc. Provide relevant Comp Stat or other similar returns</p>	Reference Service Activity as per Service Plan or relevant Comp Stat returns.
5.2	<p>Eligibility</p> <p>Describe current eligibility criteria for the service and plans to address any eligibility issues that will arise in the receiving service</p>	
5.3	<p>Service level agreements (SLAs) in place with the non-statutory sector or other agencies</p> <p>Include any element of service provision/care provision provided by contract to another external agency/organisation, i.e. respite services, home help services</p> <p>Outline SLAs and their status (signed/outstanding) and indicate performance monitoring arrangements</p>	

Due Diligence (continued)

Section 5: Service issues		
5.4	Interdependencies with other services i.e. clinical care pathways relevant to the client group (e.g. interface with preschools, schools, other service teams, CAMHS, day hospital services, respite services)	
5.5	Current status of service planning process or service development proposals i.e. business cases	
5.6	Specific service issues of concern i.e. requiring review or investigation	

Due Diligence (continued)

Section 6: Governance	
6.1	<p>Organisational structure</p> <p>Provide details of staff, grade and reporting line. It is important to also include/identify staff who input into the service as part of their job/role – this will apply to specialists/clinical leads, staff from education sector, etc.</p>
6.2	<p>Decision-making process</p> <p>Describe management processes, team and membership, meetings, frequency, etc.</p>
6.3	<p>Identify clinical governance issues, if any, that need to be addressed</p>
6.4	<p>Performance management/supervision processes</p> <p>(Provide details and how these operate, frequency, etc., e.g. Comp Stat, Performance Management meetings, clinical supervision/ clinical governance)</p>

Due Diligence (continued)

Section 6: Governance	
6.5	Identify core skills and competencies required to deliver the service
6.6	Number and name of committees in place (Please provide backup information re: membership, terms of reference)
Section 7: Quality, standards and risk	
7.1	HIQA, Mental Health Commission or other List any ongoing reviews in the service or any other relevant information
7.2	Health & Safety (H&S) (Is there an up-to-date H&S statement, nominated H&S representative, date of last H&S audit, etc.)

Due Diligence (continued)

Section 7: Quality, standards and risk		
7.3	<p>Risk Register</p> <p>Is there an up-to-date Risk Register, nominated person, etc.?</p>	
7.4	<p>Incident management including serious incident reports/alerts</p> <p>List any ongoing serious incident reviews (Risk Register to be submitted as supporting document)</p>	
7.5	<p>Service developments or reviews which are ongoing including any impact assessments</p> <p>List any other service initiatives or reviews such as service/demand capacity reviews, etc.</p>	
7.6	<p>Log of recent service reviews commissioned and completed in the area</p>	
7.7	<p>'Customer'/service user compliments or complaints</p> <p>Similar information required as with incidents above</p>	

Due Diligence (continued)

Section 7: Quality, standards and risk		
7.8	<p>Quality improvement initiatives</p> <p>List ongoing initiatives including service user/ advocacy involvement in service developments</p>	
7.9	<p>Standard Operating Procedures/PPPGs</p> <p>List all relevant service policies and procedures or where to source same</p>	

Section 8: Information management and communication		
8.1	<p>Describe information management plans including systems interface issues, processes for transfer of confidential information and arrangements for sharing information</p> <p>Note any data protection issues that need to be addressed</p>	

Due Diligence (continued)

Section 8: Information management and communication		
8.2	Media Detail any positive/negative local publicity in past year	
8.3	Detail communication plans and details of how legacy issues will be dealt with	
8.4	Status of any relevant FOI requests	

Section 9: Legal matters		
9.1	Provide copy and back-up information relating to all delegated functions under relevant legislation to your office/service	

Due Diligence (continued)

Section 9: Legal matters	
9.2	List of all current or pending litigation including parties involved, nature of legal action and remedies sought
9.3	Any previous judgements which have resulted in ongoing financial obligations Compliance with legislation, e.g. Children's First, disability legislation
9.4	Outline plans for transfer of warrants, indemnity issues, etc.

Due Diligence (continued)

Section 10: Technology		
10.1	List all IT systems in place (including email, financial & HR reporting, systems used for data collection, etc.)	
10.2	Specify any risk issues in relation to current IT systems, deficits or supports	

Section 11: Capital/accommodation		
11.1	Capital plans Ongoing or planned initiatives completed	
11.2	Minor capital plans Ongoing or planned initiatives completed	

Due Diligence (continued)

Section 11: Capital/accommodation		
11.3	Other accommodation priorities Infrastructural works not listed above which require attention	
11.4	List deficits in core service equipment/aids and appliances	
11.5	Any ongoing procurement issues Specify ownership of contracts shared with other sites, etc.	
11.6	Outline current accommodation arrangements including both clinical and office space – identify any concerns/deficits in this regard	

Due Diligence (continued)

Section 12: Service arrangements in place with non-statutory sector or other agencies		
12.1	Include any element of service/care provision provided by contract to another external agency/organisation (see also 5.3 above)	

Section 13: Transfer arrangements		
13.1	Identify transfer arrangements planned or agreed including negotiated timeframes	
13.2	Outline arrangements for existing clients/service users and for new clients/service users	

Due Diligence (continued)

Section 14: Other information/areas of responsibility	
This template is intended as a guide. Please ensure that any relevant information which does not fit into the headings above is included in an appended sheet. Please ensure that any other critical documents, reports or known information relevant to internal enquiries, service reviews/audits, etc. are also provided.	
14.1	Contact details of relevant manager
14.2	Confirm relevant managers have been involved in contributing to the Due Diligence process
14.3	Outline the key issues at local/area level, proposed plans and next steps to address/escalate
14.4	Any other high level issues

Due Diligence (continued)

Section 15: Due Diligence sign off process	
Prepared by:	Date:
Manager of service	
Approved by:	Date:
Manager (oversight responsibility)	

*This template was based on Due Diligence documentation developed by Leo Kinsella, HSE and adapted for use by Caitriona Heslin and Anne Ryan, HSE (February 2014).
People's Needs Defining Change – Health Services Change Guide*