FUTURE FIT PROGRAMME RISK REGISTER

(Last update 10.05.18)

								Initial Rating				Post Mitigation Rating				Risk Appetite				
No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	C	L	Score	Risk Mitigation Actions	C	L	Score	Further Actions (if required) to reduce risk to acceptable level	C	L	Score	Action Completion Date	Current status of action progress
Engagement																				
1	27/03/2014	16/10/2017	Y	FI CD	**Key Staff Time**	Inability of stakeholder organisations to release key staff for the Programme leading to adverse impact on programme deliverability - key risk in the next 3 months is clinician capacity to support the 14 week consultation	JSRO	4	4	16	Use of multi-site meetings increased. Evening meetings scheduled to support clinical involvement in design phase. Portable video-conferencing capability implemented. Critical path communicated to highlight consequences of any delay. Transition to STP governance - enabler workstreams (other than assurance, clinical design and comms and engagement) now transferred under wider STP to avoid duplication	4	3	12	Confirmed STP governance arrangements including ToR and executive and clinical leads for each of the workstreams for both CCGs. IIA Steering Group and Task and Finish Group established. Travel and Transport Group established. Terms of Reference of both groups under rerview including membership.	4	2	8	May-18	Joint SRO approach now adopted. SATH/CCGs have identified clinicians to support the consultation events. Briefings for clinicans for public events taken place. Support staff for these events have also volunteered. Briefings for clinicains for public events taken place. Support staff for these events have also volunteered.
2	27/03/2014	20/04/2017	Y	AS EC	**Engagement Assurance**	Inadequate patient and public engagement (including stakeholders across protected characteristics) may lead to failure to meet assurance tests/Gunning Principles re: due process, contributing to Independent Reconfiguration Panel referral or Judicial Review	ST & PS	5	3	15	Integrated engagement & communications plan for the county being developed and implemented. Ongoing support from Consultation Institute. Activity log to be shared every quarter with work stream. Programme Board to approve plan which ensures compliance with Gunning principles. Mid point review	5	2	10	Consultation plan to ensure stakeholders across protected characteristics are pro-actively targeted IIA mitigation plan complete by end of consultation period Equalities Impact Assessment to be completed. Hard to reach groups activity plan completed.	5	2	10	May-18	IIA workstream reinstated - first meeting held in January 18, membership reviewed and clear workplan to deliver mitigation plan by the end of the consultation period is place. A further meeting will take place on 26th April. Equality and Diversity focus groups planned. Travel and Transport Advisory Group meets on 4th May 2018 to review and advise on public and staff transport, car parking, NEPTs, ambulance and air transfers. Consulattion plans and odcumentation shared with assurance workstream. EIA and action plan completed.
3	27/03/2014	23/03/2018	Y	EC	**Public understanding of the plans**	Lack of understanding from the public on the proposed plans and delivery options leads to public resistance and objections	ST & PS	5	5	25	Define the STP context and how the neighbourhoods / acute work aligns with Future Fit. Communication and engagement plans to be implemented including extensive pre-consultation public engagement around the case for change/ developing clinical model.	4	3	12	Develop a clear story around STP and long term plan for the county prior to DMBC stage including: Develop clear and unambiguous messages for the public which describe the function and services available at each site Develop clear and unambiguous messages for the public which describe the function and services available in the Out of Hospital model. FAQs to support consultation documentation.	4	2	8	May-18	STP Comms and engagement lead in place. Pre-Consultation Business Case completed and approved by both CCG Boards which includes a much more detailed description of the developing Out of Hospital Model of Care. Consultation materials contain clear and consistent messaging with TcI and NHSE providing additional feedback. FAQs developed. Public events led by clinicians and focus on clinical model. Website go live 30/5 links to support material.
4	24/11/2014	16/12/2016	Y	EC	**Negative Presence in Media**	Risk includes distraction to the process including utilisation of resources; it may undermine confidence in the programme which may lead to a financial impact	ST & PS	5	4	20	To implement the Engagement and Communication Strategy and subsequent plans. Working together across the local health economy to positively promote NHS services.	3	3	9	To undertake more proactive communications. Review comms messages and escalate to the FF Board for clarity of message.	4	2	8	Ongoing	Media plan developed as part of communications strategy. NHSE regional and national support.
5	24/11/2014	20/04/2018		EC	**Campaign Groups**	Misrepresentation of programme and information, placing a burden on resources to manage responses.	PS	3	4	12	To implement the Engagement and Communication Strategy and subsequent plans. Additional focus, to source colleagues in NHS who have undergone similar health reconfigurations to gain lessons learnt. Identify trigger point in the work stream. If required, conduct formal assurance and seek independent assistance	3	3	9	Increase capacity of communications and engagement team	3	3	9	Ongoing	Advice and guidance from tCI in place. Links to colleagues in NHSE national and regional team established. Any material produced by campaign groups ongoing review action
6	24/11/2014	13/12/2017	Y	EC PMO	**Accurate, accessible and timely information**	Risk lies in programme not providing correct, timely and positive information to the public. Consequences include undermined programme and reputational risk	PS/DV	5	4	20	Refocus Engagement and Communication Strategy, based on patient feedback, and subsequent plans to align with Programme timetable and ambition. Detailed consultation plan and documentation developed and approved	5	2	10	Ongoing review and update to the plan and escalate gaps to Programme office and SRO. Mid consultation reflection period to review and revise where gaps identified. PCBC now contains a more detailed description of UCCs on both sites and also a more detailed description of the supporting out of hospital model	4	2	8	May-18	Consultation plan and documentation approved by both CCG Boards in September and submitted to NHSE Panel Mid consultation review built into consultation plan timeline. The further detail provided in the PCBC is now reflected in the consultation documents. FAQs further developed. EQIA driven on hard to reach groupos activity plan supported by voluntary sector.

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7	24/11/2014	23/03/2018		EC	**Capacity and capability to deliver a compliant plan**	It is essential that the building blocks are in place to resource (people, budget, facilities) the engagement plan appropriately. Risks include inability to resource and fund the plan as required.	PS/ST	5	4	20	Engagement and Communication strategy signed off. Resources allocated and signed off with regular review. Review and update the plan with references to subsequent resources. Consultation plan costed and funding requirement to be signed off by Programme Board. New appointments agreed	5	3	15	Programme Board to confirm budget availability for consultation plan. Unplanned cost pressures to the programme highlighted by Programme Director to SRO as they arise. Further support from CSU commissioned, NHSE regional and national support team	4	2	8	May-18	Consultation budget approved by SROs. Dedicated comms and engagement personnel recruited to support the effective delivery of the consultation plan. Additional resources being recruited to support comms and engagement. Continue to review resource in team drawing on CCG support. Budget agreed and ongoing to PB. Activity Plan for consultation agreed, ongoing links with NHSE.
Alignment																				
8	27/03/2014	16/12/2016	Y		**Political Support for Plans**	Lack of political support for large-scale service changes resulting in challenge to preferred option and/or process informing decision making - risks delay to the programme timeline	JSRO	5	5	25	Regular engagement with HOSC & MPs, presentations to Local Joint Committees and workshops with Councillors. Further evidence gathered to support case for change, especially re: workforce challenges. Non-Financial Options Appraisal event 23.9.2016 with 50 multistakeholder attendees including council officers. Independent review of process commissioned.	3	3	9	Regular briefings of key stakeholders to continue including JHOSC and MPs. Independent Review of the process completed with no material issues. Councillor briefings.	4	2	8	Ongoing	Programme team continue to attend JHOSC MP briefings continue and supporting with any material. It is unlikely that full political support can be achieved whichever option is finally chosen. Briefing for Councilllors planned pre-consultation. Shropshire and Telford & Wrekin Labour group done week commencing 14th May. Conservative Group palnned 21/5/18.
9	09/11/2016	30/05/2017	Y	A	**Sponsor Support for Plans**	Lack of sponsor support for model of care/delivery solutions/preferred option resulting in challenge to preferred option and/or process informing decision making - risks delay to the programme timeline	JSRO	5	4	20	Clinical Model of Care (1 EC) signed off by both CCG Boards in 2014. Regular engagement and briefings to Board members via Programme Director monthly updates. CCG FF Clinical leads co-chair the Clinical Design Workstream. Both CCG Boards approved the SOC in 2016 with caveats. Joint SRO role. Both CCG Boards to approve PCBC and consultation plans.	3	3	15	Community delivery of care model developed and approved via STP Neighbourhood Workstreams including supporting business cases. Priority End to End Clinical Pathways developed and approved and dovetailed with above. Independent Review of the appraisal process commissioned Additional impact assessment of relocation of W&C under C1 commissioned . Ongoing Clinical Strategy Group with system clinical leads.	5	1	5	May-18	PCBC now contains a much more developed description of the UCC on both acute sites and the supporting out of hospital model. PCBC approved by both Boards in November 2017. Letters of support from PTHB, SATH, SCHT submitted as part of NHSE Checkpoint Panel submission. PCBC and consultation material approved by Boards May 2018.
Whole System Impact																				
10	04/08/2014	23/03/2018	Y	WF	**Workforce shortages in A&E**	Insufficient consultant and other workforce capacity in Emergency Department risks delivery of unsafe and unsustainable services which results in SATH having to reduce services on one site as an interim measure. Non compliance with Critical Care Standards for Intensivists Cover within ITU. Such a decision could adversely affect the programme.	JC	5	5	25	Sustainability of the current A&E services at SaTH remains a challenge especially with regards to medical staffing. Failure to recruit to middle grade doctors means that consultants act down on a frequent basis. The Trust is working with UHNM to progress the provision of consultant support to both A&Es. Critical Care fragility is mitigated through the use of locum consultants and agency nurses.	3	5	15	Business continuity plan developed in the event of having to reduce services on one of the sites as an interim measure. Options provided to execs however no requirement for change agreed at this point. The safety of patients is of paramount importance to the Trust and so the filling of workforce vacancies through external agencies continues alongside the commitment of staff to keep patients and services safe. Seek identification of preferred option at the earliest opportunity, taking account of work required to reach robust decision. Explore support option via other local acute hospitals.	5	2	10	Ongoing	Maintaining safe staffing levels on both sites remains an on-going priority for SATH. Proposal approved at SATH Board in November for temporary 2 week closure business continuity plan in th event that medical staffing levels falls below a given threshold. Fragility of services has increased following the resignation of a substantive ED consultant. SATH are developing a recruitment plan. Recent A & E Consultant recruitment campaign post announcement of funding,

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11	01/07/2014	23.05.2018	Y	AS	**Inter-dependencies**	Failure to effectively manage programme interdependencies adversely impacts the implementation of the preferred option. Risk of loss of focus from enabling groups as transition into wider STP governance structure.	DV/PE	4	3	12	During transition of enabling workstreams into the STP governance structure, the FF programme will retain responsibility for and management of 4 programme critical workstreams: clinical design (including CRG), assurance and comms and engagement and IIA. Terms of reference for other transitioning workstreams to STP in development. Programme PEP and ToR of remaining programme workstreams to be refreshed and submitted to Programme Board for approval.	4	2	8	Governance structure including terms of reference to be developed and approved for STP and associated enabling workstreams. Workforce, Finance, Comms and engagment; Clinical design and CRG. ToR and membership require review. PEP requires refresh to including listing of key interdependencies. > Out of hospital strategies >LMS as part of IIA work >SSP work programme. Critical path to identify key programmes and timelines.	4	2	8	May-18	STP PMO now fully recruited to. Refresh of the STP governance structure and its component workstreams complete.
12	23/03/2015	28/01/2016	Y	WF	**Resistance to Workforce Change**	Lack of appetite for change/new roles locally and from Royal Colleges and others adversely impacts definition of a deliverable workforce plan	VM	4	4	16	Workforce work stream to liaise with Royal Colleges and others to engender support.	4	3	12	Further actions to be defined once workforce plan developed.	4	2	8	May-18	As above. Ongoing engagement of clinical staff through SSP Programme. LMC enga
13	09/11/2016	23/03/2018	Y	CD	**Community Model to support left shift**	Lack of sufficiently evidence of robust community model which provides sufficient assurance to support the left shift in activity from acute being deliverable and affordable - could lead to delay in decision making	PE	5	4	20	Community model(s) of care to be developed and approved via STP Neighbourhood Workstreams and business cases submitted to relevant CCGs	5	3	15	Commission and complete activity modelling to provide assurance that the required left shift of activity within the SaTH SOC/OBC can be delivered by the proposed community model Develop and share a description of the proposed community model Ensure alignment of community development work to common system strategic objectives and to provide clarity to stakeholders and the public of who is doing what by when. FAQs to include more detail on community models.	4	1	4	Aug-18	PCBC now contains a significantly more detailed description of the community model. It also contains a section on acute and community modelling which confirms that the community model can deliver the required left shift in activity from acute. Both CCGs have programmes of work in place to develop and implement the community model of care which will support the required reduction in demand on acute hospitals.
Resources																				
14	27/03/2014	23/03/2018	Y	FI	**Transitional Funding**	Unavailability of transitional funding required leads to difficulties in implementing preferred model	PE	4	3	12	Engagement with NHSE & NHSTDA throughout programme. STP 5 year Deficit Reduction Plan includes community investment requirement	4	2	8	Business cases for Community Model of Care to be developed Confirm approval processes and source of funding for any proposals requiring additional investment/transitional funding	4	2	8	Aug-18	
15	27/03/2014	23/03/2018	Y	FI	**Capital Availability**	Lack of availability of capital to fund preferred option delays implementation	PE	5	5	25	Discussion with TDA/DH re: availability of funding. PF2 to be explored if necessary.	3	1	3	Draft OBC submitted to NHSI by SATH in December 2016. SaTH submitted detailed capital funding plan including alternative sources of funding	4	2	8	Apr-18	Capital announcement confirmed. £312m available to support scheme
16	13/05/2014	23/03/2018	Y	WF	**Workforce Planning**	Insufficient focus on workforce planning leads to difficulties in implementing preferred option	VM	5	4	20	Full workforce plan to form part of option development. Workforce work stream now active and developing whole system workforce plan.	5	2	10	Ensure STP Workforce Workstream ToR and workplan include the requirements of the FF Programme	4	2	8	May-18	STP Workforce Workstream relaunched and has held a system wide workshop to determine workforce planning priorities. Workstream meetings now being held on a regular basis and outputs shared with stakeholder partners. Needs to link with Clinical Strategy Group.
17	23/03/2015	28/09/2016	Y	WF FI	**Dual Workforce Costs**	Sufficient resources are not available to support double-running costs associated with introducing new roles, leading to delayed implementation	VM	4	4	16	Workforce work stream to set out requirements and to liaise with Finance work stream on resourcing. To be included in final OBC	4	3	12	As above. Further actions to be defined once workforce plan developed by Workforce Workstream of STP	4	2	8	May-18	As above
18	29/05/2014	23/03/2018	Y	FI	**Tariff Inflexibility/Local Payment Mechanism**	Failure to agree future local payment mechanism compromises the ability to deliver the preferred option	PE	4	3	12	Work on local payment mechanism to be undertaken by the Finance work stream as part of STP Deficit Reduction Plan delivery	4	2	8	Ensure STP Finance Workstream ToR and workplan include the requirements of the FF Programme	4	2	8	Sep-18	STP Finance Workstream established and meeting monthly. ToR drafted, meeting monthly and progressing neigbourhood workstreams, MSK, Community services review 90 day plans to be populted by the end of June.
Programme Effectiveness																				
19	27/03/2014	23/03/2018	Y	FI	**Programme Resources and Capacity**	Programme resources / staffing inadequate leading to difficulties in running Programme to agreed timelines	DV	4	4	20	FFP Core Programme Budget agreed. Additional requirements for each phase to be identified. Wider STP Programme resources and capacity defined and agreed to include communications and engagement support and programme management	4	3	12	Programme capacity plan to be agreed with JSROs following the retirement of the Programme Director and end of secondment for Programme Manager	4	2	8	Ongoing	Ongoing Programme Management support provided full-time with PMO posts providing access to additional resources. All Comms and engagement posts filled on fixed term contracts to support with Consultation period, CSU and NHSE support. Programme Director returned part-time as Associate FF Director. To be kept under review

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20	27/03/2014	30/05.2017	Y		**Loss of Key Personnel**	Loss of Sponsor/Programme personnel leads to disruption and/or delay	DV	4	3	12	New post holders provided with briefings as required. Ongoing partnership with the Strategy Unit to support continuity.	3	3	9	Programme Director roles requires review. Joint SRO role	4	2	8	Apr-18	Programme Director returns as part-time Associate for continuity. Further support t
21	27/03/2014	13/12/2017	Y	AS	**NHS Approvals**	Failure to secure necessary NHS approvals at key milestones delays the programme	DV/PE	4	4	16	Engagement with NHSTDA, NHSE Project Appraisal Unit and NHSE Regional Team to clarify requirements and duration of approval processes. Sense Check Action Plan monitored monthly by Programme Team and evidence against the Five DH Tests assembled and described in the PCBC. New guidance received and factored in to plans. Clinical Senate Stage 2 review complete - action plan produced	3	3	9	Full suite of documentary evidence submitted to NHSE Checkpoint in October and November 17. NHSE Checkpoint Panels held October and November. Approval to proceed subject to capital January 2018	4	2	8	Apr-18	The Priority Action Plan continues to be updated to provide assurance towards NHS approvals. Capital announcement April 2018. Approval to proceed letter from NHSE May 2018. NHSE further checkpoint for DMBC to be agreed post consultation
22	09/03/2015	30/05/2017	Y	AS	**Government Approvals**	Uncertainty about timescales for DH/HMT approvals leads to flawed assumptions being made in the Programme Plan and to delay (including to the start of consultation)	DV/PE	3	5	15	Programme plan contains estimated approval periods for DH/HMT. Advice received from NHSE/TDA. Reasonableness of timetable confirmed. Uncertainty around duration of higher approvals is beyond the programme control	3	3	9		4	2	8	Apr-18	Approval on capital received April 2018.
23	16/12/2016	30/05/2017	Y	AS	**Personal Resilience**	Reduced personal resilience of leaders and people involved in the programme risks reduced morale and disengagement of some key partners and clinical leaders	JSRO	4	4	16	Programme to ensure availability of resilience awareness/coaching/coping skills for those individuals who need it	3	3	9	Programme to ensure availability of resilience awareness/coaching/coping skills for those individuals who need it	4	2	8	Ongoing	Identifying those requiring support is outstanding. Programme team resilience enhanced with additional capacity.

ged on plans.

from CSU communications and engagement.