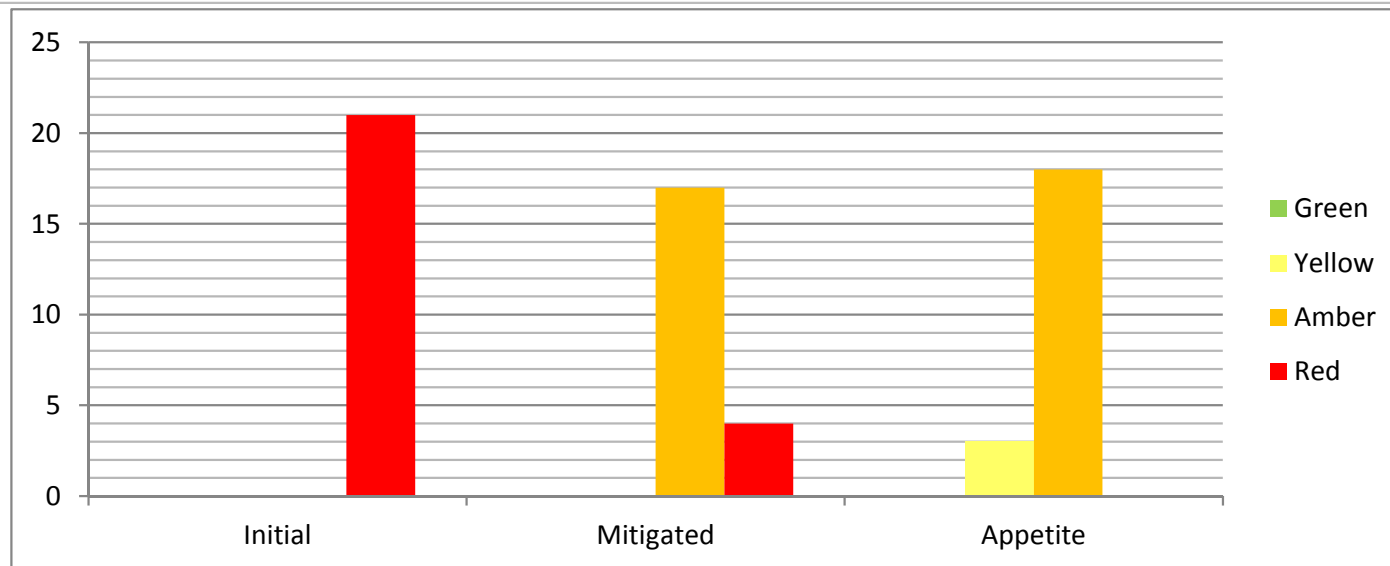


PROGRAMME RISK REGISTER

The NHS Future Fit programme has developed this register which, in line with best practice, sets out the areas which could adversely impact the development and/or implementation of programme proposals. This uses qualitative and quantitative measures to calculate the overall level of risk according to likelihood of occurrence and potential impact.

Each risk is given an initial Red/Amber/Green rating, and a summary of how the risk is being mitigated by the programme is also provided. Where further action is needed, this is also set out. The Risk Register is formally reviewed and updated on a monthly basis by the Programme Team. Risks rated 'red' (either before or after mitigation) will be reported to the Programme Board.



	Initial	Mitigated	Appetite
Green	0	0	0
Yellow	0	0	3
Amber	0	17	18
Red	21	4	0
Totals	21	21	21

NOTES

- Risks are generally causes rather than consequences of an adverse event.
- Mitigation actions must be accurate, timely and owned. They may be significant enough to warrant a task within a programme plan.
- All risks and actions should be updated regularly and the owners of mitigation actions called to account for progress or lack thereof.
- All programme members have a duty to identify and report risks to the programme office.
- The programme appetite for risk (i.e. what risk overall can the programme tolerate) must be clearly articulated by the programme team.
- In general, only those risks that require defined Programme Board action should be formally raised to, and discussed with, the Programme Board
- Risks should be managed as low down the programme structure as possible.
- Issues are essentially Risks with a probability of 100% (i.e. they have materialised and are thus in need of urgent action).
- If a defined risk or issue does not threaten the success of the programme, it need not be entered in the risk

SCORING

Likelihood	Narrative	Probability
1	Rare	<20%
2	Unlikely	20-40%
3	Possible	40-60%
4	Likely	60-80%
5	Very likely to occur	>80%
Consequence	Narrative	Possible Quantification
1	Insignificant	Revenue impact <£20,000; Capital impact <£0.5m; Delay <1 month
2	Minor	Revenue impact >£20k <£100k; Capital impact >£0.5m <£1.0m; Delay >1 month <3 months
3	Moderate	Revenue impact >£100k <£500k; Capital impact >£1.0m <£3.0m; Delay >3 months <9 months
4	Severe/Major	Revenue impact >£500k <£2.0m; Capital impact >£3.0m <£6.0m; Delay >9 months <24 months
5	Catastrophic	Revenue impact >£2.0m; Capital impact >£6.0m; Delay >24 months

Likelihood	Consequence				
	1 – Insignificant	2 - Minor	3 - Moderate	4 - Severe/Major	5 - Catastrophic
5 - Almost Certain	5	10	15	20	25
4 - Likely	4	8	12	16	20
3 - Possible	3	6	9	12	15
2 - Unlikely	2	4	6	8	10
1 - Rare	1	2	3	4	5

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Mitigating Actions	Post Mitigation Rating			Further Actions (if required) to reduce risk to acceptable level	Risk Appetite		
								C	L	Score		C	L	Score		C	L	Score
Engagement																		
1	27/03/2014	20/03/2015	Y	FI CD	Key Staff Time	Inability of stakeholder organisations to release key staff for the Programme leading to adverse impact on programme deliverability	SROs	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. Finance meetings moved to support attendance. Clarified focus of Clinical Design work for this phase.	4	2	8	Programme Director to keep under review and to escalate to sponsors as required.	4	2	8
2	27/03/2014	20/03/2015	Y	CD	Clinical Engagement	Inadequate clinical engagement leads to lack of support for clinical model	BG	5	3	15	Extensive clinical engagement in developing model. Model approved by CRG and Board. Proactive work planned with locality groups and provider staff. GPs engaged on development of 'Community Fit' plans.	5	2	10	Further meeting of Clinical Reference Group to be held. 'Community Fit' work to commence.	5	1	5
4	27/03/2014	24/03/2015	Y	AS EC	Engagement Assurance	Inadequate patient and public engagement which may lead to failure to meet assurance tests re: due process contributing to Independent Reconfiguration Panel referral or Judicial Review	AO	5	3	15	Comprehensive engagement & communications strategy and plans developed. Additional resource allocated. Deliberative events held and survey undertaken. Ongoing support from Consultation Institute.	5	2	10	Continued delivery of communications and engagement plans including early periods of public engagement and Impact Assessment work.	5	1	5
5	27/03/2014	30/10/2014	Y	EC	Public Support for Plans	Public resistance and objections to plans leading to lack of support for preferred model	AO	4	4	16	Communication and engagement plans to be implemented including extensive pre-consultation public engagement around the development/appraisal of options.	4	3	12	Continue to strengthen direct engagement and messaging with public. Stay focused on core proactive strategy.	4	3	12
6	24/11/2014	26/02/2015	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	AO	4	4	16	To implement the Engagement and Communication Strategy and subsequent plans.	4	3	12	Identify trigger point in the workstream. If required in order to conduct formal assurance, seek independent assistance.	4	3	12
10	24/11/2014	13/03/2015	Y	EC	Powys engagement	Confusion due to a number of programmes impacting Powys healthcare leads to reduced Powys engagement in Future Fit activities and potential challenge	AO/MS	4	4	16	E&C workstream and PtHB E&C leads have met and agreed plan of action including tactics to clarify FF Powys engagement plans. E&C workstream will monitor progress on plan over next few months and report to Programme team	4	3	12	Programme team to escalate and seek SRO and Powys PtHB lead involvement (Risk appetite to be reviewed)	4	2	8
Alignment																		
11	30/10/2014	20/03/2015	Y		Approval Requirements	Lack of clarity about the nature and alignment of external approval processes prevents agreement of a robust timetable.	MS	4	5	20	NHSE/TDA proactively engaged re: approval process requirements and interrelationships. Critical path agreed by NHSE to be achievable.	4	3	12	Confirm critical path with NHS TDA.	4	2	8

No.	Date Added	Date Last Revised	Main Register	Work-stream	Risk Name	Description	Risk Owner	Initial Rating			Mitigating Actions	Post Mitigation Rating			Further Actions (if required) to reduce risk to acceptable level	Risk Appetite		
								C	L	Score		C	L	Score		C	L	Score
13	27/03/2014	30/10/2014	Y	AS	Stakeholder Strategies	Development of stakeholder strategies and plans constrains or conflicts with the Programme	SROs	4	4	16	Programme model underpins 5 year plans. Stakeholders to check routinely whether plans fit Programme objectives.	4	2	8	No further action proposed.	4	2	8
14	29/05/2014	26/02/2015	Y	FI	Sponsor Financial Risk	The need to address short term financial risks in individual sponsor organisations compromises programme progress and/or outcome.	SROs	4	4	16	Programme financial model developed in alignment with sponsor 2 and 5 year plans. Core Group to monitor.	4	3	12	Programme modelling to be aligned with commissioner Long Term Financial Models.	4	2	8
15	27/03/2014	20/03/2015	Y		Political Support for Plans	Lack of political support for large-scale service changes resulting in challenge to preferred option	SROs	4	4	16	Regular engagement with HOSC & MPs, presentations to Local Joint Committees and workshops with Councillors.	4	3	12	Programme to ensure that proposals respond to public concerns as options are developed in detail. Further detail to be captured in relation to case for change. Outcomes ambitions to be confirmed.	4	2	8
Whole System Impact																		
16	04/08/2014	26/01/2015	Y	WF	Interim A&E Plans	Inability to safely staff the Emergency Department with medical workforce.	DV	5	5	25	Existing Consultants on call more frequently. Appropriate consultant on site cover over the weekends to support the department when in extreme difficulties. Additional SHO shift allocated to PRH on late shift to support flow and safety to avoid the night shift being left with a backlog leaving the department vulnerable. Attempts to recruit Locum/ Substantive Consultants ongoing. Negotiation ongoing to cover Trauma Rota and Job Planning to make best use of Consultant resource.	5	4	20	Review the success of the on-going attempts to recruit Locum / Substantive Consultants. 2 additional long term locum consultants in place from the 01/02/15 however plans to recruit substantively are still in action on a rolling recruitment programme. the renegotiation of the job planning exercise to cover the Trauma Rota. With the additional locums this has provided additional flexibility to cover the rota as of 01/02/15 Develop a business continuity plan with the communication and engagement strategy. Business continuity planning underway and key stakeholders engaged. Options provided to execs however no requirement for change agreed at this point	2	3	6

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17	27/03/2014	26/02/2015	Y		Interim A&E Plans	The need to implement interim plan for sustaining A&E services over the interim period adversely affects Programme	DV	4	4	16	Key partners agree to engage with Programme Board on decisions which may impact on remit of Programme. Communications and engagement plan to be provided to all key stakeholders on necessary actions should interim plans be initiated. 5 year and 2 year plans submitted. ED business continuity plan supplied to with commissioners and TDA and actions to mitigate being implemented re: recruitment of consultant and middle grade staff.	4	3	12	Seek identification of preferred option at the earliest opportunity, taking account of work required to reach robust decision.	4	2	8
18	01/07/2014	26/02/2015	Y	AS	Inter-dependencies	Failure to implement elements of the clinical model which are outside programme scope adversely impacts the implementation of the preferred option	SROs	4	4	16	Sponsors to initiate further pieces of work to develop and implement plans to address interdependencies. Monitoring process agreed for the review of sponsor plans by the Programme's Assurance workstream. IT developments and the re-procurement of urgent care services identified as key interdependencies.	4	3	12	Identify all major interdependencies and set out governance linkages and the alignment of key outputs.	4	2	8
19	26/02/2015	20/03/2015	Y		Urgent Care Centre Offer	Inability to adequately define UCC offer leads to lack of support for single Emergency Centre.	MS	4	4	16	Plan agreed and underway for programme of work to identify sustainable local solutions, including engagement with local patient groups.	4	3	12	Rural urgent care outputs to inform Pre Consultation Business Case	4	2	8
20	23/02/2015	20/03/2015	Y		Out of Hospital Services	Lack of clarity on plans for out of hospital services impacts public support for acute and community hospital proposals	SROs	4	4	16	Scope and initial activities of 'Community Fit' programme agreed.	4	3	12	Initial Community Fit work to be undertaken and reported to Future Fit Board.	4	2	8
Resources																		
21	27/03/2014	31/03/2015	Y		Option Appraisal	The number and/or complexity of shortlisted options identified for appraisal delays the Programme	MS	4	4	16	Shortlist of 6 agreed in line with national guidance. Shortlist may need to be revisited.	4	3	12	Board to consider process re: option unaffordability. Programme Team to take action accordingly.	4	2	8
22	26/02/2015	09/04/2015	Y	FI	SaTH Affordability	Financial analysis demonstrates that one or more shortlisted options are not affordable, potentially leading to reconsiderg shortlisting decision and significant delay.	SaTH	4	5	20	Phase 2 activity and capacity assumptions agreed by SaTH. Financial costs and benefits of options to be set out by Technical Team. Process for reconsidering shortlist being developed.	4	4	16	Design assumptions to be signed off by SaTH. Potential for further efficiencies to to explored.	4	2	8
23	23/02/2015	02/04/2015	Y		Rural Urgent Care Centre Offer	Resource constraints around work to define rural UCC offer delays SOC and/or PCBC completion, and Public Consultation.	AF	4	5	20	Project plan drafted setting out process for engaging with local communities to develop local solutions. Timeline aligns with completion of Pre Consultation Business Case.	4	4	16	Project plan to be finalised and implemented so that sustainable offer supported by stakeholders is identified. Adequate resource to be identified.	4	2	8

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								C	L	Score		C	L	Score		C	L	Score
26	29/05/2014	20/03/2015	Y	FI	Commissioner Affordability	Lack of revenue affordability to Local Health Economy of capital requirement and of whole system change adversely impacts identification of the preferred option	AN	5	4	20	Affordability assessments to form part of appraisal processes. Further work underway to reconcile Phase 2 activity and capacity modelling and CCG 5 year plans.	5	3	15	Reconciliation work to be completed.	5	2	10
Programme Effectiveness																		
29	27/03/2014	29/01/2015	Y	FI	Programme Resources	Programme resources / staffing inadequate leading to difficulties in running Programme to agreed timelines	SROs	4	4	16	CoreProgramme Budget agreed. Additional requirements for each phase to be identified. Proposals being finalised for Phase 4 requirements.	4	3	12	Budget for 2015-16 to be agreed.	4	2	8
33	27/03/2014	20/03/2015	Y	AC	Modelling Delay	Time required to robustly model future hospital activity levels delays the Programme	MS	4	4	16	Activity & Capacity workstream to control the process. Ensure timely discussion of outputs throughout Programme. Further work underway to reconcile Phase 2 activity and capacity modelling and CCG 5 year plans	4	3	12	Reconciliation work to be completed. Affordability for SaTH to be tested.	4	2	8
35	09/03/2015	09/03/2015	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).	MS	4	4	16	Programme Plan contains estimated approval periods for DH/HMT.	4	3	12	No further action required.	4	4	16
36	09/03/2015	09/03/2015	Y	AS	Decision making	Lack of an agreed process for reaching a final commissioner decision (including clarifying the role of Powys tHB) prevents a final decision being agreed	SROs	5	4	20	Agreement of arrangements for final decision-making is being addressed through the facilitated work with Clinical members of CCG Boards. CCGs have discussed this work with the Area Team in relation to Domain 5 assurance. The matter has also been raised with Powys tHB and legal advice is being sought on this. A paper on alternative approaches is being drafted.	5	3	15	Set out timetable of events for CCGs, including a deadline for reaching a conclusion. Confirm Powys tHB role.	5	2	10