

SRO Update Report

13th August 2015

The purpose of this report is to provide a summary of the reports made to the recent Board meeting. These reports are separately available.

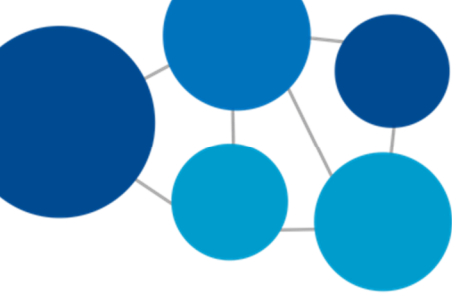
1 PROGRAMME TIMELINE

The programme has continued working to the compressed timeline requested by the Board with the aim of commencing Public Consultation in December 2015. At the time of writing the programme remains on track.

A query has been raised by Healthwatch Shropshire concerning the appropriateness of starting consultation immediately prior to the Christmas period. These concerns were noted but Board felt it important to commence consultation as soon as possible.

The Critical Path diagram (see Appendix One) sets out the key activities which are currently under way. It also indicates that the programme is entering a high risk period during which a number of eventualities could affect the deliverability of the timeline. These risks include:

- a) Not securing appropriate letters of support for the SaTH Strategic Outline Case (SOC from the four relevant commissioners Shropshire CCG, Telford & Wrekin CCG, Powys tHB and NHSE Specialised Commissioning). At the meeting it was noted that CCG Boards had delegated authority to Accountable Officers to sign letters of support on receipt of the final SOC. Powys tHB is due to consider this at a forthcoming meeting;
- b) All shortlisted acute options being found to be unaffordable to SaTH. It was reported at Board that some options are not affordable and this is set out in a separate document;
- c) Being unable to conclude the appraisal of options because of –
 - Delays in approving any changes to the shortlist and/or
 - Previously excluded options being re-introduced and/or
 - Existing options being changed materially;
- d) The Urgent Care Centre offer not being agreed when planned, delaying completion of the Pre Consultation Business Case and Public Consultation. Board was informed that Shropshire CCG felt more time was required for engagement with local clinicians and patients. This would mean a decision would not be made at the October Board, although it was not proposed to change the overall programme timetable;
- e) Delays in approving the identification of a preferred acute option (via programme Board and Commissioner Boards);



- f) Not securing higher pre-consultation approvals as and when required, delaying Public Consultation. Currently a three month window is allowed for Trust Development Authority approval for the SOC (indicated to be eight weeks) followed by DH and Treasury approval (which customarily take considerably longer). This is the area where the timetable has been significantly compressed, and it carries a high risk of causing delay to Public Consultation because of the assurance around affordability required by NHSE; and
- g) Inability of the West Midlands Clinical Senate to conclude its assurance of programme proposals by the end of November (having received final proposals in early October). A formal request has been initiated but the timing of the review has not yet been agreed.

2 DEVELOPING AND APPRAISING THE ACUTE OPTIONS

Extensive work has been completed to develop revised outline plans for each option. This work is summarised in a separate report to Board which indicates that the revisions offer much more cost-effective solutions than originally estimated. The results of this work will be fed into SaTH's SOC for final Trust Board approval in September, and into the Pre Consultation Business Case which is due for Programme Board approval in November. Before then it will be used to inform the appraisal of options. Preparations are now well advanced for undertaking that appraisal which will comprise three elements:

a) Financial Appraisal

This will cover both capital and revenue costs, and will be summarised in terms of -

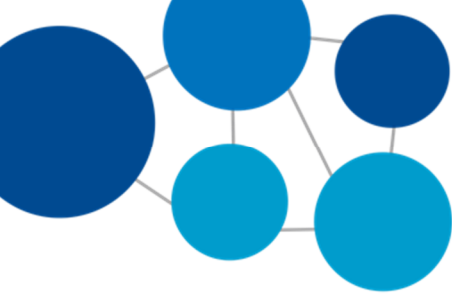
- Net Present Cost (NPC) - the total future costs of the project over a number of years expressed in terms of today's prices,
- Equivalent Annual Cost (EAC) - the average annual impact at today's prices.

The appraisal will need to address a minimum period of 30 years (ideally 60 years) to meet Treasury guidance.

b) Non-Financial Appraisal

Detailed descriptions of each option are being prepared which address the four non-financial criteria – Accessibility for Patients, Quality of Care, Workforce and Deliverability. Wherever possible, these descriptions will focus on the marginal impact of each option for change (that is, the number of patients it affects and how it affects them relative to the 'Do minimum' option). They will also breakdown this impact by nine localities – one for Powys, five for Shropshire and three for Telford and Wrekin.

The panel for this appraisal is scheduled to meet on 11th September when it will weight the criteria and then score each option (and obstetric variant) against each criterion. A briefing meeting was held in May and final information is due to be issued in early



September. The output of the panel meeting will be an agreed set of non-financial scores to feed into the final appraisal.

c) Economic ('Value for Money') Appraisal

This appraisal brings together the outputs of the financial and non-financial exercises using various methodologies set out in Treasury guidance. A report will be prepared for the October Board which sets out the findings of this appraisal so that the Board is able to identify a 'preferred option'.

The identification of a preferred option should not be confused with a final decision being made. It is a recognition that a particular option has emerged which appears to have the potential to deliver key programme benefits in the most value-for-money way. Final decision making (which is currently scheduled for June 2016) cannot take place until the preferred option has been subject to Public Consultation alongside all other remaining options. That decision is a matter for Commissioners alone and will take place in the light of the outcome of consultation.

3 RURAL URGENT CARE

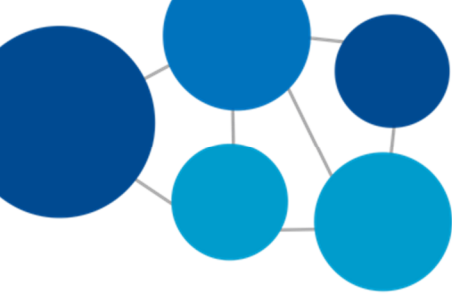
This work is being managed by the Rural Urgent Care Steering Group which reports to the Programme Team.

Two rounds of deliberative workshops involving local patients and clinicians have been held in each of the five localities which the Board has identified as potential sites for rural Urgent Care Centres (UCC). This is in addition to urban UCC in Shrewsbury and Telford. The final event was on 13th August. A number of issues were experienced initially resulting invitations not being received by all who should have been included in the first events. This was remedied for subsequent events and an apology was given to those involved.

A draft report has been received on the first round of events. A similar report will be drafted on the second round of events. These reports, representing a synthesis of local views on rural urgent care provision around Shropshire, will be combined into a summary of findings for Board alongside the following information:

- The proposed minimum system requirements for designation as a UCC in terms of workforce, facilities and opening hours;
- A report on the current utilisation of clinic space;
- Current MIU attendances and X-ray data;
- A report on the feasibility of providing a UCC within existing sites; and
- The estimated costs of each potential UCC (which is also being factored into the overall assessment of affordability by CCGs).

These outputs will inform Commissioner decision making.



4 IMPACT ASSESSMENT

The Integrated Impact Assessment (IIA) workstream has recently completed an initial phase of engagement with groups representing people with protected characteristics as defined in equalities legislation. This work was conducted by the workstream, supported by representatives of local equality groups and is the subject of a separate report to Board.

The core workstream will now turn to the development of plans for the full Integrated Impact Assessment which will take place in parallel with Public Consultation.

5 WORKFORCE

Victoria Maher has taken over as workstream lead.

Support for the programme continues to be received Health Education England – West Midlands.

Recent workstream activities have focuses on developing the detail of the workforce case for change, and on supporting the development of proposals for UCCs.

6 ASSURANCE

The Assurance workstream has continued to monitor the implementation of Gateway and NHS England Assurance action plans.

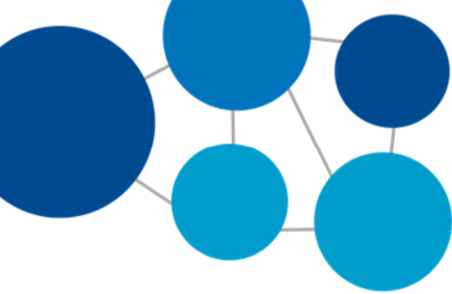
Following the commendation by NHSE of the workstream's early work on gathering evidence against the four reconfiguration tests, the workstream is currently focusing on reviewing the workforce case for change – a key driver of the programme.

The workstream also regularly reviews the complete Programme Risk Register.

7 ENGAGEMENT AND COMMUNICATIONS

The engagement and communications team has been busy supporting the equalities engagement work and the activities of the rural urgent care steering group (including two rounds of workshops in five locations).

Newsletters continue to be issued and the website has been updated to improve document access. In conjunction with these activities, the team continues to deliver Future Fit presentations to groups and attend community open days with information about the



programme. Presentations to workforce groups have been taking place and more are planned in the months ahead.

Work is now beginning to develop plans and materials for Public Consultation. A draft paper setting out a proposed Approach to Consultation was considered. Views on this are also being sought from the Joint Health Overview and Scrutiny Committee and from Powys Community Health Council. These discussions will inform the development of a draft plan for review in October before a final plan is incorporated into the Pre Consultation Business Case in November.

8 PROGRAMME EXECUTION PLAN

An update of the PEP has been prepared for Board consideration.

In addition to personnel changes, it now reflects the compressed timetable.

The Communications Strategy has also been updated, and the Engagement and Communications workstream remit has been revised.

9 PROGRAMME RISKS

The Risk Register continues to be comprehensively reviewed by the Programme Team each month, and by the Core Group, after which it is published on the Programme website. All workstreams may raise new risks or recommend revision of existing risks at any point.

The Board has previously agreed that all red-rated risks (both pre- and post-mitigation) should be reported to it. The current list of red-rated risks is attached to this report (see Appendix Two).

There are currently a significant number of risks for which the post-mitigation rating remains above the indicated risk appetite of the Programme. The view of Programme Team is that, whilst the appetite to reduce certain risks further is appropriate, it is also to be expected that a Programme of this scale and complexity will carry a significant degree of risk.

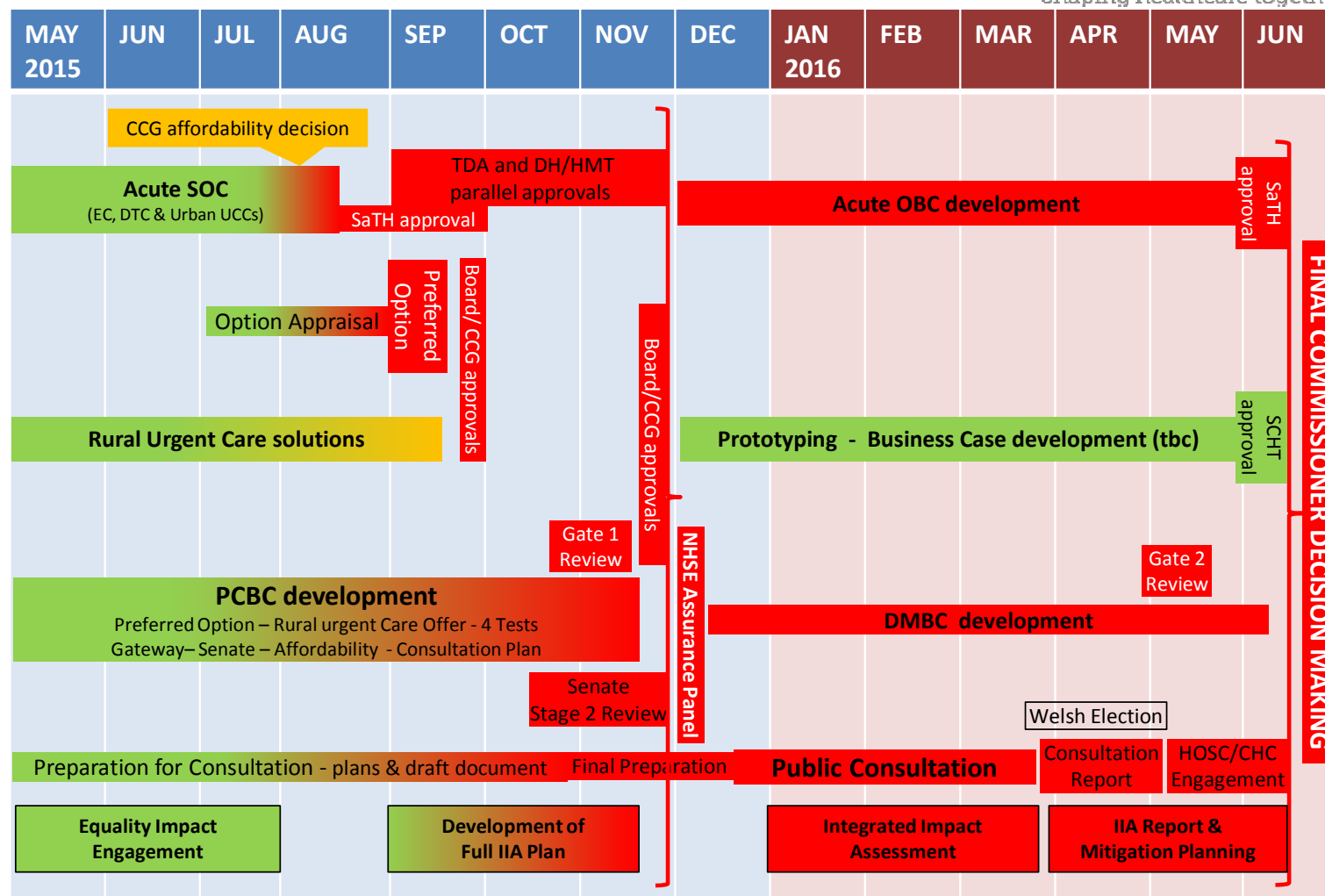
David Evans & Caron Morton

Senior Responsible Officers



PROGRAMME HIGH-LEVEL CRITICAL PATH 2015-16

Compressed variant of original timetable

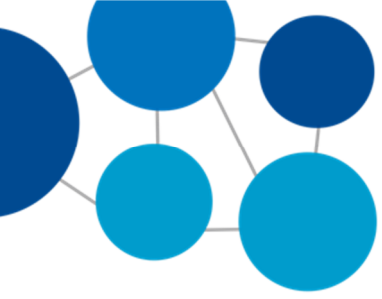


Risk of failing to deliver the critical path due to interdependency with other workstreams and/or dependency on approvals outside the programme.

High Risk

Medium Risk

Low Risk

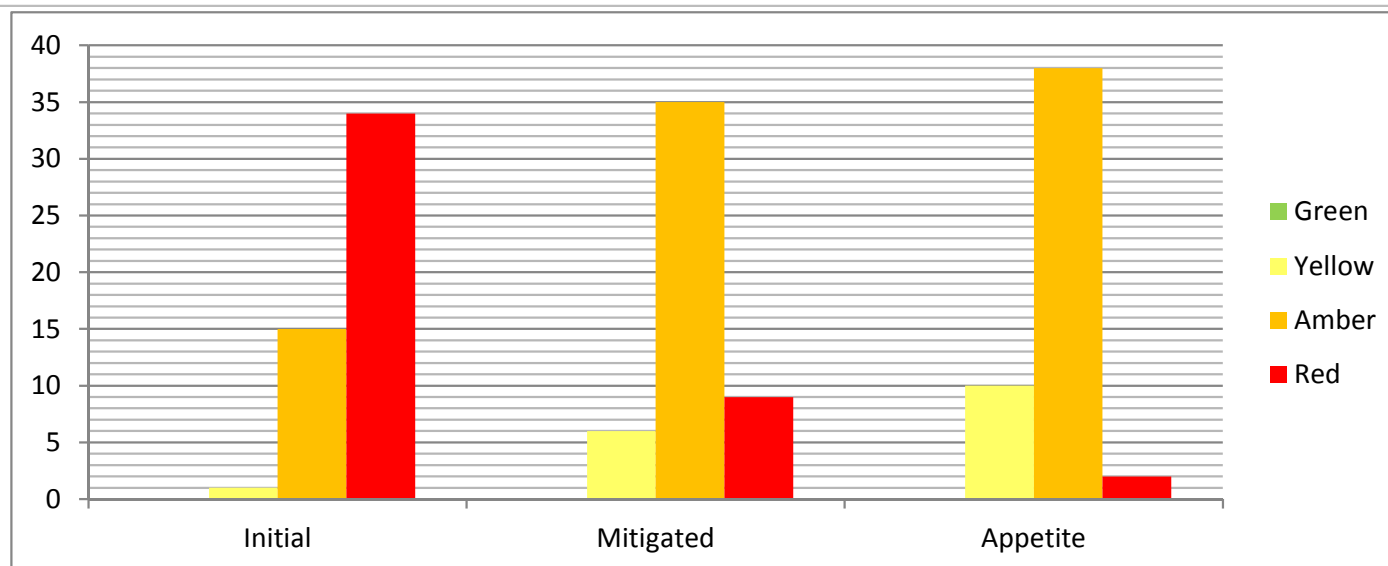


APPENDIX TWO – RED RATED RISKS

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	1	6	10
Amber	15	35	38
Red	34	9	2
Totals	50	50	50

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
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.	4	3	12	Programme Director to keep under review and to escalate to sponsors as required.	4	2	8
2	27/03/2014	09/06/2015	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 underway. Clinical Design group to discuss how to engage further.	5	1	5
4	27/03/2014	04/08/2015	Y	AS EC	Engagement Assurance	Inadequate patient and public engagement 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 and being implemented. Ongoing support from Consultation Institute. Activity log to be shared every quarter with workstream and Programme Office updates shared bi-monthly.	5	2	10	No further action required.	5	2	10
5	27/03/2014	04/08/2015	Y	EC	Public Support for Plans	Public resistance and objections to plans leading to lack of support for preferred clinical model	AO	4	4	16	Communication and engagement plans to be implemented including extensive pre-consultation public engagement around the case for change/clinical model.	4	3	12	No further action required.	4	3	12
6	24/11/2014	04/08/2015	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. To undertake more proactive communications including media training with Core Group. Increased SRO engagement with press.	4	2	8	No further action required.	4	2	8
10	24/11/2014	04/08/2015	Y	EC IIA	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	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. Regular meetings to continue.	4	3	12	No further action proposed.	4	3	12

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
12	24/11/2014	04/08/2015	Y	EC	Clinical leadership	Failure to gain and sustain support from clinicians to be visibly leading the programme. Consequences may include dwindling public support and undue burden on small number of leaders.	AO	5	4	20	To implement the Engagement and Communication Strategy and subsequent plans. Particular emphasis on 1. Repositioning leadership in public 2. Changing the message from 'no news' to 'we have achieved...'. Messaging workshops to be held to engage and develop clinical leaders.	5	3	15	Escalate to Core Group to ensure clinical leaders are able to be support programme activities.	5	2	10
14	24/11/2014	04/08/2015	Y	EC	Divergence off proactive plan	Failure to implement a process to agree a plan and all programme to comply appropriately. Risk includes inability to implement a timely plan to meet best practice standards with no subsequent ownership	AO	5	4	20	To implement the Engagement and Communication Strategy and subsequent plans. Additional focus includes creation and maintenance of risk register.	5	3	15	Review and update the plan and risk register	5	2	10
17	04/08/2015	04/08/2015	Y	EC	Failure to comply with Gunning Principles	Inadequate time allowed for consultation fails to comply with Gunning Principles leading to legal challenge	AO	5	4	20	Programme Board to approve plan which complies with Gunning Principles.	5	2	10	No further action proposed.	5	2	10
19	24/11/2014	04/08/2015	Y	EC	Inadequate workforce engagement	Failure to effectively engage with health and care staff thus raising risk for negative PR, workforce disengagement and 'on ground' lack of support / champions. This applies across commissioners, providers, and Welsh Healthboard	Key partners	4	4	16	Executives to take lead, fully supported by the E&C team. HJ to draw up initial opportunities starting with both CCGs and SaTh then draw out to all others including colleagues in Powys. Each organisation to provide quarterly update on workforce engagement to workstream.	4	3	12	No further action proposed.	4	3	12
21	30/10/2014	09/06/2015	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.	4	4	16	TDA & NHSE to confirm common view on pre-consultation approval requirements.	4	2	8
23	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
24	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
25	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

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
26	04/08/2014	04/08/2015	Y	WF	Interim A&E Plans (SaTH Risk Register)	Inability to safely staff the Emergency Department with medical workforce. Potential adverse impact on quality and safety of care for patients. Poorer patient flow into and within hospital. Inability to meet national guidance in relation to levels of senior cover. An increase in costs if there is a reliance on internal locum shifts. possible mismanagement of patient care. Difficulty meeting Trauma Network standards for Consultant cover.	SaTH Board	5	5	25	Attempts to recruit Locum/ Substantive Consultants ongoing. Recruitment and training of Advanced Practitioners. 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. Negotiation ongoing to cover Trauma Rota and Job Planning to make best use of Consultant resource. We have recruited a fixed-term Locum to cover our ED Consultant who is away on a sabbatical; and a Locum Consultant to work with us until February 2016. Ad hoc consultant on site cover over the weekends to support the department when in extreme difficulties.	5	4	20	Business continuity planning underway and key stakeholders engaged. Options provided to execs however no requirement for change agreed at this point. Need to implement interim plan for sustaining A&E services. Complete job planning process. Development of ED staffing strategy. Gap analysis, development of business case to support recruitment of additional consultants.	5	3	15
27	04/08/2015	04/08/2015	Y		Non compliance with Critical Care Standards for Intensivist Cover within ITU (SaTH Risk Register)	Critical care standards set out that ITU should have Intensivist cover 24/7 and that Intensivists should undertake twice daily ward rounds. Guidelines from the Faculty of Intensive Care Medicine (FICM) state that there is clear evidence that units with dedicated intensivists are the safest and most clinically effective way to deliver Intensive Care with reduced ICU and hospital mortalities and reduced ICU and hospital lengths-of-stay. In general, the consultant/patient ratio must not exceed a range between 1:8 to 1:15 and the ICU resident/patient ratio should not exceed 1:8. At both sites, these ratios are significantly exceeded. The risk has been exacerbated at PRH due to a high level of medical staff sickness and an imminent retirement.	SaTH Board	5	5	25	In order to safely staff ITU, the Trust may need to stop elective work and shift sessions to Critical Care. This will affect our ability to staff all elective lists, which will have an impact on waiting lists and patient care unless a timely solution is found as the service and the team are highly vulnerable to further vacancies or unexpected absences. Splitting the Rota at RSH means we can ensure 24/7 cover of both intensive care, by intensivists and also take care of emergency activity. Critical Care is being provided with a mix of general anaesthetists and the small number of intensivists available but consultant presence is still well below recommended levels.	5	4	20	The case has now been presented to Trust Board. The case for further recruitment has been supported. Efforts to recruit will be expedited and prioritised. A business case needs to be drafted and submitted for funding for medical capacity increase. Anaesthetic job planning needs to be completed in conjunction with management team and lead anaesthetists. Business case will be presented on 22 April. A decision will be awaited and then progressed.	5	3	15

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
28	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
29	01/07/2014	09/06/2015	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	Document drafted for Board identifying all major interdependencies and setting out governance linkages and the alignment of key outputs. Also includes recommendations for action.	4	2	8
30	26/02/2015	09/06/2015	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. Steering group in place and locality groups underway.	4	2	8
31	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
32	23/03/2015	09/06/2015	Y	WF	Workforce Deliverability	Difficulties in recruiting in line with workforce plan (including new roles) adversely impacts implementation of programme proposals	tbc	4	4	16	Workforce workstream to identify new roles and to liaise with HEE and education providers to ensure supply of required roles. Develop a more comprehensive "work in Shropshire" offer.	4	3	12	Further actions to be defined once workforce plan developed.	4	2	8
33	23/03/2015	09/06/2015	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	tbc	4	4	16	Workforce workstream 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
34	27/03/2014	09/06/2015	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. Board agreed approach to reconsidering shortlist if some options unaffordable which could require additional time if excluded options added back.	4	3	12	Undertake additional work to options as required.	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
35	26/02/2015	09/06/2015	Y	FI	SaTH Affordability	Financial analysis demonstrates that one or more shortlisted options are not affordable, potentially leading to reconsidering shortlisting decision and significant delay.	NN	4	5	20	Phase 2 assumptions agreed by SaTH. Financial costs and benefits of options to be set out by Technical Team. Process for reconsidering shortlist developed.	4	4	16	Work underway to ensure option designs are affordable to SaTH.	4	2	8
36	23/02/2015	09/06/2015	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 in place for September completion. Additional support being provided by CSU Strategy Unit.	4	2	8
38	27/03/2014	27/07/2015	Y	FI	Capital Availability	Lack of availability of capital to fund preferred option delays implementation	AN	4	5	20	Discussion with TDA/DH re: availability of funding. PF2 to be explored if necessary.	4	4	16	Phased approach to implementation could be considered, and potential sources of funding clarified.	4	2	8
39	29/05/2014	09/06/2015	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. Extensive work undertaken to reconcile 5 year plans with Phase 2 assumptions and to allow for community investment.	5	3	15	Commissioners to consider formally at August Boards.	5	2	10

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
41	23/03/2015	09/06/2015	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	tbc	4	4	16	Workforce workstream to set out requirements and to liaise with Finance workstream on resourcing.	4	3	12	Further actions to be defined once workforce plan developed.	4	2	8
44	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. Budget for 2015-16 agreed.	4	2	8	No further action required.	4	2	8
48	27/03/2014	09/06/2015	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. Work to reconcile Phase 2 modelling with CCG plans completed.	4	3	12	Affordability for SaTH to be tested.	4	2	8
49	27/03/2014	09/06/2015	Y	AS	NHS Approvals	Failure to secure necessary NHS approvals at key milestones delays the programme	MS	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 Four Tests being assembled. Stage 2 assurance being planned.	4	3	12	NHSE/TDA to provide common view on pre-consultation approval requirements.	4	2	8
50	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	NHSE/TDA to provide common view on pre-consultation approval requirements.	4	2	8
51	09/03/2015	09/06/2015	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	Commissioners to agree approach to final decision making in advance of Stage 2 Assurance. Proposal draft for CCG boards. Legal advice received.	5	3	15	All relevant commisioners to agree process.	5	2	10