

Programme Board Report – 24th June 2015

The purpose of this report is to provide a brief update on recent Programme progress and to summarise the activities in the next phase.

1 DEVELOPING THE ACUTE OPTIONS

Following the development of initial outline plans for each shortlisted option, further work is now being undertaken with SaTH, supported by the technical team, to refine these plans and to ensure they offer affordable and value for money solutions. This is intended to enable completion of SaTH's Strategic Outline Case in August.

Once completed, this work will feed into the financial and non-financial appraisal of options, which it is hoped can be undertaken in September. The process for this was agreed at the April Board, and a briefing meeting for the non-financial appraisal panel was held in May.

In parallel with this, Commissioners are being asked to confirm that the financial implications of the Phase 2 activity projections are sufficiently in line with their five year plans. Letters of support to this effect are required components of the Strategic Outline Case. Commissioners will also need to take into account the likely costs of Urgent Care Centres and their ability to invest in other community alternatives to hospital care.

2 RURAL URGENT CARE

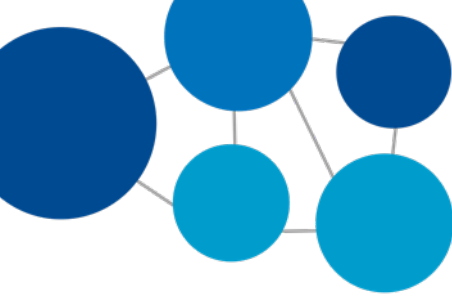
In order that this offer is coherent across the patch, sensitive to local needs and builds on existing local services, it was agreed that this work needed to start with a series of conversations between the CCGs and Shropshire Community Health NHS Trust and local GPs, other clinicians and patients. As a starting point, the localities were defined as the communities served by the existing Community Hospitals and/or Minor Injuries Units.

A project plan for this work has been developed which sets out a number of stages. The conversations will start with a description of the current thinking of the core Urgent Care Centre (UCC) model and will then progress into a plan to develop local services appropriate to local need and demand, based on the principles of the core UCC model.

The first round of locality meetings has been completed and will inform the development of a rural urgent care offer. That round was designed to engage local clinicians (including all local GPs) and patients in order to develop a baseline understanding of urgent care and of the minimum system requirements for all Urgent Care Centres in Shropshire.

In order to meet the proposed timeline, the initial identification of sites to serve as Urgent Care Centres need to be determined in September.

Events so far have achieved a balance of representation between professional clinicians, managers, and patient representatives. Consideration is being given as to whether the invitation list to the second round of locality meetings should be broadened.



3 PROGRAMME TIMELINE

A communication was issued in May setting out the need to factor in to programme plans the impact of potential new funding allocations, as well as to undertake further technical work on the acute options (as set out above). Since then, work has been underway to develop a revised programme timeline which allows for these elements, and which aligns with Government approval processes.

During a Board workshop in May, a strong desire was expressed for a plan which would still enable Public Consultation to commence in December 2015.

An outline plan has been developed which reflects this desire, and initial actions are being implemented at pace in line with the proposed plan. It is critically dependent, however, on national approval requirements, and NHS England and the NHS Trust Development Authority have undertaken to provide the programme with a common view on these requirements.

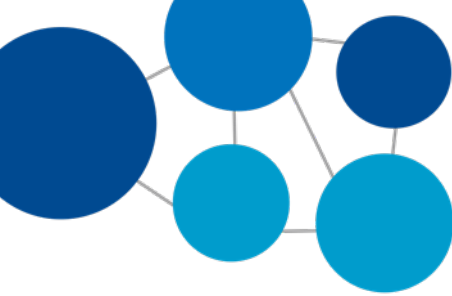
The key risks to the successful delivery of this critical path (see Appendix One) are:

- 1) Letters of support for the SaTH Strategic Outline Case are not received as and when required, preventing approval;
- 2) Not all acute options are affordable to SaTH;
- 3) The Urgent Care Centre offer is not agreed as planned, delaying completion of the Pre Consultation Business Case and Public Consultation;
- 4) There are delays in approving the identification of a preferred acute option (via programme Board and Commissioner Boards);
- 5) Higher pre-consultation approvals are not received as and when required, delaying Public Consultation; and
- 6) The West Midlands Clinical Senate is not able to conclude its assurance of programme proposals by the end of November (having received final proposals in early October).

In addition, the following issues are highlighted:

- 7) It will not be possible to include the beneficial impact of rural Urgent Care Centres in the appraisal of acute options because this is scheduled to take place before the rural urgent care offer has been agreed. However, that offer will can be included in the Pre Consultation Business Case and consultation documents;
- 8) Programme Board meeting dates will need to be revised to support the required timing of approvals, and sponsors will also need to ensure that their own Board meetings align with the timing of key decisions if delay is to be avoided; and
- 9) Final plans for Public Consultation (including the booking of events and venues) will need to be in place before approval to commence consultation has been received from NHS England. Should plans need to be delayed there would be reputational and financial implications for the programme.

Programme Board endorsed work continuing in line with this desired critical path, noting the risks and issues highlighted above.



4 IMPACT ASSESSMENT

The Impact Assessment workstream will shortly commence planning for the full Integrated Impact Assessment which will take place in parallel with Public Consultation.

It has recently completed some targeted engagement with groups representing people with Protected Characteristics, as a necessary extension of the Baseline Assessment work and as preparation for the Equalities Analysis. This work was the subject of a separate report to Board.

5 ASSURANCE

In addition to the ongoing assurance of programme activities (including through regular review of the risk register and action plans), the Assurance workstream is focused on the development of key components of the Pre Consultation Business Case. This includes providing evidence of how programme proposals will meet the four reconfiguration tests:

- Strong public and patient engagement;
- Consistency with current and prospective need for patient choice;
- A clear clinical evidence base; and
- Support for proposals from clinical commissioners (at GP practice level).

NHS England has reviewed an advanced draft of this work, commenting that the approach being taken is thoughtful, methodical and very thorough, and offering some helpful points of guidance. Drafting of the Pre Consultation Business Case should commence shortly.

An update on actions resulting from Gateway reviews is published separately.

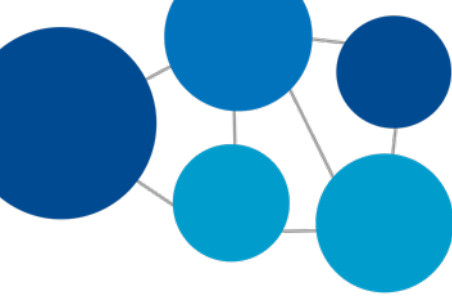
6 WORKFORCE

The activities of this workstream have been strengthened recently by the commitment of resources from Health Education England – West Midlands. This will include support for the development of plans for urgent care.

The workstream has also reviewed further detail on the workforce case for change which sets out the key workforce challenges and risks in relation to the acute and community hospital workforce. Once completed, this evidence will be incorporated into programme business cases and consultation documents, as appropriate.

7 ENGAGEMENT AND COMMUNICATIONS

The Workstream has been fully focused on delivering two fundamental aspects of the programme, facilitating and implementing the rural urgent care centre workshops, and implementing IIA delivery with targeted engagement with groups representing people with Protected Characteristics.



In addition to these projects the Workstream has begun planning the year ahead and initiated discussions on proposed consultation activities and structure.

Ongoing activities include the delivery of presentations to parish councils and other interest / public groups as well as focused engagement with MPs and councillors.

8 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 appended to this report.

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.

9 INTERDEPENDENCIES

Work has advanced to define the key interdependencies for the programme and to propose what additional steps may need to be taken to improve alignment.

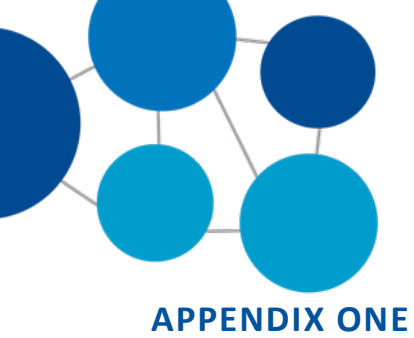
The Board has previously received reports on progress with Information Technology projects across the Local Health Economy and with plans for the Community Fit work.

An overview of all key dependencies was received by the Board (and is separately available) which:

- a) Sets out the arrangements which currently exist;
- b) Clarifies the alignment of key outputs from interdependent programmes; and
- c) Identifies where changes may be needed to current arrangements.

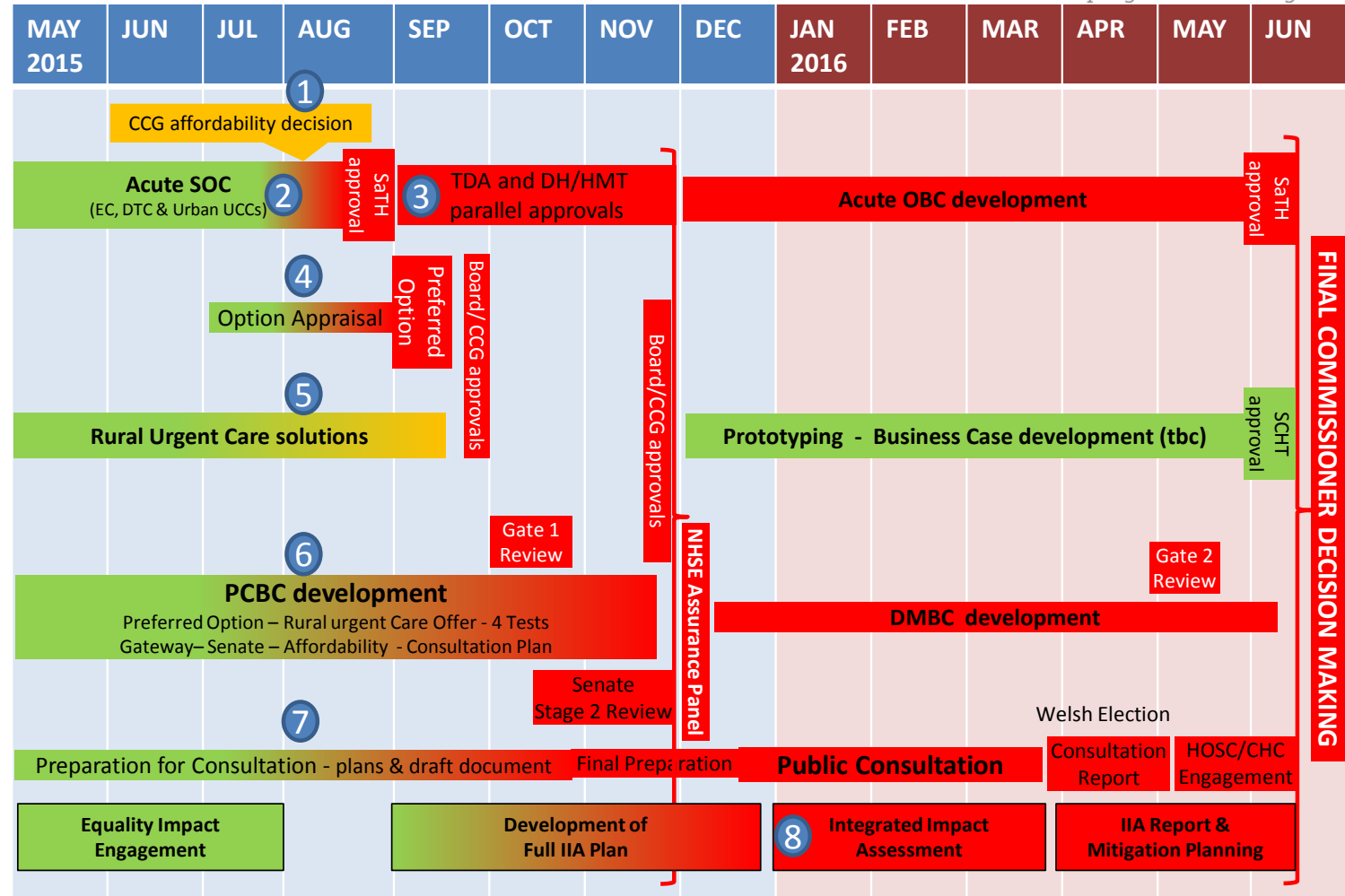
David Evans & Caron Morton

Senior Responsible Officers



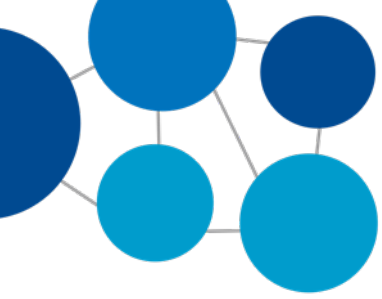
PROGRAMME HIGH-LEVEL CRITICAL PATH 2015-16

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.



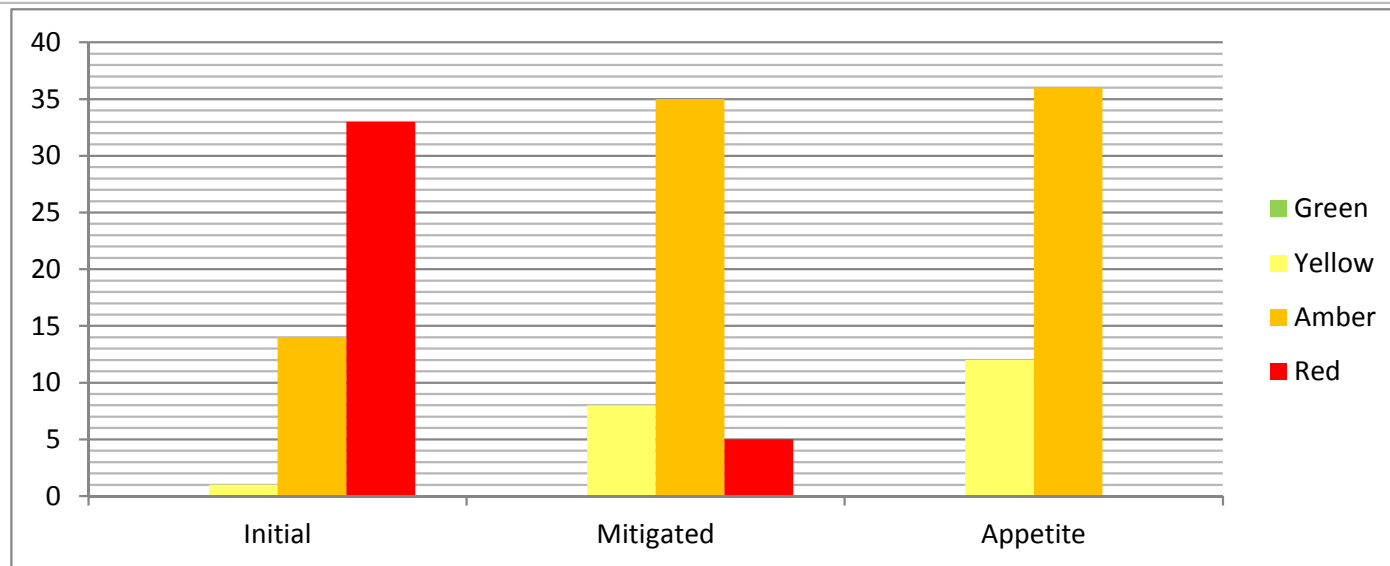


APPENDIX TWO – RED RATED RISKS

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	8	12
Amber	14	35	36
Red	33	5	0
Totals	48	48	48

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	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	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	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
3	27/03/2014	28/10/2014	CD	Support for Model of Care	Failure to gain support from key partners for proposed models of care leads to adverse impact on implementing outcome of programme	BG	5	2	10	Clinical Design workstream, subgroups and Clinical Reference Group established. Initial Senate review undertaken. Model approved by sponsors.	5	1	5	No further action proposed.	5	1	5
4	27/03/2014	24/03/2015	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. 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	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	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
7	27/03/2014	20/03/2015	EC IIA AS	Identifying Stakeholders across protected characteristics	Failure to identify key stakeholders across the protected characteristics which may lead to failure to meet assurance tests and due process	RL	4	3	12	To implement the Engagement and Communication Strategy and subsequent plans. Targeted initial equalities engagement with protected groups.	3	2	6	No further action proposed.	3	2	6
8	27/03/2014	08/09/2014	EC AS	Stakeholders	Failure to identify all key stakeholders which may lead to failure to meet assurance tests re: due process	AO	4	1	4	Stakeholder analysis undertaken as part of Eng & Comms Plan	4	1	4	No further action proposed.	4	1	4

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9	27/03/2014	29/01/2015	EC	Stakeholder Support	Failure to secure stakeholder support for key outputs from each Phase which may lead to programme delay	MS	4	3	12	Comprehensive engagement in development of plans. Close involvement of Core Group at key moments. Work to continue 'at risk' pending formal sponsor approvals. Approval timetables set out in plan.	4	2	8	No further action proposed.	4	2	8
10	24/11/2014	13/03/2015	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/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	Regular meetings to continue.	4	2	8
19	24/11/2014	16/12/2014	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	4	3	12	No further action proposed.	4	3	12
21	30/10/2014	09/06/2015		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
22	27/03/2014	24/07/2014		Structural Change	Structural and organisational change in health and social care delays Programme beyond agreed timeline leading to adverse impact on deliverables	SROs	4	2	8	Commitment to continued engagement of all stakeholder organisations confirmed in the PEP	4	1	4	No further action proposed.	4	1	4
23	27/03/2014	30/10/2014	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	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		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

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							C	L	Score		C	L	Score		C	L	Score
26	04/08/2014	26/01/2015	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
27	27/03/2014	26/02/2015		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
28	01/07/2014	09/06/2015	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

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							C	L	Score		C	L	Score		C	L	Score
29	26/02/2015	09/06/2015		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
30	23/02/2015	20/03/2015		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
31	23/03/2015	09/06/2015	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
32	23/03/2015	09/06/2015	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
33	27/03/2014	09/06/2015		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
34	26/02/2015	09/06/2015	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
35	23/02/2015	09/06/2015		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
36	27/03/2014	24/07/2014	FI	Transitional Funding	Unavailability of transitional funding required leads to difficulties in implementing preferred model	AN	4	3	12	Engagement with NHSE & NHSTDA throughout programme.	4	2	8	No further action required.	4	2	8
37	27/03/2014	24/07/2014	FI	Capital Availability	Lack of availability of capital to fund preferred option delays implementation	AN	4	3	12	Discussion with TDA/DH re: availability of funding. PF2 to be explored if necessary.	4	2	8	No further action required.	4	2	8
38	29/05/2014	09/06/2015	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

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							C	L	Score		C	L	Score		C	L	Score
39	13/05/2014	09/06/2015	WF	Workforce Planning	Insufficient focus on workforce planning leads to difficulties in implementing preferred option	tbc	4	3	12	Full workforce plan to form part of option development. Workforce workstream now active.	4	2	8	No further action required.	4	2	8
40	23/03/2015	09/06/2015	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
41	13/05/2014	30/10/2014	FI	Tariff Inflexibility	Lack of flexibility in national payment rules compromises the ability to deliver the preferred option	AN	4	3	12	Local proposals to be developed as required.	4	2	8	No further action required.	4	2	8
42	29/05/2014	30/10/2014	FI	Local Payment Mechanisms	Failure to agree future local payment mechanisms compromises the ability to deliver the preferred option	AN	4	3	12	Work on local payment mechanisms to be undertaken by the Finance workstream as part of option development process.	4	2	8	No further action required.	4	2	8
43	27/03/2014	29/01/2015	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
44	20/03/2015	20/03/2015	FI	Unexpected Costs	Additional programme costs arise which exceed available resources leading to delay or sub-standard outputs	SROs	4	3	12	Budget aligned with Programme Plan.	4	2	8	Programme office to horizon-scan for unexpected costs at each phase, and to identify potential virements as required.	4	1	4
45	27/03/2014	20/03/2015		Programme Management	Inadequate programme management which may have an adverse impact on overall programme delivery	MS	4	3	12	Programme Execution Plan developed; Programme support team in place. Actions following Gateway reviews being implemented. Amber rating maintained.	4	2	8	Periodic Gateway reviews to inform ongoing improvement.	4	1	4
46	27/03/2014	24/07/2014		Loss of Key Personnel	Loss of Programme personnel leads to delay	MS	3	3	9	Close involvement of wider CSU team throughout Programme to ensure ability to provide backup.	3	2	6	No further action required.	3	2	6
47	27/03/2014	09/06/2015	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
48	27/03/2014	09/06/2015	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

No.	Date Added	Date Last Revised	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
49	09/03/2015	09/03/2015	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
50	09/03/2015	09/06/2015	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 commissioners to agree process.	5	2	10