

Programme Director's Update Report

12th May 2016

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

1 STRATEGIC OUTLINE CASE

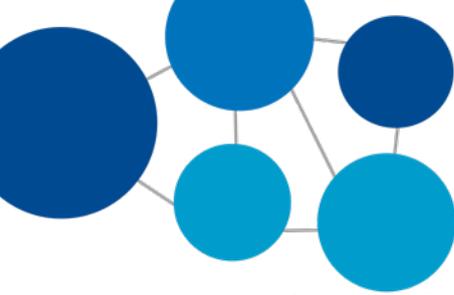
During April the Strategic Outline Case (SOC) was approved by SaTH Trust Board and was received by CCG Boards together with a draft letter of support for consideration. All Boards were well attended by the public and patient interest groups. Open discussions were had prior to convening the formal Board meetings. Key areas of concern raised either by the public and/or by CCG Boards themselves included:

- Clarity required around availability of community investment for the shift from acute to community
- Revised SOC being developed in isolation without wider GP or public engagement and wish for assurances going forward
- A need to better understand the medical model behind a more balanced site solution
- Level of detail available to date on the transformation required in the community to support the SOC and the timescales not being aligned
- Concerns around access to urgent care and link with rural solutions
- Challenges around the evidence base

The Boards deferred a decision on approving the letter of support until after the Clinical Reference Group (CRG) meeting on 19th April. An Extraordinary Joint board meeting of the two CCG's is due to take place on 10th May.

2 CLINICAL DESIGN

Over 130 clinicians, health professionals, patient representatives, representatives from our local authorities and members of the voluntary sector came together at the CRG on 19th April. The purpose of the meeting was to have a chance to reflect and comment on the SOC and see it in a broader context with Community Fit; to see some of the data analysis and to steer the next steps of Community Fit and to have chance to connect with colleagues across the whole health and social care economy and get involved in the ongoing design of both Future Fit and Community Fit going forward.



The Clinical Reference Group (CRG) concentrated on developing the plan for transforming the acute hospital sites as part of the SOC, together with widening the discussion to primary and community based services necessary to support this. As part of the introduction to the evening there was clarification of what a Strategic Outline Case (SOC) was and was not: that it is a high level plan providing a summary of the key strategic drivers and service requirements that support the case for investment; it demonstrates there are deliverable options and the extent to which they deliver on high priority requirements, e.g. clinical and financial sustainability improving patient safety and the patient environment; and outlines the way in which the scheme supports delivery of local commissioning priorities.

The meeting also re-established some of the basic principles behind the NHS Future Fit programme. These included:

- Targeted prevention and Wellbeing as the biggest single success factors
- Home is normal and a less bed based focus
- Needs led approach to design matching correct level of care
- Empowered patients, clinicians and communities
- Sustainability: clinical, workforce, service and financial
- Integrated Care that enabled smooth transitions
- Partnership Care and shared decision making redefine specialist and generalist roles
- IT enabled

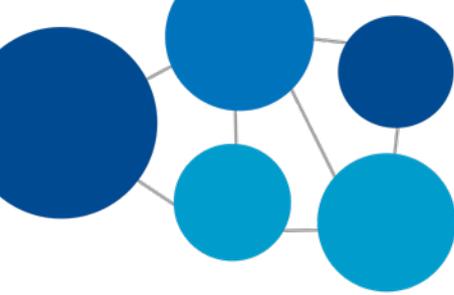
Both CCG Clinical Chairs reflected after the event on its real success in bringing together the many partners to make a valuable positive contribution in shaping the programme and the further work required going forward for both Future Fit and Community Fit Programmes.

Feedback from the event will be considered soon by the Shropshire and Telford & Wrekin Clinical Commissioning Group Boards.

3 COMMUNICATIONS AND ENGAGEMENT

It has been a busy month for the teams who have supported the programme in communications regarding the SOC and continuing to progress the Future Fit engagement plans with hard to reach groups. This has included attending and presenting to a number of stakeholder groups:

- Weekly engagement sessions at PRH and RSH with the SaTH SOC team and more recently the community hospitals.



- Ongoing engagement through social media channels has continued with a daily growing audience being developed.
- Presentations have been delivered at a number of events including Bridgnorth LJC, Pontesbury LJC, Shropshire Voluntary Assembly, Montgomeryshire Council.
- pop up stands at Newtown Hospital in partnership with Powys Teaching Health Board and Market Drayton with Shropshire Healthwatch

Media activity has involved compiling key messages to create responses from pressure groups and individuals. Following the CRG plans for a wider reaching communications campaign are being developed. The focus needs to change towards a proactive strategic approach to communications including a positive press campaign that describes the case for change and what patients and the public could expect to see in the proposed solutions. The start of this was a press statement reflecting on the success of the meeting of the CRG. The CSU media, marketing and design team are currently working on providing a plan with concepts that can be utilised over the coming weeks.

The plan is to take a refreshed Communications and Engagement Plan to the Programme Board in May that outlines: a media/marketing campaign on the SOC; the work of the wider community strategy, together with a link to the Sustainability and Transformation Plan (STP). Wider Staff engagement including GP engagement approaches will need to be included within the plan.

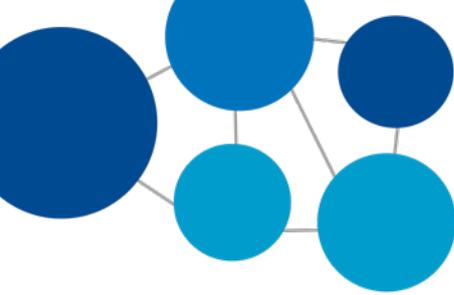
4 PROGRAMME TIMELINE

The High level critical path for Future fit currently remains on track (see Appendix One). The next key milestone is submission of the revised SOC to NHSI together with a CCG letter of support. CCG Extraordinary Board meetings have been taking place post CRG to discuss this.

Planning for the Option Appraisal process is underway to ensure this is completed by the end of July. A plan has been drafted, very closely reflecting the process previously approved by the Board, and a separate paper describes this. The plan envisages a non-financial appraisal panel in very early July. The Programme Board will receive a detailed report on the appraisal and be asked to recommend a preferred option to CCG Boards. To align with this timetable it is proposed to move the next Programme Board meeting from 23rd June to **8th July**.

Work on preparing for the Senate Stage 2 Review will begin this month which will include collating the clinical evidence base for the proposed solutions and how the programme has considered that evidence in shaping the proposed model. This will need significant clinical input. This is likely to be informed by an evidence framework which the West Midlands Clinical Senate has been developing for Senates nationally. Advice from NHSE confirms that the Senate should review all options that the programme deems viable and will later consult on, rather than just the preferred option.

A recent meeting with NHSE also suggested that the launch of a new Gateway Review process is planned.



As part of the establishment of a local PMO to replace support from the Strategy Unit going forward, the CCGs are currently looking to appoint into the role of Programme Manager. The core team is Programme Director, Senior Programme Manager and Programme Administrator together with communications team support from the CSU and ongoing strategic support from the Strategy Unit and its partners on specific pieces of work.

5 RURAL URGENT CARE

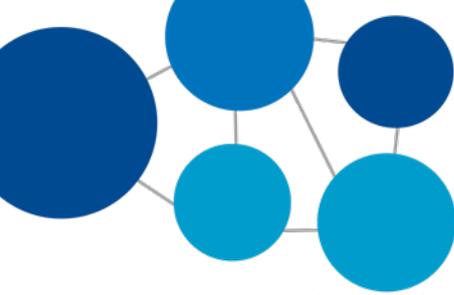
The rural urgent care sub-group has prepared a final report that appears elsewhere on the agenda. It proposes progressing a prototype which could include:

- Integrated locality based community teams able to offer a wider range of service e.g. UTIs, falls, IV antibiotics
- More therapists based in the community setting
- Co-location of community teams with GP out of hours
- Pathology Point of care testing
- Extended x-ray offer
- Advice and guidance from SaTH consultants.

6 COMMUNITY FIT

The initial work commissioned by the CCGs under Community Fit has now concluded, and a report on the Phase One work has already been fed into the STP Partnership Board and the Clinical Reference Group. It provides:

- A description of activity currently taking place in primary care, community services, mental health and social care across Shropshire and Telford and Wrekin.
- An agreed estimate the impact of demographic change on activity levels within these sectors.
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing the care they receive.
- An agreed taxonomy (classification) of care packages delivered by each of these sectors.
- A description of the activity that the Future Fit models anticipate will move out of the acute setting and therefore may have an impact on primary care, community services, mental health and social care services.



Following the Clinical Reference Group, work is now due to begin on a further round of clinical design work for non-acute services.

7 FINAL DECISION MAKING

In order to agree the process which leads to a final decision being reached by commissioners next Summer, a workshop for members of both CCG Boards was held in March and a programme of further shared workshops is being planned. Prior to Public Consultation, the CCGs will set out how they will together make a final decision on the reconfiguration of acute hospital services, and the evidence they will require to support that decision. That evidence will include the option appraisal, integrated impact assessment, external clinical assurance and the outcomes of Public Consultation.

8 PROGRAMME GOVERNANCE

At its last meeting the Programme Board agreed temporary variations to its governance arrangement whilst the Sustainability and transformation Plan was developed. This included the role of the Core Group being exercised by the STP Partnership Board and that of the Programme Team by the STP Operational Group. Similarly, a number of programme workstreams have taken on a wider brief to support the STP work.

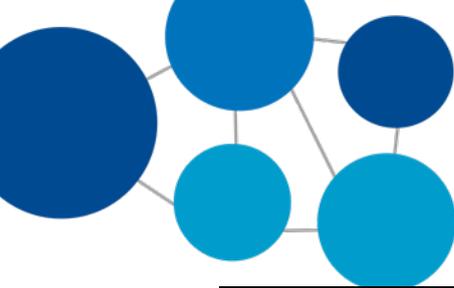
Once the STP is completed, a new governance structure will need to be developed to oversee its implementation, and the STP Partnership Board is beginning work on this. Future Fit will clearly need to be an integral part of any wider programme structure which would seek to improve coordination with Community Fit and other projects.

The impact on Future Fit of new arrangements will be assessed as they emerge, and proposals brought to Programme Board.

In the interim period the Programme Board is asked to note changes to the leadership of a number of workstreams (following the departure of key personnel):

- Clinical Design – Jo Leahy
- Assurance – Alison Smith
- Communications & Engagement – Bharti-Patel Smith

Programme Board has previously agreed that the functions of the Programme Team might be discharged by the STP Operational Group. In the light of feedback from members, and reflecting the critical tasks in the forthcoming period, the Board is asked to approve the reinstatement of the Programme Team with the following membership and with no change to its previous remit:



Name	Role	Organisation
Debbie Vogler (Chair)	Programme Director	Future Fit
<i>(appointment pending)</i>	Senior Programme Manager	Future Fit
Julie Davies	Director for Strategy and Service Redesign	Shropshire CCG
Fran Beck	Executive Lead - Commissioning	Telford & Wrekin CCG
Kate Shaw	Associate Director of Service Transformation	Shrewsbury & Telford Hospital NHS Trust
Mel Duffy	Director of Strategy	Shropshire Community Health NHS Trust

Approved changes will be reflected in an updated version of the Programme Execution Plan at the next Board meeting, and this may also need to reflect the impact of integrated STP governance processes.

9 PROGRAMME RISKS

The Risk Register continues to be comprehensively reviewed by the Programme Office each month. Relevant risks are also considered by each workstream which 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).

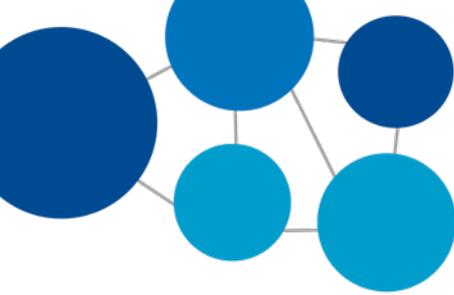
There remain a significant number of risks for which the post-mitigation rating is above the indicated risk appetite of the Programme. The view of programme is that, whilst the appetite to reduce certain risks further is appropriate, it is also to be expected that a Programme of this scale and complexity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

10 RECOMMENDATIONS

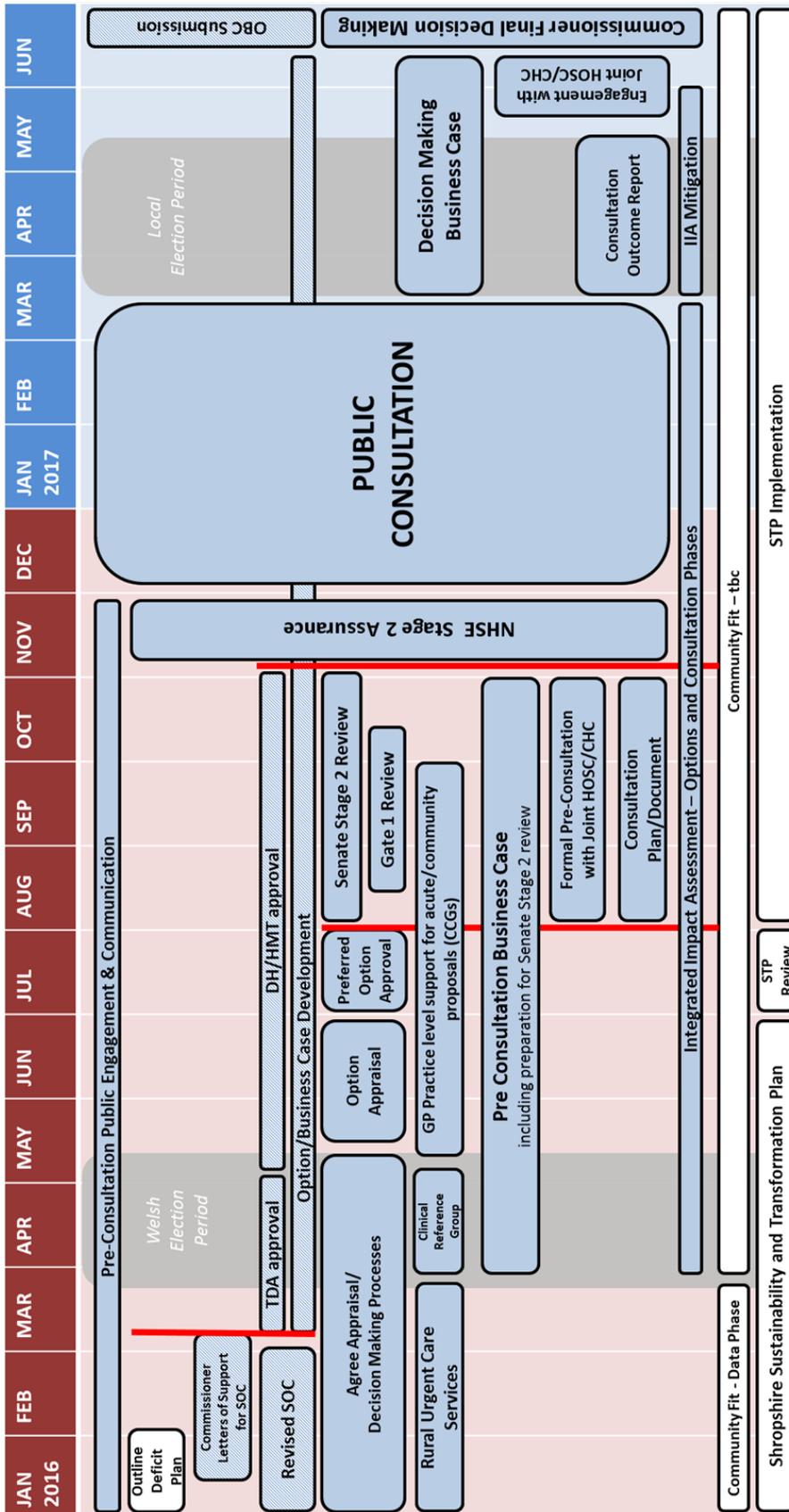
Programme Board is asked to receive this report.

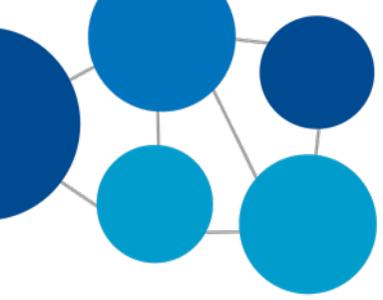
Debbie Vogler

Programme Director



APPENDIX ONE – CRITICAL PATH



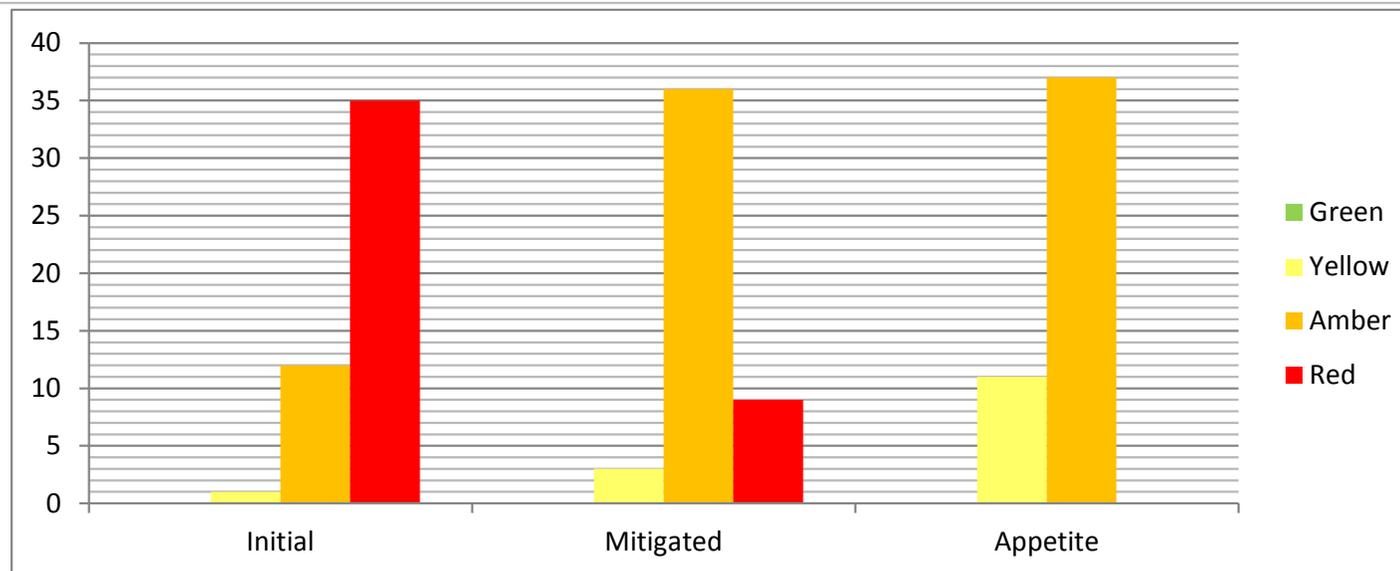


APPENDIX TWO – RED RATED RISKS

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	3	11
Amber	12	36	37
Red	35	9	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	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	14/04/2016	Y	FI CD	Key Staff Time	Inability of stakeholder organisations to release key staff for the Programme leading to adverse impact on programme deliverability	SRO	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. Frequency and scope of meetings adjusted to reflect needs of STP work until June 2016.	4	3	12	Executive and clinical leads for the programme to be confirmed in the light of CCG management changes.	4	2	8
2	27/03/2014	28/01/2016	Y	CD WF	Clinical Engagement	Inadequate clinical engagement leads to lack of support for clinical model	JP/JL	5	3	15	Extensive clinical engagement in developing model. Model approved by CRG and Board. GPs engaged on development of rural urgent care and 'Community Fit' plans. Staff engagement through sponsor organisations (including Trade Unions).	5	2	10	Further meetings of Clinical Reference Group to be held in April to consider latest work on acute SOC, rural urgent care and Community Fit.	5	1	5
3	27/03/2014	14/04/2016	Y	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	JP/JL	5	3	15	Clinical Design work stream and Clinical Reference Group established. Initial Senate review undertaken. Model approved by sponsors. CRG to advise on next stage of design work.	5	2	10	CRG to advise on next stage of design work to provide assurance around the appropriate repositioning of displaced acute activity.	5	1	5
4	27/03/2014	16/01/2028	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 work stream and Programme Office updates shared bi-monthly.	5	2	10	No further action required.	5	2	10
5	27/03/2014	05/11/2015	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 (supported by NHSE funding).	4	3	12	No further action required.	4	3	12
6	24/11/2014	14/04/2016	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	AO	4	4	16	To implement the Engagement and Communication Strategy and subsequent plans.	4	3	12	To undertake more proactive communications including media training with Core Group. Increased SRO engagement with press. Review of Comms messages	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 work stream and PTHB E&C leads have met and agreed plan of action including tactics to clarify FF Powys engagement plans. E&C work stream 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	14/04/2016	Y	EC WF	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	Changes to clinical leadership to be confirmed by CCGs following appointment of new Clinical Chairs.	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 WF	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 work stream.	4	3	12	No further action proposed.	4	3	12
21	30/10/2014	28/01/2016	Y		Approval Requirements	Lack of clarity about the nature and alignment of external approval processes prevents agreement of a robust timetable.	DV	4	5	20	NHSE/TDA proactively engaged re: approval process requirements and interrelationships. NHSE/TDA confirmed reasonableness of revised timeline. New guidance noted.	4	2	8	No further action required.	4	2	8
23	27/03/2014	28/01/2016	Y	AS	Stakeholder Strategies	Development of stakeholder strategies and plans constrains or conflicts with the Programme	SRO	4	4	16	Programme to inform development of whole system Sustainability and Transformation Plan, and ensure alignment.	4	2	8	No further action proposed.	4	2	8
24	29/05/2014	14/04/2016	Y	FI	Sponsor Financial Risk	The need to address short term financial risks in individual sponsor organisations compromises programme progress and/or outcome.	SRO	4	4	16	Programme financial model developed in alignment with sponsor plans. Deficit reduction work initiated by programme.	4	3	12	CCG Boards to reconsider SOC activity implications in April (in light of high level deficit reduction plan and Shropshire recovery plan). Ensure alignment	4	2	8
25	27/03/2014	28/01/2016	Y		Political Support for Plans	Lack of political support for large-scale service changes resulting in challenge to preferred option	SRO	4	4	16	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.	4	3	12	Regular briefings of key stakeholders to continue. New phase of engagement to focus on clarifying urgent care offer and clinical model.	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	17/12/2015	Y	WF	Interim A&E Plans (SaTH Risk Register)	Insufficient consultant capacity in Emergency Department which adversely affects patients safety and patient flow.	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.	5	1	5
27	04/08/2015	17/12/2015	Y	WF	Non compliance with Critical Care Standards for Intensivist Cover within ITU (SaTH Risk Register)	Non compliance with Critical Care Standards for Intensivist Cover within ITU: 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	Recruit to the 4WTE at PRH and 2 WTE at RSH substantive vacancies and additional 3 WTE at PRH and 1 additional WTE at RSH new posts.	5	1	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
28	27/03/2014	28/01/2016	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	10/02/2016	Y	AS	Inter-dependencies	Failure to effectively manage programme interdependencies adversely impacts the implementation of the preferred option	SRO	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 work stream. Document drafted for Board identifying all major interdependencies and setting out governance linkages and the alignment of key outputs.	4	3	12	Board to receive progress reports on Community Fit and IT Project activities, and to monitor development of the Powys SDM programme. Approach to managing additional interdependencies of deficit planning and acute business cases to be considered at November Board. STP will have coordinating oversight of all programmes.	4	2	8
30	26/02/2015	28/01/2016	Y	EC	Urgent Care Offer	Inability to adequately define urgent care offer leads to lack of support for single Emergency Centre.	DV	4	4	16	Workshops held and initial report completed in September. Additional workshop held re: urban UCCs. Process in place for engaging localities in defining rural urgent care offer by end March.	4	3	12	Locality proposals to be finalised. Key public messages to support understanding of urgent care system.	4	2	8
31	23/02/2015	28/01/2016	Y		Out of Hospital Services	Lack of clarity on plans for out of hospital services impacts public support for acute and community hospital proposals	SRO	4	4	16	Scope and initial activities of 'Community Fit' programme agreed. Updates reports provided at Board.	4	3	12	Plans for next stage of Community Fit work to be established via STP process.	4	2	8
32	23/03/2015	28/01/2016	Y	WF	Workforce Deliverability	Difficulties in recruiting in line with workforce plan (including new roles) adversely impacts implementation of programme proposals	VM	4	4	16	Workforce work stream 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	Whole system workforce plan to be developed.	4	2	8
33	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
34	27/03/2014	14/04/2016	Y		Option Appraisal	The number and/or complexity of shortlisted options identified for appraisal delays the Programme	DV	4	4	16	Shortlist of 6 agreed in line with national guidance. Number of options reduced on affordability grounds. Revised SOC sets out revised delivery solutions for existing options.	4	4	16	Options to be reviewed in light of work in revised SOC.	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	14/04/2016	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. A number of options excluded on affordability grounds. Remaining options potentially affordable to SaTH.	4	4	16	Option costs to be reassessed as OBC developed.	4	2	8
37	27/03/2014	28/01/2016	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	Capital requirement to be discussed with NHSE/TDA in light of revised SOC and deficit reduction plan.	4	2	8
38	29/05/2014	14/04/2016	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	5	25	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	5	25	Commissioner affordability to be reviewed in light of high level deficit reduction plan and final STP.	5	2	10
39	05/11/2015	10/02/2016	Y	FI	Local Health Economy Deficit	LHE deficit undermines viability of business cases or other proposals	SRO	4	5	20	Commissioners and providers to set out nature and scale of deficit and to develop a deficit reduction plan acceptable to regulators.	4	4	16	High level deficit reduction plan to be completed alongside revised SOC. Full sustainability plan to follow in June.	4	3	12
41	23/03/2015	28/01/2016	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.	4	3	12	Further actions to be defined once workforce plan developed.	4	2	8
44	27/03/2014	14/04/2016	Y	FI	Programme Resources	Programme resources / staffing inadequate leading to difficulties in running Programme to agreed timelines	SRO	4	4	16	Core Programme Budget agreed. Additional requirements for each phase to be identified. Resourcing for 2016/17 agreed.	4	3	12	Transition to local PMO to be completed. Relationships with STP implementation to be clarified and additional resource scoped.	4	2	8
47	27/03/2014	14/04/2016	Y		Loss of Key Personnel	Loss of Sponsor/Programme personnel leads to disruption and/or delay	DV	4	5	20	New Chief Officers provided with programme briefings. Close involvement of wider CSU team throughout Programme to ensure ability to provide backup.	4	3	12	Clarification requested on a number of workstream leads. Full briefings to be provided to any new appointees unfamiliar with the programme.	4	2	8
48	27/03/2014	28/01/2016	Y	AS	NHS Approvals	Failure to secure necessary NHS approvals at key milestones delays the programme	DV	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. New guidance received and factored in to plans.	4	3	12	Programme to continue developing business cases in line with regulator requirements.	4	2	8
49	09/03/2015	28/01/2016	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	4	5	20	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 Programme control.	4	3	12	Ensure completion of local approvals in line with the timetable.	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
50	09/03/2015	14/04/2016	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	SRO	5	4	20	Commissioners to agree approach to final decision making in advance of Stage 2 Assurance. Joint Board workshop held and further steps agreed.	5	3	15	CCGs to set out overarching plan for informing a final decision post-consultation.	5	2	10