

Reconfiguration Programme - Risk Update

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Paper D4

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	x

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	22.12.2020	For assurance and noting
Executive Board – ESB	05.01.2021	For assurance and noting
Trust Board Committee		
Trust Board		

Executive Summary

Context

As part of the Building Better Hospitals Program, the Programme Team will present a Program Level Risk Log for each meeting. The document provides details of;

- All program level risks report (for the attention of the Reconfiguration Programme Committee, ESB and Trust Board).
- Those program level risks, included in the above report, that we would specifically draw to the attention of the Trust Board i.e. those risks which have a risk 'score' of > 16 before mitigation.

The Risk Log will remain a 'live' document throughout the course of the programme. The Risk Log is formally discussed as part of the standard agenda at the weekly Workstream Leadership Group (WLG) meetings. This ensures that all aspects of risk within the program are identified, discussed, monitored and where possible managed and mitigated.

Input Sought

The Trust Board is requested to

1. Take cognisance of the details provided

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Part of individual projects
- How did the outcome of the EIA influence your Patient and Public Involvement? Part of individual projects
- If an EIA was not carried out, what was the rationale for this decision? N/A at this stage

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	PR 7 – Reconfiguration of estate
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description?		
None		

- 5. Scheduled date for the **next paper** on this topic: [February 2021]
- 6. Executive Summaries should not exceed **5 sides** [My paper does comply]

Appendix 1:

17th DECEMBER 2020 – LRI AND GH Programme level Risk Register MASTER – pub. risks > 16 pre mitigation:

RISK #	STAGE	RISK CATEGORY	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	PROBABILITY	CONSEQUENCE	RAC	RISK MITIGATIONS	PROBABILITY	CONSEQUENCE	RAC
11	Business Case	Engagement	Delays to business case development due to evolving / changing requirements from regional/national stakeholders	Stakeholder engagement at external regional/national level engenders a lack of clarity in approach to the business cases and what is required for approval leading to multiple revisions presented.	Delays to programme (with potential costs), additional costs incurred for amendments to business case.	Regular engagement with NHSIC, PHIC governance advise to mitigate risk of unexpected further revisions. Key UHL personnel are better business case practitioners, with knowledge to foresee and mitigate potential hurdles.	4	4	16	Early engagement with external stakeholders to ensure changes are captured early and the impact of amendments is minimised. Building effective relationships with regional/national stakeholders to promote good awareness and early knowledge of changing policy horizon.	3	4	12
18	Business Case	Programme	The Capacity provided by the Reconfiguration programme is inadequate for the amount of activity that needs to be undertaken.	If the scale of transformation required is not delivered it could result in a failure to operate out of the capacity provided within the Reconfiguration Programme.	The Trust is unable to mitigate the demographic growth in demand, and the number of beds required is above 2033. Performance targets are not achieved.	Transformation programme being led by Operations Team. New Models of Care agreed with senior management team. The annual plan provides the baseline for managing activity changes against original assumptions. System wide approach to planning	4	4	16	Efficiency programmes have been further developed by the RMGs and therefore there is a confidence in delivery measured against Annual Plan and performance trajectories.	2	4	8
19	Business Case	Consultation	Impact of delay if programme is referred to judicial review and this challenge is then upheld.	If the programme is referred to Judicial Review by local and/or national interest groups or individuals who choose to challenge the consultation process because the consultation did not follow due process, there will be significant delay to the programme expected to be 6-18 months.	Delay to approval of OBC & FBC and subsequent delay to delivery of whole programme, up to 18 months.	Ensure there is thorough clinical case for change. Public engagement (including pre-engagement), ensuring that strong reasoning and detailed plans are communicated. Work with STP PMO. Legal advice commissioned from Browns-Jacobson. Involvement from NHSIC through PCSC assurance process, regionally and nationally.	4	4	16	Ensure there is thorough clinical case for change. Public engagement (including pre-engagement), ensuring that strong reasoning and detailed plans are communicated. Continue working closely with STP. Legal advice obtained in structure and content of consultation. Ensure clinical leads are identified for each key project. Dialogue with local politicians and influential stakeholders is on-going, to mitigate against risk of delay to programme.	3	3	9
28	Construction	Estates	Lack of decant space impacts on programme	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment and FF&E, the construction programme will be affected.	Delay in programme and increased costs.	Decant solution dealt with on a case by case basis, budget not always identified within the project.	4	4	16	The overall program is reviewed and progressed with the space planning team, significant decant space identified in DCP (Brandon unit, Mansion House) and planned as a project work stream. Decant space to be funded as part of DCP overall costs.	2	4	8
31	Operational Commissioning	Workforce and OD	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from shifting and donning, operational practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.	Not possible to accurately predict when some measures will be reduced in line with a vaccination and roll out programme.	Increased costs base from original business case, potential delays to programme benefit realisation.	Clinical areas are reviewing more efficient practices arising from COVID to offset increased costs. Ongoing programme link into clinical input to create and implement mitigating strategies.	4	4	16	Ensure clinical practices of embedding efficiency gains are realised where possible, in order that pre COVID efficiencies do not re-emerge. Ensure these new clinical practices are incorporated into SOPs and model design arising from outputs of design group work. Availability of vaccine will reduce risk.	3	3	9

University Hospitals of Leicester

Programme Level Risk Register

Date Issued: 17/12/20

RISK ID	STAGE	RISK CATEGORY	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	PROBABILITY	CONSEQUENCE	RAG	RISK MITIGATIONS	PROBABILITY	CONSEQUENCE	RAG	RISK OWNER	Executive Lead	Escalate to: CMO Risk Register	Date for Review	Last updated	Issue	OPEN / CLOSED	ONGOING / FINISH YEAR
11	Business Case	Engagement	Delays to business case development due to evolving / changing requirements from regional/national stakeholders	Disavowal/engagement of external regional/national level engineers a lack of clarity in approach to the business case and what is required for approval leading to multiple revisions presented	Delays to programme (with potential costs), additional costs incurred for amendments to business case.	Regular engagement with HSC, PWC governance advice to mitigate risk of unexpected further revisions. Key L&L personnel are under business case production, with knowledge to foresee and mitigate potential hurdles.	4	4	16	Early engagement with external stakeholders to ensure changes are captured early and the impact of amendments is covered. Building effective relationships with regional/national stakeholders to promote good awareness and early knowledge of changing policy horizon.	3	4	12	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
16	Business Case	Programme	The Capacity provided by the Reconfiguration programme is inadequate for the amount of activity that needs to be undertaken	If the scale of transformation required is not delivered it could result in a failure to operate out of the capacity provided within the Reconfiguration Programme.	The Trust is unable to mitigate the demographic growth in demand, and the number of beds required is above 2033. Performance targets are not achieved.	Transformation programme being led by Operations Teams have Metrics of Care agreed with senior management teams. The annual plan provides the baseline for managing activity changes against original assumptions. System wide approach to planning.	4	4	16	Efficiency programme has been further developed by the CMOs and therefore there is a confidence in delivery. Reviewed against Annual Plan and performance expectations.	2	4	8	TRUST - Sam Leak	TBA	TBA	30/09/2020	14/08/2020	Monitor	CLOSED	COMPLETED
19	Business Case	Consultation	Impact of delay if programme is referred to judicial review and this challenge is then upheld.	If the programme is referred to Judicial Review by local and/or national interest groups or individuals who choose to challenge the consultation process because the consultation did not follow due process, there will be significant delay to the programme expected to be 6-18 months.	Delay to approval of CMC & F&E and subsequent delay to delivery of whole programme, up to 18 months.	Ensure there is thorough clinical cases for change. Public engagement (including pre-engagement), ensuring that strong messaging and detailed plans are communicated. Work with STP P&G. Legal advice commissioned from Brown-Jacobson. Involvement from NRES through PCBC assurance process, regionally and nationally.	4	4	16	Ensure there is thorough clinical cases for change. Public engagement (including pre-engagement), ensuring that strong messaging and detailed plans are communicated. Continue working closely with STP. Legal advice obtained on structure and content of consultation. Ensure clinical leads are identified for each key project. Change with local professions and influential stakeholders is ongoing, to mitigate against risk of delay to programme.	3	3	9	TRUST - Mark Wightman	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
23	Construction	Estimate	Lack of decent space impacts on programme	If decent space is not easily available within the Trust, and the space that is identified may require development, refurbishment and F&E, the construction programme will be affected.	Delay in programme and increased costs.	Decant solution dealt with on a case by case basis, budget not always identified within the project.	4	4	16	The overall program is reviewed and progressed with the space planning team, significant decent space identified in DCP (Bardon unit, Manton House) and planned as a project work stream. Decant space to be funded as part of DCP overall costs.	2	4	8	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
31	Operational Commissioning	Workforce and CO	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from staffing and opening operational practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.	Not possible to accurately predict when some measures will be reduced in line with a vaccination and roll out programme.	Increased costs base from original business case, potential delays to programme benefit realisation.	Critical issues are reviewing more efficient practices arising from COVID to offset increased costs. Ongoing programme link into clinical input to create and implement mitigating strategies.	4	4	16	Ensure clinical practices of embedding efficiency gains are realised where possible, in order that pre-COVID inefficiencies do not re-emerge. Ensure these new clinical practices are incorporated into SOPs and model design arising from outside of design group work. Availability of resource will reduce risk.	3	3	9	TRUST - Hazel Wyles	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING