

Reconfiguration Programme – Risk Update (public)

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Paper I

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	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Programme Cmte	22/01/2021	Assurance
Executive Board – ESB	02/03/2021	Assurance
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 programme level risks report (for the attention of the Reconfiguration Committee, ESB and Trust Board).
- Those programme level risks, included in the above report, that we would specifically draw to the attention of the Board i.e. those risks which have a risk 'score' of 16 or greater.

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

programme are identified, discussed, monitored and where possible managed and mitigated.

In each paper, we will highlight whether any risks have been added to the risk register, and whether any risks have changed score.

Since the last Trust Board, we have met with Richard Manton, the Trust Head of Risk Assurance to agree how risks are presented to ensure alignment with the standard risk register.

Questions

1. How will risks be presented to the Reconfiguration Programme Committee, ESB and the Trust Board?
2. What has changed in the risk log since the last month?
3. Which risks score greater than 16 currently on the log (pre-mitigation)?

Conclusion

1. Experience has identified that it is difficult to share the risk register using the board portal in a way that makes the register readable. One of the ways to resolve this is to ensure that the risk register is available on the new digital PMO system, which will be accessible to Trust Board members from April.
2. There have been no new risks to escalate since last month.
3. Appendix 1 highlights all the risks that are scored over 16 (pre-mitigation), with the target risk score identified post mitigation. The Reconfiguration Team propose to provide a verbal update as necessary to the Trust Board to ensure that the nature of each of the risks and the respective mitigations are understood.

Input Sought

The Trust Board is requested to:

1. **NOTE** the content of this report and advise if the mitigations are appropriate and whether there are any omissions.

For Reference:

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

1. Quality priorities

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

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[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 <i>Principal Risk</i> on the BAF?	X	PR 7 – Reconfiguration of estate
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: [April 2021]

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

Appendix 1 - LRI and GH Programme level risk Log – MASTER

RISK ID	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	RAG	RISK MITIGATIONS	TARGET RAG POST MITIGATION
11	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 NHSE/I, PwC 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.	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.	12

16	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	16	Efficiency programmes have been further developed by the CMGs and therefore there is a confidence in delivery. Assessed against Annual Plan and performance trajectories.	8
19	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	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	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 on structure and content of consultation. Ensure clinical leads	9

		process, there will be significant delay to the programme expected to be 6-18 months.		PMO. Legal advice commissioned from Browns-Jacobson. Involvement from NHSE/I through PCBC assurance process, regionally and nationally.		are identified for each key project. Dialogue with local politicians and influential stakeholders is on-going, to mitigate against risk of delay to programme.	
28	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.	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.	8
31	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from doffing and donning, operational	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	16	Ensure clinical practices of embedding efficiency gains are finalised where possible, in order that pre COVID inefficiencies do not re-emerge. Ensure these new clinical practices are incorporated into SOPs and model	9

	practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.			input to create and implement mitigating strategies.		design arising from outputs of design group work. Availability of vaccine will reduce risk.	
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