

## **APPENDIX 6a – Risk Register**

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19/02/2016

SaTH Sustainable Services Programme											
RISK REGISTER											
Risk Ref.	Risk Category	Date Raised	Date Revised/Removed	Risk Description	Risk Owner	Project Impact Score (A)	Likelihood Score (B)	Overall Risk Rating (AxB)	Key Date	Risk Management / Mitigation Strategy	Current Status - progress to date
1	PROJECT DELIVERABILITY	04/01/2016		Lack of clinical engagement in development of the SOC leading to disengagement, disconnect and the work not being clinically led	EB/SB	3	3	9 Green	Feb-16	Approach agreed with Medical and Care Group Directors. Clinical Working Groups established. Attendance at Care Group Boards planned	Good engagement and attendance by senior care group clinical leads. Corporate teams also involved. Wider CWG held in January to involved clinical directors and others On-going work to OBC to be planned
2		04/01/2016		Lack of clarity of roles regarding Sustainable Services Programme and NHS Future Fit resulting in a failure to meet the '4 tests' and Gunning Principle required for all NHS service reconfigurations	SW	4	4	16 Amber	Feb-16	Urgent need to clarify relationship and roles and communicate with stakeholders and the public	Meeting of key leads planned - date tbc
3		04/01/2016		Risk around wider NHS Future Fit progression including perceived divergence from clinical model, lack of GP support and/or because the NHS Future Fit model has not been adequately refreshed (e.g. Community Fit, the rural offer, financial sustainability) leading to CCGs not being able to approve the plans for, and lead on public consultation	NN/AO	5	4	16 Amber	Feb-16	Refreshed messages and mandate through NHS Future Fit Programme for an update to the clinical model required to encompass progress and any changes	Meeting of SROs and Accountable Officers/CEO with communication team to discuss and progress. Outcomes to be fed into meeting of key leads above
4		04/01/2016		Challenging timeframe for delivery and completion of information and detailed work required for the Sustainable Services Programme SOC resulting in an impact with submission timeframes, impact on the programme and/or the impact on other Trust work	NN	3	2	6 Green	Feb-16	Action plan and critical path developed. Key tasks and responsibilities identified. Technical Team commissioned	Work on track. Commissioner and Future Fit team and Board engagement planned. SOC to private session of Trust Board 25 February Feedback from TDA re SOC expectations received
5		04/01/2016		Lack of clinical operational engagement in development of the SOC leading to disengagement and gaps in detail and information	KS	3	3	9 Green	Feb-16	Approach agreed with Care Groups/Corporate Teams. Delivery Group established.	Good engagement and attendance at workshops and meetings to date. Information received as requested. Structures in place. Approach to OBC to be reviewed and amended if required

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6		04/01/2016		Capital costs of the emerging solutions in higher than anticipated leading to concerns around affordability and deliverability	NN	5	2	10 Green	Feb-16	Cost advisors working closely with Architecture and Technical Team. Information to be shared with Trust teams	Draft capital costs received and being worked through. Revenue impact to be mapped
7	GOVERNANCE	04/01/2016		Lack of ownership and/or clarity on decision making processes within the Trust leading to confusion, misinterpretation and/or late changes	NN	3	2	6 Green	Feb-16	Proposed governance and programme structure in place and agreed. Terms of Reference for all meetings and groups in place. Regular updates to be provided to HEC and Trust Board	Programme structure in place. Updates provided to key Trust committees and groups
8	COMMUNICATION AND ENGAGEMENT	04/01/2016		Lack of awareness and understanding of wider staff in Sustainable Services Programme and relationship to NHS Future Fit Programme leading to conflicts with other schemes/projects and the sharing of incorrect information	AO	3	3	9 Amber	Feb-16	As above plus Communication and Engagement plan to be developed	Draft Communication and Engagement Plan developed. Meeting planned with Future Fit communications team and leads to progress

## **APPENDIX 6b – Project Initiation Document**

# **APPENDIX 6b - Project Initiation Document**

**Shrewsbury and Telford Hospital NHS Trust**

**Sustainable Services Programme**

**Project Initiation Document**

**Version 0.7 DRAFT**

**Kate Shaw**

**16 November 2015**

# 1 Introduction

The purpose of this Project Initiation Document (PID) is to define the scope of the Shrewsbury and Telford Hospital NHS Trust's (SaTH) Sustainable Services Programme<sup>1</sup>. It will answer:

- What needs to be achieved?
- Why it is important to achieve it?
- Who will be involved in managing the process and what will their roles and responsibilities be?
- What are the programme management arrangements?
- How and when the project will be undertaken?
- What are the risks related to the programme?
- How much it is likely to cost?
- What is the approvals process?
- How this work is aligned with the Future Fit programme

The PID will also act as a 'base document' against which progress, risks, issues and changes can be assessed.

## 1.1 Background

The pressing need for change in the way emergency services are delivered is well documented.

The Trust has an urgent workforce challenge, specifically in the recruitment and retention of Consultants in Emergency Medicine, Acute Medicine and Anaesthetics (Interventional and Anaesthetics). This is compounded by challenges in the recruitment of Qualified Nurses, Radiologists, Junior Doctors and support staff.

The Trust's experience from previous service reconfigurations and the experience of other organisations is that recruitment and retention improves when:

- There is a clear clinical strategy for future service delivery
- Clinical services are delivered by single site teams
- Patient outcomes and experience is good
- Facilities are fit for purpose with appropriate furniture and equipment in place
- Training, development and staff facilities are easily accessed

The Trust has a varied estate that directly impacts on the care and experience patients receive. Some services are delivered within new purpose built environments; the Shropshire Women and Children's Centre at PRH and the Lingen Davies Cancer Centre at RSH. Other services however, are delivered in old, cramped and challenging environments; the Critical Care Unit at RSH, Accident and Emergency Departments at both sites and the RSH Ward Block. Whilst staff do their very best to deliver quality care within these areas and the Trust's corporate services (Estates, Facilities, IPC, IT etc.) do their very best to maintain them, the Trust also needs to address its most challenging facilities in recognition of its interdependency with and for its workforce.

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<sup>1</sup> Project name to be confirmed

The conclusions of the Future fit Programme Board in October 2015 was to note the outcomes of the process for appraising shortlisted options; and to defer reaching any conclusion about recommending a 'preferred option' to Sponsor Boards, until the Future Fit Programme Board is assured that there is an approvable case for investment.

The Trust remains committed to the on-going work of the Future Fit Programme and its role within it, whilst recognising the need for progression of a solution at pace to the clinical workforce challenges it faces. The Trust now needs to progress the work on developing a revised Strategic Outline Case and Outline Business Cases (one for an emergency centre at PRH and one for an emergency centre at RSH). Public consultation will need to take place during 2016, ideally starting in the summer.

## **1.2 Programme Objectives and Deliverables**

It is critical that the work going forward is clinically led, inclusive and provides the best configuration of services across the Trust's two sites whilst maximising the use of existing infrastructure and estate. The solution needs to be developed and understood in collaboration with patients, staff and the communities served. The objective is to achieve a configuration of services that retains two vibrant hospital sites with services remaining local where ever possible.

The objectives of this phase of the Trust's Sustainable Services Programme are:

- To describe a model or continuum of urgent and emergency healthcare need, focussing on pathways and outcomes
- To identify the workforce and facilities solutions to ensure the Trust's delivery of safe and sustainable services in the short to medium term
- To identify a range of affordable options for the delivery of urgent and emergency healthcare delivery
- To describe the location of services at both RSH and PRH, and their relationship to urgent and emergency care, on a scale of essential to desirable
- To progress these solutions to Strategic Outline Case (SOC) and then Outline Business Case (OBC) for public consultation in 2016
- To ensure the solutions within the OBC/s offer the greatest patient and public benefit and outcome possible by:
  - optimising clinical adjacencies and access to the right clinical team
  - minimising service and workforce complexity
  - delivering to a time and cost efficient programme
  - maximising staff, patient and public involvement
  - maximising the opportunity for alternatives to care in an acute setting to be delivered
- To deliver this in line with Department of Health, National Trust Development Authority and relevant Clinical Body guidance
- To actively and regularly engage with staff at both hospital sites; encouraging involvement, engagement and understanding
- To actively engage with patients and the public across all the communities served on the fragility of the Trust's services and the important focus on pace of change and improving outcomes

### **1.3 Authority**

This phase of the project has been authorised by the Trust's Executive Team following discussion and an agreed way forward by the Trust Board.

## **2 Project Definition and Scope**

### **2.1 Key Deliverables**

The key deliverables for this PID are:

- A clinically agreed set of patient pathways that make sense to patients and the public based on clinical need and the objectives outlined above
- A workforce model that can deliver the agreed pathways; that is sustainable, achievable and affordable
- Estates, Facilities, and IT solutions that deliver appropriate environments for patient care and in which the Trust's clinical and non-clinical staff can work
- A Strategic Outline Case (SOC) and Outline Business Case/s (OBC) that meet Department of Health and National Trust Development Authority standards

### **2.2 Constraints**

The constraints on this project are:

- Time – there is an urgent need to progress with planning for a solution to the Trust's immediate workforce challenges
- Confidence – work will need to be undertaken to communicate and build confidence with staff and the public
- Politics – due to a change in service configuration for the populations served, the potential solution may/will be politically charged
- Finance – there is a limit to the capital available and this will lead to difficult choices and compromise

### **2.3 Assumptions**

The project is predicated on the following assumptions:

- The required clinical, managerial and technical expertise can be released/resourced
- Strategic Outline Case and then Outline Business Case will be completed ahead of public consultation in summer 2016
- The clinical model of one Emergency Department, one Critical Care Unit, associated/interdependent services and networked Urgent Care agreed within the Future Fit Programme is maintained
- A reappraisal of the associated/interdependent services and their adjacencies will be undertaken including inpatient bed numbers
- Key enabling projects will be identified, agreed and progressed during this phase



## 2.4 Exclusions

Areas that are excluded from this project are:

- Workforce and capital solutions external to SaTH
- Work to address the long term affordability challenges within the health and social care economy
- Wider work which is being addressed by Future Fit (e.g. Community Fit, , Rural Urgent Care Centres)

## 2.5 Interfaces/Interdependencies

The other projects and pieces of work that interface with this project are:

### Internally

- Workforce – creation of new roles
- Improvement – Virginia Mason and Care Group developments
- Cost Improvement Programme
- Business Continuity Plans

### Externally

- NHS Future Fit Programme
- Emergency Care Improvement Group
- Urgent and Emergency Care Network
- 7 Day Services
- System Resilience Group
- Clinical Sustainability Group
- Delivery of Commissioning Intentions
- Neighbouring reconfigurations

## 2.6 External Dependencies

The project is externally dependant on the following:

- Delivery of changes to urgent care provision and long term condition management
- Consistent and robust communications regarding changes to the delivery of healthcare in Shropshire
- Support from Commissioning organisations, National Trust Development Authority and NHS England

## 2.7 Procurement Options

Options for procurement and the capital required will be explored during the development of the OBC.

## 2.8 Benefits

The benefits of the project will be identified as part of the development of the OBC. These will include benefits relating to:

- Clinical outcomes for patients
- Retention and recruitment of the Trust's workforce
- Financially sustainable service models within Emergency and Critical Care
- Improvement to clinical and working environments

## 2.9 Costs

The initial costs for this phase of the project (i.e. to OBC and Public Consultation) are being developed. The costs for the external Technical Team support (Healthcare Planner, Technical Project Manager, Architect, Cost Advisor) to achieve a SOC is estimated to be £200k (exc. VAT). This excludes any required external IT support.

## 3 Approach and Plan

There are three key stages to this phase of works, all of which require significant clinical involvement and leadership:

- 1) Scoping the urgent/emergency care pathway and potential service model options and defining the service and capital brief
- 2) Progressing this work to the development of an approvable SOC
- 3) Developing the SOC into an approvable OBC

A detailed project plan – the SOC Action Plan is attached at appendix 1. The high level key dates within this plan are tabled below:

<b>What</b>	<b>When/Completed By</b>
Establishment of programme governance, structure, identification of Trust leads and appointment of technical team	October 2015
Understanding of scale of Urgent/Emergency Care continuum – from Emergency Department to Urgent Care Centres	End November 2015 – presentation to Trust Board
Development of the options – workforce and facilities	October 2015 to January 2016
Strategic Outline Case development	October 2015 to February 2016 (Draft SOC to Trust Board January 2016/Final SOC to Trust Board February 2016)
Approved SOC submitted to TDA	February 2016
OBC development	January 2016 to June 2016

A number of project workstreams have been established, including:

- Clinical
- Workforce
- Finance
- IT
- Estates
- Technical

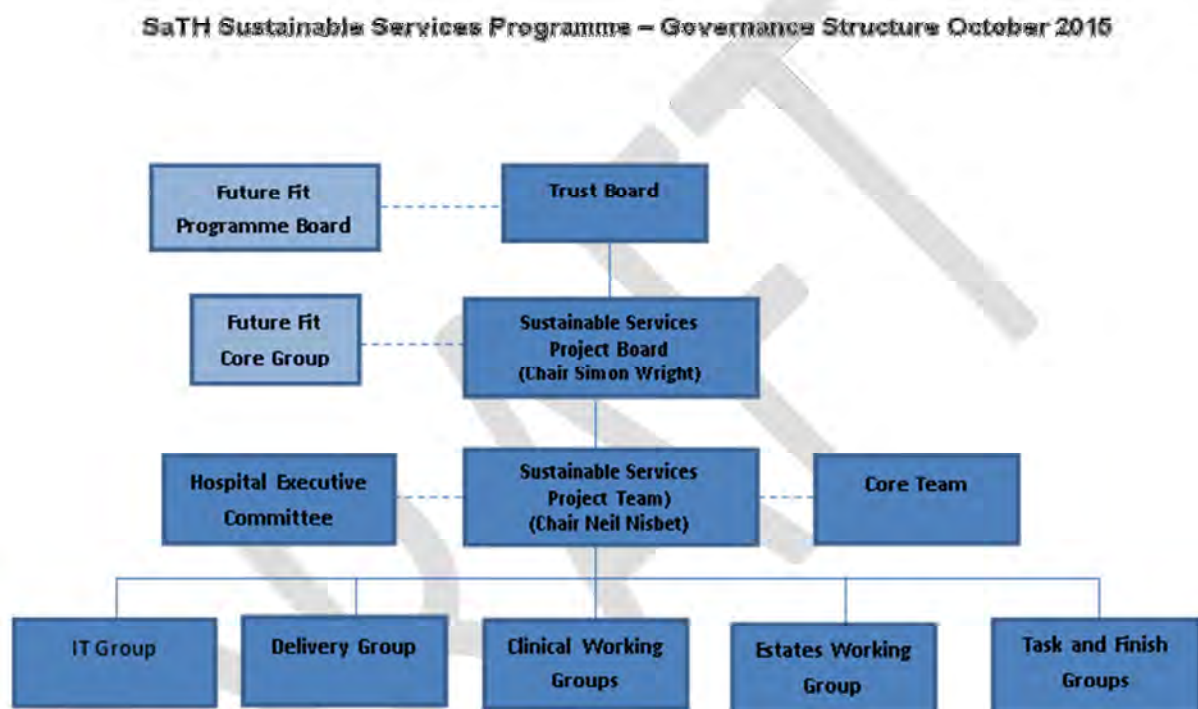
## 4 Project Organisation Structure

The programme will be delivered by the Trust's Future Team. Lead clinicians will work closely with the Future Team to lead, advise and coordinate the involvement and engagement of others in their clinical area, speciality and Care Group. Lead officers from the Trust's Corporate Services (Workforce, Finance, Communications etc.) will be backfilled to provide specialist input into the Future Team. Additional external technical support will be accessed as and when required.

Coordinated input from the Care Groups and other Corporate Teams will be focussed and progressed through a multi-disciplinary Delivery Group, facilitated by the Future Team.

The Sustainable Services Programme will be overseen by a Project Board comprising Executive and Clinical Leads. This Project Board will also include the Trust's Patient Representatives.

Discussions are on-going in terms of clarity of roles and responsibilities with the Future Fit Programme. Links to the Future Fit Programme will be undertaken by Trust leads that have a defined role within Future Fit and via the reporting structure shown below:



#### **4.1 Senior Responsible Owner**

The Senior Responsible Owner for the project is the Chief Executive.

#### **4.2 Project Director**

The Project Director for the project is Neil Nisbet, Finance Director.

#### **4.3 Project Manager**

The Project Manager for the project is Kate Shaw, Associate Director of Service Transformation.

#### **4.4 Assurance**

The process of assurance is to be discussed and agreed.

## **5 Communication, Engagement and Stakeholders**

A full Communication and Engagement Plan will be developed. This will be agreed and signed off by the Project Board.

### **5.1 Communication method**

The key communications channels are:

- Meetings and planning sessions
- Drop-ins/Roadshows
- Focus Groups
- Core Brief, 'Message of the Week', 'The Week'
- Posters, flyers, bulletins
- Trust Intranet and Internet
- Social Media

### **5.2 Stakeholders**

A stakeholder analysis will be undertaken. Key stakeholders are:

- Trust staff
- Patients and the public
- Patient representative groups
- Health Overview and Scrutiny Committee
- Local health and social care partner organisations
- Politicians

## **6 Risk Management**

The risks to delivery of the programme are included in the risk register. Risks will be discussed and the register updated at every Project Board meeting.

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