

PICTURE OF HEALTH RISK REGISTER AUGUST 2007

ID	Title	Description	Risk level (initial)	Risk level (current)	Risk level (Target)	Controls in place	Adequacy of controls	Owner	Opened Date	Closed date	Review date	Actions
203	Capacity to establish project management arrangements to deliver the strands of the project within the projected timeline	1.Ability of the Organisation to fully meet the challenges of change around PoH & other key services 2.Availability of trained Project Managers 3.Consistent & appropriate processes in place	HIGH	MOD	LOW	1. Executive Action Steering Group meet regularly to discuss possible issues that may create holdups and provide a constant review of projected finances. 2. Implementation of a full support Structure & Infrastructure: PFI Advisors (technical, financial, legal) Capital Planning & Operational Services Posts Established Clinical Groups with both Acute & Primary Care Integration of the Project Boards External Advisors	A	Ian Ross	10-Apr-2007		1-Oct-2007	Executive action Steering Group 20/20 Company Review of Integration
209	Organisational capacity to manage change, given the need to maintain business continuity whilst bringing about major change.	1. Project Plan not in place which clearly shows each stage of implementation of PoH. 2. Lack of in-house project management skills, which will result in various failures including logistics of decants, lack of overlap of existing facilities/ functions, lack of planning approvals for new builds, and slippage of contingency arrangements. 3. All staff not being aware and involved of proposed changes or lack of understanding of changes.	HIGH	HIGH	LOW	1. Executive Action Group (EAG) regularly meets to review project status and will appoint appropriate resource when required. This will ensure that a plan is in place which clearly shows each stage of development. 2. EAG to assess skills gaps and appoint where required 3. Communication strategy to be developed. 4. EAG has appointed additional project management support across acute and primary care.	A	Colin Sloey, Rosemary Lyness, Alan Lawrie	3-May-2007		1-Oct-2007	Appoint Appropriate Resource Communication Strategy for implementation to be developed Refocus the Communication Strategy

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210	Lack of detailed service & capacity plans at this stage which will require significant resources to prepare within timescales	<p>1. Lack of detailed project plans in place that all interested parties have agreed. This includes a Primary Care Plan which forms an integral part of the overall project. *Primary Care Plan at approval stage - review of 30/07/07</p> <p>2. Contact with other Health Boards, transport groups and other organisations that will be required to effectively implement the proposed changes, is not maintained or agreements approved.</p> <p>3. Project Management skills not in place either internal or external.</p> <p>4. The lack of plans in place will create difficulty when getting all interested parties to agree to the full programme of changes.</p> <p>5. Timescales for changes will be too aggressive and the various strands will be unable to fit into the overall plan.</p>	HIGH	HIGH	MOD	<p>1. Executive Action Group meet regularly to ensure all change participants are aware and have agreed to proposed changes.</p> <p>2. Representative meetings are held with Greater Glasgow and Forth Valley Health Boards. Scottish Ambulance Service are consulted and transport needs investigated and reported to Executive Action Group.</p> <p>3. External advisors including legal are being appointed.*appointments confirmed as at 30/07/07 review. Internal staff have been appointed to project positions. Project management arrangements with 20/20 Co.</p> <p>4. Communication meetings are planned and a strategy of communications to be implemented, which will ensure that all parties understand the reasons for the proposed changes. *Directors have met with Clinical Leads in Primary Care & Acute. A communications plan will be developed for each specialty/locality area as at review of 30/07/07.</p> <p>5. Project Plan will establish the various milestones and dependencies. *Currie & Brown, Technical Advisors, will produce a programme plan and milestones.</p>		Colin Stoev, Rosemary Lyness, Alan Lawrie	8-May-2007		1-Jun-2007	Executvie Action Group Project Plan Appropriate Resource
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213	The reorganisation and redeployment of staff to support the revised configuration.	1. No plans in place that fully support PoH.	HIGH	HIGH	LOW	1a. Workforce and Finance Group established who will produce plans when overall PoH plan established. 1b. Present HR policies will fit into PoH changes, includes: HR Plan, Organisational Learning and Development Plan and Workforce Toolkit. 1c. Staff in place who have experienced previous moves and strategies. 1d. Various groups in place that are examining present work numbers and methods.	A	Gordon Walker	16-May-2007		1-Oct-2007	Establish Redeployment Plans
206	Financial risk around double running and transitional costs, which have currently not been explored.	1. Transitional plans not being on target which would have a knock on effect for each following stage of the project. Expectations may not be met where changes to plans are essential. 2. External agencies eg Scottish Ambulance Service (SAS) unable to slot into proposed changes. This would result in funds being required for patient transport. 3. Timescales of each phase of the plan are interdependant on completion of another. Any over run will result in a financial cost. Tight schedules have been set and swift response to each deviation will be essential.	HIGH	HIGH	LOW	1. Regular financial reporting to PoH Committee which show how any deviation from target would effect the overall project. 2. Plans are either established or will be established with all external agencies. 3. As 1 above.	A	Susan Goldsmith	3-May-2007		1-Oct-2007	No identified actions at present

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205	Financial risk around affordability and value for money arising from service , capacity & capital plans	1. Uncertainty over future budget. The 07/08 budget is in place however over the term of PoH deviations from projections will affect the programme. Budget could be effected by change in Government strategy, costs set by construction industry, fluctuation of interest rates, and cost of money from the private sector. 2. Uncertain revenue in the long term. 3. Moving targets. As budgets are revised, plans will have to be revised to fit. Expectations from internal sources will not match up to available funds.	HIGH	HIGH	LOW	1. a) Every capital plan has an assumption of 8% inflation and an optimism bias of 20%. b) Regular contact with Scottish Executive established which will highlight any finance changes. 2. a) Robust financial planning, monthly modelling set up which reflects any changes. b) As 1b. 3. a) Planning process includes input from Financial Planning. b) Contact maintained with Property Services which looks at existing projects and how this affects new projects.	A	Susan Goldsmith	3-May-2007		1-Oct-2007	Reporting of Changes to Expenditure
208	The impact of "political" responses to the decision on and approval of the preferred option for the Picture of Health strategy.	1. Lack of co-ordination and focus on PoH will lead to a communication strategy that does not align to the aims of the project. Resulting in a lack of acceptance by the wider community. 2. Lack of internal and external stakeholder management. 3. Uncertainty over process of engagement with public sector. Insufficient clear information. 4. Deliverables including timescales have not been established.	HIGH	HIGH	LOW	1. Executive Action Group will ensure appropriate project management is established. This will include an effective communication strategy. 2. Project management key to the development of a communication strategy which is effective. 3. Control as 1 above. 4. Control as 1 above.	I	Tim Davison	3-May-2007	3-Jul-2007	1-Oct-2007	Project Management

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214	Impact of Ministerial Request for Review of A&E Services across each sit in terms of affordability,sustainability & time.	There is the risk that the requested review of the A&E services will adversely affect the implementation of the Picture of Health Programme.	HIGH	HIGH	LOW	<ol style="list-style-type: none"> 1. Review Group established 2. Arrangements for Review Process established & commenced 3. Joint working with Ayrshire & Arran 4. NHSL Chairman correspondence with the Cabinet Minister to identify the constraints in the undertaking of the review within the required timescale. 5.Process to identify opportunity costs commenced. 6.External Advisors appointed to consider : process risk (Pwc); capital & logistics risk (Currie & Brown); clinical risk (LA Smith). 	A	Tim Davison	5-Jul-2007		1-Oct-2007	Submission of the full review to the SE by Sept 07. Option appraisal report produced by December 07. Affordability review for December 07. Report to NHSL Board January 08
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204	Clinical Sustainability of Services	<p>The clinical sustainability of services if change is not achieved within the timeline envisaged.</p> <p>1 Primary Care - a number of buildings are not fit for purpose. This may also contribute to the risk of being unable to retain existing staff and recruit new staff at all levels.</p> <p>2 Acute Services - Difficulty in attracting new senior medical staff. At present Edinburgh or Glasgow attracts this level of staff. Inability to maintain staff rotas. The European Working Time Directive and the Modernising Medical Careers initiatives will have a direct effect. All staff may not approve of the PoH changes</p> <p>3 Acute and Primary Care will both be affected by a timeline risk. The inter-dependencies of each will be affected by each change during the project. At this time the detail of any plans require to be formulated to ensure for example any new build is in place prior to the closure of another unit.</p>	HIGH	HIGH	LOW	<p>1. An enhanced Services Contract for GPs</p> <p>2. New contracts for senior staff. Consolidation of resources by bringing people into key sites to maintain service levels. Contact programme to ensure all staff understand the changes and how they will benefit all.</p> <p>3. Plans are in place for new builds, including timescale for completion which are tied to closure of buildings that are unsuitable for use.</p>	1	Alison Graham	11-Apr-2007		8-Jan-2008	New Builds & Closures Staff Retention and attracting Senior Staff
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211	Lack of framework to synchronise a system to integrate services across sectors.	<p>The inability to harmonise and synchronise a single system approach to the integration of services across sectors</p> <ol style="list-style-type: none"> 1. At present there is no single system in place to ensure that all parts of LHB, and interested parties are included in the PoH plan. 2. Culture within LHB has historically shown "silo" management. Protection of present resources, and perceived loss of status, without being able to view the bigger picture. 3. Duplication of efforts either through overlapping remits of groups or differences in the approach to project management. This risk created by using old/ new / or local project management tools. 4. Lack of clarity around the aims of PoH. 	HIGH	HIGH	LOW	<ol style="list-style-type: none"> 1. Establishment of an overall Project Plan and appointment of Project Management staff will ensure that all streams of the plan are co-ordinated. Present controls include Modernisation Board, Wider Stakeholder Engagement Group, Patient Focus and Public Involvement, Clinical Strategy Modelling Service Design and overall at present the Executive Action Group (EAG). 2. EAG to ensure that all parties are signed up to PoH and that management and leadership development addresses corporate ownership of shared objectives. 3. EAG to ensure that one standardised and synchronised project management system is used by all and that all projects feed through to a recognised programme (PoH). 4. Stakeholder Engagement Group to ensure a communication strategy will be developed and implemented. Ownership of changes will be cascaded. Reinforcement of the Patient Pathway. 5. Further assessment of current structures being undertaken to improve integration into Acute and primary Care Project Boards 		Ian Ross	8-May-2007		1-Oct-2007	Executive Action Group Project Plan Standard Project Management
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212	The management of patient flows in line with Regional Planning agreements, given major developments in GGHB & FVHB	<p>1. All parties not signing up to proposals for patient flows. At this stage Greater Glasgow have not signed up to the contingency plan.</p> <p>2. Present deficiencies in public transport will impact on how patients and visitors move through the area. Generally transport routes are planned around travelling to and from Glasgow. There will be a requirement to travel across the region.</p> <p>3. Lack of acceptance by patients to PoH and the problems that will arise through either lack of understanding where they should go or difficulties in travelling to the required centre.</p> <p>4. Lack of acceptance of PoH by various groups such as GPs and Scottish Ambulance Service.</p> <p>5. Changes to the Financial Plan will impact on provision of transport services and marketing strategy.</p> <p>6. Cabinet Secretary decision to Review the A&E Services in Lanarkshire will require to reassess the impact on cross boundary flow.</p>	HIGH	HIGH	LOW	<p>1. Joint Planning Groups established for Greater Glasgow and Forth Valley which discuss issues.</p> <p>2. A Transport and Access Group has been established. Development of discussion with key areas including patients and GPs.</p> <p>3. Discussion with key areas to be developed.</p> <p>4. PoH Executive Action Group meets regularly where any issues are highlighted.</p> <p>5. Executive maintain dialogue with Scottish Executive.</p> <p>6. Specific Project Group established to consider the review of the A&E Services. This will include cross boundary flow.</p>	A	Ian Ross	16-May-2007		10-Sep-2007	Project Team Review contingency arrangements Travel Plan A&E Review Project Team
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207	Manage the capital programme and critical path including the relationships with the Scottish Executive, PFI Partners.	<ol style="list-style-type: none"> 1. No relationship or breakdown of relationship with Scottish Executive. 2. Process with Scottish Executive result in delays to funding. 3. Private funding too expensive or is prohibitive. 4. External legal challenge to PoH programme. 	HIGH	HIGH	VLOW	<ol style="list-style-type: none"> 1. Relationship with Scottish Executive established. Regular dialogue. 2. Project management advised of probable timescales for any funding requirement. 3. Existing contracts in place with PFI. Appointment of expert advisors (Legal, Financial, & Technical) 4. Executive Action Group appraised of all changes affecting the programme. 	A	Susan Goldsmith	3-May-2007		1-Oct-2007	Relationship with PFI Partners & Scottish Executive
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