

Bury Locality Plan - Risk Register

Risk Number	Risk Owner	Risk Manager	Strategic Priority	Theme	Risk	Likelihood	Impact	Rating	Control Measures
P1	SRO (SN / PJG)	Programme Director (DB)	Overall	Locality Plan	Locality Plan not signed off by Health and Wellbeing Board within required timescales	N/A	N/A	N/A	Signed Off 26/4/17 RISK CLOSED
P2	SRO (SN / PJG)	Programme Director / Deputy CFO (DB / RC)	Overall	Locality Plan	Locality Plan proposals do not close the projected 2020/21 financial gap	3	4	12	Plan developed which closes the financial gap. RISK CLOSED
P3	SRO (SN / PJG)	Programme Directors (DB / LM)	Overall	Locality Plan	Lack of "buy in to"Locality Plan proposals	2	4	8	* Locality Plan developed collaboratively * Development of a clear and compelling narrative * Ongoing engagement with key stakeholders * Draft versions and opportunities for engagement * Regular updates in range of settings * Locality Plan approved by Clinical Cabinet
P4	SRO (SN / PJG)	Julie Gonda	Overall	Locality Plan	Planned Adult Social Care budget reductions adversely impact upon capacity of the system to transform and overall system resilience	N/A	N/A	N/A	Merged into wider risk P30 RISK CLOSED
P5	SRO (SN / PJG)	Karen Dolton	Overall	Locality Plan	Planned Children's Services budget reductions adversely impact upon the capacity of the system to transform and overall system resilience	N/A	N/A	N/A	Merged into wider risk P30 RISK CLOSED
P6	SRO (SN / PJG)	Programme Directors (DB / LM)	Overall	Locality Plan	Lack of system capacity to mobilise proposed changes	4	5	20	* Clear and proportionate TF 'ask' in relation to requisite capacity * Use of TF Development Fund to create additional local capacity including dedicated programme management resource, and backfill. * Consideration of increasing capacity in advance of GMTF decision. * Structured approach to creating system capacity including: recruit; Reorganise; Backfill; Stop Doing and Forward Plan * Decision from Programme Board re approach to system capacity * Development of Central PMO Function * TPMG given autonomy and authority to act.
P7	SRO (SN / PJG)		Overall	Locality Plan	Lack of One Commissioning Organisation (OCO) readiness to deliver transformation at scale and pace	3	4	12	* OCO Implementation Plan * OCO Risk Register * OCO Governance * OCO Implementation Resource * COO of CCG now a member of Council SLT * Work programme being established to fully integrate commissioning functions by April 2018 * Single outcome framework established and rolled out
P8	SRO (SN / PJG)	LCO Chair (COG)	Overall	Locality Plan	Lack of Locality Care Organisation (LCO) readiness to deliver transformation at scale and pace	3	4	12	* LCO Implementation Plan * LCO Risk Register * LCO Governance * LCO Implementation Resource * LCO Provider Alliance already established with an MOU signed off by all partner organisations * LCO Programme Director already appointed * LCO Programme Board in process of appointing an Independent Chair
P9	SRO (SN / PJG)		Overall	Locality Plan	LCO not empowered to implement transformation at scale and pace	3	4	12	* System wide agreement to LCO role as lead around TF Proposals implementation. * OCO and LCO readiness as per P7 and P8 * Use of System Resilience monies as LCO "test bed"

P10	SRO (SN / PJG)	Workforce & OD Lead (TM)	Overall	Locality Plan	Proposed transformational changes destabilise the workforce	3	3	9	* Clear and proportionate TF 'ask' in relation to Workforce & OD Support * Workforce participation in detailed design and implementation * Development of Workforce Engagement Strategy * Application of a clear and consistent workforce transformation process
P11	SRO (SN / PJG)	CFO / S151 Officer (MW / SK)	Overall	Locality Plan	Potential to double-count impact of proposed transformational activity and existing business as usual cost improvement programmes.	3	4	12	* Detailed understanding of both transformation proposals and CIP * Accurate reflection in modelling and "do something" financial analysis. * Robust impact analysis methodology
P12	SRO (SN / PJG)	CFO / S151 Officer (MW / SK)	Overall	Locality Plan	Feasibility of delivering existing Cost Improvement Programme savings or Budget Reductions in additional to wider system transformation.	3	3	9	* Detailed understanding of both transformation proposals and CIP * Accurate reflection in modelling and "do something" financial analysis. * Robust impact analysis methodology
P13	SRO (SN / PJG)	Workforce & OD Lead (TM)	Overall	Locality Plan	Inability to recruit staff into required roles within transformation programmes	4	4	16	* Early understanding of workforce requirements * Early proactive workforce planning * Consideration to going 'at risk' in advance of GMTF agreement
P14	SRO (SN / PJG)	Programme Directors (DB / LM)	Overall	Locality Plan	Governance is not mobilised that supports system-wide transformation	1	3	3	* Implementation of agreed transformation governance structure * Proportionate GMTF 'ask' to enable thematic and systems leadership
P15	SRO (SN / PJG)	Programme Director (DB)	Overall	Transformation Fund Proposals	TF Proposals do no secure stakeholder 'buy in'	2	4	8	* TF proposals developed collaboratively * Development of a clear and compelling narrative * Ongoing engagement with key stakeholders * Draft versions and opportunities for engagement * Regular updates in range of settings * TF proposals approved by Clinical Cabinet * Robust business cases * Clear implementation plans
P16	SRO (SN / PJG)	Programme Director (DB)	Overall	Transformation Fund Proposals	TF Proposals are not signed off by Health and Wellbeing Board	N/A	N/A	N/A	Signed off 26/4/17 RISK CLOSED
P17	SRO (SN / PJG)	Programme Director / Deputy CFO (DB / RC)	Overall	Transformation Fund Proposals	TF Proposals do not sufficiently contribute to closing the projected gap	N/A	N/A	N/A	TF Proposals lead to a surplus position by 2020/21 RISK CLOSED
P18	SRO (SN / PJG)	Programme Director (DB)	Overall	Transformation Fund Proposals	TF Proposals do not receive any funding	1	5	5	* High quality TF submission within a requisite elements. * Ongoing engagement with GMHSC in advance of submission.
P19	SRO (SN / PJG)	Programme Director (DB)	Overall	Transformation Fund Proposals	TF Proposals receive lower levels of funding than those requested	4	4	16	* High quality TF submission within a requisite elements. * Ongoing engagement with GMHSC in advance of submission. * Contingency plan in place and articulated in the TF submission.
P20	SRO (SN / PJG)	Programme Director (DB)	Overall	Transformation Fund Proposals	TF Proposals are not submitted to GMHSCP within an acceptable timeframe	N/A	N/A	N/A	Submitted 26/4/17 RISK CLOSED
P21	SRO (SN / PJG)	Programme Director / Deputy CFO (DB / RC)	Overall	Transformation Fund Proposals	TF Proposals are not underpinned by robust data and analysis	2	4	8	* Commissioning of an independent specialist to undertake baseline and impact modelling; * Engagement of local specialist staff * Engagement with New Economy re CBA * Development of a robust local model
P22	SRO (SN / PJG)	Theme Leads	Overall	Transformation Fund Proposals	Recurrent costs in proposals are contingency based estimates and may need to be revised/increased once final service designs and complete. This may affect return on investment and future system costs to achieve planned benefits.	4	3	12	* Detailed design phase * Rigorous programme management * Early identification of emerging issues * Meaningful programme governance
P23	SRO (SN / PJG)	Programme Directors (DB / LM)	Overall	Transformation Fund Proposals	Lack of system capacity and readiness to implement proposals at pace	3	4	12	* Clear and proportionate TF 'ask' in relation to requisite capacity * Use of TF Development Fund to create additional local capacity * Consideration of increasing capacity in advance of GMTF decision. * Completion of implementation plans * Identification of 'quick win' or 'early adopter' initiatives. * Implementation of agreed programme governance and functioning fully prior to GMTF decision.
P24	SRO (SN / PJG)	IMT Lead (JH)	Overall	Enablers	Transformation attempts undermined by inability to mobilise IMT requirements, including insufficient capital investment and lack of dynamic risk stratification.	4	5	20	* Articulation of IMT ambitions and requirements within Locality Plan and Business Cases * Establishment of IMT Enabling Workstream within programme governance with single system leadership * Bid for GM Digital Transformation Fund * Recruitment to specialist capacity and capability within PMO establishment

P25	SRO (SN / PJG)	Workforce & OD Lead (TM)	Overall	Enablers	Transformation attempts undermined by inability to undertake workforce change in a meaningful and timely manner.	3	4	12	* Continuation of Locality Workforce Transformation Group within programme governance with single system leadership * Implementation of a coherent workforce change process * Active early engagement of workforce and unions * GMTF 'ask' in relation to non-recurrent HR, OD and Legal support to enable workforce transformation.
P26	SRO (SN / PJG)	Comms & Engagement Lead (HC)	Overall	Enablers	Transformation attempts undermined by inability to engage local people in the transformation journey	3	4	12	* Establishment of Communications and Engagement Enabler Workstream under programme governance and with single system leadership. * Development of a single system-wide transformation brand and C&E strategy * GMTF 'ask' in relation to non recurrent C&E capacity and capability.
P27	SRO (SN / PJG)	Estates Lead (AH)	Overall	Enablers	Transformation attempts undermined by inability to create an affordable and fit for purpose public service estates	3	3	9	* Continuation of Strategic Estates Group within programme governance with single system leadership * Completion of asset mapping activity * Completion of activity to understand asset profile and opportunities for disposal * Development of specific capital pipeline business cases linked to transformation propositions
P28	SRO (SN / PJG)	Programme Directors (DB / LM)	Overall	Northeast Sector	Cumulative impact across shared providers is unrealistic and unachievable	3	4	12	* Ongoing engagement across NES to map and mitigate risk.
P29	SRO (SN / PJG)	Programme Directors (DB / LM)	Overall	Northeast Sector	Lack of consistency across Bury, Oldham and Rochdale	3	3	9	* Ongoing engagement across NES to ensure consistency where appropriate.
P30	SRO (SN / PJG)		Overall	Locality Plan	Cuts to existing services undermine the potential to undertake meaningful transformation that has the anticipated impact	5	4	20	* System wide transparency and openness * Joint planning * Development of OCO and LCO * Potential use of one off investment, including Council reserves. *
FIN01	CFO/ S151 Officer (MW/ SK)		Overall	Financial Sustainability	The level of provider restructuring/ reconfiguration required to deliver levels of savings is not possible within required timeframes	4	5	20	* Collation and development of plans across provider footprints. * On-going engagement with stakeholders to develop political case for change. * Full options appraisal re LCO future form and function * GM delivery of Theme 3 (including Healthier Together) * Collaboration across the Northeast Sector * PAHT Clinical Services Strategy * PCFT CQC Improvement Plan * Development of Joint Commissioning arrangements and establishment of One Commissioning Organisation (OCO)
FIN02	CFO/ S151 Officer (MW/ SK)		Overall	Financial Sustainability	Risk share agreements within the Locality, across NES and GM are non existent or are not robust/ sufficient to bridge the performance and cash gap to financial sustainability in 2020-21.	4	4	16	* Collation and development of plans across provider footprints to determine the impact on each organisation. * Ongoing engagement with stakeholders including NHSE, NHSI and GMHSC to develop an agreed approach. * Shared understanding of baseline metrics * Assessment and agreement of local risk appetite. * Development of agreements which identify what the risk is, who is involved, and recognise non-financial risks.
FIN03	CFO/ S151 Officer (MW/ SK)		Overall	Financial Sustainability	The modeled impact on organisations outside of the Locality is not delivered and/ or achievable.	3	4	12	* Collation and development of plans across provider footprints to determine the impact on each organisation. * On-going engagement with key associate providers to ensure that the details of proposals are deliverable.
FIN04	CFO/ S151 Officer (MW/ SK)		Overall	Financial Sustainability	The inclusion of all Locality stakeholders financial position is not included within the 'do nothing' gap and/ or plans are not developed for all stakeholders e.g. third sector.	3	3	9	* On-going engagement with all Locality stakeholders to ensure that all information is included and plans address are comprehensive.
FIN05	CFO/ S151 Officer (MW/ SK)	Programme Director / Deputy CFO (DB / RC)	Overall	Financial Sustainability	Assumptions used to estimate the 'do nothing' gap and develop workstream and theme intervention impacts are outside of an acceptable tolerance.	3	4	12	* Agreement of assumptions used across all partners. * Model outputs have been reviewed and moderated where required. * Detailed financial, activity and workforce planning will be competed in the next programme delivery phase.
FIN 06	CFO/ S151 Officer (MW/ SK)		Overall	Financial Sustainability	Bridging the contracted £4million gap between the £23.231 programme cost and the £19.231 GMTF proposal	3	5	15	* Development of contingency plan * Discussion with NHSE and GMHS CP
INA1	Julie Gonda		Building New relationships	Integrated Neighbourhood Approaches	Proposals for Integrated Neighbourhood Teams are more ambitious and larger scale than pilot/test areas from which evidence base has been drawn. Judgement and assumptions required on how evidence based can be applied to Bury system at scale and to make substantial contribution to future system funding gap.	3	3	9	* Engagement of key stakeholders * Dedicated programme resource to support implementation * Clear and rigorous implementation place * Evaluation and performance framework

INA2	Julie Gonda	Heather Crozier	Building New Relationships	Integrated Neighbourhood Approaches (Asset Based Community Investment)	VCS resilience and sustainability during period of change	3	4	12	* Ongoing VCS support and development programme * Earlier mobilisation of VCS infrastructure and investment programme
INA3	Julie Gonda	Heather Crozier	Building New Relationships	Integrated Neighbourhood Approaches (Asset Based Community Investment)	Dependence on VCS development and integration to deliver projected benefits	3	4	12	* Ongoing VCS support and development programme * Earlier mobilisation of VCS infrastructure and investment programme
INA4	Julie Gonda	Heather Crozier	Building New Relationships	Integrated Neighbourhood Approaches (Bury Directory)	Reluctance of local people to shift to a digital first model	4	3	12	*Development of a credible and meaningful Bury Directory * Extensive Communications & Engagement programme * Use of behavioural insights research to influence behaviour change.
W1	Martin Clayton		Staying Well for Longer	Keeping Bury Well	Find and Treat - Financial envelope hasn't been tested by the market	3	3	9	* Development of detailed proposal and specification * Market testing * Amendment as required
MH1	Keith Walker	Hayley McGowan / Sian Wimbury	Tackling Failure Demand	MH Transformation	Inability to deliver different aproaches in different areas of the NES.	4	3	12	* Crisis Café service proposition included in both Bury and HMR MH transformation plans as part of overarching locality plans. * Targeted communication to key stakeholders regarding service access criteria if funding for proposed scheme is agreed. * Comprehensive monitoring of acute service utilisation and escalation of concerns to respective commissioner if proposed scheme is implemented * Revised service offer to be developed if schemes are not approved in more than one borough
MH2	Keith Walker	Hayley McGowan / Sian Wimbury	Tackling Failure Demand	MH Transformation	The crisis line, community clozapine initiation and RAID follow up clinics proposals are only viable propositions if they are delivered across two or more of the boroughs in the North East Sector.	4	3	12	* Propositions for the continuation of these pilot services have been included in both Bury and HMR MH transformation plans as part of overarching locality plans. * Revised service offer to be developed if schemes are not approved in more than one borough
CYP1	Karen Dolton		Staying Well for Longer	Giving Every Child the Best Start in Life	Detailed design and engagement does not validate the high level assumptions made to date, and limited evidence base could lead to impact not being as expected.	3	3	9	* Full engagement of all the system to ensure clarity of vision * A number of engagement workshops to be held to co design the details of the plan * Detailed understanding of the transformation proposals. * Understanding of the financial analysis * Ongoing engaagement with key stakeholders * Opportunity to review and change the proposal detail if required
CYP2	Karen Dolton	Klare Rufo	Staying Well for Longer	Giving Every Child the Best Start in Life	Lack of engagement by schools	3	4	12	* Full engagement of all the system to ensure clarity of vision * A number of engagement workshops to be held to co design the details of the plan * Detailed understanding of the transformation proposals. * Ongoing engagement with key stakeholders * Opportunity to review and change the proposal detail if required
HF1	Keith Walker	Tracy Minshull	Reducing Failure Demand	Home First	Care Home provider market may not respond to design principles (e.g. flexible capacity and workforce development) on which the model is based.)	3	3	9	* GM level initiative expected to deliver significant transformation of Care Home provision for Bury residents *Local NHS providers to consider ability to offer temporary additional capacity and consider viability of provision model.
HF2	Keith Walker	Amy Lepiorz	Reducing Failure Demand	Home First	GP capacity - multiple new demands and assumptions on use of GP capacity within the system may mean HF role is not prioritised/resourced.	3	3	9	* Programme level design of GP role will confirm future role of GP capacity within a trnasformed system. * GP capacity expected to be prioritised to support the most value adding/cost effective use of GP time over other demands. HF and INT expected to be high priority.
HF3	Keith Walker		Reducing Failure Demand	Home First	Poor uptake/user resistance to adoption of telehealthcare solutions	3	2	6	* Early adopters and local champions will demonstrate and publisce the value of AT based interventions. * capacity included in service delviery team to focus on high value projects and cases that will illustrate case for adoption. * Organic growth expected to be acheived thorough patient and carer support/demand for new care approaches.
HF4	Keith Walker		Reducing Failure Demand	Home First	Ability of existing NE Sector providers to respond to a Bury specific design.	3	3	9	* LCO management arrangements will need to be effectively implemented with decisions in principle on scope of collaboration to support Bury designs - this will require clary on how decisions will be made and how money will flow within the LCO. * Ongoing NES collaboration

UEC1	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (NWS Green Car)	The scheme does not achieve the level of impact and therefore return on investment envisaged	3	3	9	* The scheme proposal and projected impacts are based on a detailed review and evaluation of the operation of the existing scheme especially over the past 10 months. * The impact assumptions are based on the available business intelligence relating to A&E attendance and non-elective admissions. Lower impact assumptions have been used. * The scheme would be formally contracted with NWS with agreed KPIs, regular reporting and contract review meetings.
UEC2	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (NWS Green Car)	Staffing issues lead to scheme disruption / lack of continuity	3	3	9	* Operation of the scheme will be supported by a robust business continuity plan with assurances sought from NWS about staffing levels and continuity.
UEC3	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (NWS Green Car)	Scheme impact in relation to A&E deflection is limited by lack of local alternatives to attendance / admission	3	3	9	* Implementation of wider Locality Plan proposals and GMTF schemes.
UEC4	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (Primary Care Streaming)	PAHT do not receive NHSE Capital Funding for build work	3	4	12	* The application was developed jointly by PAHT and the CCG. * If unsuccessful then alternative fund would be explored. * If unsuccessful then alternative accommodation would be considered.
UEC5	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (Primary Care Streaming)	Failure to ensure HMR CCG support.	2	4	8	* Confirmed % funding split with HMR CCG. * Keeping HMG CCG in the communications as proposals develop. * HMR CCG to be part of the project implementation group.
UEC6	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (Primary Care Streaming)	Failure to implement service within tight timescales	3	2	6	* Completion of detailed design * Comprehensive implementation plan * Robust programme governance
UEC7	Keith Walker	Steve Taylor	Reducing Failure Demand	Transforming Urgent and Emergency Care (Primary Care Streaming)	Formal Procurement exercise may delay programme timelines	3	2	6	*Shared Services advice on the procurement options. * Commencement of procurement 'at risk'of required.
UEC8	Keith Walker	Vicky Riding	Reducing Failure Demand	Transforming Urgent and Emergency Care (IVCH)	Insufficient funding to establishing the new NHS111 transfer of activity for local triage and response plus the 'upstream' of Mental Health triage 24/7/	3	4	12	* Analysis of existing activity levels. Monitoring of demand when new pathway established. Agree activity thresholds with the CCG. * Development of contingency plans
UEC9	Keith Walker	Vicky Riding	Reducing Failure Demand	Transforming Urgent and Emergency Care (IVCH)	Lack of alignment with GM wide developments around IVCH and CAS	3	3	9	* Ensure engagement with GM wide developments via the GM Urgentcare Leads and GM NWS meetings.