

Site Reconfiguration Programme
Risk register

Last updated: 13 February 2015
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Consequence		Likelihood	
No harm	1	Rare	1
Low	2	Unlikely	2
Moderate	3	Possible	3
Severe	4	Likely	4
Catastrophic	5	Almost Certain	5

#	Author	Workstream	Risk Owner	Risk Name	Description	Risk Date	Risk Last Reviewed	Consequence	Likelihood	Risk Score	Risk Mitigation	Residual Risk	RAG of Plan
P21	JH	Programme	Chief Operating Officer	Patient Flow	<p>A sustainable Neurosurgery Service on the RSCH site requires predictable daily access to critical care beds.</p> <p>Bed occupancy, particularly in the surgical bed stock, remains an operational issue for the Trust. This presents a significant challenge in discharging patients from critical care in a timely way and therefore freeing up capacity for new admissions.</p> <p>If this issue cannot be resolved prior to the move of Neurosurgery there is a high risk of service failure and may introduce potentially serious clinical risk.</p>	20-Oct-14	13-Feb-15	5	5	25	<p>The Neurosciences Directorate have identified 'extended recovery' as an investment opportunity that may reduce dependence on ICU. An increase in high acuity beds on the Neurosurgical ward may also offer some reduction in ICU bed demand.</p> <p>The Neurosurgery, Urology and T&O services identified length of stay reductions (as part of the Trust's clinical strategy development) that when delivered will contribute to efficient patient flow.</p>	25	Red
P18	JH	Programme	Deputy Medical Director	PRH junior grade medical and surgical provision	<p>The move of services to RPH increases the complexity and acuteness of the surgical patient cohort on this campus. This will require an increase in junior medical and surgical out of hours cover.</p> <p>Current junior medical rotas on the PRH campus may not be sufficient to meet the demand for higher acuity care and increased patient numbers and may therefore introduce significant clinical risk.</p> <p>Recruitment and retention of high quality junior medical staff may also be negatively impacted upon.</p>	20-Oct-14	13-Feb-15	4	5	20	<p>A 'Hospital at Night' project is currently underway to establish a out of hours medical cover for the PRH campus. However this will require continued clinical leadership and cross directorate co-operation for any model recommended by this project group to be successfully implemented and sustained. Any recommended model is also likely to need additional funding.</p>	20	Red
P22	JH	Programme	Clinical Director, Specialist Medicine Directorate	PRH Consultant medical provision	<p>The move of services to RPH increases the complexity and acuteness of the surgical patient cohort on this campus. This is likely to require an increase in the level of consultant delivered medical and surgical care.</p> <p>Current and proposed consultant cover of the PRH campus may not be sufficient to meet the demand for higher acuity care and may therefore introduce significant clinical risk.</p>	20-Oct-14	13-Feb-15	4	5	20	<p>A new acute medical model for the PRH campus will be implemented ahead of service moves. However this will require continued clinical leadership and cross directorate co-operation for this mitigation to have its intended impact.</p>	20	Red
P2	JH	Programme	Site Reconfiguration Programme Director	Exceeding agreed capital investment	<p>Tenders for construction works and supply of major clinical equipment were awarded in September. Orders with agreed pricing have been placed and contingency funding allocated. However with detailed site surveys and demolition works commencing shortly a residual risk of additional cost due to unforeseen building requirements remains. Contingency funds may not be sufficient to cover these requirements.</p>	20-Mar-14	13-Feb-15	4	5	20	<p>Delivery of capital projects has been phased over two financial years.</p> <p>Regular director level (bilaterally) engagement with contractors has been established to ensure any cost and time pressures are raised to decision makers quickly for resolution with the emphasis on cost control.</p> <p>The Procurement and EBME Teams are assisting the Programme to negotiate with medical equipment suppliers to obtain best value and reduce item cost.</p> <p>Finance reports remain a standing agenda item on the Programme Board to ensure capital spend is monitored.</p> <p>Some elements of cost in regard to the constructions works may not have any effective mitigating actions and the Trust may have to accept considerable residual financial risk.</p>	12	Amber
P5	JH	Programme	Site Reconfiguration Programme Director	Exceeding programme timeline	<p>Tenders for construction works and supply of major clinical equipment were awarded in September. Orders with agreed timelines have been placed.</p> <p>However with detailed site surveys and demolition works commencing shortly a considerable risk of extensions to the programmed timeline due to unforeseen building requirements remains.</p> <p>The pace of internal processes and the need to co-ordinate input from multiple teams may also introduce risk to achieving key milestones.</p> <p>Delays to the completion of major works significantly impairs the ability to move services. This in turn may impact upon other programmes in the Trust including the development of Maternity Services and Vascular Surgery.</p>	15-Apr-14	13-Feb-15	5	4	20	<p>The Capital Development Team have developed and will maintain project plans informed by detailed negotiate with contractors. These are reviewed weekly by the Programme Team and significant changes highlighted to the Programme Board.</p> <p>The Programme Team will maintain close engagement with Procurement, Finance, Capital development and clinical teams to ensure timely decision making.</p> <p>The bi-plane angiography suite is programmed to be online after other Neuro capital works have been completed. This could be formally 'de-coupled' from other enabling projects and neighbouring Neurovascular units approached to accommodate our activity as mitigation for unforeseen delays.</p>	12	Amber
P16	JH	Programme	Deputy Medical Director	Post graduate medical training	<p>In establishing adequate medical cover on both the RSCH and PRH sites it may be difficult to maintain our training obligations for training grade medical staff.</p> <p>Any negative impact on the provision of training and supervision may risk the withdrawal of funding and training posts</p>	20-Oct-14	13-Feb-15	3	4	12		12	Amber
P22	JH	Programme		ICU nurses	<p>The Neurosurgical Service has been modelled to require access to 8 critical care beds in order to provide a sustainable service.</p> <p>There are existing nurse vacancies across all critical care areas in the Trust and a number of Neurosurgical ICU nurses will be unable to move with the service to RSCH.</p> <p>There maybe insufficient Neuro trained ICU nurses to provide the safe staffing levels for the required 8 beds.</p> <p>There may also be insufficient ICU nurses to staff the 4 newly created ICU beds at PRH which will impact upon the #NOF and Urology services that will move to PRH.</p> <p>Uncertainty of future inter-site travel arrangements for Mid-Sussex based ICU nurses increases the likelihood of more nurses unable to join the Neuro service at RSCH.</p>	10-Feb-15	13-Feb-15	4	4	16	<p>National and international recruitment campaigns have (and will continue to) targeted nurse vacancies in wards/depts across the Site Reconfiguration Programme. New ICU recruits have been identified through these activities.</p> <p>There is currently sufficient staffing to maintain 5 Neuro ICU beds and 2 (of the 4 new) PRH general ICU beds</p>	12	Amber
P23	JH	Programme	Director of Estates and Facilities	Inter-site transport	<p>The existing inter-site transport (40X bus) is perceived as being poorly aligned to nursing shift patterns and a service to slow to be a practical transport solution for staff commuting to and from 12 shifts.</p> <p>If no alternative can be found to overcome these short falls in the existing service there is risk that Mid-Sussex based Neurosurgery staff (ICU nurses in particular) will be unable to join service at RSCH.</p>	13-Feb-15	13-Feb-15	4	4	16	<p>Several travel clinics have been held by the Transport Team. All transport options open to staff have been described at the clinics.</p> <p>A transport options paper is being developed by the Director of Estates and Facilities. This includes market tested options for an express bus service.</p>	12	Amber
P10	JH	Urology	Clinical Director, Abdominal Surgery and Medicine Directorate	Urology Pathway	<p>Successful development of a Urology pathway requires multi professional agreement. There is a risk of insufficient co-ordination of stakeholders and/or failure to agree on a patient pathway.</p>	15-Apr-14	13-Feb-15	3	5	15	<p>A formal workstream structure has been created that will bring key stakeholders together and frame the actions required.</p>	9	Amber

P4	JH	Capital	Site Reconfiguration Programme Director	Procurement resources	All capital projects within the programme require significant expert procurement resources to lead the purchase of high value clinical equipment and complex construction works in clinical areas. Inability to provide sufficient resources puts capital projects at risk of missing key deadlines and therefore delays to the on time delivery of the programme	10-Apr-14	13-Feb-15	4	3	12	Regular engagement with the Procurement team to identify a timeline of actions that fit with programme delivery timeline. Clear and early communication with end users to ensure site visits/tender evaluation meetings are held in a timely manner	8	Amber
P19	JH	Programme	Clinical Lead BMS, Histo-Pathology Service	Interim mortuary	The implementation of the temporary mortuary has enabled the major capital works on level 5 to be accelerated. However the interim nature of this facility has meant the viewing services we provide is reduced and an increased level of health and safety risk has been accepted in the transfer of patients to and from the facility. Any extension in the programme timeline prolongs the Trust's exposure to the additional health and safety and reputational risk.	20-Oct-14	19-Feb-15	4	3	12	The works to the permanent mortuary programmed for Q1 of FY'15/16 have been brought forward to Q4 of '14/15 reduce the lead time to a complete mortuary. Viewing facilities remain in place on level 6 Millennium Building until interim facilities are in place adjacent to the interim mortuary. This has avoided any gap between losing the current facility and the interim facility coming online. The Bereavement Team have interim accommodation in the Latilla Annex.	8	Amber
P7	JH	Programme	Site Reconfiguration Programme Director	Programme resources	As the programme enters its implementation phase a significant number of actions across workstreams and the programme will need to be co-ordinated and carried out. There is a risk of insufficient dedicated resources at workstream level to meet key deadlines.	10-Apr-14	13-Feb-15	3	3	9	Dedicated programme management and HR resources have been secured. Part time senior Workstream support has been identified.	6	Green
P6	JH	Theatres/ICU	Peri-operative Service Lead Nurse	Nursing staff training	Reconfiguration of theatres and ICU will require reallocation of existing staff. Staff allocated to specialist theatres such as Neurosurgery and the Neurosurgical ICU may require additional training. Limited training resources and the need to 'free up' staff requiring training presents and operational and financial risk	20-Mar-14	13-Feb-15	3	3	9	The theatre and Neurosurgery workstreams have developed an in-house training programme for identified staff with back fill arrangements being made.	6	Green
P15	JH	Workforce	Site Reconfiguration Programme Director	Newly recruited workforce in place prior to capital projects completion	The recruitment timetable of additional workforce is linked to the programmed completion date of all capital projects. Any slippage in these projects may result in newly recruited staff unable to commence their planned activities. Should this risk be realised there maybe a period of workforce inefficiency and the potential inability to retain new staff	25-Jun-14	13-Feb-15	3	3	9	Where possible flexing the recruitment and 'on-boarding' timetable to match any slippage to capital projects.	6	Green
P13	JH	Programme	Major Trauma Centre Clinical Director	Loss of Major Trauma Status accreditation	A significant delay to the delivery of programme objectives and realisation of benefits may negatively impact the Trauma Peer review taking place in March 2015. With a risk of withdrawal of MTC status held by the Trust.	15-Apr-14	13-Feb-15	5	2	10	Successful delivery of the Site Reconfiguration Programme's objectives and realisation of benefits as a result of Neurosurgery established on the RSCH site is likely to provide on-going compliance with MTC standards	5	Green
P8	JH	Integrated Spines	Clinical Lead, Integrated Spine Service	Consultant on-call cover for the integrated spinal service	The Integrated Spine Service proposes an on call rota covered by consultants from the Neurosurgical and Orthopaedic Services, requiring the co-ordination of three on call rotas. On occasion a consultant on call for the Spinal Service may also be on call for either poly trauma (in the case of Orthopaedics) or Neurosurgery. There is a risk that a consultant covering more than one rota may be presented with conflicting clinical priorities during the on call period.	10-Apr-14	13-Feb-15	2	2	4	Integrated Spine workstream to develop stand operating procedures for on call consultants.	4	Green
P14	JH	Imaging	Clinical Director, Support Services Directorate	MRI future demand	The physical location of the current RSCH MRI suite provides poor access to acute clinical areas. There is anecdotal evidence that this factor may act to influence demand. The new MRI suite on level 4 of the Thomas Kemp Tower will provide much improved access; in turn demand for MR scanning may increase. Additional workforce to staff the new MRI is being funded in large part by a reduction in the cost of the MRI outsourcing contract with InHealth. High demand driven by easier access will make it difficult to reduce the volume of activity sent to InHealth and therefore reduce the cost of this contract. Should this risk be realised the Trust would face a pay cost pressure.	25-Jun-14	13-Feb-15	2	3	6	The Imaging Department act as gate keepers of MRI resources and will continue to work with clinical specialities to develop and communicate clear guidelines for the most appropriate imaging modality within each patient pathway.	4	Green
P20	JH	Programme	Site Reconfiguration Programme Director	Health economy engagement	Delivering the Programme objectives requires significant input from local CCGs, NHSE (specialist commissioning) and other acute/ambulance NHS Trusts. Insufficient engagement and communication of plans may delay pathway or commissioning agreements. Should this risk be realised there maybe an impact on local health economy relationships and a potential income shortfall	20-Oct-14	13-Feb-15	4	2	8	Development of service specifications detailing current and future service provision is well progressed. These documents will be used as the primary way to communicate our services changes to stakeholders. A timetable of meetings is being organised with local CCG chairs.	4	Green
P9	JH	#NOF	Clinical Director, MSK Directorate	Development of #NOF pathway	Successful development of a #NOF pathway requires multi professional agreement internally and multi agency agreement across the local health economy. There is a risk of insufficient co-ordination of stakeholders and/or failure to agree on a patient pathway. Any agreed pathway may impact on neighbouring NHS acute trust's demand and associated income.	15-Apr-14	13-Feb-15	4	2	8	The #NOF workstream have identified key internal and external stakeholders and have timetabled regular meetings to design and agree on a pathway. Regular reports to the Programme Board to provide assurance on progress and highlight potential impact on other NHS acute trusts The Programme Team will provide high level engagement with local CCG Boards and social care agencies.	3	Green
P24	JH	#NOF	Clinical Director, MSK Directorate	#NOF activity redistribution	As the #NOF services moves to PRH the Trust will instruct SECamb to convey patients with a suspected #NOF using the agreed clinical inclusion/exclusion criteria. This will mean the majority of activity previously conveyed to RSCH will go directly to PRH. The shift of the #NOF service also affects our geographical borders to the east and west and most significantly to the north. This is likely to cause a redistribution of activity across Sussex. There is a risk that one or more trusts maybe unable to accommodate an increase in activity	10-Feb-15	13-Feb-15	4	2	8	Both BSUH and SaSH agree that approximately 90 patients that are currently conveyed to SaSH will in the future be conveyed to BSUH. Our bed modelling takes this activity into account and sufficient capacity has been provided on this assumption SECamb are conducting further activity modelling and once complete findings will be communicated across the health economy	3	Green
P11	JH	ENT	Clinical Director, Head and Neck Directorate	ENT move	A successful move of ENT services into HPNC requires multi professional agreement. There is a risk of insufficient co-ordination of stakeholders and/or failure to agree on a patient pathway and associated schedule of accommodation.	15-Apr-14	13-Feb-15	3	2	6	A formal workstream structure has been created that will bring key stakeholders together and frame the actions required.	2	Green
P3	JH	Programme	Site Reconfiguration Programme Director	Exceeding agreed revenue investment	This risk has three elements: i) Unforeseen workforce requirements as a result of the staff consultation and allocation exercise or refinement of medical rotas may exceed the agreed investment that cannot be funded by a commensurate increase in Trust income. ii) The Trust has a contractual obligation to fund excess travel costs incurred by staff effected by their service move. Funding required cannot accurately be calculated until the staff allocation exercise is complete and staff notify the Trust of their future travel arrangements. iii) Transitional revenue funding identified in the business case maybe insufficient to cover the full cost of moving services.	20-Mar-14	13-Feb-15	4	1	4	Workforce investment of £1.5m has now been signed off by the Trust Board and recruitment has commenced. Further workforce investment will be pursued in individual business cases or through the annual business planning round	2	Green