DRAFT FOR DISCUSSION

Priority:	Immi't	Longer Term
Likelihood:	**1** (rare) - **5** (almost certain)	
Impact:	**1** (very low) - **5** (very high)	
Overall:	Likelihood x impact	

TRANSITION PROGRAMME RISKS **As at: 28-Sep**

ID	Area	Risk Description	Priority	Liked	Impct	Overall	Tracking (from Nov 10)	Mitigation Actions
1	System Design	The policy **design for some aspects of the future organisation is incomplete** (e.g. PHS White paper due Dec; future design of Informatics comes too late to feed into overall system definition/ architecture, to feed into the Health Bill). So risk that Bill proceeds on basis of incomplete /flawed design.	Immi't	4	4	16		Policy teams, including PHS, need to work closely with overall system design to ensure policy and future design is aligned, and to ensure high level system architecture design has reached a point that will provide a level of clarity and confidence on design before Bill proceeds. Plan for further involvement in design and testing with wider group of practitioners during October
2	System Design (Bill)	**Bill risks:** As the Bill proceeds through Parliamentary stages, amendments are made which have unforeseen consequences for the system, with possible impact on costs or performance of the system.	Immi't	4	4	16		Use design process to surface outstanding issues, so they can be mitigated.
3	System Design	**Design work proceeds without the confirmation of cost envelopes for each organisation** which means that the future system design is signed off, and the Bill proceeds, without assurance that the whole system is affordable. One example of area where system could be more costly is if GP Consortia makes use of private sector organisations/staff which adds costs to the overall system	Immi't	4	4	16		Finance is developing overall cost envelopes by the end of October to feed into the system architecture design work, and ensure individual organisations can operate within its cost envelope. Key area of focus is commissioning board and GP consortia.
4	Implementation	Aspects of **implementation begin before adequate planning** has been done about how the system in transition will need to operate. For example, who has control of funding when the SHA operates in parallel with the NHS CB? And who is responsible for commissioning when both PCTs and GP Consortia are in place?	Immi't	4	4	16		Work underway to develop robust implementation strategy to work through these issues, to inform exact sequencing for implementation, with proposed ASE-style event end October

5	Implementation	**NHS transition moves faster than DH, PH and social care** and starts to make changes before the whole system future design and transition plans are fully developed, shared and approved. This could mean transition of some parts of the system starts on wrong basis, and subsequently proves to be wrong. There is a specific risk that SHAs and PCTs lose good people who subsequently have to be re-recruited for PHS. In addition PCTs may start to move to new GP consortia before their role and any constraints (cost, functions) are clear leading to problems with implementation.	**Immi't**	**4**	**3**	**12**		Ensure overall system design / architecture is signed off by the end of October. Develop integrated implementation plans for NHS, DH, PHS, including people transition plan. Establish HR strategy group to oversee people transition plan, and programme Board to oversee implementation plans. .
6	Implementation	As transition progresses, **management lose focus on BAU performance** and there is a consequent risk of failure in the system (QIPP stalls, quality indicators get worse or Monitor loses interest in the FT pipeline and FT compliance). Any such failure will impact on the credibility of the new system.	**Immi't**	**4**	**4**	**16**		Approach needs to be developed to manage expectations of performance of new system as it goes through transition, and maintain tight control of NHS performance through transition.
7	Finance	**Financial control is lost** due to the restructuring of budgets distributed between or allocated to organisations within the system [to be clarified]	**Immi't**	**4**	**4**	**16**		Develop detailed control and governance around implementation of all changes to allocations, funding, commissioning
9	Implementation	**All programmes, and the IPO, cannot resource up quickly enough to take forward the transition work effectively**. Planning, preparation and governance is hindered and the extent of policy design is limited leading to mistakes in design and legislative drafting.	**Immi't**	**4**	**4**	**16**		CMB decision on reprioritisation process in September should free resources up for priority projects. NHS Mgt team to facilitate BH, ID on creating their teams.
10	Implementation (Provision & Commissioning)	There is a risk that we **fail to get the interaction right between the NHSCB and (new) Monitor** which leads to unhelpful conflict and creative tension	**Longer term**	**4**	**4**	**16**		Ministerial agreement on roles requires careful work and close alignment between commissioning and provision strands.
11	Implementation (Provision)	Failure to resolve key structural and regulatory problems prevent significant parts of the provider **landscape moving to FT status**.	**Longer term**	**3**	**4**	**12**		**Need Mitigating Actions**
12	System Design (Provision)	The NHS role in **emergency preparedness** / **responsiveness** is more difficult to manage through a more devolved organisation, and so emergencies are less well managed/ mitigated	**Longer term**	**3**	**4**	**12**		Work needs to be progressed to resolve how this in managed in the new system.

13	System Design	**Future efficiencies cannot be managed and driven through the system effectively**, because there is no organisation to plan and manage holistic efficiency programmes. So there is a risk that costs of the future system cannot be controlled	**longer term**	**3**	**4**	**12**		Work to finalise system architecture design should help inform this. However piece of work necessary to provide assurance that a process or approach is in place to drive efficiency in the future
14	Implementation (Commissioning)	**Unable to negotiate the necessary changes to the GP contract** to incentivise and lock practices into consortia	**Longer term**	**3**	**4**	**12**		Develop robust strategy for negotiation
15	Implementation	By **dismantling the current management structures and controls,** more failures, including financial, eg GP consortia go bust or have to cut services, and credibility of the system declines as a result.	**Longer term**	**4**	**4**	**16**		**Need Mitigating Actions**
16	Implementation	Risk that transition is managed by people who are themselves at risk, eg in organisations such as SHAs, PCTS, may not be effectively managed, with risk of delays, performance dips and key staff lost as a consequence.	**Longer term**	**4**	**4**	**16**		requires mitigating approach for managing transition within NHS
17	Implementation	There is a **lack of clarity during the transition in terms of accountability** e.g. between board, PCTs, and Consortia during the transition years and the first year of the new system. This leads to delays and increased costs and poor BAU performance.	**Longer term**	**4**	**4**	**16**		Requires piece of work to clarify who is responsible for what at the most senior level across the system (may partly fall out of system architecture design, and implementation strategy
18	Implementation	There is a risk the **current system is replicated because of excessive risk aversion** amongst key players and the time pressure to construct the new system e.g. commissioning support looks very like it is now, reconfiguration policy is unchanged, Monitor looks similar.	**Longer term**	**3**	**3**	**9**		Requires challenge to ensure that players are incentivised to develop new system in line with principles of Liberating the NHS**.**
19	Bill Risk (2nd Health Bill)	There is **no slot for a health bill in the second session** and / or the first Parliamentary session has been extended to April 2012 which throws final design and transition plans off course	**Longer term**	**3**	**2**	**6**		**Mitigating Actions required**
20	HR (Transition)	**Staff concern and union action** relating to certain workforce options (adverse personal financial implications, relocation, judicial review of new CS comp scheme etc **- JR issue wider than that - Unison?**) result in deterioration in relations, lower productivity in DH / NHS; delays in programme.	**Longer term**	**4**	**3**	**12**		Obtain early ministerial decision on options and engage with unions once clear. Develop a clear comms strategy and high level plans for workforce.

21	Implementation (Commissioning)	NHS commissioning board is not sufficiently developed to **assess capability of consortia. GP leaders are not sufficiently developed** to run Consortia for example, they may be drawn into managerial processes which drive clinical behaviour (rather than the other way around).	**Longer term**	**4**	**4**	**16**		**Mitigating Actions required**
22	Finance (Transition)	At present there is **significant variability in transition cost estimates.** (particularly redundancy costs relating to the ability to TUPE staff from PCTs to GP consortia / public health functions.)	**Longer term**	**4**	**3**	**12**		**Mitigating Actions required**
23	HMT Risks	> Inability to reduce running costs because of consortia numbers **[System Design, Commissioning, Finance?]**. > Loss of clinical time by GPs due to consortium management responsibilities **[Commissioning]**. > Failure to manage referral demand (insurance risk) **[Provision?]**. > Financial instability in on-balance sheet providers if GPs successful in reducing hospital admissions **[Finance, Provision?]**. > Historic deficits left unmanaged **[Finance?]**. > Postcode commissioning **[Commissioning?]**. > Increase in catastrophic failure with no system management **[Sytem Design?]**. > QIPP failure esp in area of changed clinical practice in long term conditions **[NHS Coordination & Integration - JE?]** > GPs manufacture increase in their remuneration by playing the system **[Commissioning?]**.	**Longer term**					
24	Informatics	There is a risk due of having to superimpose an ICT Managed Service Contract transition through 2012. We have this escalated with the Cabinet Office who have provided legal support to review mitigating alternatives.	**Longer term**	**3**	**3**	**9**		We have this escalated with the Cabinet Office who have provided legal support to review mitigating alternatives.
25	Informatics	A significant risk is that in the grand scheme of such far reaching big scale change, **the 'taken for granted' Corporate Shared Services of office tools, collaboration tools, applications and infrastructure** are simply taken for granted. That includes the full range of services for which we have a statutory duty to provide. The associated risk is that a failure to include this as a factor in the planning may not allow relevant changes to be planned adequately (and maybe tendered) with an adverse impact on the overall programme.	**Longer term**	**3**	**3**	**9**		**Mitigating Actions required**

26	Informatics	That the new **system architecture is described as a static model of separate future entities rather than a dynamic one** which as well as describing the functions of each entity also expresses the key interactions and transactions expected (information, finance etc. etc.) between the component parts. **That the enormous potential of informatics** (the knowledge, skills, processes and technology which enable information to be collected, managed, used and shared to support the delivery of health and care and to promote health and well-being) **is not sufficiently taken into account in the system design.**	**Longer term**	**2**	**3**	**6**		**Mitigating Actions required**
27	OD	Achieving sign off of scope of workstream in September 2010	**Longer term**	**3**	**3**	**9**		received from Caroline
28	OD	Resourcing agreed activities	**Longer term**	**3**	**3**	**9**		received from Caroline
29	OD	Capability and capacity of sector design leads/implementers	**Longer term**	**3**	**4**	**12**		received from Caroline
30	Business Support	Securing effective engagement and cooperation of organisations and support functions affected	**Longer term**	**3**	**4**	**12**		**Mitigating Actions required**
31	Business Support [Covered more generically by no 20]	Deterioration in industrial relations						Received from Carl Vincent - Mitigating Actions Required
32	Business Support	Securing sufficient internal resource to manage effectively	**Longer term**	**3**	**3**	**9**		Received from Carl Vincent - Mitigating Actions Required
33	Comms	Inefficient co-ordination of communications. There is **a risk that the Department will communicate in silos**, with individual teams communicating about the transition without consideration of the wider implications.	**Longer term**	**3**	**3**	**9**		**Mitigating Actions required**
34	Implementation (Commissioning & Provision)	Staff morale. **Maintaining staff morale in a time of change will require strong leadership** behaviours across the healthcare sector.	**Longer term**	**4**	**4**	**16**		**Mitigating Actions required**

35	Service Design	Accountability and coherence. There is a risk that the **new system will be designed from an internal perspective, without taking into account the public/patient view.** This could lead to an internally coherent system which is difficult for the public to navigate or hold to account.	**Longer term**	**3**	**4**	**12**		**Mitigating Actions required**
36	Comms	Public reputation. **There is a risk that the transition will be presented in a negative light via the media**. Two of the biggest risks which have already surfaced in the media are i) that the reforms will continue to be characterised through the prism of privatisation and ii) financial cuts.	**Longer term**	**4**	**4**	**16**		
37	Finance [Covered by no 7]	**Loss of financial control** in the system through the transition process.						Received by Bob (in the absence of discussion with finance virtual team thro' leave arrangements, my current top 3 risks are:)
38	Finance [covered by no 22]	**Failure to manage the costs of transition.**						
39	Finance	**Misalignment in design of commissioning & provision landscapes** leading to skewed financial risk embedded in legislation/system design.	**Longer term**	**3**	**3**	**9**		
40	Estates	The size, functional services and geographic location(s) of new organisations, and any constraints imposed, may not be defined timeously. Impact; Delays in developing, agreeing and implementing a robust Estates Strategy	**Longer term**	**3**	**3**	**9**		Ensure interdependencies are defined, a high-level schedule agreed and monitoring is in place for the effective implementation of an Estates Strategy
41	Estates	There is a failure to correlate between the HR workforce transition strategy and the Estates location strategy. Impact: The Estates Strategy will not be able to rely on the availability of Staff in the right location at the right time	**Longer term**	**2**	**3**	**6**		1. Close cooperation between Estates Transition and Resource and IT to develop joint requirements and outline plans 2. Produce joint hi-level implementation schedule across the two strategies and their implementation plans
42	Estates	The vehicles identified as potential options for holding and managing PCT property may not be established in time and/or may not have the appropriate power/authority. Implementation: The implementation of an Estates Strategy will be constrained and the strategy may not define the best fit solution	**Longer term**	**3**	**3**	**9**		1. Outline and agree interim and full options appraisal schedule with Transition Programme Board 2. Develop and agree interim and full options appraisal 3. Work with White Paper Bill team to reserve the relevant powers for all

43	Estates	Central Government Property Unit for holding and managing property may develop and implement a strategy that is in conflict with the aims and objectives of the Estates Strategy. Impat: The right property is not available in the right location to fulfil the appropriate function	**Longer term**	**2**	**3**	**6**		1. To engage with central Government property management vehicle to agree Estates Transition Strategy 2. Incorporate Central Government Vehicle team as a stakeholder