

SOUTHEND BCF RAID LOG – IMPLEMENTATION PHASE

Document Name	BCF RAID Log – Implementation Phase
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RAG RATING

RAG	Defn
Green	The risk is on track.
Yellow	The risk has a problem but action is being taken to resolve this OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored
Red	The risk requires remedial action to get back on track
Blue	The risk / issue has been completely mitigated or closed

RISK LOG – IMPLEMENTATION PHASE

Risk	There is a risk that:	How likely is the risk to materialize Scale 1-5 (1 being very unlikely, 5 being very likely)	Potential impact Scale 1-5 (1 being relatively small, 5 being major impact)	Overall risk factor	Owner	Mitigating Action	Target overall risk factor
002/a	The consultant and healthcare workforce are not sufficiently staffed and skilled to support the development of the locality approach	3	4	12	HWB	System approach / strategy being developed to ensure consistency is applied across all workforce issues	6
004/e	Through lack of resourcing for the Primary Care Hub there is a risk that the project is delayed and has an impact on the delivery of dependent schemes / projects	4	5	20	Kevin McKenny	Risk mitigated due to Primary Care Hub being superseded by the Locality Approach.	6
003b/a	Lack of provider engagement may lead to lack of capacity in the system	5	4	20	Sarah Baker	Carry out provider engagement events and use task and finance groups to capture thoughts and feedback.	12
001/b	There is a lack of Reablement capacity and that this has an impact on more complex cases [is there a forecast trajectory for reducing complex cases? There is an associated financial saving]	5	4	20	Sharon Houlden	Review of reablement to ensure sufficient capacity [can we expand this mitigation to be more specific?]	12
001/c	The plans to implement projects are not deliverable and have insufficient senior stakeholder engagement.	3	4	12	PMO	Risk mitigated LTG signed off implementation plans in Jan 2017.	9
003a/d	Lack of data and/ or difficulties in aligning data from different organisations will cause problems in determining baseline and carrying out the modelling for TOM	4	4	16	Sarah Baker	Engage performance and finance leads early to ensure data is provided on time and in the right format Be prepared to make some assumptions where data is incomplete	9
002/a	The assumptions made re End of Life data were incorrect and unvalidated. The assumptions were that those on End of Life / Palliative Care register had an average of 3 unplanned care admissions in the last 12 months of their life. Data that has been sourced to validate these assumptions imply that the average is closer to 1. There is a risk therefore that the data is incorrect.	3	4	12	Matt Ranguie	Data needs to be collected from CSU. Data has been collected and risk has been mitigated.	8
002/b	Once the data is collected and understood that it then undermines the projects objective to deliver a reduction from average of 3 admissions to an average of 2. The saving associated with this is £360K.	3	5	15	Matt Ranguie	Collection of data to validate (or not) original assumptions. Contingency planning to draft a plan to deliver the originally agreed targets. Data has been collected and risk mitigated.	8
General	The NEL targets set in September 2017 are not achievable due to the adjustment being made to baseline figures. Adjustment to baseline figures have been made as the data used in Sep 2016 is MARCOM (planned) as opposed to actual. Variance is 10%. Guidance had been issued to address baseline, no guidance issued to address realignment of targets. Could effectively add 10% to the targets making the total NEL target as 13.5%.	5	5	25	CCG	Await guidance from NHS England.. Guidance has been received and the risk has been mitigated.	15

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003a/f	Changes to services can have an impact on staff motivation, confidence and productivity	4	5	20	Sarah Baker	Engage staff at design and implementation stages and ensure regular staff updates and communication Set up core delivery group with members acting as the link back into services	12
001/e	Providers are unable to recruit sufficient staff to meet capacity requirements	3	5	15	Sharon Houlden	Need to work proactively with providers to ensure that they are able to meet our requirements [development of the MPS?]	9
003a/a	Delay in meeting project timescales may pose risks to funding, ability to deliver on new pathways and achieve agreed outcomes	5	3	15	Sarah Baker	Ensure robust governance arrangements are in place to track progress and highlight any delays and risks	10
003a/b	Lack of commitment to whole system change	5	3	15	Sarah Baker	Engage partner organisations at design and implementation stages, agree firm principles for the TOM and ensure regular communication	9
001/a	There is an increase in residential care admissions which will undermine the targets of scheme 001 and the councils budgets for 17/18.	3	5	15	Sharon Houlden	Robust placement process to ensure that the use of residential care is the last resort once all other options have been considered including step down [does there need to be a mitigation re the associated financial saving, re not achieving the trajectory?]	9
003a/e	Change in referral pathways can cause confusion in acute and community services leading to putting patients at risk	3	5	15	Sarah Baker	Engage key staff and managers at design and implementation stage and ensure regular updates and communication	9
003a/h	Lack of market engagement may lead to lack of capacity in the system and confusing over referral pathways	5	3	15	Sarah Baker	Plan and carry out market engagement events and ensure on-going communication with providers	9
003b/b	Providers are unable to increase capacity within the required timescales	3	5	15	Sarah Baker	Ensure providers are fully involved in the process and support them with the requirements to enable them to increase capacity	9
003b/c	Lack of data regarding the impact of reablement makes it difficult to determine the productivity of the service	3	4	12	Sarah Baker	Engage performance and finance leads early to ensure data is provided on time and in the right format Be prepared to make some assumptions where data is incomplete	8
001/f	Data is insufficiently robust to support data analysis and performance reporting	3	4	12	Sharon Houlden	Work is continuing to improve robustness of data and the development of an appropriate reporting framework	8
003a/c	Lack of confidence in new system leads to lower than expected referrals from GPs and staff bypassing agreed process	4	3	12	Sarah Baker	Ensure providers are fully involved in the process and understand the benefits of the new system. During transition periods ensure effective communication of capacity and timescales for change	8

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001/c	Lack of staff capability and capacity to implement the scheme	2	5	10	Sharon Houlden	Supervision will be used to ensure that plans are on track in terms of capability and capacity	6
003a/g	Lack of engagement with patients and service users, their carers and families	4	2	8	Sarah Baker	Engage people and carer reference groups and Healthwatch in as early as possible Agree principles for co-design	4
003b/d	Lack of service user engagement regarding reablement, preference to have things done for them	2	2	4	Sarah Baker	Engage people and carer reference groups, use SHIP and advice and information sources to promote the benefits of reablement and the positive impact on a person's wellbeing	2
001/d	Current contractual arrangements prevent required changes to support the implementation of this scheme	1	3	3	Sharon Houlden	Work with procurement colleagues to ensure that contracts changes are actioned appropriately [work with providers? Fwd plan appropriately to ensure changes can be affected when reprocurring]	3
004/a	GP's may not engage or they may resist the changes	TBC	TBC		Kevin McKenny	Communications with GP's to be managed sensitively and appropriately so that they understand the impact and can communicate the changes to patients. GP's to be involved in selection of an appropriate model and implementation	
004/b	Inability to use resources within the current financial year	TBC	TBC		Kevin McKenny	If likely to happen, this needs to escalate in a timely manner and plans put into place	
004/c	Staff in the CCG and across partner organisations unable to commit time for the project alongside their other duties	TBC	TBC		Kevin McKenny	Senior managers to ensure communication goes out highlighting this is a key Better Care Fund objective and health priority so that managers can allow the time to work on this project, and plan appropriately	
004/d	Lack of ownership of the communications and engagement plan	TBC	TBC		Kevin McKenny	A decision needs to be taken about Comms and Engagement and who will lead on this Or Health Communications and Engagement to deliver specific plan for the Primary Care Hub.	

ASSUMPTION LOG – IMPLEMENTATION PHASE

As per implementation plan - summary

ISSUE LOG – IMPLEMENTATION PHASE

Issue	Description	Priority (H, M, L)	Assigned to	Status (B / R / A / G)	Date to be resolved
001/a	Need to ensure that the implementation of scheme 001 supports adult social care's 2017 / 18 efficiency programme	H	Sharon Houlden		
003a/a	Lack of clarity regarding governance structure makes it difficult to define project governance	M	Prog Bd		
003a/b	Lack of clarity regarding enabling workstreams, such as IT	H	Prog Bd		
003a/c	There is significant overlap between schemes in some areas requiring some realignment and re-scoping as soon as possible	H	Prog Bd		
003b/a	IT systems are not in place to support an integrated approach	H	Prog Bd		
003b/b	A lack of clarity about how reablement aligns with the community recovery pathway could cause duplication	H	Sarah Baker		

DEPENDENCY LOG – IMPLEMENTATION PHASE

Dependency	Title – there is a dependency	Date raised	Date resolved	Status (B / R / A / G)	Date to be resolved
001/a	On Scheme 001 for adult social services saving plans for 2017 / 18	Jan 2017			
001/b	On activity in scheme 001 and Care Act – [can the dependency be articulated]	Jan 2017			
001/c	On hospital admissions being reduced through activity in Scheme 001 – [can the dependency be articulated]	Jan 2017			
001/d	[BCF schemes will have dependencies on scheme 001 – what are they?]	Jan 2017			
003a/a	On 001 - This project will contribute to the successful delivery of the Protecting social services scheme.	Jan 2017			
003a/c	On 003 (reablement) - The availability of high quality Reablement support is a key enabler for this project. Without an increase in effectiveness and capacity of these services, this project will be at risk of not being able to support people to reach their maximum level of independence.	Jan 2017			
003a/d	On Care Act - This project is dependent on the following developments in particular: <ul style="list-style-type: none"> • Information, advice and guidance • Prevention approach/ strategy • Market shaping At the same time, the Care Act programme is dependent on the successful implementation of the fully integrated system to have the best chance at meeting the requirements under the Act.	Jan 2017			
003a/e	On 004 - This project is highly dependent on the primary care hub scheme. The model for the hub will provide a blueprint for alignment of resources. One of the options for community recovery and independence is to create intermediate care functions on a locality basis.	Jan 2017			