

1.16.5 Mobilisation Plan

Please provide details of your proposed mobilisation to ensure on time commencement of the Contract.

Bidders are to provide a suitable and appropriate mobilisation / implementation plan.

The plan must detail the key tasks and milestones on a week-by-week basis the bidder will complete during and post mobilisation to deliver the services in accordance with the contract.

The plan must set out tasks, deadlines and implementation responsibilities and be segmented into the work-streams

Your response should also include a mobilisation risk register including monitoring arrangements, control measures and mitigating actions (in the form of a SMART action plan)

(Maximum Word Count 2000 words plus relevant diagrams)

Words used = 1999

1.16.5.1-Proposed mobilisation

Vocare has provided its mobilisation/implementation Gantt chart as an appendix to this response in line with the requirements specified in the question. Also appended and excluded from the word count as per our clarification question, is our mobilisation risk register.

a)-Scope of mobilisation

Vocare has been successfully providing GP-OOH services across Staffordshire for 8 years. In many instances, that would mean that our mobilisation activity would centre around some refresh activity only, however, for this contract, our mobilisation activity as the incumbent provider will be different.

Two Lots instead of one: The first change of scope will be that the contract will be in two Lots; although we could win both, thus not changing the reach of our service, we may only win one Lot. That outcome will change the structure and composition of the team we use to deliver the services and will change our interaction with other system providers across Staffordshire. In addition, we will need to develop a strong, collaborative partnership with the provider of the other Lot to ensure consistency of service delivery for the citizens of Staffordshire, the other system providers and, of course, the CCGs.

Use of WMAS' Adastra: The second significant change that will require mobilisation activity is the move to conduct all the GP-OOH activity using the WMAS instance of Adastra rather than Vocare's instance. The Digital Workstream will collaborate closely with counterparts in WMAS to ensure its Adastra accommodates all the requirements to deliver home and centre visits and telephone/video consultations. Should we win the South Lot, we will also need to make sure Adastra is set up with the prison details. Our workstream will agree processes for data extraction so we are able to monitor and analyse our performance using the WMAS data in real time and for monthly reporting and service improvement. The WMAS Adastra will be set up on our computers and tablets as required.

Transfer of NHS-111: Although not currently part of the existing GP-OOH contract, Vocare does currently provide the Staffordshire NHS-111 service that is intertwined with the GP-OOH service. Since the NHS-111/CAS service will transfer to WMAS, we will need to revise the existing patient pathway during mobilisation, ensuring all staff are aware of the change and the implications e.g. we will not be clinically validating home visit dispositions. We will also be involved in assisting the smooth service transfer with potential TUPE transfer of Vocare staff currently providing the NHS-111 component to WMAS.

b)-Advantages on Vocare's existing GP-OOH provision in Staffordshire

As the incumbent provider, Vocare has numerous mobilisation advantages:

- We have staff with local experience of CAS to support WMAS' CAS delivery.
- Interfaces with local referring organisations and many system partners are already functioning well, enabling us to focus attention of the new interface with NHS-111.
- All policies, processes and standard operating procedures for the service are already operational and the service is fully integrated into our organisational and governance structures.
- We have sufficient qualified and experienced staff to deliver the service, evidenced by our existing rota fulfilment levels. We will also not need to undertake any TUPE transfers of staff.
- Having used Adastra to deliver the service in Staffordshire, we will be well-placed to advise WMAS on the set up of its Adastra for this contract.
- We already have operational centres across both Lots, therefore we will be better positioned to ensure certainty of delivery at commencement of the new contract.

Were Vocare to win both Lots, we would also have mobilisation advantages in not having to build interfaces and relationships with the other Lot provider, releasing time to focus on community relationships and increasing likelihood of strong service continuity.

c)-Critical success factors

Key aspects of our mobilisation methodology that will prevent service disruption during implementation of the new change of contract include:

- Deployment of proven methodology and a team structure that is built on our critical success factors.
- Use of the mobilisation-experienced management team shown in Figure 1. This team has the skills, experience and capacity to design and implement the service changes using a combination of clinical and operational perspectives.
- A hands-on management style that ensures all mobilisation timelines are achieved, with risks identified and mitigated and controlled as appropriate.
- A thorough solution-development process.

- Use of project-management methodology and mobilisation tools to plan and track progress to service commencement
- Early engagement with alliance partners and CCGs to strengthen relationships with local partners and build new ones that include clear communications and a range of stakeholder-engagement activities.
- Continuation of mobilisation support until the service reconfiguration is stable.
- Incorporation of previous mobilisation and service change experience, such as the importance of communications, including staff engagement as the structure and geographical scope will be different. We have mobilised three contracts within Staffordshire and GP-OOH services in Yorkshire, Wolverhampton and West Lancashire.

d)-Mobilisation team and workstreams

Vocare's multi-skilled mobilisation team is based around the six workstreams required for this contract, shown in Figure 1. Our Mobilisation Director, [REDACTED] will be key to ensuring the workstreams are clear on the requirements, and will track progress and manage risk with the team.

Internal workstream leads will head each workstream drawing workstream membership as needed from the wider corporate teams from across Vocare and our parent company, Totally plc. Our workstreams will deliver the activity required to adapt provision to the new contract scope and continue delivering services during mobilisation and into service commencement as captured in our draft Mobilisation Programme (Appendix 1.16.5-A). Where relevant, we will facilitate integration with partners. We have considered how the mobilisation team will continue to support operations following service commencement.

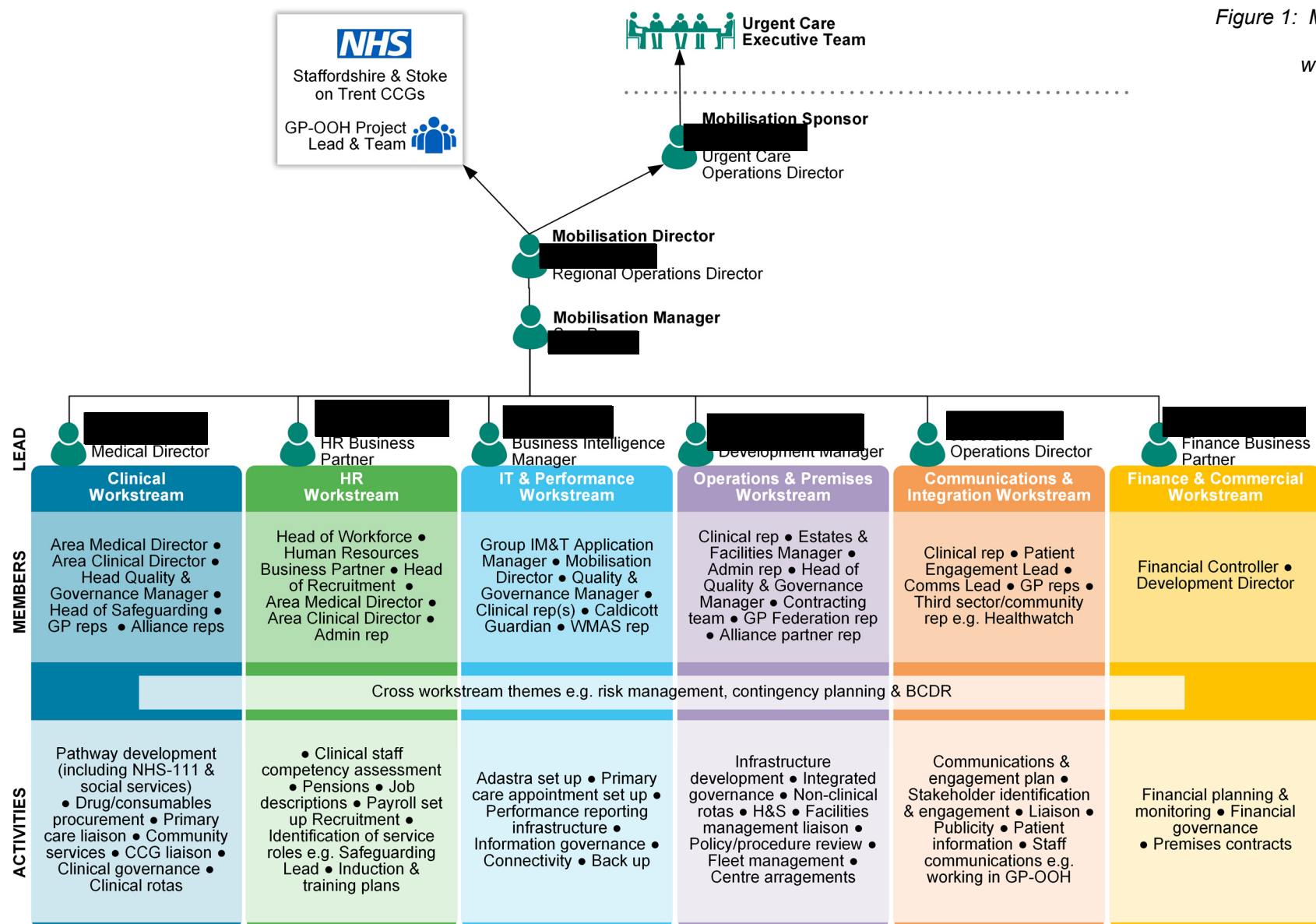
As our workstream leads have mobilisation experience, they will use their understanding of time commitments to ensure workstream members have sufficient capacity alongside primary roles to mobilise the new GP-OOH contract safely and efficiently.

Corporate support: Our core mobilisation team will have access to corporate-support services from the Totally plc group of companies. We share legal and contractual expertise to support contractual governance as well as group corporate governance resource to support statutory compliance and risk management e.g. ensuring insurance and indemnity etc. is in place.

This corporate expertise will feed into the relevant workstreams and provide clear updates and support to the workstream lead. The Mobilisation Manager will oversee corporate resource involvement and that workstream leads have all the support they need to ensure key milestones are achieved.

1.16.5 Mobilisation Plan

Figure 1: Mobilisation team and workstreams



e)-Mobilisation duration

Vocare considers that mobilisation starts from contract award and lasts until the service is settled in its new configuration and can function unassisted. We usually leave the mobilisation team in place for 4 weeks post service commencement (or until unassisted functioning). This arrangement facilitates a seamless transfer to the revised arrangements and prevents communication breakdowns and confusion in service delivery. Typical activities post commencement include adjustments to the IT arrangements. We will include the management-of-change cycle with a clear focus on service transition from the current provision to the new delivery model.

As on all our other mobilisations, we will complete a debrief following mobilisation to identify good practice and lessons to be learnt for future mobilisations.

1.16.5.2-Mobilisation management**a)-Project management methodology**

Our mobilisation team will follow PRINCE-lite methodology (based on PRINCE2), such as creating a structure that demonstrates an organised and controlled inception, mobilisation and transition and that focuses on all aspects of the overall service delivery. Regular workstream and mobilisation updates will be shared with partners as part of our transparent and collaborative approach.

b)-Project management tools

Key tools will be our risk register, our mobilisation Gantt chart and our project collaborative workspace.

Risk register: The risk register will capture risks, their risk rating as a score and measures to eliminate, mitigate or control risks, followed by re-scoring. Following commencement of the new contract, the mobilisation risk register will pass to the local leadership team for inclusion into its existing operational risk register. The risk register will be owned by the Mobilisation Manager and held on our project workspace to enable ready access to all team members.

Mobilisation/implementation plan: The Mobilisation Director and Mobilisation Manager have developed the draft Gantt chart with each workstream lead. This activity included assessing the requirements of the specification, the service-delivery model and lead times. The format of the chart adheres to that used on previous successful contract mobilisations for GP-OOH services and meets the requirements in the question wording. Our key planning assumptions include that:

- Pre-agreed co-operation with local partners e.g. WMAS is forthcoming, which will be integral to developing strong pathways and engagement with the system.
- Resources from key partners is available for input and weekly review of mobilisation progress to ensure issues are addressed early and as escalation points for key contacts.

The Gantt chart will also be owned by the Mobilisation Manager and held on our collaborative workspace. It will be available to the CCGs.

c)-Meetings

Workstream meetings: Weekly workstream meetings will enable the workstream leads to discuss progress against the programme with their workstream members and complete workstream-specific works and tasks.

Mobilisation team meetings: The Mobilisation Director will chair weekly mobilisation meetings at which all workstream leads and mobilisation management will work through the mobilisation programme. Workstream leads will provide updates on tasks within their domains. The Mobilisation Manager will use the programme to monitor progress by/across workstreams and against milestones. Workstream leads will develop mitigations and control measures to minimise delay/impact, checking everyone understands activities/progress. These meetings will also manage cross-workstream activities e.g. contingency planning.

The Mobilisation Manager will highlight forthcoming key tasks, so workstream leads are informed of remaining actions and we review key dependencies. Issues will be escalated through these meetings to senior Vocare management, the CCGs and representatives from system partner organisations. Regular attendance from the Mobilisation Sponsor will provide an assurance perspective. This approach enables swift escalation and implementation of remedial actions should they be required.

The Mobilisation Manager will have weekly protected time with the Mobilisation Director to review the mobilisation and milestone achievements and formulate plans to ensure delivery.

d)-Progress reporting

A summary highlight report (executive summary) of mobilisation progress will be produced weekly and shared with the CCGs and Vocare's Area Management Team for Staffordshire. It will include progress against the programme and top risks from the risk register.

Regular communications from the mobilisation team will be issued internally and externally to ensure staff, patients and the public are kept updated as the latest information and advice. They will include regular staff updates, media briefings and use of social media to reach as large an audience as possible, as agreed with the CCGs.

1.16.5.3-Mobilisation risk management

Risk management will be an ongoing process throughout mobilisation and over the contract term. Our approach during mobilisation will follow that used over the contract term, which is illustrated in Figure 2. The only difference will be the mobilisation team undertaking the process rather than the contract leadership team. As we will be continuing to deliver the existing service through mobilisation, the contract leadership team will be undertaking the risk management shown in Figure 2 as well.

1.16.5

Mobilisation Plan

We use proven methodologies to manage risk including the risk-management cycle of identification, assessment, resolution, monitoring and reporting. All identified risks will be captured in the risk register and scored for likelihood and severity of impact to create a weighted score that falls into bands of low, moderate, high or extreme risks. Risk treatment will fall into one of the 5Ts most likely involving elimination or mitigation of impact or control of likelihood.

Risks will be identified by our team, partners, Vocare's risk management structures (e.g. Risk Management Committee) and previous mobilisation and operational experience.

Risk will be a standing item at weekly mobilisation meetings, where we will review the register and identify new risks. The Mobilisation Manager will work with the workstream leads to ensure mitigation/control measures remains valid, alerting the team to changes. We will escalate high post-mitigation scores to our Area and Regional Management Teams as well as the CCGs.

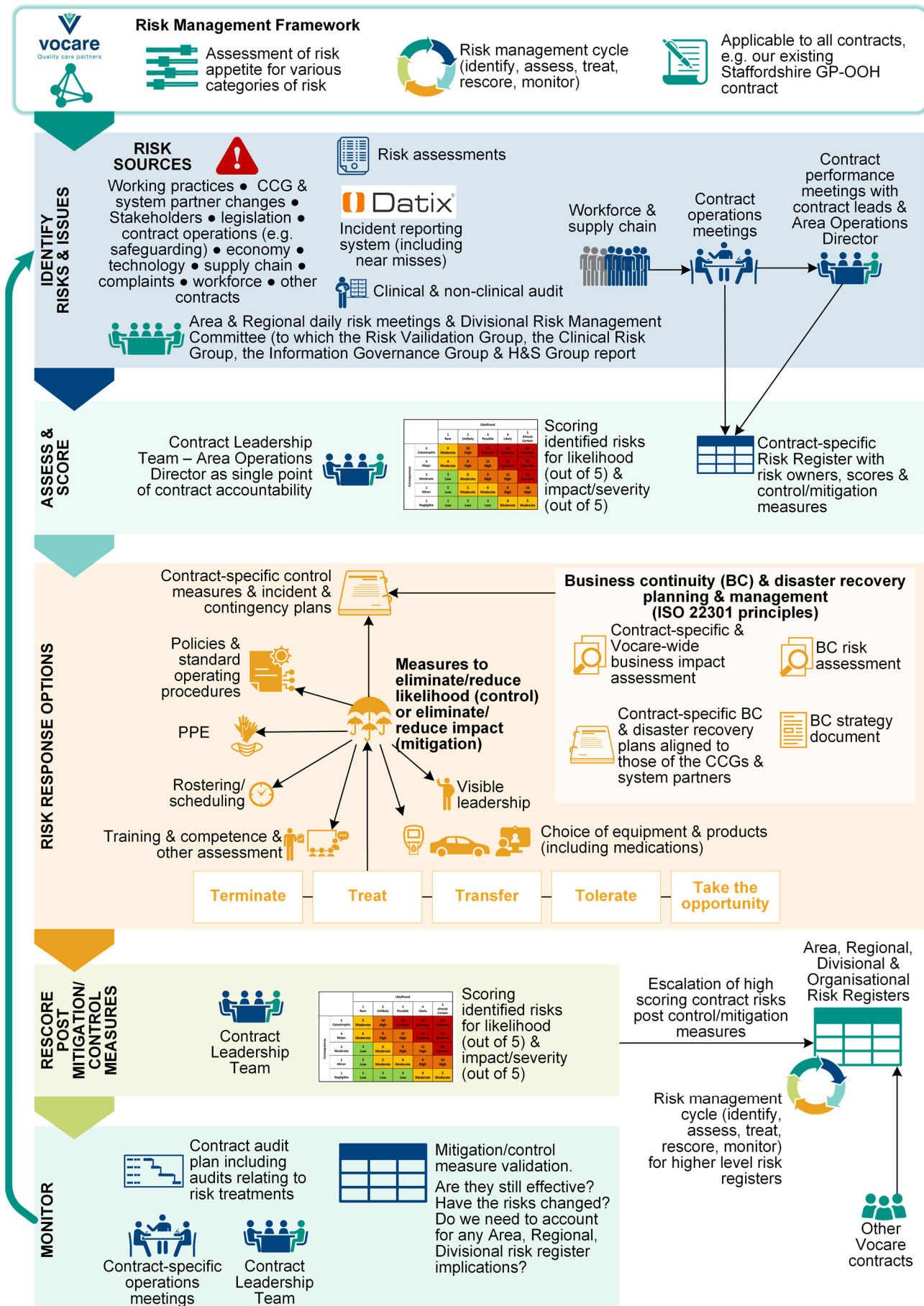


Figure 2: Risk-management approach

PROJECT PLAN

Project Name:

Release:

Version:

Date:

Staffordshire & Stoke on Trent GP OOHs

1.00

16/09/2021

Author:	Totally plc Urgent Care Division
Owner:	Mobilisation Manager
Client:	Staffordshire and Stoke-on-Trent CCGs

Document History

Latest Revision History (for full details see RH tab)

Revision Date	Prev Revision Date	Summary of Changes	Changes Marked

Distribution				This document has been distributed to:	
Date of Issue	Version	Name of Recipient	Title		

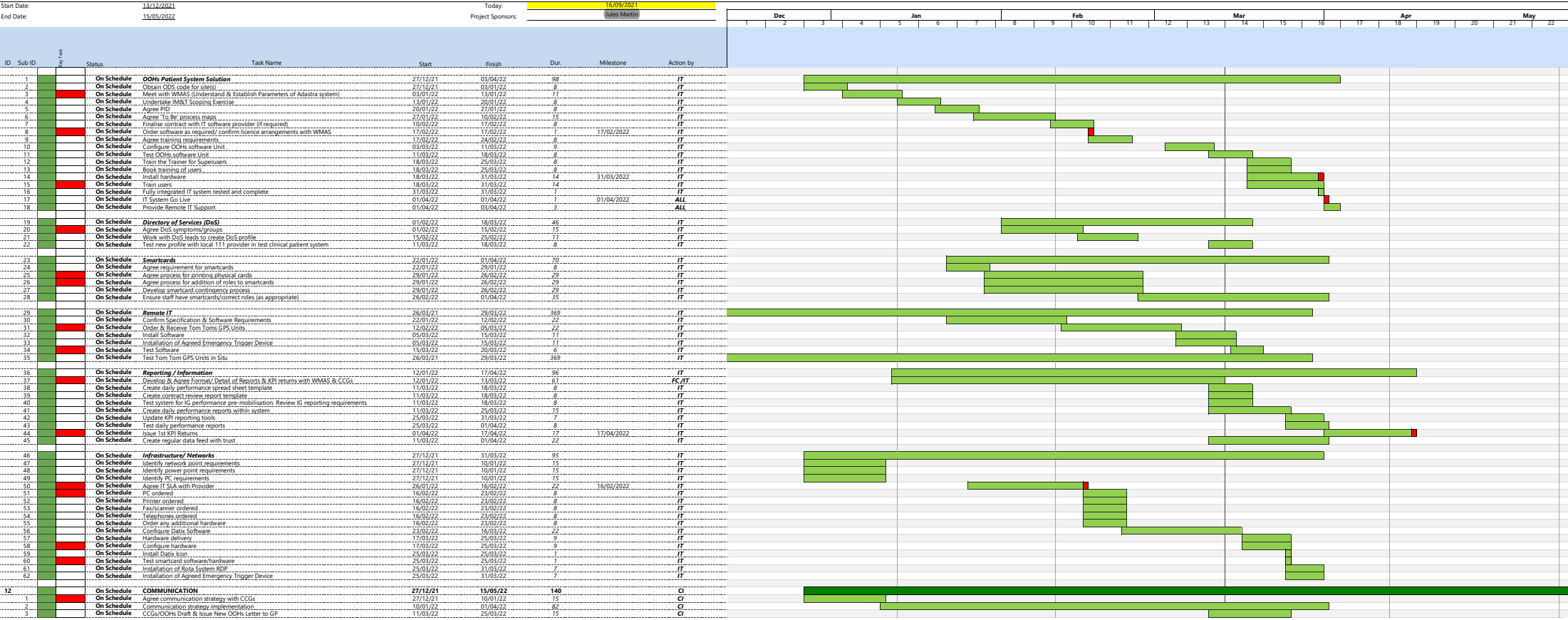
Org	Mobilisation Team	
UCD	MD	- Mobilisation Director
UCD	MM	Mobilisation Manager
UCD	OP	- Operations & Premises Lead
UCD	HR	HR/ People Lead
UCD	CQ	ani- Clinical/ Quality Lead
UCD	CI	Communication & Integration Lead
UCD	IT	- IT Lead
UCD	FC	- Finance & Commercial Lead
UCD	PS	Project Sponsor - (UCD Director of Operations)

Legend	
Headings	
Resources	
Milestones	
Issues	
Completed	
Dateline	



Start Date:		13/12/2021		Today:		16/09/2021																									
End Date:		15/05/2022		Project Sponsors:		Jules Martin																									
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ID	Sub ID	Key	Status	Task Name	Start	Finish	Dur	Milestone	Action by																						
1	1		On Schedule	STAFFS & STOKO ON TRENT GP OOHs	13/12/21	15/05/22	154		MS																						
	2		On Schedule	Go Live Day	01/04/22	01/04/22	1	01/04/2022	ALL																						
2			On Schedule	SERVICE IMPLEMENTATION MILESTONES SUMMARY	02/01/22	17/04/22	106		OP																						
	1		On Schedule	CCG registration application submitted	07/01/22	21/01/22	15	21/01/2022	OP																						
	2		On Schedule	Complete Lease Agreements	21/01/22	31/01/22	11	31/01/2022	OP/FC																						
	3		On Schedule	Model of Care	02/01/22	01/02/22	31	01/02/2022	CO																						
	4		On Schedule	Clinical Pathways (Development & Agreement)	01/02/22	16/02/22	16	16/02/2022	CO																						
	5		On Schedule	Agree IT SLA with Provider	26/01/22	16/02/22	22	16/02/2022	IT																						
	6		On Schedule	Establish clinical governance committee & terms of reference	28/01/22	17/02/22	21	17/02/2022	CO																						
	7		On Schedule	Order software as required/ confirm licence arrangements with VMAS	17/02/22	17/02/22	8	17/02/2022	IT																						
	8		On Schedule	Mid-Mobilisation Programs & Risk Register Competitive Bidder	17/02/22	24/02/22	8	24/02/2022	MMH																						
	9		On Schedule	PPA Codes ordered through local CCGs	20/01/22	01/03/22	41	01/03/2022	CO																						
	10		On Schedule	Contract signature	09/03/22	09/03/22	1	09/03/2022	FC																						
	11		On Schedule	CSP to conduct formal 30 day consultation process with staff	10/02/22	12/03/22	31	12/03/2022	CSP																						
	12		On Schedule	Refurbishment (if required)	15/02/22	17/03/22	31	17/03/2022	OP																						
	13		On Schedule	Rotas	17/01/22	18/03/22	61	18/03/2022	OP																						
	14		On Schedule	Delivery of Vehicles	14/03/22	24/03/22	11	24/03/2022	OP																						
	15		On Schedule	Recruitment of Lead GP (if required)	26/01/22	25/03/22	59	25/03/2022	HR																						
	16		On Schedule	Recruitment of Manager (if required)	26/01/22	25/03/22	59	25/03/2022	HR																						
	17		On Schedule	Install hardware	18/03/22	31/03/22	14	31/03/2022	IT																						
	18		On Schedule	Set up payroll and transfer staff	04/02/22	01/04/22	57	01/04/2022	FC																						
	19		On Schedule	IT System Go Live	01/04/22	01/04/22	1	01/04/2022	ALL																						
	20		On Schedule	Have 1st KPI Returns	01/04/22	17/04/22	17	17/04/2022	IT																						
3			On Schedule	BUILDING AND FACILITIES MANAGEMENT	13/12/21	01/04/22	110		OP																						
	1		On Schedule	Source premises (all sites <30mins patient travel)	13/12/21	28/12/21	16		OP/FC																						
	2		On Schedule	Commence lease negotiations	31/12/21	20/01/22	21		OP/FC																						
	3		On Schedule	CCG registration application submitted	07/01/22	21/01/22	15	21/01/2022	OP																						
	4		On Schedule	Reach agreement on common area proposals with Landlord	31/12/21	14/01/22	15		OP/FC																						
	5		On Schedule	Confirm estates arrangements (waste/ cleaning) etc	31/12/21	14/01/22	15		OP/FC																						
	6		On Schedule	Complete room & equipment/ facilities requirements	31/12/21	14/01/22	15		OP																						
	7		On Schedule	Identify any documents for transfer from existing provider	14/01/22	28/01/22	15		OP																						
	8		On Schedule	Furnishing and equipment - agree with landlord	14/01/22	21/01/22	8		OP/FC																						
	9		On Schedule	Complete Lease Agreements	21/01/22	31/01/22	11	31/01/2022	OP/FC																						
	10		On Schedule	Place Orders for New Furnishing & Equipment	04/02/22	14/02/22	10		OP																						
	11		On Schedule	Delivery of any new furniture and equipment ex: IT	07/03/22	14/03/22	8		OP																						
	12		On Schedule	IT badges ordered & supplied	07/03/22	25/03/22	22		OP																						
	13		On Schedule	Fire risk assessment	23/03/22	25/03/22	3		OP																						
	14		On Schedule	Evacuation tests	23/03/22	25/03/22	3		OP																						
	15		On Schedule	DDA compliance check & Health & Safety Risk Assessment	23/03/22	25/03/22	3		OP																						
	16		On Schedule	Final Check, Emergency numbers (gas, electricity, etc.)	25/03/22	01/04/22	8		OP																						
	17		On Schedule	Keys identified & transferred	29/03/22	01/04/22	4		OP																						
4			On Schedule	PREMISES DEVELOPMENT (IF REQUIRED)	04/01/22	17/03/22	73		OP																						
	1		On Schedule	Identify Premises Changes	04/01/22	18/01/22	15		OP																						
	2		On Schedule	Cost premises changes	18/01/22	01/02/22	15		OP/FC																						
	3		On Schedule	Finalise plans and finances	01/02/22	15/02/22	31		OP																						
	4		On Schedule	Refurbishment (if required)	15/02/22	17/03/22	31	17/03/2022	OP																						
5			On Schedule	FINANCIAL	27/12/21	01/04/22	96		FC																						
	1		On Schedule	Set up contract on financial system	27/12/21	18/03/22	82		FC																						
	2		On Schedule	Establish expense codes	18/03/22	01/04/22	15		FC																						
	3		On Schedule	Authorised signatures	18/03/22	01/04/22	15		FC																						
	4		On Schedule	Establish P&L account	18/03/22	01/04/22	15		FC																						
	5		On Schedule	Set up payroll and transfer staff	04/02/22	01/04/22	57	01/04/2022	FC																						
	6		On Schedule	Sign off FP10 payment collection & CCG repayment mechanism	18/03/22	01/04/22	15		FC																						
6			On Schedule	LEGAL	16/02/22	23/03/22	36		FC																						
	1		On Schedule	Agree Heads of Terms with CCGs	16/01/22	26/01/22	17		FC																						
	2		On Schedule	Specify and develop Contract with CCGs	26/01/22	16/02/22	22		FC																						
	3		On Schedule	Agree content of Support Services SLA (ie other clinical/ admin elements)	26/01/22	16/02/22	22		FC																						
	4		On Schedule	Agree pricing method & value of Contract	26/01/22	16/02/22	22		FC																						
	5		On Schedule	Contract Negotiation & Finalisation with CCGs	16/02/22	02/03/22	17		FC																						
	6		On Schedule	Contract signature	09/03/22	09/03/22	1	09/03/2022	FC																						
	7		On Schedule	Joint service review process to be agreed	09/03/22	23/03/22	15		FC																						
7			On Schedule	WORKFORCE	27/12/21	01/04/22	96		OP																						
	1		On Schedule	General	27/12/21	31/03/22	95		OP																						
	2		On Schedule	Develop detailed workforce strategy	27/12/21	10/01/22	15		OP																						
	3		On Schedule	Staff launch event to introduce OOH Service	10/01/22	15/01/22	6		OP																						
	4		On Schedule	Agree workforce plan (including rota templates)	09/01/22	09/01/22	1		OP																						
	5		On Schedule	Agree training plans and costs	09/01/22	24/02/22	15		OP																						
	6		On Schedule	Rotas	17/01/22	18/03/22	61	18/03/2022	OP																						
	7		On Schedule	HR policies tailored to CCGs	10/01/22	31/01/22	22		HR																						
	8		On Schedule	Staff contracts	31/01/22	31/03/22	60		OP																						
	9		On Schedule	Review Rotas (Completion, Gaps & Issues)	18/03/22	25/03/22	8		OP																						
	10		On Schedule	Finalise staff contingency arrangements	04/03/22	31/03/22	28		OP																						
	11		On Schedule	TUPE or Secondment of existing OOHs staff	11/01/22	01/04/22	81		HR																						
	12		On Schedule	First presentation to staff to introduce OOHs mobilisation	11/01/22	18/01/22	8		HR/OP																						
	13		On Schedule	Receive initial OUPH roster of staff from Current Service Provider (CSP)	18/01/22	26/01/22	8		HR																						
	14		On Schedule	Draft Joint Plan with current service provider, (CSP) for Staff Consultation	18/01/22	01/02/22	15		HR																						
	15		On Schedule	Start informal consultation activities, i.e. 1:1 meetings	23/01/22	01/02/22	8		ALL																						
	16		On Schedule	Receive detailed (TUPE) roster of staff from CSP	02/02/22	12/02/22	11		HR																						
	17		On Schedule	CSP to conduct formal 30 day consultation process with staff	12/02/22	12/03/22	31	12/03/2022	CSP																						
	18		On Schedule	Further informal consultation and completion of approach	12/03/22	01/04/22	21		ALL																						
	19		On Schedule	CCGs issue letter to staff	12/03/22	17/03/22	16		CCGs																						
	20		On Schedule	Take receipt of staff records	01/04/22	01/04/22	1		HR																						
	21		On Schedule	General Practitioners	19/01/22	31/03/22	72		OP																						
	22		On Schedule	Job descriptions agreed	19/01/22	26/01/22	8		OP																						
	23		On Schedule	Recruitment of Lead GP (if required)	26/01/22	25/03/22	59	25/03/2022	HR																						
	24		On Schedule	Recruitment of General Practitioners	26/01/22	25/03/22	59		HR																						
	25		On Schedule	Initial Assessment of training needs	04/03/22	20/03/22	17		OP																						
	26		On Schedule	Pre-employment checks completed	18/03/22	31/03/22	14		HR																						
	27		On Schedule	Nurses/ AHPs/ ACPs/Pharmacists	19/01/22	31/03/22	72		OP																						
	28		On Schedule	Job descriptions agreed	19/01/22	26/01/22	8		OP																						
	29		On Schedule	Recruitment of Nursing Staff	26/01/22	25/03/22	59		HR																						
	30		On Schedule	Recruitment of AHPs	26/01/22	25/03/22	59		HR																						
	31		On Schedule	Pre-employment checks completed	18/03/22	31/03/22	14		HR																						
	32		On Schedule	Service Manager	19/01/22	01/04/22	73		OP																						
	33		On Schedule	Job description agreed	19/01/22	26/01/22	8		OP																						
	34		On Schedule	Recruitment of Manager (if required)	26/01/22	25/03/22	59	25/03/2022	HR																						
	35		On Schedule	Pre-employment checks completed	18/03/22	31/03/22	14		HR																						
	36		On Schedule	Input in to contingency plans	25/03/22	01/04/22	8		OP																						
	37		On Schedule	Administrators/ Dispatchers	19/01/22	31/03/22	72		OP																						
	38		On Schedule	Job descriptions agreed	19/01/22	26/01/22	8		OP																						
	39		On Schedule	Recruitment of Admin staff	26/01/22	12/03/22	56		HR																						
	40		On Schedule	Pre-employment checks completed	18/03/22	31/03/22	14		HR																						
	41		On Schedule	Drivers	19/01/22	31/03/22	72		OP																						
	42		On Schedule	Job descriptions agreed	19/01/22	26/01/22	8		OP																						
	43		On Schedule	Recruitment of Drivers	26/01/22	12/03/22	46		HR																						
	44		On Schedule	Pre-employment checks completed	18/03/22	31/03/22	14		HR																						
	45		On Schedule	Training	23/02/22	01/04/22	38		OP																						

Start Date:		13/12/2021	Today:		16/09/2021																										
End Date:		15/05/2022	Project Sponsors:		Julian Martin																										
							Dec	Jan					Feb				Mar				Apr				May						
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22			
ID	Sub ID	Key Task	Status	Task Name	Start	Finish	Dur.	Milestone	Action by																						
46		On Schedule		Development of Training Material	23/02/22	16/03/22	22		OP																						
47		On Schedule		Service induction into OCHs	23/02/22	01/04/22	39		OP																						
48		On Schedule		Undertake training identified through Training Needs Assessment, RSL, etc.	22/03/22	01/04/22	11		OP																						
49		On Schedule		Integrated Model/ Pathway Training (Clinical and Non-Clinical)	22/03/22	01/04/22	11		OP																						
50		On Schedule		Appointment System Process, Training (all staff)	22/03/22	01/04/22	11		OP																						
51		On Schedule		Equipment Training	22/03/22	01/04/22	11		OP																						
52		On Schedule		IT Training	22/03/22	01/04/22	11		OP																						
53		On Schedule		Offer & Undertake training for Integration Partners	22/03/22	01/04/22	11		OP																						
54		On Schedule		Joint Prison System Induction/ Training with PPS (Lot 2 only)	22/03/22	01/04/22	11		OP																						
55		On Schedule		Specialist Triage Training (Gabled Lot 2 Only)	22/03/22	01/04/22	11		OP																						
8		On Schedule		CLINICAL	02/01/22	30/03/22	88		CO																						
1		On Schedule		Model of Care	02/01/22	01/02/22	31	01/09/2022	CO																						
2		On Schedule		Map out Triage within OCHs Service	02/01/22	01/02/22	31		CO																						
3		On Schedule		Map out Patient Journey within OCHs Service (Home Visit)	02/01/22	01/02/22	31		CO																						
4		On Schedule		Map out Patient Journey within OCHs Service (Telephone/ Video Consult)	02/01/22	01/02/22	31		CO																						
5		On Schedule		Map out Patient Journey within OCHs Service (Centre Visit)	02/01/22	01/02/22	31		CO																						
6		On Schedule		Map out Patient Journey within wider integrated care setting (111, CAS,)	02/01/22	01/02/22	31		CO																						
7		On Schedule		Map out Prison Patient Journey (Lot 2 Only)	02/01/22	01/02/22	31		CO																						
8		On Schedule		Develop appointment system model for OCHs Service	02/01/22	01/02/22	31		CO																						
9		On Schedule		Clinical Pathways (Development & Assessment)	01/02/22	16/02/22	16	16/02/2022	CO																						
10		On Schedule		Emergency care Pathway: Patient req. emergency care (Unstable) - WMAS	01/02/22	16/02/22	16		CO																						
11		On Schedule		Emergency Care Pathway: Patient req. emergency care (Stable) North-UHMM	01/02/22	16/02/22	16		CO																						
12		On Schedule		Emergency Care Pathway: Patient req. emergency care (Stable) South - RMT	01/02/22	16/02/22	16		CO																						
13		On Schedule		Emergency Care Pathway: Patient req. emergency care (Stable) South - Walsall Manor	01/02/22	16/02/22	16		CO																						
14		On Schedule		Emergency Care Pathway: Patient req. emergency care (Stable) South - Derby Hospital	01/02/22	16/02/22	16		CO																						
15		On Schedule		Integrated Community Rapid Intervention (CRI) - 2 Way Pathway/ Joint Process	01/02/22	16/02/22	16		CO																						
16		On Schedule		End of Life Care Pathway - Local Hospice - CRIS Team	01/02/22	16/02/22	16		CO																						
17		On Schedule		Mental Health Pathway - MPT, CRIS single Point of Access at local ED	01/02/22	16/02/22	16		CO																						
18		On Schedule		Urgent Care Pathway - Referring patients into a specialist	01/02/22	16/02/22	16		CO																						
19		On Schedule		Social care Pathway - Referral to duty social worker for social care needs/ MHA assessment	01/02/22	16/02/22	16		CO																						
20		On Schedule		Safeguarding Pathway - Safeguarding Children (MARA)	01/02/22	16/02/22	16		CO																						
21		On Schedule		Safeguarding Pathway - Vulnerable adults (MARA)	01/02/22	16/02/22	16		CO																						
22		On Schedule		Community Care Pathway - District Nurses	01/02/22	16/02/22	16		CO																						
23		On Schedule		Finalise agreements with local GP practices	01/02/22	16/02/22	16		CO																						
24		On Schedule		Finalise Links with CCGs	01/02/22	16/02/22	16		CO																						
25		On Schedule		Ensure explanatory patient material is in place	01/02/22	16/02/22	16		CO																						
26		On Schedule		Policy Development	16/02/22	30/03/22	43		OP																						
27		On Schedule		Escalation policy	16/02/22	09/03/22	22		OP																						
28		On Schedule		Joint local emergency response	16/02/22	09/03/22	22		OP																						
29		On Schedule		Protocols for independent nurse assessments	16/02/22	09/03/22	22		OP																						
30		On Schedule		Policy for medical investigations	16/02/22	09/03/22	22		OP																						
31		On Schedule		Emergency resuscitation policy	16/02/22	09/03/22	22		OP																						
32		On Schedule		Compliance policies and procedures	16/02/22	09/03/22	22		OP																						
33		On Schedule		Prescribing guidelines	16/02/22	09/03/22	22		OP																						
34		On Schedule		Safeguarding children & adults policy	16/02/22	09/03/22	22		OP																						
35		On Schedule		Guidelines for management of minor injuries	16/02/22	09/03/22	22		OP																						
36		On Schedule		Patient Self Help Sheets	09/03/22	23/03/22	15		OP																						
37		On Schedule		Patient Service Leaflet for Prisons (Lot 2 Only)	09/03/22	23/03/22	15		OP																						
38		On Schedule		Complete Pathway Pack for submission to CCGs	23/03/22	23/03/22	1		OP																						
39		On Schedule		Issue Pathway Pack to CCGs	23/03/22	30/03/22	8		OP																						
40		On Schedule		Medication	20/01/22	01/03/22	41		CO																						
41		On Schedule		PPA Codes ordered through local CCGs	20/01/22	01/03/22	41	01/03/2022	CO																						
42		On Schedule		Acute Drug Formulary	09/02/22	23/02/22	15		CO																						
43		On Schedule		Drugs listed	23/02/22	23/02/22	29		CO																						
44		On Schedule		Sign off PPGs	23/02/22	25/03/22	31		CO																						
45		On Schedule		Drugs ordered & delivered JIT	01/03/22	31/03/22	31		CO																						
46		On Schedule		Order FP10 Pads	01/03/22	08/03/22	8		CO																						
47		On Schedule		Storage of drugs checked (Prisons & Vehicles)	01/04/22	01/04/22	1		CO																						
48		On Schedule		Medication (Prison Lot 2 Only)	20/01/22	20/04/22	92		CO																						
49		On Schedule		Confirm & Document Selected Prison Formulary	20/01/22	20/04/22	92		CO																						
50		On Schedule		Oral medication process (Dispense from Prison/ Vendor, Vial, Tablet/ Pharmacy)	04/02/22	25/02/22	22		CO																						
51		On Schedule		Sign off Authorisation to dispense from Prison Formulary	25/02/22	18/03/22	22		CO																						
9		On Schedule		INTEGRATION	07/01/22	15/05/22	129		CI																						
1		On Schedule		Integration	07/01/22	15/05/22	129		CI																						
2		On Schedule		Visits/Meetings with ICS Networks, CCGs (ICS) & GPs	07/01/22	27/01/22	15		CI																						
3		On Schedule		Establish relationship with In-house Prison Provider (PPG) (Lot 2 Only)	07/01/22	27/01/22	21		CI																						
4		On Schedule		Link with IUC Partners: WMAS, GPs, NHS 111, Acute Trusts, Soc Services	21/01/22	21/01/22	29		CI																						
5		On Schedule		Integrate with Primary Care Networks (PCNs), GP Federations, CRIS, Mental Health providers	21/01/22	18/02/22	29		CI																						
6		On Schedule		Attend ICS partnership meetings	04/03/22	15/05/22	73		CI																						
7		On Schedule		Create collaborative alliance groups	04/03/22	25/03/22	22		CI																						
8		On Schedule		Present model to IUC partners, PCNs, CCGs (ICS Networks)	04/03/22	25/03/22	22		CI																						
10		On Schedule		OPERATIONAL	03/01/22	01/04/22	89		OP																						
1		On Schedule		Governance & Risk Management	25/01/22	01/04/22	67		CO																						
2		On Schedule		Establish clinical governance committee & terms of reference	25/01/22	17/02/22	23	17/02/2022	CO																						
3		On Schedule		Invite wider participation - CCGs, WMAS, GP specialists, MHT	17/02/22	17/02/22	1		CO																						
4		On Schedule		Agree joint governance processes with CCGs, GPs, etc (Clinical/ Non-Clinical/ IG)	17/02/22	24/02/22	8		CO																						
5		On Schedule		Complaints policy reviewed and adopted	25/02/22	25/02/22	29		CO																						
6		On Schedule		Establish Business Continuity plan	25/02/22	04/03/22	8		OP																						
7		On Schedule		Develop contingency plans	25/03/22	01/04/22	8		OP																						
8		On Schedule		Patient record direct	25/03/22	01/04/22	8		OP																						
9		On Schedule		Equipment & Consumables	12/01/22	01/04/22	80		OP																						
10		On Schedule		Clinical consumables listed for each site	12/01/22	02/03/22	22		OP																						
11		On Schedule		Identify & purchase equipment for sites	02/03/22	02/03/22	29		OP																						
12		On Schedule		Clinical consumables ordered	21/03/22	26/03/22	6		OP																						
13		On Schedule		Stationery ordered	01/04/22	01/04/22	1		OP																						
14		On Schedule		Storage of consumables checked	01/04/22	01/04/22	1		OP																						
15		On Schedule		Equipment checked as fit for purpose	01/04/22	01/04/22	1		OP																						
16		On Schedule		Vehicles	12/01/22	01/04/22	80		OP																						
17		On Schedule		Confirm Vehicle Specification & Arrange Lease/ Purchase	12/01/22	02/02/22	22		OP																						
18		On Schedule		Identify & purchase equipment for vehicles (IT, Backs, etc)	02/02/22	23/02/22	22		OP																						
19		On Schedule		Develop livery specification & place order	02/02/22	23/02/22	22		OP																						
20		On Schedule		Clinical consumables listed for each vehicle	02/02/22	23/02/22	22		OP																						
21		On Schedule		Clinical consumables ordered & delivered	14/03/22	16/03/22	3		OP																						
22		On Schedule		Deliver of Vehicles	14/03/22	24/03/22	11	24/03/2022	OP																						
23		On Schedule		Install Livery	24/03/22	29/03/22	6		OP																						
24		On Schedule		Install Front Tonn GPS Units	24/03/22	29/03/22	6		OP																						
25		On Schedule		Install Backs (Drug Storage)	24/03/22	29/03/22	6		OP																						
26		On Schedule		Equipment & Racks checked as fit for purpose	01/04/22	01/04/22	1		OP																						
27		On Schedule		Project Governance, Management & Risk Management	03/01/22	01/04/22	89		MM																						
28		On Schedule		Establish Joint Mobilisation / Integration Team (CCG, GPs, GP Fed, Prison services, etc)	03/01/22	24/01/22	22		MM																						
29		On Schedule		Undertake Mobilisation meetings & Maintain documentation (inc Risk Register)	03/01/22	17/01/22	15		MM																						
30		On Schedule		Set Up Regular Reporting schedule (inc. meetings)	19/01/22	24/01/22	6		MM																						
31		On Schedule		Commence Service Data Flow Mapping & DPIA	24/01/22	31/01/22	8		MM																						
32		On Schedule		Mit Mobilisation Progress & Risk Register/ Comprehensive Review	17/02/22	24/02/22	8	24/02/2022	MM																						
33		On Schedule		Develop project contingency plans	24/02/22	16/03/22	21		MM																						
34		On Schedule		Complete & Sign Off Data Flow Mapping & DPIA	24/02/22	17/03/22	22		MM																						
35		On Schedule		Complete Information Asset Register	24/02/22	01/04/22	37		MM																						
11		On Schedule		IM&T	26/03/21	17/04/22	388		IT																						



STAFFORDSHIRE GP OOHs: RISK REGISTER

SMART ACTION PLAN S: Specific Description of Risk, M: Measurable Risk Score, A: Achievable Mitigations R: Realistic Mitigations and Actions, T: Timebound Actions



Version:	Date:	16/09/2021															
		0.1	S	M	A	R	T	Update		Actions pending	Risk Status	M					
Risk ID	Date Added	Description of Risk	Risk Score (L vs C)	Mitigating actions	Project Workstream/ Area Affected	Timescale for Mitigation	Detail Date of Update		Projected Residual Risk Score								
R001	IMPLEMENTATION STAGE	Any potential for delay in agreeing the model of care before the 20 Jan 22, will impact on the timescales for Clinical Pathway development.	3 x 8	1) Project Teams will prioritise engagement on the detail of the clinical model. 2) This milestone will be protected and additional resource allocated if progress is slow 3) Encourage early planning on the CLINICAL Pathways	Clinical	1) Jan 22 2) Jan 22 3) Dec 21				Open	1 x 3						
R002	BID STAGE	Delay in the IM&T SLA agreement on 26 Jan 21 could cause delay in subsequent IM&T actions. E.g. DCG and Adastra build	3 x 8	1) Pre arranged engagement meetings to ensure ability to meet timescales with involved providers. 2) Stand alone IM&T project plan with stand alone critical path reviews 3) Engagement with suppliers on ability to deliver inline with project timescales 4) Early change request implementation	IM&T	1) Dec 21 2) Jan 22 3) Dec 21 4) Dec 21				Open	1 x 3						
R003	AWARD STAGE	Alliance may not feel fully engaged unless there is early contact and collaboration, to ensure a smooth transition of all governance arrangements and expectations.	3 x 8	1) Early clinical engagement with to obtain collective understandings 2) Work in collaboration to agree touch points, communications and governance framework 3) Open communication channels early with regular formal updates, discussions and troubleshooting	Management	1) Dec 21 2) Dec 21 3) Jan 22				Open	1 x 4						
R004	IMPLEMENTATION STAGE	Potential for Data security risks as a result of changing systems, access points and working across other providers.	3 x 8	1) Agree Information Sharing Agreement 2) Formalise and document governance handoff points in the patient journey 3) Map out each point of data ownership between the providers 4) Ensure Information Governance processes are trained to staff	Governance	1) Dec 21 2) Jan 22 3) Jan 22 4) Mar 22				Open	1 x 4						
R005	IMPLEMENTATION STAGE	Risk of poor early clinical engagement to sign off pathways, due to winter pressures, leading to delays in agreed pathway implementation	3 x 3	1) Clinical pathway agreement will be high on our mobilisation framework with a core meeting happening early in mobilisation. 2) We will ensure protected time for clinical leads to review pathways and amend documentation and processes.	Clinical	1) Jan 22 2) Jan 22				Open	1 x 3						
R006	BID STAGE	Management of change process to re-align staff roles and associated training are tight, which could lead to potential initial performance difficulties	3 x 4	1) Management of change process to take place to include training engagement includes training support 2) Mobilisation launch will include deploying additional staffing to enable greater first shift training/familiarisation and creation of training plans	Workforce	1) Jan/Feb 22 2) Mar 22				Open	1 x 4						
R003	BID STAGE	Inaccurate or undefined performance reporting at any level may impact on ability to evidence high levels of performance expected	2 x 2	1) Thorough user-acceptance testing and KPI reporting built into the mobilisation programme 2) Full review of Access Rights for report creation and issues log 3) Maintaining shadow reports for the first quarter of implementation 4) Identifying early performance definition specification	IM&T	1) Feb 22 2) Mar 22 3) Apr 22 4) Mar 22				Open	1 x 2						
R004	BID STAGE	Risk that mobilisation date/time occurs at period of high activity, (i.e. launching on a bank holiday Monday) impacting on early service levels	2 x 2	1) Joint working and collaboration with commissioner/align service/ current service provider to establish a launch timeframe for service that minimises risk during handover from one provider to another and avoids peak times of demand. 2) Potential support from other providers to safeguard activity during the launch until 'go ahead' for full demand 3) Maintaining shadow reports for the first quarter of implementation 4) Additional staffing for go live and subsequent days	Operational	1) Jan 22 2) Mar 22 3) Mar 22 4) Feb 22				Open	1 x 2						
R005	IMPLEMENTATION STAGE	Some key staff may not be in post or be new in post at mobilisation, impacting on service performance & leadership	3 x 3	1) Recruiting to rota specification early, with additional staff to support go live 2) Identify on award of contract, staffing levels required to deliver training pre go live where possible. 3) Defining the service structure early, to deliver involvement in mobilisation and 'owning' the transitioned service.	Workforce	1) Jan 22 2) Feb 22 3) Dec 21				Open	1 x 3						
R006	IMPLEMENTATION STAGE	Clarify and consistency of senior management to be a supportive presence in first 2 weeks post commencement that understand the intricacies of the service leading to service inefficiencies	3 x 2	1) Create 'management' folder that converts to 'operational manual' (quick reference guide for all staff managers) 2) Management rotes created early to include clinical, service management and operational support for first two weeks (extended if required until normal service operations are established).	Workforce	1) Feb 22 2) Mar 22				Open	1 x 2						
R007	IMPLEMENTATION STAGE	Legal arrangements for estates/facilities not being agreed on time i.e. heads of terms, will create access and facilities issues across multiple premises	3 x 4	1) Robust plans in place to identify estates and premises issues 2) Site visits and inspections to be planned well ahead and agreements finalised prior to go live 3) All health and safety risk assessments to be agreed by 31/03/22 4) Plans for EPRR and Business continuity to be agreed with site management prior to going live	Operational	1) Jan 22 2) Jan 22 3) Mar 22 4) Mar 22				Open	1 x 4						
R008	IMPLEMENTATION STAGE	If Staff, patients and stakeholders are not fully briefed prior to going live, there may be issues around access and service delivery	2 x 3	1) Engage early with communications and stakeholder plan 2) Early staff briefings to ensure familiarity with model of care 3) Collaboration with patient seldom heard groups and others on the new model of care	HR/Comms	1) Jan 22 2) Mar 22 3) Mar 22				Open	1 x 2						
R009	AWARD STAGE	Clinical Pathways have to be delivered in a short period of time with a risk of poor engagement and implementation	3 x 3	1) Allocate time to clinical pathways team to draft pathways early 2) Ensure engagement and agreement from others 3) Standardise template to ensure pathways development is consistent	Clinical	1) Dec 21 2) Dec 21 3) Feb 22				Open	1 x 4						
R010	IMPLEMENTATION STAGE	Due to multiple new processes, there is a risk that quality and governance procedures may not capture all of the requirements at go live	3 x 3	1) Governance Manager from Clinical Governance should attend all workgroups 2) Governance Manager should capture all risks, process changes, policy needs at meetings - building as we go 3) A Staffordshire OoH Handbook can be developed to ensure all processes are documented for training and learning processes	Governance	1) Dec 21 2) Dec 21 3) Feb 22				Open	1 x 4						

Totally LCD scoring Matrix - in line with the NPS

Consequence score	Likelihood				
	1	2	3	4	5
	Unlikely		Possible	Likely	
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Catastrophic	5	10	15	20	25

3-3
4-6
6-12
15-25