

Middlesbrough Council Substance Misuse Clinical Prescribing Service - Transfer to in-house service		Deadline No. Working Days	30/09/23 86
Project module	Module Areas	Identified Risk	Risk Management Plan
Transfer Management	Project Resource & Management	Lack of appropriate resources from necessary LA departments will impact negatively on ability to meet the incredibly challenging timescales.	Gaining LMT approval to bring the service in-house and senior leadership buy-in to supporting the process. Early identification of key project members and the development of exception reporting mechanisms which can be escalated.
		Public Health capacity is already extremely stretched but this needs to be prioritised, which could impact on other workstreams.	Gain approval to buy-in the necessary clinical expertise to support getting all elements in place within timescales. Also re-purpose an existing programme support role from another workstream to assist with this project.
	Approval & Financial Considerations	Identified additional clinical governance/processes support and oversight, and project management support functions are required impacting on the budget position.	Financial modelling based on staffing model and TUPE info, support requirements and projections of service. Early budget meetings and escalation of risk.
		Necessary staffing model and TUPE liabilities present a financial risk.	As above.
	Foundations Exit Management	Potential negative financial impact in start-up costs and purchasing the necessary support functions.	The in-house option saves costs re. management fees to external organisations (now typically up to 15% of contract value), therefore, these elements can be covered via these savings.
		Delays in Foundations responding to transfer-related requests.	Notice has been formally served, consultation with staff has commenced and TUPE list provided. Need to ensure partners/service are responsive in the remaining time to avoid any delays - this is being managed via regular meetings with the Service Manager.
	Estates & Facilities	If building work at Live Well East (LWE) is not completed in time and if premises to maintain an offer in West M'bro are not available, this will risk disengagement of patients/clients.	Work is already well underway at Live Well East and the MACE and Hemlington will cover West M'bro. Escalation through DMT/LMT if necessary.
		Need to ensure an appropriately robust data connection in all delivery locations.	Exploring Wifi system with ICT for LWE and potential to get data dongles for relevant staff.
Insurance	The liabilities associated with this service and the prescribing of controlled drugs may not be covered by the existing policy.	Insurance already covers clinical staff within Specialist Stop Smoking service (SSSS) but working with corporate insurance officer to see if any additional cover is required re. this service/controlled drugs.	
Clinical Governance	Accountability & Reporting	Governance structures are not transferring from Foundations, therefore, we will need to ensure appropriate in-house structures are in place for 1st October 2023.	Some structures are already in place re. the SSSS, so we are not starting from scratch. We have vastly experienced clinical expertise within the S.Tees Public Health (STPH) team already and they are committed to working with us to ensure service continuity. TEWV have agreed to support us and we plan to procure clinical support for SOP, policy and CQC registration, in order to meet the timescales.
	Clinical Leadership	There is no current senior clinical leadership role in-house, which could result in poor clinical oversight, operational guidance and quality assurance issues. These types of role can be difficult to recruit.	We have existing capacity and expertise within the service and will endeavour to secure the Foundations staff via TUPE. We will utilise all the staffing capacity at our disposal to put an appropriate structure in place with the relevant senior input/guidance/oversight.
	Service Model & Structure	The main risk is having any interruption to the clinical prescribing service, within the overall substance misuse model, given the timescales.	By choosing the in-house option, we have commenced work immediately on planning for the transition. The in-house Recovery Support team and Recovery Connections staff will be fully briefed and tasked with supporting this process.
	Policy & Procedure	There is a significant number of complex policy documents and standard operating procedures (SOPs), which need to be developed within time limited restrictions and already stretched resources.	Clear project planning and securing dedicated, clinical resources is required to ensure that all of these processes are in place for 1st October 2023. Conversations have already commenced re. this support from multiple sources.
	Quality Assurance & Performance	Quality assurance mechanisms for the service have been previously embedded in Foundations' structures and arrangements, thus necessitating new, in-house assurance and performance processes to be developed.	Development of an appropriate quality assurance framework will be associated with the overall clinical governance and policies work. National reporting requirements and the extraction of system information is already led by the existing, in-house team.
Information Governance	Systems (Prescribing) & IT	No current prescribing system is available for 1st October onwards.	We are already working with the current case management system provider, CDP Soft, to develop a prescribing module and ensure a single record for all service users exists (removing the current dual system entry issue).
	Information Governance	Potential risks re. data transfer of current patient records from SystemOne (currently used by Foundations) to CDP Soft.	Liaise with IG colleagues to ensure all requirements to safeguard information are considered pre-transfer.
Workforce	Workforce Transfers (TUPE) & Staff Engagement	Submitted TUPE list from Foundations has roles that are deemed not applicable to their currently commissioned service.	Take further legal and HR advice on this prior to transfer.
	Pensions Directions Order	Any delays in pension directions process and/or different terms will lead to raised anxiety levels in staff transferring.	Ensure appropriate pensions guidance is sought in order to provide accurate guidance to transferring staff.
Communications	Patient and Stakeholder Engagement	Ineffective and unclear communications in conjunction with limited timescales pose a significant risk to successful service transfer.	Clear project remit and robust communications strategy will be developed.
		Inability to manage public perceptions and provide a positive steer could result in lack of confidence in the future service and patients disengaging.	Well planned, co-ordinated (with ICB) and organised comms developed to provide timely and necessary information to reassure patients/service users that there will be a seamless service offer and support for any necessary changes to their routine. Include Councillor briefings to give assurance to the areas where key delivery locations are situated.