

<b>PROJ NAME:</b>	Re-commissioning of Substance Misuse Services	<b>PROJECT ID:</b>	
<b>PROJ MGR:</b>	Kath Williams	<b>DATE LAST AMENDED:</b>	11/05/16

Category: 'E/F' Economic/Financial; 'E' Environmental; 'L' Legal/Regulatory; 'O/M' Organisational/management; 'P' Political; 'S/C' Strategic/Commercial; 'T/O' Technical/Operational

Type: R = Risk; O = Opportunity

Probability/Impact: 4 = Very high; 3 = High; 2 = Medium; 1 = Low

Priority score: Red (12-16); Red/Amber (6-9); Amber/Green (3-4); Green (1-2)

Status: O = Open; C = Closed; R = Referred

ID	Category	Type	Description (inc. consequence & impact on project)	Likelihood	Impact	Priority	Countermeasure / Risk response (inc. contingency)
	O/M	R	the commissioning remit of the substance misuse team e.g. welfare reforms, jobs and training, mental health services. If service users are unable to meet their needs in these areas then they may continue to	3	3	9	Contact local commissioners to explore co-commissioning opportunities
	E/F	R	Overall funding envelope for the substance misuse contracts still be confirmed due to reductions in PHE Grant and BCC funding	4	4	16	Confirmation of funding to be sought as soon as possible to allow model design work.
	T/O	R	Capacity of treatment system to deal with ongoing drug trends (e.g. aging cohort of heroin users, capacity to deal with increased alcohol numbers)	3	3	9	Need to design a model that addresses these changes and builds flexibility in to the system to respond to any future changes.
	T/O	R	Risk of changes to the current case management system (Theseus) impacting on the implementation of new contracts	1	3	3	Likelihood is that current case management system will be retained during this period.
	O/M	R	Risk of delays to the process following the H&WB discussions in relation to the overall governance of the project	1	4	4	Need to respond promptly to any feedback from the H&WB regarding governance. May need to consider delaying contract start date if H&WB want to retain overall governance of the project due to the frequency of their meetings.
	E/F	R	Risk to overall funding levels reducing to commission the system due to transferring the management of some contracts to the SMT without the corresponding funding attached to these contracts moving over.	3	4	12	Implications of this approach and associated risk to be made clear. Consider this funding shortfall in the overall design of the new model.
	O/M	R	Delay in completion of the needs assessment has meant that the original timeline has been revised with only 1 month of implementation now in place. This time may be insufficient	4	4	16	Aim to identify any other slack in the timeline to allow for more implementation time. May need to consider delaying contract start date of the project if 1 month is deemed too short.
	T/O	R	Initial model design that is being consulted with stakeholders is proposing the possibility of inpatient detoxes being on a framework. This funding approach could lead to the the current inpatient unit becoming unsustainable leading to Bristol not having a local inpatient detox unit available to residents.	2	4	8	Consider alternative approaches to a framework. Consult stakeholders on this approach and the likely impact on having a framework.
	P	R	Risk that local VCS providers will be excluded from the bidding process due to the financial implications imposed by BCC procurement. Particularly where the encumbant providers are concerned due to their funding streams being reliant on BCC already.	2	4	8	Ensure clarification from Finance on the financial regulations and share with stakeholders. Consider these implications in the overall design of the treatment system model to consult on.
	L	R	Risk of challenge from providers as a result of procurement processes	3	4	12	Ensure all procurement and commissioning tasks are signed off by the appropriate governance boards and documents are loaded up at each commissioning stage on to ProContract for procurement sign off.
	L	R	Implications of TUPE - risk to finances of service providers	3	3	9	Build in sufficient time for incumbant providers to share TUPE information with commissioners.
	T/O	R	Risk of the intention to procure longer term contracts impacting on the sustainability of unsuccessful local providers	2	3	6	Work with Voscur to minimise this impact.
	O/M	R	Risk that CPG do not extend current contracts required to complete re-commissioning project due to H&WB lead in time	1	4	4	Need to clearly outline why an extension is required to CPG else it will risk the overall feasibility of the project.
	T/O		Risk of challenge from providers wishing to provide the direct award elements of the procurement process.	1	4	4	Consider alternative approaches to commissioning (e.g. discuss with CCG taking on contracts of hospital based ones). Consider releasing a pin notice to gain market feedback on direct award approach.