

## Appendix H Governance and Risk Management

### 1. Governance Framework

There is a robust management framework within which decisions about the Serious Illness Care Programme UK are made. The framework:-

- Outlines the relationships between all internal and external groups involved in the UK Programme
- Describes the flow of information to all stakeholders
- Ensures there is appropriate review of issues
- Ensures that required approvals and direction for the Programme are obtained as appropriate

Governance for the Phase One pilot of the Serious Illness Care Programme UK includes the following elements:

- ✓ A clear business case, with key objectives and clarification of in-scope and out-of-scope aspects
- ✓ A mechanism to assess the compliance of the completed project to its original objectives
- ✓ Identification of all stakeholders with an interest in the pilot
- ✓ A defined method of communication to each stakeholder
- ✓ A set of business level requirements as agreed by all stakeholders
- ✓ An agreed specification for the project deliverables
- ✓ The appointment of a clinical lead
- ✓ Clear assignment of project roles and responsibilities
- ✓ A published project plan that spans all stages from project initiation through

development, to the transition to operations

- ✓ A system of accurate upward status and progress reporting
- ✓ A central document repository for the project
- ✓ A process for the management and resolution of issues that arise during the project
- ✓ A process for the recording and communication of risks identified during the project
- ✓ A standard for quality review of the key governance documents and of the project deliverables

### 2. Programme Structure

Figure 1 details the organisational structure for the UK Programme.

#### 2.1 Steering Group (SG)

The Steering Group is the final decision making body for the UK Programme and has input on issues relating to project management, including technical, financial, budgetary control and task scheduling matters.

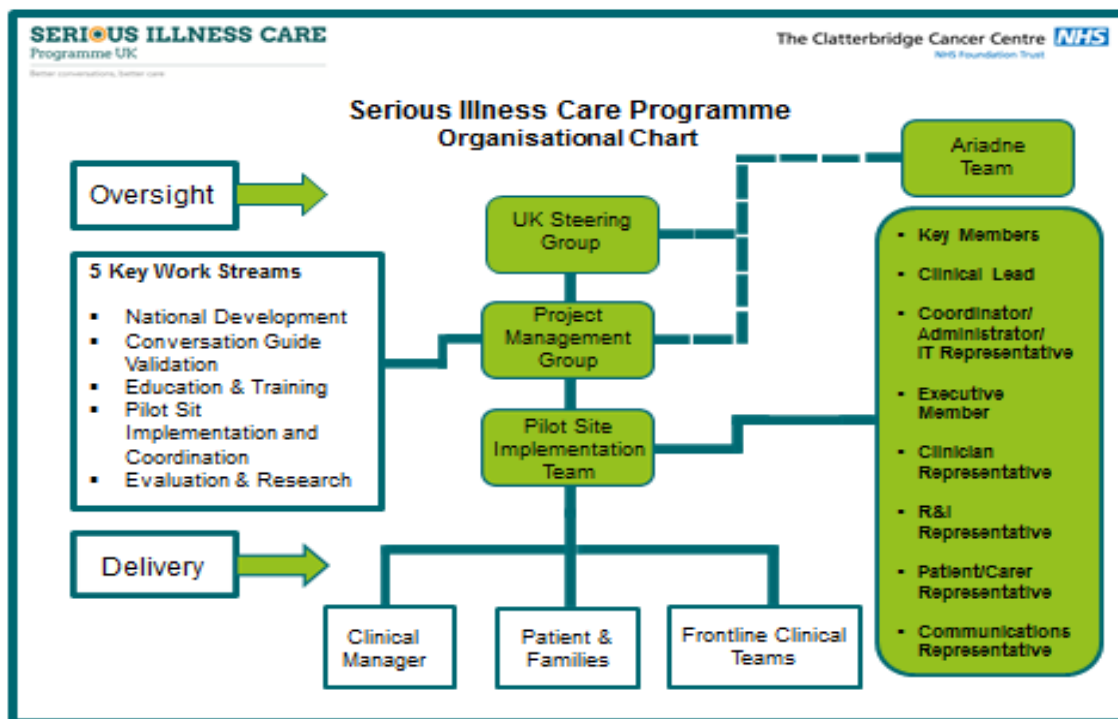
The Steering Group:-

- ✓ Provides the Project Management Group (PMG) with the perspective of executives on objectives, success criteria, and risks
- ✓ Approves the dimensions of the project: scope, timelines and resources
- ✓ Provides guidance to the PMG on alignment of the Programme with other initiatives or activities within the system, including political aspects and messaging
- ✓ Regularly reviews progress of the Programme and helps to eliminate

- actual or potential obstacles. It approves any changes to scope, schedule or resources
- ✓ The Steering Groups meets every three months, or at any time when necessary at the request of 75% of members

Membership of the Steering Group includes key stakeholders from The Clatterbridge Cancer Centre, Marie Curie Palliative Care Institute, Ariadne Labs and NHS England.

**Figure 1 Organisational Structure for the Serious Illness Care Programme UK**

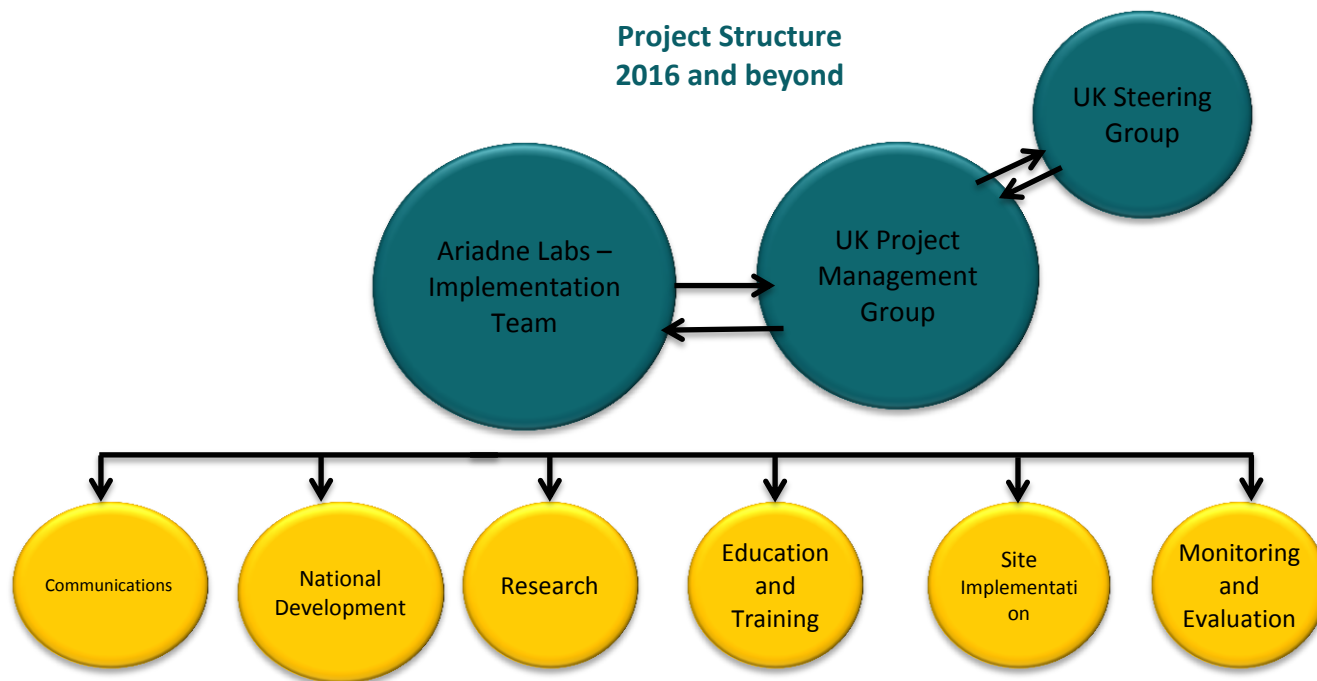


## 2.2 The Project Management Group

The PMG provides the forum to oversee and support the five main work streams and to receive regular structured feedback and

Updates. Figure 2 illustrates the five work streams and the relationships with key stakeholders.

Figure 2 Key Work-streams and Relationships.



### 3. Core Principles of Governance Framework

A culture of improvement, transparency, trust and frank disclosure is the hall mark of the governance framework for the Serious Illness Care Programme UK. Core principles have been adopted to ensure the success of the UK Programme and the Phase One pilot. These include:-

#### 3.1. Clear accountability for the success of the project

Project success accountability is shared by the clinical lead and the national lead who have addressed any difficult issues during the Phase One pilot and taken important decisions as required.

#### 3.2. Separation of stakeholder management from the decision making process

The Phase One pilot has a number of stakeholders all with differing needs and

priorities. Stakeholder management is clearly separated from decision making activities for the Programme. Decision making is the remit of the PMG and Steering Group. Stakeholder engagement is delivered by members of the PMG attending locality Implementation meetings throughout the course of the pilot and via weekly conference calls with leads in the pilot sites. There were also weekly calls with leads in NHSE. This approach helps to ensure that the needs and concerns of all stakeholders are understood and acted on.

#### 3.3. Separation of the governance structure from that of the host organisation

The Clatterbridge Cancer Centre is the host organisation for the Serious Illness Care Programme UK in collaboration with Ariadne Labs and the Marie Curie Palliative Care Institute. The governance structure for the UK Programme is separate from that of the Centre and facilitating flexibility and

speed of decision making. Information sharing with the Boards of all organisations is facilitated through the regular sharing of progress reports.

### **3. Complaints**

Complaints are dealt with via routine NHS processes through the Patient Advisory Liaison Service for Clatterbridge and through the local procedures for primary care. This allows independence from the UK Programme. In each of the participant information sheets there is a clear contact person named.

Any complaint relating to patient care would be escalated immediately through the PMG and Steering Group. Clinicians and GPs participating in the Programme have a direct route to UK Master Trainers and the clinical leads at each site if they need to raise any concerns.

### **4. Quality Assurance**

The data monitoring programme gives assurance that data is entered and captured as part of the pilot. Funding was not in place for a full source data validation audit. The Project Management Group received monthly reports to monitor progress and reported to the Steering Group. There was a clear risk management and escalation plan.

### **5. Risk Management**

Risk management was delivered by a methodical process in which the Project Management Group identified, scored, and ranked the various risks associated with the pilot. The most likely and highest impact risks were highlighted so that work-stream leads could take the necessary steps to implement the mitigation response at the appropriate time during the schedule.

Status updates were discussed at the monthly PMG meetings. Project risks were escalated to the quarterly Steering Group meeting.

Each risk and the risk management process have now been reviewed. Improvements to the process for Phase 2 and beyond are highlighted in the different sections of this final report and summarised in Lessons Learned- section 6.

#### **6.1 Risk identification**

Risk identification was conducted and reviewed in the monthly PMG meetings. There were additional discussions with key stakeholders including the clinical leads at the two primary care sites who were invited to compile their own risk register which was then incorporated into the main Risk Register for the Programme.

#### **6.2 Risk Qualification and Prioritisation**

The severity of the risks identified by the teams, were determined by a probability and impact factor assigned to each risk. This allowed risks to be prioritised based upon the effect they might have on the pilot. The PMG utilised a probability-impact matrix to facilitate the team in moving each risk to the appropriate place on the matrix. Once the risks were assigned a probability and impact and placed in the appropriate position on the matrix, the PMG then agreed next steps in terms of risk mitigation/avoidance planning.

#### **6.3 Risk Monitoring**

The most likely and greatest impact risks were added to the plan to ensure that they were monitored during the time the pilot was exposed to each risk.

#### 6.4. Top Three Project Risks

The top three high probability and high impact risks were:-

1. Clinicians not having requisite number of conversations.
2. Effectiveness of UK Programme not determined.
3. Programme not continuing after Phase One pilot.

#### 6. Risk Mitigation and Avoidance

The PMG developed responses to each identified risk. As each risk was identified, they were qualified and the PMG agreed avoidance and mitigation strategies. The risks were added to the Risk Register and the plan to ensure they were monitored at the appropriate times and responded to appropriately.

The risks were managed and controlled within the constraints of time, scope, and cost. All identified risks were evaluated in order to determine how they affected this triple constraint. The PMG determined the best way to respond to each risk to ensure compliance within these constraints.

#### 7. Risk Register

The Risk Register was a log of all identified risks, their probability and impact on the pilot, the category they belong to, mitigation strategy and when the risk would occur. The PMG assigned each risk a score based on the probability of it occurring and the impact it could potentially have. The Risk Register also contained a mitigation summary

The register was created and updated through the monthly PMG meetings and the quarterly Steering Group meetings. The risk register for the Phase One pilot is

available on request from the Project Coordinator.

#### 8. Mitigation Plan

A detailed Mitigation Plan for each of the risks identified as “live” in the Risk Register was produced and updated. It contained information on: the summary plan; responsibilities; time-frames; deliverables and current status.

#### 9. Site Accountability

This was a voluntary pilot. All accountability rested with The Clatterbridge Cancer Centre. Participating sites had accountability to NHS England but not CCC which had an impact on implementation. A factor on improvement would be a contract with sites to:-

- Support on EHR implementation to required standards
- Target conversations
- Develop engagement and participation in evaluation