



## Assessment & Learning in Practice Settings (ALPS)

### Risk Register updated (May 2007)

| AREA                       | RISK   | IMPACT<br>(1-5) | LIKELI-<br>HOOD<br>(1-5) | SCORE<br>(I x L) | STRATEGY TO MINIMISE<br>RISK   | UPDATE<br>(March 2007)  |
|----------------------------|--|-----------------|--------------------------|------------------|--|---|
| Change management          | Institutions fail to build on complementary strengths and govern themselves as an effective partnership in a changing environment              | 3               | 3                        | 9                | a) Y&HSHA, NHS trusts and HEIs extensively involved in the development and implementation<br>b) Joint stakeholders on governance committees<br>c) Robust arrangements for assessment and evaluation  | <ul style="list-style-type: none"> <li>As work underway greater willingness of partners, including senior management, to work with ALPS &amp; identify how they will implement ALPS in home institution.</li> <li>Ongoing meetings with L,T&amp;A and IT strategists.</li> <li>Issues remain about whether practice colleagues are engaged &amp; to what extent</li> </ul>  |
| Change management          | The capacity and capability of the partnership to effectively disseminate 'good practice' falls short of requirements                          | 4               | 2                        | 8                | a) Track record in working with Y&HSHA and subject networks<br>b) Practice outreach (practice teachers' workshops, practice placements, teaching tools etc.)<br>c) HEA & Y&HSHA dissemination partners<br>d) Strategy for pedagogic research | <ul style="list-style-type: none"> <li>Partners have practice colleagues on PSIGs</li> <li>Core Team participate in PPFs forum, beginning to get involved in Nursing, AHP &amp; clinical directors fora</li> <li>Dissemination strategy tasks partner members with engaging with practice, with follow up built in</li> <li>2<sup>nd</sup> seminar with PSRBs scheduled for September 2007 &amp; reciprocal links being established</li> <li>Assessment of competency work involves working with practice (eg. as members of working group, invited to provide feedback)</li> <li>IT pilots (hosted by partners) starting to involve practice</li> <li>Core Team &amp; partners have good links with HEA subject centres</li> </ul> |
| Monitoring and evaluation  | No visible signs of improvement in the quality and delivery of assessments to health & social care professions (employers and national bodies) | 4               | 2                        | 8                | Robust arrangements for monitoring and evaluation  | <ul style="list-style-type: none"> <li>Monitoring &amp; Evaluation Group (M&amp;EG) active and led by strong chair</li> <li>M&amp;EG linked with Research Group (RG)</li> <li>2 partners workshops (spring 07) run by external evaluator to develop capacity in ALPS to identify &amp; develop indicators of impact</li> </ul>  |
| Partnership/ Collaboration | Disagreement occurs between the HEI partners; key staff leave  | 5               | 1                        | 5                | NHS, Y&HSHA, NHS trusts, social services and academics across all HEIs extensively involved in the development and proposed implementation – ALPS not dependent on small no. of staff  | <ul style="list-style-type: none"> <li>Continuous engagement with partners at all levels</li> <li>Partners can be selective in work undertaken &amp; some requests for additional funding</li> <li>Such issues debated in open culture with reminder of commitment of partners</li> <li>Availability of time remains an issue for all</li> <li>2 members of Core Team left</li> </ul>   |

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|  |   |              |                  |               |   | within year 2.  |
| Partnership/ Collaboration                       | The HEFCE/NHS policy works in tandem rather than as an integrated approach.   | 3            | 2                | 6             | Y&HSHA, NHS trusts and academics extensively involved in the development and implementation   | Y&HSHA, NHS representatives & practice colleagues involved in ALPS eg. Management Groups and PSIGs. Key contacts & use of their networks established.   |
| Expectations                                     | A lack of understanding of the ALPS vision at a cross institutional senior level, which raises unrealistic expectations of what ALPS will deliver       | 4            | 1                | 4             | a) Y&HSHA, NHS trusts, social services and academics involved in the development and implementation<br>b) Top-down & bottom-up commitment across the partnership for new models of working<br>c) Joint stakeholders on governance committees to enable clear communication  | a) Wide range of stakeholders incl. Y&HSHA, NHS representatives & practice colleagues involved in ALPS eg. Management Groups and PSIGs.<br>b) partner Operational Plans (derived from ALPS Strategic & Operational Plans) to ensure commitment from senior institutional & faculty management<br>c) Some partners making more progress in committing to & embedding ALPS. Meetings arranged to raise issues with key HEI staff.   |
| Impact on all health & social care professionals | Coverage across all professionals is too ambitious using pedagogic processes across sectoral and professional boundaries                                | 4            | 2                | 8             | a) Phased programme of work<br>b) Development of work based assessors<br>c) Individual development portfolios<br>d) Programme of awareness, using links to PSRBs & Advisory Board, understanding and embedding<br>e) Piloting of new tools<br>f) Impact on 10,000 students  | Dissemination Plan addressing continuous communication. Central & partner plans include health & social care professionals involvement throughout programme. Dissemination & Impact Group need to engage more with plan & take out to colleagues.   |
| Culture shifts in working practice               | Resistance of professionals to change working practices   | 3            | 3                | 9             | a) Professional groups engaged in development, implementation and evaluation<br>b) Programme of staff training & research opportunities for staff development<br>c) Strong coordination for rewarding staff initiatives<br>d) Marketing and dissemination strategy early, mid and late phase<br>e) Strategies for target audience | a) PSRB representatives on AB. Annual seminar agreed to work in collaboration<br>b) Staff training & research opportunities included in Operational Plan & being implemented by partners<br>c) Partners all developing reward initiatives as part of own Operational Plan<br>d) Dissemination strategy raising awareness, understanding & action of ALPS will continue throughout programme   |
| Performance                                      | The consortium and partners fail to secure the specific objectives of the core strategic aims and there is slippage in timescales for implementing ALPS | 3            | 2                | 6             | a) Robust governance arrangements:<br>- Joint Advisory Board<br>- Joint Management Group<br>- Partner Site Implementation Groups<br>b) Delivery against hard and soft key performance indicators<br>c) Monitoring and evaluation arrangements   | a) Operational Plan revised January 07 with responsibility allocated. Partners to revise own Operational Plans.<br>b) Phase 1 extended to year 3 but phases 2 & 3 already underway.<br>c) PSIG Lead group not taking role in co-ordinating academic/practice work across partners – managed by Core Team<br>d) M&EG have undertaken & reported on one partner self-evaluation exercise, will host workshops to identify evidence for HEFCE interim evaluation (July 07) |
| Scope creep                                      | Accumulation of small changes to ALPS' needs/focus/target group have a significant impact on successful delivery of ALPS' aims                          | 3            | 2                | 6             | Robust management structure to ensure scope remains within plan, while allowing for reasonable adjustments when necessary   | PSIG leads involved in project planning with regular reference to Strategic Aims. Management Groups' direction underpinned by strategic aims & clear terms of reference. Core Team involved in above groups so co-ordination role maintained.   |
| Continuation                                     | The activities feature as an  | 4            | 2                | 8             | a) ALPS central to partner L,T &  | a. Partner senior management  |

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|---|--|-----------------|--------------------------|------------------|---|---|
|   | "add on" to existing work rather than being embedded with mainstream funding and activity.   |                 |                          |                  | <p>A, IT and HR policies</p> <p>b) Programme of awareness, understanding and embedding</p> <p>c) Professional groups engaged in development, implementation and evaluation</p>  | <p>involvement at bid stage, Advisory Board &amp; JMG. Partners encouraged to strengthen links with their HEI senior management &amp; linkage with institutional policies. Core Team undertaking continual round of meetings with senior management to embed ALPS mission. Urgency of mobile technology procurement has focused attention on a specific task &amp; has progressed the "embedding" agenda.</p> <p>b. Networking by partners &amp; Core Team to raise awareness of ALPS institutionally &amp; professionally (meetings, conferences, publication of updates in HEI/practice/professional news-letters). Culture of academic/practice work led by partners, whilst centrally co-ordinated.</p> <p>c. Professionals involved in all ALPS Management Groups &amp; PSIGs. Working in consultation with PSRBs. Information disseminated as widely as possible.</p> |
| Continuation                              | Recurrent costs not picked up beyond 2 years of the initiation of ALPS as a result of mismatch between partners priorities and views of stakeholders. Consequently there is a failure to embed continuation funding from HEFCE/DoH to deliver the strategic arm of the bid | 4               | 3                        | 12               | <p>a) Y&amp;HSHA, NHS trusts and academics extensively involved in the development and proposed implementation</p> <p>b) Commitment across the partnership for new models of working</p> <p>c) Joint stakeholders on governance committees</p> <p>d) Robust arrangements for assessment and evaluation</p> <p>e) ALPS central to partner L, T &amp; A, IT and HR policies</p> | "Socialising" of ALPS amongst partner senior management.. AB providing strategic advice on further development of ALPS. Key contacts in NHS being identified & contacted regarding embedding mobile technologies. EC funding opportunities being identified.  |
| Capital expenditure (mobile technologies) | Capital funds for mobile technologies are not allocated/spent by partners & Core Team  | 5               | 1                        | 5                | Involvement of key ALPS staff & partners in monitoring & progressing mobile technologies work. Liaison with UoL central finance/faculty. Relationships & negotiating established with potential suppliers. Re-employment of Mobile Technologies Project Manager as consultant.  | <p>Tender process completed with contract awarded March 07.</p> <p>Extension of 3 months (to June 07) to ensure acceptance testing against payment schedule.</p>  |
| VKP                                       | Uni of Leeds VKP replacement does not meet ALPS requirement for communication system & is liable for additional costs in setting up a replacement  | 3               | 3                        | 9                | Negotiate (financial & support issues) replacement & plan accordingly.  | Currently trialling UoL's replacement. Year 2 budget withheld until satisfied replacement meets requirements. Possibility of another partner providing replacement.   |
| Mobile technology                         | Partners do not implement & embed mobile technologies into infrastructures   | 4               | 2                        | 8                | Involvement of partner strategic & operational staff in decision-making & implementation.   | <p>"Socialising" of ALPS amongst partner senior management.. Procurement decisions taken by partner group (strategists &amp; implementers).</p> <p>Note: risk varies across partnership</p>   |
| Mobile technology                         | Mobile technology supplier has difficulty adjusting to need for flexibility  | 4               | 2                        | 8                | Identify mobile technology supplier motives & bind need for flexibility into contract   | Frontrunner in tender process has good understanding of ALPS aims & sees ALPS as opening further business opportunities in education &  |

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| Continuation<br>(mobile<br>technologies) | Mobile equipment &<br>services contract ends in<br>2009 with no further<br>interest/support from<br>supplier | 4               | 3                        | 12               | Work with supplier to identify<br>incentives for them to continue<br>partnership & support to ALPS | health/social care<br>Develop strong partnership & strategies<br>with supplier both at UoLeeds & partner<br>HEIs.<br>Develop work over contract period to<br>include near areas/potential markets.<br>Encourage all partners to do similarly. |

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| <p><b>ALPS Management Groups:</b><br/>Advisory Board<br/>Dissemination &amp; Impact Group<br/>IT Group<br/>Joint Management Group<br/>Monitoring &amp; Evaluation Group<br/>Research Group<br/>ALPS Core Team</p> <p><b>University of Leeds – internal monitoring:</b><br/>Risk Assessment Group</p> | <p><b>GLOSSARY:</b></p> <p>AB – Advisory Board<br/>ALPS – Assessment &amp; Learning in Practice Settings<br/>HEA – Higher Education Academy<br/>HEI – Higher Education Institutions<br/>HR – Human Resources<br/>L, T &amp; A – Learning, Teaching &amp; Assessment<br/>M&amp;EG – Monitoring &amp; Evaluation Group<br/>JMG – Joint Management Group<br/>PPF – Practice Placement Facilitators<br/>PSIG – Partner Site Implementation Group<br/>PSRB – Professional, Statutory &amp; Regulatory Bodies<br/>RG – Research Group<br/>Y&amp;HSHA – NHS Yorkshire &amp; the Humber Strategic Health<br/>Authority</p> |
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**Completed/expired risks:**

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|---|--|-----------------|--------------------------|------------------|---|--|
| Capital<br>expenditure<br>(refurbishment) | Capital funds for<br>refurbishment are not<br>allocated/spent by partners<br>& Core Team | 4               | 0                        | 0                | Reprofiling of capital<br>refurbishment expenditure<br>agreed Nov 05. Payments<br>scheduled & due to complete<br>before deadline. | All capital refurbishment money spent. |

Document edit history

1. Original risk register (October 2004)
2. "Update May 2006" added (as part of ALPS first year report June 2006)
3. Updated February 2007 for RAG 21 February 2007
4. updated March 2007 (post RAG meeting)
5. updated April 2007 (post tender process)
6. updated May 2007 (post RAG meeting)