

# Reconfiguration Programme - Risk Update

Author: Mark Peat Sponsor: Nicky Topham

Date: 5<sup>th</sup> November 2020  
Paper F

## Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	X
Noting	For noting without the need for discussion	

## Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
Reconfiguration Committee	06 10 20	Discussion and assurance
Executive Board	03 11 20	Discussion and assurance
Trust Board Committee		
Trust Board	01 10 20	Discussion and assurance

# Executive Summary

## Context

It is essential to identify and acknowledge the risks in capital projects at an early stage in order to manage and mitigate them where possible. The risk registers are live documents, and will be regularly reviewed and updated for the duration of the programme. An audit trail will be maintained to ensure that, as risks and issues are identified, mitigated and ultimately closed, all actions and steps are captured.

Risk is captured at various levels in the programme: we have individual project risk registers which detail the risk relating to delivery of each element of the programme, and then strategic risks which reflect delivery of the whole programme. This paper will identify the strategic risks to the programme.

The programme risk register identifies strategic risks attributable to the whole programme that could affect the delivery of the programme, ensuring all are sighted and engage in active risk management. Risks identified at this level are broad in nature and not always quantifiable.

## Questions

1. How is risk being managed by the Programme Team?
2. What process is being undertaken to keep the risk register up to date?
3. How will the trust board be kept informed of the strategic risks?
4. What are the risks scoring 15 before mitigation?

## Conclusion

1. A recognised 'best practice' methodology for risk management is being followed, with designated workstream leaders taking responsibility for specific risks as appropriate to their area of expertise; and a dedicated workstream lead is taking leadership responsibility for the management of risk.

This lead role will:

- lead discussion and proactively manage risk across the program and individual projects as part of the weekly workstream leads meeting
  - collate and report Program and Project risk
  - ensure that the risk registers remain 'live' at all times
  - ensure that appropriate mitigation, dissemination and escalation measures are taken
  - ensure that a consistent methodology is adopted in the capture, reporting and mitigation of risk
  - jointly 'champion' the development and delivery of the digital project management system which will enable the consolidation of individual risk reports (per project) into a single risk 'dashboard' that will enable an overview across all projects in one place
  - ensure that standardised project management nomenclature is used for all risk reports to ensure that they can be suitably identified, tracked and reported against
2. By utilising the 'workstream lead model of management', the program team have adopted a methodology that will review, record and proactively manage risk on a regular / weekly basis. This will form part of a wider drive to ensure that risk identification and management becomes an embedded function within the normalised culture of the program team.

3. Price Waterhouse Cooper (PwC) will be undertaking an assurance role on behalf of the Trust Board. This will include periodic reporting on the management of risk to the Audit Committee. The risk register will be presented on a monthly basis to the Reconfiguration Committee, Executive Strategy Board and Trust Board

4. The whole strategic risk register is included as appendix 1. The following risks and mitigations score 15 and above:

RISK ID	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	RAG	RISK MITIGATIONS	RAG
2	New national guidance or policy change from NHSEI, DHSC or Treasury (not an exhaustive list)	Impact of unknown / emerging central guidance and policy i.e. Zero Carbon, Car Parks, Covid, Digital requirements	Potential impact on health planning, design, funding and financial models. Resulting in costs pressures and programme delay.	Early engagement with external influencers and policy makers i.e. NHSE/I, DH, Treasury and ongoing, regular dialogue through the life of the programme.	15	Proactive approach and management to implement strategies to mitigate changing policy and regulatory landscape	6
8	Cost escalation prior to contract award due to external factors	External factors (inflationary, macroeconomic such as market changes or impact of political factors such as Brexit) lead to rising contractual costs, which impact on programme affordability within current capital budget.	Additional time and costs added to the Programme, may render programme unaffordable.	Utilise expertise from cost advisers to alert any concerns around cost escalation and identify best mitigation strategies. Escalate to DHSC/NHSEI if concerns raised that this may extend capital requirements for the programme.	16	Close design control and proactive costs management. Clear elemental budget definition, target and monitoring throughout the project lifecycle. Value for Money (VFM) paramount and control of the whole required to achieve (Project Cost).	6

24	Lack of decant space impacts on programme	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment, the construction programme will be affected.	Delay in programme and increased costs.	Decant solution dealt with on a case by case basis, budget not always identified within the project.	16	The overall program is reviewed and progressed with the space planning team, significant decant space identified in the programme ( Brandon unit, Mansion House) and planned as a project work stream. Decant space funding identified in overall scheme budget	8
27	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from doffing and donning, operational practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.	Not possible to accurately predict when some measures will be reduced in line with a vaccination and roll out programme.	Increased costs base from original business case, potential delays to programme benefit realisation.	Clinical areas are reviewing more efficient practices arising from COVID to offset increased costs. Ongoing programme link with CMGs clinical input to create and implement mitigating strategies.	16	Ensure revised clinical practices which were implemented during the COVID pandemic are embedded in the design process by updating the Standard Operating Procedures to incorporate new ways of working .	9

**Input Sought**

The Trust Board is requested to

1. Note the approach being taken to manage risk, and advise whether this provides adequate assurance that risk is being actively managed and mitigated.

**For Reference:**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

**2. Supporting priorities:**

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Part of individual projects
- How did the outcome of the EIA influence your Patient and Public Involvement? Part of individual projects
- If an EIA was not carried out, what was the rationale for this decision? N/A at this stage

**4. Risk and Assurance**

**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	X	PR 7 – Reconfiguration of estate

<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register		
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: [December 2020]
6. Executive Summaries should not exceed **5 sides** [My paper does not comply]

RISK ID	STAGE	RISK CATEGORY	RISK DESCRIPTION	RISK CAUSE	CONSEQUENCE	EXISTING CONTROLS	PROBABILITY	CONSEQUENCE	RAG	RISK MITIGATIONS	PROBABILITY	CONSEQUENCE	RAG	RISK OWNER	Executive Lead	Escalate to CMG Risk Register	Date for Review	Last updated	Issue	OPEN / CLOSED	ONGOING / COMPLETED
1	General	Outside Influence (Pandemic, Civil Disruption)	Impact of national and or local emergency (i.e. Covid)	Further outside influence such as national pandemic / civil disruption / environmental disaster / local emergency impacting LLR region	Delays to programme, increased costs, potential changes to design required to mitigate future related issues	Design awareness, contingency allowance	1	5	6	Proactive approach and management to implement strategies to mitigate the issue	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
2	General	Guidance & Policy	New national guidance or policy change from NHSEI, DHSC or Treasury (not an exhaustive list)	Impact of unknown / emerging central guidance and policy i.e. Zero Carbon, Car Parks, Covid, Digital requirements	Potential impact on health planning, design, funding and financial models. Resulting in costs pressures and programme delay.	Early engagement with external influencers and policy makers i.e. NHSEI, DH, Treasury and ongoing, regular dialogue through the life of the programme.	3	5	6	Proactive approach and management to implement strategies to mitigate changing policy and regulatory landscape	2	3	6	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
3	General	Scope	Further construction or enabling works required to facilitate reconfiguration outside of current scope.	During the course of the programme additional works are identified to facilitate the reconfiguration programme i.e. catering, laundry etc.	Additional scope, cost pressure, longer approvals process and programme extension.	Robust scope of works, tested and challenged. Change control procedure in place to avoid scope creep. Engage appropriate range of stakeholders early in programme to mitigate scope surprises, or need for corrective action.	2	4	8	Correct identification of appropriate range of stakeholders to validate scope of programme. Robust change management approach to avoid unnecessary widening of scope. Effective management of stakeholder expectations from programme team around what is and is not included in the programme.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
4	General	Clinical	Clinical services capacity not able to facilitate the delivery of the reconfiguration programme	Inability to sustain clinical services due to lack of functional content i.e. beds, clinical equipment, workforce.	Programme does not deliver clinical objectives set out in business case, and clinical sustainability targets for the Trust not met leading to increased costs, negative workforce outcomes and potential programme delay.	Early, ongoing and consistent clinical input into programme team to ensure clinical functional content fulfilled. Clinical leaders recruited into programme team to ensure clear focus on realising clinical benefits.	2	4	8	Clinicians with a focus on functional content at the centre of programme decision making. Regular reviews of clinical services capacity to deliver programme objectives, with strategies in place where roadblocks identified.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
5	General	BAU	Business as usual plans impact upon ability to deliver reconfiguration programme	Reconfiguration programme and BAU plans are not co-ordinated which leads to competing, non-aligned ideas and aspirations	Abortive works, potential delay to reconfiguration programme, alternative design solutions to be found, programme delay and additional costs	Close coordination and integration of different work streams. Single point of control for future Trust strategy incorporating BAU and Reconfiguration. Regular dialogue between resource demands of BAU and Reconfiguration.	1	4	4	Representations of BAU and Reconfiguration workstreams shared at same intervals/control points, and managed together to prevent risk of clash between competing Trust priorities. Trust adopts a single change management approach which is inclusive of BAU and Reconfiguration requests.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
6	General	Market	Construction market engagement and capacity not able to meet requirements of Reconfiguration Programme	Limited tier 1 contractors capable of delivering programmes of equivalent size and complexity. Potential capacity issues due to anticipated volume within the Health sector (HIP1 and HIP2) all tendering for works within a similar timespan.	Delays to programme of works, additional costs and reworking of programme may be required to meet needs of construction market capacity.	Early engagement of construction market to satisfy that Reconfiguration demands are within reasonable scope of what Tier 1 companies can fulfill. Utilise experience from previous Trust and other Trusts' engagement with Tier 1 companies to inform engagement strategy.	2	4	8	Early dialogue with industry to assess how realistic Reconfiguration scope is against their working capacity. Use collaboration meetings with other Trusts to identify hotspots of demand, to ensure UHL pitch for works at the best juncture. Early contractor engagement and procurement.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
7	General	Procurement	Appropriate route to market not selected and or a available leading to regulatory and fulfilment issues	Available frameworks (P22, CCS, Procure 2020) may not be suitable or provide access to desired contractors. Open tender under OJEU is complex and time consuming.	Programme delay, associated time and additional costs. May incur regulatory non-compliance issues/penalties for the Programme.	Utilise expertise from programme advisers and internal procurement teams to select most appropriate pathway to market. Effective co-ordination with other HIP/12 schemes to ensure a similar approach is taken across the board.	3	4	12	Gain external specialist support to assure correct procurement decision making and early engagement with NHSEI/DHSC to test and support proposals.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
8	General	Costs	Cost escalation prior to contract award due to external factors	External factors (inflationary, macroeconomic such as market changes or impact of political factors such as Brexit) lead to rising contractual costs, which impact on programme affordability within current capital budget.	Additional time and costs added to the Programme, may render programme unaffordable.	Utilise expertise from cost advisers to alert any concerns around cost escalation and identify best mitigation strategies. Escalate to DHSC/NHSEI if concerns raised that this may extend capital requirements for the programme.	4	4	18	Close design control and proactive costs management. Clear elemental budget definition, target and monitoring throughout the project lifecycle. Value for Money (VfM) procurement and control of the whole required to achieve (Project Cost).	2	3	6	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
9	General	Market	Uncertain impact once the end of UK-EU Transition period is reached on 31 December 2020 on the commercial landscape the Reconfiguration Programme operates in.	Access and costs of the marketplace for construction rise due to the end of the UK-EU Transition period on 31 December 2020 leading to costlier trade laws/regulations. New regulations in place which impact on ability for programme to deliver expected benefits.	Programme delay, additional costs and changing regulatory landscape adding to complexity of programme completion goals.	Ongoing monitoring and feedback from central government of the expected impact on this on HIP1 schemes. Make best use of collaboration with other HIP1 schemes to mitigate issues and share best practice.	2	4	8	Closeness of programme and advisers to ongoing developments, especially as transition period ends, and adopting mitigation strategies working with key external stakeholders where required.	1	4	4	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
10	Business Case	Engagement	Delays to business case development due to evolving / changing requirements from regional/national stakeholders	Stakeholder engagement at external regional/national level progresses a lack of clarity in approvals to the business cases and what is required for approval leading to multiple revisions presented.	Delays to programme (with potential costs), additional costs incurred for amendments to business case.	Regular engagement with NHSEI, PwC governance advice to building effective relationships with regional/national stakeholders to promote good awareness and early knowledge of changing policy horizon.	2	3	8	Early engagement with external stakeholders to ensure changes are captured early and the impact of amendments is minimised. Building effective relationships with regional/national stakeholders to promote good awareness and early knowledge of changing policy horizon.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
11	Business Case	Engagement	Delays to external business case approval.	NHSEI, DHSC, Treasury take longer than currently envisaged (4 Months) to approve the FBC.	Delay to construction, additional time and cost.	Detailed, robust and socialised programme. All approval checklists used in FBC completion to reduce risk of delays being identified.	2	3	8	Building effective relationships with stakeholders involved in approvals process to ensure good Trust knowledge of expected approvals pathway, and early sight to obstacles which will extend expected 4 month approvals journey.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
12	Business Case	Engagement	Commencing FBC prior to OBC approval.	Funding unavailable for continuation of FBC without OBC approval, thus design activity is broken and delayed.	Delay to programme, associated increased time and cost implications.	Detailed, robust and socialised programme. Ensure key UHL stakeholders aware and supportive of this approach, and assess best practice from similar existing and/or recent schemes.	2	4	8	Gaining support from programme advisers and key internal stakeholders to assure approach is an acceptable risk. Share approach with key regional/national stakeholders to reaffirm suitability of approach within the circumstances of UHL reconfiguration.	1	4	4	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
13	Business Case	Costs	There is a risk that we are unable to drawdown capital in line with programme.	Reconfiguration programme expenditure does not align with national availability of capital for early drawdown and or delays in the drawdown process.	Inability to procure and develop the design. Delays to programme and additional associated costs.	Regular engagement with DHSC regarding capital requirements to support the programme, detailed drawdown schedules to mitigate risk of drawdown gaps.	2	4	8	Continued regular engagement with DHSC regarding capital requirements to support the programme, ensuring that we submit applications for drawdowns in a timely fashion, early escalation of risk of delay if there is an early warning that this will come to fruition.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
14	Business Case	Programme	The capacity delivered through the Reconfiguration program is inadequate for future demand	If the CMGs continue to expand services without off setting a reduction in activity the Bed Bridge / outpatient / theatre capacity may not accommodate the requirements of UHL tertiary and specialist patient cohorts.	Bed requirements exceed capacity creating longer waiting times, loss of income and reduced performance in RTT & ED	Specialised Services Strategy approved by the Executive Strategy Board. Bed Bridge developed and scrutinised through EM Clinical Senate 6th July 2018 and approved by NHSE Regional panel on 20 March 2019. Dedicated responsible Director leading on-going work to review bed schemes aligned to new models of care	3	3	9	CMG transformed models of care and new bed requirements agreed with Executive Strategic Board, specific focus on specialist NHSE commissioned services. Clinical case on change to target comprehensive engagement process developed. Broad range of community organisations fully engaged to reach into specific communities to ensure their voice is heard. Board ranging Public engagement events ensuring that strong reasoning and detailed plans are communicated and opinions and view received. Clinical leads are identified for each key project. Dialogue with local politicians and influential stakeholders is on-going.	2	2	4	TRUST - Debra Mitchell	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
15	Business Case	Consultation	Impact of delay if programme is referred to judicial review and this challenge is then upheld.	If the programme is referred to Judicial Review by local and/or national interest groups or individuals who choose to challenge the consultation process because the consultation did not follow due process, there will be significant delay to the programme expected to be 6-18 months.	Delay to approval of OBC & FBC and subsequent delay to delivery of whole programme, up to 18 months.	UHL and CCG working closely together. Strong case developed. Legal advice commissioned from Browns-Jacobson to ensure robust process being followed. Involvement from NHSEI through PCBC assurance process, regionally and nationally.	3	4	12	UHL and CCG working closely together. Strong case developed. Legal advice commissioned from Browns-Jacobson to ensure robust process being followed. Involvement from NHSEI through PCBC assurance process, regionally and nationally.	3	3	9	TRUST - Mark Wightman	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
16	Business Case	Demand & Capacity / STP	Demand not managed in line with STP resulting in planned bed reductions not being achieved	If the community work required by LLR in the STP work-streams do not enable UHL to manage demand within the agreed capacity, demand may rise at a level over and above that planned for in the STP, which prevents the planned bed reductions.	Failure to manage demand will put increased pressure on the existing bed base and Outpatients and challenge the ability to achieve the 3 to 2 site strategy within budget. The level of detail in the plan is variable, therefore some demand management may be significantly more challenging than others.	DCP to align with up-to-date bed reductions. Plans in place for demand management with the exception of S2 beds. STP work-stream established for Frailty and Multi-Morbidity overseen by UHL CEO. Planned Care Board driving delivery OUIPP assumptions	2	5	18	Frailty and Multi-Morbidity work-stream has clear action plan, cross agency sign up and project management support to drive delivery. STP SLT ownership.	1	4	4	TRUST - Mark Wightman	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
17	Business Case	Finance	Savings identified in PCBC may be delivered through alternative workstreams reducing the identified cash releasing benefits.	If some savings are brought forward and delivered as part of the general CIPs rather than attributable to reconfiguration, the programme will not deliver the assumed revenue savings.	The Programme may not deliver the financial benefits anticipated and therefore cannot eliminate the structural deficit, increasing the requirement to deliver additional CIPs.	Bottom up analysis of the transformation savings deliverable as a direct consequence of Reconfiguration has identified in excess of £28m non-estate and capital charge savings. Regular monitoring of CIPs against reconfiguration savings for early risk management if any challenges arise.	3	3	9	OBCs will identify a robust financial model, which are supported by UHL Clinical and Corporate Management Groups. A savings tracker for each scheme will monitor reconfiguration savings and CIPs to avoid duplication and ensure achievement of savings targets. The savings target will be maintained at the proposed level but the savings will be under continual review as the financial and clinical environment changes.	1	3	3	TRUST	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
18	Business Case	Reconfiguration	There is a risk that the complex internal dependencies between reconfiguration projects are not delivered in the required timescales.	Failure to deliver to programme milestones or lack of capital availability means that business cases are not approved in a timely manner, and once approved, capital may not be forthcoming owing to approval delay.	Delays to programme, delays to obtaining funding and increased costs.	Monitoring by the Reconfiguration Programme Board via the interdependencies chart. Engagement with NHSEI, Tauxton and the DHSC in order to ensure they are aware of the reconfiguration programme, the timescale, interdependencies and funding requirements.	2	4	8	Clinical services will not be moved until all services on which they are dependent are available with appropriate capacity. Development of DCPs will identify sequencing and interdependencies between projects.	1	4	4	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
19	Business Case	Reconfiguration	Lack of resource to deliver OBC and FBC due to delays in funding.	If there is a lack of timely drawdown PDC there may not be enough resources to develop the business case to support the programme in line with required timescales.	Delays to delivery of robust business cases with consequential impact of programme delay.	Assumption that fees expended before FBC approval will be funded through short-term loans which are repaid upon FBC approval.	2	4	8	Discuss the process for applying for upfront financial drawdown in order to progress the Programme development with NHSE. If required, prioritise CRL against those projects that need to deliver early in the programme.	1	4	4	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
20	Business Case	Reconfiguration	Lack of clinical and operational input into the development of the operational policies, design and business case.	Operational pressures mean that clinical teams do not have the time or resources to commit to programme document development.	Delay to Reconfiguration Programme: lack of clinical ownership, impact on quality of the design, processes impacted. Capital pressure to fund required resource. Late engagement can cause significant changes post business case approval with associated time & cost impact.	Early communication with CMGs to identify and negotiate clinical input required in future projects. Clinical leaders will share lessons between projects. Identification of funding for clinical leads in the reconfiguration programme budget.	2	4	8	Changing organisational culture to ensure strategy, reconfiguration and transformation is part of "day job". Each project assigned clinical SRO to ensure appropriate clinical involvement throughout lifetime of project. Clinical / operational issues escalated from Reconfiguration Programme Board to ESB for resolution when required. Deputy Medical Director dedicated to Reconfiguration to resolve complex clinical issues. Backfill budget identified.	1	3	3	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
21	Business Case	Reconfiguration	CMG's used reconfiguration programme to deal with operational capacity issues which cause scope creep.	Lack of CMG understanding of scope and capital budget for operational change	If the scope of the Reconfiguration Programme increases because CMGs try to use Reconfiguration to deal with operational capacity issues, it will cause an increase in costs and overspend of budget. Pressure on programme budget; Pressure on CRL.	Reconfiguration governance process i.e. Reconfiguration Programme Board considers requests for new projects to be managed as part of the Reconfiguration Programme. Robust change control process.	3	3	9	Clear communication within organisation that Reconfiguration Programme has a defined scope and is not responsible for addressing operational capacity issues. Associated interdependencies is a standing item on Reconfiguration Programme Board agenda. Issue reporting to ESB where applicable for resolution.	2	3	6	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
22	Business Case	Reconfiguration	NHSEI fail to agree to derogations from HBNHTM	If business cases are not approved due to deviations away from HBNs and HTMs, there will be a delay to the programme, with a subsequent impact on capital cost arising from inflation.	If the PAU are not assured that derogation will create functional space, they will not support the project / Business case and it may not get approved. Pressure on programme budget. Trust does not realise full potential reduction in backlog maintenance in a timely manner.	Inclusion of PAU and NHSEI in discussions about derogations in business case development.	2	3	6	Inclusion of PAU in discussions about derogations in business case development; clinically delivered design to ensure functionality, supported by mock-ups which have clinical support and sign off.	1	3	3	TRUST - Nicky Topham	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING

23	Construction	Estates	Impact of construction projects on operational functionality	If there are a large number of reconfiguration construction projects taking place at the same time on hospital sites, the Trust may not sustain operational functionality.	Access and operational issues are compromised. Site efficiency and clinical effectiveness are affected.	Close communication and sequencing management between projects to ensure operational functionality is considered; oversight by the Reconfiguration Programme Board. Projects are reviewed in the round instead as individual projects. Dedicated programme, project and site specific resource.	3	4	12	Careful and whole site planning for access and egress. Engagement with clinical teams. Comms strategy for both public and staff. Project chunking to be considered to mitigate risk. Program managed, close stakeholder engagement.	2	4	8	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
24	Construction	Estates	Lack of decant space impacts on programme	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment, the construction programme will be affected.	Delay in programme and increased costs.	Decant solution dealt with on a case by case basis, budget not always identified within the project.	4	4	18	The overall program is reviewed and progressed with the space planning team, significant decant space identified in the programme ( Brandon unit, Mansion House) and planned as a project work stream. Decant space funding identified in overall scheme budget.	2	4	8	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
25	Construction	Programme	Overall programme delay caused by an individual project	Delay to a project cause delays subsequent interdependent projects in the reconfiguration programme	Programme delay and additional associated cost	Regular, sustained communication and progress reviews of all projects within wider timespan of programme to ensure time risks are flagged quickly and mitigated against.	3	4	12	Early market engagement to test construction programmes. Programme management, NEC programme management practices, terminal float etc.	2	3	6	TRUST - Nigel Bond	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
26	Equipment	Procurement	Equipment procurement issues	If there is not a clear procurement process with regards to equipment ordering and delivery, the equipment required for go-live may not be available / on-site, tested or commissioned for use.	Delay in facility becoming operational. Delay to service moves. Delay to overall programme	Procurement Lead dedicated to the project	2	4	8	Clear processes and lines of communication between all stakeholders. Project Board oversight of all actions, risks escalated through governance structure as required	1	4	4	TRUST - David Streets	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
27	Operational Commissioning	Workforce and OD	There is a risk that post-COVID operational procedures will impact on the efficiency of the workforce resulting from doffing and donning, operational practices and requirements to socially distance leading to clinical objectives and benefit realisation for the programme being compromised.	Not possible to accurately predict when some measures will be reduced in line with a vaccination and roll out programme.	Increased costs base from original business case, potential delays to programme benefit realisation.	Clinical areas are reviewing more efficient practices arising from COVID to offset increased costs. Ongoing programme link with CMGs clinical input to create and implement mitigating strategies.	4	4	18	Ensure revised clinical practices which were implemented during the COVID pandemic are embedded in the design process by updating the Standard Operating Procedures to incorporate new ways of working.	3	3	9	TRUST - Hazel Wyton	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
28	Operational Commissioning	Workforce and OD	Lack of organisational development resources	If there is a lack of organisational development resources to support the management teams, the workforce changes required for successful transition in to the new models of care won't be achieved.	Inability to deliver key service transformation required as defined in the new models of care as part of Reconfiguration Programme projects. Inability to realise all the benefits associated with reconfiguration projects.	Organisational Development resource is budgeted within the capital budget to ensure availability when required. Use of leadership development programmes encouraged and use of "JHEL Way" (implementation toolkit) methodology. Use of Lessons Learnt from the Emergency Floor and Vascular projects within project plans.	2	4	8	Adequate OD resource assigned early in project plan, resource identified and funded through "Programme". Executive Senior Responsible Owner's assigned to individual projects will hold accountability for delivery of models of care and transition. Post Project Evaluation will ensure lessons learnt from individual projects are considered within future projects, engagement and bench marking with other comparable Trust's to take account of their experience.	1	4	4	TRUST - Hazel Wyton	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
29	IT	Budget	Insufficient capital investment available or ability to prioritise estate footprint to bring IT data centres to the required standard and scale to support the new and refurbished estates.	Existing IT data centre rooms on site (on the retained estate) are not fit for purpose and require investment to modernise and ensure robust, reliable & scalable services are able to be provisioned in support of new and refurbished estates. If insufficient CDEL or reconfiguration funds can be found the IT infrastructure required to support the requirements of the programme will not be available.	Inability to address the drivers to deliver the ehospital programme and improve existing IT infrastructure, may result in a failure to provide optimised digital services. Failure to provide optimised and reliable digital services, realise projected savings and transformational change. Failure to meet digital standards expected by the programme and by NHSX and NHSX.	Trust COEL & IMT capital programme prioritised based on risk. Data centre strategy is in place, execution of which will reduce dependency on existing rooms (thus reducing risk somewhat) but does not eliminate this risk to the programme. Requirements to	3	4	12	IT requirements clearly articulated and priced in the business cases. Change control in place to manage any changes to requirements during the project life cycle. Infrastructure changes and IT infrastructure footprint to be assessed and options / costs provided as part of the business case development. IT colleagues integrated with Reconfiguration Team to fully support process. Ensure reconfiguration programme input and mitigation of data centre risks is included in design of IT infrastructure to support new build projects	2	4	8	TRUST - Andy Carruthers	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
30	IT	Budget	Total costs for IT works not available for submission at FBC approval stage	Assumption of predicted IT costs for equipment and service provision. Accurate costs can only be assigned at design phase and may vary as technology changes occur between design and implementation phases.	Higher than anticipated IT costs for equipment, infrastructure and services which result in changes to design or impact to contingency control	Continuous communication between Reconfiguration, Estates & Facilities and IT colleagues with regards to programme and progress. Clear vision and objectives to be defined to support this process.	3	4	12	Ensure clear processes available for both Estates and Reconfiguration PMs to enable the timely completion of IT PID's for each Project. IM&T costs to be transparent throughout each project in relation to resources and equipment spend. Contingency to allow for technology changes over project lifecycle.	2	4	8	TRUST - Andy Carruthers	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
31	IT	Scope	Mandated digital objectives increase the IT scope required without corresponding funding being available	NHSX digital blueprint mandates a set of digital objectives that are not able to be funded from the £450m (IT provision included in the overall funding total as part of IT & equipment budget)	Reputational damage, the programme unable to deliver on mandated digital objectives, inability to take advantage of cost saving measures and enable new ways of working for estates & facilities (through smart buildings concepts), patients and staff.	Early engagement with NHSX and NHSX to understand & influence policy is in progress and advice from external technology advisory service underway to assist with scope and budget optimisation	3	4	12	Engagement with NHS and other agencies to understand and influence process. Creation of gap analysis once requirements are better understood and ability to identify additional funding requirements to be articulated as appropriate	1	4	8	TRUST - Andy Carruthers	TBA	TBA	30/09/2020	14/08/2020	Monitor	OPEN	ONGOING
32	general	reconfiguration	The Trust fails to "future proof" the scheme to either meet future demands or to take advantage of new technologies and advances in care and treatment	Failure to embed within the scheme future proofing methodologies and infrastructure that will aid to enable future evolving technologies and advancements in care and treatment	the new facilities quickly become out dated and unfit for purpose without major / further re-investment	regular discussion within the team to ensure that latest developments and best practice design (for future proofing) are incorporated as standard	2	5	10	ensure that the design development process incorporates appropriate levels of future proofing within the boundaries of budgetary constraints	1	4	4	TRUST - Nigel Bond	TBA	TBA	19/10/2020	15/10/2020	monitor	OPEN	ONGOING