

Future Hospitals Programme  
Programme Risk Register  
Risk register

ID	Risk Title
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1.10 Programme Delays

1.11 Staff Perception

1.1 Business as Usual

1.11 Clinical Requirements

1.12 UHB Capacity and Capability

1.13 Policy Changes

1.14 Programme Affordability

1.15 Digital Architecture Review

1.2 Business Case Approvals

**1.3** Programme Support

**1.4** Benefits Realisation

**1.5** Facilities and Infrastructure

**1.6** New Ways of Working

**1.7** Funding

**1.8** Technology

**1.9** Enabling Programmes

**2.1** Digital and IT Solution

**2.2** Clinical Model Agreement

**2.3** Clinical Model Affordability

**2.4** Staff Recruitment and Retention

**2.5** Conflicting Strategies

**2.6** Patient Outcomes

**2.7** Primary and Community  
Infrastructure

**3.10** Activity Assumptions

**3.1** Decant

**3.11** Net Zero Carbon

**3.2** Below Ground Conditions

**3.3** Construction Market Capacity

**3.4**      Redevelopment Location and Design

**3.5**      Disruption to Hospital Operations

**3.6**            Planning Permission

**3.7**            University Co-location

**3.8**            Schedules of Accommodation

**3.9**            Resident Disruption

**4.1**            Health Sciences Market

**4.2**            University Hospital Ranking

**4.3**            Industry Partnerships



Risk Description	Project
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Programme delivery is delayed by internal or external factors

Overarching

Staff do not believe their wellbeing is being taken account of

Overarching

Programme distracts from business as usual delivery and impacts on availability and performance.

Overarching

Clinical requirements move on in time it takes to complete programme leaving some of the investment obsolete

Overarching

Insufficient capacity and capability within the Health Board to run the programme through to completion results in delays.

Overarching

Changes in government, system or Board management affecting the programme due to policy or strategy change

Overarching

Programme projects go over budget or become unaffordable partway through

Overarching

Failure to deliver on the Digital Architecture Review to allow rapid development of patient and clinician facing applications locally and in partnership with third parties

Overarching

PBC or subsequent business cases not approved resulting in additional time and resource to rectify

Overarching

Inability to obtain external support for the programme (from NHS Wales, Welsh Government, neighbouring Health Boards and other key external stakeholders), resulting in Board not securing capital funding or incurring delays

Overarching

The Board is not able to achieve the financial and economic benefits set out in the project business cases.

Overarching

Facilities and infrastructure designed will not enable the new clinical services model to be delivered.

Overarching

Staff reluctance to move to necessary new ways of working results in delays

Overarching

All necessary funding is not available for the proposed capital schemes

Overarching

Technology cannot deliver the step change anticipated.

Overarching

Elements that are out of scope of this programme that it is dependent on cannot deliver their enabling changes as planned (e.g. requisite changes to services moving from hospital into the community not achieved)

Overarching

Adopted digital and IT solution not able to support the Board's clinical and digital aspirations

Project 1: Clinical Transformation

New clinical strategy and model that meets CVUHB strategy cannot be agreed delaying delivery of the programme

Project 1: Clinical Transformation

Clinical delivery model is not affordable in the long-term

Project 1: Clinical Transformation

Not recruiting/retaining sufficient number of staff to operate the new facilities/deliver the new clinical model

Project 1: Clinical Transformation

The ambition of the clinical model requires digital solutions that are right for CVUHB at the right time for our strategy deployment, not necessarily when decisions are made for the rest of Wales.

Project 1: Clinical Transformation

Clinical strategy does not deliver improved patient and clinical outcomes anticipated

Project 1: Clinical Transformation

Infrastructure in primary and community care insufficient to support the proposed clinical model

Project 1: Clinical Transformation

Assumptions about activity moved out to different settings are too optimistic, resulting in insufficient hospital capacity

Project 2: UHW2 and UHL  
Redevelopment

Not identifying an appropriate decant plan prevents start on site

Project 2: UHW2 and UHL  
Redevelopment

Constructed facility does not meet the Welsh Government's and the Board's Net Zero Carbon aspirations  
Unplanned delays arise during demolition/alteration/construction works due to below ground conditions

Project 2: UHW2 and UHL  
Redevelopment

Project 2: UHW2 and UHL  
Redevelopment

Insufficient capacity and capability in the construction market to run a competitive procurement process resulting in reduced Value for Money on the construction contract or creating additional risks to delivery

Project 2: UHW2 and UHL  
Redevelopment

Board's development location or design attracts negative public scrutiny and publicity

Project 2: UHW2 and UHL  
Redevelopment

Disruption to day-to-day UHW/UHL operations caused by construction or decant

Project 2: UHW2 and UHL  
Redevelopment

Not being able to obtain planning permission for chosen site results in delays or in having to choose a different site

Project 2: UHW2 and UHL  
Redevelopment

Negative impact on relationship with Cardiff University in the event that the new facilities cannot be co-located

Project 2: UHW2 and UHL  
Redevelopment

SOAs and clinical functional content designed in a way that does not meet all future clinical requirements.

Project 2: UHW2 and UHL  
Redevelopment

Construction causes disruption to nearby residents or businesses

Project 2: UHW2 and UHL  
Redevelopment

Lack of interest in developing life sciences with and around UHW2

Project 3: Health Sciences

CVUHB and Cardiff University fails to achieve its goal of becoming a top 10 University Hospital worldwide, resulting in loss of socio-economic and financial benefits

Project 3: Health Sciences

Failure to secure a sufficient number of industry partnerships results in project not being worthwhile to undertake

Project 3: Health Sciences



Risk Owner	Risk Category	Likelihood	Impact	Score
Ed Hunt	Service	4	5	20
Len Richards	Service	2	3	6
Abi Harris	Service	2	3	6
Stuart Walker	Service	2	4	8
Abi Harris	Service	3	4	12
Abi Harris	External	3	3	9
Catherine Phillips	Service	3	4	12
Allan Wardhaugh	External	3	5	15
Abi Harris	External	4	4	16

Abi Harris	External	3	5	15
Catherine Phillips	Service	3	4	12
Stuart Walker	Service	2	5	10
Stuart Walker	Service	3	5	15
Catherine Phillips	Service	4	4	16
Allan Wardhaugh	Service	3	4	12
Abi Harris	Service	4	5	20
Allan Wardhaugh	Service	2	4	8
Stuart Walker	Service	2	4	8

Catherine Phillips	Service	3	4	12
Rachel Gidman	Service	3	4	12
Allan Wardhaugh	Business	4	4	16
Stuart Walker	Service	3	5	15
Abi Harris	Service	4	4	16
Stuart Walker	Service	4	5	20
Geoff Walsh	Service	2	5	10
Geoff Walsh	Service	2	4	8
Geoff Walsh	Service	3	4	12
Claire Salisbury	External	4	4	16

Abi Harris	Business	3	4	12
Geoff Walsh	Service	3	3	9
Geoff Walsh	Service	4	4	16
Abi Harris	Service	3	3	9
Stuart Walker	Service	2	4	8
Geoff Walsh	Service	3	4	12
Len Richards	Service	2	4	8
Len Richards	Business	3	3	9
Len Richards	Service	3	4	12



## Mitigation

Regular internal and external stakeholder management which should reduce the risk of this arising.

Strong project management, deploying extra resources where needed. There remains an external risk that cannot be managed – that COVID-19 and its aftermath continues to adversely impact the NHS beyond current forecasts.

The Workforce and OD plan will be updated to include a retention and recruitment plan in parallel with the programme development

Consistent staff engagement throughout the programme

External facilitation and resource used to support CVUHB to enable CVUHB staff to run programme while still completing day jobs.

Set up governance and programme team arrangements to ensure sufficient resource and decision making for the programme

Both facility and technology solutions will need to include elements of flexibility in design to allow them to be future proofed – this is being built into the design process

Robust upfront planning and approach to clinical services design and models of care.

UHB will undertake a review of existing resource and scoping exercise for the next stage following submission of the PBC to establish the resource required to successfully deliver the programme

Monitoring of the policy landscape and ongoing discussions with the Welsh Government to adapt to any new legislation, policy or strategy

Detailed financial model to be prepared at SOC/OBC stages for each programme

Budgets for various contracts to be informed by the model

Possibility to use MIM to fund some aspects of the programme

Robust analysis of programme costs together with sensitivity and switching analysis to stress test the affordability assumptions

Ongoing liaison with NWIS and NHS Wales to establish the timescales for completion of the review; consider putting additional mitigation plans in place if this does not match the timescales for delivery of the programme.

Ongoing liaison with Welsh Government to ensure expectations for each business case are aligned;

Following HM Treasury Green Book guidance and Better Business Case guidance when preparing the business cases

Stakeholder management and engagement plan in place and continuously reviewed to ensure key stakeholders are engaged with. Maintain regular liason with WG, NHS Wales and other stakeholders to understand needs, monitor availability of capital and requirements for business cases.

Benefits realisation plan is in place to ensure there is rigor and accountability in the process;

Any issues and risks associated with benefits realisation to be escalated to the Programme Board or to the Board if needed

Close working between clinical strategy and technical workstreams needs to continue throughout the project and keep testing this

Define clear requirements from the clinical workstream

Appoint architects with experience in designing tertiary referral hospitals. CVUHB has already appointed Archus who are the leading healthcare planners in England.

Clinicians are fully involved in the design of the new model of care so that they can become advocates for the proposed changes.

Knowing the demands on clinicians there remains a risk that they will not have the capacity to engage sufficiently for this to happen as planned.

Stakeholder engagement plan has been developed which includes engagement with staff.

This will be developed further at the next stage with regular staff engagement.

Early, direct and ongoing engagement with the Welsh government to understand what is possible.

Affordability considered in detail in next stages.

Close monitoring of medium term projected impacts of new clinical model and any capital scheme implications

Understake robust assessment of technology and benefits

Appropriate training throughout HB

Programme scope and the implications and timing of plans in relation to any dependencies to be kept under regular review

PMO being set up to monitor all programmes and projects, understand and evaluate risks and identify when issues may arise so action can be taken.

Proposed approach to digital and IT assumes clinical strategy will inform the proposed solution

Digital and IT solution to be developed alongside the Board's IT department, CCIO and clinical staff to ensure it is aligned to their aspirations

CVUHB have appointed clinical advisers and technology/ digital advisers with requisite experience to know which solutions have been effective in other healthcare organisations and know the strengths and weaknesses.

External facilitation, harnessing internal enthusiasm will be used to support strong leadership from within CVUHB on this.

There will also be regular engagement and cross-checking from emerging proposals back to strategy

Clear plan for development of clinical models involvement workshops with clinicians. Build consensus over time and understand concerns when they arise.

Working closely with technical advisors to develop best value for money scheme

At SOC undertake robust modelling of the clinical model from demand and capacity, cost modelling and financial forecasting to understand the financial consequences of the clinical model.

The Workforce and OD plan will be updated to include a retention and recruitment plan in parallel with the programme development

Consistent staff engagement throughout the programme

Ensuring the benefits the programme is going to deliver for staff (better estate plus better research and career opportunities) are publicised in recruitment  
Workforce transformation has been identified as a project requiring resource and focus.

Adherence to national architectures  
Play a pinoneer role to assist the rest of Wales  
Build consensus with other Health Boards on solutions  
WG buy-in of our whole system approach.  
Final list of benefits to be agreed with clinical staff to determine what can feasibly be delivered

Set out ways to measure benefits and monitor them throughout the programme to ensure these are being delivered

CVUHB has appointed clinical advisers with experience of delivering major clinical transformation programmes.  
Robust planning of the clinical transformation required  
Development of the Community programme alongside this programme to ensure it completed prior to activity being moved out into the community  
Additional community requirements to be identified during development of SOC/OBC and planned appropriately.

Liaison with primary care practitioners to understand what infrastructure may be required  
Assumptions to be tested at the SOC stage, including sensitivity analysis

Robust planning of the clinical transformation required. E.g. demand mgt

Decant to be included as a consideration in site selection

Begin developing a detailed decant plan as soon as a site is selected

Apponitment of experienced technical advisers - health planners / architects and cost planners to ensure that the feasibility of the work is tested fully.  
Joint working with clinical team.  
Net Zero Carbon to be included as one of the key requirements when awarding any construction / MIM contract and specialist advice to be obtained  
Undertake careful survey of conditions surrounding the construction site prior to construction

Develop a strategy for managing any potential issues, including appropriate time and cost contingencies

Market assessment and engagement to be undertaken prior to going out to procure a contractor

Discussion with Welsh Government whether there is a possibility to run an open procurement instead of appointing off the Building for Wales framework, if this does not generate sufficient competition

Communicate all decisions and reasons with the public in a transparent and timely manner (via media and Board/committee minutes)

Undertake comprehensive public consultation once there is clarity on specific service changes, design and site

Prepare a clear construction and decant plan that minimises impact on clinical services through engagement with clinicians and the public

Develop workspace locations as part of the construction, decant and moving process and ensure workspace policies and guidelines are in place

Appoint experienced technical advisers and architects. esp advisers with experience of Ease of obtaining planning to be included as a criterion in the site selection process

Early engagement to take place with the planning authority to ensure we understand and are able to meet the requirements

CVUHB has appointed JLL to support on site and planning matters which will be taken into account in options appraisal and evaluation of the sites.

Work closely with Cardiff and Vale of Glamorgan Councils.

Co-location to be considered in the site selection process

Continue liaising with Cardiff University to develop mitigation plans to continue the existing relationship in the event that the University and the new hospital cannot be colocated

CVUHB have appointed leading healthcare planners, Archus to deliver the SOA. Going forward ensure close working relationship between planners and clinical workstream.

Set up multiple touchpoints and working groups with clinicians to involve them in bed modelling and design work

Make adaptability and standardisation of spaces core principles of the design process  
Robust evaluation of the contractors proposals undertaken by HB & experienced advisers.

Engage with the population and local businesses once there is clarity around site and construction process to explain the level of disruption, how long it will last, and allow for input to be provided into these plans

Produce a detailed construction plan to minimise the disruption

Market testing will be a key part of developing the proposition in this regard and a stepped approach is planned where some development will lead to a further development over time.

Detailed roadmap to be put in place to maximise the chance of achieving this

Work closely with University to achieve objective

Careful tracking of benefits

Early engagement with the market to understand the appetite and lock partnerships in as early as possible





Mitigation owner	Adjusted likelihood	Adjusted impact
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Ed Hunt	3	3
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Nav Masani	2	2
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Abi Harris / Nav Masani	2	2
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Stuart Walker	1	4
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Ed Hunt	3	3
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Abi Harris	3	3
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Catherine Phillips	3	3
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Allan Wardhaugh	3	3
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Ed Hunt	3	3
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Ed Hunt	2	Ed Hunt	5
Catherine Phillips	2		3
Stuart Walker	2		4
Stuart Walker	3		4
Catherine Phillips	3		4
Allan Wardhaugh	2		3
Ed Hunt	2	Ed Hunt	5
Allan Wardhaugh	1		4
Nav Masani / Vicky LeGrys	1		4

Catherine Phillips	2	5
Rachel Gidman	3	4
Allan Wardhaugh	2	4
Stuart Walker	2	4
Abi Harris	3	4
Stuart Walker	2	5
Geoff Walsh	3	4
Geoff Walsh	1	4
Geoff Walsh	3	4
Claire Salisbury	2	4

Abi Harris	2	4
Geoff Walsh	3	3
Geoff Walsh	3	4
Abi Harris	2	3
Stuart Walker	2	3
Geoff Walsh	2	4
Len Richards	1	4
Len Richards	3	3
Len Richards	2	4



Post-mitigation score	Status	Last updated
9	Open	23/02/2021
4	Open	01/03/2021
4	Open	23/02/2021
4	Open	23/02/2021
9	Open	23/02/2021
9	Open	23/02/2021
9	Open	23/02/2021
9	Open	23/02/2021
9	Open	23/02/2021

10	Open	23/02/2021
6	Open	23/02/2021
8	Open	23/02/2021
12	Open	23/02/2021
12	Open	23/02/2021
6	Open	23/02/2021
10	Open	23/02/2021
4	Open	23/02/2021
4	Open	23/02/2021

10	Open	23/02/2021
12	Open	23/02/2021
8	Open	23/02/2021
8	Open	23/02/2021
12	Open	23/02/2021
10	Open	23/02/2021
12	Open	23/02/2021
4	Open	23/02/2021
12	Open	23/02/2021
8	Open	23/02/2021

8	Open	23/02/2021
9	Open	23/02/2021
12	Open	23/02/2021
6	Open	23/02/2021
6	Open	23/02/2021
8	Open	23/02/2021
4	Open	23/02/2021
9	Open	23/02/2021
8	Open	23/02/2021



