Meeting:	Brighton & Sussex University Hospitals NHS Trust: 3Ts Programme Board
Date:	25 July 2014
Board Sponsor:	Duane Passman, 3Ts Programme Director / SRO
Paper Author:	Anna Barnes Associate Director Governance
Subject:	Common Causes of Project Failure (Enclosure L).

Executive Summary

This paper provides an action plan for mitigation of the red and amber risks as rated by Programme Board in November 2013. The action plan has been updated as of June 2014. Some of the ratings have been changed as a result.

Links to strategic objectives	Link to Corporate Objective(s) Building for the Future
Identified risks and risk management actions	Actions resulting from this assessment have been included in the June risk register
Resource implications	As above
Legal implications	None
Report history	Minutes of the meeting of 22nd November 2013.
Appendices	Nil

Action required by the Board
Programme Board is asked to **discuss, confirm or challenge** this action plan as appropriate.

Common Causes of Project Failure - Update

3Ts Programme Board 27 June 2014

Introduction

1. As per the papers circulated to the November 2013 Programme Board, this paper has been revised to remind Programme Board members of the "Common Causes of Project Failure" that were identified by the former Office of Government Commerce (OGC) in the early 2000's and were also agreed with the National Audit Office.

2. This paper provides an action plan which mitigates the risks associated with these common causes of project failure, but, in this iteration, is only concerned with the risks previously rated as red or amber. The plan is locally specific and tailored to the live issues as identified by Programme Board in the discussion last year.

3. The action plan has been updated from the Programme Board paper which was circulated in March 2014.

Relevant Context

4. As previously each key principle/factor which was identified by the OGC has been considered against the criteria used by Gateway Reviews, as this seemed consistent and logical in this context.

5. 3Ts is defined in its widest sense (unless stated otherwise) as both a capital project and the transformational project to improve clinical care around the 3Ts dividends of Teaching, Trauma and Tertiary Care.

6. The Common Causes of Project Failure, the Gateway criteria and our revised responses are attached to this paper.

Action

7. The document has been revised by members of the 3Ts project team in advance of Programme Board. The Programme Board is asked to discuss, confirm or challenge this action plan as appropriate.

Anna Barnes
Associate Director- Programme Office and Governance
20th June 2014

NAO/OGC Common Causes of Project Failure

Colour	Gateway Criteria Description
G	Successful delivery of the project/programme appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.
A/G	Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery.
A	Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.
A/R	Successful delivery of the project/programme is in doubt, with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.
R	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget, required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/ programme may need re-baselining and/or overall viability re-assessed

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
1. Lack of clear link between the project and the organisation's key strategic priorities, including agreed measures of success				
• Do we know how the priority of this project compares and aligns with our other delivery and operational activities?	3Ts is identified as a strategic priority in The Clinical Strategy 2014-19 and the draft Foundation Trust (FT) Integrated Business Plan (IBP). The Trust Board of Directors approved the Outline Business Case (OBC), and 3Ts forms part of the base case of the Trust Long-Term Financial Model (LTFM).

The Clinical Strategy requires a degree of site reconfiguration and several capital developments. There is a need to ensure that the short to medium term operational requirements of the Trust can be met without undermining the longer term strategic opportunity that is embodied in 3Ts.. | A G | • 3Ts Programme Board has been reconstituted to be more internally-focused.   Further work is now taking place to ensure that there is robust mechanism for linking 3Ts with the rest of the Trust's strategic planning. For instance the Chief Operating Officer is also on the Programme Board. 3Ts team members should continue to be represented within other BSUH planning foras and vice versa.
• Programme Board now receives a monthly report of relevant issues for 3Ts arising from other major Trust programmes, and vice versa.
• The publication of the Clinical Strategy, the Cost Improvement Programme and Integrated Business Plan provide the vehicle for aligning in detail the Trust shorter-term (3-5 year) with 3Ts planning. Involvement of the 3Ts team at an early stage remains key.
• There is a formal change process within 3Ts governance to ensure implications of changes to scope/capacity on cost/programme, benefits and FBC approval are assessed before approval.
• Work is underway to quantify the CIPs arising from 3Ts. (However 3Ts benefits | Duane Passman
June 2014

Nick Groves
June 2014

Duane Passman
June2014

Anna Barnes
August 2014 |

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
			are generally not realised before Stage 1 opens in 2019, and CIPs planning is currently only to 2015/16). • Further work will need to be undertaken to align the Trust's LTFM, CIPs and Workforce Plan, in line with TDA planning guidance. • To mitigate this risk associated with the conflict between different operational strategic priorities, it would be prudent to ensure that the appropriate mechanisms are in place to reconcile the short/medium and long term objectives of the Trust. • The Clinical Strategy and forthcoming BSUH re-structure provides further opportunities for this alignment.	Graham White/Spencer Prosser July 2014 Duane Passman/ James Blythe July 2014 New Director of Strategy and Change August 2014
• Do we have a clear project plan that covers the full period of the planned delivery and all business change required, and indicates the means of benefits realisation?	The 3Ts Service & Workforce Modernisation Plan/Programme was agreed by Programme Board in January 2014. Benefits from the 3Ts development have been clearly articulated within the OBC and FBC (and shared with programme Board). A design and construction programme including all site interdependencies is in progress.	A B	• The January Programme Board approved the 3Ts service/workforce modernisation plan. In due course this will need to be integrated into relevant mainstream Trust planning processes (eg. CIPs, business planning, E&K Strategy Action Plan). The proposed new Trust governance structure and establishment of an internal Transformation Board may provide the vehicle for this. • Further work will be required to quantify any workforce-related CIPs in 3Ts, using bottom-up planning (per NHSE/TDA checklist) with benchmarking and supporting evidence. This has not yet been programmed/resourced.	Nick Groves June 2014 Nick Groves/Graham White July 2014

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
• Has an analysis been undertaken of the effects of any slippage in time, cost, scope or quality? In the event of a problem/conflict at least one must be sacrificed.	As inflation/the PUBSEC index has remained low, quality has so far been unaffected by slippage because cost remains broadly constant in relation to the building element of the programme. However the index of inflation is beginning to increase as the economy moves out of recession, so this is now causing some concerns. However there is more certainty now the OBC has been approved.	A	• There is a formal change process within 3Ts governance to ensure implications of changes to scope/capacity on cost/programme, benefits and FBC case for change/approval are assessed before decisions are taken. • The risk register contingency figures require refreshing in order to take account of the construction index of inflation.	Duane Passman June 2014 Anna Barnes/Mark Frake August 2014
2. Lack of clear senior management and Ministerial ownership and leadership				
• Does the project management team have a clear view of the interdependencies between projects, the benefits and the criteria against which success will be judged?	Across the wider Trust there is a need to track the interdependencies between projects and to introduce some form of portfolio management.	A	• Programme Board now receives a monthly report of relevant issues for 3Ts arising from other major Trust programmes, and vice versa. However this analysis relies on the 3Ts team's being included & informed about these discussions. • The Trust CIPs programme (and associated monitoring/performance-management regime) now includes EPR benefits, and will in due course include 3Ts-related CIPs. Further work is needed to develop a Trust mechanism (eg. business planning, performance review) to plan, prioritise and performance-manage change initiatives that are not within the scope of the CIPs programme. • The new Transformation Board may provide this vehicle.	Nick Groves June 2014 Anna Barnes/Spencer Prosser June 2014 James Blythe August 2014

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
• If the project traverses organisational boundaries, are there clear governance arrangements to ensure sustainable alignment with the business objectives of all organisations involved?	Following the review of governance arrangements for 3Ts, the 3Ts Commissioner Oversight Forum has been set up to ensure better alignment with local commissioners (CCGs, the NHSE Area Team) and the TDA.	A	• The 3Ts Commissioner Oversight Forum will need to consider the mechanism/choreography for re-confirmation of the activity assumptions underpinning the 3Ts OBC (especially where this involves repatriation of activity from another AT). • Review of the FBC by external stakeholders (eg. Health & Wellbeing Boards, Health Overview & Scrutiny Committees, HealthWatch), and alignment with their planning, has been factored into the FBC production timetable/programme.	Duane Passman July 2014 Anna Barnes September 2014
• Are all proposed commitments and announcements first checked for delivery implications?	Media and other public announcements about 3Ts are first approved by the Trust Communications Team and, as appropriate, 3Ts Programme Director (the SRO). Recent announcements regarding the 3Ts approval of the OBC was successfully managed .	A/G	• Programme Board now receives a monthly report of relevant issues for 3Ts arising from other major Trust programmes, and vice versa.	Nick Groves June 2014

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
• Does the project have the necessary approval to proceed from its nominated Minister, either directly or through delegated authority to a designated SRO?	HMT approved the OBC in May 2014. The mechanism/choreography and requirements for FBC approval is being discussed with the TDA. The reforms in the NHS architecture have led to a more complex chain of delegation via TDA/DH and then HMT, which is difficult to influence. Within the Trust, there are clear governance arrangements and schedules of delegated authority from the Board of Directors and Chief Executive, to the Senior Responsible Owner/ 3Ts Programme Director, The schedule of delegation however, also still requires further development.	A R	• The Trust SFIs / schedule of delegation is being revised to ensure the SRO has the appropriate authority to proceed. • Continuing liaison is required with the TDA/HMT	Duane Passman July 2014
3. Lack of effective engagement with stakeholders				
• Have we secured a common understanding and agreement of stakeholder requirements?	Communication and engagement with stakeholders is an on going process as individuals have moved on and, more significantly, new NHS organisations develop their strategies/priorities.	A	• The 3Ts Commissioner Oversight Forum is proving productive. • The Trust Clinical Strategy has been developed with commissioners and other key stakeholders and reflects their priorities. • The 3Ts FBC will need to reflect the emerging priorities of NHS England under its new CEO/Board, although no significant changes in direction are currently envisaged. • Engagement and formal consultation with partner organisations (eg. Health & Wellbeing Boards) has been factored into the 3Ts FBC approval timetable. The 3Ts Communications & Engagement Programme is continuing,	Duane Passman June 2014 Duane Passman July 2014 Richard Beard July 2014

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
4. Lack of effective engagement with stakeholders				
• Have we secured a common understanding and agreement of stakeholder requirements?	Communication and engagement with stakeholders is an on going process as individuals have moved on and, more significantly, new NHS organisations develop their strategies/priorities.	A	• The 3Ts Commissioner Oversight Forum is proving productive. • The Trust Clinical Strategy has been developed with commissioners and other key stakeholders and reflects their priorities. • The 3Ts FBC will need to reflect the emerging priorities of NHS England under its new CEO/Board, although no significant changes in direction are currently envisaged. • Engagement and formal consultation with partner organisations (eg. Health & Wellbeing Boards) has been factored into the 3Ts FBC approval timetable. The 3Ts Communications & Engagement Programme is continuing,	Duane Passman June 2014 Duane Passman July 2014 Richard Beard July 2014

Key Principle/Factor for Project Success	3Ts Programme Response	Rating	Action	Responsibility
5. Lack of skills and proven approach to project management and risk management				
• Are the governance arrangements robust enough to ensure that 'bad news' is not filtered out of progress reports to senior managers?	Within the Trust, the reporting structures from 3Ts upwards do sometimes appear to discourage upward reporting of risks and issues. This has therefore been assessed as amber. It is hoped that the revised governance arrangements within the new BSUH structure will assist in communications across the organisation. There is a risk that the new Trust organisational structure will create additional layers of management/governance, which could increase the risk of 'filtering out' bad news.	A	• The BSUH Values & Behaviours framework has been published and emphasises effective communication. Work on practical implementation is ongoing. • The new sub PB structures will enable difficult issues to be resolved at an appropriate level, but reported upwards if senior ownership and resolution is required. • The 3Ts programme has a clear delivery programme, including all the business change required, with associated benefits/metrics. Progress against this is reported regularly to the 3Ts Programme Board. This ensures transparency to this level within the organisation.	All June 2014