

Risk ID	Category	Opened	Review Date	Risk Description	Risk Causation & Impact	Controls in Place	Likely-hood	Consequence	Risk Score	Previous rating	Mitigation Summary	Target Likelihood	Target Consequence	Target Risk Score	Risk Owner	Issue
P3	Programme	29/01/2018	01/02/2020	If there is a delay in PCBC approval by NHSI / NHSE because it does not withstand scrutiny of regional and national assurance panels, it will delay the public consultation and the overall programme.	If there is a delay in PCBC approval by NHSI / NHSE because it does not withstand scrutiny of local, regional and national assurance panels, it will delay the public consultation and the overall programme. Impact: Delay in achieving final deficit reduction. Increased capital requirement due to inflation and other costs. Increased clinical risk due to split site working.	Regional signoff received on the 20 March 2019. Service change adheres to national guidance. Use of subject matter expert to enhance document. Regular contact with NHSE/I	2	4	8	15	Subject matter expert seconded to write the PCBC. Successful regional panel resulting in only minor changes to complete first panel requirement, with additional supporting documentation.	1	4	4	Reconfiguration Programme Director	No
P7	Programme	29/01/2018	01/05/2020	If the scale of transformation isn't delivered it could result in inadequate capacity to undertake activity required.	If the scale of transformation isn't delivered it could result in inadequate capacity to undertake activity required. Impact: The Trust is unable to mitigate the demographic growth in demand, and the number of beds required is above 2048. The structural deficit is not realised. Performance targets are not achieved.	Transformation programme being led by Operations Team. New Models of Care agreed with senior management team. The annual plan provides the baseline for managing activity changes against original assumptions.	4	4	16	16	Efficiency programmes have been further developed by the CMGs and therefore there is a confidence in delivery. Assessed against Annual Plan and performance trajectories.	2	4	8	Director of Operational Performance	No
P13	Programme	29/01/2018	01/06/2020	If the Back Office, training and R&D budget allocations identified in the DCP are insufficient to re-provide all affected services the LGH vacation will not be completely achieved.	If the Back Office, training and R&D budget allocations identified in the DCP are insufficient to re-provide all affected services the LGH vacation will not be completely achieved. Impact: Some services will still have split site working. Insufficient back office accommodation to meet requirements.	Work-stream setup to oversee back office requirements. Survey of all office spaces and roles to understand current use and staff numbers	3	4	12	16	Scoping Brandon Unit to assess refurbishment requirements and identifying other office options. Identifying number of staff to be displaced. Trust wide 'Agile Working' policy and approach being drafted to drive new ways of working including IT equipment and hot desking.	2	4	8	Reconfiguration Programme Director	No
P16	Programme	29/01/2018	01/04/2020	If the CMGs continue to expand tertiary services without off setting a reduction in secondary activity the Bed Bridge / outpatient / theatre capacity may not accommodate the requirements of UHL tertiary and specialist patient cohorts.	If the CMGs continue to expand tertiary services without off setting a reduction in secondary activity the Bed Bridge / outpatient / theatre capacity may not accommodate the requirements of UHL tertiary and specialist patient cohorts. Impact: Bed requirements exceed capacity creating longer waiting times, loss of income and reduced performance in RTT & ED	Specialised Services strategy approved by the Executive Strategic 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	15	CMG transformed models of care and new bed requirements agreed with Executive Strategic Board; specific focus on specialist/ NHSE commissioned services	2	3	6	Director of Operational Performance	No

P18	Programme	25/10/2016	01/04/2020	<p>If there is a delay in getting approval of the PCBC at the NHSI national panel and with the DHSC / Treasury it will delay business case development timescales and increase the length of the Reconfiguration programme.</p>	<p>If there is a delay in getting approval of the PCBC at each NHSI regional and national panel and with the DHSC / Treasury it will delay business case development timescales and increase the length of the Reconfiguration programme.</p> <p>Impact: Sequencing of moves delayed. Interdependencies / phasing impacted. Programme as a whole delayed. Increased capital requirement due to inflation and other costs. Impact on sustainability of services at LGH. Inability to remove the structural deficit or reduce backlog maintenance</p>	<p>Programme management of interdependencies to monitor and understand the impact of delay on the critical path. Engagement with STP PMO regarding progress on consultation.</p>	3	4	12	20	<p>The external approvals timescale has been acknowledged and considered in the development of the programme. The Trust will continue to review and develop projects whilst their OBC's are being approved.</p>	2	4	8	Reconfiguration Programme Director	No
P19	Programme	31/10/2019	01/06/2019	<p>If the construction market does not have capacity to deliver the significant NHS projects simultaneously, this may cause delays and / or cost increases.</p>	<p>If the construction market does not have capacity to deliver the significant NHS projects simultaneously, this may cause delays and / or cost increases.</p> <p>Impact: Delay to the FBC and overall construction programme. Cost increase over available budget.</p>	<p>Early market engagement, consideration of timetables of other projects across the country when setting UHL's procurement timeframe.</p>	2	4	8	new	<p>Regular meetings taking place with the other trusts to share intelligence and manage the risk through appropriate timetabling. Highlight the market pressures / concerns with NHSI/E to gain national support and guidance.</p>	1	4	4	Director of Estates and Facilities	No
C1	Consultation	25/10/2016	01/02/2020	<p>If the consultation is referred to Judicial Review by local and 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 delivery timescales.</p>	<p>If the programme is referred to Judicial Review by local and 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.</p> <p>Impact: Delay to approval of OBC & FBC and subsequent delay to delivery of whole programme.</p>	<p>Ensure there is thorough clinical case for change. Public engagement (including pre-engagement), ensuring that strong reasoning and detailed plans are communicated. Work with STP PMO. Legal advice commissioned from Browns-Jacobson</p>	4	4	16	15	<p>Ensure there is thorough clinical case for change. Public engagement (including pre-engagement), ensuring that strong reasoning and detailed plans are communicated. Continue working closely with STP. Legal advice obtained on structure and content of consultation. Ensure clinical leads are identified for each key project. Dialogue with local politicians and influential stakeholders is on-going.</p>	3	3	9	Director of Strategy and Communications	No

DC1	Demand & Capacity / STP	25/10/2016	01/06/2020	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, preventing the planned bed reductions.	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. Impact: 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 52 beds. STP work-stream established for Frailty and Multi-Morbidity overseen by UHL CEO. Planned Care Board driving delivery QUIPP assumptions	3	5	15	15	Frailty and Multi-Morbidity work-stream has clear action plan, cross agency sign-up and project management support to drive delivery. STP SLT ownership.	2	4	8	Director of Strategy and Communications	No
DC2	Demand & Capacity / STP	25/10/2016	01/03/2020	If the CMG's do not deliver the culture shift required to achieve the internal transformation plans then the bed, theatre and OP efficiencies assumed within the bid will not be delivered to their full extent.	If the CMG's do not deliver the culture shift required to achieve the internal transformation plans then the bed, theatre and OP efficiencies assumed within the bid will not be delivered to their full extent. Impact: Failure to downsize in total, or in line with phasing requirements, as required to achieve the 3 to 2 site strategy. Desire to reduce the bed occupancy to ensure capacity to meet winter pressures is not achievable. Planned bed reductions won't be achieved.	Revised robust transformative models of care have informed the efficiencies underpinning the bed bridge, outpatient activity and physical capacity plans. Assumptions include reduction of inpatient bed occupancy to 85%, increased outpatient capacity (from 10 to 15 sessions per week) and theatre utilisation (14 sessions per week).	3	5	15	15	Reconfiguration delivers the required capacity across two sites. Delivery of detailed action plans to achieve the agreed models of care will be closely monitored through the Reconfiguration Programme Board and escalated to Trust Board if required. At times of peak pressure, an increased inpatient bed occupancy of 88% can be delivered without significant impact on clinical services. Robust workforce planning and recruitment strategy in order to deliver the increased outpatient and theatre sessions; and models of care which identify activity being undertaken in community settings.	2	3	6	Director of Operational Performance	No
ES2	Estates	07/04/2017	31/01/2020	If the infrastructure review did not capture all the local requirements, the budget may not be adequate to deliver the requirements.	If the infrastructure review did not capture all the local requirements, the budget may not be adequate to deliver the requirements. Impact: Capital cost of Infrastructure requirements are underestimated leaving a cost gap.	The Infrastructure plan is now reviewed as part of the overall 5 year reconfiguration plan instead of project by project. Estates involvement in all projects from conception and closer working between Estates and Reconfiguration teams.	3	5	15	15	Early engagement with technical advisors appointed on a project by project basis. Overall programme strategy is now to spend earlier in the program on large infrastructures steps to save long term.	2	5	10	Director of Estates and Facilities	No
ES3	Estates	07/04/2017	01/07/2020	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.	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. Impact: 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.	3	4	12	16	Careful and whole site planning for access and egress. Engagement with clinical teams. Comms strategy for both public and staff.	2	4	8	Director of Estates and Facilities	No

ES4	Estates	07/04/2017	01/07/2020	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment and FF&E, the construction programme will be affected.	If decant space is not easily available within the Trust, and the space that is identified may require development, refurbishment and FF&E, the construction programme will be affected. Impact: 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	16	20	The overall program is reviewed and progressed with the space planning team, significant decant space identified in DCP (Brandon unit, Mansion House) and planned as a project work stream. Decant space to be funded as part of DCP overall costs.	2	4	8	Director of Estates and Facilities	No
ES5	Estates	29/01/2018	01/02/2020	If LPT estates insist on 100% compliance to HBN's the allocation of capital for the stroke unit may be insufficient.	If LPT estates insist on 100% compliance to HBN's the allocation of capital for the stroke unit may be insufficient. Impact: Inadequate budget to meet requirements creating pressure on remaining programme	On-going engagement with LPT estates team	4	2	8	8	Full engagement with NHSI and NHS Estates colleagues to support derogation	2	2	4	Director of Estates and Facilities	No
F2	Finance	20/06/2017	01/06/2020	If the transformed models of care do not deliver the required efficiencies, the reconfiguration programme may not be deliverable for the agreed capital envelope.	If the transformed models of care do not deliver the required efficiencies, the reconfiguration programme may not be deliverable for the agreed capital envelope. Impact: Additional capital may not be available and therefore may undermine the reconfiguration strategy. This will also be dependent on when the risk crystallises in respect of the progress of different projects. Expectations of the organisation may not be met as value engineering is required to remain within budget.	The DCP has been further developed and reviewed since the last bid submission which has substantially improved its robustness. PAU have assessed the capital bid and gave assurance that the values included are appropriate	2	5	10	12	Rigorous change control process in place to ensure delivery within capital and revenue envelopes. Any agreed increases in costs will be balanced by mitigating savings. Optimisation of the procurement process to drive innovative solutions.	1	5	5	Chief Finance Officer	No
F3	Finance	21/06/2017	01/06/2020	If some savings are brought forward and delivered as part of the general CIP's rather than attributable to reconfiguration, the programme will not deliver the assumed revenue savings.	If some savings are brought forward and delivered as part of the general CIP's rather than attributable to reconfiguration, the programme will not deliver the assumed revenue savings. Impact: 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	3	3	9	12	OBC's 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 CIP's 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	Chief Finance Officer	No
R2	Reconfiguration	25/10/2016	01/12/2020	If there is a lack of early drawdown PDC and competing demands for CRL including equipment previously funded from revenue, there may not be enough resources to develop the business case to support the programme in line with required timescales.	If there is a lack of early drawdown PDC and competing demands for CRL including equipment previously funded from revenue, there may not be enough resources to develop the business case to support the programme in line with required timescales. Impact: 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.	3	5	15	16	Discuss the process for applying for upfront financial drawdown in order to progress the Programme development with NHSI. If required, prioritise CRL against those projects that need to deliver early in the programme.	2	4	8	Reconfiguration Programme Director	No

R3	Reconfiguration	07/02/2017	01/05/2020	If operational pressures mean that clinical teams do not have the time to commit to the programme there may not be enough clinical resources to support the reconfiguration programme.	If operational pressures mean that clinical teams do not have the time to commit to the programme there may not be enough clinical resources to support the reconfiguration programme. Impact: 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 CMG's to identify and negotiate clinical input required in future projects. Clinical leaders will share lessons between projects. Identification of £8m non recurrent costs have been allowed for in the PCBC.	3	4	12	16	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	2	3	6	Reconfiguration Programme Director	No
R4	Reconfiguration	07/04/2017	01/06/2020	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.	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. Impact: 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	12	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	Reconfiguration Programme Director	No
R6	Reconfiguration	07/04/2017	01/06/2020	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 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. Impact: 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 NHSI in discussions about derogations in business case development.	2	3	6	9	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.	2	3	6	Reconfiguration Programme Director	No
R7	Reconfiguration	14/11/2017	01/06/2020	If the external approvals process for business cases is delayed, individual projects will be delayed, with potential consequential delay to the Reconfiguration Programme, with subsequent impact on capital cost arising from inflation.	If the external approvals process for business cases is delayed, individual projects will be delayed, with potential consequential delay to the Reconfiguration Programme, with subsequent impact on capital cost arising from inflation. Impact: Individual projects are delayed, disrupting project interdependencies and delaying other projects. Programme as a whole delayed.	Regular engagement with NHSI to understand their requirements, project interdependencies and likely number of business cases that will require detailed review.	3	4	12	9	Continue engagement with NHSI/E on each project as designs and business cases develop. Early discussions with NHSI/E on the potential to pilot streamlined business case approval process.	2	4	8	Reconfiguration Programme Director	No

R9	Reconfiguration	14/11/2017	01/06/2020	<p>If there is project scope creep or changes to models of care as the project progresses it could impact on programme and cost of the individual project and reconfiguration as a whole.</p>	<p>If there is project scope creep or changes to models of care as the project progresses it could impact on programme and cost of reconfiguration as a whole. This could happen if there is a long timescale between project planning and delivery not happening for many years.</p> <p>Impact Increased costs of project, adding pressure to overall programme budget.</p>	<p>Project Boards provide oversight of work and stress the importance of minimising changes to scope. Project manager and Reconfiguration Programme Director to monitor and ensure appropriate Change Control process is followed</p>	3	4	12	16	<p>Strong governance in place and models of care / project scope is clearly defined at the point of hand over to design team. Change Control process to be utilised to ensure full impact of any proposed change is understood. Models of care reviewed annually.</p>	2	2	4	Reconfiguration Programme Director	No
WF1	Workforce & OD	15/02/2017	01/06/2020	<p>If there is not enough workforce supply for some staff groups, e.g. registered nurses or a lack of certain key skills in appropriate roles, UHL will not be able to staff key services effectively or sustainably.</p>	<p>If there is not enough workforce supply for some staff groups, e.g. registered nurses or a lack of certain key skills in appropriate roles, UHL will not be able to staff key services effectively or sustainably.</p> <p>Impact Lack of supply and high turnover of appropriately skilled staff across organisational boundaries. Increased revenue costs. Increased premium pay spend. Brexit may affect supply of staff.</p>	<p>LLR Workforce Attraction and Retention group established to manage a system wide recruitment strategy. Workforce Planning Toolkit in place.</p>	3	5	15	16	<p>Develop an integrated workforce strategy that aligns with transformative models of care and ways of working, and new roles to create more flexibility in staffing. An improved environment has been shown to increase recruitment and retention of staff. Provide organisational development support to managers to ensure that the changing needs in service can be delivered.</p>	2	4	8	Director of People and OD	No
WF2	Workforce & OD	15/02/2017	01/06/2020	<p>If there is a lack of system wide consistency and sustainability in the way change and improvement is managed, the capacity and capability shifts required for new models of care won't be delivered.</p>	<p>If there is a lack of system wide consistency and sustainability in the way change and improvement is managed, the capacity and capability shifts required for new models of care won't be delivered. Clinicians have worked in traditional role models for a considerable time and current ways of working are deeply embedded. Needs to move to alternative multidisciplinary teams.</p> <p>Impact: Disaffected staff leading to higher turnover, increased sickness and lower morale. Hearts and minds are not changed; cultural change not achieved which results in the full benefits of the transformation in clinical models not being achieved</p>	<p>LLR Staff Mobility group established to support flexible employment. 'UHL Way' methodology, including Better Teams launched and supporting transformation</p>	3	5	15	16	<p>Develop implementation plan for the 'UHL Way' and develop an LLR Way. Utilise Local Workforce Action Board (LWAB) and sub groups on staff mobility, attraction and retention, staff capability, OD & Strategic Workforce Planning</p>	2	4	8	Direct of People and OD	No
WF3	Workforce & OD	15/02/2017	01/06/2020	<p>If changes in other parts of the system such as Primary Care and Social Care create greater competition for a range of roles with a limited workforce supply, we could have an inability to staff key services effectively or sustainably.</p>	<p>If changes in other parts of the system such as Primary Care and Social Care create greater competition for a range of roles with a limited workforce supply, we could have an inability to staff key services effectively or sustainably. This may be caused by radical changes to models and settings of care (moving care closer to home, shifting capacity into the community).</p> <p>Impact Demand and Supply of trained workforce does not align.</p>	<p>LLR Strategic Workforce Planning group established to monitor, challenge and support the themes under development in the STP</p>	4	4	16	16	<p>Develop LLR wide process including; Strategic Workforce Planning, OD, training and education and staff mobility. Assure alignment with strategic and operational planning through Reconfiguration Programme and alignment with BAU.</p>	1	3	3	Director of People and OD	No

WF4	Workforce & OD	15/08/2017	01/06/2020	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.	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. Impact: 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 "UHL Way" (implementation toolkit) methodology. Use of Lessons Learnt from the Emergency Floor and Vascular projects within project plans.	3	4	12	15	Adequate OD resource assigned early in project plan. 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.	3	2	6	Director of People and OD	No
IT2	IM&T	21/06/2017	01/02/2020	If the IT infrastructure cannot support the use of IT and telephony because the infrastructure is not fit for purpose due to capacity, capability or funding constraints, the IT systems will be compromised in terms of lack of or slow end user devices (e.g. PCs, printers, telephony, Wi-Fi).	If the IT infrastructure cannot support the use of IT and telephony, IT systems will be compromised in terms of lack of or slow end user devices (e.g. PCs, printers, telephony, Wi-Fi). Impact Projects timescales and budgets may be impacted if project cannot proceed without planned IT.	Requirements for infrastructure changes are assessed and options / costs provided as part of the business case development. IT colleagues integrated with Reconfiguration Team to fully support process. eEquip programme is replacing old PCs as a rolling programme until summer 2020.	3	4	12	16	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. IT colleagues integrated with Reconfiguration Team to fully support process.	1	3	3	Chief Information Officer	No
EQ1	Equipment	21/06/2017	01/06/2020	If there is a lack of user understanding / accountability in relation to ensuring all equipment required as part of the FBC has been allowed for, the equipment will not be costed accurately resulting in cost pressures and potential delay to the facility becoming operational.	If there is a lack of user understanding / accountability in relation to ensuring all equipment required as part of the FBC has been allowed for, the equipment will not be costed accurately resulting in cost pressures and potential delay to the facility becoming operational. Impact Insufficient budget / cost pressure Delay to facility becoming operational Service impacts	Procurement Lead dedicated to the project	2	3	6	6	Procurement to work together with users/Estates PM at the beginning of the FBC process to ensure accurate and timely submission of equipment lists, costs and programme for ordering built into the overall delivery programme	1	4	4	Head of Procurement	No
EQ2	Equipment	21/06/2017	01/06/2020	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.	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. Impact Delay in facility becoming operational. Delay to service moves. Delay to overall programme	Procurement Lead dedicated to the project	2	4	8	8	Clear processes and lines of communication between all stake holders. Project Board oversight of all actions, risks escalated through governance structure as required	1	4	4	Head of Procurement	No