

Project Recovery Diagnostic

When a major program is no longer simply under pressure, an independent diagnostic on whether it can still be recovered — and what the safest path forward actually looks like.

Stop performing recovery. Start restoring control.

Executive scan

The problem

A program that is still active, still reporting, still funded — but no longer behaving like a system that is returning to control.

When to use

After failed recovery cycles, before another re-baseline, or when a new sponsor inherits a trajectory they cannot yet defend.

Decision supported

Recover, restructure, or stop. One clear position — backed by evidence, not by reporting.

What you receive

A **Recovery Posture Signal**, a 30-day stabilization plan, and three supporting analyses — see page 4.

Timeframe

2 to 4 weeks. A rapid triage view is available in days where the decision is in front of you now.

Who commissions

CIO, CTO, or CDO · CFO or investment committee · executive sponsor · board or audit committee.

Distressed programs rarely fail in a single event. They compound — through continued spend, extended timelines, and the quiet continuation of work that no longer has a credible route to value. Issues caught early cost roughly **1x** to fix. The same issues caught after recovery cycles have already been attempted cost **8 to 10x** — and the loss is usually already absorbed by the time it becomes visible in reporting.

The failure we address — backing a non-recoverable plan too long

Distressed programs rarely collapse. They continue. Recovery plans are produced, timelines move, activity stays high — but the underlying conditions required for a safe landing have already broken. By the time that becomes visible, most of the cost of being wrong has already been incurred.

What we prevent

Continuation Risk

The risk of continuing to spend capital, time, and executive credibility on a path that no longer has a defensible route to recovery. The program stays active, reporting stays managed, the team keeps going. The cost compounds quietly until the decision is forced rather than chosen. ***This service exists to give you a position you can stand behind before that point, not after.***

Sound familiar?

These are sentences executives say to us in the first ten minutes of a briefing. Any one of them — present across two or more reporting cycles — is reason to commission an independent view. Three or more is rarely a coincidence.

"We've already replanned twice."

Each plan looked better than the last. The actual delivery did not.

"Reporting says managed; the room does not believe it."

Status keeps coming back stable. The people closest to the work would not bet their reputation on it.

"I cannot describe the path back to a board."

You can describe what is happening. You cannot describe how the program lands — in language that survives scrutiny.

"Vendor and team blame each other."

Each side describes the same slippage in materially different ways. Causality has stopped being a shared fact.

"We are spending more on coordination than on delivery."

Meetings, escalations, and replanning consume the senior capacity that should be protecting the outcome.

"If I stop now, can I defend the decision?"

The harder question is whether continuing is still defensible — and whether the evidence to answer that question exists.

Why this is hard to see from the inside

Distressed programs continue not because the problem is invisible, but because the conditions that would let the organization act on it are already compromised.

01 Sunk cost lock-in Capital, time, and executive reputation are spent. Reset, re-scope, or exit become progressively harder to consider.	02 The recovery plan IS the comfort A new plan provides relief. It does not, by itself, provide a return to control.	03 Each side protects its version Vendor, team, and sponsor each defend a coherent story. None of them is the whole story.	04 Nobody owns 'stop' Authority to slow, reset, or exit is unclear. The path of least resistance is to continue.	05 Coordination replaces control Effort goes into aligning stakeholders and managing dependencies. Coordination becomes the product.
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What we test — four questions, led by evidence

We do not assess whether the program is improving. We answer four questions that determine whether recovery is still credible — and whether that position holds under board-level scrutiny.

1 Is recovery still possible?

Does a viable path back to a controlled landing still exist — as a real outcome, not as a plan?

2 Is the structure still survivable?

Can scope, sequencing, dependencies, and the operating model withstand the conditions a real recovery would require?

3 Is the remaining value still worth saving?

Is business, regulatory, or contractual value perishing faster than time, capital, and execution can recover it?

4 Can the organization actually execute?

Are the authority, capacity, leadership, and commercial latitude in place to do what recovery would demand?

Each question is supported by sub-tests across the five dimensions of Recovery Viability: recoverability, structural survivability, residual value, recovery authority, decision posture.

Three methods, every engagement

Evidence-led, system-framed, and built to produce a position that holds in any forum.

We pressure-test the system, not the people

Findings frame the delivery system — plans, sequencing, dependencies, ownership — never individuals. That makes the review safe to commission in politically charged conditions.

We rebuild the real critical path

From plans, RAID logs, milestone history, and commercial artifacts we reconstruct the path actually controlling delivery — independent of the official narrative.

We talk to the people who know

Confidential, structured interviews with delivery leads, the sponsor, and key vendor counterparts — to surface what artifacts alone will not show.

Scope — scaled to the decision you are facing

The constant: a position you can stand behind, in time to act. The variable: how much of the program needs to be inside the review.

Rapid triage

Days · pressure decision

Where a recovery, pause, or escalation decision is on the table this week. An initial position fast enough to act on.

Focused diagnostic

2 to 3 weeks · one program

A single distressed program where recovery viability is unclear and the next commitment is approaching.

Board-grade intervention

3 to 4 weeks · high-consequence decision

When the decision is large, scrutiny is real, and you need an evidence-backed view structured for board-level review.

What you walk away with

Every output answers one question — in language you can defend at the next gate: *can it still be recovered — and if not, what now?*

The decision-ready position

Recovery Posture Signal

A clear position you can stand behind — recover, restructure, or stop. Backed by the evidence trail you would want on a board pack. Expressed across six decision positions:

- Recover
- Recover with Conditions
- Re-scope
- Re-baseline
- Reset
- Controlled Exit

30-Day Stabilization Plan

5 to 10 specific moves to make in the next 30 days to restore control or execute a defensible pivot — with named owners, timing, and exit criteria.

Recovery Viability View

Where recovery remains possible, where it is structurally weak, and where it has already broken — mapped to the four questions.

Capital Preservation Position

Where exit or restructure is the right call: how to preserve remaining value, limit further loss, and redirect capital toward viable outcomes.

Decision Thresholds

The conditions under which continue, restructure, or stop each remain defensible — making the boundary visible and the call easier to defend.

If the situation is bigger than one program — this is one of five Delivery Assurance services. Health, governance, portfolio, or vendor concerns connect, but this brief stands alone. Ask, and we will tell you the right place to start.
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Who commissions this review

CIO, CTO, or CDO

"I have already approved one recovery plan. I need to know whether the next one is still credible."

CFO or Investment Committee

"We are being asked for more money on a program that has already replanned. I need an independent view of what we are actually buying."

Executive Sponsor or SteerCo

"The room cannot agree on what is true anymore. I need a position that does not depend on which voice was loudest."

Board or Audit Committee

"I need to know that the right intervention happened — and that the evidence supports it — before the loss compounds."

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