

## Strategic Objective: Patients - To be good or outstanding in everything we do

<b>Risk Ref:</b> BAF 001  <b>Risk:</b> There is a risk that the Trust fails to deliver safe, high-quality care.  <b>Date Created:</b> April 2022  <b>Lead Committee:</b> Quality and Safety	<b>Cause:</b> <ul style="list-style-type: none"> <li>Lack of implementation of a continuous quality improvement process</li> <li>Unwarranted variation of clinical practice outside acceptable parameters</li> <li>Insufficient understanding and sharing of excellence and learning in its own systems and processes</li> <li>lack of self-awareness of services that are not delivering</li> <li>Insufficient staff with the correct skill set</li> <li>Lack of engagement and implementation of the patient strategy</li> </ul>
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<b>Executive Lead(s):</b> Chief Nurse & Chief Medical Officer  <b>Existing Risk Appetite:</b> Cautious  <b>Aspirational Risk Appetite:</b> Seek	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Risk Rating:</th> <th>Consequence</th> <th>Likelihood</th> <th>Score</th> </tr> <tr> <td>Residual Risk (with current controls):</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center; background-color: red;">16</td> </tr> <tr> <td>Target Risk (after improved controls):</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center; background-color: yellow;">4</td> </tr> </table>	Risk Rating:	Consequence	Likelihood	Score	Residual Risk (with current controls):	4	4	16	Target Risk (after improved controls):	4	1	4	<b>BAF Risk Review Date:</b>  <b>Last Review:</b> 27 <sup>th</sup> July 2022  <b>Next Review:</b> 26th October 2022
Risk Rating:	Consequence	Likelihood	Score											
Residual Risk (with current controls):	4	4	16											
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CONTROLS & ASSURANCES		GAPS IN CONTROLS/ASSURANCE	
CONTROLS	ASSURANCES		
<ul style="list-style-type: none"> <li>Improvement Programme</li> <li>Patient Reference Group (to be established)</li> <li>Governance Forums</li> <li>Group Review Meetings</li> <li>We assure programme</li> <li>SI/Moderate Harm forum National Quality Improvement</li> <li>Structured Judgement Reviews</li> <li>Group Review meetings</li> <li>Clinical Governance and quality meetings</li> <li>Directorate/Specialty governance meetings</li> </ul>	<ul style="list-style-type: none"> <li>Learning from Deaths Committee</li> <li>Healthcare Evaluation Data</li> <li>VTE Group</li> <li>CQC Insight Data</li> <li>Mortality Reviews</li> <li>CQC Alerts</li> <li>Rapid Improvement Week</li> <li>Public View</li> <li>Case Note Reviews</li> <li>Healthcare Quality Improvement</li> <li>CD Assurance group</li> <li>UNITY electronic patient records</li> </ul>	GAPS IN CONTROLS/ASSURANCE	
	<ul style="list-style-type: none"> <li>Executive Medical Director's Assurance Reports to Q&amp;S Committee and Board</li> <li>Monthly Mortality Dashboard</li> <li>HSMR and SHMI indices</li> <li>ME Community Deaths Reports</li> <li>Medical Examiner Reports</li> <li>NHS Digital Quarterly Data</li> <li>Serious Incident Reports</li> <li>Legal Quarterly Report</li> <li>Never Events Reports</li> <li>PROMS metrics</li> <li>Commissioner and NED quality visits</li> </ul>	<ul style="list-style-type: none"> <li>GDON and Matron announced visit audit reports</li> <li>Executive Chief Nurse's Nursing Assurance Reports to Q&amp;S Committee and Board</li> <li>Safe Staffing Reports</li> <li>FFT reports</li> <li>Back to the Floor reports</li> <li>Perfect Ward audit reports</li> <li>15 Steps audit reports</li> <li>Perfect Ward exception reports</li> <li>Clinical group Quality Reports</li> <li>Chief Nurse Quality &amp; Safety Review Process</li> </ul>	<ul style="list-style-type: none"> <li>A lack of Continuous Quality Improvement Method in place.</li> <li>Overall Quality Dashboard not in place to support understanding and sharing of excellence and learning in its own systems and processes</li> <li>Group Dashboards not in place to support understanding and sharing of excellence and learning in its own systems and processes</li> <li>Risk of a lack of engagement and implementation of the patient strategy Fundamentals of care Engagement Safe and skilled Workforce not where it needs to be.</li> </ul>

ACTION PLAN		
DETAILS	PROGRESS	TARGET DATE / RESPONSIBILITY OF:
<ul style="list-style-type: none"> <li><span style="color: green;">●</span> The Trust is currently deciding on the approach for Continuous Quality Improvement (CQI) Implementation programme for QI methodology. Once agreed it will see staff across all levels of the organisation trained in quality improvement skills. By doing so, we will have a shared way of doing things, making it easier to work together and have a positive impact on care delivery.</li> </ul>	The temporary project team across Improvement, Innovation and Clinical Effectiveness have begun to map the journey the organisation will go on in a four-stage gateway process.  A Board Development Session is planned in July that includes the Group Triumvirates. We expect that the output from the session will provide us with the material to produce the mandate which includes starting to align around the future vision	March 2023 Chief Strategy Officer
<ul style="list-style-type: none"> <li><span style="color: green;">●</span> Fundamentals of Care Dashboard and Mortality dashboard to be developed and reported on through the governance system. This will improve our patient experience and clinical outcomes.</li> </ul>	The draft strategy was presented at Q&S and POD in May 2022.  There is a planned launch our fundamentals of care approach across the organisation in September 2022.	September 2022 Chief Nurse & Chief Medical Officer
<ul style="list-style-type: none"> <li><span style="color: green;">●</span> Reporting dashboard development for specialty areas in relation to Fundamentals of Care. There are several Achieving Clinical Excellence (ACE) components within FOC that will support learning and sharing within the Trust.</li> </ul>	Work is underway to agree what metrics the dashboard will be reporting on so we can monitor progress.	October 2022 Chief Nurse
<ul style="list-style-type: none"> <li><span style="color: green;">●</span> Ensure that the Fundamentals of Care are implemented, understood through an engagement plan which includes, patient and stakeholder engagement sessions and Staff engagement sessions. This will support the Trust to gather a frontline view of where services are not meeting expectations.</li> </ul>	Between May and August 2022 there are a number of engagements sessions planned	October 2022 Chief Nurse
<ul style="list-style-type: none"> <li><span style="color: green;">●</span> Recruitment and induction process refinement for senior medical staff, Nursing staff, Midwifery and NHPs. This will feature within the newly developed People Plan which aims to remedy to our long-standing recruitment challenges and retention issues.</li> </ul>	The People Plan is being developed and managed through POD.	October 2022 Chief People Officer

## Strategic Objective: Patients - To be good or outstanding in everything we do

<b>Risk Ref:</b>	BAF 002	<b>Cause:</b>	<ul style="list-style-type: none"> <li>Lack of clarity regarding commissioning arrangements</li> <li>Uncertainty regarding the impact of Acute Care collaboration</li> <li>The unknown impact of the establishment of ICSs and ICPs</li> <li>Failure to return financial grip to the system</li> <li>Incomplete or poorly implemented sustainability plans</li> </ul>
<b>Risk:</b>	There is a risk that the Trust fails to make best strategic use of its resources		
<b>Date Created:</b>	April 2022		
<b>Lead Committee:</b>	Finance, Investment & Performance Committee		

<b>Executive Lead(s):</b>	Chief Finance Officer	<b>Risk Rating:</b>	Consequence	Likelihood	Score	<b>BAF Risk Review Date:</b>		
<b>Existing Risk Appetite:</b>	Cautious		Residual Risk (with current controls):	4	4		16	<b>Last Review:</b> 29 <sup>th</sup> July 2022
<b>Aspirational Risk Appetite:</b>	Seek		Target Risk (after improved controls):	4	1		4	<b>Next Review:</b> 28th October 2022

CONTROLS & ASSURANCES		GAPS IN CONTROLS/ASSURANCE
CONTROLS	ASSURANCES	
<ul style="list-style-type: none"> <li>West Birmingham Finance Sub-Group meeting monthly.</li> <li>West Birmingham CEO oversight meeting monthly.</li> <li>System reset Board meeting monthly.</li> <li>Appropriate membership on the ICB</li> <li>Cost allocation work against commissioning activity. Level 2</li> <li>Development of system wide costing activity L2</li> <li>ICS DoFs Group</li> <li>Development of a Provider Collaborative(s)</li> <li>Develop of BC partnership</li> <li>Monthly attendance at ICP Boards</li> <li>ICS ICP budget workstream</li> </ul>	<ul style="list-style-type: none"> <li>HFMA Payments and Specialised Commissioning Committee</li> <li>Development of Trust and system costing strategy</li> <li>MMUH Business Case Refresh</li> <li>ICS financial planning framework.</li> <li>Medium Term cost model</li> <li>22.23 financial plan</li> <li>Financial Strategic Plan</li> <li>Demand management with system partners through Urgent /Planned Care system Board.</li> <li>Benchmarking</li> <li>Budget setting</li> <li>Refresh unlaying financial position</li> </ul>	<ul style="list-style-type: none"> <li>Lack of clarity regarding commissioning arrangements</li> <li>Uncertainty regarding the impact of Acute Care collaboration</li> <li>The unknown impact of the establishment of ICSs and ICPs</li> <li>Failure to return financial grip to the system</li> <li>Incomplete or poorly implemented sustainability plans</li> </ul>

ACTION PLAN		
DETAILS	PROGRESS	TARGET DATE / RESPONSIBILITY OF:
Complete the cost allocation work against commissioning activity.	On Going	December 2023      Chief Finance Officer
Develop and implement costing strategy and plan aligned to system providers	On Going	December 2023      Chief Finance Officer
Agree Finance Well led action plan on use of Resources	On Going	October 2023      Chief Finance Officer
Model Hospital data agreed and reported on through FIP to help provided benchmarked insights across the quality of care, productivity and organisational culture to identify opportunities for financial improvement.	On Going	October 2022      Chief Finance Officer
Redesign financial reporting to ensure a triangulated and informed view of I&E, and supporting cash (linked to I&E) and capital detail	On Going	October 2022      Chief Finance Officer
Establish the Business Investment Group and use to drive right behaviours	On Going	October 2022      Chief Finance Officer
Complete affordability model, secure funding sources, support tracking against the plan, Logistics preparation	Report to FIPC and MMUHOC July 22 (regular reporting on this)	October 2022      Chief Finance Officer

## Strategic Objective: People - To cultivate and sustain happy, productive, and engaged staff

<b>Risk Ref:</b>	BAF 003
<b>Risk:</b>	There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce
<b>Date Created:</b>	April 2022
<b>Lead Committee:</b>	People & OD Committee

<b>Cause:</b>	<ul style="list-style-type: none"> <li>Lack of clarity regarding commissioning arrangements</li> <li>Uncertainty regarding the impact of Acute Care collaboration</li> <li>The unknown impact of the establishment of ICSs and ICPs</li> <li>Failure to return financial grip to the system</li> <li>Incomplete or poorly implemented sustainability plans</li> </ul>
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<b>Executive Lead(s):</b>	Chief People Officer
<b>Existing Risk Appetite:</b>	Open
<b>Aspirational Risk Appetite:</b>	Significant

<b>Risk Rating:</b>	Consequence	Likelihood	Score
Residual Risk (with current controls):	4	4	16
Target Risk (after improved controls):	4	1	4

<b>BAF Risk Review Date:</b>	
<b>Last Review:</b>	27 <sup>th</sup> July 2022
<b>Next Review:</b>	26 <sup>th</sup> October 2022

CONTROLS & ASSURANCES	
CONTROLS	ASSURANCES
<ul style="list-style-type: none"> <li>ICS workforce programme to manage demand and competition in the system in collaboration with partners</li> <li>Membership of the ICS People Committee</li> <li>Assertive recruitment to areas with chronic vacancy challenges</li> <li>National payment mechanisms and banding panels</li> <li>Remuneration Committee</li> <li>R&amp;D Strategic Plan</li> <li>Training in research skills</li> <li>PA allowances for research</li> <li>Job planning and advertising</li> <li>Refreshed Values and Behavioural Framework</li> <li>Focus on staff health and wellbeing</li> <li>Restoration and Recovery Group</li> <li>NHSE&amp;I Quarterly Pulse Check Survey</li> <li>National Annual Staff Survey</li> <li>Friends and Family Test</li> <li>Provider Collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>Learning, Development and Education Committee</li> <li>Best quality environment and facilities ("intuitive technology")</li> <li>Recruitment Policy and processes</li> <li>Stabilisation Plan</li> <li>Retention Plan</li> <li>Career development pathways</li> <li>Lateral opportunities into other roles</li> <li>Talent Management Plan (TBD)</li> <li>National Pioneer "Flex for Work Programme"</li> <li>Leadership and Board Development</li> <li>Accredited Managers Programme</li> <li>Consultant Leadership Programme</li> <li>EDI Plan and Policies</li> <li>ICS Anti-Racism Pledge and Action Plan</li> <li>Disability Confident Checklist</li> <li>Stonewall Checklist</li> <li>Freedom to Speak Up Guardian</li> <li>Staff Network</li> </ul>

GAPS IN CONTROLS/ASSURANCE
<ul style="list-style-type: none"> <li>Scope of work for external partner being clearly defined. Resource request being approved as part of the MMUH OD submission and link with other work streams such as values being clearly mapped.</li> <li>Evaluation of findings from pilot and opportunity to replicate learning as part of CQI work programme is required.</li> <li>Need to have a link with E-Rostering and E-Job Planning work programme to be explored to ensure the aims of the work streams are appropriately aligned. Risks to operational delivery to be identified</li> <li>Mapping of values against leadership development framework and the use of these in the change management process for MMUH.</li> <li>EDI Strategy needing to be developed setting out future work plan along with reviewing leadership accountability and oversight</li> <li>Needs to reflect the values as identified above and be accessible to all.</li> <li>Reviewing leadership accountability and oversight</li> <li>Performance management approach to be identified along with embedding into leadership framework</li> <li>Interdependence with decision making in respect of resource request</li> <li>Lack of oversight by Workforce Development and Transformation Committee to ensure links with the broad Leadership development and Resourcing Strategy.</li> <li>Links with Research and Innovation need to be strengthened.</li> </ul>

ACTION PLAN		
DETAILS	PROGRESS	TARGET DATE / RESPONSIBILITY OF:
<ul style="list-style-type: none"> <li>New Trust wide Staff Values to be agreed and in place. These will act as the core principles that the Trust and its people should live by. Once our values and behaviours are finalised, we need to ensure that these are embedded across the Trust, running through everything we do at work including decision-making, how we recruit and our PDR processes.</li> </ul>	<p>Considerable engagement internally has already taken place through workshops, interviews and Q&amp;A sessions. During February and March we carried out an employee voice campaign to allow colleagues across the Trust to share their views to contribute to our new values. Two leadership sessions has also been carried out with the Trust Board. Further engagement work has happened across the Trust following which we will launch at the Annual leaders conference in September.</p>	<p>August 2022      Chief People Officer</p>
<ul style="list-style-type: none"> <li>Leadership Development Framework agreed and implemented. The Leadership Framework provides a consistent approach to leadership development for staff in the Trust irrespective of discipline, role or function, and represents the foundation of leadership behaviour.</li> </ul>	<p>In progress due to come to POD Committee</p>	<p>September 2022      Chief People Officer</p>
<ul style="list-style-type: none"> <li>EDI Strategy agreed and implemented. To set out our vision, aims and objectives for equality across the Trust and is intrinsic to the People Plan</li> </ul>	<p>In progress due to come to POD Committee</p>	<p>September 2023      Chief People Officer</p>
<ul style="list-style-type: none"> <li>Behaviour Compact linked to Values to be agreed and implemented.</li> </ul>	<p>Engagement planned for Q2 following sign off of values</p>	<p>October 2022      Chief People Officer</p>
<ul style="list-style-type: none"> <li>Development of an Advanced Clinical Practice (ACP) Strategy to support the recruitment, development and retaining the Advanced Practice workforce.</li> </ul>	<p>Foundation doctor and Advanced Clinical Practitioner post expansion paper produced for CLE in May 2022.</p> <p>Further work to be undertaken before the final strategy is agreed.</p>	<p>December 2022      Chief Medical Officer</p>
<ul style="list-style-type: none"> <li>Education and Employment Strategy for the Learning Campus</li> </ul>	<p>Stakeholder meetings have taken place throughout May and will continue into June 2022.</p>	<p>March 2023      Chief People Officer</p>

## Strategic Objective: Population- To work seamlessly with our partners to improve lives.

<b>Risk Ref:</b>	BAF 004
<b>Risk:</b>	There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation
<b>Date Created:</b>	April 2022
<b>Lead Committee:</b>	Integration Committee

<b>Cause:</b>
<ul style="list-style-type: none"> <li>Inadequate or inappropriate foundations for effective collaborative working across the system (Sandwell)</li> <li>Ineffective delivery of a shared plan across health and social care (Perry Barr)</li> </ul>

<b>Executive Lead(s):</b>	Chief Integration Officer
<b>Existing Risk Appetite:</b>	Open
<b>Aspirational Risk Appetite:</b>	Seek

<b>Risk Rating:</b>	Consequence	Likelihood	Score
Residual Risk (with current controls):	4	4	16
Target Risk (after improved controls):	4	1	4

<b>BAF Risk Review Date:</b>
<b>Last Review:</b> 27 <sup>th</sup> July 2022
<b>Next Review:</b> 26th October 2022

CONTROLS & ASSURANCES	
CONTROLS	ASSURANCES
<ul style="list-style-type: none"> <li>Partnership Board/Groups and meetings in place.</li> <li>Business Case developed.</li> <li>PMO/Project in place and reporting.</li> <li>Alliance agreement in draft for Sandwell partners</li> <li>Interim Governance structure in place and working but requires additional definition and documentation to comply with new white paper for March 23</li> <li>Integration of performance data across the partnership is being progressed and reported to the Integration Committee.</li> <li>reviewed by SHCP Board Long-term workforce model</li> <li>Place based plans</li> <li>Case for change agreed in principle by all partners</li> </ul>	<ul style="list-style-type: none"> <li>Monthly report to Board and partner organisations.</li> <li>Partnership Risk log</li> <li>Shared vision and objectives in production and will be tracked through assurance process</li> <li>Leadership Surveys and OD programme</li> <li>Outcomes based decisions seen as a precursor to Commissioning for Outcomes</li> <li>External assessment - CQC/Audit.</li> <li>Place Based peer reviews</li> <li>Health and Wellbeing Board Reporting.</li> <li>Overview and Scrutiny Committee.</li> <li>Delivery Plans with milestone owned by partners</li> <li>ICS Financial Framework</li> <li>Partnership Development Team</li> <li>JSNAs at place level outlining needs assessment for the population</li> </ul>

GAPS IN CONTROLS/ASSURANCE
<ul style="list-style-type: none"> <li>A single operating plan for the partners working jointly on place</li> <li>A clear view of the health inequalities for the population we serve and the key areas of public and wider health focus</li> <li>A lack of live date based on the needs of the population. This will inform the plan that is scoped in the previous action</li> <li>Formal governance that will close the due diligence gaps set out on governance and decision making in the white paper</li> <li>Formal contractual form as a place provider ready for April 23. This is a strategic step and may not be required for this date</li> <li>Timelines to map and how progress being made by each intervention. This is to link to the Board Level Metrics</li> </ul>

ACTION PLAN		
DETAILS	PROGRESS	TARGET DATE / RESPONSIBILITY OF:
<ul style="list-style-type: none"> <li>Refresh strategic case for Healthy Communities, ensuring appropriate focus on reducing health inequalities and alignment of strategic objectives across partner organisations.</li> </ul>	Work that will be coordinated by the Healthy Community workstream which will set the foundation tone for the partnership delivery to citizens (On Track)	September 2022      Chief Integration Officer
<ul style="list-style-type: none"> <li>Develop population health management strategy across Sandwell and PCNs including the deployment of the population health module (Digital work stream).</li> </ul>	The basis of this work has started with some manual data extracts, but this work is dependent on delivery of the system shared care record first which is due in Pilot in September 22 (Data extracts are now running and target date on track)	March 2023      Chief Integration Officer
<ul style="list-style-type: none"> <li>Develop robust governance and legal frameworks for Sandwell with devolved responsibility to the host (SWB) structure. This should include an outline governance structure that shows the links to other committees and acknowledge the transition to holding a formal PBP contract.</li> </ul>	It has been agreed by the Partnership Board that this work now needs to take priority and will form the first part of the due diligence that will advise the partners on progress to the steps in the Place White Paper. It is the intention of the partnership to use the Well Led framework as a model of assurance. (this work is delayed as other Places have just tested the market for support in this area and have failed to support so a review of options is under way)	October 2022      Chief Integration Officer
<ul style="list-style-type: none"> <li>Prepare for implementation of a formal PBP contract under a Lead Provider model as the scope for system and place is established. This will include confirmation of all services in scope and a clear rationale for the change in the context of improving outcomes for the population.</li> </ul>	This work will be started in July once the ICB is established, and the Strategy of System vs Place is resolved	March 2023      Chief Integration Officer
<ul style="list-style-type: none"> <li>Workstreams under the Senior Management Team Leadership to scope and document the plans and the delivery timescales</li> </ul>	First draft of the workstream packs presented to the SHCP Board in June & July. These will continue to evolve over the next 3 months with a formal PMO function being commissioned.	October 2022      Chief Integration Officer

## Strategic Objective: Population- To work seamlessly with our partners to improve lives.

<b>Risk Ref:</b>	BAF 005	<b>Cause:</b>	<ul style="list-style-type: none"> <li>A failure to design and transform inpatient and community-based clinical services</li> <li>A lack of capacity, resource, and capability to deliver and embed sustainable change on time</li> <li>Significant unforeseen variances in activity projections, and patient acuity and dependency across the system</li> <li>Poor programme management</li> <li>Inadequate risk identification and management</li> <li>Suboptimal stakeholder and system transformation at place level</li> </ul>
<b>Risk:</b>	There is a risk that the Trust fails to deliver the MMUH benefits case		
<b>Date Created:</b>	April 2022		
<b>Lead Committee:</b>	MMUH Opening Committee		

<b>Executive Lead(s):</b>	Chief Development Officer	<b>Risk Rating:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Residual Risk (with current controls):</th> <th>Consequence</th> <th>Likelihood</th> <th>Score</th> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center; background-color: red;">16</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center; background-color: orange;">12</td> </tr> </table>	Residual Risk (with current controls):	Consequence	Likelihood	Score	4	4	4	16	4	4	3	12	<b>BAF Risk Review Date:</b>
Residual Risk (with current controls):	Consequence			Likelihood	Score											
4	4			4	16											
4	4	3	12													
<b>Existing Risk Appetite:</b>	Cautious	<b>Last Review:</b> 29 <sup>th</sup> July 2022														
<b>Aspirational Risk Appetite:</b>	Seek	<b>Next Review:</b> 28th October 2022														

CONTROLS & ASSURANCES		GAPS IN CONTROLS/ASSURANCE
<b>CONTROLS</b>	<b>ASSURANCES</b>	
<ul style="list-style-type: none"> <li>Acute Care model – Trust Board assurance in April 2022.</li> <li>Long Term workforce plan – Trust Board assurance in April 2022 and funding approved May 2022.</li> <li>Affordability plan – for workforce as above; MMUH finance report and Memorandum of Understanding with NHP.</li> <li>Integrated master plan working towards readiness May 2023 inclusive; underpinned by robust work stream plans that are fully aligned. Note in action section this will be reset to align to the new construction in August 2022.</li> <li>Communications and engagement plan (with full stakeholder mapping).</li> </ul>	<ul style="list-style-type: none"> <li>Risk register.</li> <li>Effective governance structure from Directorates to Executive Programme Board to Trust Board Committees.</li> <li>Programme Management Office.</li> <li>NHS NHP support and escalation process (in signed Deed of Variation).</li> <li>Peer reviews and supportive relationships through to implementation for major areas of transformation.</li> <li>External assurance on affordability via Trust and ICS financial plan alignment.</li> </ul>	<ul style="list-style-type: none"> <li>Construction progressing.</li> <li>Agreed clinical model and implementation plan; with community and SDEC transformation in progress.</li> <li>Agreed workforce plan with phased funding.</li> <li>Workstreams remain active with documented critical paths and risk registers.</li> <li>Regeneration work eg; Learning Campus progressing well.</li> <li>Continued engagement internally and externally.</li> <li>Assurance accepted on corporate delivery capability and capacity gaps identified and mitigated, e.g., exclusive of workforce which is due to go to committees in July 2022.</li> </ul>
	<ul style="list-style-type: none"> <li>Assurance accepted in clinical and operational capacity to deliver transformation and readiness.</li> <li>PMO RAG rated reporting on master plan delivery.</li> <li>Risk register reported and evidence of effective management and mitigation.</li> <li>Trust Board level metrics tracked against forecast delivery plan.</li> <li>Activity plans tracked.</li> <li>Peer review / gateway evidence outputs for major transformation areas – evidence of learning.</li> <li>Evidence of learning from others and outputs of internal and external deep dives into areas of programme risk and significant risks.</li> </ul>	<ul style="list-style-type: none"> <li>Assurance of alignment with all work streams with new construction programme.</li> <li>Full exception reporting of driver measures and impact measures. This evidence should inform the RAG rating reported by the workstreams.</li> <li>Understand and report forward programme performance.</li> <li>Assurance of corporate and operational//clinical capacity to deliver the programme</li> <li>Data set not yet available to track recruitment.</li> <li>Lack of assurance on scope and resource to deliver recruitment and organisational development plan.</li> <li>Alignment with activity assumptions.</li> <li>Analysis and mitigation plans of significant activity deviation.</li> <li>3rd party assurance on integrated programme.</li> <li>Adequate benefits tracking</li> </ul>

ACTION PLAN		
DETAILS	PROGRESS	TARGET DATE / RESPONSIBILITY OF:
● Rephase the implementation of all workstreams with the new construction programme.	Deep dive review of workstreams scheduled; critical path, risk and KPIs all in scope and scheduled for August / September 2022.	September 2022 Chief Development Officer/ Archus
● Track implementation of the all workstreams by both input activities and impact measures.	The KPIs at workstream level will be presented in August / September 2022	October 2022 Chief Development Officer/ Archus
● Forecast workstreams RAG rating as well as report current RAG status from September 2022.	once deep dives are complete the PMO will forecast performance.	October 2022 Chief Development Officer/ Archus
● Confirm funding for resources (aligned to confirmation of Trust delay costs in NHP review).	Engagement Session with Chief Development Officer, CEO, Chairman and MMUH OC Chair to discuss the forward programme management. Principles of Managing Successful Programmes to be applied to the programme. A proposal will be worked up for September 2022.	September 2022 Chief Development Officer
● Recruit to roles via phased recruitment plan and tracked via MMUH Programme Board.	First draft of the workstream packs presented to the SHCP Board in June & July. These will continue to evolve over the next 3 months with a formal PMO function being commissioned.	August 2023 Chief People Officer
● Workforce capacity for recruitment and organisational development to be presented to the relevant Committees with funding proposal in June /July 2022. Procure agreed resources.	The business cases are due to be presented through the July 2022 committee cycle.	September 2022 Chief People Officer
● Significant activity deviations to be explored and mitigated. Stress test scenarios to be rescoped considering current and highly significant activity increases from non SWBH population and mitigation proposals to be considered by September 2022 both internally and at ICS level.	initial meeting held with ac ting COO, Chief Development Officer and P&I to scope work. Outcome of this work and a full risk assessment due September 2022.	September 2022 Chief Operating Officer
● Reposition programme to be driven by benefits delivery.	Engagement Session with Chief Development Officer, CEO, Chairman and MMUH OC Chair to discuss the forward programme management. Market engagement planned to scope external support. Principles of Managing Successful Programmes to be applied to the programme. A proposal will be worked up for September 2022.	November 2022 Chief Development Officer