

MMUH Programme Risk Register

Remember! A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives

Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequence	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequence	Target Risk Score	Risk Timeline	Escalation to Trust
03-Nov-22	S157	1	Open	Programme	There is a risk that the operational function of services at MMUH is impacted by health population and demographic demand changes	<ul style="list-style-type: none"> <li>Services not fitting within the building.</li> <li>Clinical KPIs are not met.</li> <li>Increase in affordability (revenue).</li> <li>Increase in affordability (capital - further business cases to change)</li> <li>Failure to realise full benefits.</li> <li>Reputational impact</li> </ul>	Liam Kennedy	<ul style="list-style-type: none"> <li>Close monitoring of activity profiles will be occurring on a monthly basis.</li> <li>Forecast created that looks at monthly variation on MMUH position.</li> <li>3rd party lead and facilitated MMUH bed and PLACE based service modelling over a 6 week period ending in March - 23. This work includes PLAN A i) validating demand at ICB and speciality level against attendance, admission profile and LOS/ discharge pathways; ii) validate current plans for WMAIS deflection to Walsall, SDEC, Frailty and cardiology bed day reduction to understand remaining opportunity and risk profile; iii) identify new opportunities and risk profile via evaluation of PLACE based transformation work; iv) Validate opportunities from best practice (PWC - to provide opportunity list) including IPC and 7 day opportunities; v) Impact of changes to occupancy rates.</li> <li>Discussion with BSOL about increase in activity as part of the annual financial planning submissions</li> <li>Bed day modelling refreshed using 22/23 figures and demographic growth. Bed demand versus planned MMUH capacity can now be reviewed by ICB, Speciality and Ward to identify surplus/deficits at those levels. Monitor the Righting dashboard information monthly through group and committees. SDEC document completed for review and sign off at executive level. Plan B paper has been through committee meetings</li> <li>No change LOS changes. Will continue to be monitored</li> <li>Agreed revised urgent care governance and evidenced based approach to LOS will be reviewed and rolled out</li> <li>Frailty SDEC 6 day implement</li> </ul>	<ul style="list-style-type: none"> <li>Righting dashboard - demonstrates success against all areas to date - suggest to review until the new year and then review for downgrading</li> </ul>	5	4	20	<ul style="list-style-type: none"> <li>Further righting scheme developed and will be integrated into the over arching.</li> <li>Reviewing of right wing 24/24</li> <li>Further opportunities to be reviewed in line with discussion around occupancy versus bed use schemes developed 24/24</li> <li>Review plans around Frailty SDEC due to delay linked to recruitment, recruitment timelines 24/24 - new plan identified for frailty delivery for the 4/3/24 - continue to monitor through the urgent care delivery group</li> <li>Agreed revised urgent care governance and evidenced based approach to LOS will be reviewed and rolled out by 20/24</li> <li>Modelling across the system is being conducted to ensure that the end of activity is accurate system modelling complete being discussed at the system modelling meeting on the 5th April. Outputs to be decided and enacted by end of April</li> <li>Winter plan implementation agreed for May committee cycle.</li> </ul>	30/04/2024	Liam Kennedy	3	4	12	<ul style="list-style-type: none"> <li>A - Building Handover (as maintenance and monitoring of Winter Plan 2023)</li> <li>B - Patient Day One (additional right sizing)</li> </ul>	Yes
03-Nov-22	S158	2	Open	Programme	There is a risk of increased financial pressure from changes in health population demand and patient flow impacting clinical requirements for MMUH due to insufficient and timely planning in response to these changes.	<ul style="list-style-type: none"> <li>Financial deficit</li> <li>Increase in affordability (revenue).</li> <li>Increase in affordability (capital - further business cases to change)</li> <li>Failure to realise full benefits.</li> <li>Reputational impact</li> </ul>	Simon Sheppard	<ul style="list-style-type: none"> <li>Regular engagement with the key Integrated Care Boards on the financial affordability is established.</li> <li>Bed night using external review and monthly modelling of the clinical model implications</li> <li>Monitoring of key public health data as early warning signs of changes</li> <li>Quarterly reporting on the financial implications through the MMUH governance and Trust governance.</li> <li>Development of the medium term cost model to reflect the financial impact of changes</li> <li>Black Country ICB to identify MMUH as an exceptional item, awaiting confirmation from NHSE</li> <li>Presentation of the MMUH case (clinical, workforce and financial model) to the Black Country Provider Collaborative</li> <li>Monthly monitoring of patient activity</li> <li>Reporting through to FPC of patient activity levels compared to the planned levels</li> <li>Refresh of the Medium Term Cost Model (MTCM) reflecting the outcome of the 2023/24 plan and latest demand assumptions</li> <li>Provider Collaborative engagement regarding the use of ICB growth monies to support MMUH - risk based approach including OIA</li> <li>Financial review as an integral part of the PAR review, and subsequent actions.</li> <li>NHSE to complete their review of the incremental costs of MMUH</li> <li>Submit B of the workforce business cases to NHSE for further review</li> <li>High level analysis of the increase in WTE of 1000+ to be provided to NHSE (03/11/23)</li> <li>Private Trust Board session on 10 January 2024 to discuss the financial position</li> <li>Follow up meeting with NHSE to discuss financial due diligence review (2 January 2024)</li> </ul>	<ul style="list-style-type: none"> <li>Monthly reporting to TMC, MMUH Programme Group, FPC and MMUHOC</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>Follow up meeting with NHSE to discuss financial due diligence review (February 2024)</li> <li>Paper on the BSOL Investment Committee (22 Feb)</li> <li>Awaiting feedback from both of the above sessions</li> </ul>	31/03/2024	Simon Sheppard	2	5	10	<ul style="list-style-type: none"> <li>A - Building Handover (linked to 2024/25 planning)</li> <li>C - Ongoing Transfer to BAU</li> </ul>	Yes
03-Nov-22	S159	3	Open	Programme	There is a risk of delay to opening and safe transition of services due to lack of operational readiness therefore impacting on commissioning, clinical services, clinical support and workforce.	<ul style="list-style-type: none"> <li>Delay to decommissioning</li> <li>Increase in affordability</li> <li>Reputational impact</li> <li>Workforce recruitment and retention issues</li> </ul>	Liam Kennedy	<ul style="list-style-type: none"> <li>Monthly reporting on interdependent activity progress and delay mitigation review.</li> <li>Development of interdependent critical path programme and close monitoring of all critical operational readiness activities across workstreams including key interdependencies</li> <li>Robust risk management at workstream level to mitigate risks with schedule impact.</li> <li>Development and sign off of operational readiness tool kit</li> <li>Delivery of operational readiness checklist</li> <li>Critical Path Review</li> <li>Rephrasing of operational readiness has been completed and reflect in the operational delivery position</li> <li>Output sessions 16th &amp; 17th January to articulate additional actions</li> <li>Operational readiness change approved to rephrase the delivery</li> <li>Review of operational policies completed on 7.2.24, residual work completed by groups by 23.2.24</li> </ul>	<ul style="list-style-type: none"> <li>Monitor Operational readiness dashboard</li> </ul>	4	5	20	<ul style="list-style-type: none"> <li>Draft operational policies and other operational actions complete up to Dec 23 - set of actions to complete before March 2024</li> <li>Sign off of operational policies and BCP in April</li> <li>Scrutiny of BCPs and understanding of delivery to reviewed in EPRR meeting</li> </ul>	30/04/2024	Liam Kennedy	2	5	10	<ul style="list-style-type: none"> <li>B - Patient Day One / Safe Opening</li> </ul>	Proposed - July 2023
03-Nov-22	S168	4	Open	Programme	There is a risk that the construction Completion Date impacts on the operational commissioning	<ul style="list-style-type: none"> <li>Delay to the overall commissioning period</li> <li>Delay to the opening and safe transition of services to MMUH</li> <li>Delay to decommissioning programme, including delay to Homes England Contract and prolonged running of existing estate</li> <li>Increase in affordability</li> </ul>	Richard Molloy	<ul style="list-style-type: none"> <li>Working closely with BB and Gleeds each month to monitor construction progress and delay mitigation measures.</li> <li>Regular scenario planning and Gleeds deep dives added to programme to review the situation regularly.</li> <li>Gleeds and NHP provide assurance on accepted programme and Balfour Beatty performance which informs mitigations and actions.</li> <li>Scenario planning and alternative commissioning plans to develop mitigation actions should construction Completion extend beyond December 2023. Delay costing being developed. Further update will be provided following RP4 review (28/04/2023)</li> <li>Delay Scenario - Option B has been issued to Balfour Beatty as possible mitigation to ensure Activation can commence as planned on 28th March 2024. Further workshops to be undertaken with Balfour Beatty to establish an agreed scope of works.</li> <li>RP2/22/23 have been submitted and rejected due to the stacking of activities. These programmes still indicate a May 1st 2024 Completion date.</li> <li>Soft Activation is now planned and accepted by Balfour Beatty allowing the commencement of Trust activities from 28th March 2024.</li> <li>Option B has been mobilised and confirmed acceptable by Balfour Beatty. This de risks the 28th March completion date to enable focus on May 1st 24 completion date.</li> <li>Further Detailed assessments are currently being undertaken to ascertain if the 8 key BB delayed workstreams could impact the Activation Programme.</li> <li>Have assumed activation starts 1st June, continue soft activation with any critical path activities into May</li> <li>Reviewed and reconfirmed BB red line items towards PC date, agreed red line as to which the Trust cannot accept the building</li> </ul>	<ul style="list-style-type: none"> <li>Weekly SMT and monthly POB and PEB meetings will be used for escalation on BB performance. (Ongoing)</li> <li>Accountable Officers for BB, Trust weekly meetings. (ongoing)</li> <li>NHP meetings (ongoing)</li> <li>National CEO level and Central Government involvement</li> </ul>	5	5	25	<ul style="list-style-type: none"> <li>RP25 shows 8 key workstreams passed the planned completion date 1st May 24. These activities could impact the Activation Phase. Current Trust Red RAG items indicate 30-05-24 completion</li> <li>Weekly red line review</li> <li>NHP leading on an investigation mechanism to protect PC for 1st June</li> <li>Awaiting delay cost payment to be confirmed</li> </ul>	28/03/2024	Richard Molloy	2	5	10	<ul style="list-style-type: none"> <li>A - Building Handover</li> </ul>	Yes
03-Nov-22	S169	5	Open	Programme	There is a risk that the workstreams are not fully integrated and issues occur which were not known/foreseen because the programme and Core Organisation (BAU) interdependencies were not identified.	<ul style="list-style-type: none"> <li>Delays across workstreams (unplanned, unintended)</li> <li>Undefined scope gaps not being addressed by workstreams, impacting overall delivery</li> <li>Impact on clinical pathways and physical assets (buildings and operational systems)</li> </ul>	Rachel Barlow	<ul style="list-style-type: none"> <li>MMUH Exec in place monthly MMUH Executive Quad Plus MMUH Directors meeting established fortnightly</li> <li>Core Organisation membership on MMUH Programme Group with Managing Director membership.</li> <li>Workstream stakeholder relations mapped (inclusive or core organisation)</li> <li>Workforce Oversight Group established to ensure alignment on core and MMUH Workforce progress from 3rd party assurance reviews.</li> <li>FOC and hospital standardisation aligned to a single project.</li> <li>Clinical support single leadership proposal agreed at March 2023 MMUH Programme Group and subject to MOC.</li> <li>Assurance on workstream level governance to be assessed for assurance purposes.</li> <li>JID template for workstream, quad and projects provided. SOP for programme population established.</li> <li>QA review of programmes undertaken by PMO Lead</li> <li>Annual plan aligns with MMUH programme for beds and workforce.</li> <li>Risk and Audit committee accepted the red workstream report in May 2023.</li> <li>Rebase lining approved in July 2023, including clear windows for practical completion and move.</li> <li>Further reduction in red maturity assessment as a result of the workforce improvement sprint closed in July 23.</li> <li>Operational readiness governance in place.</li> <li>Monthly workstream maturity assessment continues to provide delivery assurance in the Programme.</li> <li>PAR review completed in October - report received</li> <li>Programme Closure Plan approved (formerly referred to as Exit Strategy).</li> <li>EQUANS deep dive completed Reasonable assurance based on completion of recommendations.</li> <li>FOC master plan accepted November 2023.</li> <li>MMUH now mainstreamed into weekly executive meetings to enable optimal integration with business as usual and create alignment with dual workstream and core executive workstream owners.</li> <li>Critical path review completed and priorities shared at TMC - this will be a regular review process to protect the critical path.</li> <li>Mandated meetings and activities agreed through Strategic Incident Executive meetings to maintain critical path / essential activities Programme handover and closure process agreed via Programme Group.</li> <li>Assurance on PAR accepted and reasonably assured at Audit Committee.</li> <li>Key programme risks to planned completion and opening are consistent and specific: construction, bed fit, UTC plans, finance.</li> </ul>	<ul style="list-style-type: none"> <li>Assurance on workstream level governance to be assessed for assurance purposes - QA review to be repeated quarterly.</li> <li>Undertaken monthly by PMO as part of dashboard report development</li> </ul>	3	4	12	<ul style="list-style-type: none"> <li>Focus on EQUANS interdependency with construction is documented as a separate risk interdependency focus is at patient pathways and service level - this will be concluded for May 2024.</li> </ul>	30/05/2024	Rachel Barlow	2	4	8	<ul style="list-style-type: none"> <li>A - Building Handover</li> </ul>	No

03-Nov-22	5160	6	Open	Programme	There is a risk that delayed practical completion impacts on the safe opening of MMUH due to a requirement to reduce the clinical commissioning period and achieve first patient move.	<ul style="list-style-type: none"> <li>Delay to opening and safe transition of services (clinical services, clinical support, IT, Workforce) or inadequate commissioning period to enable a safe opening</li> <li>Increases revenue</li> <li>Delays decommissioning programme</li> <li>Reduced commissioning period which would compromise testing and readiness assessments</li> </ul>	Rachel Barlow	<ul style="list-style-type: none"> <li>The commissioning workstream is very well established and is clear on scope to ensure it can support what is required for day 1</li> <li>Scenarios have informed a 26 week minimum commissioning period.</li> <li>The MMUH Programme Company have reviewed National Audit Officer reports on lessons learnt from major programmes across a range of sectors. This research is informing the view of a 26 week commissioning period aligned with key suppliers commissioning activities and an advisory sanctioned move period by the strategic move partner Health Care Relocations.</li> <li>Rebase lining approved in July 2023 which includes a 26 week commissioning period.</li> <li>Initial review of Trust commissioning plans held with NHP in July 23.</li> <li>BB and Trust programmes updated monthly to ensure critical interface milestones align between commissioning plans.</li> <li>Trust risk assessment completed to inform technical commissioning options post practical completion and NHP providing more documented lessons learnt which informs the Programme to continue to protect the 26 week commissioning period.</li> <li>Lessons learnt continue to inform activation plan eg Manchester Trauma Centre.</li> <li>PAR review completed October 2023 - outcome and responses recorded and tracked</li> <li>Activation workshop with NHP completed</li> <li>Soft activation commenced 28.3.24</li> <li>Critical milestones for BB identified in Soft activation to determine a PC no later than 16.2.24</li> </ul>	<ul style="list-style-type: none"> <li>Gateway reviews</li> <li>Lessons learnt evidence (NHP HCR, Brighton, Manchester etc)</li> <li>BAF</li> </ul>	3	5	6	SRO continues to work with NHP to agree contractual incentives to hold BB to account for Soft activation deliverables to protect the 1st June 2024 planned completion 12.4.24	02/04/2024	Warren Grigg/Richard Molloy/Jayne Dunn	2	5	10	A - Building Handover	No
03-Nov-22	5170	8	Open	Programme	There is a risk that there is an inability to deliver safe staffing requirements due to internal recruitment processes and market supply.	<ul style="list-style-type: none"> <li>Staff shortages in critical areas impacting on the ability of the Trust to deliver on care</li> <li>Clinical pathway derogations</li> <li>Reputational impact</li> <li>Financial consequences outside of our annual planning affecting affordability</li> </ul>	James Fleet	<ul style="list-style-type: none"> <li>Specialist external support has been commissioned to provide access to a wider reach of resources to support the recruitment plans for the MMUH.</li> <li>Dedicated leadership has been provided to the workforce workstream via the MMUH Delivery Director who has sole accountability.</li> <li>Communications plan with groups/critical leads for clarity on recruitment, to be explored (28/02/2023) - complete</li> <li>3rd party report on workforce maturity and next steps complete</li> <li>Check and challenge of progress of recruitment. Meetings to commence 6th February 2023. (Ongoing)</li> <li>Review of hard to fill recruitment taken through April governance cycle detailing improvement in key areas. Outsourcing of recruitment function</li> <li>Extended contract with external recruitment partner in place, with agreed KPIs and core resources to support and track delivery against trajectory (May 2023)</li> <li>Enhanced Assurance reporting in place. (forecast and actual) recruitment against plan. (On-going weekly)</li> <li>Develop first draft Sprint plan and circulate (24/05/2023) - first draft complete, editing of the final version will be complete by 7/6/23</li> <li>Several recruitment events are planned throughout the year to enable Groups to fill both MMUH and BAU posts. (30/05/2023)</li> <li>Stage 1 and 2 posts moved into core budgets for groups to recruit to</li> <li>Phs 1 Dashboard Complete. Positive feedback from imaging</li> <li>Agreed to pursue with clinical posts in spite of funding challenges at committees</li> <li>recruitment dashboard now circulated to all groups</li> <li>Review MMUH clinical models in line with the new clinical group phasing</li> <li>Safe staffing levels for nursing submitted</li> <li>Safe staffing levels approved through committees</li> <li>Full staffing assurance presented through committee cycles in February to feed March Board</li> <li>Ongoing work to increase specifically the ED recruitment work, strategies developed but further work required.</li> <li>To be discussed and considered for transfer to Trust Risk Register (exclusively) (01/03/24)</li> </ul>	<ul style="list-style-type: none"> <li>Quadrant Leads continually track and monitor delivery against trajectory of Sprint Plans.</li> <li>Recruitment dashboard refresh and weekly meetings in place to drive delivery</li> <li>Quadrant Lead approach to be resolved. Interim post holder attending Workforce Governance meetings and reporting</li> </ul>	4	5	10	CPO to review reformatted project/quadrant plan, ensuring it allows for meaningful monitoring of roles essential to the safe opening of MMUH on day one.	30/04/2024	James Fleet	2	5	10	B - Patient Day One / Safe Opening	Yes
03-Nov-22	5163	9	Open	Programme	There is a risk that the scheme is not delivered within the financial envelope (capital) due to lack of ICB and NHP funding to address the shortfall	<ul style="list-style-type: none"> <li>Lack of ICB and NHP funding to address the shortfall resulting in sub optimal outcomes</li> <li>The Trust may need to divert funding from other projects or workstreams.</li> <li>This could impact on the overall capital delivery of the programme.</li> </ul>	Simon Sheppard	<ul style="list-style-type: none"> <li>The MMUH Programme Company will be monitoring all costs associated with the MMUH on a monthly basis and link into the Core Organisation under Trust finances.</li> <li>Monthly reporting to NHP on financials</li> <li>Out of balance changes in costs/spend will be escalated to the MMUH Managing Director to link into the Core Organisation.</li> <li>Development of the medium term cost model to reflect the financial impact of changes.</li> <li>Engagement with NHP through monthly meetings to access, where appropriate, the approved contingency</li> <li>Allocation within the Trust 23/24 capital programme of £750k for change control implications</li> <li>MMUH Procurement Bill of Materials approved through April governance cycle and tracked via the monthly finance report</li> <li>Confirmation of the carry forward of funding from 2022/23 to 2023/24 from NHP</li> <li>Validation of the contingency held by SWB completed and reported for FPC and MMUHOC</li> <li>Refreshing costs associated with any delays to be modelled based on the March 2024 practical completion date, and discussions with NHP colleagues to be finalised and agreed by 10 October 2023 - there are weekly meetings with NHP to support this timeline</li> <li>MOU for £9.98m delay costs for 2023/24 and 2024/25 approved 7 February 2024</li> </ul>	<ul style="list-style-type: none"> <li>Monthly reporting to TMC, MMUH Programme Group, FPC and MMUHOC</li> </ul>	3	5	6	Confirmation regarding the delay costs relating to the £5.6m equipment submission through the NHP Investment Committee - verbal confirmation received, and subsequent approval at the Programme Oversight Board (POB - March) <p>Additional costs of delay modelled and shared with NHP as a worst case scenario if practical completion is delayed from 1 May 2024</p>	30/04/2024	Simon Sheppard	2	5	10	A - Building Handover	No
03-Nov-22	5164	10	Open	Programme	There is a risk of poor engagement with the MMUH Programme with the public, stakeholders and staff due to inadequate communication & engagement resulting in reputational damage for the Trust.	<ul style="list-style-type: none"> <li>Impact upon clinical safety</li> <li>Reputational impact</li> <li>Impact on workforce retention &amp; recruitment</li> </ul>	Jayne Ilic	<ul style="list-style-type: none"> <li>There is a Comms &amp; Engagement plan in place to ensure effective communication with the public and staff.</li> <li>Comms and Engagement plan will be updated regularly to ensure up to date information is shared and available for all stakeholders.</li> <li>Dedicated comms and engagement lead within the MMUH Programme Company provides sole accountability.</li> <li>Development of the internal programme to identify reportable key milestones that comms can be produced from.</li> <li>Comms &amp; Engagement scope includes various social media, staff events, public events to ensure robust communication</li> <li>Revision of stakeholder mapping completed</li> <li>Implementation of stakeholder engagement activity</li> <li>Approval of Internal Communications Plan</li> <li>Near Neighbours Group meetings established</li> <li>Re look at stakeholder map - emphasis on design to delivery (30/7/23)</li> <li>Public conversation document relating to MMUH (30/1/2023) - Stroke conversation to conclude December 2023</li> <li>Updated approach to stakeholder engagement to close the gap between the desired target level of engagement and current recorded level, progressing through February 2024 governance cycles to further mitigate this risk.</li> <li>Series of high profile stakeholder visits completed with more scheduled in advance of MMUH Opening</li> <li>Revised comms plan against RSG trajectory aligned with critical timelines, maternity / urgent and emergency care.</li> </ul>	<ul style="list-style-type: none"> <li>External stakeholder bulletin (Monthly)</li> <li>Implementation of internal communications plan (Ongoing)</li> <li>Monthly 6 month look ahead (Ongoing)</li> <li>Review of staff facing / readiness milestones</li> <li>Pulse surveys</li> <li>Communications Oversight Group (fortnightly)</li> </ul>	3	4	12	Appointment of Communications Project Manager to develop Comms campaign programme <p>Updating of Communications workstream programme with milestones, linked to 'big ticket' campaign</p> <p>Engagement for UTC interim solution</p>	26/04/2024	Jayne Ilic	2	4	8	A - Building Handover (staff) Maintain to B - Patient Day One / Safe opening (all)	No
03-Nov-22	5171	11	Open	Programme	There is a risk that the Trust is unable to deliver the MMUH Programme due to resource capability and capacity (leadership & delivery).	<ul style="list-style-type: none"> <li>Integrated programme cannot be maintained, resulting in overall delay</li> </ul>	Rachel Barlow	<ul style="list-style-type: none"> <li>Governance structure has been established for MMUH Programme Company including clarity of roles, responsibilities and objectives in line with MSP principles.</li> <li>Quarterly leadership team development meets are in place. (with the exception recorded in outstanding actions).</li> <li>MMUH Programme Company recruitment completed.</li> <li>Assurance papers on MMUH Programme Company implementation provided assurance in December MMUH Programme Group and January 23 MMUH OC</li> <li>MMUH strategic Executive and Trust Management Board (to include MMUH Programme) established in January 2023.</li> <li>Managing Director structure in place. Clinical Safety Officer appointed in February 2023.</li> <li>Workforce 3rd party review accepted and reported to MMUH OC in April 2023 along with resource plan and improvement approach.</li> <li>PwC confirmed as a delivery partner for the Benefits workstream.</li> <li>New Programme Director in place.</li> <li>New Communications Director in place.</li> <li>Role development and triangulation of objectives with SRO and MMUH Delivery Director to optimise on programme delivery (30/6/23)</li> <li>Workforce maturity assessment has improved to just 2 residual red assessments following on from the improvement sprint.</li> <li>PDR's conversations regarding retention and career planning completed.</li> <li>OD programme scope and resources agreed in August 2023.</li> <li>SWF membership reviewed and meetings transitioning to focus on horizon scan to go / no go and exit, finance and communications.</li> <li>MMUH Exec Quad plus MMUH Directors to meet fortnightly to ensure joint delivery capability in countdown to Go/ No Go decision making and Programme Exit / closure.</li> <li>Chief People Officer now in post, with other Directorate leadership appointments offers a sustainable POD Directorate leadership model.</li> <li>Exit strategy now known as the Programme Closure plan agreed in October 2023.</li> <li>Development work with Project Director and Delivery Director Q3 2023- 24</li> <li>Additional resources established in MEC at deputy Director of Operations level and in all critical groups to support MOC and operational readiness.</li> <li>PMO resource reviewed to accommodate comms and UTC work amongst other aspects.</li> <li>MMUH People plan session on career development and wellbeing held in March 2024 which informs a programme of supportive</li> </ul>		3	4	12	Continue to review resilience and team capacity along side delivering people career development and wellbeing plans. <p>SRO reappraised to NHP for senior support to create increased resilience</p>	09/04/2024	Rachel Barlow	2	3	6	C - Transfer to BAU (via Exit Strategy)	No
03-Nov-22	5165	12	Open	Programme	There is a risk that the Trust has financial pressure (deficit) due to a failure to deliver the MMUH Benefits Case.	<ul style="list-style-type: none"> <li>Trust has an annual and underlying deficit</li> <li>Restricted access to capital funding due to a deficit position</li> <li>Increased controls required and/or NHSE regulation</li> <li>Reduced ability to invest to new clinical pathways / developments</li> </ul>	Simon Sheppard	<ul style="list-style-type: none"> <li>A benefits workstream has been established to ensure sole accountability and to realise benefits, with external support</li> <li>Align benefits programme with core efficiency &amp; productivity programme</li> <li>Identify SRO's for the key SWB benefits (via a filter of all identified benefits)</li> <li>Interim final report received 24 February. Final report to Board workshop</li> <li>Engagement sessions with the Black Country and BSOL C&amp;B Boards.</li> <li>Discussion at MMUH Executive Group on 6 June 2023 clarified and approved the responsibilities and Executive accountabilities for the operational benefits</li> <li>Strategic Benefits Realisation Group establishment with inaugural meeting in December 2023</li> <li>Development of a stakeholder heat map to identify the relationship of the benefits (operational and strategic) with the differing stakeholders (01/8/23)</li> <li>Presentation of the draft benefits dashboard in the November reporting cycle (5/11/2023)</li> <li>Confirm the actions required in response to the PAR feedback (4/12/2023)</li> <li>Review workstream against the PA gateway checklist 4 as an external benchmark (30/1/2023)</li> <li>Operational benefits of beds and workforce reporting through the quarterly benefits report</li> <li>Draft benefits and efficiency structure proposed to the Exec Group (31/12/2023). Further discussions with the wider Executive team in February 2024</li> <li>Finalised the benefits handbook</li> <li>Quarterly meeting of the Strategic benefits group</li> </ul>	<ul style="list-style-type: none"> <li>Monthly reporting to TMC, FPC and MMUHOC</li> </ul>	3	5	6	Implement the actions required in response to the PAR feedback (30/04/2024) <p>Finalise the overall Improvement &amp; Efficiency structure (incorporating MMUH benefits) by the end of February to support further discussion and approval at the Trust Board in March (31 March 2024) - Board supported an initial 4 month extension <p>Critical next step is to propose a recurrent and substantive structure to support the Trust Financial Improvement Plan (FIP) incorporating the operational benefits from MMUH (31 May 2024)</p> </p>	30/05/2024	Simon Sheppard	2	5	10	C-Ongoing Transfer to BAU	No

03-Nov-22	5166	13	Open	Programme	There is a risk that the safe staffing levels required to deliver the models of care, based on externally validated good practice, and patient benefit are not achieved due to them not being fully funded. The impact could lead to unsafe derogations.	<ul style="list-style-type: none"> <li>Sub-optimal models of care and patient outcomes</li> <li>Reputational impact</li> </ul>	Simon Sheppard	<ul style="list-style-type: none"> <li>Regular engagement with the key Integrated Care Boards on the financial affordability</li> <li>Engagement with NISE regional teams on specific issues e.g. capital charges as a consequence of MMUH</li> <li>Quarterly reporting on the financial implications through the MMUH governance and Trust governance</li> <li>Delivery of the 2022/23 financial recovery plan</li> <li>Development and implementation of the one and three year efficiency and productivity plan (supported by the MMUH realisation workstream)</li> <li>Monitoring and reporting of the Trust's financial position in the context of overall position and MMUH specific</li> <li>Development of the medium term cost model to reflect the financial impact of changes - and in particular the financial plans for 2023/24 and 2024/25</li> <li>6 monthly reviews and Board approval of nursing staffing levels</li> <li>SWH Chief Exec to write to the NHS Director of Finance regarding MMUH funding and clinical models (05/05/23)</li> <li>Board paper approved the recruitment of 44 beds of Stage 3 posts to support activation (08/09/2023)</li> <li>Clinical model workforce derogations to be modelled (30/09/23)</li> <li>Review the recruitment position of the original 272 beds (22/02/2024)</li> <li>Finalise the QIA of the 18 beds in Phase 3 including the monthly trajectory in 2024/25 of being in post (22/02/24)</li> <li>Confirm any additional posts due to changes in clinical models and the trajectory in 2024/25 (22/02/2024)</li> <li>Assess the funding / cost implications of the above (22/02/2024)</li> <li>Quad plus to review the recommended changes to funding to allow the correct allocation of the 484 funding to be allocated</li> <li>Extraordinary MMUHOC on 8 March 2024 to support the staffing proposal</li> <li>Private Trust Board paper on 13 March seeking approval of the remaining stage 3 budget to be released (€7m) - supported subject to OIA and profiling of recruitment</li> <li>Stage 3 posts OIA's and profiled across 2024/25 to reflect a realistic recruitment timeline</li> </ul>	3	5	6	<ul style="list-style-type: none"> <li>SWH CEO letter to the Black Country ICB CEO seeking support for the recruitment to the remaining stage 3 posts (these include the re-prioritisation of posts) - awaiting feedback</li> </ul>	30/04/2024	Liam Kennedy	3	5	6	B - Patient Day One / Safe Opening	Yes
03-Nov-22	5167	14	Open	Programme	There is a risk that the PLACE based interactions between West Birmingham and MMUH are not delivered to the same efficiency as Sandwell resulting in an inequality of care for our population.	<ul style="list-style-type: none"> <li>Hospital fit</li> <li>Clinical care</li> <li>Financial</li> </ul>	Liam Kennedy	<ul style="list-style-type: none"> <li>Closer working relationships are being established between place based boards</li> <li>Chief Integration Officer to manage relationships working with MMUH Programme Company</li> <li>ICB meetings scheduled and in train</li> <li>Escalated to integration committee for future plans for west Birmingham and escalated to BSOL ICB</li> <li>Mapping of differences between the places and gap analysis created to form action plan to address interactions, updated to (05/01/2023) - Jan 23 - update ICB meetings scheduled and concluded</li> <li>Work still on going to highlight the difference in community provision. Completion of work expected by the end of April 30/4/23</li> <li>Joint post agreed wider Birmingham project group now established and feeding into urgent care steering group</li> <li>Chris Holt from BCHC now attends urgent care steering group with updates on some of the inequalities identified</li> <li>2 weekly meetings underway with BCHC executive lead (Chris Holt, Chief Transformation Officer) to drive progress in rightsizing towards winter planning and MMUH</li> <li>BCHC are providing monthly data updates to support and drive progress. This includes UCR activity for LW&amp;PB</li> <li>BSOL ICB have committed to review community services provision for homes based IV therapy (Lead Mandy Nagra, ICS Chief Delivery Officer)</li> </ul>	5	4	10	<ul style="list-style-type: none"> <li>An action plan is being developed to increase UCR activity for LW&amp;PB as numbers are low compared to other areas in Birmingham</li> <li>Appointment and onboarding of BCHC project manager to lead transition on behalf of community services - start date October 2023</li> <li>sent to TD for update on 6/12/23</li> <li>Review discussions to be planned to understand succession planning and subsequent next steps (04/03/24)</li> </ul>	14/03/2024	Tammy Davies	2	4	8	B - Patient Day One / Safe Opening (with monitoring)	Yes
03-Nov-22	5143	15	Open	Programme	There is a risk that there is tension and disruption to essential operational delivery or significant transformation to meet in year priorities and the Trust Strategic Objectives due to conflict between the Core Organisation operating priorities and MMUH Programme Company critical path to deliver the business case benefits.	<ul style="list-style-type: none"> <li>Failure to recruit - impacts on clinical model delivery and potential available derogation</li> <li>Failure to agree budget authorisation to support timely recruitment processes delaying clinical transformation and fit to MMUH</li> <li>Failure to deliver benefits case</li> <li>Impact on the MMUH Programme critical path that impacts on readiness and safe hospital opening</li> </ul>	Rachel Barlow	<ul style="list-style-type: none"> <li>MSP methodology in place with the Core organisation and MMUH Programme structure approved by Trust Board in October 2022. This includes an integrated governance structure which is evidenced by MSP best practice and advocated by the National Hospital Programme</li> <li>Leadership team for MMUH recruitment plan in train to conclude November 2022 with key relationships mapped to the Core Organisation</li> <li>Review of business case delivery including acute care and workforce model and medium term affordability model approved by Trust Board in April 2022</li> <li>MMUH Programme Company governance designed and in place</li> <li>MMUH Programme Company leadership team fully staffed</li> <li>Executive operating structure with core organisation scheduled and in place</li> <li>NED meetings with Trust Committee chairs completed</li> <li>BAF linked to programme risk register</li> <li>MMUH Leadership team fully staffed</li> <li>Managing Directors in post</li> <li>Risk and audit committee paper in February 2023 re governance reached partial assurance</li> <li>Annual plan includes bed day reduction and workforce plans for 2023-24</li> <li>Governance framework for rightsizing established in the core organisation</li> <li>Noted on July 2023 BAF as an escalating risk. Subsequent discussion acknowledged the position and noted intent for Trust Board workshop in August 23</li> <li>MMUH Exec Quad plus MMUH Directors meeting now in place fortnightly to ensure capacity to work through the countdown activities to GoNo Go and Programme Exit/closure</li> <li>MMUH business now mainstreamed into core executive working with dual workstream and core executive ownership</li> <li>Critical path review completed to protect 2024 opening and will be a regular review process for the remainder of the Programme</li> <li>Mandated reviews agreed via Strategic Incident Executive to protect critical path</li> <li>Additional resource in place in clinical groups</li> <li>Trust Board in April 2024 accepted the critical path to open MMUH in October 2024</li> </ul>	4	5	10	<ul style="list-style-type: none"> <li>2024 Strategic Planning Framework clearly sets out the organisations in year and multi-year objectives. This includes MMUH being a very major component of Trust Board work</li> <li>A Programme calendar of work theme focus and activities is now an urgent project (with programme to produce to enable leaders and staff to understand the work load going forward) (DmC) 16/4/24</li> <li>Ensure correct backfill for clinical groups (Jo Newens)</li> </ul>	30.4.24	Rachel Barlow	2	5	10	A - Building Handover (with monitoring)	No
02-Mar-23	5267	17	Open	Programme	There is a risk that a lack of quantifiable evidence for programme quality outcomes will fail to provide sufficient assurance for delivery due to lack of clarity and consistency in metrics and data ownership.	<ul style="list-style-type: none"> <li>Lack of confidence in P&amp;I data, unable to provide assurance to MMUH and Core organisation</li> <li>Lack of data safety leading to delayed interventions where Programme CSFs are not meeting trajectory</li> <li>Failure to track and manage the delivery of workstream and programme outcomes, including the MMUH Programme Benefits</li> </ul>	Deb McInerney	<ul style="list-style-type: none"> <li>Establishment of dedicated P&amp;I resource (2HR roles - Band 8 and band 6 in MMUH Company)</li> <li>Establishment of KPIs and reporting systems to track achievement of workstream and programme outcomes over time</li> <li>Recruitment of dedicated P&amp;I role - completed, in post from 06/03/23</li> <li>Production of workstream quadrant critical success factors at Away Day 3 on 13th March linked to Programme Strategic Objectives</li> <li>Output to be reported to March Opening Committee (31/03/23)</li> <li>Scoping for P&amp;I requirements - requires further development with P&amp;I resource into detailed requirements for system development with timeline/action plan associated (20/03/23) - P&amp;I dashboard currently in development for bed capacity and transformation schemes (00/4/23 - COMPLETE) - Recruitment and resourcing dashboard to be developed (07/05/23) Bed Modelling dashboard complete</li> <li>Outline of work currently underway has been provided which aligns to capacity available and allows for new work to be allocated</li> <li>Completed plan with associated capacity requirements for P&amp;I resource now completed</li> </ul>	3	3	10	<ul style="list-style-type: none"> <li>Agreement of validation process for all measures being reported to committees, including points of ownership (31/01/2024)</li> <li>Recruitment of dedicated P&amp;I role - completed, in post from 06/03/23</li> <li>McInerney, Rachel Heywood Clarke and Amardeep Johal on 16th Jan to agree data validation and ownership and consistent feed into committees. To be discussed at Quad Plus on 17th Jan. Not yet discussed at Quad Plus due to more urgent matters needing the time. The future development and operation of the core P&amp;I team will be picked up as part of BAU</li> <li>Identified an additional resource requirement to increase P&amp;I resilience within the programme company. An individual has been sourced and we are awaiting confirmation of a start date before the contract can be agreed. Anticipated start date will be early April 24</li> <li>Jamil Iqbal is available to start on 10th April 24. A schedule of prioritised work has been agreed at Oversight Committee on 24.2.24 and will be discussed at QUAD plus on 4.4.24. A key part of the work will be aligning the MMUH P&amp;I resource with the core team to facilitate access to data feeds to inform reporting</li> </ul>	14/03/2024	Deb McInerney	2	3	6	A - Building Handover	No
04-Jul-23	5423	22	Open	Programme	There is a risk that due to a range of factors outside the control of the workstream - e.g. ongoing industrial action, unavailability of managers to confirm and action consultation - the proposed MOC plan will be delayed and incomplete.	<ul style="list-style-type: none"> <li>The potential delays may adversely impact the ability to move due to consultation being incomplete</li> </ul>	Liam Kennedy	<ul style="list-style-type: none"> <li>Regular review of MOC programme plans. Any issues escalated appropriately additional STACC in place MOC moving through according to critical timescales</li> </ul>	3	3	9	<ul style="list-style-type: none"> <li>Review the remaining MOC go through to be agreed timeline 30/5/24</li> <li>Review updated to reflect ongoing programme</li> <li>MOC went through Stacc in January with the following exceptions</li> <li>Original STACC - review happening on the 9/2/24</li> <li>Review - review progressing with completion of consultation</li> <li>Review - review will be held in March to discuss to critical path</li> <li>Security - review of approved funding still not concluded, there is c.€100k budget and €200k cost pressure available but needs to be converted to funding for new security model. To be agreed for Stacc by the end of April</li> </ul>	30/03/2024	Liam Kennedy	2	3	6	A - Building handover	Yes
25-Oct-23	5560	25	Open	Programme	There is a risk that due to carve out for emergency CT scanners and an excess growth year on year in CT demand from ED and SDEC current MMUH CT capacity is insufficient and will substantially impact on inpatient and ED flow from patient day	<ul style="list-style-type: none"> <li>Impact on inpatient and ED flow</li> </ul>	Danielle Joseph	<ul style="list-style-type: none"> <li>GD - to re-run activity and referral data for SDEC, ED and IP for 2022-2023 which will show the increase (11/1/23)</li> <li>DJ to re-write programme risk and DS to work with CJ to articulate same risk through Group and MMUH meetings 9/11/23 - Complete</li> <li>DS to meet with W&amp;M on bid opportunity (30/10/23) - complete</li> <li>DJ to then re-run impact of growth on days where demand exceeded demand and expected growth by MMUH (8/2/24) - action now with GD 4)</li> <li>GD to re-run quarterly data (8/2/24) - DS to write a joint paper to P&amp;G for case once demand clearly articulated and risk around growth - this is in progress and likely to be cost neutral due to mobile contracts due to expire (04/3/24)</li> </ul>	3	4	7	<ul style="list-style-type: none"> <li>DS to meet with MEC re growth and demand management - Mobile CT contract to be drafted and in place set for MMUH day one (30/5/24)</li> </ul>	30/05/2024	Darren Smith	2	4	8	Trajectory no move until March 2024 - reduce likelihood to 3 once paper approved and down to 2 once contract agreed	
24-Oct-23	5561	26	Open	Programme	There is a risk of insufficient medical engineering resource for Activation and Move Periods due to low level current core organisation resource & additional temporary resource for activation and move periods. This is both a financial risk and skills/difficult to recruit risk.	<ul style="list-style-type: none"> <li>Delay to commissioning, testing and installing new and legacy medical equipment</li> <li>Potential delay to opening date on safety grounds</li> </ul>	Mark Taylor	<ul style="list-style-type: none"> <li>Additional resource required has been identified and funding request submitted</li> <li>Linked to risk S&amp;P</li> <li>MTS have been approached to provide a quote for medical engineering resource to support activation activities</li> </ul>	4	4	6	<ul style="list-style-type: none"> <li>Confirm available funding (22.03.2024)</li> <li>Commence recruitment (22.03.2024)</li> <li>Develop a plan B for alternative sources of specialist medical engineer resource for Activation &amp; Move periods (30.04.2024)</li> <li>Prioritise installation and testing of essential equipment for First Patient Day and identify a timeline for installation and testing of remaining equipment post First Patient Day (30.04.2024)</li> <li>Funding source to be discussed at Execs on 09/04/2024 (88a)</li> </ul>	22/03/2024	Ian Galligan Vicky Clifton & Louise Cupac	2	4	8		
03-Jan-24	5691	28	Open	Programme	There is a risk that there is disruption to the operational and clinical preparation for the move to MMUH due to pressures from recurrent episodes of industrial action affecting the time which teams and individuals have to contribute to current programme delivery, scenario testing in the activation period and the actual move itself.	<ul style="list-style-type: none"> <li>Disruption to move planning</li> <li>Scenario testing not optimised</li> <li>Disruption to move as a result of sub-optimal planning</li> </ul>	Liam Kennedy	<ul style="list-style-type: none"> <li>Operational reviews at TMC and Group reviews</li> </ul>	4	4	6	<ul style="list-style-type: none"> <li>Identify all groups currently and those at risk of industrial action with the government</li> <li>Prospectively identify dates for any industrial action from any specific healthcare worker groups - No further industrial action dates planned</li> <li>Understand the time lost to industrial action and the subsequent impact on clinical groups of this on operational capacity for MMUH planning</li> <li>Clarify the staff groups and time needed to plan and deliver scenario testing in MMUH during the activation period</li> <li>Review how scenario testing can be delivered in the context of maintaining service delivery (backlog and BAU) and any future periods of industrial action</li> <li>Consider how to engage with unions over strike action that may be planned immediately before or during the move period itself to allow derogation of industrial action during this time</li> <li>Speak to legal teams and unions re how to ensure IA has as little impact on move as possible (protected periods?)</li> </ul>			2	4	8		

25-Oct-23	5729	29	Open	Programme	There is a risk that due to the delay in decision making on a medicines administration end to end process for drug administration, there may not be time to implement and train sufficient staff for MMUH patient day one	Impact on standardised drug administration and safe medicines management	Danielle Joseph	Pharmacy deep dive completed 31st October 23 Pharmacy workshop for w/e 10th November 23 Pharmacy paper through November governance (30/11/23) Commercial engagement with Omnicell 27th December to identify costs and funding models (30/12/23) Capital for ward cabinets in 24/25 plan, request to bring forward to 23/24 to allow delivery on site early 24/25 Project support specifically for ward nurse training programme. Good engagement with nursing leadership across clinical groups (1/2/24) Business case through Feb governance for SMART trolleys with detailed costs and funding options including lease/revenue options (23/2/24) Project management support to be brought into the project to align training, implementation, technical specification and move (14/24)		4	4	6	Training plan to be agreed in and taken through FOC meetings for commencement once ADCs onsite (09/1/24) ESR tracking of staff trained and untrained to be developed through induction tracker (24/1/24) Project in nursing leadership across clinical groups (1/2/24) ADCs likely on site start July (training ADCs x2 on site earlier date tbc) SMART carts in 24/25 capital to be ordered asap (15/4/24)	19/04/2024	Puneet Sharma	2	4	6	to move down to likelihood 3 once equipment on site, down to 2 once critical mass of training achieved
22-Feb-24	5730	30	Open	Programme	There is a risk that the UTC interim solution is not approved through governance, due to a lack of assurances regarding feasibility, patient safety, cost, timescales etc.	Patient safety/ Patient Experience/ Patient Flow and Navigation implications Back log of patients within MMUH ED Delays to the opening of MMUH No co-located UTC Interim Solution	Kulwinder Johal	UTC Interim Solution Workshops UTC Oversight Group Meetings Modelling and Stress-testing of preferred options to provide assurances regarding feasibility, activity, demand, space and resource capacity, UTC Clinical Specification Development of Patient Flow and Navigation Strategy for chosen UTC Interim solution UTC Interim Solution Assurance Report	Project Plan Risk Register Assurance Paper Weekly Meetings	4	4	6	UTC interim proposal due to go to MMUH OC April 2024 a substantive solution needs to be made urgently for general management responsibility for the UTC services ensuring consistency in role in order to manage the end to end project of both interim and substantive UTC services as a single effective project Rachel Barlow to discuss and agree this solution with Daren Fradgley 20.4.24	30/04/2024	Kulwinder Johal	2	3	6	
05-Mar-24	5731	31	Open	Programme	There is a risk that insufficient progress (relative to trajectory) is made with regards to recruiting the hard-to-fill roles, due to market conditions and/or internal recruitment capacity.	Patient safety Service efficiency and wait times Financial (use of bank and agency) Delays to MMUH Programme	James Fleet	Quadrant Leads Weekly Meeting Recruitment Tracker MJ Monitoring of hard-to-fill roles (CVs, Candidates, Interview tracking)		4	4	6	Solution for Interim Change Leads to take a more active approach to recruitment, including leading on short-listing - to allow for a more flexible approach to recruiting Interim Change Lead to work with Trust ESR team to understand headline reasons for employees leaving (in areas with low retention - e.g. ED nursing)	22/04/2024	Jacob Lawrence/ Helen Smart	2	4	6	
14-Apr-23	5410	33	Open	Programme	There is a risk that Pharmacy will be unable to vacate their City site prior to MMUH day 1 due to the construction timeline for developing D43 into a pharmacy hub on the site not aligning with the timelines for vacating the main spine at City Hospital. Initial construction project timelines expect the pharmacy hub to be operational from August 2024.	Impacts support infrastructure such as Security, Portering, catering, cleaning Impacts estates ability to decommission the city retained estate Financial impact from additional resourcing support functions.	Warren Grigg	Close correlation with MMUH construction and commissioning dates required. Close management of design phase with pharmacy clinical team (31/5/23) Critical milestones for user sign off and design sign off in May and July (7/7/23)	Weekly pharmacy/estates project group to manage plans and progress chaired by MMUH Associate Delivery Director for clinical support services.	5	4	10	Work ongoing with procurement which may reduce some time on construction procurement timelines. Close correlation with MMUH construction and commissioning dates required. Current completion date 23/8/24. Construction partners appointed, programme showing completion against original timeline. Current completion date is start August WITHOUT omnicell installation which is a 6-8 week programme. See programme with tender process ESCALATE TO PROGRAMME LEVLS Mitigation meeting scheduled 08/04/24 to discuss dispensary requirements at City site until conclusion of D43	<del>22/04/2024</del> 08/04/2024	Warren Grigg	2	4	6	for escalation to programme risk register, convert to an estates risk and change risk owner to WG- 4 with BCP C
27th September 23	5563	34	Open	Programme	There is a risk that the commencement of Sandwell lab refurbishment required to pull TMP services from the city pathology site is delayed due to a delay to the decommissioning of Sandwell labs level 1	Ability to vacate city site by pathology team.	Warren Grigg	Crane lift overall licence agreed Construction Phase Plan agreed Crane booked for the weekend of 13/14th April, Contractor to commence enabling works from the 10th April		3	4	12	Critical path for pathology works to March 24 construction start Programme in place for handover of level 1 by end of June 24 Delay to commence by estates teams (M13) - DUE TO PEB (PROGRAMME RISK ESCALATION - MOVE TO ESTATES) Commencement in mid-April, 12 week programme finishing mid-July	11/04/2024	Danielle Joseph	1	4	4	B- 3 construction start, 2 construction ends 1 when handover
	NEW	35	Open	Programme	There is a risk that the ways of working between the Trust and EQUANS need to improve in order to enable the collaboration necessary to effectively manage a single integrated hard FM mobilisation, and for the mobilisation deliverables to satisfy the Trust's external technical advisors. This could impact service commencement and a hospital opening in October 2024	Delay to open to patient services, unanticipated delay costs, reputational damage	Warren Grigg	SRO presented to a joint leadership team an open and candid reflection of current working A Project Oversight Board is agreed with TOR and an independent chair: this will report to both Trust and EQUANS executives and the NIP PEB.	POB and PEB	4	4	6	Establish POB (WG) Agree and deliver priority work plan in April, demonstrating local leadership and solutions with appropriate external technical support (WG) 30.4.24 Deep dive for April / May committee to provide assurance on this risk	30.4.24	Warren Grigg	2	4	6	de-escalate for PC, off RR by PT day 1