Programme Stewardship: Human-Centred Board Assurance for Complex Delivery Environments [1]

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Abstract

Project and programme management practice is often described through the language of scope, time, cost, risk and benefits. These remain necessary, but they are not sufficient. In complex delivery environments, particularly in health, estates, infrastructure and resilience-related settings, programme failure is rarely caused by technical deficiency alone. It often emerges where formal plans, board reports, professional expectations, stakeholder confidence, operational readiness and human capacity begin to drift apart. This article argues for a more integrated notion of programme stewardship: a form of delivery leadership that combines governance discipline with human judgement, relational awareness and board-level sense-making. Drawing on project delivery practice, psychological contract theory, emergency preparedness, resilience and response, and estates and facilities leadership, the article proposes a practical model for board assurance built around Alert, Advise and Assure. The paper positions dashboards not as cosmetic reporting tools, but as instruments of organisational truth-telling, escalation and decision support. It further explores how budget confidence, inconsistency identification and lived stakeholder experience should be surfaced alongside conventional performance measures. The article contributes a practitioner-oriented framework for programme leaders, senior responsible owners, estates leaders, emergency planners and boards seeking to govern delivery in environments where progress is necessary, risk is dynamic and human trust is central to success.

Keywords: *programme management; project management; board assurance; psychological contract; emergency preparedness; estates and facilities; programme dashboards; risk management; public sector delivery; programme stewardship*

[1] How to cite this paper: Baiyeshea, D., Hosking-Dunn, S., Campbell, J. (2026). Programme Stewardship: Human-Centred Board Assurance for Complex Delivery Environments; *PM World Journal*, Vol. XV, Issue VII, July.

1. Introduction: why programme assurance needs a human-centred turn

Project and programme management has matured significantly as a professional discipline. It has developed methods for planning, governance, benefits realisation, risk management, change control, financial control and assurance. The UK Government Functional Standard for Project Delivery, for example, sets expectations for the direction and management of portfolios, programmes and projects across government (Cabinet Office, 2025). The PMBOK Guide similarly frames project delivery around integrated domains of performance and value creation (Project Management Institute, 2021). These frameworks matter because complex work cannot be governed through enthusiasm alone. Yet in practice, the hardest programme questions are often not only methodological. They are questions of truth, trust, timing and judgement.

This article argues that programme leadership is increasingly a matter of stewardship. Stewardship does not replace programme management; rather, it deepens it. It asks whether the board is receiving a truthful picture, whether risks are being interpreted rather than merely listed, whether budgets reflect delivery reality, whether people believe the programme is being governed fairly, and whether escalation routes are sufficiently clear when conditions change. In practice, this means the programme board becomes not just a governance forum, but a site of sense-making.

The implication for programme leadership is important. A dashboard may show green, yet key stakeholders may have quietly lost confidence. A budget may appear balanced, yet it may depend on assumptions that no one has tested. A milestone may be reported as complete, yet the operational environment may not be ready to absorb the change. A risk register may be up to date, yet it may fail to explain the consequence of the risk for patients, staff, users, service continuity or organisational reputation. These are not marginal issues. They are often the places where delivery problems begin to accumulate.

In my own practice, the most useful programme conversations have rarely been those in which every line of a report was read out. They have been the conversations where the board understood what had changed, what mattered, what was uncertain, what required a decision, and what was being done to protect delivery integrity. This is particularly true in public service environments, where programmes are not abstract exercises in delivery performance; they affect people, places, services, safety, workforce confidence and public value.

This article therefore offers a practitioner-oriented contribution. It draws together programme management, psychological contract thinking, board assurance, emergency preparedness, resilience and response, and estates and facilities leadership. The article does not present a single universal method. Instead, it proposes a way of thinking and reporting that helps boards move beyond passive status updates towards active stewardship.

2. Theoretical and practice foundations

2.1 From delivery control to programme stewardship

Traditional programme reporting often privileges the visible and measurable: percentage complete, budget movement, milestone status, risk rating, issue count and next steps. These indicators are valuable. Without them, boards can become reliant on narrative reassurance rather than evidence. However, there is a danger in mistaking reporting completeness for assurance. A long report can still leave the board poorly informed if it does not help directors understand consequence, confidence and required action.

Programme stewardship starts from a different premise. It recognises that programmes are social systems as well as technical arrangements. They depend on decisions, contracts, professional relationships, informal expectations, operational tolerance and leadership credibility. When these factors are ignored, delivery can become technically managed but organisationally fragile. The National Audit Office has repeatedly identified recurring problems in major programmes around scope, planning, interdependencies and oversight (National Audit Office, 2020). These are governance issues, but they are also human and interpretive issues. They require clarity about what is being attempted, who must act, which assumptions are vulnerable and what the board must decide.

This is not merely a technical issue, but a relational and organisational one. Programme controls can identify variance, but they do not automatically create trust. Governance forums can review actions, but they do not automatically surface weak signals. A risk register can capture uncertainty, but it does not necessarily tell the board how people are behaving under that uncertainty. The stewardship lens therefore asks programme leaders to hold the formal and informal together: plans and perceptions, controls and confidence, progress and pressure.

The practical question is straightforward: if the board had only fifteen minutes to understand the state of a programme, what would it need to know? It would need to know whether the programme remains aligned to its strategic purpose; whether the expected benefits remain credible; whether the budget remains honest; whether the critical path is stable; whether major risks are controlled; whether issues require escalation; and whether stakeholders still have confidence in the programme's direction. These are the building blocks of stewardship.

2.2 Psychological contract as a delivery concept

My published work on psychological contracts argues that workplace relationships are shaped not only by formal contracts, but also by perceived expectations, obligations, reciprocity and reactions to unmet expectations (Baiyeshea and McGregor, 2024). That perspective is directly relevant to programme delivery. In programmes, there are always formal commitments: business cases, project initiation documents, contracts, milestones, budgets and governance structures. Alongside them sit psychological commitments: what stakeholders believe they were promised, what staff believe leaders understand, what sponsors believe suppliers will do, and what operational teams believe the programme will protect.

This article extends that reasoning into programme management. A programme may remain formally compliant while breaching the psychological contract of its stakeholders. For instance, staff may have been told that a change will improve working conditions, yet experience the implementation as rushed, under-resourced or poorly communicated. A board may have approved a programme based on a benefits narrative, yet later discover that those benefits depend on operational changes that have not been resourced. A service may be told that disruption will be temporary, yet repeated delays erode trust. In each case, delivery risk is not simply found in the plan; it is found in the gap between expectation and experience.

The implication for programme leadership is that assurance must attend to stakeholder confidence as a serious indicator, not as a soft afterthought. When confidence falls, risks often mature faster. People may comply with reporting requirements while disengaging emotionally from the programme. They may stop raising concerns because they do not believe they will be heard. They may protect their local service or team rather than collaborate across the programme. These reactions are predictable when psychological contracts are strained.

A human-centred programme dashboard therefore needs to ask: what did we say would happen, what are people experiencing, where have expectations shifted, and what must be clarified or repaired? This is particularly important in environments where programmes depend on clinicians, operational managers, estates teams, emergency planners, finance teams, suppliers and executives all maintaining shared confidence under pressure.

2.3 Alert, Advise and Assure as a board language

In many board settings, the challenge is not lack of information; it is lack of interpretation. Board members receive large volumes of material, but not always a clear explanation of what should be noted, what should be challenged and what should be decided. This article proposes Alert, Advise and Assure as a simple language for structuring programme briefings.

Alert means bringing material concern to the board's attention. It should be used where risk, issue, dependency, budget movement, safety matter, service impact or stakeholder confidence requires visibility. Alert is not about creating alarm; it is about refusing to hide material truth. Advise means offering a professional interpretation and recommended course of action. It is the space where programme leaders explain options, trade-offs, consequences and timing. Assure means providing evidence that the programme is under control, or explaining the conditions under which assurance can reasonably be given.

This language is deliberately simple because board time is often limited. It helps a programme leader avoid the common trap of presenting everything with equal weight. Not every point requires escalation. Not every issue requires a board decision. Not every risk is a crisis. However, where action is required, the board must be clear about the nature of the ask. A board paper that merely describes a problem without advising a decision can create ambiguity. A dashboard that assures without evidence can create false comfort. An escalation that alerts without options can create anxiety without direction.

Alert, Advise and Assure also supports accountability. It makes visible where the programme team is asking the board to intervene, where it is seeking endorsement, and where it is simply providing assurance. In practice, this helps distinguish reporting from governing.

3. A board-facing programme health dashboard

For complex programmes, the most valuable dashboard is not the most decorative; it is the one that helps leaders act. It should provide an integrated view of programme health, programme completion, risk exposure, financial confidence, benefits confidence, stakeholder confidence, key decisions and delivery trajectory. It should also state where the report writer's confidence is limited. A dashboard is less useful when it suggests precision that the programme does not possess.

The following structure is offered as a practical board-facing model. It is particularly suitable for a short board briefing or interview setting, where the programme leader has limited time to demonstrate judgement.

Dashboard element	Purpose	Board question it answers
Programme completion percentage	Indicates physical or deliverable progress, with caveats where completion is not the same as readiness	How far have we progressed, and what does that percentage actually mean?
RAG status with confidence level	Separates status judgement from confidence in the data	Are we green because delivery is healthy, or because problems have not surfaced?
Milestone performance	Shows progress against critical dates and dependencies	Which deadlines matter most, and what happens if they move?
Risk summary	Highlights top strategic and operational risks, not the whole register	What could materially affect objectives, safety, cost, time or reputation?
Issue summary	Separates live problems from future uncertainties	What is already affecting delivery and what action is being taken?
Budget position	Shows spend to date, forecast outturn, variance and contingency status	Is the budget honest, sufficient and controlled?
Benefits confidence	Assesses whether the programme can still deliver its intended value	Are the benefits still achievable, measurable and owned?
Stakeholder confidence	Surfaces trust, readiness and engagement	Do the people needed for success still believe in the programme?
Decisions required	Makes the board's role explicit	What must the board decide today?
Escalations	Identifies matters outside programme authority	Where does the programme need executive intervention?

In practice, the dashboard should be accompanied by a concise narrative. For example, a programme may be 70 per cent complete by design deliverables but only 45 per cent ready operationally. Another programme may be on budget only because decisions have been deferred. A third may be amber on risk but red on stakeholder confidence. These distinctions matter. Without them, boards can be reassured by the wrong metric.

One recurring lesson from programme environments is that the dashboard should not simply report the programme's view of itself. It should test the programme against the lived reality of those affected by it. This might include operational readiness checks, end-user feedback, workforce capacity, estates constraints, supplier confidence, business continuity implications and unresolved assumptions. The dashboard becomes a practical expression of stewardship when it makes these factors visible.

4. Progress in period: what boards need beyond activity lists

A common weakness in programme reporting is the tendency to describe activity rather than progress. Activity tells the board that meetings have occurred, workshops have been held, documents have been drafted and discussions are ongoing. Progress tells the board what has materially changed. It shows what has been completed, what has been learned, what has been unblocked, what has deteriorated and what now requires attention.

This distinction is not cosmetic. Boards do not need reassurance that the programme team has been busy. They need confidence that the right work is moving the programme closer to its intended outcome. A well-structured progress section should therefore answer five questions: what was planned for the period, what was actually achieved, what changed from the previous report, what remains behind plan, and what action is being taken.

In practice, this means using verbs carefully. 'Engaged with stakeholders' is weaker than 'secured agreement from clinical, operational and estates leads on the revised phasing sequence'. 'Reviewed risks' is weaker than 'closed two supplier risks, escalated one planning dependency and re-rated workforce readiness from amber to red'. 'Progressed design' is weaker than 'completed stage review and identified three affordability assumptions requiring board decision'. The board needs specificity because specificity enables scrutiny.

However, progress reporting should not become defensive. It should be balanced. The strongest board reports are often those that can say, with professional confidence, what is going well and what is not. They do not conceal problems, but neither do they dramatise them. They locate problems within a recovery plan, decision requirement, or escalation route. This is where the Alert, Advise and Assure structure becomes helpful.

5. Risk, issues and inconsistency spotting

5.1 Risks are not issues, and issues are not disappointments

In delivery practice, risks and issues are often conflated. A risk is an uncertain event or condition that may affect objectives. An issue is already happening. A disappointment is a gap between what people expected and what they are now experiencing. All three matter, but they require different responses. If everything is called a risk, boards may underestimate live delivery problems. If everything is called an issue, teams may lose the forward-looking discipline that risk management requires.

The programme leader's role is to help the board understand materiality. A risk should be escalated when its consequence is significant, its likelihood is increasing, its mitigation is weak, or its management sits outside programme authority. An issue should be escalated when it is affecting safety, time, cost, quality, benefits, stakeholder confidence or strategic alignment. Disappointment should be recognised because it may be the early signal of psychological contract strain.

The National Audit Office's work on major programmes emphasises the importance of scope clarity, planning, interdependencies and oversight (National Audit Office, 2020). These themes are repeatedly visible in programme inconsistency. A business case may describe one scope while operational teams prepare for another. A benefits plan may assume a workforce model that has not been agreed. A financial forecast may exclude the cost of decant, training, temporary staffing or digital integration. A risk register may rate a dependency as amber while the milestone plan assumes it will resolve itself. The board should be helped to see these inconsistencies before they become failures.

5.2 The discipline of inconsistency spotting

Inconsistency spotting is one of the most undervalued programme management skills. It is the ability to read across documents, meetings, financial reports, plans, risk registers and stakeholder messages to identify where the story does not hold together. It is not fault-finding for its own sake. It is a form of assurance. When used well, it protects the programme from avoidable surprises.

Typical inconsistencies include: a programme described as on track while critical dependencies are unresolved; a budget reported as balanced while savings are unidentified; a benefits narrative that assumes behaviour change without an adoption plan; a risk rating that remains amber despite repeated missed actions; a milestone reported as complete when only the paper deliverable has been completed; a stakeholder engagement plan that records meetings but not agreement; and a board paper that asks for noting when a decision is actually required.

In my experience, inconsistencies often reveal where people are trying to remain optimistic in the absence of evidence. Optimism is not a weakness; programmes need hope and momentum. But optimism must be disciplined by evidence. The board should not punish truthful escalation, because if it does, the organisation teaches programme teams to hide uncertainty. A mature board rewards early warning because early warning preserves choice.

A practical approach is to include an 'inconsistency and assumption check' within each board report. This section should not be long. It might simply state: what appears inconsistent, why it matters, what validation is underway, and what decision or assurance is required. Such a section can be particularly powerful in interview presentations, because it demonstrates judgement rather than mere reporting.

6. Budget truthfulness and financial stewardship

Budget reporting is often treated as a finance exercise, but in complex programmes it is also a behavioural and governance exercise. The financial position tells the board not only what has been spent, but how the programme is thinking. A programme that consistently reports financial confidence without explaining assumptions may be protecting comfort rather than governing reality. Conversely, a programme that presents financial uncertainty clearly can create the conditions for timely decision-making.

The Green Book provides UK government guidance for appraisal, including the assessment of costs, benefits and risks in developing objective advice for decision makers (HM Treasury, 2026). Although not every programme report is a business case, the same discipline applies. Costs should be linked to options, assumptions, risks and benefits. A budget should not be presented as a static number detached from scope, quality, time and operational readiness.

In practice, programme budget slides should show approved budget, spend to date, committed cost, forecast outturn, variance, contingency, key assumptions, unfunded pressures, savings or mitigations, and decisions required. The board should also be told what is excluded. Exclusions are often where later problems emerge training, temporary accommodation, enabling works, revenue consequences, lifecycle cost, digital interfaces, equipment replacement, inflation, decant, operational backfill and post-go-live support.

A budget slide should therefore be a stewardship slide. It should help the board understand whether the programme is affordable, whether affordability depends on fragile assumptions, whether contingency is being consumed appropriately, and whether future costs are being displaced rather than resolved. Financial stewardship is not achieved by making the numbers look tidy. It is achieved by making the financial truth decision ready.

A practical budget narrative might say: 'The programme remains within approved budget at this stage; however, forecast confidence has reduced because two enabling assumptions remain unresolved. Contingency remains available but would be materially reduced if the preferred phasing option is approved. The board is asked to approve further validation before committing to the next gateway.' This type of wording gives assurance and caution at the same time. It treats the board as a decision-making body rather than a passive recipient of finance updates.

7. Resilience under pressure: emergency preparedness as programme discipline

Emergency preparedness, resilience and response offers a useful discipline for programme stewardship because it starts from a simple premise: disruption is not an exception to be explained away after the event, but a condition for which responsible organisations must prepare. In the NHS context, EPRR is not only a specialist function held by emergency planners; it is also a way of thinking about competence, readiness, command, continuity, escalation and recovery. This is why NHS England's minimum occupational standards for EPRR are relevant to programme assurance: they connect preparedness with the competence of health commanders, managers, incident management teams and other staff involved in response. For programme leaders, the lesson is therefore clear. Assurance should not only ask whether the current plan is progressing; it should also test whether people, systems and decisions would still hold when normal delivery conditions are disturbed (NHS England, 2022).

This matters because complex programmes rarely move from stability to crisis in a single moment. More often, pressure accumulates gradually: a dependency slips, a workforce assumption weakens, a supplier response becomes uncertain, an operational team raises concerns, or a board date becomes politically difficult to move. At that point, the programme may not yet be in crisis, but it may already be losing resilience. EPRR practice helps programme leaders notice these early signals and, importantly, treat escalation as a protective act rather than an admission of failure. In this sense, resilience is not a separate workstream to be added at the end of a plan; it is a continuing test of whether the programme can make safe, proportionate and evidence-informed decisions as conditions change.

Incident command also brings a sharper language to programme governance. Strategic, tactical and operational levels each have a different purpose, and that distinction is useful when a programme is under pressure. Strategic leadership sets the overall intent, priorities and boundaries. Tactical leadership then translates that intent into coordinated action, sequencing, resourcing and control. Operational leadership, in turn, delivers the immediate tasks on the ground. Programme boards can blur these levels when governance is under strain. For example, a board may become absorbed in operational detail while leaving strategic trade-offs unresolved, or a delivery team may be asked to manage a risk that actually requires executive authority. A stewardship approach therefore keeps these levels visible: what is the intent, who owns the coordination, what is happening operationally, and where does authority need to sit?

The command, control and coordination discipline used in EPRR develops this point further. Command clarifies who has authority to give direction. Control ensures that resources and actions are being managed towards defined objectives. Coordination brings together interdependent teams, agencies or functions so that the response is coherent rather than fragmented. Applied to programme assurance, this means the board should not only ask whether a risk has an owner. It should also ask whether that owner has the authority to act, whether the mitigation is resourced, whether dependencies are coordinated, and whether the escalation route is understood before pressure increases.

Moreover, JESIP's Joint Decision Model provides a helpful bridge between incident response and programme decision-making under uncertainty. The model encourages responders to build shared situational awareness, assess threats and risks, consider relevant powers and procedures, identify options and contingencies, take action and then review what happened. Translated into programme assurance, the same discipline asks: what do we know, what remains uncertain, which objectives are at risk, what constraints apply, what options exist, what contingency is available, and how will the decision be reviewed? This is much more useful than presenting a board with a static risk rating and asking it to note the position. The board needs to understand the judgement behind the rating, the options available and the trigger points that would require a different course of action (JESIP, n.d.).

Business continuity management strengthens the argument again because it moves the discussion from response to continuity of service. NHS England's business continuity management toolkit emphasises the need for continuity arrangements that allow key services to be maintained in the face of disruption, using a Plan, Do, Check, Act cycle. For programmes, this means continuity should not be reduced to a fallback slide. It should be built into delivery design from the outset. If a digital change, estate move, workforce redesign or service transition is delayed, what must continue? If the preferred implementation route fails, what is the minimum safe service model? If a major incident occurs during a go-live period, who has authority to pause, continue, adapt or recover? These questions are not signs of negativity. Rather, they are evidence of responsible stewardship (NHS England, 2023).

Defensible decision-making is closely connected to this. Under pressure, decisions rarely benefit from perfect information; however, they still need to be reasonable, transparent and reviewable. What matters is whether the decision-maker used the information reasonably available at the time, considered options and consequences, consulted appropriately, recorded the rationale and reviewed the decision as circumstances changed. Although much of the defensible decision-making literature sits outside programme management, its logic is directly relevant to board assurance. A board paper should allow a later reader to understand not only what was decided, but why it was reasonable to decide it at that point, what uncertainty remained, and what review mechanism was agreed (Research in Practice, n.d.).

For that reason, record keeping, decision logs, briefings and debriefs should be treated as programme assurance tools rather than administrative tasks. A disciplined log protects organisational memory. A clear briefing supports shared understanding. A hot debrief captures immediate learning before it dissipates. A structured debrief then converts experience into governance, recommendations and action. Programmes often move quickly from one pressure point to the next; nevertheless, stewardship requires time to learn. The question is not simply whether the programme survived a difficult period. It is whether the organisation understood what happened, what worked, what failed, and what needs to change before the next pressure point.

In practical board reporting terms, the programme dashboard should therefore include a resilience and readiness lens. This might cover command arrangements, critical dependencies, business continuity assumptions, scenario testing, communications, decision logs, escalation triggers, recovery options and lessons from exercises or debriefs. Without this lens, a programme may appear on track against milestones while remaining weak on continuity. It may be technically ready but unclear on command arrangements. It may have a risk register but no tested escalation route. These are precisely the gaps a board needs to see before they become live incidents.

Taken together, the central contribution of EPRR to programme stewardship is not simply emergency planning terminology. It is the discipline of preparing before pressure, deciding with imperfect information, escalating early, recording clearly, coordinating across boundaries and learning deliberately. In high-pressure environments, the board should not only ask whether the programme is progressing. It should also ask whether the organisation can remain safe, coherent and resilient while the programme progresses. That is the point at which delivery assurance becomes genuine stewardship.

8. Estates and facilities as strategic programme assurance

Estates and facilities are sometimes described as enabling functions within programmes, but in health and public service environments they are often a determining condition of delivery. Buildings, plant, utilities, logistics, statutory compliance, fire safety, infection prevention, maintenance access, backlog risk, decant, energy resilience and operational flow are not background matters. They shape what is possible, what is safe and what can be sustained. A programme can appear coherent in a business case or dashboard and still become fragile when it meets the physical reality of a live hospital estate.

This is why the estates perspective matters to programme stewardship. In healthcare, the clinical model and the physical environment are inseparable. A Same Day Emergency Care model may be clinically persuasive, but if the location does not support patient flow, access to diagnostics, waiting capacity or safe separation, the model will struggle in practice. RAAC mitigation works may be technically deliverable, but unless decant, emergency routes, infection prevention zoning, staff welfare and temporary operational flows are protected, the risk to services can increase during the transition. A new theatre, diagnostic facility or ward may reach practical completion, but it cannot safely open if ventilation validation, medical gases, fire systems, digital connectivity, nurse call, equipment integration or operational sign-off are incomplete.

For that reason, estates and facilities should not be positioned only as a discrete workstream. They should operate as a strategic assurance lens across the whole programme lifecycle. This connects directly with well-led governance. The Care Quality Commission's well-led question is concerned with whether leadership, governance and management systems use information about risks, performance and outcomes effectively to improve care (Care Quality Commission, 2024). In programme terms, this means the board should not only ask whether a building has been delivered, but whether the environment is safe, compliant, operable, maintainable and aligned to the clinical and operational model.

Estates leadership brings a particular form of judgement to programme governance. It tests whether the physical solution supports the service model; whether enabling works, shutdowns and access constraints have been properly understood; whether fire, water, ventilation, electrical and medical gas assurance is evidenced rather than assumed; whether the organisation can continue to operate safely through construction and decant; and whether lifecycle, backlog, revenue and maintenance consequences have been made visible. These questions are not peripheral to programme management. They are central to whether the board can rely on the assurance it is receiving.

The Premises Assurance Model is useful here because it gives NHS organisations a structured way to test estate safety, quality, effectiveness and governance. NHS England describes PAM as a model that supports boards, directors of finance, estates leaders and clinical leaders to make informed decisions about their estates and facilities services, and to gain assurance that the estate is safe, efficient, effective and of high quality (NHS England, 2026). Within programmes, this helps convert estates assurance from late-stage checking into an evidence discipline: Authorised Person and Competent Person input can be brought into the design and readiness process early; compliance can be tracked against explicit domains; and estate risks can be linked to the board assurance framework rather than treated as local technical matters.

One of the most common weaknesses in complex programmes is the gap between construction completion and operational readiness. Completion is not a single idea. Contractors may mean practical completion. Finance may mean capital spend delivered. Estates may mean commissioning, compliance, maintainability and handover evidence. Clinical services may mean that the space is safe, staffed, equipped, accessible and usable for patients. A board paper that reports completion without explaining readiness can therefore create false assurance. A stronger report distinguishes between the completion of the physical asset and the readiness of the service to occupy and operate it.

This distinction is especially important in live NHS environments. Ventilation may be installed but not validated for the intended clinical use. A fire strategy may be agreed in design but not yet proven in the operating model. Digital systems, alarms, Wi-Fi, access control or electronic patient record access may be incomplete. Equipment may not be installed, commissioned or integrated into workflows. Staff may not have been familiarised with the new environment. Snagging may appear minor to a project team but still affect safe use. Estates assurance bridges this gap by asking whether the space is not only complete, but ready, compliant and sustainable.

A mature estates assurance view should therefore go beyond time, cost and construction RAG status. It should show PAM-aligned compliance, statutory approvals, commissioning and handover readiness, operational readiness, decant and live-environment risks, defects and residual issues, digital and equipment readiness, fire and health and safety considerations, backlog interfaces, lifecycle consequences and revenue implications. It should also make explicit where board decisions are required, particularly where scope, affordability, compliance, phasing or operational risk cannot be resolved within the programme team.

This reinforces the wider argument of programme stewardship. Assurance should not be dominated by the loudest or most visible metric. A scheme can be on time but operationally unsafe, within capital budget but unaffordable to run, technically complete but not usable, or compliant in design but weak in operational evidence. Estates and facilities leadership helps the board see these realities early. It brings infrastructure, operations, compliance and risk into one coherent assurance narrative, ensuring that programmes are not only delivered, but are capable of working in practice.

9. Human behaviour under programme pressure

Programmes do not fail only because charts move in the wrong direction. They also struggle because people behave differently under pressure. They protect themselves, avoid difficult conversations, over-reassure, escalate too late, become attached to sunk costs, defend previous decisions, or disengage when they feel unheard. None of this makes people bad professionals. It makes them human. Programme stewardship requires leaders to recognise these behaviours and design governance that can withstand them.

One common behaviour is optimism bias. Teams want to believe that recovery is possible, and often it is. However, recovery requires evidence, not simply intention. Another behaviour is status preservation. When a programme has previously been reported as green, moving it to amber or red may feel like reputational failure. This can delay honest escalation. A third behaviour is local protection. When organisations are under pressure, departments may prioritise their own capacity, budget or risk exposure over whole-programme outcomes. This is understandable, but it must be surfaced and managed.

Psychological contract thinking helps explain these behaviours. When people believe that promises have been broken or expectations have not been respected, their response is often not immediate open conflict. It may be withdrawal, reduced discretionary effort, passive resistance or loss of trust. In programme terms, this means delivery confidence can weaken before formal indicators change. The board may still see milestones, while the programme leader senses that the human system is becoming less committed.

A human-centred dashboard should therefore include some evidence of stakeholder and workforce confidence. This does not require a complicated survey every month. It might include readiness workshops, qualitative feedback, adoption indicators, attendance patterns, unresolved concerns, communications reach, clinical or operational sign-off and lessons from engagement. The key is not to over-measure the human dimension, but to avoid ignoring it.

In practice, I have seen that the most effective programme leaders are often those who can combine discipline with empathy. They can challenge a weak plan without shaming the person who produced it. They can escalate a risk without creating panic. They can protect a deadline while acknowledging the pressure on teams. They can tell a board that progress is real, but confidence is conditional. This balance is difficult, but it is central to stewardship.

10. The board briefing as a stewardship instrument

A board briefing is not simply a shortened report. It is a carefully judged act of translation. It turns programme detail into decision-ready insight. In a fifteen-minute board presentation, the programme leader must demonstrate clarity of thought, confidence in evidence, honesty about uncertainty and discipline in escalation. This is especially true where the briefing is based on an highlight report containing inconsistencies. The ability to identify, interpret and communicate inconsistency is itself a leadership test.

A strong board briefing should begin with an executive summary dashboard. The first slide should tell the board the programme's overall health, completion percentage, budget position, risk status, issue status, benefits confidence, stakeholder confidence and decisions required. It should not make the board wait until slide six to understand whether the programme is in trouble. The subsequent slides should explain progress in period, key risks and issues using Alert, Advise and Assure, budget confidence, inconsistencies identified, and decisions or escalations required.

The discipline of the briefing lies in selectivity. The programme leader should not attempt to prove that every detail is known. Instead, the leader should show that the right details have been selected. This is where judgement becomes visible. A board can usually tell when a presenter is hiding behind content. It can also tell when a presenter understands the programme well enough to be concise.

The following slide structure is proposed for a six-slide, fifteen-minute board briefing. It is intentionally practical and can be adapted for interviews, programme boards or executive committees.

Slide	Purpose	Indicative content
1. Programme health dashboard	Provide the whole picture in one page	Overall RAG, completion %, milestone status, budget, top risks, top issues, benefits confidence, stakeholder confidence, decisions required
2. Progress in period	Show what has materially changed	Achievements, planned vs actual, milestones, deliverables completed, recovery actions, next period priorities
3. Alert, Advise, Assure	Interpret risks and issues for the board	Alerts requiring visibility, advice on options/trade-offs, assurance evidence and conditions
4. Budget and benefits	Explain financial and value confidence	Approved budget, spend, forecast, variance, contingency, benefits status, assumptions, unfunded pressures
5. Inconsistencies and assurance gaps	Demonstrate judgement and scrutiny	Contradictions, weak assumptions, data gaps, stakeholder concerns, readiness gaps, evidence required
6. Decisions and escalations	Make the board's role explicit	Decisions needed, consequences of delay, executive interventions, recommendations, next reporting point

This structure helps avoid two common errors: over-reporting and under-escalating. It provides enough breadth for the board to understand programme health and enough focus for it to act. It also gives space for the presenter to distinguish between what is known, what is assumed and what requires decision. That distinction is at the heart of good assurance.

11. Practical model: The Stewardship Dashboard

This article proposes a practical stewardship dashboard built around five integrated dimensions: delivery, finance, risk, people and decision. Each dimension is necessary, but none is sufficient alone. A programme may be strong on delivery and weak on people. It may be strong on finance and weak on benefits. It may have a well-maintained risk register and still lack decision clarity. The dashboard's purpose is to prevent single-metric comfort.

The delivery dimension asks whether the programme is progressing against the critical path and whether completion measures reflect usable outcomes. The finance dimension asks whether budget confidence is supported by evidence, assumptions and contingency. The risk dimension asks whether uncertainty is understood, mitigated and escalated. The people dimension asks whether stakeholder confidence, workforce readiness and psychological contract health are being considered. The decision dimension asks whether the board is being used properly, with clear recommendations and consequences.

This model is intentionally simple because overly complex dashboards can become self-defeating. The purpose is not to create another bureaucracy. It is to create a clear pattern of thinking that can be used repeatedly. When a programme board sees the same dimensions over time, it can track not only status but movement. It can ask why risk confidence is improving while stakeholder confidence is declining, or why financial status is green while benefits confidence is amber. These cross-dimensional questions are where assurance becomes valuable.

The model also supports learning. After key milestones, incidents or decisions, the programme team can review which dashboard signals were accurate and which were misleading. Did the dashboard identify the right risks? Did it surface stakeholder concerns early enough? Did it explain assumptions clearly? Did it help the board make timely decisions? In this sense, the dashboard becomes both a reporting tool and a learning tool.

12. Recommendations for Programme Leaders and Boards

The following recommendations translate the article's argument into practical action.

- Use dashboards to support judgement, not to decorate reports. The dashboard should help the board understand consequence, confidence and required action.
- Separate activity from progress. Report what has materially changed, not merely what has been done.
- Use Alert, Advise and Assure to structure board conversations. Alert material concerns, advise options and consequences, and assure with evidence.
- Include stakeholder confidence as a serious programme indicator. Treat trust, readiness and perceived fairness as delivery factors.
- Make budget assumptions visible. Explain what is included, excluded, uncertain and dependent on future decisions.

- Create a formal inconsistency check. Compare the business case, plan, budget, risk register, benefits plan, stakeholder feedback and board asks.
- Integrate EPRR thinking into programme governance. Test assumptions, plan for disruption and make escalation routes clear before pressure arrives.
- Treat estates and facilities as strategic assurance, not a back-office dependency. Physical infrastructure, compliance and operational readiness should be board-visible.
- Encourage early truthful escalation. Boards should reward early warning because it preserves options and protects public value.
- Review the psychological contract of the programme. Ask what stakeholders believe was promised, what they are experiencing and what needs repair.

13. Conclusion

Finally, lived experience suggests that the best programme reports are often written with the next difficult question in mind. If a director asks why the budget remains green despite a new risk, the paper should already contain the answer. If a non-executive asks what would cause slippage, the paper should already identify the trigger points. If a service lead asks what has changed since the last report, the answer should be visible. This is not about predicting every question. It is about respecting the board's responsibility to govern under uncertainty.

The practical implication is that programme leaders should include narrative judgement alongside metrics. A board paper can say: the milestone is complete, but operational readiness remains amber because staff familiarisation, equipment commissioning and continuity arrangements require further evidence. This type of statement is not weak. It is stronger than saying the milestone is complete and leaving the board to assume readiness. Good stewardship protects the board from false inference.

I have also observed that programme teams can confuse completion with readiness. A deliverable may be completed, a design may be signed off, a procurement may close, or a build may reach a formal milestone, but the receiving service may still not be ready. Readiness has a human and operational dimension. It includes whether people know what will change, whether workflows have been tested, whether the physical environment supports the intended model, whether training has landed, whether business continuity has been considered, and whether leaders can explain the transition with confidence.

Another practical lesson is that people often behave differently when they believe a programme has become politically sensitive. They may soften language, delay escalation, over-polish board papers or avoid recording disagreement. The board may receive a smoother report at precisely the moment when it needs more texture. This is why psychological safety and psychological contract thinking matter. If people believe honesty will be punished, the programme loses the benefit of early warning. If they believe their concerns will be heard and acted on, the programme gains intelligence.

In my own programme experience, I have found that boards often misunderstand green reporting when green is presented without conditions. Green should not mean that nothing can go wrong. It should mean that the programme is currently on track, the evidence is sound, the assumptions are understood, and the team knows what would cause the status to change. Where those conditions are absent, green becomes a comfort colour rather than an assurance judgement. This is one reason why the confidence level behind a RAG rating matters as much as the colour itself.

Formal assurance is essential, but it is not the whole of programme knowledge. Some of the most important delivery signals arrive through experience before they appear in the dashboard. A sponsor hesitates before endorsing a date. An operational lead agrees in principle but repeatedly delays sign-off. A budget holder describes a pressure as manageable, yet cannot identify the source of mitigation. A stakeholder says the engagement has been good, but still cannot explain what will change for their team. These signals are not evidence in the narrowest sense, but they are often prompts for better evidence. A programme leader should learn to notice them without overreacting to them.

14. Practitioner reflections: What Experience Adds to Formal Assurance

Programme management will always require planning, control, risk management, financial discipline and governance. These are essential foundations. However, complex delivery environments require something more than control. They require stewardship: the capacity to hold technical detail, human experience, organisational trust and board decision-making together.

This article has argued that programme assurance should be human-centred without becoming vague, practical without becoming simplistic, and evidence-based without becoming mechanistic. It has proposed Alert, Advise and Assure as a practical language for board briefings. It has argued that dashboards should surface programme completion, risk, issues, budget confidence, benefits, stakeholder confidence, inconsistencies and decisions. It has drawn on psychological contract thinking to show why expectations and trust matter. It has also shown how EPRR and estates and facilities expertise strengthen programme assurance by bringing preparedness, resilience, operational readiness and infrastructure reality into the boardroom.

The core message is that programmes are not delivered by charts alone. They are delivered by people operating within systems of expectation, pressure, responsibility and trust. When boards receive honest, integrated and decision-ready assurance, they are better able to govern. When programme leaders surface uncertainty early, they protect choice. When stakeholders experience fairness and clarity, they are more likely to sustain commitment. When resilience and estates perspectives are built into delivery thinking, programmes become more operationally credible.

In the final analysis, programme stewardship is not softer than programme management. It is more demanding. It asks leaders to be technically competent, financially honest, relationally aware, ethically grounded and courageous in escalation. It asks boards to move beyond receiving reports towards creating the conditions in which truth can be spoken and decisions can be made. That is the work required if programmes are to deliver not only outputs, but public value.

References

Baiyeshea, D. and McGregor, F. L. (2024). Navigating evolving employment realities: an integrative model of psychological contract in contemporary workplaces. SN Business & Economics, 4(12), Article 156. https://doi.org/10.1007/s43546-024-00751-1

Cabinet Office. (2025). Government Functional Standard GovS 002: Project Delivery. London: Cabinet Office.

Domakin, A. (2022). Defensible decision-making in children's social care: challenge questions for leaders. Dartington: Research in Practice. Available at: https://www.researchinpractice.org.uk/media/cheaqkdo/ddm_challenge-questions-for-leaders_web.pdf

HM Treasury. (2026). The Green Book: Central government guidance on appraisal and evaluation. London: HM Treasury.

JESIP. (2024a). Joint Doctrine: The Interoperability Framework. Joint Emergency Services Interoperability Principles. Available at: https://www.jesip.org.uk/joint-doctrine/

JESIP. (2024b). The Joint Decision Model (JDM). Joint Emergency Services Interoperability Principles. Available at: https://www.jesip.org.uk/joint-doctrine/the-joint-decision-model-jdm/

National Audit Office. (2020). Lessons learned from major programmes. London: National Audit Office.

NHS England. (2022). Minimum occupational standards for emergency preparedness, resilience and response. NHS England. Available at: https://www.england.nhs.uk/publication/minimum-occupational-standards-for-emergency-preparedness-resilience-and-response-eprr/

NHS England. (2023a). NHS England Business Continuity Management Toolkit. NHS England. Available at: https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit/

NHS England. (2023b). NHS core standards for emergency preparedness, resilience and response guidance. NHS England. Available at: https://www.england.nhs.uk/publication/emergency-preparedness-resilience-and-response-core-standards/

NHS England. (2024). NHS emergency preparedness, resilience and response exercise programme 2024 to 2030. NHS England.

Project Management Institute. (2021). A Guide to the Project Management Body of Knowledge (PMBOK Guide). 7th ed. Newtown Square, PA: Project Management Institute.

PM World Journal. (2026). PMWJ Author Guidelines and Ethics and Fairness guidance. PM World Journal. https://pmworldjournal.com/pmwj-author-guidelines

Skills for Health. (2025). Resilience and Emergencies National Occupational Standards launched. Skills for Health. Available at: https://www.skillsforhealth.org.uk/news/resilience-and-emergencies-nos-launched/

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