Board of Directors – Public

SUMMARY REPORT	Meeting Date:	28 July 2021
	Agenda Item:	12

Report Title:	Transformation Portfolio Report	
Author(s):	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	Pat Keeling, Director of Special Projects (Strategy)	
Other Meetings presented to or previously agreed at:	Committee/Group:	Finance and Performance Committee
	Date:	15 July 2021
Key Points recommendations to or previously agreed at:	Support to progress the electronic patient record outline business case and procurement process during July 2021.	

Summary of key points in report
The paper outlines: The progress, issues, risks and key messages associated with the programmes and projects within the Transformation Portfolio as reported to the Transformation Board on 1 July and Finance and Performance Committee on the 15 July 2021. Areas for consideration regarding the development and embedding of change, programme and project management across SHSC

Recommendation for the Board/Committee to consider:						
Consider for Action		Approval		Assurance	X	Information	

Recommendation: The Board is asked to NOTE the progress reported within the transformation portfolio programmes and consider if there is sufficient assurance that the programmes are structured appropriately, managing risks and issues effectively and monitoring delivery.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Getting through safely	Yes		No	✔
CQC Getting Back to Good	Yes		No	✔
Transformation – Changing things that will make a difference	Yes	✔	No	
Partnerships – working together to make a bigger impact	Yes	✔	No	

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission	*Yes*		*No*	✔	
IG Governance Toolkit	*Yes*	✔	*No*		All standards within the Data Protection Security toolkit, which has replaced the IG Governance toolkit are relevant to the Electronic Patient Record system

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	*Yes*	✔	*No*		Patient Safety and Experience is a key consideration within all programmes within the portfolio. Specifically, this month, the Transformation Board considered this in relation to the Adult Forensic New Care Models programme, the Community Mental Health Team project and the Primary and Community Mental Health Transformation Programme
Financial (revenue & capital)	*Yes*	✔	*No*		Finance is a core component of all programmes within the portfolio. Specifically, the Transformation Board considered the finances within the Adult Forensic New Care Models and Leaving Fulwood programmes and highlighted potential affordability concerns regarding the Electronic Patient System
OD/Workforce	*Yes*	✔	*No*		OD and workforce considerations are key to agreeing the scope, delivery and impact of all programmes within the portfolio. Specifically, the Transformation Board considered this element within the People Plan, Electronic Patient Record Programme, Community Mental Health Team project and Leaving Fulwood
Equality, Diversity & Inclusion	*Yes*	✔	*No*		All programmes and projects consider the cultural transformation and workforce agenda.
Legal	*Yes*	✔	*No*		Legal considerations apply to all programmes within the portfolio.

Title	Transformation Portfolio Report

Section 1: Analysis and supporting detail

Background

1.1 The Transformation Board was established in June 2020 to provide oversight and assurance of the Transformation Portfolio which currently consists of 7 key programmes and projects.

Progress against milestones

1.2 Three programmes remain on track; Primary and Community Mental Health Programme, Adult Forensic New Care Models Programme and the Electronic Patient Record (EPR) programme.

1.3 Four have experienced slippage; Leaving Fulwood programme, People Plan, Community Mental Health Team project and Therapeutic Environments programme.

1.4 The Leaving Fulwood programme Outline Business Case was not approved by the Finance and Performance Committee due to financial considerations. The business case is being reworked to better reflect new ways of working, staff numbers and a dispersed approach to corporate services..

1.5 People Plan detailed planning is required for some elements of the programme, with this in place the programme can be brought on track

1.6 The Therapeutic Environments programme are defining a programme of works to address the physical ward environments and ligature anchor points. A detailed plan will be provided. The intention is to foreshorten the previous plan, on which the CQC noted that patients would continue to be cared for in unsafe environments until Stanage is refurbished in February 2022 and Maple in October 2022

Programme highlight information
Leaving Fulwood

1.7 The SRO, Phillip Easthope, Executive Director, Finance confirmed that the disposal of the Fulwood site is progressing well. It is anticipated that the recommendations for how to proceed will be submitted to Finance and Performance Committee in August after the final contract meetings have taken place.

1.8 The Outline Business Case (OBC) for the Future HQ was not approved by the Finance and Performance Committee in June. Work is underway to review the options available and establish other solutions to what has previously been considered. Activities include:

- Colleagues within the People Directorate undertaking a review of staff post codes to support the identification of a suitable location

- Discussions with NHSPS Property Services, (as recommended by our NHSE / I Improvement Director), who have provided a revised formula for calculating space requirements. This has significantly reduced the space requirements identified in the previous OBC

- We are exploring, alternative sites, for example the potential co-location with South Yorkshire Housing. This is of particular interest due to focus on housing within our strategic direction and the links with clinical services.

- Reviewing team locations, for example, is it more appropriate for Clinical Operations colleagues to be located within clinical services.

1.9 Despite, this progress and optimism for the future delivery of this workstream, it still has challenges to overcome to effectively move forward. The workstream plan and roles and responsibilities are currently being revised.

1.10 The move to Wardsend Road is nearing completion with IMST and Finance directorates moving to the site during August / September. The Data Centre move is also progressing although there have been delays due to contractors.

1.11 The Transformation Board recommended that communications are issued to keep people abreast of the progress and to provide assurance that the programme will deliver despite the current setbacks in relation to the move to a future HQ.

Community Mental Health Team Project

1.12 The SRO, Phillip Easthope, Executive Director, Finance confirmed that a development day is being planned for the 26 July 2021. All staff within community services are encouraged to attend and have their voice heard regarding the roadmap to develop a new service model.

The session will be facilitated by an external facilitator who is working with the People Directorate to take forward the employee relations agenda within the People Plan, providing the opportunity to align plans and approaches.

The service model will be defined by the national context and anticipated changes in standards over the next two years, for community services.

It will also take into account the changes to be brought about by the Primary and Community Mental Health Transformation Programme. Clarity is required regarding pathways and transition points between these services.

It has been made clear by ACAS that the resolution to the industrial dispute is the review of the service model. This will be taken forward with the wider transformation activity across community services.

To support a review of the community services, including this project, additional Project Management resource will be brought into the PMO. In addition, discussions with the Executive Director, Medical and Clinical Director are taking place to consider additional clinical leadership.

Primary and Community Mental Health Transformation Programme

1.13 As covered within the CMHT project, there are dependencies between the 2 projects. It was agreed at the Transformation Board that the respective SRO's are to consider the scope of the programmes to ensure coherence of services, and

clarity for service users and staff to ensure high quality care.

Therapeutic Environments Programme

1.14   The SRO, Beverley Murphy, Executive Director Nursing, Professions and Operations, confirmed that the programme is at risk due to historical slippage and the complexity mitigating that risk. However progress is being made:

- The previous lack of internal health planning capacity and capability is reducing as experts within this type of programme are being brought in to support delivery.

- The scope of the programme is becoming clearer and further work is being undertaken which will support effective delivery

- The SRO is effective in holding the Programme Board and Programme Team to account

- Health planners are being appointed through a tender processes in July. They will take forward the required works within the acute in patient wards. Their appointment will also enable a more robust timeline to be developed.

A key success of the programme is the move of Burbage ward to Dovedale 2 which took place on 29 June. The SRO confirmed that the change happened safely, however some concerns and risks regarding the environment have been raised and plans are being developed to remove and / or mitigate this.

Electronic Patient Record (EPR)

1.15   The SRO, Beverley Murphy, Executive Director Nursing, Professions and Operations, confirmed that the EPR programme is progressing well and is a testament to the approach of bringing in specialist external subject matter expert resource to support delivery of key strategic programmes.

The Board of Directors had agreed the governance process for the Outline Business Case (OBC). It was presented to Finance and Performance Committee and endorsed on 15 July 2021 in anticipation of commencing procurement on the 16th July. The OBC will subsequently be presented to the Board of Directors on 28 July.

The programmes external advisor and the ICS Digital Lead have reviewed the OBC and found it to be robust with a good understanding of the risks posed.

The SRO, raised a concern regarding affordability of the programme, in terms of the budget required to ensure a successful implementation. This will be explored further, and information provided in future highlight reports.

There is a potential dependency between the training required for the roll out of the EPR and the Leaving Fulwood programme in terms of the space requirement for training rooms. However, alternative options such a virtual / remote training will be considered and likely taken forward instead of classroom based training. Preferred approaches could be the use of online training and resources, an approach taken by Leeds and Humber Trust or by training in situ. There is a body of evidence to suggest the efficacy of the later

approach

Adult Forensic New Care Models

1.17   The SRO, Mike Hunter, Executive Director, Medical confirmed that the programme remains on track, with good progress being made. Namely;

- The establishment of a commissioning hub over 3 provider Collaboratives; Adult Forensic, Tier 4 and Adult eating disorders. The latter being based at Sheffield Children's Hospital

- Quality and Commissioning Leads positions have been appointed to the programme.

- A Clinical Lead role working across all 3 Provider Collaboratives is in train to be recruited to

- Papers detailing the financial due diligence and the quality governance position have been shared with the relevant boards and committees.

- A quality governance workshop has taken place to inform thinking and understand the scope and impact on the SHSC as Lead Provider

- In the spirit of sharing information, the clinical model has been shared with NHSE.

Risks and issues within the programme pertain to:

A 6.5m gap in finances, which can be attributed to extra packages of care being required and an overlap between the programme and the Transforming Care programme within the Learning Disabilities arena. To mitigate, specialist finance expertise is working closely with NHSE and this has been escalated to the SHSC Executive Director of Finance for support in resolution.

The viability of South Yorkshire and Bassetlaw's services being destabilised by the commissioning intentions and bed plans of the adjacent ICS's. The impact of this may result in SYB patients having to receive their care outside of area and this may adversely affect their outcomes.

In terms of Go Live dates, 26 ICS's were due to launch on 1 July. SYB has previously been considered an outlier as the planned launch date is October 2021. However, it has yet to be confirmed but is it anticipated at least 16 of the 26 ICS's will be moving towards an October launch. It is apparent that the issues and risks that we are dealing with are similar to those being encountered by other Provider Collaboratives.

Due to the change of go live dates nationally, there is a risk developing that SYB may not have access to NHSE support in a timely manner as focus may be placed on supporting other Provider Collaboratives to launch.

People Plan

1.18   People Plan is experiencing slippage, in part due to a lack of detailed plans for some elements of the programme. The implementation of the TRAC recruitment

system has been planned effectively and delivery is taking place, however other areas such as the Leadership Development plan requires further attention.

Funding has been secured to bring in specialist resources to support change management activities and workforce planning expertise to support the design of an effective workforce model.

However it has been raised as a risk that specialist HR positions can be difficult to recruit to based on past experience. To mitigate this various channels and approaches are being used to advertise the posts.

An issue has been raised regarding data quality to support delivery of the recruitment plan as there are inconsistencies within the vacancies data. Colleagues in Finance and the People Directorate are working together to resolve this. However, progress against the recruitment plan is still taking place.

Strategic change – working in partnership

1.19   Workshops have taken place with Staff Side to develop partnership working as part of SHSC's modern employer relationship agenda. The intention of the workshops were to establish improved ways of working together when undertaking change management in order to reduce any tensions that may arise.

One of the tools provided is a checklist of questions, which prompt managers and Staff Side to consider the implications of the change from the outset, and reduce issues later in the process. There is evidence of this approach being used successfully within other organisations during the planning stage which encourages engagement and support from all stakeholders.

The checklist supports the Organisational Change policy. PMO will ensure that it is used within all programmes and projects to support effective understanding of workforce considerations and an appropriate approach and plan is designed.

Section 2: Risks

2.1   The individual risks for the programmes have been covered within the programme highlights.

2.2   BAF 0026 There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity;

Controls:

- Members of the Executive Team are SRO's for all projects and programmes

- Transformation Board is in place to provide read across between programmes (including Back to Good Board) and operational areas, manage dependencies and provide guidance and support

- Programme / Project Boards are in place

- Reporting structures in place from Programme Manager to Programme Board, through to Transformation Board and Finance and Performance Committee

- Standardised highlight reports produced which include milestone plans, financial information and roles and responsibilities

- Developing maturity of PMO to support check and challenge of reporting

- External specialist resource is being brought in where appropriate to provide necessary skills, knowledge and capacity

- Community of Practice in place to share knowledge and experiences between the Transformation Programme / Project Managers

Gaps:

- To ensure skilled and experienced Project / Programme Managers in role for CMHT project

- Portfolio risk and issue register and milestone plan to be embedded within the work and assurance activities of the Transformation Board

- Dependencies register to be redefined and implemented into work and assurance of Transformation Board

- Change control process to be implemented across all programmes to ensure changes to scope, quality and plans are visible and agreed at the appropriate level of authority

- Lack of formally assigning colleagues to programmes with acknowledgment of amount of time required to dedicate to the programme

Assurance

- Triangulation of information between Back to Good programme and Transformation Portfolio via PMO

- Reporting from programmes to relevant committee's and Transformation Board to Finance and Performance Committee

- Programme highlight reports

Plan

- Continuing to embed the programme governance arrangements (Head of PMO)
- Progress the project support for the CMHT project (Director of Operations and Transformation / Head of PMO)

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Section 3: Assurance

Benchmarking

3.1   Benchmarking takes place in relation to the specific programmes to compare processes, staffing levels and performance metrics with other Trusts. This takes place as necessary throughout the delivery of the programmes.

Triangulation

3.2   Information provided by the Adult and Forensic New Care Model programme triangulates with the activities undertaken during Quality Development workshops which included colleagues from the Trust Board sub committees.

The EPR outline business case and procurement plan has been assured by the external advisors and the Digital ICS Lead.

Engagement

3.3   Engagement activities have taken place this month across the portfolio with specific SHSC wide communications being issued in relation to Leaving Fulwood, EPR and the Therapeutic Environments programme

The PMO will work with the Transformation Programme Managers to ensure that stakeholder analysis has taken place and a communications plan developed. This will include consideration of our partners, commissioners, service users, carers and their families.

The communication plans with be linked with communications taking place to agree the Annual Operating Plan and its ongoing progress of delivery. For example, briefings at ICS forums and Contracting Board

Communications next month will focus on Leaving Fulwood and EPR.

Section 4: Implications

Strategic Aims and Board Assurance Framework

4.1   As part of the strategic direction refresh the Clinical and Social Care Strategy implementation will be included within the Transformation Portfolio and the People Plan will transition to business as usual, later in 2021/22. The timescales and approach to be taken will be confirmed by the SRO's. In addition, learning by the People Plan programme regarding the approach to communicating and implementing a SHSC strategy is to be shared with the Clinical and Social Care Strategy Team and leads for the enabling strategies.

4.2   The Transformation Board raised that decision making regarding which projects and programmes should be taken forward should include consideration of all strategic aims being met, as opposed to focusing on one specific aim to ensure a clear understanding of how the change helps us to deliver the strategy. Implementation of this decision is to take place with communications with colleagues via the Annual

Integrated Planning Group and Business Planning Group including a revision of guidance within relevant documentation

Equalities, diversity and inclusion

4.3   All programmes and projects consider the cultural transformation and workforce agenda. Quality and Equality Impact Assessments have been, or are to be, completed and reviewed on a regular basis.

Culture and People

4.4   All programmes and projects consider the cultural transformation and workforce agenda.

The Transformation Board supports this by ensuring triangulation between programmes, supporting the management of dependencies and providing direction to ensure that the use of the organisation change policy and checklist are embedded into the project and programme management lifecycles.

Integration and system thinking

4.5   The Adult Forensic New Care Models programme and Primary Care Mental Health Transformation Programme support integration and partnership working.

Financial

4.6   Financial concerns were raised within the Electronic Patient Record programme, Adult and Forensic New Care Models. The governance around financial decision making within the Therapeutic Environments Programme is to be considered by the Executive Director SROs, Special Projects (Strategy) and the Executive Director of Finance

Compliance - Legal/Regulatory

4.7   The ligature anchor points, seclusion and dormitory work undertaken on acute wards, within the scope of the Therapeutic Environments programme, will support delivery of the significant improvements required to be made in line with the June 2021 CQC Section 29a warning notice.

A tender process is being followed for the procurement of the EPR system.

A memorandum of understanding will need to be agreed for the Forensic Collaborative.

Section 5: List of Appendices

None required – details included in summary report