Board of Directors - Public

SUMMARY REPORT	**Meeting Date:** 28 September 2022
	Agenda Item: 10

Report Title:	**Transformation Portfolio Report**	
Author(s):	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	Pat Keeling, Director of Strategy	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Finance & Performance Committee
	Date:	15 September 2022
Key Points recommendations to or previously agreed at:	• The new format report was received, as requested. • Further assurance was requested in future reports regarding the impact of the red rated transformation programmes and projects.	

Summary report

The Strategic Transformation Programmes and projects reported the following key areas of progress and risk to the Transformation Board on 25th August 2022:

1. **Therapeutic Environment Programme Board** - reported a red rating against scope, budget and resources:

    • The Programme Board have commissioned a Strategic Outline Business Case, through external support, for delivery to Finance and Performance Committee in November 2022.

    • A Programme Board development session was held on 9th September to reflect on the programme's achievements and reconsider the programme scope, current priorities and current risks, which are resulting in the red rating.

2. **Leaving Fulwood Project Board -** reported an overall red project rating (now moving to amber):

    • The sale of Fulwood House will be delayed until April 2023 due to a delay in submission of the reserve matters planning application by the purchaser. This may delay the initial capital receipt until 2023/24 (rather than 2022/23). The impact on our CDEL is being assessed.

    • The relocation of the Assertive Outreach Team and the Community Forensic Team continues to be worked through with Sheffield City Council who own Wainwright Crescent. The delay to this move will mean that these two teams will remain on the Fulwood site for the time being. Alternative locations continue to be explored.

    • An addendum to the original New HQ capital business case (£488k) has been approved for the

additional funds (£85k), thereby addressing the red rating against budget. Separate business cases have been submitted to take account of the change of approach to the relocation of the training teams.

- Staff have been moving into the new HQ as planned in August and generally their feedback is positive regarding the new accommodation and location. Staff feedback has identified some minor issues which are being worked through accordingly. Staff debrief sessions are planned as part of post project evaluation.

- The training teams relocated from Fulwood House to Chestnut Cottage at the Woodland View site and Hawthorne Ward at the Longley Centre, by 2 September, as planned.

3. **Health Roster Project -** reported a red rating against resources, risks and issues:

- There are significant resource challenges in the project team and although the project remains on track to deliver by December 2022 (which includes contingency in the project plan), this has required extra hours being worked.

- The same staff also support the Agency CIP project and there is a risk that overstretching resources could detrimentally impact on the project and business as usual activity. To address this a candidate has been identified to potentially backfill a role and a Resourcing Manager is being recruited. In addition, the Transformation Board provided the steer that the implementation of Health Roster is an enabler for CIP efficiencies.

4. **Community Mental Health Transformation Programme Board -** reported an overall amber project rating:

- The staffing model will be completed in September and, subject to appropriate funding being confirmed, the model will go to consultation in October. However, the model cannot be fully funded within the current financial envelope therefore discussions are underway with commissioners, who have requested to see a recommendation for the model before commitment to funding is made.

5. **Electronic Patient Record Programme Board –** reported an overall amber project rating

- The project rating remains amber due to slippage caused by configuration issues, which are not anticipated to impact on the overall programme delivery timescales. However, the main risk to the project remains slippage against the planned go live date of May 2023. If this date is not met costs would be incurred for a further 12 months server support. If necessary, further resources will be assigned to the project to ensure May 2023 is achieved and the spend on resources does not exceed the support costs

- Several new staff will be onboarded in September. In addition, between 60-75 Change Champions from across SHSC have been identified and will contribute throughout the lifecycle of the project.

6. **Primary and Community Mental Health Transformation Programme Board** – reported an overall green project rating

- The Project Initiation Document has been approved by the Programme Board. Workstream leads have been identified and the project plan will be developed during September and October 2022. Focus has been placed on identifying the risks to the transformation, further analysis will take place during September to ensure that the Programme Board are sighted on the key risks.

- Several staff engagement events are taking place in September to build on the momentum generated by the initial events in June, which were very well received. This approach to engagement will now continue throughout the course of the programme.

7. **Learning Disabilities Programme Board –** reported an overall amber project rating

- Progress against milestones is being re-evaluated and the project rating may turn to green in September, as the new model is developed and socialised. Staffing, affordability, and achievability (including public consultation) are all currently being explored as part of the service transformation.

- The Programme SRO, Dr Mike Hunter, is proposing to write a paper in common (on behalf of the Trust Board of Directors, the Mental Health LDA board in Sheffield and the Mental Health Provider Collaborative at system level), to provide assurance that the correct steps have been taken in redesigning the service and confirm wider support for the new model.

8. **Community Facilities Programme Board** – reported an overall red project rating against issues

- The programme is reporting an overall status of red due to ongoing issues relating to the relocation of the Assertive Outreach Team and Community Forensic Team. An options appraisal is being progressed to establish a suitable location. This will be completed in September.

- The longer-term planning of the entire portfolio of community facilities is proceeding well and is being aligned with the development of the Five-Year Service Plan, which will be brought to the Finance and Performance Committee in November.

9. **Clinical and Social Care Strategy** – reported an overall amber project rating

- The programme will remain at amber status until the workstreams complete the Project Initiation Documents in September 2022, however work remains on track.

- A progress review on the strategy delivery is planned for the November meeting of the Board of Directors

APPENDICES:

Appendix 1 Overall portfolio health card

Appendix 2 Benefits

Appendix 3 Progress against milestones

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

Recommendation: The Board is asked to 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 Recovering effectively	*Yes*		*No*	✔
CQC Getting Back to Good – Continuing to improve	*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 Fundamental Standards	*Yes*	✔	*No*		Environmental standards – LAPs, privacy and dignity, least restrictive environments
Data Security and Protection 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
Any other specific standard?					

Have these areas been considered? YES/NO					If yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	✔	*No*		Service user and carer safety and experience is a key consideration within all programmes within the portfolio.
Financial (revenue &capital)	*Yes*	✔	*No*		Finance is a core component of all programmes within the portfolio.
Organisational Development /Workforce	*Yes*	✔	*No*		OD and workforce considerations are key to agreeing the scope, delivery and impact of all programmes within the portfolio.
Equality, Diversity & Inclusion	*Yes*	✔	*No*		QEIA is undertaken as part of each programme and informs the programme structure, stakeholder engagement and outcomes.
Sustainability	*Yes*		*No*	✔	

Transformation Portfolio Health Card Summary
M5: August 2022

	Overall	Progress	Scope	Budget	Reources	Risks	Issues	Stakeholder engagement	Benefits
Leaving Fulwood	🟥	🟧	🟧	🟥	🟧	🟧	🟧	🟩	🟧
CMHT Programme	🟧	🟧	🟧	🟧	🟧	🟧	🟩	🟧	🟧
PCMHT Programme	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
Therapeutic Environments	🟥	🟧	🟥	🟥	🟥	🟧	🟩	🟧	🟧
EPR	🟧	🟧	🟩	🟩	🟧	🟧	🟩	🟩	⬜
Learning Disability Programme	🟧	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟧
HealthRoster	🟥	🟩	🟩	🟧	🟥	🟥	🟥	🟩	🟧
Clincal & Social Care Strategy	🟧	🟧	🟧	🟧	🟧	🟧	🟩	🟩	🟧
Community Facilities Programme	🟥	🟧	🟩	🟧	🟩	🟧	🟥	🟩	🟧

Appendix 2 Transformation Programmes Cashable Benefits

Programme	Benefit	Event	2021/22	2022/23	2023/24	2024/25	2025/26	10 years total
	Reduction in clinical correspondence		-	-	-	£13,500	£27,000	£202,500
	Reduction in clinical administration		-	-	-	£16,990	£33,979	£254,843
	Time savings given improvements in efficiency and productivity admin		-	-	-	£245,843	£509,685	£3,822,638
	Reduction in length of stay through better decision support		-	-	-	£447,000	£894,000	£6,705,000
	Reduction in out of area placements		-	-	-	£87,000	£175,000	£1,312,500
	Reduction in CSNT Premium		-	-	-	£34,100	£68,200	£511,500
	Easier to integrate new systems allowing exit from legacy systems		-	-	-	£2,500	£5,000	£37,500
	Reduction in agency / bank spend due to improvements in Trust reputation and recruitment and retention		-	-	-	£45,000	£90,000	£675,000
Electronic Patient Record	Reduced travel costs				-	£15,000	£30,000	£225,000
	Time owing management		£8,035	£8,035	-	-	-	-
	Annual leave management		£75,978	£97,038	-	-	-	-
Health Roster	Temporary staffing management		£13,501	£13,501	-	-	-	-
		Exchange of sale contract	£200,000	-	-	-	-	-
		Phase 1 land transferred	-	£4,050,000	-	-	-	-
		Phase 2 land transferred	-	-	£4,100,000	-	-	-
Leaving Fulwood		Phase 3 land transferred	-	-	-	£4,100,000	-	-
TOTAL			**£297,514**	**£4,168,574**	**£4,100,000**	**£5,006,933**	**£1,832,864**	**£13,746,481**

Appendix 2 Transformation Programmes Non Cashable Benefits

Programme	Benefit	2021/22	2022/23	2023/24	2024/25	2025/26
Electronic Patient Record	Time savings giving improvements in efficiency and productivity - clinical	-	-	-	£2,038,740	£4,077,480
	Reduction in waiting list through improved clinic utilisation	-	-	-	£750,000	£1,500,00
	Reduction in time spent on IG activities	-	-	-	£784	£1,568
	Release of VM infrastructure	-	-	-	£42,500	£85,000
	Improvement in PLC data	-	-	-	£717	£1,433
Health Roster	Option follows the recommendations of the NHS Long Term Plan and the Levels of Attainment					
	Improved visibility of whole Trust workforce					
	Improved workforce information to support workforce planning					
	Allows for annual leave to be centrally managed to ensure consistency in application of annual leave policy					
	Streamlines processes with one system used for all staff					
	Removes the need for SSP forms to be completed					
	Allows for live absence reporting					
	Supports the SHSC People Plan					
	Option allows for visibility of all temporary staffing usage					
Leaving Fulwood	Support services will be improved as services are strategically located in one area enabling teams to maximise their expertise					
	There will be improvements in the environment for staff and visitors - boosting morale					
	Less fragmentation of teams					
	Enables continuation of implementing new ways of agile working					
	Enhances the SHSC brand					
	Enables technology improvements					
Therapeutic Environments	Safe and dignified environments in compliance with CQC requirements					

APPENDIX 3 MILESTONES

CLINICAL AND SOCIAL CARE STRATEGY

		2022					
	Q3	Q4	Q1	Q2	**Q3**	Q4	

Clinical and Social Care Strategy — Clinical and Social Care Strategy ● Sep 6, '21 - Sep 30, '22 ● 390 days

Scopes of workstreams defined ...	Sep 6, '21 - Nov 30, '21	Complete
Workstream plans developed	Nov 30, '21 - Dec 10, '21	Complete
Service user reference group ref...	Jan 3 - Apr 30	Complete
Person centred and strengths b...	Jan 3 - May 31	Complete
Workstream PID's to be complet...	Jul 1 - Sep 30	On Track

COMMUNITY MENTAL HEALTH TRANSFORMATION

	2022				2023			
	Q1	Q2	**Q3**	Q4	Q1	Q2	Q3	Q4

Community Mental Health Transformation ● Jan 14, '22 - Apr 28, '23 ● 470 days

Outline clinical models shared w...	Jan 14	Complete
Governance meetings establish...	Apr 30	Complete
Organisational change process	May 2 - Jul 29	Delayed
Final clinical models presented ...	Jul 15	Complete
Operationalise model	Aug 1 - Dec 22	Delayed
Draft case for change for clinical...	Sep 30	Delayed
Clinical outcome measures agre...	Sep 30	Delayed
Performance / Operational outc...	Sep 30	Delayed
Final operating model to be pres...	Oct 17	Delayed
Reporting and governance speci...	Jan 31, '23	Delayed
Implementation complete	Apr 28, '23	Delayed

EPR

	2022				2023			
	Q1	Q2	**Q3**	Q4	Q1	Q2	Q3	Q4

EPR ● Jan 28, '22 - Jul 31, '23 ● 550 days

Contract signature	Jan 28	Complete
Detailed implementation plan ag...	Apr 29	Complete
Technical go live achieved	Dec 16	On Track
Early adopter go live achieved	Feb 28, '23	On Track
SHSC wide go live achieved	Apr 28, '23	On Track
90 day period of continuous sta...	Jul 31, '23	Not started

HEALTH ROSTER

	2022				2023		
	Q1	Q2	**Q3**	Q4	Q1	Q2	Q3

Health Roster

Implemented in 75% of units	Jul 29
Project Board set up	Sep 30
Implemented in 100% of units	Dec 23

Health Roster ● Jul 29 - Dec 23 ● 148 days
- Complete
- Delayed
- On Track

LEAVING FULWOOD

	2022				2023		
	Q1	Q2	**Q3**	Q4	Q1	Q2	Q3

Leaving Fulwood

Centre Court IT & Furniture	Feb 1 - Mar 31
End staff consultation period	Mar 18
Commercial and legal agreemen...	Mar 31
Distington House IT & Furniture	May 2 - Jul 28
Centre Court Decant	Jun 1 - Jul 29
Distington House Decant	Jul 1 - Sep 30
Disposal of Fulwood House com...	Dec 30

Leaving Fulwood ● Feb 1 - Dec 30 ● 333 days
- Complete
- Complete
- Complete
- Complete
- Complete
- Complete
- Delayed

THERAPEUTIC ENVIRONMENTS

	2022				2023		
	Q1	Q2	**Q3**	Q4	Q1	Q2	Q3

Therapeutic Environments

Healthcare planning complete	Nov 1, '21 - Mar 31, '22
Procure feasibility team studies ...	Mar 31
Burbage ward improvements co...	Aug 26
Dovedale and Stanage ward imp...	Mar 17, '23

Therapeutic Environments ● Nov 1, '21 - Mar 17, '23 ● 502 days
- Complete
- Complete
- Delayed
- Delayed