

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 25 January 2023

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 and Performance Committee
	Date:	13 th January 2023
Key Points recommendations to or previously agreed at:	<ul style="list-style-type: none"> • Completion of HBPOS business case, as soon as possible • Completion of Stanage tender evaluation and any business case impact, as soon as possible • The need to review our governance systems and processes to support the improvement of our environments, at pace • The impact of any slippage in the HBPOS and Stanage projects on the planned date to reduce out of area placements and deliver associated cost improvements 	

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 22 December 2022 and Finance and Performance Committee on the 13 January 2023:

1. Therapeutic Environment Programme Board – The overall rating remains red. The programme has a new SRO, Neil Robertson.

In November, the Programme Board reported a red rating against costs, issues and resources. This month, there has been an improvement as the issues rating has changed to amber due to their effective management. Costs remains the most significant area of concern with 3 projects reporting financial risks.

New adult in patient and older adult's developments

- The project has a red status due to costs and risks. There is an ageing financial risk regarding the lack of feedback from the New Hospitals Programme following the three expressions of interest that were submitted in early 2022.
- Development of the Strategic Outline Case (SOC) is on track. Shortlisted options have been identified based on service solution, delivery, implementation, and funding, taking into consideration

the lack of feedback regarding the success of the funding request.

- The SOC is being developed with stakeholders from clinical leadership teams. It is being taken through internal governance processes to socialise key groups, committees and the Board of Directors on the principles being applied and the work undertaken thus far.

Ligature Anchor Points (LAP) – Phase 3

- The project has a red status due to the increasing scope, complexity, costs and risks.
- The LAP project group has been re-established and met again on 12 January to increase pace.
- Following approval of the investment request by Business Planning Group, the tender for work on Stanage Ward has been advertised and a preferred supplier identified. The 10 day stand still period is currently underway. Approval of the investment is required at Finance and Performance Committee prior to the contract being awarded. A request has therefore been made for an extraordinary meeting to review the tender and any impact on the original approved Phase 3 LAP business case, and deliver at pace so as not to further delay the Maple ward refurbishment.
- The Programme Board has taken the decision to exclude working on an operational older adult ward during the winter and so avoid the potential risk of vulnerable and frail older adults being placed out of area. A feasibility study has been undertaken to establish an appropriate location and approach to this work through the 2023/24 capital plan.
- The increasing scope, complexity and cost of the Stanage project (where we are now trying to address a much wider range of pressing environmental issues), is putting the capital programme under pressure in 2022/23.
- The Stanage Ward project has been designed and will be delivered based on the lessons learned from what was called the Burbage Ward refurbishment. The project scope now includes a greater focus on additional essential backlog maintenance and critical clinical requirements such as upgrades to clinic rooms and de-escalation space. This is over and above the original project brief, which comprised eradication of dormitories and the removal of fixed ligature anchor points (including replacement of all sanitary wear and bathroom ceilings).

Health Based Place of Safety

- The project has an amber status.
- The draft business case has been completed, including the revenue implications, but it has experienced delays due to the increasing scope and complexity of the work which will be required to extend the 136 suite capacity and relocate a range of affected services. However the additional benefit of this increased scope and configuration of services is the development of a Crisis Hub bringing together a wider range of expertise.
- The finance VFM analysis is still awaited before the business case can be finalised. A request has been made for an extraordinary meeting of the Finance and Performance Committee to review the business case and support this 'fast track' project.
- The project has an estimated total cost of £3.5m and includes £1.9m of external funding, which has to be spent by 31 March 2023. The project will be phased over 2022 and 2023 and is due for completion in the summer of 2023.
- Designs are following best practice approaches and are being co-produced with staff and service users. The enabling works are progressing, however undertaking two projects at the Longley Centre simultaneously is causing congestion on a live site and relies heavily on the same staff being involved, which is exacerbating operational pressures.

2. Community Facilities Programme Board – reported an overall red project rating against progress. It is forecast to improve to amber in January 2023.

St Georges

- A preferred option for the services to relocate to has been identified, however it will not be confirmed until the financial appraisal has been completed in early January 2023. The business case will then be subject to the SHSC internal governance processes for approval.

Assertive Outreach Team / Community Forensic Team

- These two teams are based at Fulwood House currently. Options for new locations have been identified and these are being reviewed. The financial appraisal is due for completion in January. Again, the business cases will be subject to SHSC internal governance processes.
- The challenge here is our ability to balance the acceptability of any new location with achievability and affordability.
- We continue to follow best practice and engage and involve staff in the specification of requirements for their accommodation.

3. Electronic Patient Record Project Board – reported an overall red project rating against resources and risks. This has now shifted to amber. The programme has a new SRO, Phillip Easthope.

- There was a significant step back in the progress of the change workstream due to the loss / absence of three key staff. However, two of the posts will be filled in January. The EPR Project Board has approved expenditure of agency staff to alleviate the current pressures.
- Focus is being placed on training. The Transformation Board advised that the training plan may require daily monitoring and review by the project (based on the number of people trained) to ensure that all staff working in clinical areas receive training between January – May 2023.
- The Transformation Board also requested that the project team develop a plan to ensure that clinical engagement takes place as this is an area which has been previously difficult to address. The plan is to be presented at the EPR Programme Board meeting in January.

4. Health Roster Project - reported an overall amber rating.

- 98% of staff are now on e-roster and training will continue in January 2023. The Transformation Board congratulated the project team on this achievement.
- Focus is now being placed on embedding use of the system and the benefits realisation.

5. Community Mental Health Transformation Programme Board - reported an overall amber rating. The programme has a new SRO, Neil Robertson:

- In November the Case for Change was received by the Joint Consultative Forum and the Quality and Equality Impact Assessment (QEIA) was approved by the QEIA Panel.
- Following QEIA support the staff consultation process is due to commence and this is anticipated to take place during January – April 2023. However, the exact dates are yet to be confirmed.
- Throughout December, focus has been placed on engaging staff regarding roles and responsibilities, training and development and job description reviews.
- Service user engagement has continued with two service user journey meetings taking place hosted by Sheffield Flourish, in which it was confirmed that the new model will address many of the service users existing concerns.

6. Primary and Community Mental Health Transformation Programme Board – reported an overall green rating, however it is forecast that some areas may deteriorate to amber.

- A draft clinical model was presented to the Programme Board in December. The final model was planned to be completed in February. However, as work has progressed the high level of dependency between the clinical and operational model has become clear. Therefore, it is anticipated that both models will be finalised in April. This does not cause slippage within the overall programme but is a change to the original planned dates.
- A task and finish group related to the Clinical Model Workstream has been formed to consider the urgent / emergency / crisis function of SPA. This is currently not within scope of the programme. The group has been tasked with recommending whether the function should become part of the clinical model or remain within secondary care.
- Two further engagement events are planned in January with staff, third sector (VCSE), and service users to continue to shape the clinical model.
- A key issue relates to Primary Care and SHSC using different IT systems; SystmOne and Rio. The interoperability of the two systems has to be considered and an approach agreed as to their usage. A meeting has been arranged for January with operational, clinical and IT leaders to take forward this work.

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

- A paper detailing progress and a refreshed Project Initiation Document will be submitted to the Quality Assurance Committee and Board of Directors in January. The paper will include the approach that may be taken to develop an extended community service offer, subject to the outcome of a public consultation regarding the future delivery of Learning Disabilities services in Sheffield, which is being led by the ICB at Place. This potential extended offer has been developed with service users, staff, VCSE, ICB and system partners. Contingent on the outcome of the consultation, it might be anticipated that new models of care will be implemented from Q2 2023.
- The organisational change process is being followed and supported by our human resource team for staff who may be impacted by the outcome of the consultation.

8. Leaving Fulwood Project Board – reported an amber rating

- The application for planning matters has been delayed by the purchaser, Espresso. A three month extension to the current contract, from December 2022 to April 2023, has been requested and this is currently being considered by SHSC.
- With Centre Court, Distington House and the training venues now being operational, we are moving into the post project evaluation stage. A workstream is being set up to ensure that any outstanding work is completed, the project is closed effectively, and benefits including cost improvements, are realised.

Assignment of Senior Responsible Owner's (SRO's)

The departure of the Director of Nursing, Professions and Operations from SHSC has created the requirement to reassign SRO responsibilities for three programmes. The proposed changes are as follows:

- Electronic Patient Record – Phillip Easthope
- Community Mental Health Transformation – Neil Robertson

- Therapeutic Environments – Neil Robertson
- Primary and Community Mental Health Transformation – Mike Hunter will continue to be the SRO, however he will also now co-chair the Programme Board with Nicki Doherty, Deputy Chief Executive, Primary Care Sheffield.

APPENDICES:

Appendix 1 Overall portfolio health card

Appendix 2 Finance health card

Appendix 3 Progress against milestones

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	X	Assurance	X	Information	
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Recommendation: The Board is asked to consider if there is sufficient assurance that the programmes are structured appropriately, managing risks and issues effectively and making sufficient progress.

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.
Environmental Sustainability	Yes	✓	No		Sustainability is considered within all programmes and projects
Legal	Yes		No	✓	

Transformation Health Card December 2022

	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder engagement	Benefits	Overall
Leaving Fulwood	Green	Green	Green	Green	Yellow	Yellow	Green	Green	Yellow
CMHT Programme	Green	Green	Yellow	Yellow	Yellow	Green	Green	Yellow	Yellow
PCMHT Programme	Green	Green	Green	Green	Green	Green	Green	Green	Green
Therapeutic Environments	Yellow	Yellow	Red	Red	Yellow	Yellow	Yellow	Yellow	Red
EPR	Yellow	Green	Green	Red	Red	Yellow	Yellow	Green	Red
Learning Disability Programme	Green	Green	Yellow	Green	Green	Green	Green	Green	Yellow
HealthRoster	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Green	Yellow	Yellow
Clinical & Social Care Strategy	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Community Facilities Programme	Red	Green	Yellow	Green	Yellow	Yellow	Green	Green	Red

TRANSFORMATION BOARD FINANCIAL DASHBOARD SUMMARY:

M8 November

Programme	Sub-schemes	Capital		Revenue	
		YTD	Forecast	YTD	Forecast
Leaving Fulwood	New HQ			Further work required to separately identify the costs related to the workstreams.	
	Hawthorne				
	Chestnut				
Community Mental Health Transformation Programme					
Primary & Community Mental Health Programme					
Therapeutic Environments Programme	New adult acute inpatient & older adults developments				
	Burbage ward refurbishment				
	Ligature anchor point removal project - phase 3				
	Health based place of safety				
	Project team				
EPR					
Learning Disability Programme					
Healthroster					
Clinical & Social Care Strategy					
Community Facilities Programme	Planning				
	Partnerships				
	St George's reprovision				
	Assertive outreach team				
	Community Forensic Team				
	IAPT				

RAG Rating definitions:

Green – On track

Amber – (i) Under or overspent for 1-2 months with no recovery plan, or (ii) recovery plan in place but cost pressures remain

Red – (i) Under or overspent for over 2 months with no recovery plan and impacts on delivery of capital plan, or (ii) significant affordability concerns for the 23/24 capital or revenue plan

Grey - (i) no specific budget for the Programme; (ii) staffing and associated costs within existing operational budgets

CAPITAL (£'000)												
Programme	Sub-schemes	YTD Original Plan	YTD Revised Plan	YTD Actual	Underspend/ (overspend)	22/23 Original Plan	22/23 Revised Plan	22/23 forecast	Variance to Revised Plan underspend/ (overspend)	Finance lead	OVERALL RAG rating	Comments
Leaving Fulwood	New HQ	300	537	410	127	300	577	557	20	Dave Spooner		
	Hawthorne	-	209	113	96	-	209	209	-	Dave Spooner		
	Chestnut	-	50	12	38	-	50	50	-	Dave Spooner		
Community Mental Health Transformation Programme		-	-	-	-	-	-	-	-	-	-	Not a capital project
Primary & Community Mental Health Programme		-	-	-	-	-	-	-	-	-	-	Not a capital project
Therapeutic Environments Programme	New adult acute inpatient & older adults developments	50	30	25	5	250	250	250	-	Dave Spooner		22/23 budget used for feasibility studies. Red rating reflects risk of funding not becoming available to proceed with the schemes in 23/24 onwards.
	Burbage ward refurbishment & LAP phase 1 (Burbage only)	1,016	1,599	1,430	169	1,016	1,599	1,599	-	Dave Spooner		Project exceeds original plan due to unknown roof works and a water ingress incident. Rated green as the overspend has been factored into the revised capital plan for 22/23.
	Ligature anchor point removal project - phase 3	1,700	752	334	418	2,577	2,226	2,226	-	Dave Spooner		The critical path of the project is affected by HBPOS project and enabling works. Decision on award of tender for just Stanage ward or Stanage and Dovedale 1 ward taken, only awarding for Stanage ward at this point. Plans for Dovedale 1 include a feasibility review of Grenoside west wing and a more immediate environmental upgrade of décor and furniture on Dovedale 1. Additional costs are expected to move into 23/24 increasing the affordability risk of next year's capital plan.
	Health based place of safety (HBPOS)	-	500	254	246	-	1,900	1,900	-	Dave Spooner		External funding of £1.9m for 22/23 expected to be spent in year. Total project cost likely to be approx £3.2m and funding has not yet been identified for 23/24. External funding may become available but rated red due to the uncertainty and risk to the 23/24 capital plan.
EPR		1,554	1,356	1,277	79	2,848	2,668	2,662	6	Dave Spooner		£3.45m funding received in total. £0.78m funding realigned within the capital programme for other IT projects related to EPR or Digital Levelling Up.
Learning Disability Programme		-	-	-	-	-	-	-	-	-	-	Not a capital project
Healthroster		-	-	-	-	-	-	-	-	-	-	Not a capital project
Clinical & Social Care Strategy		-	-	-	-	-	-	-	-	-	-	Not a capital project
Community Facilities Programme	Planning	-	-	-	-	-	-	-	-	-	-	Not a capital project
	Partnerships	-	-	-	-	-	-	-	-	-	-	Not a capital project
	St George's reposition	-	-	-	-	-	-	-	-	Carl Twibey		Scheme not yet fully developed - plans & budgets to be determined.
	Assertive outreach team	-	-	-	-	-	-	-	-	-		A reassessment of property options is taking place. Plans & budgets to be determined.
	Community Forensic Team	-	-	-	-	-	-	-	-	-		A reassessment of property options is taking place. Plans & budgets to be determined.
	IAPT	-	-	-	-	-	-	-	-	-	-	

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REVENUE (£'000)										
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	22/23 Plan	22/23 forecast	Underspend/ (overspend)	Finance lead	RAG rating	Comments
Leaving Fulwood	New HQ	486	220	266	729	330	400	Nicola Hume	TBC	Work undertaken in M8 to separately identify new HQ budgets and costs. Underspends reflect reduced rental charges in year due to 6 month rent free period. However, further refinement needed to ensure all costs are captured hence rag rated to be confirmed.
	Hawthorne			-			-	Nicola Hume	TBC	Further work required to separately identify the costs related to the workstreams.
	Chestnut			-			-	Nicola Hume	TBC	
Community Mental Health Transformation Programme	TBC			-			-	Kaitiin Plant		Finance and service engagement commenced early November to cost options for CMHT staff establishment proposals. Scope and budgets still to be determined.
Primary & Community Mental Health Programme	TBC			-			-	Paul Isingoma		The clinical model and budget scope is still to be determined. Revenue costs are currently expected to be within existing operational service budgets.
Therapeutic Environments Programme		155	135	20	232	202	30	Jill Savoury		Pay and non-pay revenue costs for the project team within existing operational service budgets. No specific budgets for revenue costs related to the work programme.
EPR		554	438	116	831	857	(26)	Nicola Hume		Pressures recognised in the forecast due to recruitment problems leading to increased agency costs. Also, the go live of the project is going to be in 2 phases instead of the one planned phase. Work is ongoing to recover the overspend and breakeven before year-end. Confirmed since programme board that budget is £831k not £803k as shown in the dashboard.
Learning Disability Programme				-			-	Paul Isingoma		Finance support provided to cost the Clinical Model development. Scope and budgets to be determined for 23/24.
Healthroster		385	487	(102)	577	716	(139)	Nicola Hume		£57k of the YTD overspend relates to agency pay costs and £50k to contractual computer software costs.
Clinical & Social Care Strategy	TBC			-			-	TBC		Revenue costs within existing operational service budgets.
	Planning			-			-	-		Revenue costs within existing operational service budgets.

REVENUE (£'000)										
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	22/23 Plan	22/23 forecast	Underspend/ (overspend)	Finance lead	RAG rating	Comments
Community Facilities Programme	Partnerships							-		Revenue costs within existing operational service budgets. Additional costs may arise and will be reflected in monitoring if that happens.
	St George's reprovision							Carl Twibey		Scheme not yet fully developed - plans & budgets to be determined.
	Assertive outreach team			-			-	Kaitlin Plant		A reassessment of property options is taking place. Plans & budgets to be determined.
	Community Forensic Team			-			-	Paul Isingoma		A reassessment of property options is taking place. Plans & budgets to be determined.
	IAPT			-			-	Paul Isingoma		Scheme not yet fully developed - plans & budgets to be determined.

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Grey - (i) no specific budget for the Programme; (ii) staffing and associated costs within existing operational budgets

Contacts:

Kaitlin Plant - Finance Business Partner

Nicola Hume - Finance Business Partner

Jill Savoury - Head of Finance

Carl Twibey - Head of Financial Accounts

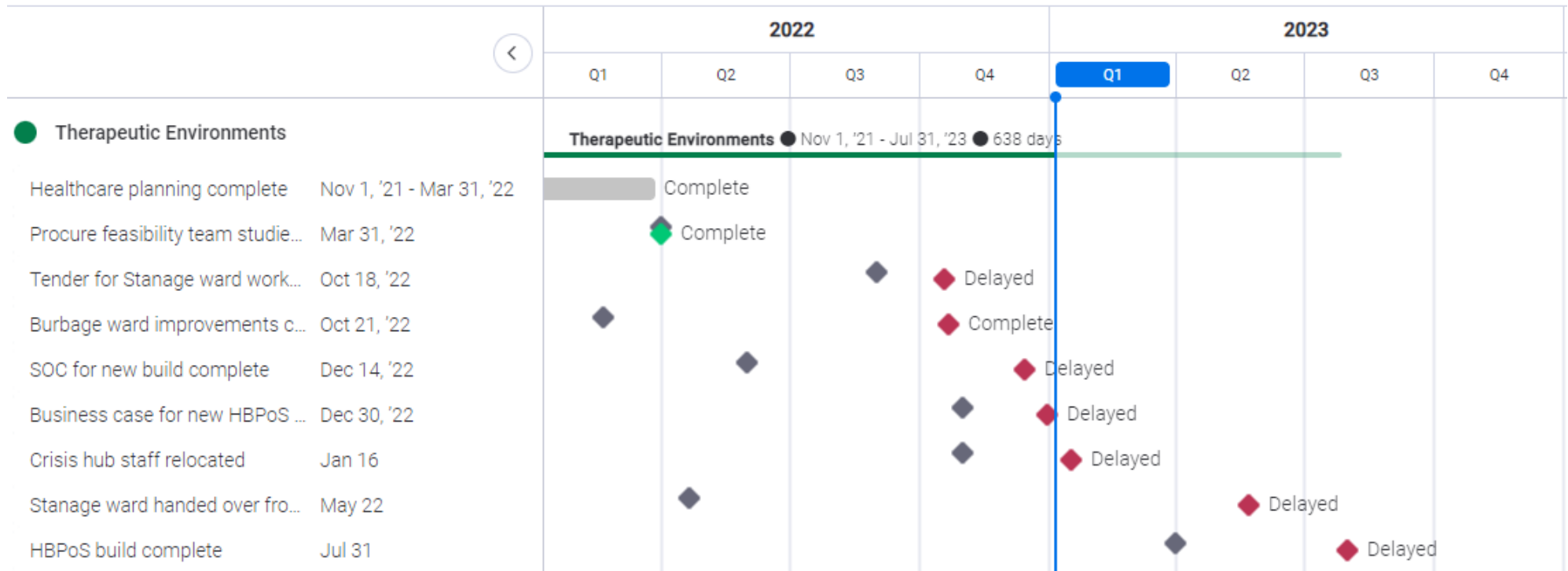
Paul Isingoma - Finance Business Partner

Dave Spooner - Capital Accountant

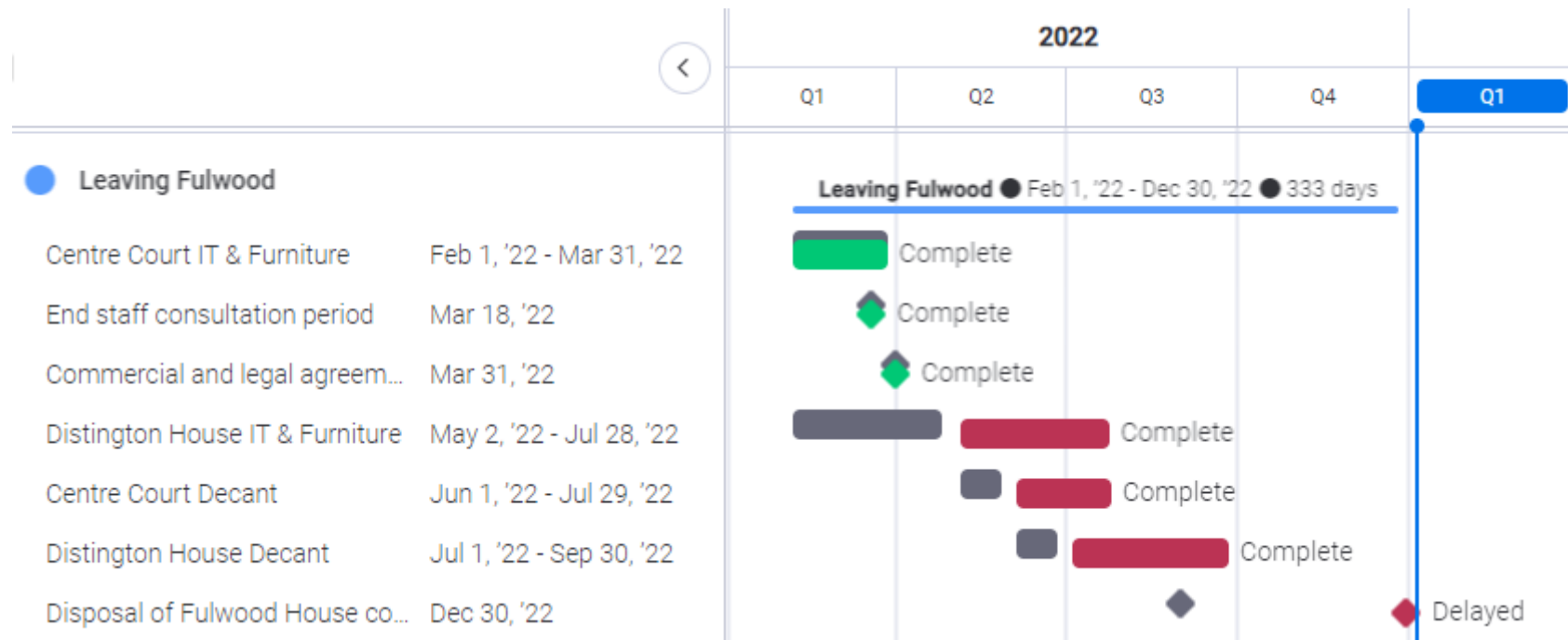
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Appendix 3 – Progress against milestones

Therapeutic Environments



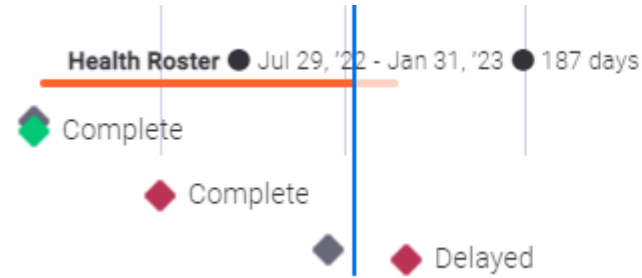
Leaving Fulwood



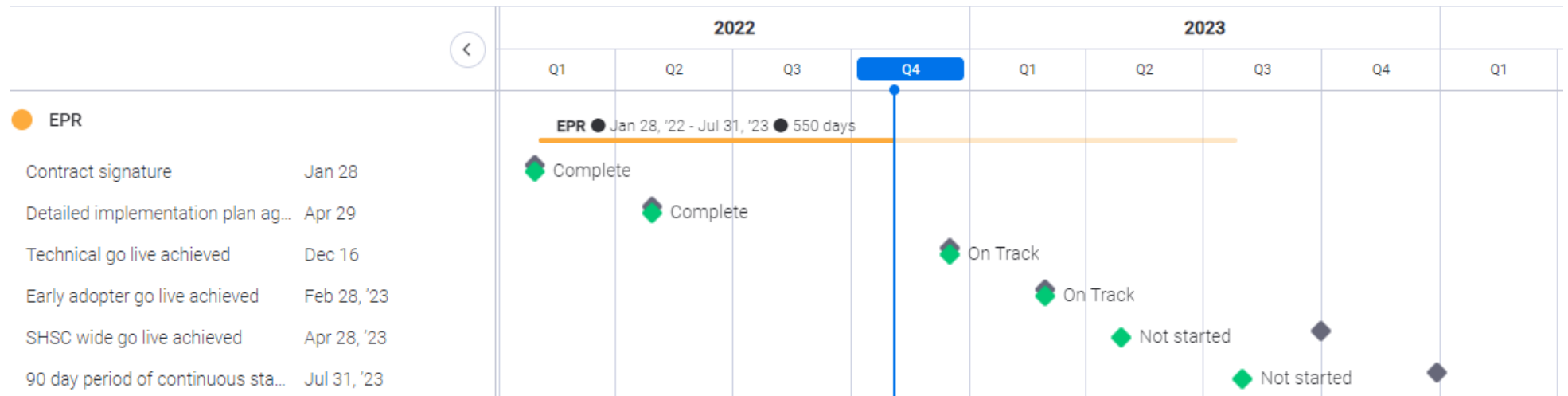
Health Roster

Health Roster

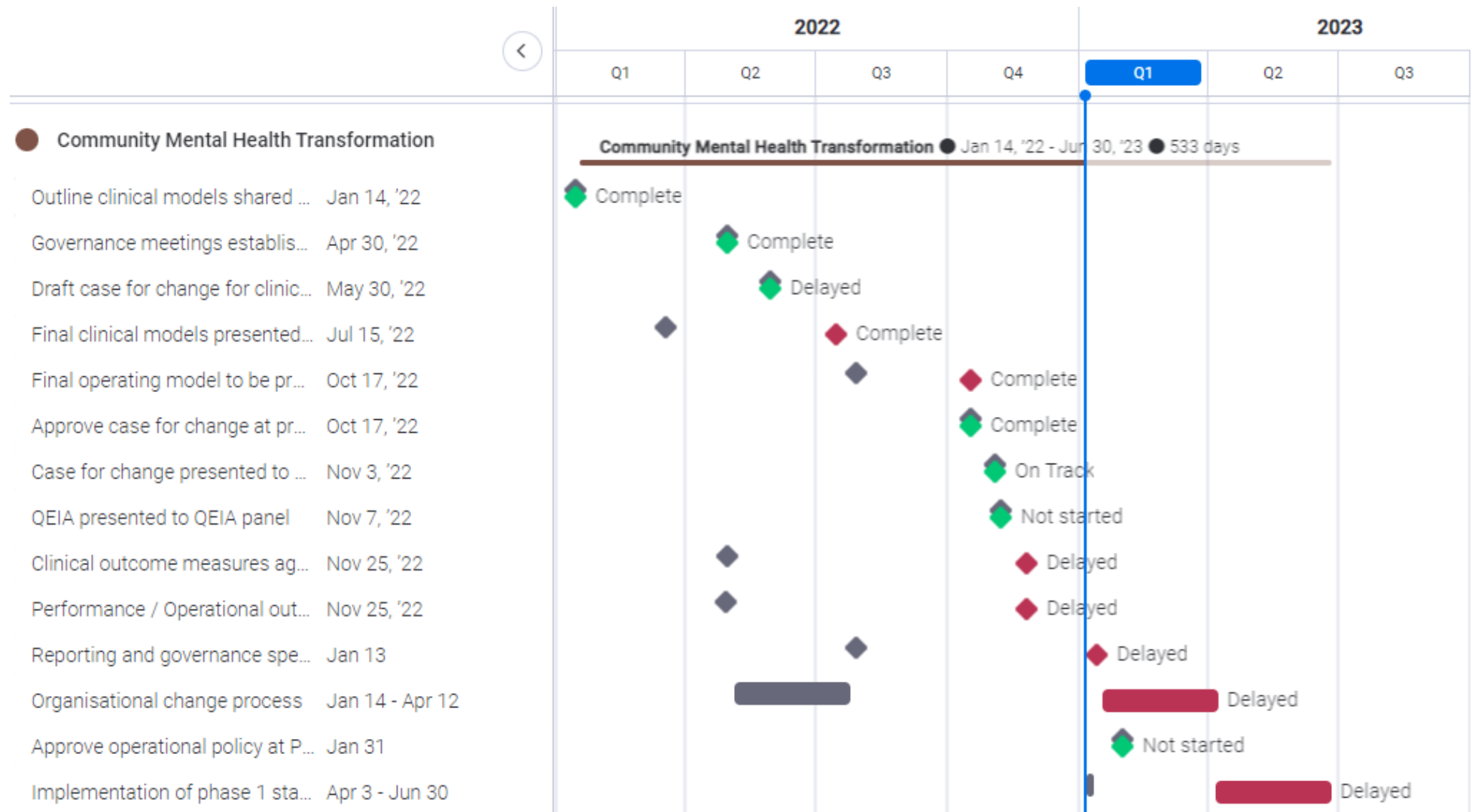
- Implemented in 75% of units Jul 29, '22
- Project Board set up Sep 30, '22
- Implemented in 100% of units Jan 31



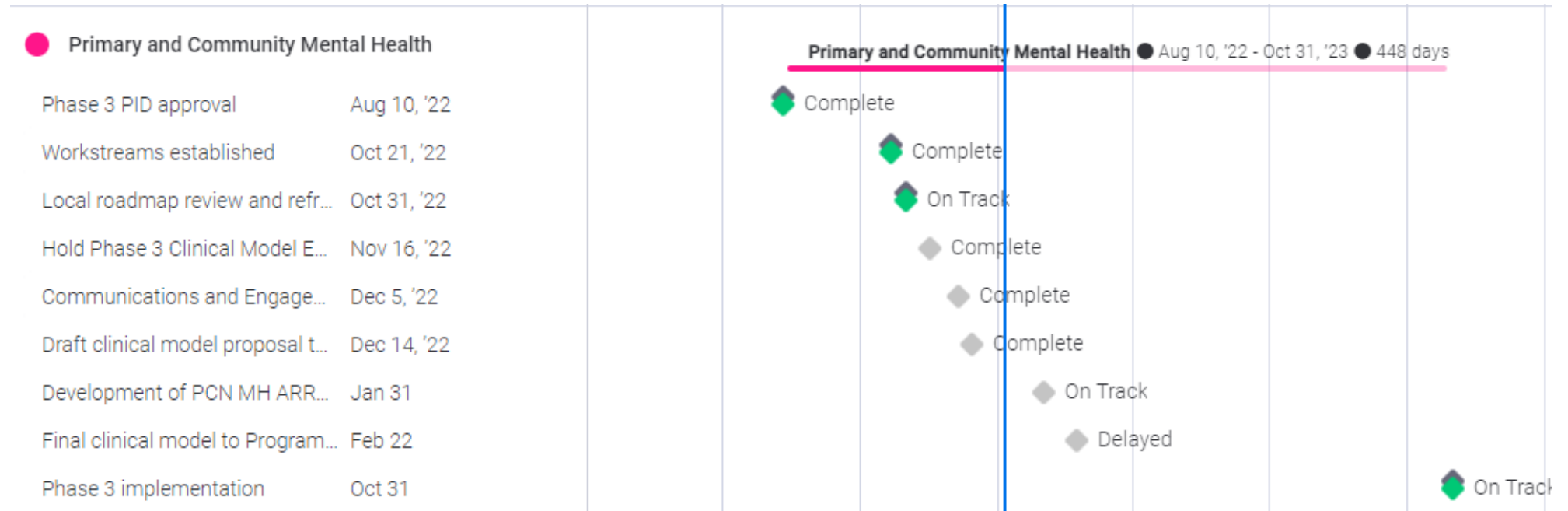
Electronic Patient Record



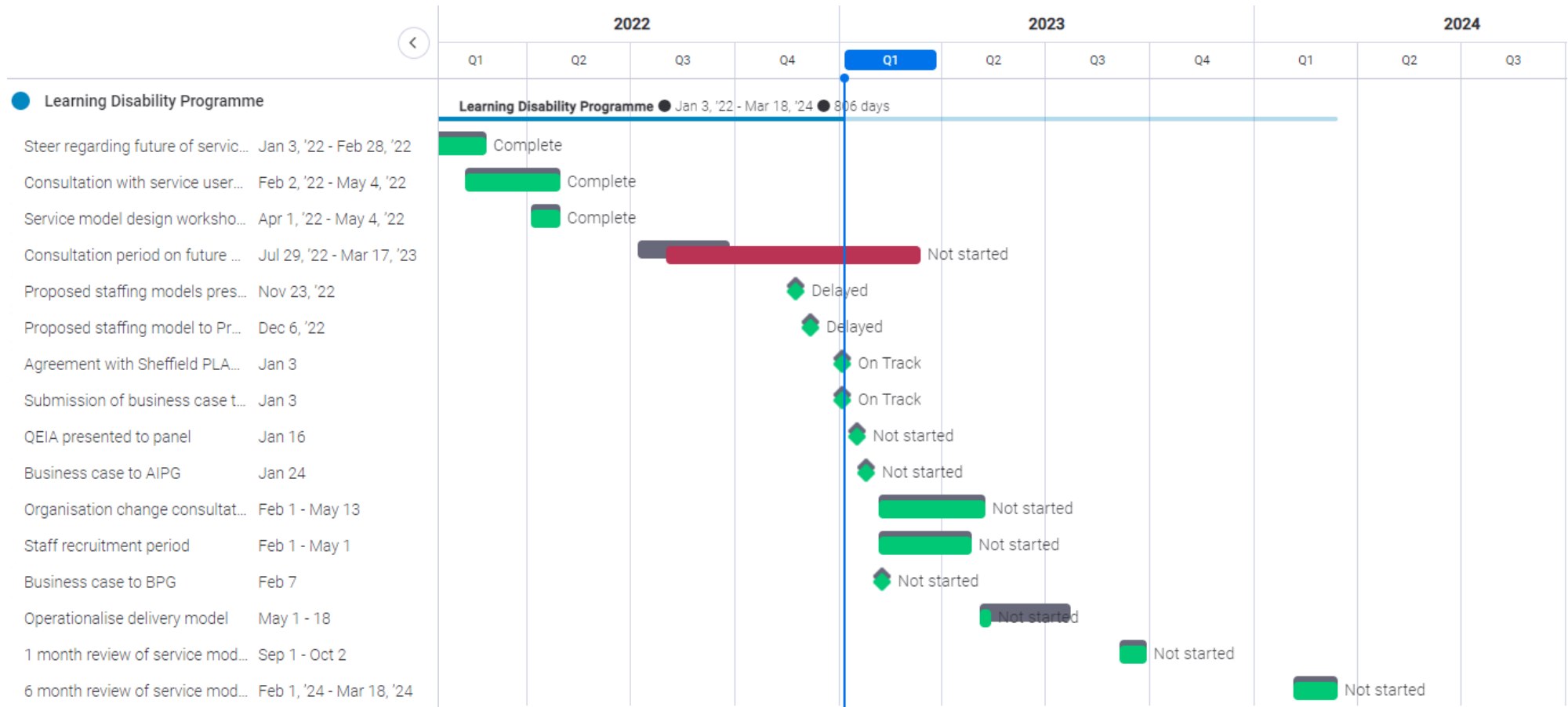
Community Mental Health Project



Primary and Community Mental Health Transformation



Learning Disabilities Programme



Community Facilities Programme

