Board of Directors - Public

SUMMARY REPORT	Meeting Date:	22 March 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:	9 March 2023
Key Points recommendations to or previously agreed at:	• The Maple ward business case is under development and progress is being closely tracked due to the impact on capital costs and benefits realisation • Alternative options for key community facilities locations are being actively explored	

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 23 February 2023:

1. **Therapeutic Environment Programme Board** – The overall rating remains red.

New adult in patient and older adult's developments

- Work on the Strategic Outline Case is currently paused to review the assessment of options based on the requirement and source of capital funding. If a decision was taken to move forward using SHSC funding it would pose a risk to the capital plan for 5-8 years and impact on other capital plans scheduled within this period. There may be the opportunity to review our CDEL.
- Consideration is being given to the requirements and approach to be taken regarding Older Adults provision for the wards G1 and Dovedale 1.

Ligature Anchor Points – Phase 3

- Work on Stanage Ward commenced in January 2023, after an investment of £3.3m was approved by the Finance and Performance Committee.
- Capital works on Maple Ward have been planned for 2023/24. A business case will be submitted for approval to Finance and Performance Committee in May 2023. The Maple ward project is critical to improving quality of care and delivering CIP by addressing out of area placements. The business case is under development, and this will require the clinical model of care to be confirmed in April, to remain on course with the planned start on site following completion of the

Stanage ward project and HBPoS (136 suite).

- There has been a significant increase on the initial cost estimates for these projects, and this has been reflected in the capital plan for 2023/24. The increase in costs is due to essential increased scope and hence duration of these ward refurbishments. A finance dashboard has been presented to Transformation Board to provide greater visibility and assurance regarding the costs for each ward refurbishment and ligature anchor point reduction project.

Health Based Place of Safety

- Delays to the project has resulted in an expected completion date of August 2023.
- The project will cost £3.6m in total (including the enabling work), therefore a capital cost pressure arose as only £1.9m external funding was secured. The external funding remains on track to be spent as awarded, by 31 March 2023.
- Designs have been co-produced with staff and service users and the enabling works are due to be completed this month. The adjacent Liaison Team relocation project was completed in the first week in March in line with the Estate Strategy goal to move out of this building with a low condition rating

2. **Community Facilities Programme Board** – reported an overall red project rating and it is expected to remain red in March.

- This programme is currently the main area of concern and relates to the deteriorating state of the St Georges building and the availability of funds in the Capital Plan for 2023/34 to develop a suitable alternative site. The business case to address the requirements of the teams within the St George's building is being reviewed.
- Alternative options are being explored with the staff in the Assertive Outreach Team and Community Forensic Team based in Fulwood.
- A 7 facet survey of our estate has been commissioned and received to review the current condition, utilisation and accessibility of our estate and support decision making and prioritisation of plans for the remaining community sites.

St Georges

- The Specialist Psychotherapy Service (SPS) and the Eating Disorder Service remain at St Georges for the moment. Estates colleagues and the services continue to monitor the risks posed by the building defects to deem whether it is acceptable to remain there.
- Consideration is being given to the co-location of the Eating Disorders Service with South Yorkshire Eating Disorder Association (SYEDA) a VSCE organisation based in Sheffield. No progress has been made in securing a location for SPS.
- Alternative options for the remaining services at St Georges continue to be explored. This is now our building with the lowest rating for condition and hence our top priority for service relocation.

Assertive Outreach Team / Community Forensic Team

- The teams remain at Fulwood House, however there is a need for them to vacate the site by the end of March / April 2023 to ensure the sale can proceed. Two locations have been put forward, and a QEIA has been provided to support decision making from a quality and equality perspective. The locations are Distington House and the Michael Carlisle Centre (MCC), with the preference of the service being to move to MCC.

  It was raised in the Transformation Board meeting that the Project Teams and leaders have struggled to appraise options to support decision making, specifically when none of the proposed options have been ideal. Methodologies used in other Transformation Programmes have been

suggested for future use.

3. **Electronic Patient Record Project Board –** reported an overall red project rating.

    - The decision has been taken by the Programme Board to delay go live for 12 weeks. This is due to the outcome of a readiness assessment and a delay in the procurement of floor walker support. Without addressing the outstanding actions from the assessment or by proceeding to launch without floor walker support it was deemed that there could be a detrimental impact on the continuity of care after go live.
    - A revised plan will be issued to the EPR Programme Board on the 24 February for approval. The PMO is working with the EPR Change Team to understand the potential impact on services and Transformation programmes based on the proposed dates. The plan will include actions to address the findings of the readiness assessment. The EPR Programme Board will assess whether the 12 week delay is sufficient to address all issues and whether the new dates are appropriate to go live with the system.
    - The delay may create a risk of underspend within the capital plan in 2022/23 and a consequent cost pressure in the 2023/24 capital plan. The Finance Directorate are working with estates to bring forward other capital project to mitigate this risk.

4. **Health Roster Project -** reported an overall green rating.

    - 98% of staff are now on e-roster and training will continue to improve utilisation of the system.
    - The focus is now being placed on closing the project effectively, capturing lessons learned for other projects and programmes and ensuring benefits realisation takes place.
    - The Closure Report will be submitted to the Transformation Board in April 2023.

5. **Community Mental Health Transformation Project -** reported an overall amber rating:

    - The project is in the formal consultation period, which will end on 9th April. Phase One mobilisation (organisational restructure) will commence in June 2023. Phase Two (operating the new model) will begin in September 2023. Staff engagement has been positive and this has been corroborated by Staff Side.
    - Project leads have met with colleagues from Sheffield Place to explore funding options. It is clear which elements of the model are funded, and which are new and reflect working differently by using new roles, peer support workers and recovery workers. The staffing model will be established in September 2023 and will develop further over the next two years as it will continue to evolve to meet service user needs.

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

    - A Case for Change paper to support organisational restructure will be presented to the PCMH Programme Board in April 2023, based on the work undertaken thus far to define the clinical and staffing models.
    - Work had been undertaken to establish whether a change to the scope of the programme was required to include Urgent, Emergency and Crisis Care. This has concluded and the PCMH Programme Board recommends that it is not included and is to remain within direct SHSC provision.

- Two key risks were raised:
    - An emerging risk relating to a £40,000 funding deficit for STEP. This is to be fully understood and mitigating actions identified for monitoring and review by the PCMH Programme Board
    - The clinical model designed by the Programme Teams describes the roles required for the 15 Primary Care Network (PCN) multidisciplinary teams (MDT's) to be successful. However, the programme is reliant on the Primary Care Networks wishing to engage and recruit using the Additional Roles Reimbursement scheme (ARRS.) to achieve this. The programme can influence this however, it is not solely its decision to make. Therefore there is a risk to ensuring the appropriate staffing in the MDT's. Programme leads are meeting with the PCN's to promote the model, develop a joint approach and to secure commitment. This has also been escalated to the PCMH Joint Executive Board.

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

- The Programme Plan has recently been revised. Any public consultation on future inpatient provision is likely to be later in May.
- Work on the community clinical model is continuing.

8. **Leaving Fulwood Project Board –** reported an amber rating.

- SHSC is awaiting the submission of planning permission by the contractor by the end of April 2023, but the programme is more assured that this work is progressing at a reasonable pace.
- There is a low risk of progressing demolition work at SHSC expense and then incurring revenue cost pressure. This risk is being reviewed with mitigating actions being put in place, for example, confirming that rate reductions will be provided by Sheffield City Council in 2023/24.
- The issue over aerials has been resolved and their removal can now take place.

Programme Health card

In January's meeting of the Transformation Board, the revised RAG criteria was agreed. The aims of the revision were focused:

- Enabling Programme Boards to exercise judgement when assessing the overall rating of the programme by being able to consider the sum of performance, rather than the rating being based solely on the lowest performing criterion.
- Enabling Programme Boards to apply the criteria more consistently, due to the ratings being clearer and more relevant, irrespective of the programme's stage in the lifecycle.

The following changes have been made:

- Progress - The criteria include clearer guidance on how to assess a programme with multiple workstreams.
- Budget – The criteria is aligned to the finance health card.
- Resources – Greater emphasis on the impact of project / programme work on the wellbeing of staff.
- Co-production – This is a new criteria to bring to the fore the importance of co-production and service user engagement within Transformation programmes.
- Benefits – The criteria has been adjusted emphasise the importance of benefits identification at the

start of a programme.

Programme Boards have applied the revised criteria in February's highlight reports. Feedback will be gathered in March and amendments made as required.

APPENDICES:

Appendix 1 Overall portfolio health card

Appendix 2 RAG criteria

Appendix 3 Progress against milestones

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**	**X**	**Assurance**	**X**	**Information**	

Recommendation: The Trust 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.

Legal	*Yes*	✓	*No*		Legal matters are considered in all programmes when relevant
Environmental Sustainability	*Yes*	✓	*No*		Sustainability is considered within all programmes and projects

Transformation Health Card February 2022

	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder engagement	Service user engagement & co-production	Benefits	Overall
Leaving Fulwood										
CMHT Programme			**							
PCMHT Programme										
Therapeutic Environments								***		
EPR										
Learning Disability Programme										*
HealthRoster										
Clinical & Social Care Strategy										
Community Facilities Programme								***		

*Programme reports that the new criteria would inaccurately reflect an overall position of Green
They also wish to flag their concerns regarding the affordability of the new model until another means of demonstrating that risk is developed.
"It is not yet clear whether the current financial envelope will be able to deliver the new model as currently defined."

** "The model has been developed to work within the current financial envelope. However, the level of investment required to support a 'gold' standard model has also been identified."

***The Programme Board have not yet had the oportunity to discuss this status.

Sheffield Health and Social Care NHS Foundation Trust

Transformation Portfolio Board

Date	26th January 2023	**Item Ref**	02c

TITLE OF PAPER	**Recommendations for adjustment to project and programme RAG rating criteria for Transformation programmes**
TO BE PRESENTED BY	Zoe Sibeko Head of PMO
AUTHOR	Helen Roberts PMO Analyst

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
		x				

2. Summary

The Transformation Board is asked to consider the proposed changes to RAG criteria against which Transformation programmes are assessed and to confirm whether they are sufficiently assured that the changes proposed would have the effect that the Board wished to achieve:

- The programmes should find it easier to exercise judgement when assessing the overall rating of their programme, by being able to consider the sum of performance, rather than the rating being based solely on the lowest performing criterion
- The programmes should be able to apply the criteria more consistently, due to the ratings being clearer and more relevant, irrespective of the programme's stage in the lifecycle

The Board should also consider that feedback from Programme Managers suggests that application of the revised criteria may cause more of the areas of focus to be rated red than previously, not because the situation within the programmes has worsened, nor because the criteria are stricter, but because they are more relevant to different programmes' situations than before.

Proud to care in Sheffield

3 Next Steps

The Transformation Board is asked to consider whether the recommended criteria align more closely to the standards indicated as normative by non-executive directors and others, whether the RAG criteria are clearer and easier to apply, and to confirm their endorsement of the change to approach.

The PMO will then issue the revised criteria and a refreshed highlight report template to all highlight report authors and support them to understand and implement the change for February reporting (M11).

The PMO will then take feedback from the PMs on how easy the criteria were to understand and to use when making an assessment of the health of the project or programme.

The PMO will take feedback from the Programme Boards and Transformation board to see how useful the changes have been in terms of providing oversight and to identify where corrective action may need to be focused.

The PMO will make any further adjustments to the criteria in light of that feedback, in preparation for reporting to Finance and Performance Committee (FPC) in March for formal approval of the approach.

The criteria and guidance will then be subject to continuous improvement, with an annual review scheduled.

4 Required Actions

The Board is asked to consider the proposed changes summarised in section 8 of this report below and to endorse whether the changes are appropriate and sufficiently simple to apply; and to support highlight report authors to implement the changes by reviewing draft highlight reports in line with the criteria and guidance document that will be issued by the PMO prior to submission of their February highlight reports to the respective Programme Boards.
SROs are asked to describe and champion the changes to their respective boards as required.

5 Monitoring Arrangements

The approach will be monitored by the PMO post review/ approval by FPC in March 2023 and will be subject to continuous improvement, with an annual review scheduled.

6 Contact Details

For further information, guidance and support, contact PMO@SHSC.NHS.UK

7) Introduction

In November 2022, the Transformation board asked the Head of PMO to review the criteria for RAG rating projects and programmes within the portfolio against the key project management dimensions of focus. The request was based on feedback from the Finance and Performance Committee and the Board of Directors that SHSC may be being unduly strict in its assessment of good project and programme management practice and reflected discussions at Transformation board which considered whether the Board were assured that all programmes and programme managers were applying the criteria consistently when rating their programmes' performance.

The PMO tested six variations of rules to apply to judging the overall RAG status of the programmes and have concluded that the approach set out at the bottom of Table 1 yields the most valuable assessment of overall performance and indications of areas where the board should focus its attention.

The criteria have been reviewed and the following stakeholders have contributed to the revision or been consulted on the proposals which are set out in section 8 of this report:

- PMO
- Project and Programme Managers of the Transformation Programmes
- Director of Finance
- Director of Strategy & Planning
- Deputy Director of Strategy & Planning
- Head of Experience
- Co-Production consultant for Sheffield Health & Social Care Strategy

8) Summary of material changes

Following a review of the criteria and guidance in December 2022, the material changes recommended by the PMO are summarised as follows and can been seen in full in Appendix One.

Table 1:

General	The criteria include at least one statement that would be relevant, irrespective of where the project / programme is in its lifecycle.
RAG DIMENSIONS:	**MATERIAL CHANGE**
Progress	The criteria include clearer guidance on how to assess a programme with multiple workstreams.
Scope	No change
Budget/costs	RAG criteria have been aligned to those on the Finance healthcard criteria owned by Jill Savoury, Head of Finance. Programmes with no discrete budget will rank themselves Grey against this criterion.
Resources	Greater emphasis on the impact of project / programme work on the wellbeing of staff.
Risks	No change
Issues	No change
Stakeholder engagement	No change
Service user engagement / co-production	A new criterion. May not be relevant to all projects or programmes if service users are unaffected by the change. *Programme Boards will be asked to make a decision on whether this criterion is relevant to their programme and this will be documented, with justification, in the board summary notes and decision log. Programmes will rank themselves as*

	Grey against this criterion if the board have agreed that it is not appropriate to their programme.
Benefits	Criteria have been clarified as our Benefits Management approach matures.
Overall	Prior to February 2023 reporting, programmes were asked to rate their overall status based on the worst rating of any of the RAG dimensions above. This is proposed to be changed to the following, (choosing the worst-case scenario from the options):
RED	If two or more dimensions are rated red
AMBER	If four or more dimensions are rated amber or red
GREEN	If three or fewer dimensions are rated amber or red

9) Details of changes

General changes
Previously, Programme Managers reported that it was sometimes difficult to RAG rate the progress of Programmes when they were still defining their scope and developing their plan, as the RAG criteria tended to focus on progress in implementation, so each RAG dimension has been reviewed to ensure that there is a statement relevant to the definition phase in each one.

Progress changes
Previously, Programme Managers reported that it was sometimes difficult to RAG rate their overall programme where a number of workstreams were performing differently, so parameters have been set to clarify to Programme Managers how to make that judgement more consistently.

Budget changes
Since the introduction of the Finance Healthcard to Transformation Board, Programme Managers have expressed concern that the RAG rating criteria being used on that report were different to those being used in the highlight report, and that this could create conflicts in the data that would diminish assurance of financial control. The criteria for the highlight report have therefore been changed to match those on the Finance Healthcard.
Issues around the timeliness of the availability of the Finance Healthcard data, to enable it to be populated into the highlight reports before their submission to Programme Boards remain, and the PMO is working with the Director of Finance to address this.

Resource changes
When reviewing the criteria, the PMO took the view that they placed too much emphasis on teams being unmotivated to deliver. Rather, the criteria should more closely reflect the issue that many programmes face, namely that some staff allocated to the programmes don't fully have the capacity to discharge their duties to the programme or do so at cost to their own wellbeing by working additional hours without backfill.

Service User engagement and co-production changes
The PMO is proposing the inclusion of this new criterion to bring to the fore SHSC's commitment to this approach when implementing Transformational change.

Benefits changes
The rating criteria have been adjusted to reflect best practice that identification of benefits, benefit measures and baselines should take place earlier in the programme lifecycle.

Overall rating changes
The following changes to the assessment of overall RAG rating have been proposed to bring the criteria into closer alignment with norms:

Previous rule	Proposed revised rules
The worst RAG rating of any of the 8 RAG dimensions must be used to rate the overall programme position	The programme will be rated Red if two or more dimensions are rated red
	The programme will be rated Amber if four or more dimensions are rated amber or red
	The programme will be rated Green if three or fewer dimensions are rated amber or red

APPENDIX ONE - SHSC RAG criteria revised January 2023 – v0.6 draft

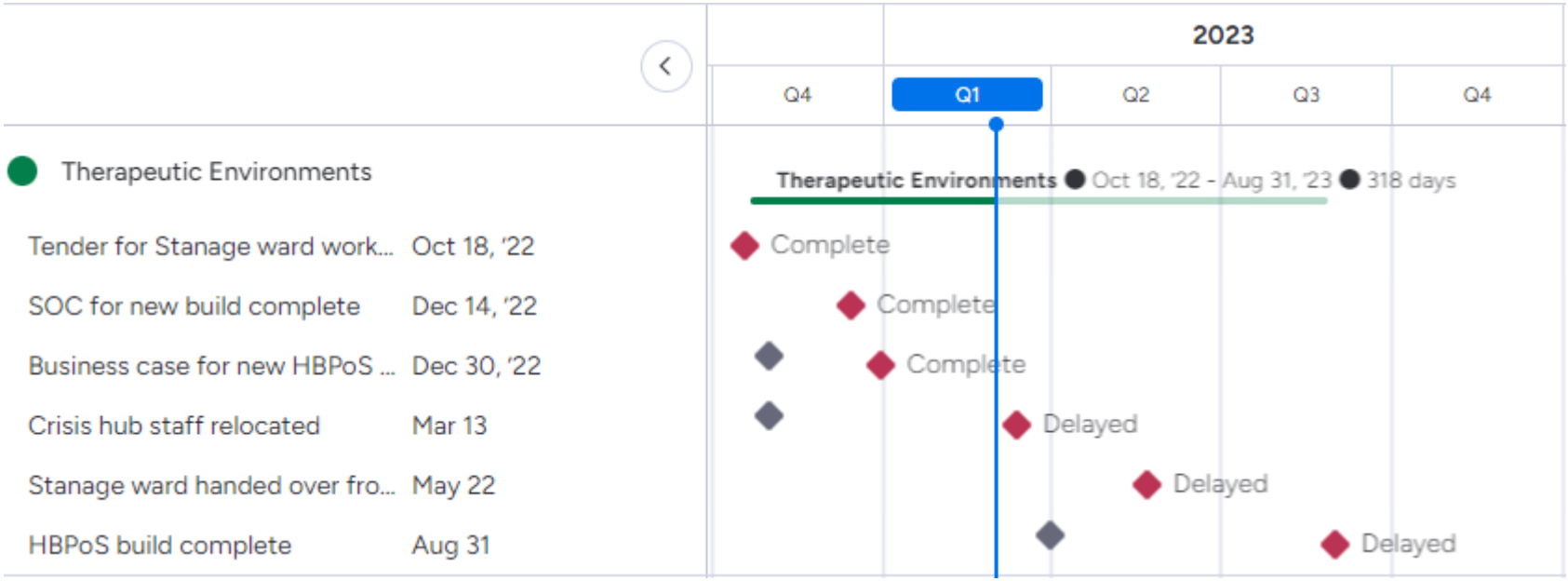
RAG Dimension	Red	Amber	Green
Progress	Timelines are not clear Original programme completion date unachievable unless there is intervention (funding, resources, etc.) Workstreams not performing based on criteria below	Timelines are somewhat clear Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date. Plans in place to mitigate the above. Minority of workstreams performing based on criteria below	Timelines are clear On track to deliver to milestones Majority of workstreams performing based on criteria below
Scope	Requirements are unclear Significant uncertainty in scope and deliverables Programme not expected to deliver fundamental elements of the scope	Requirements are somewhat clear Only key deliverables are identified Scope is still moving / lacking clarity Significant change requests not yet approved Programme will not deliver all items in scope but items not being delivered are not fundamental Plans in place to address the above	Requirements are clear All deliverables are identified It is clear what is in and out of scope Formal change request process is in place Programme is expected to deliver all items in scope
Budget	Under or overspent for over 2 months with no recovery plan and impacts on delivery of capital plan, or significant affordability concerns for the 23/24 capital or revenue plan	Under or overspent for 1-2 months with no recovery plan, or recovery plan in place but cost pressures remain	On track
Resources	Programme team not in place Unclear roles and responsibilities Team underperforming in balancing competing demands Resources unavailable i.e. project /programme staff roles not backfilled, or no amendments made to their job plans causing pressure on BAU vs project/programme work	Team partially performing in managing competing demands and delivering programme priorities but at the risk of their own health and wellbeing. Some gaps in resourcing i.e., project /programme staff roles partially backfilled or partial amendments made to their job plans causing pressure on BAU vs project/programme work Plans in place to address these	Programme team in place Clear roles and responsibilities Team delivering programme priorities and managing competing demands No significant gaps in resourcing i.e., project /programme staff roles appropriately backfilled or relevant amendments made to their job plans so staff have adequate time to deliver the project/programme and BAU.

RAG Dimension	Red	Amber	Green
Risks	The programme has ageing risks with no evidence of action being taken. Next review dates are in the past. Risks do not have mitigation in place or mitigation is proving ineffective. The impact of the risks on Benefits realisation is not understood. Risk owners not identified	Risks are being managed but confidence is low that mitigation will have the required impact. Mitigations may need to change or risks may require escalation. The impact of the risk on Benefits realisation is not understood or is incomplete. Risk owners partially identified	The programmes risk register is up to date with no ageing risks. Risks have mitigation in place. Assurance is provided that the risk is being managed well Mitigations are proving effective. The impact of the risk on Benefits realisation is understood, articulated and mitigations are appropriate. Each risk has a risk owner identified
Issues	The programme has ageing issues with no evidence of action being taken Issues do not have owners and clear actions in place Actions are proving ineffective.	Issues are being managed but confidence is low that the actions taken will bring appropriate resolution Issues may require escalation.	Issues have owners and actions. Assurance is provided that the issues are being managed well.
Stakeholder engagement	Key stakeholders have not been identified as part of initiation Key stakeholders have no visibility over the status of the programme Key stakeholders are not engaged with the project/ programme	Key stakeholders have been identified but some are not engaged. Service users are partially involved	Key stakeholders have been identified and are being kept informed Key stakeholders are engaged with the programme Service users are appropriately involved
Service User Engagement and coproduction	Service users not identified Means of engaging service users to coproduce not understood or agreed Budget for payment (if required) not agreed Involvement process not understood or deployed Service user engagement more tokenistic	Some service users identified and means for engagement and coproduction partially understood Budget for payment (if required) partially agreed and process partially working	Service users identified and coproduction activity understood Budget for payment (if required) agreed and process fully understood and working Service users being engaged in less tokenistic manner
Benefits	There is no plan in place for benefits realisation. Benefits have not been identified and quantified Benefits measures have not been identified. There is no way to measure benefits.	The Benefits realisation plan is being developed. Benefits have been partially identified and quantified Benefits measures have been identified but baselines have not been taken.	There is a plan in place for benefits realisation Benefits are understood.

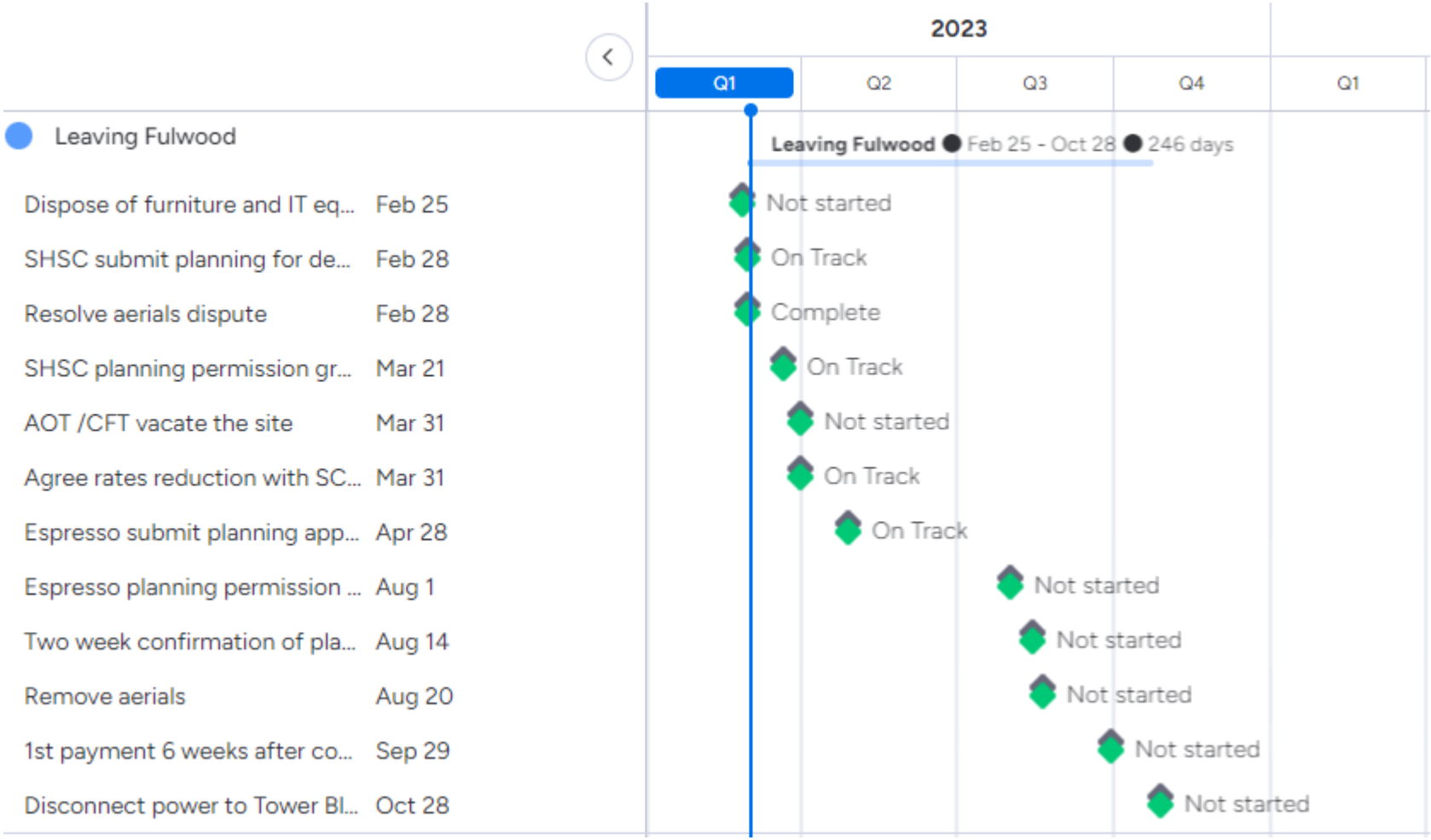
RAG Dimension	Red	Amber	Green
		Benefits may fall short of estimates or be delivered later than expected.	A measurement plan has identified how to measure benefits and progress is being made against realisation Programme will deliver to expected benefits Benefits anticipated to be achieved when planned.

Appendix 3 – Progress against milestones

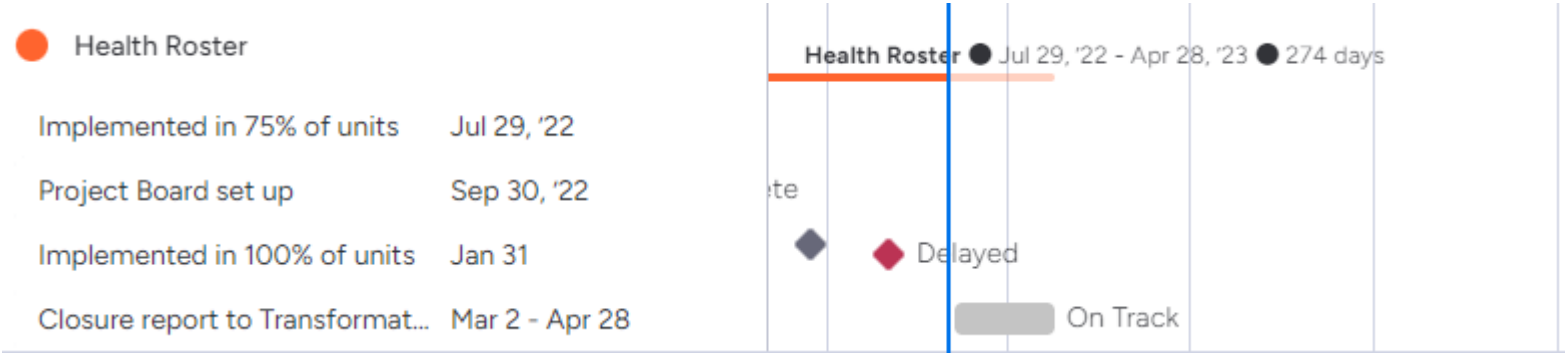
Therapeutic Environments



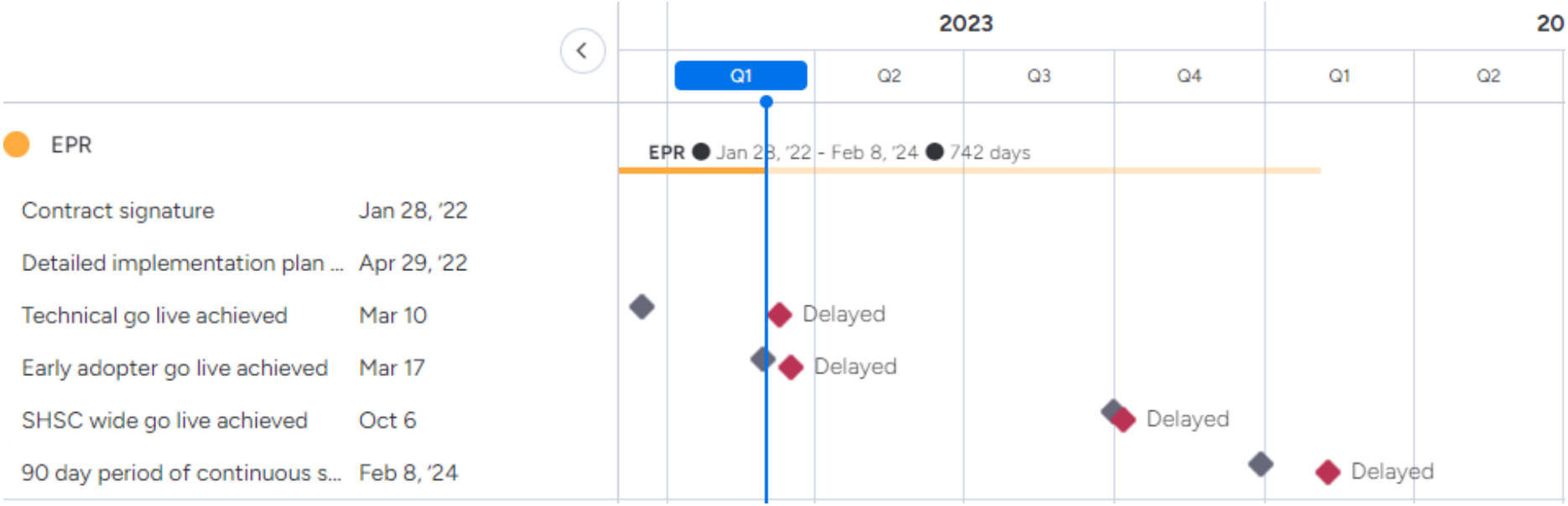
Leaving Fulwood



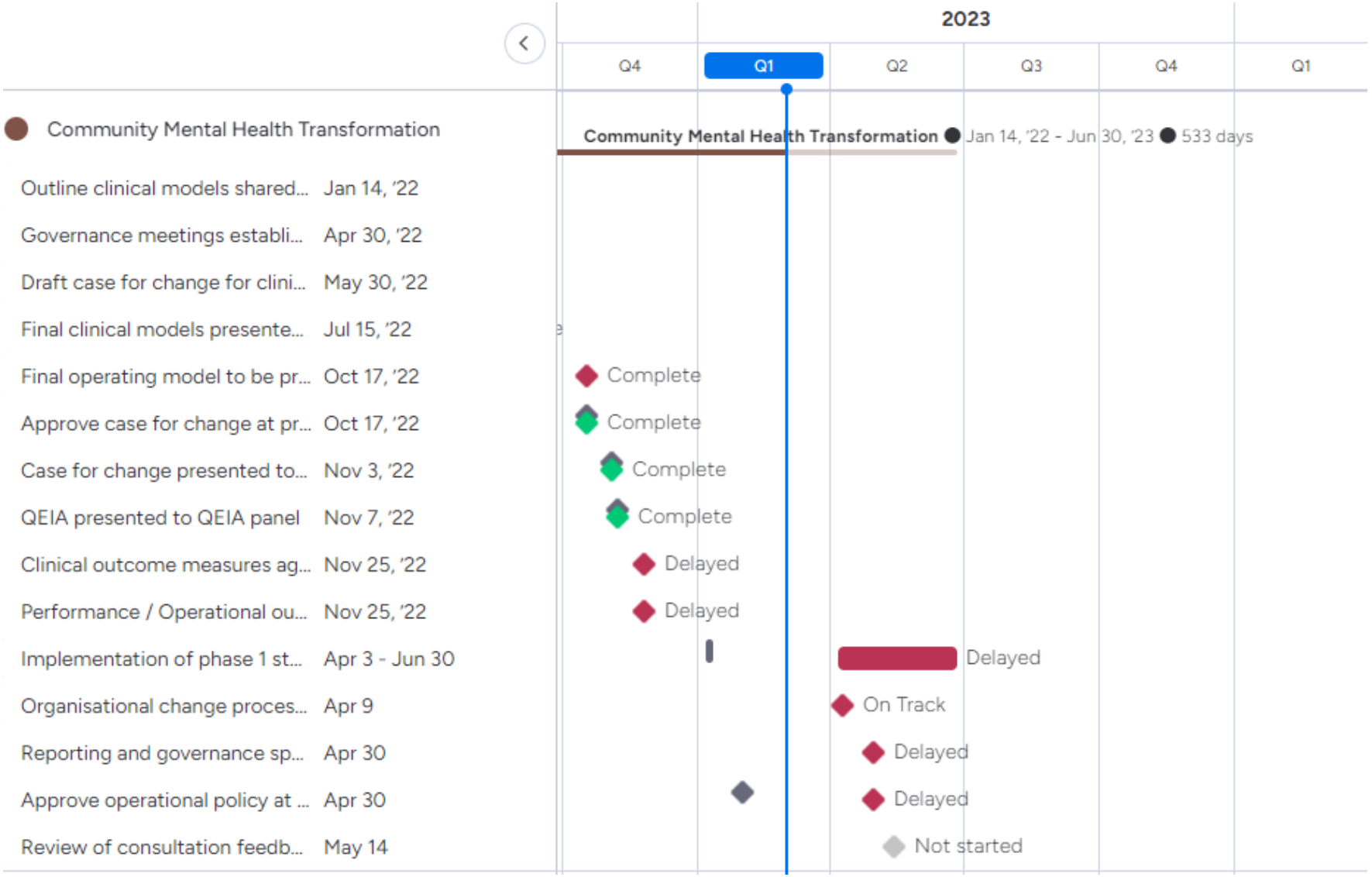
Health Roster



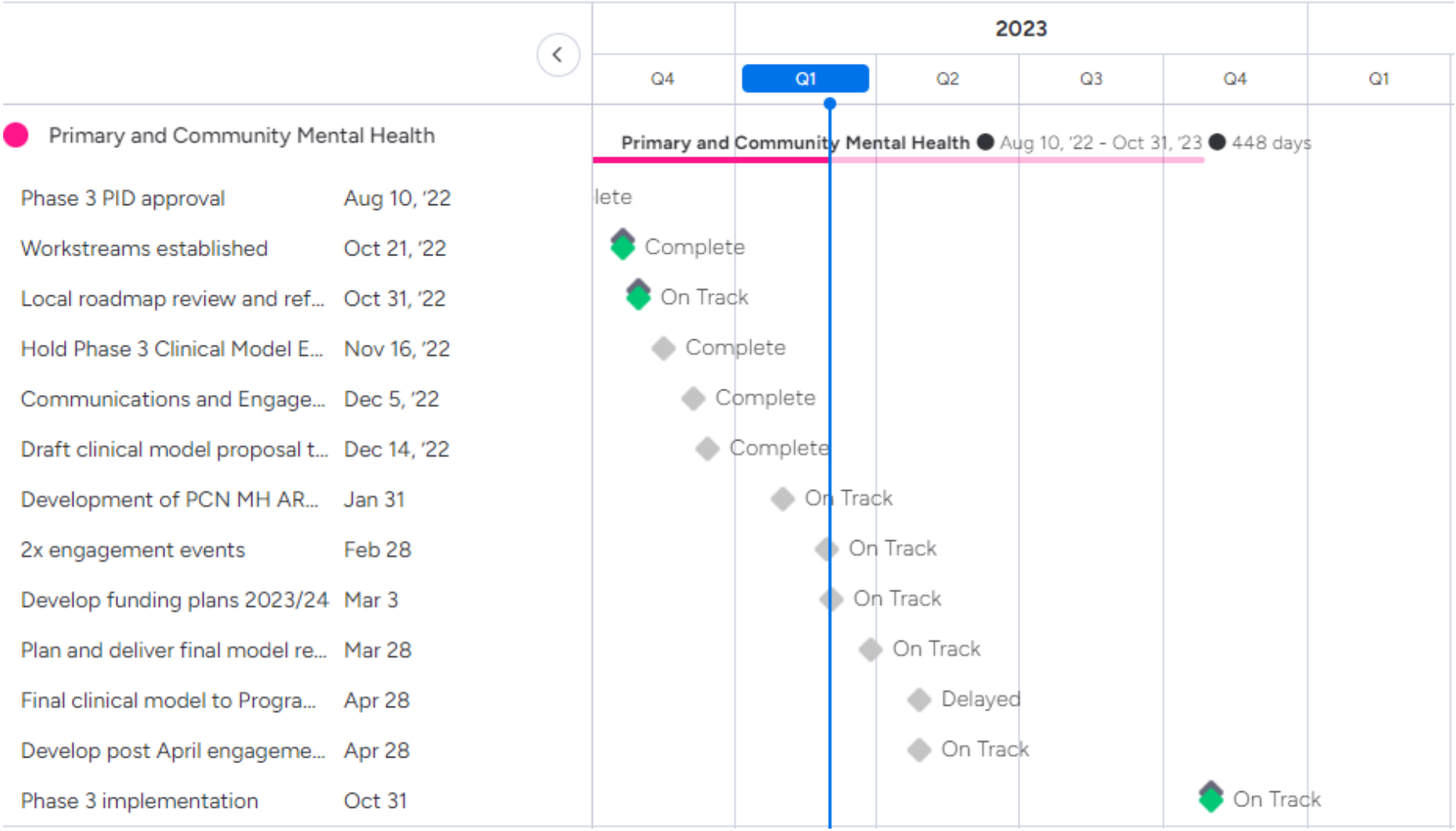
Electronic Patient Record



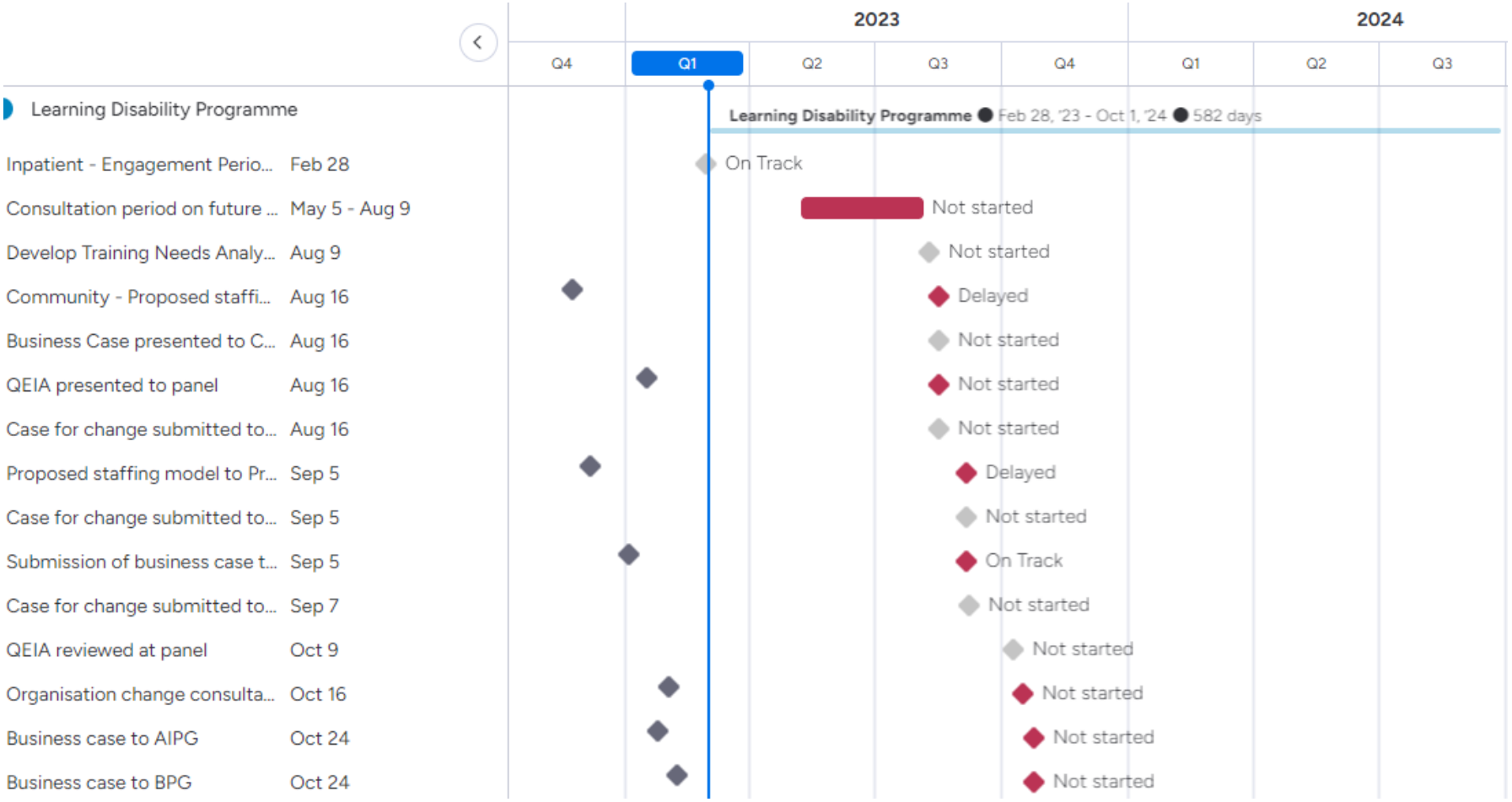
Community Mental Health Project



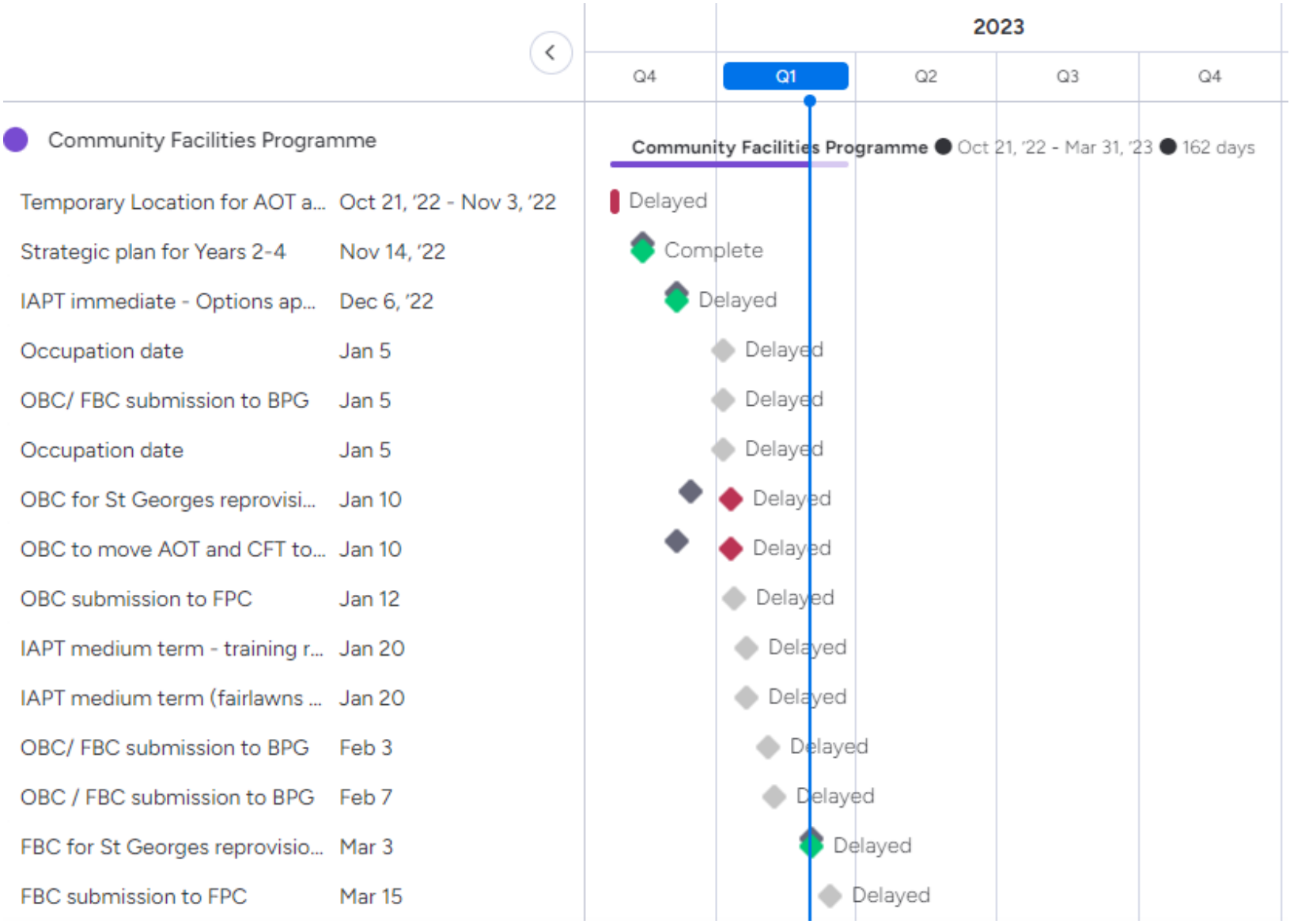
Primary and Community Mental Health Transformation



Learning Disabilities Programme



Community Facilities Programme


2023
Q4
Q1
Q2
Q3
Q4
Community Facilities Programme
Community Facilities Programme Oct 21, '22 - Mar 31, '23 162 days
Temporary Location for AOT a... Oct 21, '22 - Nov 3, '22
Strategic plan for Years 2-4 Nov 14, '22
IAPT immediate - Options ap... Dec 6, '22
Occupation date Jan 5
OBC/ FBC submission to BPG Jan 5
Occupation date Jan 5
OBC for St Georges reprovisi... Jan 10
OBC to move AOT and CFT to... Jan 10
OBC submission to FPC Jan 12
IAPT medium term - training r... Jan 20
IAPT medium term (fairlawns ... Jan 20
OBC/ FBC submission to BPG Feb 3
OBC / FBC submission to BPG Feb 7
FBC for St Georges reprovisio... Mar 3
FBC submission to FPC Mar 15
Delayed
Complete
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