

Board of Directors

SUMMARY REPORT

Meeting Date: 27 September 2023

Agenda Item: 11

Report Title:	Transformation Portfolio Report	
Author(s):	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	Neil Robertson, Director of Operations and Transformation	
Other Meetings presented to or previously agreed at:	Committee/Group:	Finance and Performance Committee
	Date:	14 September 2023
Key Points recommendations to or previously agreed at:	<ol style="list-style-type: none"> 1. Committee noted the progress made by the CMHT project. The clinical model and implementation plan received positive feedback in the Board Development session on 13 September. 2. Committee supported the suggestion by the Transformation Board to consider whether to descope the new Adult Inpatient and Older Adults development from the Therapeutic Environments Programme thereby separating it from the ward improvement work. This was furthered by a recommendation from Committee to consider our ambition and approach in regard to the new build. 3. Committee requested assurance regarding the timeline of the Maple Ward improvements due to previous changes, however, they acknowledged that they are going to receive the full business case in December 2023, which will detail this. 	

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 31st August 2023

Electronic Patient Record Project

The project is reporting an **overall Amber rating**.

This programme has significantly revised its plans to meet the Go Live date. Governance arrangements have been strengthened, especially with the introduction of the clinical exec safety group, which is now meeting fortnightly and chaired by the Exec Director for Nursing. There is also strong shared ownership of the plans in place across Executive portfolios.

The main issues outstanding relate to clinical training compliance and the volume of manual data migration needed to support go-live, outlined below.

Training:

Tranche 2 are ahead of the planned target for number of staff trained by the start of September. However, Tranche 1 is behind the target of 70% by this point, with a compliance rate of 58%. To address this, a set of remedial actions have been put in place including increasing the number of courses, enhanced communications, and targeted engagement plan for the ten underperforming services.

Manual data migration:

Currently, there is a lack of dedicated resources assigned to carry out this task. This is being actively addressed through various measures, such as securing external administrative support and prioritising the workload on a team-specific basis.

Therapeutic Environments Programme

The programme reported an **overall Red rating**.

New adult inpatient and older adults' developments

No significant progress has been reported since July's Transformation Board report to Finance and Performance Committee and the last Board of Directors.

The Transformation Board considered whether the Red status of a future new build project is disproportionately skewing the rating of the programme overall and they agreed that they need to consider whether that project should be de-scoped from the programme in favour of a separate project with Therapeutic Environments focusing on our existing estate.

Ligature Anchor Point Removal Phase 3 – Stanage Ward

- The ward handover date is 3rd October 2023, however, the contractor has requested a three week extension. This has not been agreed and the Capital Team are negotiating with contractor.

Maple Ward Improvements

- The Maple Ward Business Case of £5.3m was recommended for approval by Business Planning Group in August and the Finance and Performance committee agree the funding for design phase. The Business Case will place significant pressure on the Capital Plan and will be presented to Board of Directors in December 2023. The clinical model for inpatient care will be presented to Quality Assurance Committee in October 2023. Work is planned from January – June 2024, however, this will be confirmed in the business case.
- The QEIA panel confirmed in August that the decision to locate females out of area during Maple Ward refurbishment has been re-visited and the panel are now assured by the decision which have been made.
- In readiness for the building work on Maple ward, as series of ward changes are required to support the decant. These changes were originally planned from November 2023, however, due to this coinciding with the RiO go-live, we have delayed the ward moves to early January 2024.

Health Based Place of Safety

- On track for completion as planned on 23 November 2023.

Community Facilities Programme

The programme reported an **overall Amber rating**. This is a much-improved position with no criteria being assessed as Red.

The programme is focusing on two key areas:

1. Moving the Assertive Outreach and Community Forensic Teams from Distington House and the teams currently based at St George's to Sydney Street and Fitzwilliam by December 2023. However, there will remain a further set of modifications to be made to one of the buildings post-occupation, in 2024/25.
2. Preparing for closure of the programme:
 - Transition projects which were originally in the scope of the programme, as identified in line with the agreed priorities in the capital plan, to the Estates team for governance and implementation.
 - Complete the Programme Closure Report, handing over processes and plans to the Estates team, capturing lessons learned and an initial review of any benefits that have been realised thus far.

Community Mental Health Transformation Programme

The programme reported **an overall Amber rating**. This is unchanged overall but represents a slightly worsening position with risks and issues being an area of concern.

- The clinical model was received favourably at Programme Board and by the QEIA Panel.
- Staff have moved from the two Recovery teams into eight Care Groups; these will match the Primary Care Network geography, and service users will be assigned to these teams, however, the full change will not be realised until January 2024.
- There is a risk that service users cannot be allocated to the geographically appropriate team until the RIO Patient Record system implementation has been completed in November. The SRO has requested further detail on the mitigations being put in place due to the implications for patient safety. The QEIA will also be updated and re-presented to panel in September to reflect the proposed mitigations.
- Concerns about some aspects of the staffing model are still outstanding for a very small number of staff and work is being undertaken with staff side to resolve these by the end of September.

Primary and Community Mental Health Transformation Programme

The Programme reported **an overall Amber rating**. This is unchanged from July.

- There is a dependency between the Urgent and Crisis function clinical model and proposed staff split within SPA / EWS, which is within the scope of the CMHT project being approved and beginning the staff consultation within the PCMHT programme.
- The clinical model and staff split was endorsed by the CMHT Programme Board, however, it was not approved as further time is required to fully consider the implications. The PCMHT staff consultation period is planned to start in September. Contingency has been added to the timescales and the dependency is being closely managed. At this point the programme is currently forecasting no delay to overall programme timelines.

Learning Disabilities Programme Board

The programme reported **an overall Green rating**.

- The Project Leads will present to the Clinical Senate, consisting of representatives from across Yorkshire and the Humber who provide external scrutiny. It is critical that we demonstrate that we have responded to their feedback. Therefore, until the Senate has taken place and any feedback received, the final scope of the programme will not be confirmed, and timescales are therefore uncertain. The programme is currently planned to conclude in April 2024.
- The key risk to the programme is the delay to the finalisation of the financial arrangements. The clinical model has been developed based on the existing financial envelope. If this is changed by the ICB, the clinical model will need to revision or at the very least the ongoing delay puts the programme timelines at risk. This is being escalated by the Programme Board to the ICB.

Leaving Fulwood Project Board

The project reported an **overall Green status**. This is unchanged.

- The programme is still awaiting confirmation that the planning application has been registered. Overall programme timelines have been adjusted to reflect a delay in this process, but the first capital receipt arising from the sale of Fulwood is still expected in 2023/34.
- There is a risk that if planning permission were not granted then there would be a significant shortfall for the 2023/24 Capital Plan (adversely impacting the Maple ward project) resulting in further slippage of the 2024/25 out of area CIP. This is low risk at present.

Summary of Risks

The key risks currently being mitigated are:

1. EPR issues relating to training and further migration of data post go live.
2. The maple ward improvement business case and the risk associated with the capital plan, potential impact on CIP, and ward and community plans requiring EPR changes, if we experience further delay.

Appendices attached:

Appendix 1 Transformation health card

Appendix 2 Finance health card

Appendix 3 RAG criteria

Appendix 4 Progress against milestones

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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Recommendation: The Board of Directors 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:

Recover services and improve efficiency	Yes		No	✓
Continuous quality improvement	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	Yes	✓	No	All standards within the Data Protection Security

Toolkit					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, Engagement 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

Appendix 1 Transformation Health Card

Transformation Board Health Card August 23

Transformation Programme	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder engagement	Service user engagement & co-production	Benefits	Overall
Leaving Fulwood	Green	Green	Green	Green	Green	Green	Green	Grey	Green	↔
CMHT Programme	Yellow	Green	Green	Yellow	Yellow	Yellow	Green	Green	Yellow	↔
PCMHT Programme	Yellow	Green	Green	Yellow	Yellow	Yellow	Green	Green	Yellow	↔
Therapeutic Environments	Red	Yellow	Red	Yellow	Yellow	Red ↓	Yellow	Yellow	Yellow	↓
EPR	Green ↑	Green ↑	Red	Green ↑	Yellow	Green	Yellow	Green	Green	↑
Learning Disability Programme	Green	Green	Grey	Green	Yellow	Green	Green	Green	Yellow	↔
Clinical & Social Care Strategy										
Community Facilities Programme	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Green	Yellow	Green	↔
Overall	Yellow	Green	Green	Yellow	Yellow	Yellow	Green	Green	Yellow	↔
CIP Programme										Overall
Out of Area Project										Yellow
Agency Reduction Project										Yellow
Efficiency: Fulwood Disposal										Yellow
Efficiency: New HQ										Yellow

CIP Key

- Green: Plan in place. Positive evidence of past achievements / currently achieving milestones. No risks to milestones identified.
- Yellow: Plan in place. Milestones are being achieved, but risks have been identified against delivery.
- Red: Indicative figures only available. Outline plan or plan at workstream level in place but slippage to delivery is evident.

Appendix 2 Finance health card

TRANSFORMATION BOARD FINANCIAL DASHBOARD SUMMARY:

M4 July

Programme	Sub-schemes	Capital	Capital	Revenue	
		YTD	Forecast	YTD	Forecast
Leaving Fulwood	Demolition costs - Fulwood			N/A	N/A
Community Mental Health Transformation Programme	Business case is in development.	N/A	N/A	TBC	TBC
Primary & Community Mental Health Programme	Business case is in development.	N/A	N/A	TBC	TBC
Therapeutic Environments Programme	New adult acute inpatient & older adults developments			N/A	N/A
	Ligature anchor point removal project - phase 3 Stanage			N/A	N/A
	Ligature anchor point removal project - phase 3 Maple			N/A	N/A
	Ligature anchor point removal project - phase 3 Dovedale			N/A	N/A
	Project team	N/A	N/A		
EPR					
Learning Disability Programme	Business Case due to go to BPG for approval 4/7/23. No capital costs anticipated and Phase 1 revenue costs are expected to be contained within existing resources.	N/A	N/A	TBC	TBC
Clinical & Social Care Strategy	No capital budgets linked to this workstream. Revenue budget for Experts by Experience to be determined.	N/A	N/A	TBC	TBC
Community Facilities Programme	No revenue or capital budgets to be monitored for this workstream.	N/A	N/A	N/A	N/A

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

CAPITAL (£'000)											
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	23/24 Plan	23/24 forecast	Forecast underspend/ (overspend)	Finance lead	OVERALL RAG rating	Previous month RAG	Comments
Leaving Fulwood	Demolition costs - Fulwood	-	-	-	1,220	1,220	-	Dave Spooner			The demolition tender has been prepared. No financial concerns at this present time. Costs upto £0.8m are refundable from buyer. Exploring option of buyer picking up these costs directly.
Therapeutic Environments Programme	New adult acute inpatient & older adults developments	-	-	-	-	-	-	Dave Spooner			Official confirmation received that our bid from September 2021 for new hospital programme funding has not been successful. The programme will continue with next steps to develop a way to fund this project
	Ligature anchor point removal project - phase 3 Stanage	1,000	689	311	2,799	2,679	120	Dave Spooner			Funding in the plan included budgets for the continuation of the LAP 3 works on Stanage and Dovedale and the start of works on Maple. Forecasts for Stanage exceed the original plan for 23/24 and are utilising the contingency set of £466k (included in the plan value reported here) to cover the additional garden works. As we progress some of the contingency may not be used so the forecast is expected to improve in month 5. A cashflow projection forecast has been received from the construction company, which lessens the uncertainty around the forecast outturn.
	Ligature anchor point removal project - phase 3 Maple	-	-	-	1,800	1,800	-	Dave Spooner			Maple estimated costs at £5.3m are significantly in excess of the £3.6m planned over 23/24 & 24/25. The forecast currently includes £1.8m for Maple and this will be revised as the situation becomes clearer. Work is ongoing to understand what is possible within the constraints of the capital programme and to develop a timeline. BPG is aware of the risk and this has been discussed as part of re-prioritising the Capital Plan.
	Ligature anchor point removal project - phase 3 Dovedale	-	-	-	30	30	-	Dave Spooner			A minimal amount of spend is planned for 23/24 with £3.6m planned for 24/25. This may be reprofiled as a result of the issues with Maple and will be kept under review. Increased costs of other projects raise concerns on the affordability of the project in 24/25.
	Health based place of safety (HBPoS)	1,000	362	638	1,740	1,512	228	Dave Spooner			The YTD underspend has occurred due to timing of expenditure v profiling of the plan. The forecast is an underspend as we were able to recognise more progress and spend at year-end than anticipated when the plan was set. This underspend is being used to help offset overspends elsewhere in the programme
EPR		1,000	600	400	2,450	2,450	-	Dave Spooner			<p>UTF funding confirmed of £2.25m. Contingency of £0.2m included in the plan for additional/unexpected costs. Programme slippage is significantly greater than anticipated. Work is ongoing to understand the impact of this but cannot be fully costed until go live dates are confirmed. There is an expectation that additional capital costs of £0.6m will be incurred. The contingency would cover the first £0.2m and the Trust are preparing a business case to request additional EPR funds from NHSE. The capital forecast has not yet been increased above the £2.45m until we receive more certainty on costs and funding so this is being raised as a risk for now.</p> <p>YTD costs are lower than plan as the plan was phased across the first 7 months. However, with delayed implementation costs will continue throughout the year and increase significantly in Q2 and Q3.</p> <p>Detailed costing submitted at EPR Programme Board on 17th August.</p>

RAG Rating definitions:

Green – On track

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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 plan

REVENUE (£'000)										
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	23/24 Plan	23/24 forecast	Underspend/ (overspend)	Finance lead	RAG rating	Comments
Community Mental Health Transformation Programme	TBC			-			-	Kaitlin Plant		The business case is under development and monitoring will be included in this report when it has been approved. The SYICB has confirmed MHIS funding with a part year effect in 23/24 and full year effect in 24/25. To further update in M5
Primary & Community Mental Health Programme	TBC			-			-	Nicola Hume		The clinical model and budget scope is still to be determined. Revenue costs are currently expected to be within existing operational service budgets. To further update in M5
Therapeutic Environments Programme		80	47	33	240	140	100	Jill Savoury		Pay and non-pay revenue costs for the project team within existing operational service budgets. Underspend on YTD and Forecast as 1 WTE band 8A costs have been capitalised
EPR		336	494	(158)	1,007	956	51	Lydia Sedor		The annual budget was set taking account of the original business case and changes to the implementation plan of £1m. Some contingency was included. Revenue forecast are currently in line with plan with no pressure anticipated. But full impact cannot be fully costed until go live dates are confirmed. YTD costs are higher than plan as the plan was phased across the first 7 months. Costs will continue throughout the year and expected to decrease in Q4. Detailed costing presented at EPR Programme Board on 17th August.
Learning Disability Programme		0	0	-			-	Paul Isingoma	N/A	Finance support provided to cost the Clinical Model development. The Business Case was presented to BPG in augusts and has been approved. It will be presented to FPC in August. The monitoring will be reflected in this report when the business case has been approved. The business case is expected to be managed with existing funding.
Clinical & Social Care Strategy	Experts by Experience	6	0	6	17	17	-	Nicola Hume	N/A	Revenue costs within existing operational service budgets in the most part. Experts By Experience plan set at £17k (non-recurrent) with forecast expected to match plan

Please note that the plan values have increased in M3 (where relevant) by 3.1% for the Agenda For Change pay award.

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

Contacts:

Kaitlin Plant - Finance Business Partner

kaitlin.plant@shsc.nhs.uk

Nicola Hume - Finance Business Partner

nicola.hume@shsc.nhs.uk

Jill Savoury - Head of Finance

jill.savoury@shsc.nhs.uk

Carl Twibey - Head of Financial Accounts

carl.twibey@shsc.nhs.uk

Paul Isingoma - Finance Business Partner

paul.isingoma@shsc.nhs.uk

Dave Spooner - Capital Accountant

dave.spooner@shsc.nhs.uk

Lydia Sedor - Finance Business Partner

lydia.sedor@shsc.nhs.uk

APPENDIX 3 - RAG criteria revised January 2023

RAG Dimension	Red	Amber	Green
Progress	<p>Timelines are not clear</p> <p>Original programme completion date unachievable unless there is intervention (funding, resources, etc.)</p> <p>Workstreams not performing based on criteria below</p>	<p>Timelines are somewhat clear</p> <p>Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date.</p> <p>Plans in place to mitigate the above.</p> <p>Minority of workstreams performing based on criteria below</p>	<p>Timelines are clear</p> <p>On track to deliver to milestones</p> <p>Majority of workstreams performing based on criteria below</p>
Scope	<p>Requirements are unclear</p> <p>Significant uncertainty in scope and deliverables</p> <p>Programme not expected to deliver fundamental elements of the scope</p>	<p>Requirements are somewhat clear</p> <p>Only key deliverables are identified</p> <p>Scope is still moving / lacking clarity</p> <p>Significant change requests not yet approved</p> <p>Programme will not deliver all items in scope but items not being delivered are not fundamental</p> <p>Plans in place to address the above</p>	<p>Requirements are clear</p> <p>All deliverables are identified</p> <p>It is clear what is in and out of scope</p> <p>Formal change request process is in place</p> <p>Programme is expected to deliver all items in scope</p>
Budget	<p>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</p>	<p>Under or overspent for 1-2 months with no recovery plan, or recovery plan in place but cost pressures remain</p>	<p>On track</p>

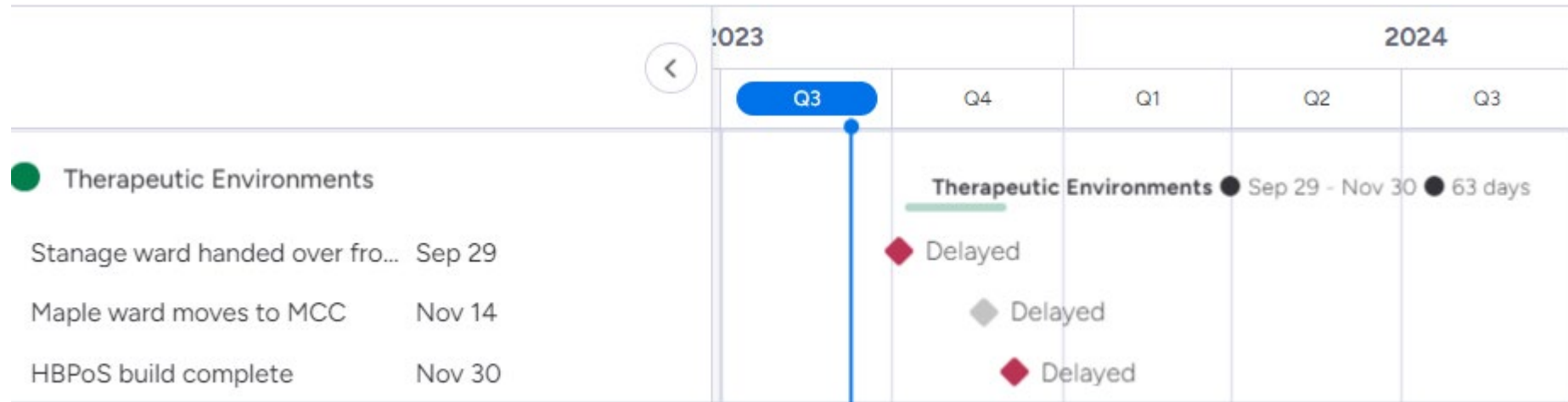
RAG Dimension	Red	Amber	Green
Resources	<p>Programme team not in place</p> <p>Unclear roles and responsibilities</p> <p>Team underperforming in balancing competing demands</p> <p>Resources unavailable i.e. project /programme staff roles not backfilled, or no amendments made to their job plans causing pressure on BAU vs project/programme work</p>	<p>Team partially performing in managing competing demands and delivering programme priorities but at the risk of their own health and wellbeing.</p> <p>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</p> <p>Plans in place to address these</p>	<p>Programme team in place</p> <p>Clear roles and responsibilities</p> <p>Team delivering programme priorities and managing competing demands</p> <p>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.</p>
Risks	<p>The programme has ageing risks with no evidence of action being taken. Next review dates are in the past.</p> <p>Risks do not have mitigation in place or mitigation is proving ineffective. The impact of the risks on Benefits realisation is not understood.</p> <p>Risk owners not identified</p>	<p>Risks are being managed but confidence is low that mitigation will have the required impact.</p> <p>Mitigations may need to change or risks may require escalation.</p> <p>The impact of the risk on Benefits realisation is not understood or is incomplete.</p> <p>Risk owners partially identified</p>	<p>The programmes risk register is up to date with no ageing risks.</p> <p>Risks have mitigation in place. Assurance is provided that the risk is being managed well</p> <p>Mitigations are proving effective.</p> <p>The impact of the risk on Benefits realisation is understood, articulated and mitigations are appropriate.</p> <p>Each risk has a risk owner identified</p>
Issues	<p>The programme has ageing issues with no evidence of action being taken</p> <p>Issues do not have owners and clear actions in place</p> <p>Actions are proving ineffective.</p>	<p>Issues are being managed but confidence is low that the actions taken will bring appropriate resolution</p> <p>Issues may require escalation.</p>	<p>Issues have owners and actions. Assurance is provided that the issues are being managed well.</p>

RAG Dimension	Red	Amber	Green
Stakeholder engagement	<p>Key stakeholders have not been identified as part of initiation</p> <p>Key stakeholders have no visibility over the status of the programme</p> <p>Key stakeholders are not engaged with the project/ programme</p>	<p>Key stakeholders have been identified but some are not engaged.</p> <p>Service users are partially involved</p>	<p>Key stakeholders have been identified and are being kept informed</p> <p>Key stakeholders are engaged with the programme</p> <p>Service users are appropriately involved</p>
Service User Engagement and coproduction	<p>Service users not identified</p> <p>Means of engaging service users to coproduce not understood or agreed</p> <p>Budget for payment (if required) not agreed</p> <p>Involvement process not understood or deployed</p> <p>Service user engagement more tokenistic</p>	<p>Some service users identified and means for engagement and coproduction partially understood</p> <p>Budget for payment (if required) partially agreed and process partially working</p>	<p>Service users identified and coproduction activity understood</p> <p>Budget for payment (if required) agreed and process fully understood and working</p> <p>Service users being engaged in less tokenistic manner</p>
Benefits	<p>There is no plan in place for benefits realisation.</p> <p>Benefits have not been identified and quantified</p> <p>Benefits measures have not been identified.</p> <p>There is no way to measure benefits.</p>	<p>The Benefits realisation plan is being developed.</p> <p>Benefits have been partially identified and quantified</p> <p>Benefits measures have been identified but baselines have not been taken.</p> <p>Benefits may fall short of estimates or be delivered later than expected.</p>	<p>There is a plan in place for benefits realisation</p> <p>Benefits are understood.</p> <p>A measurement plan has identified how to measure benefits and progress is being made against realisation</p> <p>Programme will deliver to expected benefits</p> <p>Benefits anticipated to be achieved</p>

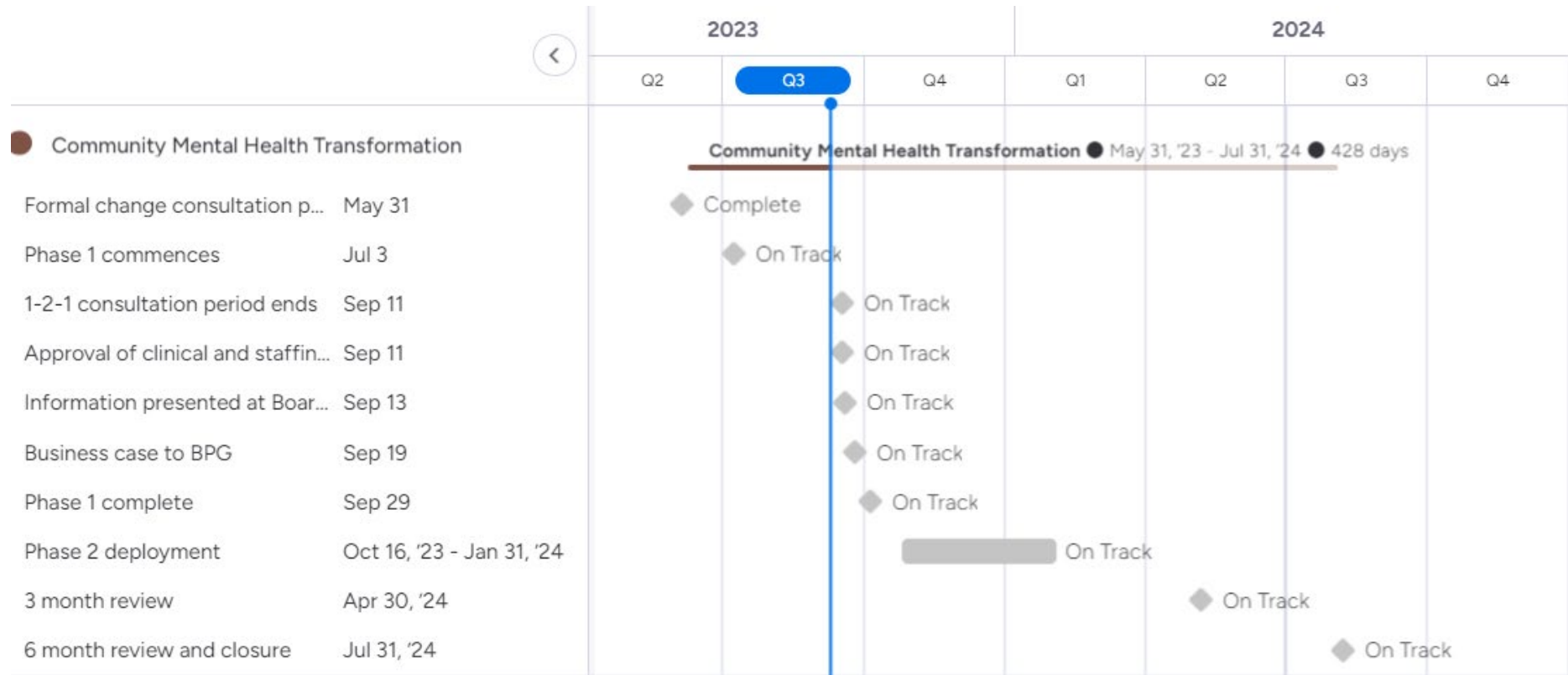
RAG Dimension	Red	Amber	Green
			when planned.

Appendix 4 – Progress against milestones, September 2023

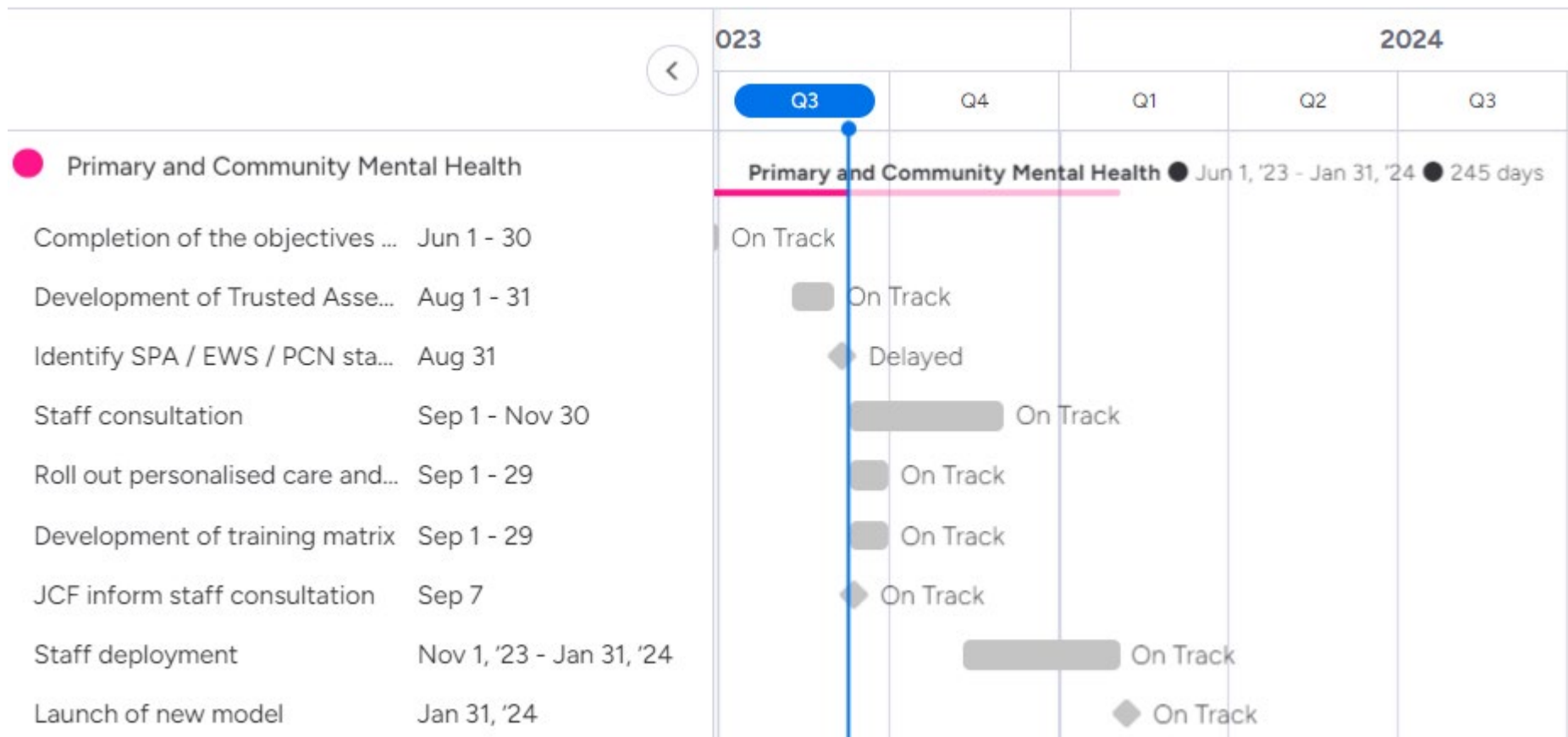
Therapeutic Environments



Community Mental Health Transformation Project



Primary and Community Mental Health Transformation



EPR

