

Board of Directors - Public

SUMMARY REPORT

Meeting Date:

27th March 2024

Agenda Item:

13

Report Title:	Transformation Portfolio Report	
Author(s):	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	James Drury, Director of Strategy	
Other Meetings presented to or previously agreed at:	Committee/Group:	Finance and Performance Committee
	Date:	14/03/24
Key Points recommendations to or previously agreed at:	The report was accepted by the committee.	

Summary report

The Strategic Transformation programmes and projects reported an improving picture with only one project, Electronic Patient Record (EPR), with a red rating.

The Clinical and Social Care Strategy has been removed from the portfolio as approved by the Transformation Board and Finance and Performance Committee in February.

The Community Facilities Programme closed in February; the closure report is to be received by the Transformation Board in March.

The following are key areas of progress and risk reported to the Transformation Board on 22 February 2024

Electronic Patient Record Project (EPR)

The project is reporting **an overall Red rating** which is forecast to improve to amber during March.

Additional funding has been approved by the Board of Directors to support the implementation. A Programme Manager has been assigned and an interim Chief Digital Information Officer is in post to ensure continued leadership of the project.

An independent review of the project has taken place and the findings received; these are being used to inform the Tranche 2 implementation to ensure that a robust approach is taken. For example, it suggested that the proposed timescales for Tranche 2 would be challenging due to changes in project resources. It also reflected that the project relied on external capacity and that consideration is to be given to the how internal resources can provide wrap around support for the implementation.

In addition, the EPR project team undertook a feedback event with colleagues in Older Adults services, this will be repeated to ensure honest conversations continue, that their learning helps to shape Tranche 2 and that trust is rebuilt.

It is not yet certain when the Tranche 2 plan will be agreed, however the team anticipate this will be by early

April.

Therapeutic Environments Programme

The programme reported **an overall amber rating** which is an improvement on previous months red ratings.

Ligature Anchor Point Removal Phase 3 – Stanage Ward

The work to resolve issues with water pressure on Stanage ward at Michael Carlisle Centre has progressed well and is expected to enable ward mobilisation activities to be completed ahead of the planned schedule in late March/ early April. This is contingent upon water testing results, and therefore cannot be predicted with absolute certainty. If it proves possible, this will support the timely delivery of subsequent ward moves in Quarter 1 24/25, meaning that service users will be able to vacate Maple Ward (an environment that doesn't meet prescribed safety standards) ahead of schedule.

Maple Ward Improvements

The Full Business Case is planned to go through the appropriate governance routes for approval during April.

It was identified that during the improvement works there would be no seclusion facilities available, the current Maple Ward has a seclusion room, which posed a significant safety risk to service users and staff. Various mitigations have been considered; however, it has been identified that the seclusion room can remain open during the works. This proposal will be formally considered at the Quality and Equality Impact Assessment (QEIA) panel on 11th March.

Health Based Place of Safety

The new HBPoS has been in use since 19th January 2024. Clinical commissioning work is taking place and snags / change requests are being managed.

Primary and Community Mental Health Transformation Programme (CMHT)

The Programme reported **an overall Amber rating**.

Senior Responsible Owner will change from Mike Hunter to Neil Robertson in March.

A key area of focus for the programme is to confirm the staffing split between the Primary Care Networks and the Urgent and Crisis service. Senior leaders are meeting to agree a way forward that will ensure that both services can be delivered safely. Once this is complete the plan for launch can be confirmed. The risk associated with this work is being held in the CMHT project.

Funding has been made available to reduce the single point of access (SPA) / Emotional Wellbeing Service (EWS) waiting lists and a new approach to reviewing them is being used which is fostering a sense of collective responsibility between partners and is resulting in some reduction. However further work is needed and a trajectory for reduction is to be agreed.

Excellent work has been undertaken to ensure that services users have access to evidence-based psychological interventions within any of the 15 Primary Care Networks (PCN's), with some being able to provide an enhanced offer including therapy.

Relationships with Primary Care continue to need careful management, but this is progressing positively.

Community Mental Health Transformation Project

The project has 2 key elements: the community mental health transformation and the new Urgent and Crisis Service. The project is reporting an overall **Amber rating**, however this reflective of the Urgent and Crisis service element as CMHT is green.

CMHT

Good progress is being made to transition service users to the new model and the allocation of named workers.

Urgent and Crisis

The staffing split as explained in the PCMHT update remains a concern. However excellent progress has been made in terms of setting up the NHS111 mental health crisis helpline for Sheffield. Nottingham Community Housing Association has been selected as our partner and will support us to launch the service by the 2nd April 2024.

Learning Disabilities Programme

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

Senior Responsible Owner will change from Mike Hunter to Helen Crimlisk in March.

Work is ongoing to operationalise the new model, and Helen Crimlisk as SRO will work with the programme board to identify the support required to transition to business as usual.

The Transformation Board agreed that despite the programme starting as a result of quality and safety issues, excellent work has taken place and the model has been lauded numerous stakeholders and partners and this should be celebrated accordingly.

Leaving Fulwood Project

The project reported **an overall amber status**.

The revised Heads of Terms that will set out a revised timescale and the plans for phasing of the capital receipt were agreed by the Board of Directors in February 2024. Board noted further work required on protection of the Trust's interests in the site until all phased payments received from the purchaser. Subsequent progress with completion of the planning process is on track in line with the planned schedule.

Budget has been rated as red as there is no planned provision in our current budget for the revenue costs that are being incurred in relation to security at the site. In response to this suitable provision will be made in the 24/25 budget, and additional measures will be taken to ensure security costs are risk assessed and represent value for money.

Summary of Risks

The key risks currently being mitigated are:

1. The impact of the stabilisation work required for Rio resulting in a delay to the launch of Tranche 2 leaving existing patient safety risks unmet due to the continued use of Insight and unquantified cost pressures on the capital plan. This is exacerbated by the need to upskill the Digital Team to enable Rio to be supported and developed.
2. As additional resource has been requested for the new Urgent and Crisis clinical model, progressing with the SPA / EWS staffing split between the PCN's and SHSC may impact on the viability of the agreed model. If the staffing split is not agreed, this will also impact on the ability for PCMHT to go-live in April.

The risks pertaining to the staffing split and EPR remain as reported in January, however progress is being made in their resolution. The below were also reported as risks in January however there is confidence that the residual risk is minimum.

3. The SPA / EWS staff consultation remains open which may impact on timescales in both the CMHT and PCMHT programmes. However, good progress is being made with individual meetings with staff
4. Stakeholder engagement in primary care requires ongoing support. This needs to be balanced with managing relationships across the whole system.

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:

Effective Use of Resources	Yes		No	✓
Deliver Outstanding Care	Yes	✓	No	
Great Place to Work	Yes	✓	No	
Ensuring our services are inclusive	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, 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

Transformation Board Health Card February 2024

Transformation Programme	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder engagement	Service user engagement & co-production	Benefits	Overall
Leaving Fulwood	Green	Green	Red	Green	Green	Green	Green	Grey	Red	Green
CMHT Programme	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Green	Green	Green	Yellow
PCMHT Programme	Yellow	Green	Green	Yellow	Yellow	Yellow	Yellow	Green	Green	Yellow
Therapeutic Environments	Yellow	Green	Red	Yellow	Yellow	Yellow	Green	Yellow	Green	Yellow
EPR	Red	Yellow	Red	Red	Yellow	Yellow	Yellow	Red	Red	Red
Learning Disability Programme	Yellow	Green	Green	Yellow	Green	Green	Green	Green	Yellow	Green
Community Facilities Programme	Closed. Closure report to be presented March 24									Grey
Overall	Yellow	Green	Red	Yellow	Yellow	Yellow	Green	Green	Green	Yellow
CIP Programme										Overall
Out of Area Placements Project	M2 data									Red
Agency Reduction Project										Green
Efficiency										Red

CIP Key

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

Appendix 2

TRANSFORMATION BOARD FINANCIAL DASHBOARD:

M10 January

REVENUE (£'000)												
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	23/24 Plan	23/24 forecast	Underspend/ (overspend)	Finance lead	RAG rating	Previous month RAG	Comments	2024-25 draft budget
Leaving Fulwood	Fulwood site & new HQ	683	835	(152)	820	1007	(187)	Paul Isingoma		N/A	The delay to the sale of Fulwood has led to significant unplanned costs including security and council rates. There is the possibility that some of the security costs will be recharged to the developer, which will improve this position if it happens.	TBC
Community Mental Health Transformation Programme	TBC			-			-	Olga Lycett			Revenue costs are expected to be within existing operational budgets plus the full year effect of SYICB confirmed MHIS funding.	TBC
Primary & Community Mental Health Programme	TBC			-			-	Nicola Hume			The clinical model and budget scope is to be determined. Revenue costs are currently expected to be within existing operational service budgets.	TBC
Therapeutic Environments Programme		200	167	33	241	200	41	Jill Savoury			Pay and non-pay revenue costs for the project team within existing operational service budgets. YTD expenditure trends are forecast to continue for the remainder of the year.	223
EPR		839	1,468	(629)	1,007	1,579	(572)	Lydia Sedor			Work is ongoing to determine the next phase of the EPR roll out in terms of work required and timeline. There is currently no expectation that the role out will increase revenue costs however as the additional pressures are expected to be of a capital nature in this financial year.	TBC
Learning Disability Programme				-			-	Paul Isingoma	N/A	N/A	Approval has been given for phase 1 of the new LD model to be implemented. Budgets will be contained within the existing funding. Future dashboards will include reporting against the budget.	5,125
Clinical & Social Care Strategy		14	43	(29)	17	54	(37)	Nicola Hume			Staff costs reflected in the workstream for the clinical & social care strategy programme manager. Funding has not yet been identified within the medical directorate budgets to transfer here and so this is presently an unfunded cost pressure. Experts By Experience budget set at £17k with minimal costs of £455 recognised in the year to date.	65

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

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>

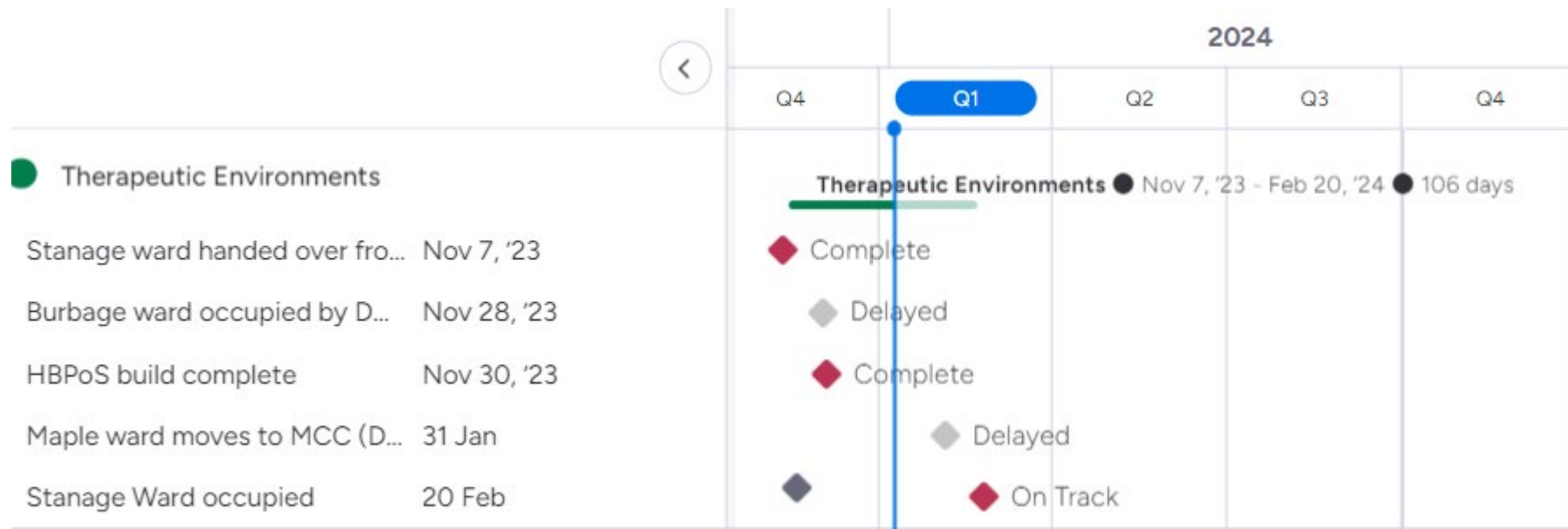
RAG Dimension	Red	Amber	Green
Stakeholder engagement	<p>Key stakeholders have not been identified as part of initiation</p> <p>Key stakeholders have no visibility over the status of the programme</p> <p>Key stakeholders are not engaged with the project/ programme</p>	<p>Key stakeholders have been identified 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.

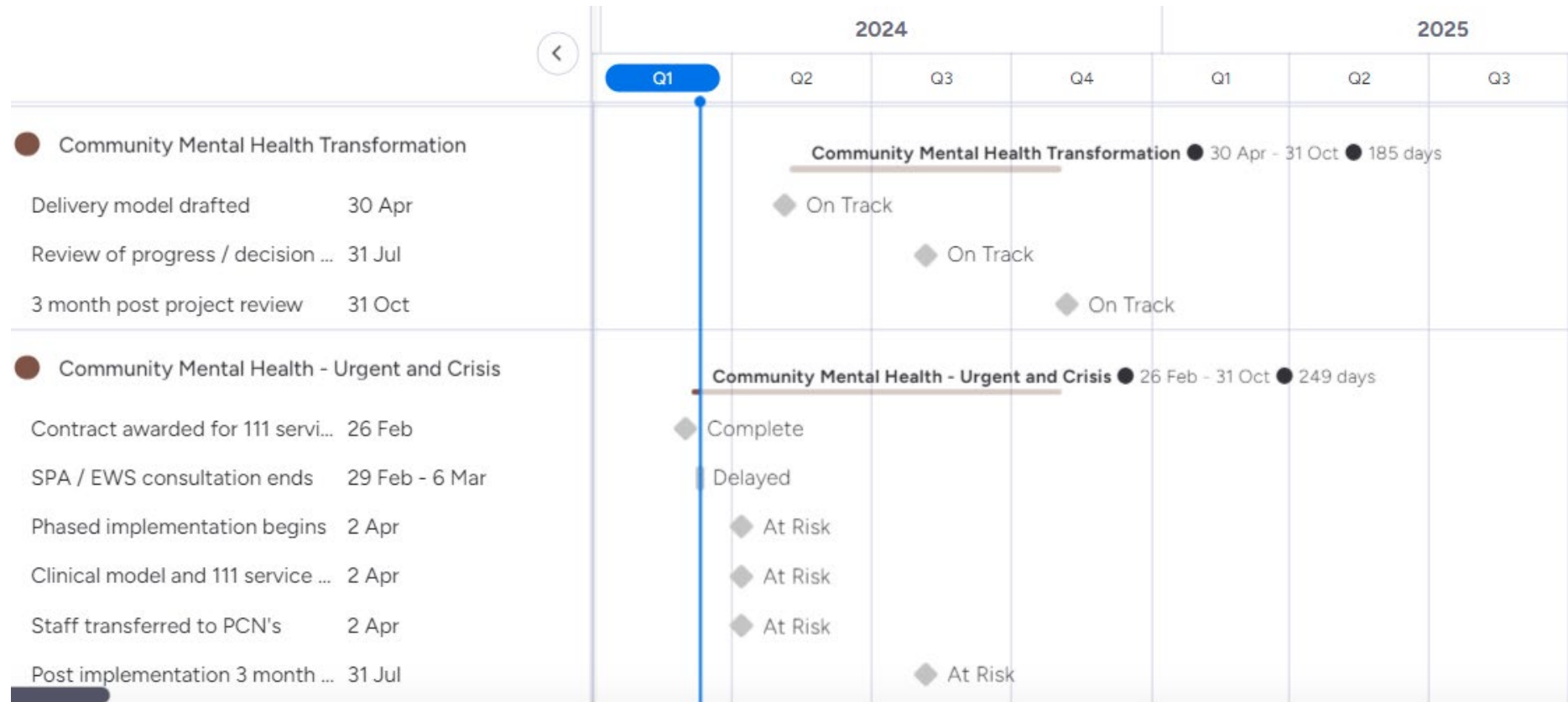
Appendix 4 – Progress against milestones, February 2024

Plans are being developed for EPR and Leaving Fulwood

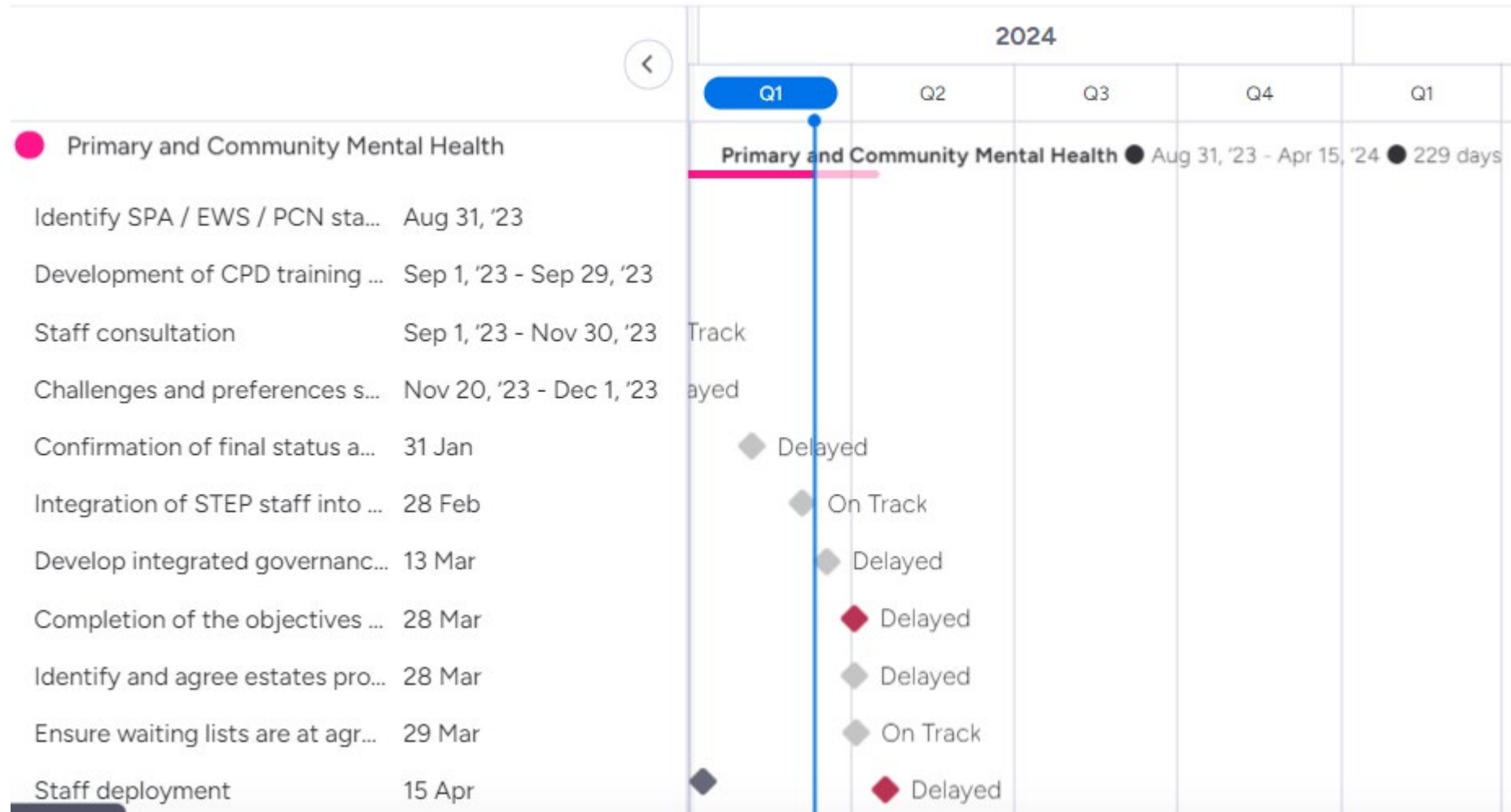
Therapeutic Environments



Community Mental Health Transformation Project



Primary and Community Mental Health Transformation



Learning Disability

