Board of Directors – Public

SUMMARY REPORT	Meeting Date:	22 September 2021
	Agenda Item:	13

Report Title:	**Transformation Portfolio Report**	
Author(s):	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	Pat Keeling, Director of Special Projects (Strategy)	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Finance & Performance Committee
	Date:	9 September 2021
Key Points recommendations to or previously agreed at:	To note the risk relating to the ligature anchor point project timeline and potential revenue cost pressure (out of area bed contract) for the phase 3 work (en-suite bathrooms, sanitary ware, ceilings, radiators). To note the risk relating to funding of the community forensic team. To note the establishment of the new Community Facilities Programme to address the estate strategy recommendation and the CQC concern. To note the submission of the expression of interest for additional capital for our new build Therapeutic Environments programme.	

Summary of key points in report

The paper outlines:

The progress, risks and issues associated with the programmes and projects within the Transformation Portfolio as reported to the Transformation Board on 1 September 2021.

The following programmes remain on track; Electronic Patient Record, Primary and Community Mental Health Transformation Programme.

Leaving Fulwood programme has reported slippage as the move to Wardsend Road has been delayed by one month to October 2021.

Therapeutic environments programme board approved a revised plan which was submitted to the Transformation Board. The Ligature Anchor Point Section 29A work is at risk of taking until 2023 and incurring significant revenue costs, for out of area bed contracts to enable work on closed wards.

The Community Mental Health Team Review project is being reviewed currently. The project will be delivered in 3 phases:
  1 Co-production of plan to understand desired outcomes, the care processes to deliver these and the required structure;

September to December 2021

2. Definition of model for future service based on phase 1 and local and national expectations and is supported by an evaluation framework

January – March 2022

3. Implementation of the agreed changes against a clear mobilisation plan;

April – October 2022

The Adult Forensic New Care Models programme reported a key change to the Transformation Board. Following discussion with NHSEI it has been agreed that SHSC will step away as lead provider following the identification of an alternative provider organisation.

It is likely that SHSC will retain the stewardship role until December 2021 and then take on the role as a partner member of the collaborative. This will mean that this programme will then be led by another provider and it will therefore no-longer be part of our Transformation Board.

This change will mean that the Forensic New Models Collaborative won't go live in October 2021 as previously planned.

The Transformation Board identified that this change will highlight a financial risk to the funding of the community forensic team.

No other new risks were reported to the Transformation Board. Existing risks continue to be managed by the Programme Boards.

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

Recommendation: The Committee is asked to note the progress reported within the programmes and consider if there is sufficient assurance that they 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 Getting through safely	*Yes*		*No*	✔
CQC Getting Back to Good	*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	*Yes*	✔	*No*		Environmental standards – LAPs, privacy and dignity, least restrictive environments
IG Governance 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

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	*Yes*	✔	*No*		Patient 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.
OD/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*		*Please complete section 4.2 in the content of your report*
Legal	*Yes*	✔	*No*		Legal considerations apply to all programmes within the portfolio.

Title	Transformation Portfolio Report

Section 1: Analysis and supporting detail

Background

1.1 This report details the progress and risks associated with the Transformation Programmes as reported to the Transformation Board on 1 September 2021 together with the outcome of the discussion at the Finance and Performance Committee held on the 9 September.

Programme highlight information

Leaving Fulwood

1.2 The Finance and Performance Committee received the following at the meeting on 09 September:

A paper detailing with contractual arrangements for the sale of Fulwood House and the phased approach to vacating the site which can be mapped against the future HQ plan. This paper was supported and is on the September Trust Board agenda.

The future HQ outline business case which included a multi-site solution for the HQ, based on a reduced occupancy figure reflective of flexible working arrangements.

The outline business case was supported in principle by the Finance and Performance Committee and the full business case will be developed for the October meeting. Agreement was given to progress the lease for occupation of one floor in South Yorkshire Housing Association. Two further sites are being explored for occupation to deliver the dispersed approach to our corporate services and new HQ, however we will not be pursuing a large capital refurbishment project.

1.3 The Finance Directorate and IMST are planned to move to Wardsend Rd in October 2021, this date has slipped by one month. Work is underway to mobilise the site for occupation.

1.4 Staff engagement for the new HQ is key to the success of the programme. A staff engagement group has already been established since May, which has been involved in the agile working policy development, the review of various locations and considering changes which may be brought about by open plan working.

Staff engagement will now be enhanced through a Champions Group linking directly to each management team. A three month period to consult with staff has been added to the programme plan. In addition, every member of staff will be offered an individual meeting to discuss the move.

1.5 The programme reported two risks to the Transformation Board relating to the slippage both to the move to Wardsend Rd and the identification of the future HQ. The programme plan has been revised to accommodate these changes with agreement from the Programme Board

1.6 Please see Appendix 1 for the milestone plan.

Community Mental Health Team Project is this a programme or project

1.7   A development day took place in July, to orient colleagues to the future of the service and engage them with the opportunities which can be brought about by this opportunity for transformative change.

1.8   It is clear that the project is behind on delivery and is at the stage of taking stock of the current situation and agreeing direction. To do this meaningfully, and to learn lessons from the community service restructure of 2017, the new model will be both co-produced with staff and service users and based on robust data and information.

The project will be delivered in 3 phases:

1 Co-production of plan to understand desired outcomes, the care processes to deliver these and the required structure.

September to December 2021

2. Definition of model for future service based on phase 1 and local and national expectations and is supported by an evaluation framework.

January – March 2022

3. Implementation of the agreed changes against a clear mobilisation plan.

April – October 2022

The Project Board acknowledge that pace needs to be increased however, this has to be balanced with taking the time required to get it right.

1.9   Progress has been made with managing the dependencies and interfaces between this project and the Primary and Community Mental Health Transformation programme. A joint delivery group between SHSC and Primary Care has been established to ensure that the requisite changes are delivered in a cohesive manner.

1.10   The Transformation Board recommended that further work was required with stakeholders from across the system to ensure that there is a shared vision, an overarching strategic framework and the availability of funding to deliver this change.

1.11   The Project Board reported an ongoing issue with project management capacity. A Programme Manager position is being recruited to, this will allow for a programme to be developed including this project and the improvements required at Firshill Assessment and Treatment Centre

1.12   Please see Appendix 1 for the milestone plan.

Primary and Community Mental Health Transformation Programme

1.13 The Programme Team have focused on specifying the approach to Phase 2 of the programme which will expand coverage across the number of Primary Care Networks from 4 to 6 by April 2022. This will provide coverage for 50% of the city.

12 new roles are being implemented within the Primary Care Networks bringing additional capacity to enhance the services provided

The Transformation Board agreed that work needs to commence on a more formal basis to explore the integration between the primary care mental health services and the CMHT project and the longer term vision for how these services will operate with partners across Sheffield.

1.14 Please see Appendix 1 for the milestone plan.

Therapeutic Environments Programme

1.15 The programme continues to progress well. A preferred supplier has been chosen to fulfil the health planner role which will support the completion of the feasibility study over the next two months.

1.16 The expression of interest to access the New Hospital Programme Funding was submitted on 9 September and consisted of the following bids:

➢ £50m – 72-Bed development of 4 working age adult wards

➢ £37.4m – 14-Bed PICU development + 4 x 136 suites + 12 Bed Decision Unit

➢ £33.2m – 32 Bed development of 2 older adult wards

A formal confirmation of receipt has been received. Our Improvement Director, Regional Estates Lead and SY ICS Lead have all been informed. The values of these bids exceed the anticipated estimates in our estates strategy as they are all based on new build rather than refurbished options.

1.17 The timescales for Phase 2 of the Acute Wards improvements (ligature anchor points LAP work) have been agreed by the Programme Board.

1.18 The SRO, Beverley Murphy, could not provide assurance to the Transformation Board regarding the timescales for Phase 3 LAP programme of works as identification of an approach is required to conduct work safely on live wards or seek system support to contract out beds to enable work on closed wards (our preferred approach).

Estates and clinical colleagues are working together to agree a way forward which achieves an acceptable balance of pace, clinical risk and cost. The revenue impact has been assessed and will be shared with CQC and system partners on the 20 September (this wasn't available to Finance and Performance Committee on the 9 September – see Appendix 3) as this will present the following revenue risk:

2021/22 £1,095,600.00
2022/23 £3,172,500.00
2023/24 £1,095,600.00

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1.19 Please see Appendix 1 for the milestone plan.

Electronic Patient Record

1.20   Progress has been made with the clinical system procurement; the deadline for tenders to be issued has passed. Two bidders have submitted responses and these are being evaluated as planned.

The programme has been planned, however requests have been made to establish what we can do to bring forward the timescales. In addition to this the Programme Board are considering options to bring in a deployment team to work with SHSC to implement the system.

1.21   No issues have been reported by the programme.

1.22   Please see Appendix 1 for the milestone plan.

Adult Forensic New Care Models

1.23   Following discussion with NHSEI it has been agreed that SHSC will step away as lead provider following the identification of an alternative provider organisation.

It is likely that SHSC will retain the stewardship role until December 2021 and then take on the role as a partner member of the collaborative. This will mean that this programme will then be led by another provider and it will therefore no-longer be part of our Transformation Board.

This change will mean that the Forensic New Models Collaborative won't go live in October 2021 as previously planned.

1.24   The Transformation Board identified that this change will highlight a financial risk to the funding of the community forensic team.

1.25   Please see Appendix 1 for the milestone plan.

People Plan

1.26   Revised governance arrangements have been implemented with the introduction of assurance groups to support delivery of each of the four workstreams

1.27   Two ongoing risks remain pertaining to:

The recruitment of specialist resources to deliver the People Plan. Mitigation is in place; external support has been garnered and will continue to be used until the posts are filled.

The centralised training budget and how it can be used to ensure that the specialist training required for some roles can be protected. This is being worked through between colleagues from clinical services and the People Directorate

Community Facilities Programme Proposal

1.28 It was discussed that SHSC should set up a Community Facilities Programme within the governance arrangements of the Transformation Board in response to the SHSC estates strategy approved in July 2021 and the concerns raised by the CQC in their report of the May 2021 inspection.

Transformation Board agreed to support a proposal to be put forward to the September Finance and Performance Committee.

This proposal was agreed and is attached as Appendix 2 of this report and was supported. A formal Project Initiation Document (PID) and terms of Reference will be developed for the October Transformation Board to launch this new transformation programme.

Section 2: Risks

2.1 BAF 0026 There is a risk that there is slippage or failure in projects comprising our transformation plans; caused by factors including non-delivery of targets by milestones, unanticipated costs arising or lack of sufficient capacity.

Controls:
- Members of the Executive Team are SRO's for all projects and programmes

- Transformation Board is in place to provide read across between programmes (including Back to Good Board) and operational areas, manage dependencies and provide guidance and support

- Programme / Project Boards are in place

- Reporting structures in place from Programme Manager to Programme Board, through to Transformation Board and Finance and Performance Committee

- Standardised highlight reports produced which include milestone plans, financial information and roles and responsibilities

- Developing maturity of PMO to support check and challenge of reporting

- External specialist resource is being brought in where appropriate to provide necessary skills, knowledge and capacity

- Community of Practice in place to share knowledge and experiences between the Transformation Programme / Project Managers

- Review and updating or original PIDs by Programme Boards

Gaps:
- To ensure skilled and experienced Project / Programme Managers in role for CMHT project

- Portfolio risk and issue register and milestone plan to be embedded within the work and assurance activities of the Transformation Board

- Dependencies register to be redefined and implemented into work and

assurance of Transformation Board

- Change control process to be implemented across all programmes to ensure changes to scope, quality and plans are visible and agreed at the appropriate level of authority

- Lack of formally assigning colleagues to programmes with acknowledgment of amount of time required to dedicate to the programme

- Lack of qualified programme Change Leads and clearly tracked benefits realisation

Assurance
- Triangulation of information between Back to Good programme and Transformation Portfolio via PMO

- Reporting from programmes to relevant committee's and Transformation Board to Finance and Performance Committee

- Programme highlight reports

Plan
- Continuing to embed the programme governance arrangements (Head of PMO)
- Progress the project support for the CMHT project (Director of Operations and Transformation / Head of PMO)
- Project management and change skills development for wider engagement teams in workstreams – as part of SHSC leadership programme

Section 3: Assurance

Benchmarking
3.1   Benchmarking takes place in relation to the specific programmes to compare processes, staffing levels and performance metrics with other Trusts. This takes place as necessary throughout the delivery of the programmes.

Section 4: Implications

Strategic Aims and Board Assurance Framework
4.1   The Transformation Programmes support all of the strategic aims and are part of the strategic priorities 2021 – 2023.

Equalities, diversity and inclusion
4.2   All programmes and projects consider the cultural transformation and workforce agenda. Quality and Equality Impact Assessments have been, or are to be, completed and reviewed on a regular basis.

Culture and People
4.3   All programmes and projects consider the cultural transformation and workforce agenda. The Community Facilities Programme proposal addresses concerns

identified by the CQC in their May 2021 inspection report regarding the negative impact of community environments on staff morale.

Integration and system thinking

4.4   The Adult Forensic New Care Models programme and Primary Care Mental Health Transformation Programme support the development of the ICS.

Financial

4.6   The forensic programmes reported a potential financial risk in the Transformation Board meeting

Compliance - Legal/Regulatory

4.7   The environments work undertaken on Acute Wards within the scope of the Therapeutic Environments programme will support delivery of the significant improvements required to be made in line with the Section 29a warning notice.

A tender process is being followed for the procurement of the EPR system.

Section 5: List of Appendices

Appendix 1 Programme milestones
Appendix 2 Community Facilities Programme Proposal
Appendix 3 Potential Section 29A Phase 3 Ligature Anchor Point and ward improvement costs.

Appendix 1 Programme Milestones

		2021			2022				2023			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

🔵 **Leaving Fulwood**

Leaving Fulwood ● Jul 1 - 29 ● 394 days

Future HQ Full Business Case complete	Jul 1 - Sep 30
Future HQ staff consultation	Aug 9 - Oct 29
Disposal of Fulwood contract finalised	Aug 9 - Oct 29
Migration of data to Wardsend Rd data...	Aug 9 - Jan 28
IMST move into Wardsend Rd site	Sep 1 - 30
Finance move into Wardsend Rd site	Sep 1 - 30
Future HQ design, development and co...	Oct 1 - Jan 31
Future HQ fit out	Oct 1 - Jul 29
Agree lease of Fulwood Tower	Oct 1 - 29
Future HQ occupation	Apr 1 - Jul 29

		2021			2022			2023		

		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

EPR

EPR • Jul 16 - Sep 29 • 806 days

Procurement	Jul 16 - Oct 1
Handover to business as usual	Oct 1 - Dec 23
Full Business Case developed	Oct 4 - 29
Full Business Case approved	Nov 1 - Dec 22
Contract signed	Jan 5
Programme initiation	Jan 6 - Mar 31
Programme implementation	Apr 1 - Sep 29

Adult Forensic New Care Models

	2021			2022				2023			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Adult Forensic New Care Models ● Jun 1 - Oct 1 ● 123 days

Agree lead provider governance frame...	Jun 1 - Jul 30
Development of finance and commissi...	Jun 1 - Jul 30
Recruit quality and commissioning sup...	Jun 30 - Sep 30
Develop User involvement Strategy	Jun 30 - Sep 30
Development of inequalities plan	Jun 30 - Sep 30
Agree financial envelope for Provider C...	Jul 30 - Sep 30
Pre approval review with NHSE/I	Aug 16
Go live	Oct 1

Primary and Community Mental Health

Primary and Community Mental Health ● Jun 30 - Apr 5 ● 1011 days

Task	Dates
Programme evaluation with University …	Jun 30 - Mar 31
Consult with PCN's over use of MH AR…	Jun 30 - Oct 1
Development of 2 additional PCN's	Jun 30 - Aug 31
Agree funding with SCCG for 2021/22 …	Jun 30 - Aug 31
ARRS recruitment	Jun 30 - Oct 29
Recruitment into 2 additional PCN's M…	Sep 1 - Jan 31
Phase 2 complete	Apr 4

	2021		2022					2023			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
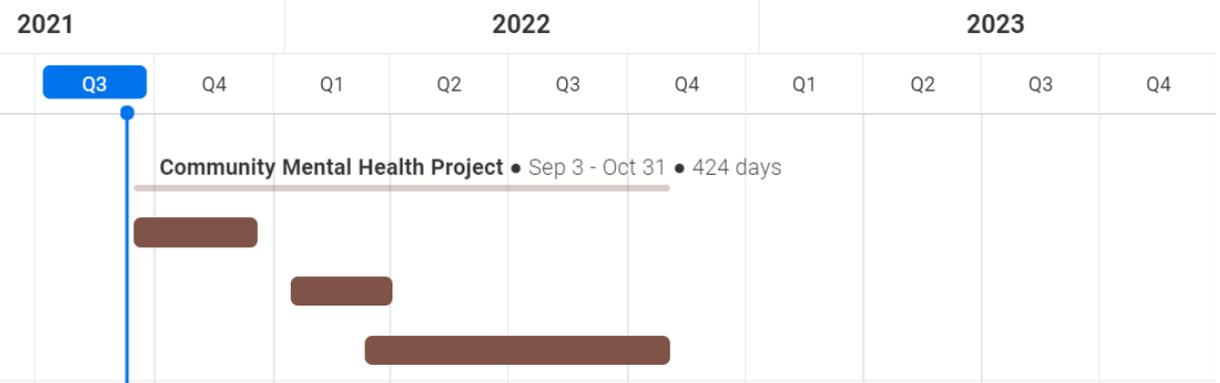
● **Community Mental Health Project**

Community Mental Health Project ● Sep 3 - Oct 31 ● 424 days

Co-production of plan	Sep 3 - Dec 17
Definition of service model	Jan 3 - Mar 31
Implementation	Mar 1 - Oct 31

PHASE 3 LIGATURE ANCHOR POINT PROGRAMME SUMMARY - AS AT 10 SEPTEMBER 2021

13.5% of work (out of 192 items)

PACE   vs   RISK   vs   COST

WORKING AGE ADULT WARDS - 13.5% of LAP work	**COSTS** 2021/22 **£ 1,095,600.00**	2022/23 **£ 3,172,500.00**	2023/24 **£ 931,500.00**

Live Wards -   higher risk - medium cost

Phase 3 Works - Maple (Zonal Approach + Decant for residual works)	Feb-22 [13.5%] Dec-22	

Closed Wards -   lower risk - medium cost

Phase 3 Works - Maple (Ward Closed)	Feb-22 [7.8%] Aug-22
Phase 3 Works - Stanage (Decant to Burbage)	Jun-22 [5.7%] Dec-22

Closed Wards -   lower risk - higher cost

Phase 3 Works - Maple (Decant to Burbage)	Jun-22 [7.8%] Dec-22
Phase 3 Works - Stanage (Decant to Burbage)	Jan-23 [5.7%] Jun-23

Scope of works

Phase 1 Works: blind spot mirror, ceiling vent, curtain/blind/rails, light fittings - 22.4%

Phase 2 Works: doors, fixed furniture, windows + dormitories and seclusion rooms - 64.1%

Phase 3 Works: radiators, sanitaryware, ceiling tiles and all residual works on common areas - 13.5%

Drafted: 4th Aug 2021

1) ?60-Bed (4 x 15 Bed) Mental Health Facility for WAA at Longley Centre site
2) ?45-Bed (3 x 15 Bed) Mental Health Facility for Functional OA at 'TBC'
3) ?14-Bed PICU at Longley Centre site

Master Plan with key deliverables	2021/22				2022/23				2023/24				2024/2025				2025/2026				2025/2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Establishment of Programme Structure & Governance																								
Produce Project Initiation Document																								
Trust EOI sign-off & submission for NHP funding																								
Procurement of Health Care Planner																								
Roll out specific workstream activities (clinical/service; design; business case; communication)																								
Develop clinical care model and pathway																								
Evaluate and finalise bed/service requirements																								
Development of longlist options & development appraisal																								
Determine shortlist options & preferred way forward																								
Develop decant plan																								
Produce schedule of accommodation of shortlist options																								
Procurement of design feasibility team (Architect, Structural & M&E Adviser and Cost Adviser)																								
Produce concept design and design test fit study of all shortlist options																								
Develop high level costing of all shortlist options																								
If selected by NHSEI, Trust to commence bid preparation																								
Trust bid sign-off & submission for NHP funding																								
Fast-track production of Strategic Outline Case (SOC)																								
Produce & implement Communication and Engagement Plan																								
Determine extent of service configurations & requirement for public consultation																								
If formal consultation required - produce Pre-Consultation Business Case																								
Commence formal consultation process																								
Trust/System Decision Point - Decision-Making Business Case																								
NHSEI Bid Approval																								
Approval of procurement strategy (P23 Framework)																								
SOC Refresh and Submission																								
Internal & External SOC Approval Process & Gateway Review																								
Produce Outline Design Development																								
Outline Costing & Life Cycle Analysis																								
Capital and Revenue Affordability Review & Solution																								
Production of Outline Business Case																								
Stakeholder Engagement																								
Outline Planning Application/Approval																								
Internal & External OBC Approval Process & Gateway Review																								
Selection of Preferred Partner (P23 Framework)																								
Formalise contract & appointment of PSCP																								
Commence next stage workstream activities																								
Development of Detailed Design																								
Development of Production Information & GMP																								
Production of Full Business Case																								
Stakeholder Engagement																								
Full Planning Application/Approval																								
Submit of Full Business Case																								
Internal & External FBC Approval Process & Gateway Review																								
Formalise contract & continued appointment of PSCP																								
Pre-construction activities																								
Construction Project Management																								
Technical and Building Commissioning																								
Post-Completion activities																								
Phased Service Transition																								
Post-Operational Gateway Review																								
Post-Project Evaluation - Stage 1 - (3 to 6 months after occupation)																								