

## Board of Directors – Public

### SUMMARY REPORT

Meeting Date: 24 November

Agenda Item: 10

<b>Report Title:</b>	<b>Transformation Portfolio Report</b>	
<b>Author(s):</b>	Zoe Sibeko, Head of Programme Management Office	
<b>Accountable Director:</b>	Pat Keeling, Director of Special Projects (Strategy)	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Finance & Performance Committee
	<b>Date:</b>	11 November 2021
<b>Key Points recommendations to or previously agreed at:</b>	<p>Review the resources to support the strategic transformation programmes.</p> <p>Develop the programme milestones for the new 2021 programmes.</p> <p>Provide periodic more in-depth updates on individual programmes. The next one of these will be for the Community Mental Health Transformation Project</p>	

### 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 02 November 2021.

The portfolio of strategic transformation projects and programmes has increased following a review by the Board in September 2021, and now includes the following projects and programmes, in support of our strategic priorities:

1. Electronic Patient Record; SRO Beverley Murphy
2. Leaving Fulwood; SRO Phillip Easthope
3. Therapeutic Environments; SRO Beverley Murphy
4. Learning Disabilities Project; SRO Mike Hunter
5. Primary and Community Mental Health Transformation Programme; SRO Mike Hunter
6. Community Mental Health Transformation Project; SRO Beverley Murphy
7. Community Facilities Programme; SRO TBC
8. People Plan; SRO Caroline Parry
9. Clinical and Social Care Strategy; SRO Mike Hunter

The Forensic Care Models programme is due to be removed from the portfolio in December 2021, when the lead provider role transfers, and therefore does not appear in the list above.

Consideration is to be given to removing the People Plan as the majority of the work in that programme has been defined as business as usual, with the exception of the implementation of E Health Roster and the Leadership Development Programme.

In addition, consideration is to be given to delivering the Clinical and Social Care Strategy implementation as a stand-alone programme akin to the Back to Good Programme.

A key theme within the highlight report risks identified this month was the project management resources to deliver the programmes. This risk was identified by the following programmes;

- Community Mental Health Transformation Project (CMHT)
- Therapeutic Environments,
- Clinical and Social Care Strategy
- People Plan.

Each of these programmes are at different stages in relation to the resource risk; Clinical and Social Care strategy and People Plan are currently recruiting. Further work is needed to monitor and address the resource risks within Therapeutic Environments programme. The SRO and project lead of the CMHT project are considering appointing a Project Director to lead this work and also that of the new Learning Disabilities Project.

The following programmes remain on track;

EPR, PCMHT, People Plan, Leaving Fulwood and Therapeutic Environments

CMHT are reporting a red rating against progress and further work is required to clearly define the deliverables against the new three phased implementation plan. A chronology of the work undertaken since 2017 together with a plan of the forthcoming deliverables and benefits will therefore be brought to the next Transformation Board on the 29 November.

The Clinical and Social Care Strategy implementation, which is being monitored within the Transformation Board agenda, reported a two month delay due to a lack of dedicated programme management resource. PMO are fulfilling the role on a temporary basis until the positions are filled. Programme manager interviews are scheduled for the 1 December 2021

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	
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Recommendation: The Board is asked to note the progress and risks reported within the programmes and 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 – Continuous 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	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	<i>Please complete section 4.2 in the content of your report</i>
Legal	Yes	✓	No	Legal considerations apply to all programmes within the portfolio.

Title	Transformation Portfolio Report
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## 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 02 November 2021.

### Programme highlight information

#### Leaving Fulwood

- 1.2 Progress is being made with the disposal of Fulwood House. Awaiting confirmation from the Land Registry prior to finalising the contract. No delays or issues anticipated.
- 1.3 The relocation to Wardsend Road of the IMST and Finance departments has commenced and is due for completion by the end of November.
- 1.4 The move to the new headquarters is progressing well with no concerns. Lease arrangements are to be finalised. There is the option that two out of the below three sites can be used, as opposed to all three, should one of the sites not progress:
- South Yorkshire Housing
  - Don Valley House
  - Distington House

It is planned that staff consultation will commence on 1 December and staff will start to move from Fulwood to the new locations from March 2022.

- 1.5 The SRO confirmed that further consideration is required regarding the use of Fulwood House to locate new teams a short-term basis as it adds to the complexity of the decant. The example provided was the Assertive Outreach Team.
- 1.6 Please see Appendix 1 for milestone plan

#### Community Mental Health Transformation Project

- 1.7 The project is reporting a red status, in particular against progress. A roadmap has been agreed with some deliverables (see below) however further detailed work is required.

#### 1.8 **Single Point of Access (SPA) and Early Wellbeing Service (EWS)**

Draft clinical model complete – November 2021

Team development day with EWS to review clinical model - 30 November

Team development day with SPA to review clinical model – 7 December

Revisions made based on consultation – 22 December

Revised model shared with staff – 7 January 2022

Clinical model presented to CMHT Programme Board for approval - 14 January 2022

### **Recovery Services and Assertive Outreach**

Sign off of Operational Policy for Assertive Outreach to be agreed – November 2021

Structured case management implementation plan complete – November 2021

7 risks were highlighted to the Transformation Board, these are being managed by the Programme Board

- 1.9 A chronology of the CMHT project work undertaken and benefits delivered since it commenced in 2017, together with a plan of the forthcoming deliverables and benefits, will be brought to the next Transformation Board on the 29 November.
- 1.10 Please see Appendix 1 for milestone plan

### **Primary and Community Mental Health Transformation Programme**

- 1.11 The programme remains on track and the CCG have confirmed the funding on the resource to deliver Year 2 of the programme. By the end of Year 2, 43% of the Sheffield area Primary Care Networks will be covered.
- 1.12 Six risks have been reported, these are being managed by the programme board. The risk of note which will be discussed further at the next meeting of the Transformation Board is the lack of accommodation within primary care. This is impacting on staff wellbeing and currently prohibits a return to face to face working in many cases. **Mitigation:** Alternative locations including university practices and community buildings are being used or investigated
- 1.13 Please see Appendix 1 for milestone plan

### **Therapeutic Environments Programme**

- 1.14 The programme continues to progress well. The healthcare planners have started work on the programme and this work is due to be finalised in December with a schedule of accommodation produced. They have been meeting with services to understand current models of care and aspirations for future models and transformation.
- 1.15 The three expression of interest submitted to the new hospital fund have been acknowledged as received. Notification of the next round of the bid should be received by the end of November
- 1.16 Phase 2 of the current improvement works on wards and the removal of ligature anchor points is underway on Maple and Stanage wards and is progressing well with an expected completion date of February 2022.  
  
Phase 3 timescales are to be agreed. Options have been considered regarding how to complete the required work at pace but while keeping people safe.
- 1.17 A key risk has been raised regarding insufficient capital funds being available to complete the ligature anchor points eradication programme. **Mitigation:** Consideration being given to diverting capital from other planned schemes. A

submission has been made for additional system capital within the ICS but the outcome is currently unknown

- 1.18 Please see Appendix 1 for milestone plan

### Electronic Patient Record

- 1.19 The project remains on track. The evaluation of tenders is complete, the outcome is being shared with our legal team currently. The full business case will be submitted to the Trust Board on the 22 December 2021.

- 1.20 Three risks have been reported this month.

The key risk remains:

The programme not delivering its intended outcomes because SHSC does not have the necessary funds available leading to compromise in the quality of the deployment process. **Mitigation:** A Tech Fund bid has been submitted which if approved will reduce the financial gap. Further options are being considered by the EPR programme board

- 1.21 Please see Appendix 1 for milestone plan

### Adult Forensic New Care Models

- 1.22 This programme will be removed from the Transformation Portfolio in December 2021

- 1.23 NHSE remain as the lead provider until an alternative is agreed, this is likely to be South and West Yorkshire Foundation Trust.

### People Plan

- 1.24 The People Plan programme has been revised to remove business as usual activity. This leaves the Leadership Development Programme and the implementation of the Health Roster within the programme

- 1.25 An interim consultant has been brought in (as the Head of OD position has not been filled) to take forward with this work with Arden and GEM and colleagues within SHSC, to coproduce the development programme

- 1.26 E Health Roster was implemented within pharmacy in October. It will be implemented in the memory service in November

- 1.27 Both projects have raised risks around resources. The E Health Roster team will bring in resources by the end of the month and the Head of OD position is currently out to advert with interviews planned for the 12 November 2021

## Clinical and Social Care Strategy

- 1.28 Work is ongoing to define the implementation plan in line with the Year 1 objectives of the programme.
- 1.29 The key risk to the programme is the lack of resource which has slowed progress. **Mitigation:** A programme manager is being recruited and the PMO are fulfilling this role until the post is filled. A project officer position will be offered on a 6 month secondment to support the programme, it is anticipated that the post will be filled late November / December. A Expert by Experience post will be advertised to support the programme delivery and to ensure co-production
- 1.30 Please see Appendix 1 for milestone plan

## Learning Disabilities Project

- 1.26 Mike Hunter has been confirmed as the SRO for the project
- 1.27 The terms of reference for the project board and the project initiation document will be brought to the Transformation Board in November for approval.
- 1.28 The shadow project board has been meeting and progress has been made in agreeing the project workstreams

## Community Facilities Programme

- 1.29 The programme initiation document and terms of reference for the programme board were approved by the Transformation Board.
- 1.30 The SRO is to be confirmed prior to the 29 November Transformation Board meeting

## Section 2: Risks

- 2.1 The top 3 BAF risks are in part being addressed by programmes within the Transformation portfolio, in addition to other work within SHSC:

***WARD ENVIRONMENT: Patients could come to harm/quality could be impacted by our inpatient ward environment - Therapeutic environments programme***

***IT: Reliance on legacy systems and technology compromising patient safety and clinical effectiveness – EPR Programme***

***STAFFING: Risk of not retaining staff, not workforce planning effectively, failing to provide effective leadership impacting on quality of care – People Plan***

The progress and mitigating actions related to these risks are documented in the analysis section.

## 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.

### Integration and system thinking

- 4.4 Primary Care Mental Health Transformation Programme support the development of the ACP and ICS.

### Financial

- 4.6 The EPR programme was reported as a potential financial risk, as covered in the programme update. Three expressions of interest have been submitted for capital to support the Therapeutic Environments programme.

### Compliance - Legal/Regulatory

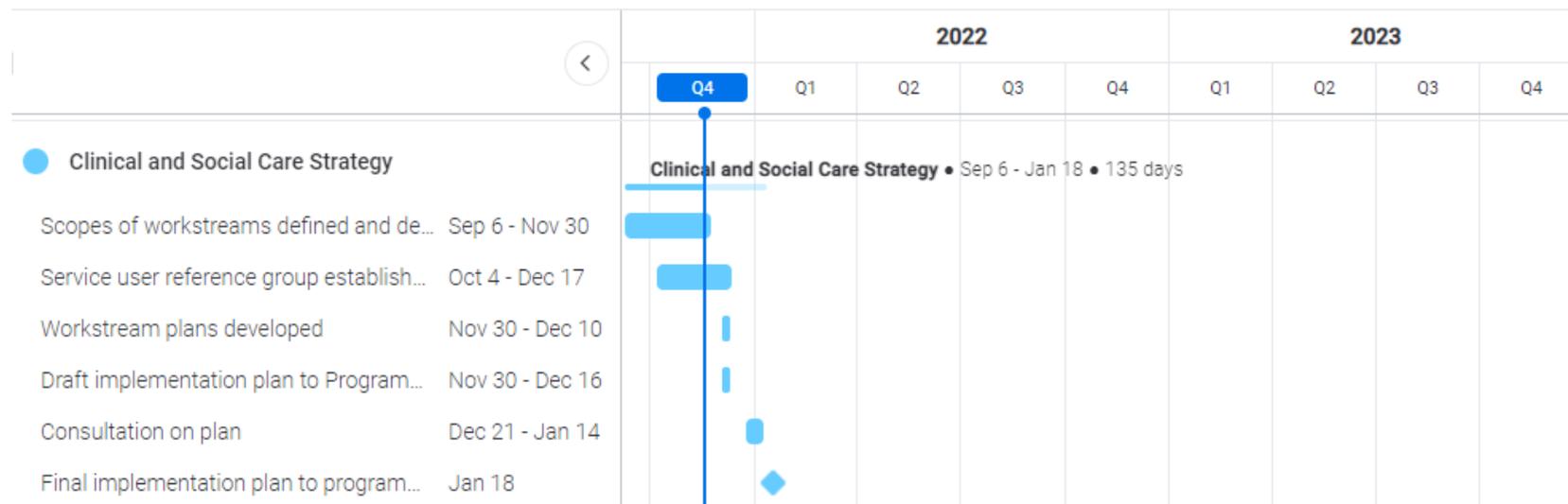
- 4.7 The environments work undertaken on acute wards within the scope of the Therapeutic Environments programme will support delivery of the significant improvements required to be made in line with the Section 29a warning notice.

## Section 5: List of Appendices

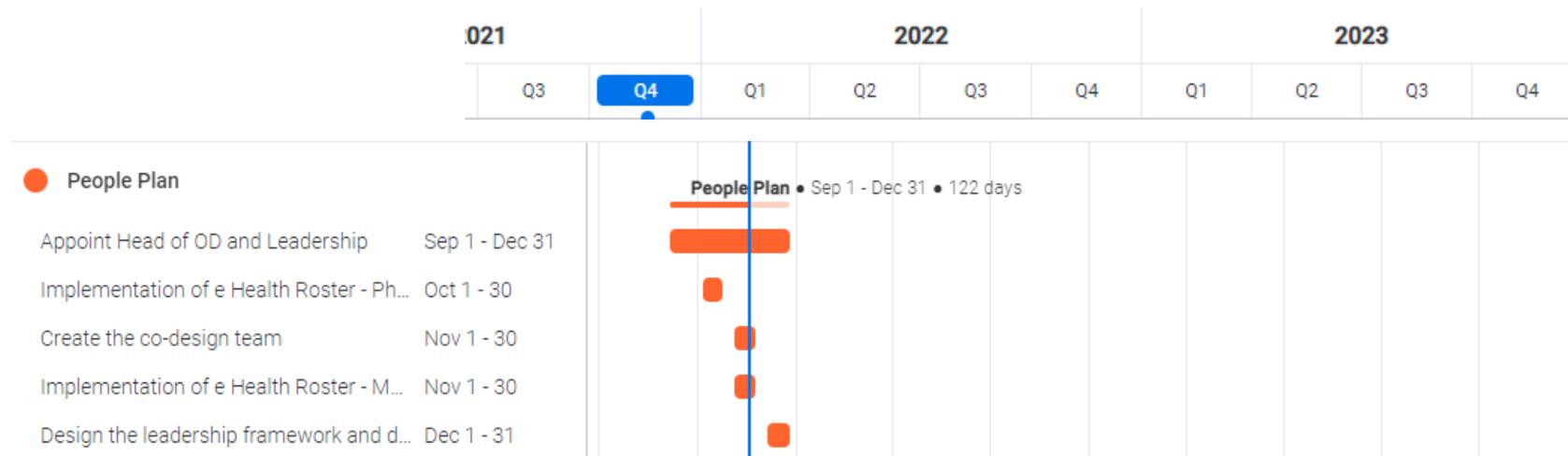
Appendix 1 – Programme milestones



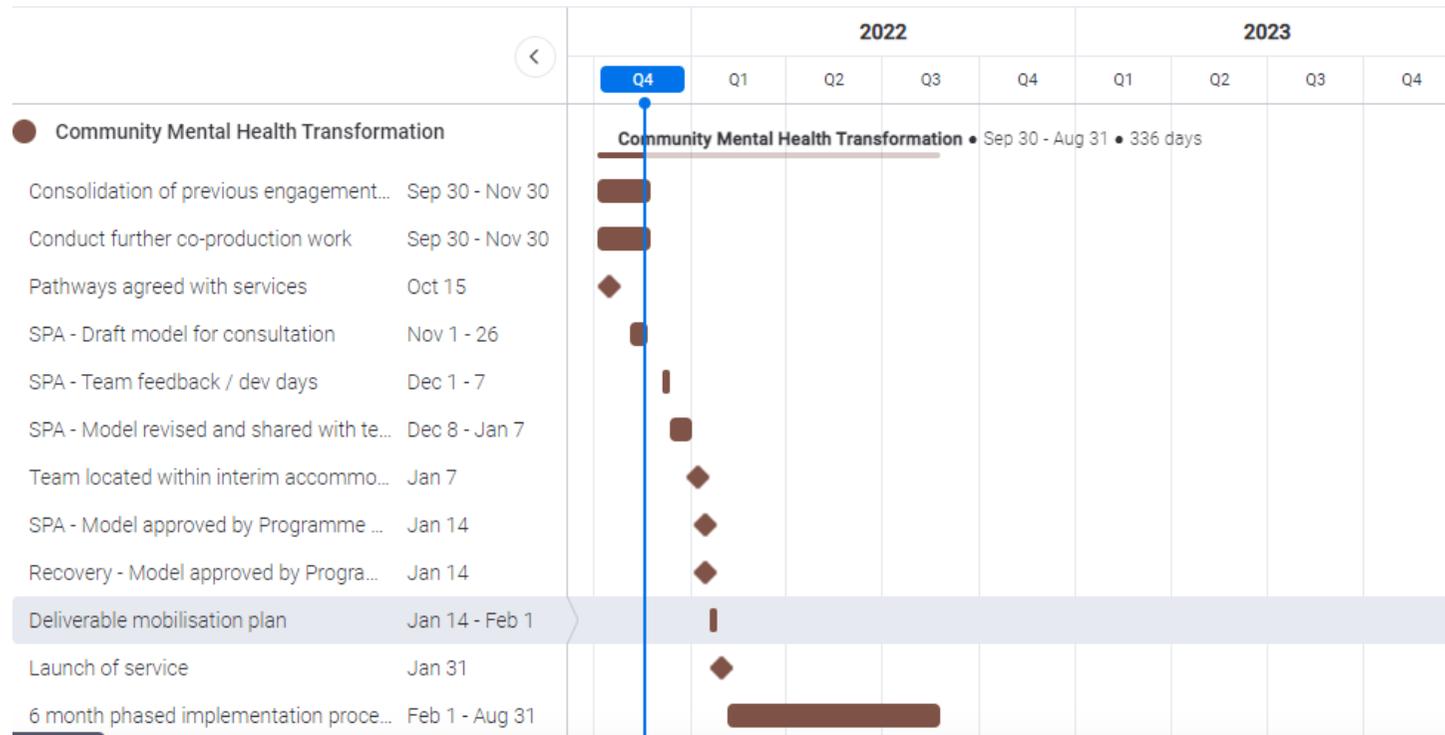
## Clinical and Social Care Strategy Implementation Programme



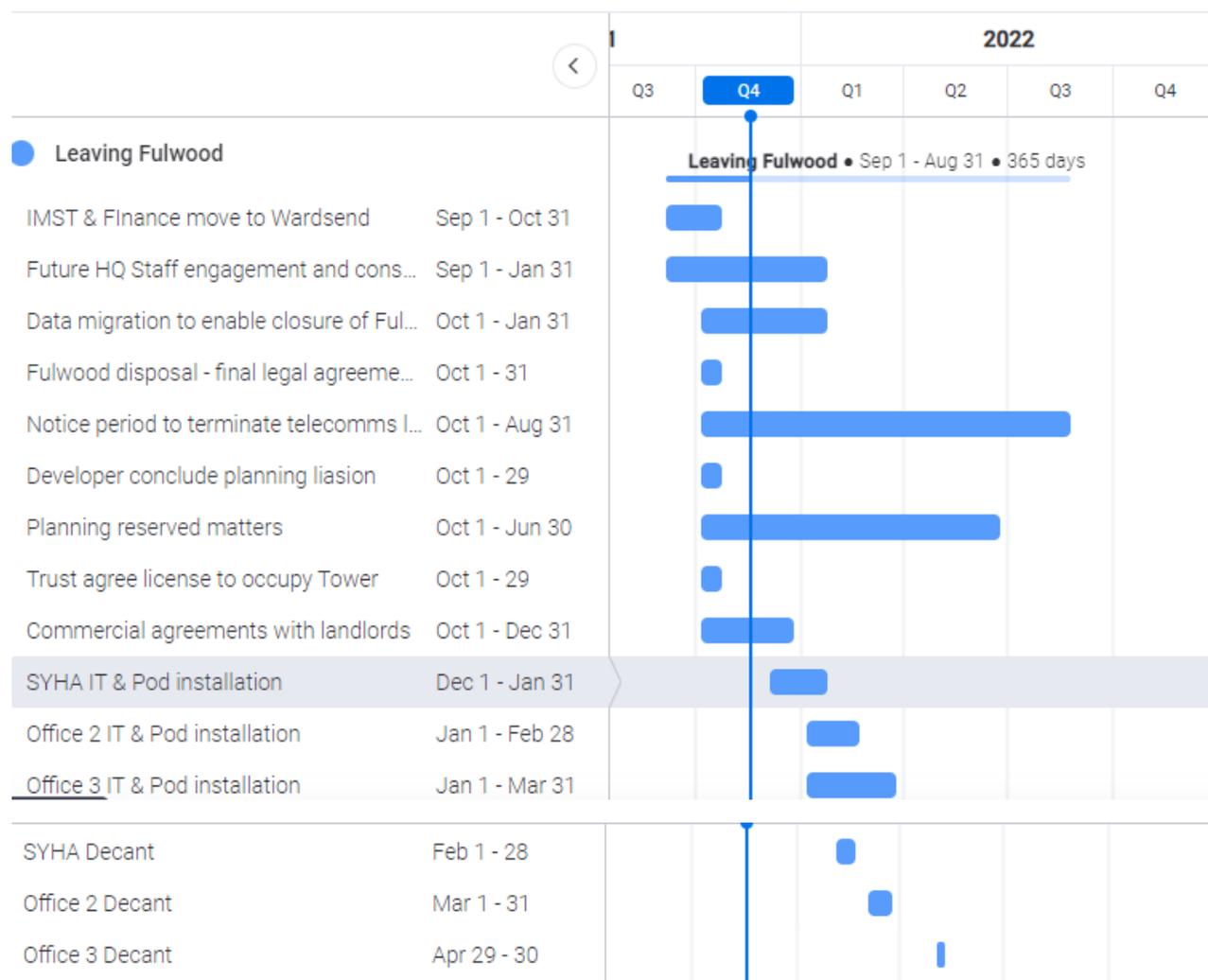
## People Plan



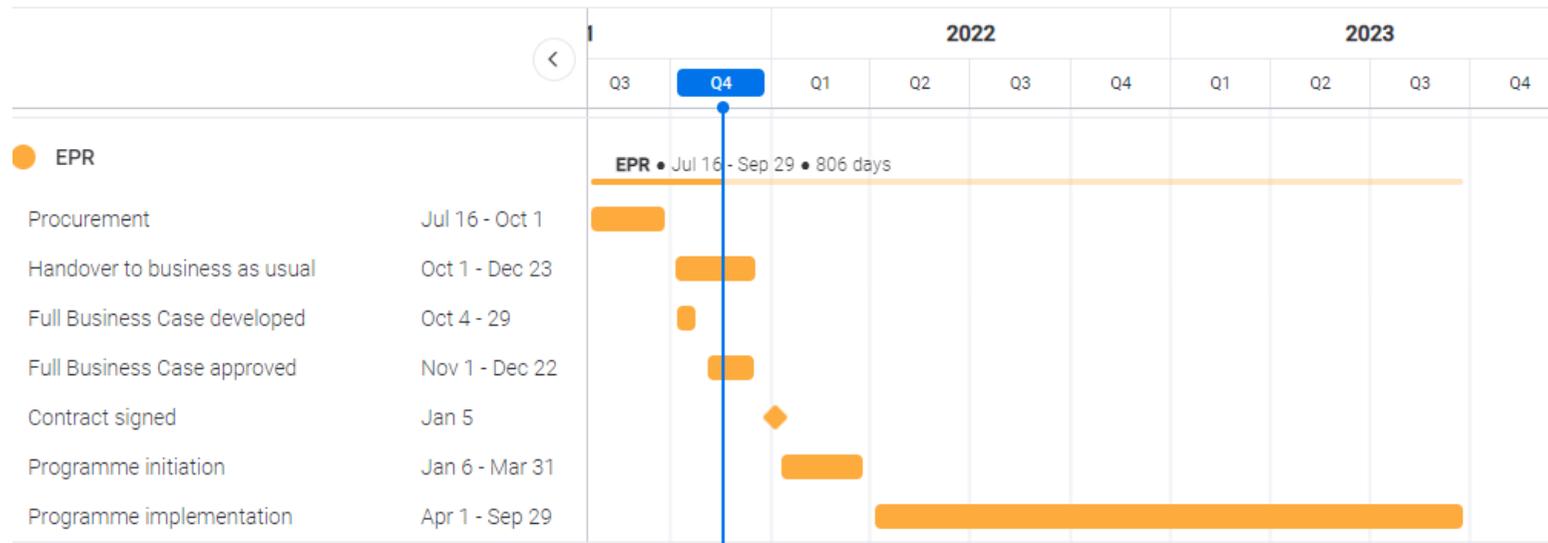
## Community Mental Health Transformation



## Leaving Fulwood



## Electronic Patient Record Programme



## Primary and Community Mental Health Transformation Programme



# Therapeutic Environments Programme



## Learning Disabilities Programme

