

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 26 January 2022

Agenda Item: 11

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:	13 January 2022
Key Points recommendations to or previously agreed at:	The report was noted along with the intention to bring a more in-depth report on a specific transformation project, to the Board each month. In January the focus is a discussion regarding the Learning Disabilities 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 05 January 2021.

The following programmes are on track:

- **Leaving Fulwood**; the contract of sale for Fulwood House has been signed, IMST and Finance have completed the move to Wardsend Rd. The staff group consultation process is underway for the new HQ location and the outcome will be confirmed by letter to all affected staff on the 7 January 2022.
- **EPR**; the full business case has been approved, with the contract planned to be approved by Finance and Performance Committee on 13 January 2022.
- **Therapeutic Environments**; the Phase 2 LAP work and other ward improvements are progressing well although there is a risk of slippage due to impact on Omicron on SHSC wards and affecting some contractors. The Phase 3 business case has been supported at Business Planning Group with options to deliver the approach now being developed. The Healthcare Planner has produced Schedules of Accommodation which have been reviewed by the clinical pathway leads and are now with senior management for feedback. However, the Transformation Board did recommend the programme consider the potential impact of Covid on progress.
- **Primary and Community Mental Health Programme** is progressing against plan and links with IAPT are being explored.
- **The Clinical and Social Care Strategy** is being delivered to revised timescales after a 3-month delay, however the implementation plan was completed on time and approved by the Programme Board in December 2021
- **The Learning Disabilities Programme** is on track. The Programme Board, Implementation Group and Workstreams are in place and benchmarking with other organisations is complete. However, the scope of the programme is still to be fully confirmed and work is taking place with the Board of Directors to agree the strategic direction and services to be commissioned.

- **The Communities Facilities Programme;** Phillip Easthope, Executive Director, Finance has been confirmed as the SRO for the Communities Facilities Programme. The initial Programme Board meeting will take place in January 2022.

Delays have been reported within:

- **People Plan** programme; specifically Leadership Development. The first cohort is due to complete in July 2022, not April 2022. This delay is due to the Leadership Development Consultant not starting when originally planned and the Co Design Team requesting further time to prepare prior to the first cohort commencing.
- **Community Mental Health Transformation**, the SPA and EWS clinical models have been defined and will be presented to the Programme Board in January 2022. However, despite progress has been made within the Recovery Team workstream, further work will be required to fully develop the clinical model.

The key risks and issues reported across the portfolio mainly relate to resourcing:

- **Primary and Community Mental Health Transformation;** Primary Care Networks have chosen to utilise the Additional Reimbursement Role funding. The intention is to have roles which are split 50/50 between working in Primary Care and Secondary Mental Health. Consideration has to be given to the operational impact of this and plans need to be aligned with the Community Mental Health project.
- **Community Mental Health Transformation;** the recruitment of Band 6 nurses to the Assertive Outreach Team has been unsuccessful and roles are being readvertised. If the roles are not filled there is a risk that the launch of the service will be delayed
- **Clinical and Social Care Strategy;** the Programme Manager and two of the Workstream Lead positions are vacant. PMO are completing the Programme Management aspect. Resources are being sought for the workstream lead positions.
- **People Plan;** a risk has been raised regarding the availability of staff to take part in the first cohort of the Leadership Development Programme particularly the engagement sessions planned for February due to operational pressures. Manager will be asked to provide support to prioritise attendance.

Other issues:

- **Primary and Community Mental Health Transformation Programme:** has continued to report a risk regarding accommodation and how the lack of space in Primary Care settings is impacting on a return to face to face work and staff wellbeing. This is being discussed with Sheffield CCG and the Joint Executive Board. The Community Facilities Programme will support the management of risks relating to clinical accommodation.
- **Adult Forensic Programme:** Mike Hunter, Executive Director, Medical, will continue to provide updates to the Transformation Board until the Lead Provider has been confirmed. NHS Improvement continue to fill this role on a temporary basis.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	Assurance	X	Information
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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 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		<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 05 January 2022.

Programme highlight information

Leaving Fulwood

Programme to relocate to a new HQ site, dispose of Fulwood House, reprovision the primary data centre and refurbish the Wardsend Road building.

The scope of the programme recently explored finding new locations for teams temporarily located at Fulwood (Assertive Outreach Team, Community Forensic Team) however this has been agreed to be more appropriately included in the Community Facilities Programme.

SRO: Phillip Easthope, Executive Director, Finance

1.2 Relocation to Wardsend Road

The relocation of Finance and IMST teams is complete

The migration of the data to the data centre remains on track for completion in January 2022

1.3 Disposal of Fulwood House

The contract has been signed for the sale of Fulwood House. Focus is on continued monitoring of the actions set out in the contract. The workstream remains on track for completion in August 2022

1.4 Future HQ

The workstream remains on track for teams to vacate Fulwood House to new offices from March to July 2022. The staff consultation process commenced as planned in December, with the final proposals for locations being communicated by letter to staff on 7 January 2022. From this point until 18 March individual consultations will be scheduled, as required.

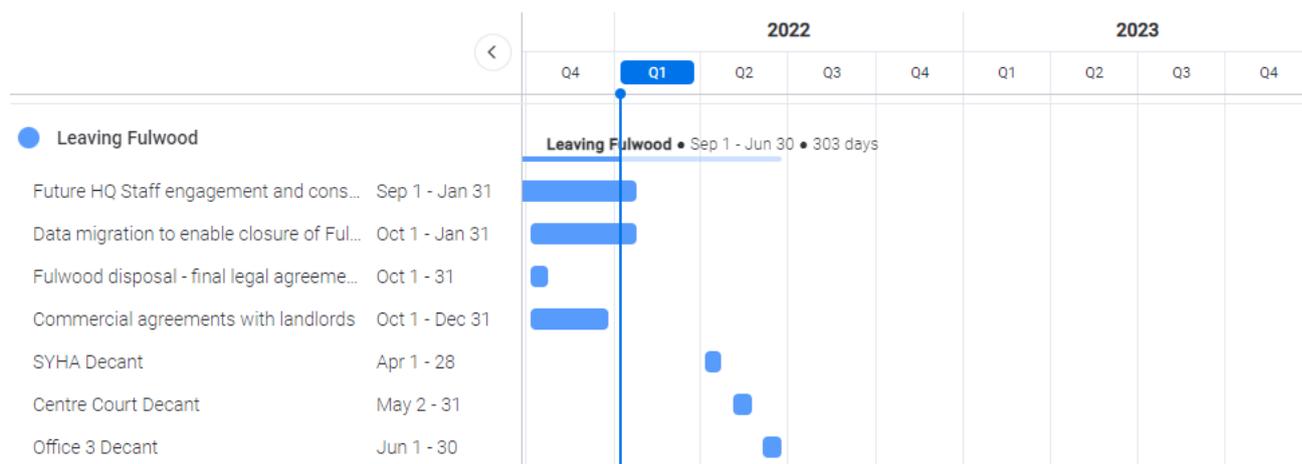
- 1.5 No risks and issues were escalated to the Transformation Board.

- 1.6 The overall RAG rating for the programme is amber; it is forecasted to turn green next month due to the progress being made.

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Forecast	Green	Green	Green	Yellow	Yellow	Yellow	Green	Yellow	Green

Milestone Plan



Community Mental Health Transformation Project

Oversee the review of the SPA, EWS and Recovery Teams. Design and implement services to ensure that the NHSE framework for community mental health is met including 4 week wait times, integrated offer of care, least restrictive care and responsive access to crisis care.

SRO: Beverley Murphy, Executive Director, Nursing and Professions

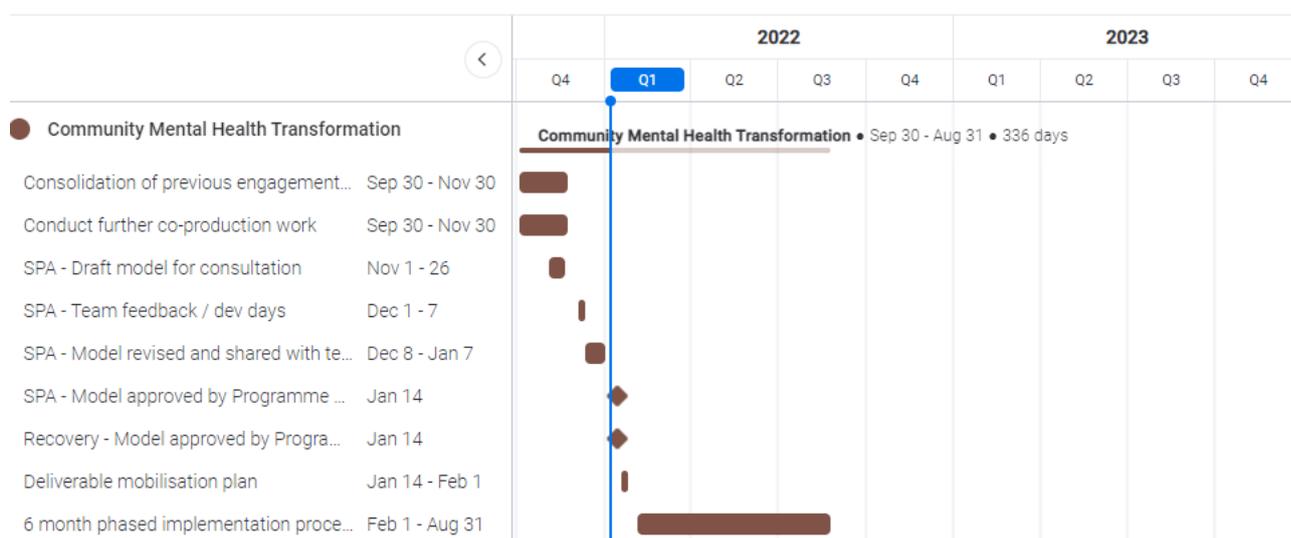
- 1.7 Significant progress has been made to engage impacted teams and develop clinical models, including a Recovery Service mapping event. The SPA / EWS clinical models will be presented to the programme board in January 2022
- 1.8 Increased alignment with Primary Care (PCMHT Programme) continues to be evident, however further attention is required on operational considerations such as workforce and accommodation, programme activities and management approach.
- 1.9 The one of the immediate priorities of the project is to address the waiting times to meet the 4 week wait target. The achievement of this has been flagged as a risk to the success of the project. The revised SPA clinical model will reflect how the target will be met
- 1.10 The Project Board reported 6 risks. Recruitment to the Assertive Outreach Team is delayed because band 6 nurse roles have been advertised but not appointed to. If the service cannot be staffed appropriately its launch will be delayed. **Mitigation:** Readvertise nurse positions.

1.11 The RAG rating for the project is amber, this is an improvement on previous months in which a status of red has been reported. It is forecasted that the project will remain amber.

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Amber	Amber	Green	Amber	Amber	Green	Amber	Amber	Amber
Forecast	Amber	Amber	Green	Amber	Amber	Green	Amber	Amber	Amber

Milestone Plan



Primary and Community Mental Health Transformation Programme

National programme to provide primary and community mental health support built around primary care networks

SRO: Dr Mike Hunter, Executive Director, Medical

1.12 The programme remains on track and the overall RAG rating for the programme is green.

1.13 Five risks were recorded and are being managed by the Programme Board.

1.14 Two issues were raised with the Transformation Board

Issue 1

Primary Care Networks are electing to utilise their Additional Reimbursable Roles (ARR's) Funding. The roles are also known as 50/50 roles with the purpose of the funding being to locate Mental Health professionals in Primary Care if they also have a role in Secondary Mental Health Care. Plans need to be put in place as a priority to determine how the roles can be resourced in a way that doesn't dilute the services SHSC already provides. In addition, the roles must be aligned to the transformation plans within the CMHT Project.

The SRO will work with Primary Care colleagues and CMHT teams to develop a high level roadmap showing alignment between these three transformation programmes and how the 50/50 roles can develop operationally. The road map is crucial to helping the services and teams impacted understand the way forward, and address any of their concerns.

1.15 Issue 2

Lack of accommodation in community settings is impacting on staff wellbeing and currently prohibits a return to face to face working. The issue is being taken to the Joint Executive Board and the CCG Estate Strategy meeting (on 10 January 2022).

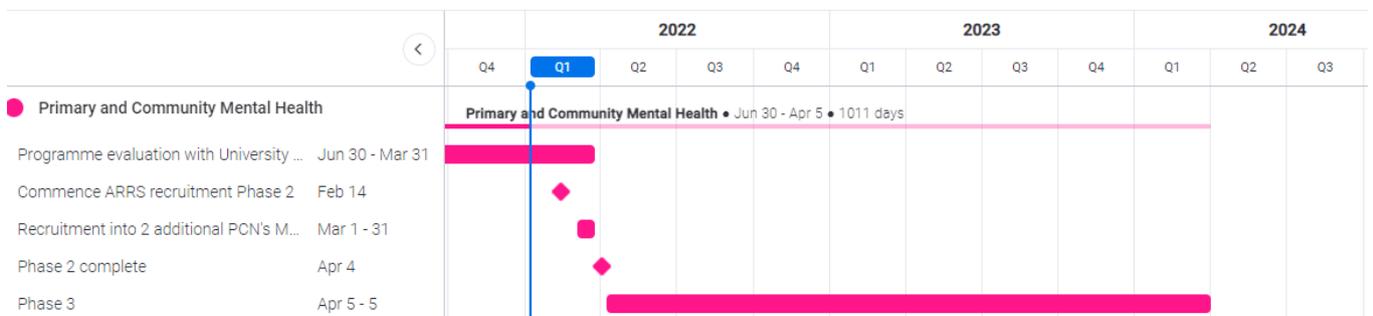
The Transformation Board agreed to include all community estate requirements within the Community Facilities Programme to ensure clarity of oversight and prioritisation of this work, for example, a location for the Assertive Outreach Team as part of the CMHT Programme.

1.16 Consideration is being given to having a joint Programme Board providing oversight and direction to both the PCMHT programme and CMHT project

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Green	Green	Green	Green	Green	Yellow	Yellow	Green	Green
Forecast	Green	Green	Green	Green	Green	Green	Green	Green	Green

Milestone Plan



Therapeutic Environments Programme

New build programme for adult acute and older peoples services and to improve existing ward environments (Ligature Anchor Point removal, seclusion room improvements and dormitory eradication).

SRO: Beverley Murphy, Executive Director, Nursing and Professions

1.17 Ward Improvements and removal of ligature anchor points

Burbage ward improvement project remains on track, and includes a full refurbishment and removal of ligature anchor points.

Ligature anchor point removal (LAP) Phase 2 work on Maple and Stanage Ward is progressing and significant improvements have been made to the environments. Robust site, tool and contractor management plan is in place to manage risk. The potential impact of Omicron on SHSC wards and some contractors, is being assessed.

The preferred option for Phase 3 was ratified at Therapeutic Environments programme board on 3 November 2021. The preferred option is to decant a ward at a time starting with Stanage ward, followed by Maple ward. Planning regarding bed numbers and management of 136 suite during Phase 3 works is ongoing. The Phase 3 business case was supported at the December Business Planning Group.

1.18 New build for adult acute and older persons services

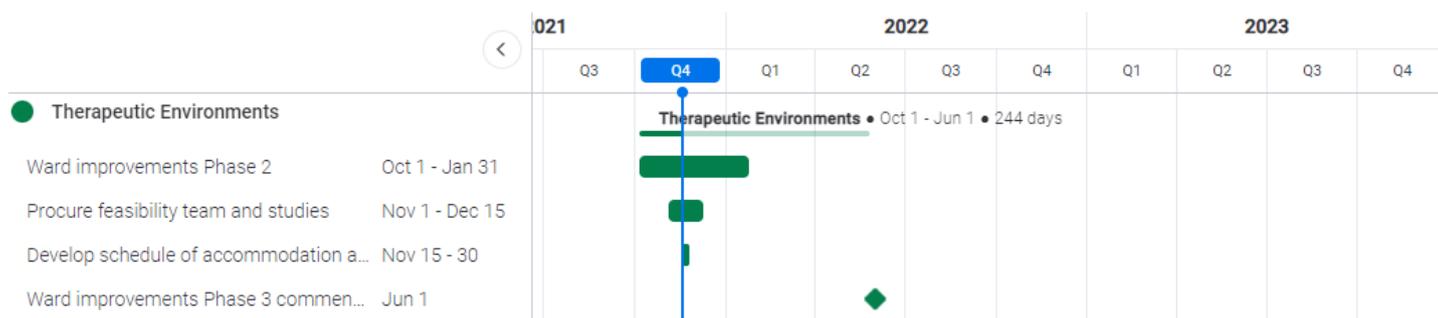
Draft schedules of accommodation have been devised by the Health Planner. These have been tested by clinical pathway leaders and are now with senior managers.

1.19 Five risks were reported which are being managed by the Programme Board. None were escalated to the Transformation Board.

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Green	Green	Grey	Yellow	Yellow	Yellow	Yellow	Grey	Yellow
Forecast	Green	Green	Grey	Red	Green	Green	Green	Grey	Red

Milestone Plan



Electronic Patient Record

IMST programme to replace Insight to ensure that SHSC has a secure, stable and resilient EPR

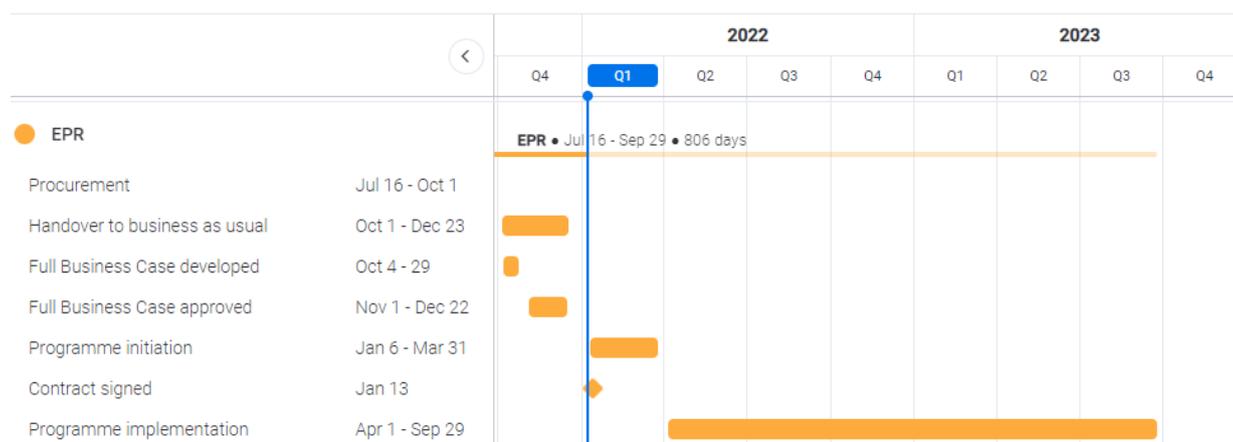
SRO: Beverley Murphy, Executive Director, Nursing and Professions

- 1.21 The project remains on track. The full business case was approved by the Board of Directors in December 2021. A review of the contract schedules by our legal team is underway, with final approval of the contract delegated to the Finance and Performance Committee on 13 January 2022.
- 1.22 The procurement of an implementation partner is underway. The successful organisation will work with SHSC and the EPR supplier to initiate, plan and implement the EPR project.
- 1.23 Four risks were reported this month. One was raised with the Programme Board:
The programme may not deliver its intended outcomes because SHSC does not have the necessary funds available leading to compromise in the quality of the deployment process. **Mitigation:** The NHSX Unified Tech Fund bid has been approved and reduces the financial gap (this is in addition to the Business Case being approved) Finances will continue to be monitored at Programme Board and Transformation Board level
- 1.24 The programme is reporting an overall green RAG status for this month. No change is forecasted.

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Green	Green	Yellow	Green	Yellow	Green	Green	Green	Green
Forecast	Green	Green	Green	Green	Yellow	Green	Green	Green	Green

Milestone Plan



Adult Forensic New Care Models

Regional delivery of national programme which was established to deliver the recommendations in the Five Year Forward View for Mental Health. Expected outcomes include care in the least restrictive setting, as close to home as possible and with a stronger focus on recovery and improving people's outcomes and experiences

SRO: Dr Mike Hunter, Executive Director, Medical

- 1.25 NHSE remain as the lead provider until an alternative is agreed, this is likely to be South and West Yorkshire Foundation Trust. The Programme will remain within the Transformation Portfolio until a Lead Provider is identified. It was agreed that from February the Transformation Board will receive a verbal update instead of a highlight report, from the SRO.

People Plan

HR programme to deliver the People Strategy which sets out the ambition to create an environment in which our staff feel happy and safe at work and feel supported to fulfil their potential to provide the very best care for our service users

SRO: Caroline Parry, Executive Director, People

1.26 Leadership Development

The project has been replanned and is due to complete in July 2022, instead of April. This is due to the Leadership Development Consultant not starting in post until October 2021. The Co Design Team have requested further time to prepare for the

programme therefore the first cohort will start in February instead of January 2022.

- 1.27 The new Head of OD and Leadership is joining SHSC on 10 January 2022.
- 1.28 Three risks were reported by the Programme for note by the Transformation Board as they all relate to the ability for staff to be able to engage with the programme due to operational pressures and the impact of Covid. This is likely to affect particularly the first cohort engagement sessions in February **Mitigation:** The programme will be designed to be deliverable online and executive support is in place in terms of prioritisation messages.
- 1.29 The reported RAG rating is amber and is forecasted to remain so.

Health Card, Leadership Development

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Green	Green	Yellow	Green	Yellow	Green	Green	Grey	Yellow
Forecast	Green	Green	Yellow	Green	Yellow	Green	Green	Grey	Yellow

Milestone Plan



1.30 Health Roster

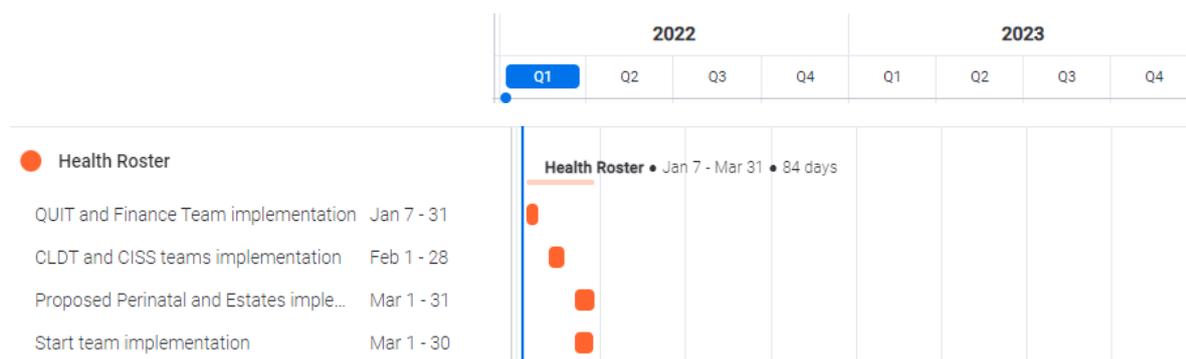
The project is reporting a red RAG rating due to resources, however this is forecasted to turn amber next month as a new member of staff has been appointed.

- 1.31 The roll out of the system remains on track, as of December 2021. 2537 substantive staff are identified on ESR (excluding bank and agency) and 58% of these staff are on health roster ,with a further 9% of staff scheduled and confirmed to be brought on to the system in the next 3 months.
- 1.32 Four risks were reported by the programme, these continue to be managed by the team.

Health Card, Health Roster

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Yellow	Green	Yellow	Red	Red	Green	Green	Grey	Green
Forecast	Yellow	Green	Yellow	Yellow	Yellow	Green	Green	Grey	Green

Milestone Plan



Clinical and Social Care Strategy

Programme to implement the Clinical and Social Care strategy

SRO: Dr Mike Hunter, Executive Director, Medical

1.33	<p>The implementation plan for Year 1 of the strategy has been approved by the Programme Board, it includes:</p> <p>Activities to be taken forward by the Evidence Led, People Centred and Trauma Informed workstreams.</p> <p>Projects and change initiatives already in train which will support delivery of the strategy.</p> <p>Deliverables from the enabling strategies.</p>
1.34	<p>The key risk to the programme remains the lack of resources. The Project Officer position has been appointed to on a 6 month secondment. However the Programme Manager, Strengths Based and Person Centred workstream lead positions are currently vacant. Mitigation: A programme manager is being recruited and the PMO are fulfilling this role until the post is filled. Suitable candidates with the right skills, experience and capacity to undertake this work are being sought.</p>
1.35	<p>Due to the resource issues the programme has reported an overall red RAG rating and forecast that this will remain the same next month</p>

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	Yellow	Yellow	Grey	Red	Yellow	Green	Green	Grey	Red
Forecast	Yellow	Yellow	Grey	Red	Yellow	Green	Green	Grey	Red

Milestone Plan



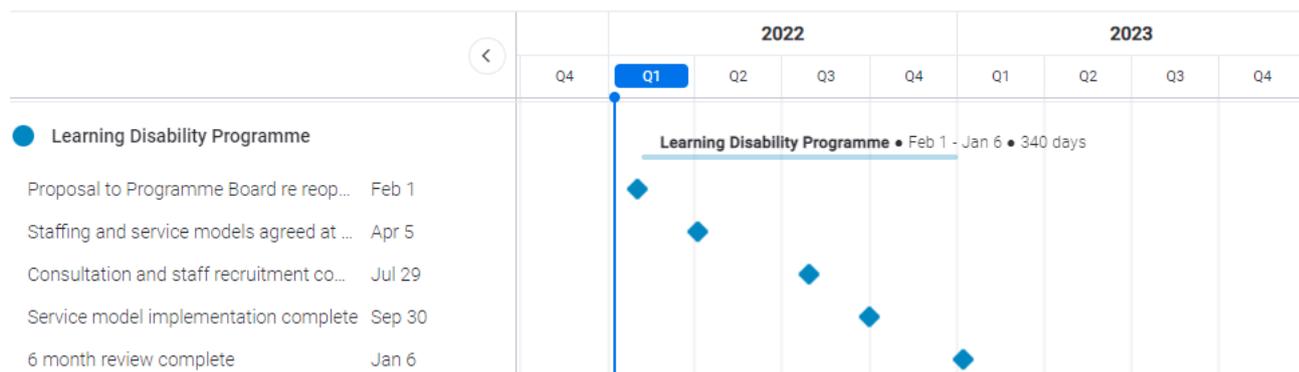
Learning Disabilities Programme

Programme to develop new and innovative ways to meet the needs of service users with Learning Disabilities.

SRO: Dr Mike Hunter, Executive Director, Medical

- 1.36 The Programme Board, Implementation Group and Workstreams are now established and external benchmarking with other services is complete.
- 1.37 Further work is required regarding the scope of the programme. There is an assumption that Firshill Assessment and Treatment Centre will reopen, however the Programme Team will engage with local partnerships and other Trusts to establish if this is sustainable. Similarly, further work is required to confirm the scope of the services to be commissioned. A paper is being prepared for the Board of Directors in January, to consider options regarding future provision and the scope of the programme.
- 1.38 The programme has an overall status of green and is forecasted to remain so next month. A potential area of concern is that the Service User Reference Group has not been established yet and there is an acknowledgment that to fully engage in co-production, which is the correct course of action, might result in a change to the programme timescales.

Milestone Plan



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

No change to the information reported in December 2022

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.

Integration and system thinking

- 4.4 Primary and Community Mental Health Transformation Programme and Community Mental Health Transformation projects have reported closer alignment and the opportunity of creating a joint Programme Board to oversee both areas.

Financial

- 4.6 Previously the EPR programme has reported a financial risk, this will continue to be monitored however the likelihood and severity has decreased as the business case has been approved and the bid for NHSX Unified tech funds has

been successful

Three expressions of interest have been submitted for capital to support the Therapeutic Environments programme, the outcome of these is yet to be decided.

Section 5: List of Appendices

Appendix 1 – Project Health Card Criteria

Project Health Card Criteria

RAG Dimension	Red	Amber	Green
Progress	Programme board has no confidence on the delivery of the programme Milestones have slipped for the 3rd month running	Programme delivery is at risk but is still manageable Milestones have slipped for 2nd month running	Programme board is confident on the delivery of the programme within agreed tolerances of scope, time, and cost Some slippage but for first time this month
Scope	Requirements unclear Significant uncertainty in scope and deliverables Scope creep and lack of a formal change request process Programme not expected to deliver fundamental elements of the scope Significant concerns about the quality of the solution without acceptable workarounds	Requirements are somewhat clear Only key deliverables are identified Scope is still moving / lacking clarity Significant change requests not yet approved Programme will not deliver all items in scope but items not being delivered are not fundamental Concerns about quality but some workarounds are acceptable Plans in place to address the above	Requirements are clear All deliverables are identified It is clear what is in and out of scope Formal change request is in place Programme is expected to deliver all items in scope Solution delivered by the programme is of the expected quality
Cost	Costs not understood Budget not available Programme has overspent or is expected to overspend by more than 5%	Remaining uncertainty about costs Budget identified but not yet signed off Programme forecasted to overspend by no more than 5%	Costs are clearly defined Budget allocated to the programme Programme forecasted to be on track/under budget
Resources	Programme team not in place Unclear roles and responsibilities Team not motivated and underperforming Resources unavailable	Team not motivated but performing Some gaps in resourcing Plans in place to address these	Programme team in place Clear roles and responsibilities Team motivated No significant gaps in resourcing
Risks	Risks do not have mitigation in place The programme has ageing risks with no evidence of action being taken	Risks are being managed but confidence is low within the programme team that mitigation will have the required impact	Risks have mitigation in place. Assurance is provided that the risk is being managed well The programmes risk register is up to date with no ageing risks
Issues	Issues do not have owners and clear actions in place The programme has ageing issues with no evidence of action being taken	Issues are being managed but confidence is low within the programme team that the actions taken will bring appropriate resolution	Issues have owners and actions. Assurance is provided that the issue is being managed well
Stakeholder Management	Key stakeholders have no visibility over the status of the programme Key stakeholders are not engaged with the programme Espoused values are not understood by others	Some of the key stakeholders are being kept informed Key stakeholders are engaged with the programme but expressed concerns Espoused values are understood but not fully embedded	Key stakeholders are being kept informed Key stakeholders are engaged with the programme Some of the key stakeholders are being kept informed Key stakeholders are engaged with the programme but expressed concerns Espoused values are understood and are fully embedded
Impact	No metrics are developed to demonstrate internal impact. Data collection and reporting systems are not developed. Internal impact benefits are below forecasted levels	Metrics are developed and data is being collected and communicated internally Internal benefits are starting to be realised but are yet to reach forecasted levels <i>For programmes at start up and definition stage: Internal metrics are yet to be confirmed and communicated amongst internal stakeholders.</i>	Metrics and data are being collected and communicated internally. Internal benefits are meeting or exceeding forecasted levels. <i>For programmes at an implementation stage: Internal metrics are confirmed and a process to communicate these to internal stakeholders is in place.</i>