

# Board of Directors

## SUMMARY REPORT

Meeting Date: 23 March

Agenda Item: 9

<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 Strategy	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	Finance & Performance Committee
	<b>Date:</b>	10 March 2022
<b>Key Points recommendations to or previously agreed at:</b>	<p>PMO vacancies are bring filled to address programme resource issues.</p> <p>Locations for two clinical services moving out of Fulwood are proving difficult to identify. Sheffield CCG have been asked to assist regarding LIFT voids.</p> <p>There has not yet been any feedback on our three Expressions of Interest for funding for our acute ward building programme.</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 24 February 2022.

The following programmes are on track:

- EPR; the programme is now moving into the implementation stage and a plan will be developed.
- Therapeutic Environments ligature anchor point and refurbishment programme is progressing well and positive feedback has been received from staff regarding ward improvements.
- The Learning Disabilities programme is on track. A steer regarding timescales and direction for the service was provided by the Board of Directors, this will be reflected in the plan.
- The Leadership Development project is on track, the first course commenced as planned on 28 February. The Transformation Board has requested that the future cohorts are planned in March 2022.
- Primary and Community Mental Health Programme is progressing against plan
- CMHT project is on track, however this may be affected as a result of the change in management of the social care function and the impact on the clinical models that have been defined, particularly SPA / EWS
  - A roadmap is being developed for discussion and agree with Primary Care Sheffield regarding how both projects could come together to support cohesive delivery and change
- The Clinical and Social Care Strategy is being delivered to revised timescales after a 3 month delay, however, the programme continues to have a RAG rating of red due to project resource, which has slowed progress, however the vacant project management post has now been filled.

The Community Facilities Programme Board has met and agreed additions to the project initiation document. The St Georges Project Team have been viewing alternative premises. A full project plan for the projects going forward in 2022/23 is being developed.

A delay of 6 months has been reported within the Health Roster project, this is due to resource issues and an underestimation of the scope. It was anticipated that the implementation would cover the remaining 60% of the organisation, however rework was required in areas where it had previously been implemented.

Leaving Fulwood project reported a delay of one month within the Future HQ workstream, due to the change of location from SYHA to Distington House. However, this did not move the overall end date for the workstream past the original completion date of 30 June 2022. Following the Finance and Performance Committee in February a problem with the digital incoming line has been identified along with an increase in the scope of the internal refurbishment work and this will push the end date out to July or early August 2022. Leases are still due to be signed by the 31 March 2022.

The key risks and issues reported relate to:

**CMHT:**

- The changes in the management of the social care function. **Mitigation:** The project is continuing as planned until the impact of the changes become clearer.
- The location of the Assertive Outreach Team as they are currently based within Fulwood. **Mitigation:** It is within the scope of the Community Facilities Programme to find a suitable location.

**PCMHT:**

- The funding for Additional Reimbursement Roles (Roles which are paid for by both primary and secondary care organisations). **Mitigation:** Guidance is being provided by NHSE/I regarding funding and a meeting is taking place in March to consider the approach and any contract variations

The 360 Audit actions have been added to the Action Plan and are on track for delivery.

A change impact matrix has been developed to quantify and map the impact of change over the next twelve months. This will be appended to the Annual Operational Plan.

**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 Finance and Performance Committee 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 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?	Yes		No	
<b>Have these areas been considered ? YES/NO</b>				
				If Yes, what are the implications or the impact? If no, please explain why
Service User/ Carer 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.
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	<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 24 February 2022.

### Programme highlight information

#### Leaving Fulwood

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

*The scope of the programme recently explored finding new locations for clinical 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*

#### 1.1 Disposal of Fulwood House

Progress with the disposal is taking place as planned with expected completion date between August and December 2022.

#### 1.2 Future HQ

The workstream has experienced one month slippage due to changing the locations of the sites (the additional refurbishment work at Distington House). The landlord has work to complete on both sites prior to the move commencing in late April, however the plan can accommodate a delay without moving the end date past 30 June 2022. Additional sites for training activities are being explored therefore training will be the last service to transfer, in order to minimise any disruption.

Mobilisation for the move has commenced and in preparation to support new ways of working, Agile Working workshops have been taking place during February with further planned for March and April.

- 1.3 The Community Facilities Programme will establish the locations for the following services that are currently based at Fulwood House; Assertive Outreach and Community Forensic. This activity is now out of scope of the Leaving Fulwood Project.

#### 1.4 Data Storage and Records

This workstream is developing well, and has gained an understanding of the size and scope of the task. The team are investigating options for external data storage.

- 1.5 No risks were raised at Transformation Board.

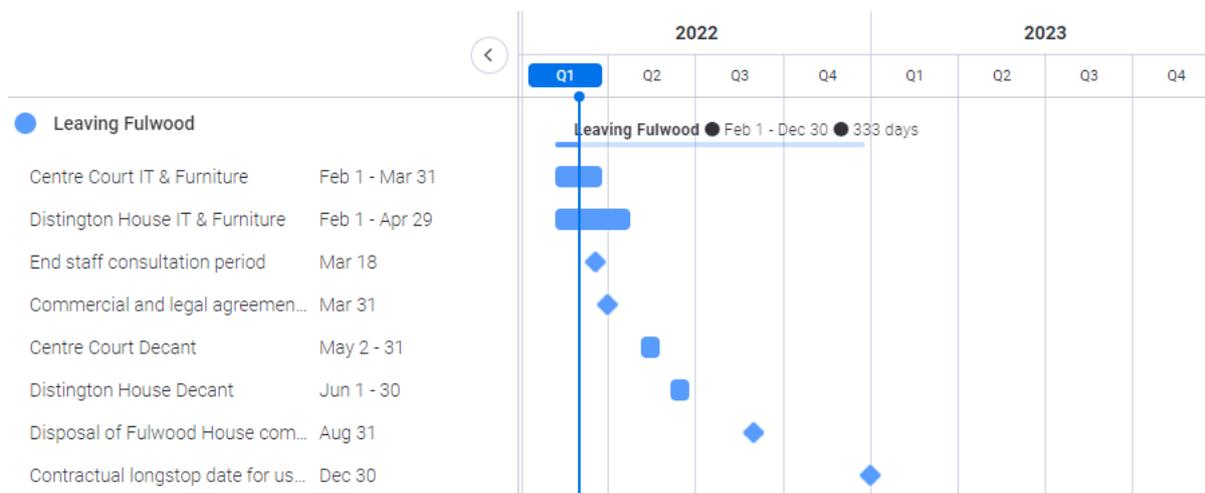
- 1.6 The Project Board reported an amber rating due to slippage of a month within the

move to Future HQ workstream. The rating is forecast to return to green in March.

## 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 Outline SPA / EWS and Recovery Team clinical models were presented to the Project Board in January. Further development and co-production has been taking place during February.
- 1.8 The Local Authority announced changes to the management of the social care function on 10 February. The impact of the changes will require further analysis and the Programme Board advised the project team to carry on working to plan as much as possible within the current period of uncertainty. The change to social care will impact on the definition of the clinical models, particularly SPA / EWS.
- 1.9 The Service User and Carer engagement group is being set up to support delivery of the project.
- 1.10 Initial concerns regarding recruitment to the Assertive Outreach Team have been allayed with key roles being filled. The service plans to launch in May 2022.

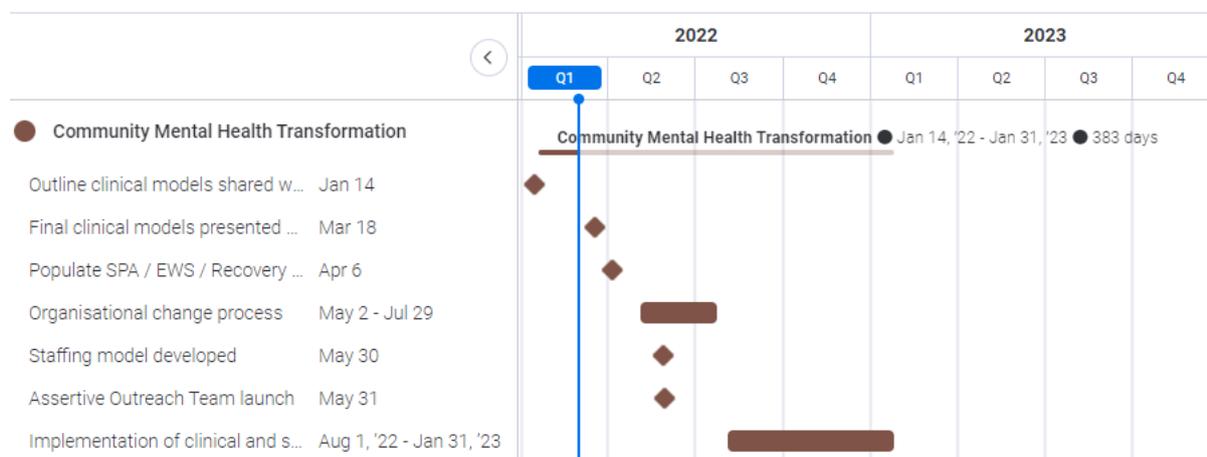
1.11 However, the issue regarding locating a permanent base for the Assertive Outreach Team was highlighted at the Transformation Board. This is now within the scope of the Community Facilities Programme.

1.12 The RAG rating for the project is amber, and it is forecasted to remain so in March.

### Health Card

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

### 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*

1.13 The programme is on track and the key target for the next financial year is to develop a further 6 Primary Care Networks.

1.14 An outline roadmap is being developed to demonstrate how and when the PCMHT programme and the CMHT project could join together. This will be discussed with the Deputy Chief Executive, Primary Care Sheffield, Nicki Doherty.

The roadmap includes the project / programme coming under one single oversight group from April 2022. This will allow the necessary work to have been undertaken within the respective areas to allow for a smooth transition. The group will be chaired jointly by Nicki Doherty and Beverley Murphy.

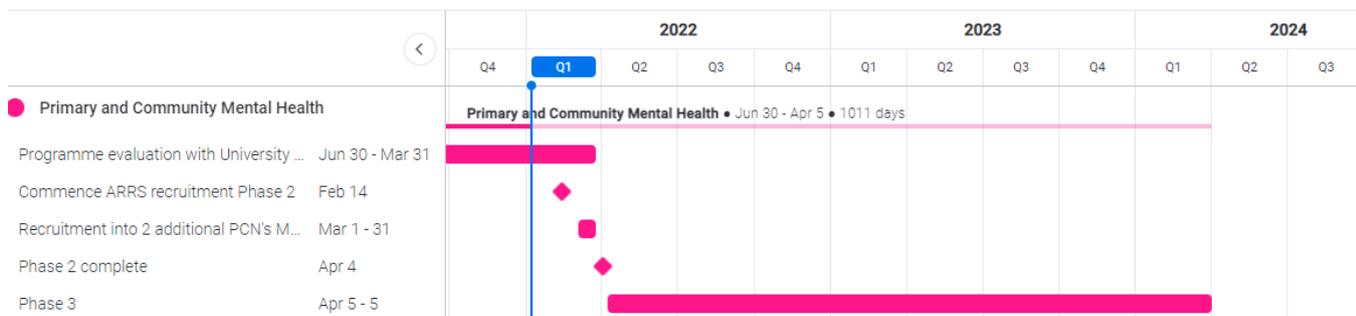
An update regarding the revised governance and delivery structures will be received by the Transformation Board in March.

- 1.15 Further to January's Transformation Board meeting, additional information was provided regarding the issue of the funding of Additional Reimbursable Roles (ARR's) which are funded by both Primary and Secondary Health organisations. Guidance from NHSE/I will be received shortly to support the implementation and funding of the roles. A meeting has been planned for the 8 March to discuss contract variations which may occur because of the guidance.
- 1.16 The rating of the programme remains green

## 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

The Phase 2 works have been completed and there has been positive feedback from colleagues who work on Maple, Stanage and Dovedale 1 wards regarding the difference it has made to their work and service user experience.

Last month the Burbage ward improvement project reported a slippage of two weeks due to internal structural issues, however the Programme Board assert that this still remains impressive progress in light of supply chain issues and Omicron.

The approach to undertaking the Phase 3 work was not agreed as planned at the Programme Board meeting in February. The Steering Group could not provide an robust recommendation for one approach over the others, therefore further work is being undertaken and consideration given to:

- Revenue and capital funding implications
- The number of out of area beds required
- How the 136 service will function during the closure of Maple Ward

An extraordinary Programme Board meeting has been called during March to agree the preferred approach.

1.18 New build for adult acute and older persons services

The outputs from the work undertaken by the Healthcare Planner will also be considered at the additional Programme Board meeting in March.

No further information has been received in relation to the expressions of interest submitted to the NHS New Hospital Programme.

1.19 The programme is reporting an amber status for February, the forecast is to remain the same.

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	Yellow	Yellow	Yellow	Green	Grey	Yellow

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*

1.20 Procurement

This stage of the project is closing down, a lessons learned exercise will take place, the outputs of which will be recorded to share with future programmes and projects that include complex procurement.

## 1.21 Programme Implementation

Apira have been selected as the implementation partner for the programme. This will provide a continuation of knowledge, experience and skills to support successful delivery.

To reflect the change of stage within the programme, the Terms of Reference for the Programme Board have been revised.

Focus has been placed on delivery structures ensuring that the Programme Board has sufficient support from workgroups which include representation from both corporate and clinical staff.

New risks relating to this stage of the programme have been raised, however these are being managed by the Programme Board and none were escalated to Transformation Board

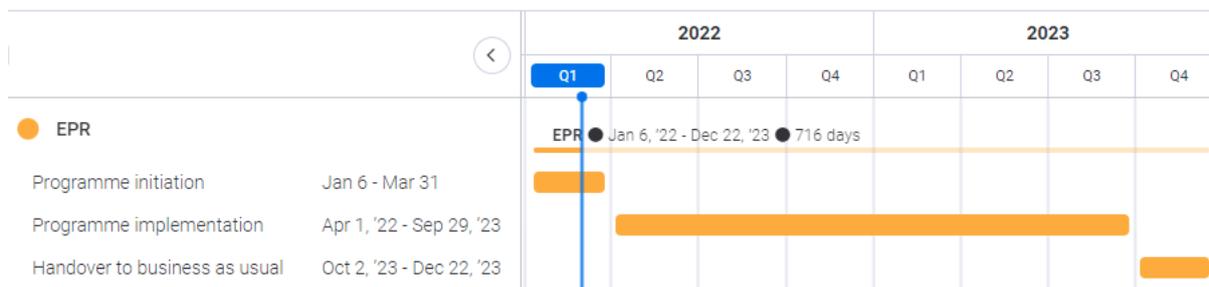
A detailed implementation plan is now being developed

1.22 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	Yellow	Green	Yellow	Green	Green	Green	Green

### Milestone Plan



### 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*

*Update provided by Sarah Bawden, Deputy Director, People*

### 1.23 Leadership Development

The first cohort commenced on 28 February and ends on 11 July 2022. The intention is that members of this cohort will deliver the next cohort.

The Transformation Board requested a plan of when future cohorts will run and then consideration can be provided as to when the project can be closed, evaluated and become business as usual.

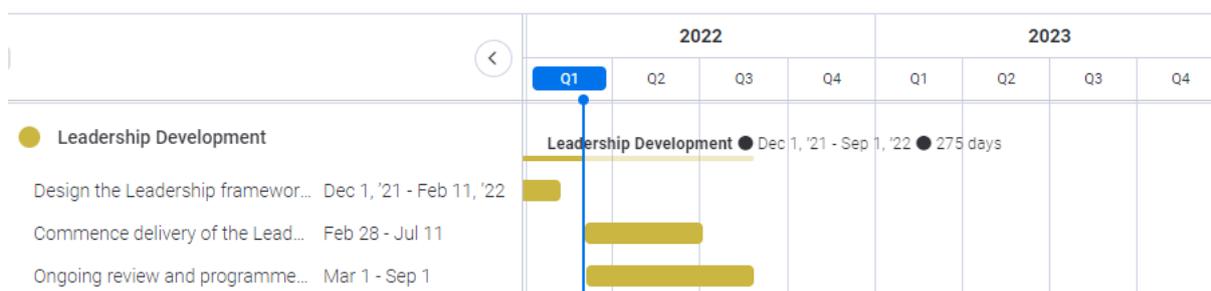
1.24 No risks were raised

1.25 The reported RAG rating is green and is forecasted to remain so.

### Health Card, Leadership Development

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

### Milestone Plan



### 1.26 Health Roster

The implementation of the system has been delayed by 6 months to December 2022. This can be attributed to issues with resourcing and underestimating the scope of the project. Initially it was considered that it would involve rolling Health Roster out to the remaining 60% of the organisation, however rework and additional training has been required in services where the system had already been implemented.

The impact of the slippage is that an investment request is required to fund the resources within the team for the further 6 months. A business case will be submitted to Business Planning Group.

The replanning has taken into consideration the work required by the team to align ESR and finance structures. This too was not in the original scope of the project.

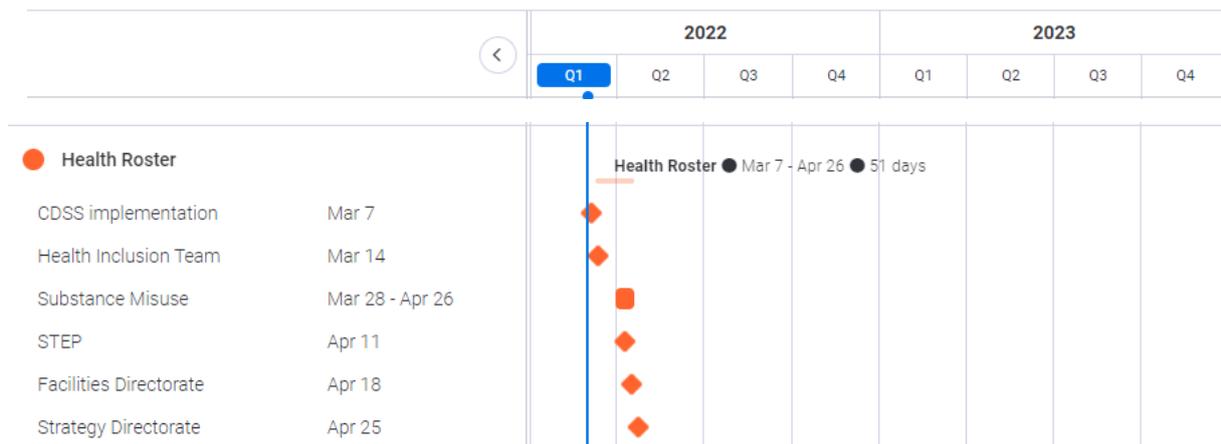
1.27 However it is important to note that the project has reported an early benefit of the team being able to provide real time reporting. This was not expected to be realised at this stage.

1.28 The project is reporting a status of amber, as the project has been replanned and is progressing as expected against the revised timescales

### Health Card, Health Roster

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

### Milestone Plan



### Clinical and Social Care Strategy

*Programme to implement the Clinical and Social Care strategy*

*SRO: Dr Mike Hunter, Executive Director, Medical*

1.29 Progress has been slowed by a lack of project management resource; however a Programme Manager and Coproduction Lead / Expert by Experience have been appointed and both will start in April. In addition, all workstreams now have leads in place and they are working with peers to assign a second lead as this structure is working well for the Evidence Led workstream

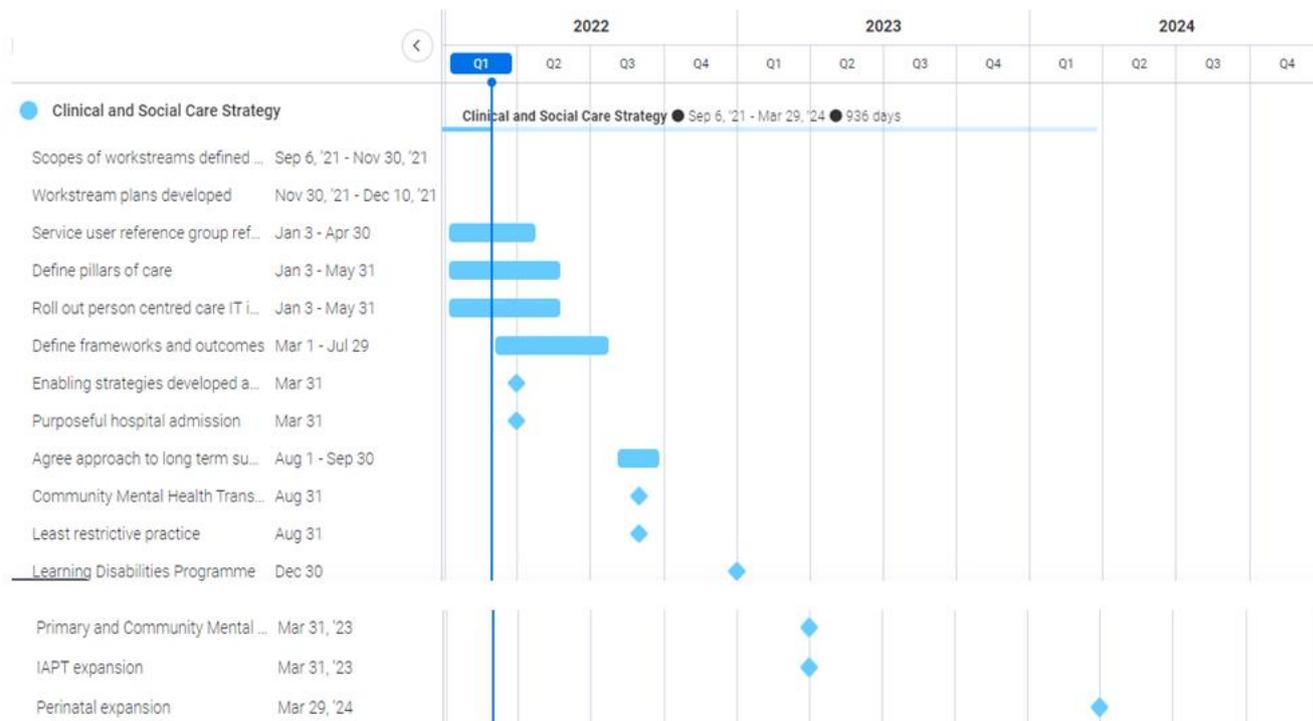
1.30 All enabling strategies will have been developed and approved in March, this will help to define the ongoing scope of the programme

1.31 Due to the resource issues the programme has reported an overall red RAG rating however this is focused to improve to amber next month but this will require close monitoring

### Health Card

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

## 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*

1.32 The programme is on track and has a RAG status of green.

The steer has been received from the Board of Directors regarding the direction of travel for the programme. This is to define the clinical model in Q1 and implement the model in Q2. The plan will be reflected to include this steer and presented to the next Transformation Board.

Concern had been raised regarding resources, however a Project Manager has been appointed on a fixed term basis and started with SHSC in February. The Clinical Director has been appointed and starts in post in May 2022.

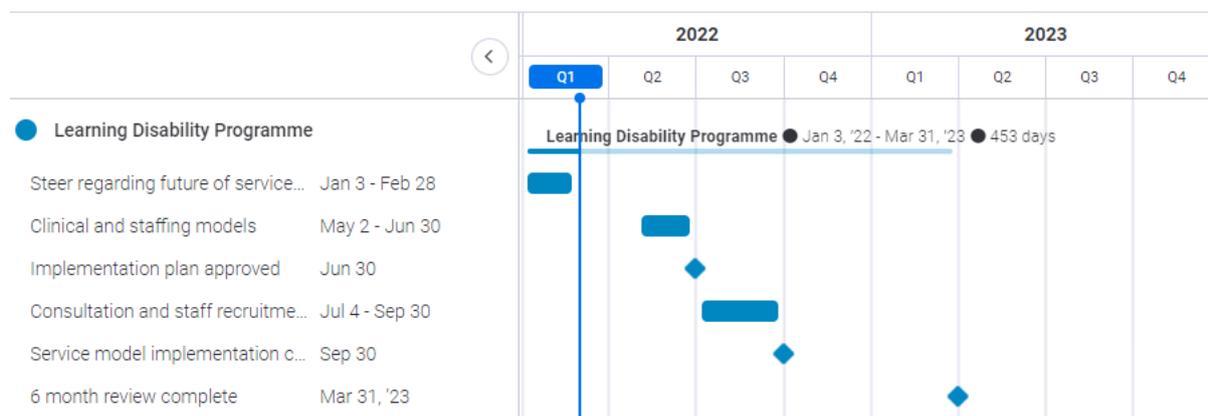
However, the recruitment of Learning Disabilities Nurses remains an issue. There are 6 vacancies which are currently being advertised for the fourth time although it must be acknowledged that this is a national issue. **Mitigation:** The roles are being pushed on social media and SHSC representation will attend job fairs in Dublin, Glasgow, Manchester and London, starting in March.

1.33 Co-production and service user engagement is critical to the success of the programme. The Programme Board is chaired by the Director of Transformation and Operations and a service user. The board also includes members with lived experience. However further work is required to engage more widely and to set up a reference user group.

## Health Card

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

## Milestone Plan



## Community Facilities Programme

*The programme will enable teams to deliver care in healing environments, staff to work safely and effectively and for care to be delivered locally and holistically and integrated to other care support services the individual may need*

**SRO: Phillip Easthope, Executive Director, Finance**

The Programme Board met for the first time in February; the aim was to develop an understanding of the programme and roles and responsibilities of Programme Board and Team members.

Developing the programme plan is the priority. Scope and delivery is being shaped by adopting a health planning approach to inform what we need to prioritise for delivery and taking into account the needs of services and how they deliver their clinical models.

## 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*

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 January 2022

## Section 4: Implications

### Strategic Aims and Board Assurance Framework

4.1 The Transformation Programmes support all 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 Three expressions of interest have been submitted for capital to support the Therapeutic Environments programme, it has not been confirmed whether they have been successful

## Section 5: List of Appendices

Appendix 1 – Project Health Card Criteria

## Project Health Card Criteria

RAG Dimension	Red
<b>Progress</b>	<p>Programme board has no confidence on the delivery of the programme</p> <p>Milestones have slipped for the 3rd month running</p>
<b>Scope</b>	<p>Requirements unclear</p> <p>Significant uncertainty in scope and deliverables</p> <p>Scope creep and lack of a formal change request process</p> <p>Programme not expected to deliver fundamental elements of the scope</p> <p>Significant concerns about the quality of the solution without acceptable workarounds</p>
<b>Cost</b>	<p>Costs not understood</p> <p>Budget not available</p> <p>Programme has overspent or is expected to overspend by more than 5%</p>
<b>Resources</b>	<p>Programme team not in place</p> <p>Unclear roles and responsibilities</p> <p>Team not motivated and underperforming</p> <p>Resources unavailable</p>
<b>Risks</b>	<p>Risks do not have mitigation in place</p> <p>The programme has ageing risks with no evidence of action being taken</p>
<b>Issues</b>	<p>Issues do not have owners and clear actions in place</p> <p>The programme has ageing issues with no evidence of action being taken</p>
<b>Stakeholder Management</b>	<p>Key stakeholders have no visibility over the status of the programme</p> <p>Key stakeholders are not engaged with the programme</p> <p>Espoused values are not understood by others</p>
<b>Impact</b>	<p>No metrics are developed to demonstrate internal impact.</p> <p>Data collection and reporting systems are not developed.</p> <p>Internal impact benefits are below forecasted levels</p>

### Amber

<p>Programme delivery is at risk but is still manageable</p> <p>Milestones have slipped for 2nd month running</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>Concerns about quality but some workarounds are acceptable</p> <p>Plans in place to address the above</p>
<p>Remaining uncertainty about costs</p> <p>Budget identified but not yet signed off</p> <p>Programme forecasted to overspend by no more than 5%</p>
<p>Team not motivated but performing</p> <p>Some gaps in resourcing</p> <p>Plans in place to address these</p>
<p>Risks are being managed but confidence is low within the programme team that mitigation will have the required impact</p>
<p>Issues are being managed but confidence is low within the programme team that the actions taken will bring appropriate resolution</p>
<p>Some of the key stakeholders are being kept informed</p> <p>Key stakeholders are engaged with the programme but expressed concerns</p>
<p>Espoused values are understood but not fully embedded</p>
<p>Metrics are developed and data is being collected and communicated internally</p>
<p>Internal benefits are starting to be realised but are yet to reach forecasted levels</p>
<p><i><u>For programmes at start up and definition stage:</u></i> <i>Internal metrics are yet to be confirmed and communicated amongst internal stakeholders.</i></p>

## Green

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

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

Costs are clearly defined  
Budget allocated to the programme  
Programme forecasted to be on track/under budget

Programme team in place  
Clear roles and responsibilities  
Team motivated  
No significant gaps in resourcing

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 have owners and actions. Assurance is provided that the issue is being managed well

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

Metrics and data are being collected and communicated internally.

Internal benefits are meeting or exceeding forecasted levels.

For programmes at an implementation stage:  
*Internal metrics are confirmed and a process to communicate these to internal stakeholders is in place.*