Board of Directors - Public

SUMMARY REPORT	Meeting Date:	25 May 2022
	Agenda Item:	10

Report Title:	Transformation Portfolio Report	
Author(s):	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	Pat Keeling, Director of Strategy	
Other Meetings presented to or previously agreed at:	Committee/Group:	Finance & Performance Committee
	Date:	12 May 2022
Key Points recommendations to or previously agreed at:	Noted the lack of a response to our 3 Expressions of Interest requesting national capital and the potential impact on our new build programme.	
	Noted the difficulty in sourcing alternative accommodation for our two clinical teams (AOT & CFT) moving out of Fulwood House.	
	Noted the delay of 4-8 weeks within the Burbage Ward project.	

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 28 April 2022.

The following programmes are on track:

- EPR; the programme is now in the initiation stage and progressing well. Resource is being brought in from agencies while recruitment to internal posts takes place to support implementation.
- The Leadership Development project is on track, the first leadership cohort commenced as planned on 28 February. Transformation Board has requested that dates of future cohorts are confirmed.
- The Health Roster project is generally on track, however, there has been a delay in implementation within the Recovery Teams due to the amount of change that is already taking place within that area. The teams are of considerable size and once complete will greatly increase the percentage of SHSC staff on the E Roster system.
- The Clinical and Social Care Strategy is on track. Key roles have been recruited to and enabling strategies have been approved by the Board of Directors in March, this supports clarity of scope and delivery.
- The Learning Disabilities programme plan has been updated. The service and staffing models are planned to be completed in Q1 with implementation in Q2.

Leaving Fulwood is reporting a delay in the relocation to the new sites with the decant to Centre Court expecting to be completed in July and Distington House in August.

Therapeutic Environments has reported a delay of 4-8 weeks within the Burbage Ward project, this is due to a survey confirming that a new roof is required for the Michael Carlisle Centre.

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. However, the programme board reported a red rating against progress. Locations are being considered for the Assertive Outreach and Community Forensic Teams.

A Joint Transformation Board to lead the Primary and Community Mental Health Transformation has been developed and the inaugural meeting will take place on 11 May 2022. The scope of the programme is to be defined and a Project Initiation Document created. The programme scope will include the following SHSC services; Single Point of Access (SPA), Emotional Wellbeing Service (EWS) and the Short-Term Educational Programme (STEP). The Recovery Teams will remain in scope of the CMHT project.

Through review and oversight of the programmes, it is clear how critical the ongoing work is to understand when change is taking place and its cumulative impact across SHSC. This monitoring supports resource management and planning and ultimately the success of the programmes.

The highlight report is being amended for next month to ensure that focus is placed on stakeholder engagement and the specification, tracking and realisation of benefits.

By focusing on benefits, particularly cash releasing benefits, it will support delivery of the SUSC Cost Improvement Programme for 2022/23 and beyond.

The Terms of Reference for the Transformation Board have been reviewed and will be finalised in May.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	

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*		*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 28 April 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.

SRO: Phillip Easthope, Executive Director, Finance

1.1 The SRO took the opportunity to acknowledge the recent successes and progress made within the project, for example, the leases have been signed for the two new HQ buildings, the contract for the disposal of Fulwood is being adhered to against agreed timescales and the individual staff consultation period completed as planned.

1.2 <u>Future HQ</u>

There has been a delay in the move to the new HQ's, the decant to Centre Court will end in July and Distington House in August.

The delay is due to the incoming data line to the sites which is now planned for completion in June and additional refurbishment work.

1.3 A risk was raised regarding the capacity of the backup electricity supply at the Michael Carlisle Centre to enable the data centre backup. The Programme Board has requested a detailed analysis of the risk, its potential impact and the appropriate mitigation.

The Transformation Board agreed that lessons should be learned from this and to ensure that estates staff have the capacity and the expertise to identify and provide assessments of mechanical and electrical capabilities at our sites. This should be a key consideration in any business case relating to estates moves / procurement.

1.4 Locations for the clinical teams based at Fulwood House have been identified. The Programme Board has requested that a plan of dates for the move for these teams from Fulwood is provided to ensure that timescales are achieved in line with the disposal of Fulwood House workstream

1.5 Staff engagement and preparation for changes brought about by the move to the new sites is progressing well, with a workshop arranged for Team Leaders to provide them with the knowledge and materials to support their team throughout the move.

1.6   Data Storage and Records

This workstream is developing well and working with individual teams to understand requirements.

1.7   The Leaving Fulwood Programme Board reported an amber rating however due to planned improvements in progress, costs and stakeholder engagement, this is forecast to return to green.

Health Card

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

Milestone Plan
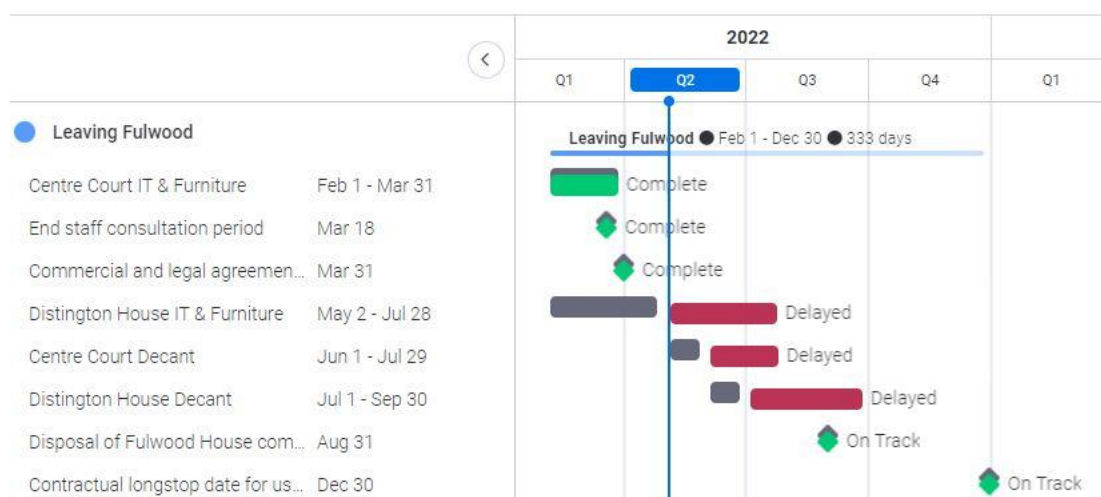
Community Mental Health Transformation Project

Oversee the review, redesign and implementation of changes to the Recovery Teams.

SRO: Beverley Murphy, Executive Director, Nursing and Professions

1.8   The update was provided by Neil Robertson, Director of Transformation and Operations. Further work has been undertaken regarding the design of the clinical model with excellent staff engagement. There is further work to complete regarding the staffing model and clinical leadership roles which is being progressed.

1.9   It was also reported that the engagement with Staff Side is going well and good progress has been made towards resolving the dispute.

1.10   Service user engagement has increased, however it should be noted that there has been involvement throughout the project. A web page to support co-production is being developed, along with a video showing various users experience of the services.

A meeting has taken place with Rethink, a mental health charity, who have confirmed that they have service users who wish to contribute to the design of the Recovery Teams.

1.11   The ongoing risk was noted regarding the decision of the Local Authority (LA) to take over management of the social care function including AHMPs. SHSC is working on a combined project with the LA to ensure a smooth transition of between organisations.

1.12   The milestone plan has been updated and there is some slippage, this is mainly due to uncertainty regarding the PCMHT programme and scope. Some revised dates are still required.

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

Health Card

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

Milestone Plan

		2022				2023		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3

Community Mental Health Transformation — Community Mental Health Transformation ● Jan 14, '22 - Jan 3, '23 ● 355 days

Outline clinical models shared w…	Jan 14	Complete
Final clinical models presented …	Mar 18	Delayed
Governance meetings establish…	Apr 30	Complete
Organisational change process	May 2 - Jul 29	On Track
Clinical outcome measures agre…	May 10	Delayed
Draft case for change for clinical…	May 30	Delayed
Performance / Operational outc…	Jun 14	Delayed
Final operating model to be pres…	Jul 29	On Track
Reporting and governance speci…	Jul 29	On Track
Operationalise model	Aug 1 - Dec 22	On Track
Implementation complete	Jan 3, '23	On Track
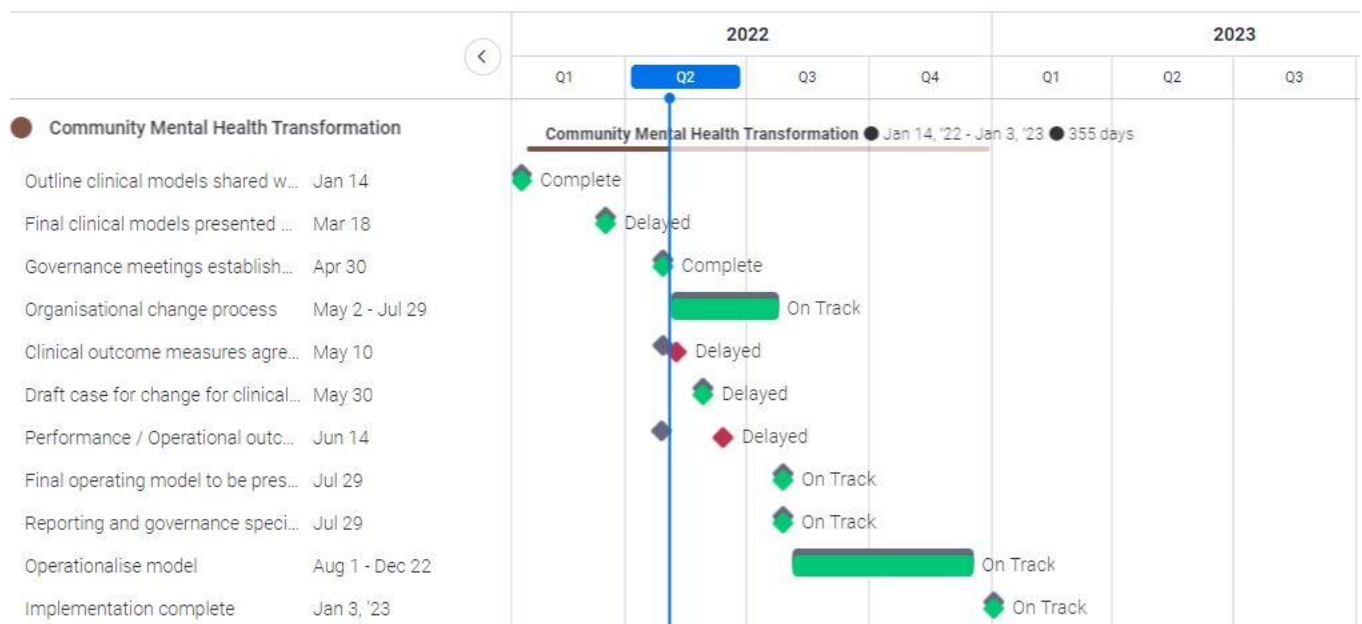
Primary and Community Mental Health Transformation Programme (PCMHT)

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

SRO: Dr Mike Hunter, Executive Director, Medical

1.14 A verbal update was provided by the SRO, and the Clinical Lead for the programme, Toni Wilkinson, Director of IAPT services. A highlight report was not submitted due to the forthcoming changes to the programme delivery and governance structures to enable a comprehensive primary and community mental health offer is provided across Sheffield by April 2023.

1.15 The PCMHT programme board which has operated for the previous 2 years has been stepped down. In its place a Joint Transformation Board has been developed and the inaugural meeting will take place on 11 May 2022. The board will be jointly chaired by Beverley Murphy and the Deputy Chief Executive of Primary Care Sheffield, Nicki Doherty.

1.16 The scope of the programme is being defined and a Project Initiation Document created, however it is anticipated that it will include the following SHSC services; Single Point of Access (SPA), Emotional Wellbeing Service (EWS) and the Short-Term Educational Programme (STEP). The Recovery Teams will remain in the scope of the CMHT project.

1.17 The outline plan is for the Joint Transformation Board Terms of Reference to be approved in May and the national guidance for the programme shared. The PID will be drafted in June and the roadmap for local implementation completed in July.

Therapeutic Environments Programme

New build programme for adult acute and older people's 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

1.18 <u>Ward Improvements and removal of ligature anchor points</u>

There has been a delay to the improvements on Burbage Ward due to the requirement for a new roof at the Michael Carlisle Centre. Cost of replacement has been estimated at £180K and will delay completion of the project by 4-8 weeks.

The Burbage ward completion date is now August 2022 and this delay will result in slippage for the commencement of the Phase 3 Ligature Anchor Point eradication project.

A new risk was raised regarding the impact of the Phase 3 work which places up to nine females out of area when work commences on Maple Ward. An update was provided at the Transformation Board meeting that 3 beds have been offered however full mitigation to be established and reviewed at Programme Board.

Due to the number of incidents on Stanage Ward the contractors have been asked

to stand down. The outstanding work on doors will be scheduled into Phase 3 of the programme.

1.19   Service users have been involved in defining and delivering improvements to wards, for example:

- Service users on Dovedale 2 reviewed their environment in categories including décor and furniture. This was undertaken through community meetings and questionnaires. The outcome of this review was fed into the planning of the projects for Burbage and Stanage wards. It has influenced choice of furniture and décor.
- Service users were actively involved in the sign-off of the plans for the new Stanage ward
- Service users were asked to help make sure the changes to the way the dispensary was accessed were appropriate to their needs
- Service users were involved in the production of art work which is displayed on Dovedale 2 ward, Burbage and Stanage wards.

Future service user involvement activities will include a walk-through of the new Burbage ward during the commissioning phase. Service users will also be invited to review designs for Maple ward as we work towards appropriate sign off.

1.20   New build for adult acute and older persons services

The new build project has not progressed in line with milestones set out in the Expression of Interest for the new hospital funds. An announcement regarding NHS New Hospital Programme funding is still awaited. However, the schedule of accommodation and long list of options for delivery has now been completed.

1.21   During the work with healthcare planners to assess what accommodation is needed for these new builds, service users by experience were invited to review the pathways and accommodation specification, which staff had previously developed. This was really detailed work and very important to the process.

Going forward there are multiple opportunities for service user and wider stakeholder involvement in this project once the strategic outline case is developed. The programme team are producing a schedule of opportunities for this involvement which will presented to our networks and service users by experience for their feedback. Opportunities will range from a few hours of involvement to longer term support. There is an ambition to have consistent input from a service user by experience for this project.

1.22   The Programme Board noted the unknown impact of current programme risks regarding 2022/23 capital for the relocation of the 136 suite in addition to capital funding for new builds
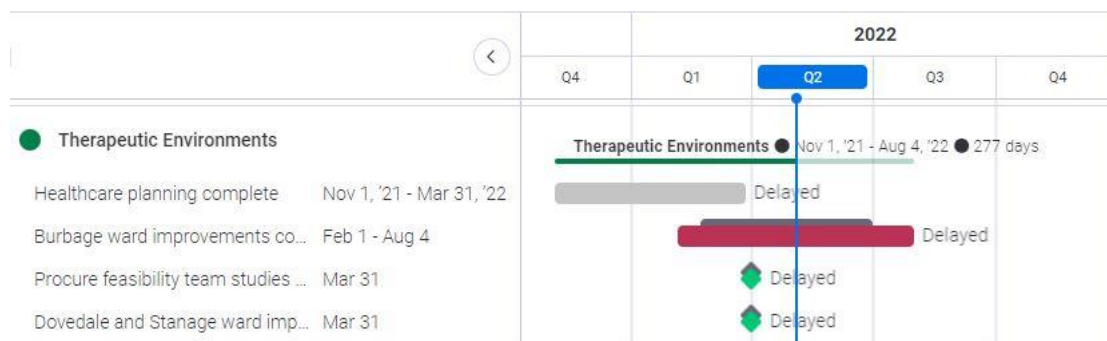
1.23   Due to the slippage on the health planner work revised dates are required for the key milestones

Health Card

	Progress	Scope	Costs	Resources	Risk	Issues	Stakeholder Management	Impact	Overall
Current	🟧	🟩	🟧	🟧	🟧	🟧	🟧	⬜	🟧
Forecast	🟧	🟩	🟧	🟥	🟧	🟧	🟩	⬜	🟧

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

1.24   The update was provided by Andrew Male, Chief Digital Information Officer. Initiation activities are nearing completion. Process mapping of the current state is underway which will ensure there is an understanding of as-is arrangements prior to defining the future state and determining the change activities to move us from one state to the other.

1.25   The main risk relates to resources. Agency staff continue to be used to complete the Change Agent roles as they have not been recruited to as permanent positions.

A key focus is on establishing a way to ensure that clinicians can engage with the EPR project to ensure they help to set the direction, that delivery is possible and ultimately to raise morale. The emphasis to date has been on completing the transformative work.

Staff Side have been engaged to support the changes required within IMST as a result of changing from the use of Insight to Rio.

1.26   Service users have been involved in the programme in the following ways: contribution to the evaluation of the output-based specification and involvement in the presentation to the Executive Team.

The programme team have presented to the Sun:Rise service user group throughout the procurement stage and once during initiation. The team have offered to attend to give a quarterly update.

Throughout implementation the EPR team will engage with service users in the configuration of the system, for example, the development of the patient portal.

1.27   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	🟧	🟩	🟩	🟧	🟩	🟩	🟩	🟩	🟩
Forecast	🟩	🟩	🟩	🟧	🟩	🟩	🟩	🟩	🟩

Milestone Plan
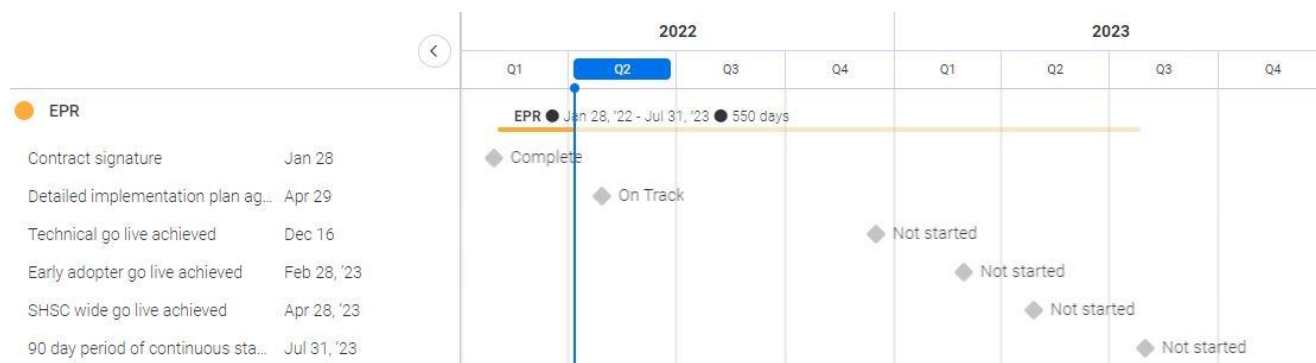
People Plan

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

1.28 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 had requested a plan for later cohorts to be included in the highlight report. This is being developed based on feedback from the first cohort as consideration must be given to for example, course length, content, method of delivery and costs.

1.29 An issue was raised regarding the data within ESR making it difficult to identify which staff are identified as leaders within SHSC. This is hindering progress in identifying who should access the various leadership programmes on offer.

1.30 The reported RAG rating is green and is forecast to remain so.

Health Card, Leadership Development

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

Milestone Plan
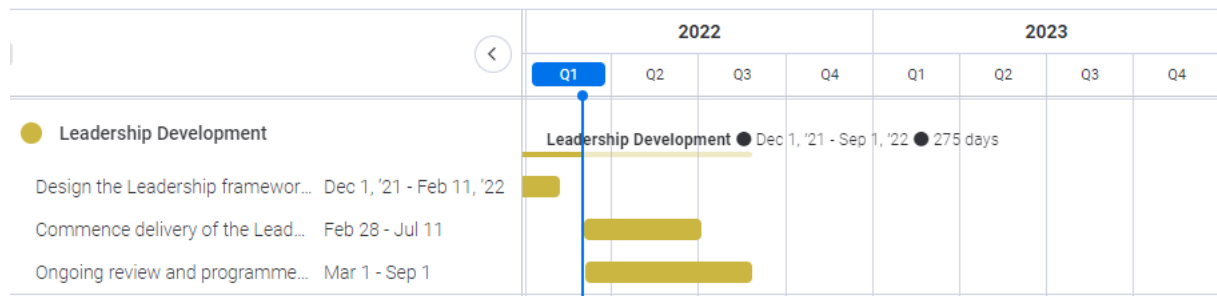
1.31   Health Roster

A review of the project took place in April with the Board of Directors.

The project is progressing generally in line with the plan, however, there has been a delay to the system being implemented within the Recovery Teams due to the amount of change within this service. The teams consist of 120 staff which once complete will greatly increase the percentage of staff on the system.

However, the project is still anticipated to end as planned in December 2022.

Health Card, Health Roster

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

Milestone Plan
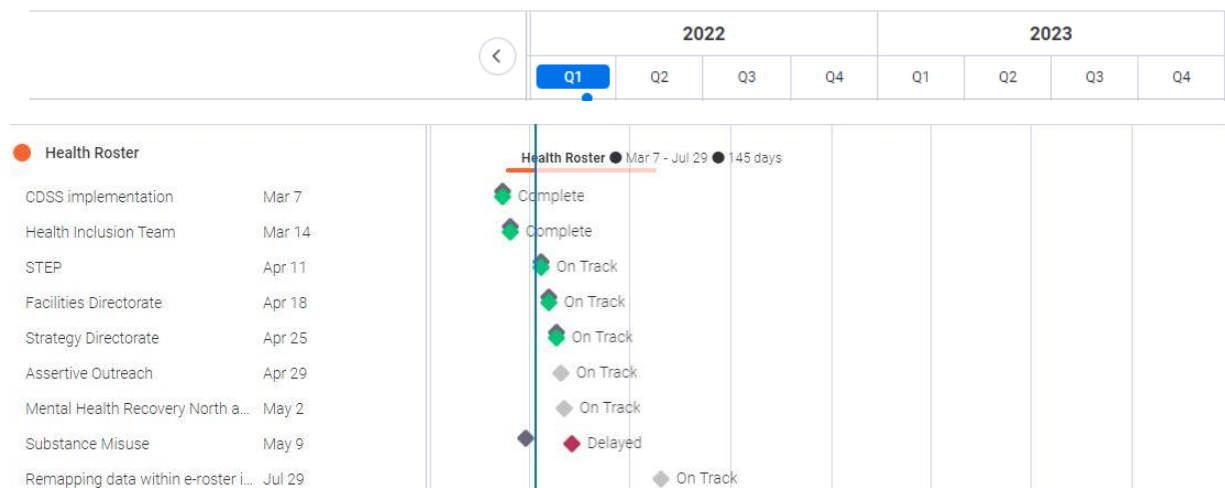
Clinical and Social Care Strategy

Programme to implement the Clinical and Social Care strategy

SRO: Dr Mike Hunter, Executive Director, Medical

1.32   The rating of the programme has improved from red to amber due to the programme manager being appointed from mid-April, the co-production consultant starting in post, the workstreams having leads assigned and some enabling strategies being approved by the Board of Directors in March.

Service users have been involved in the definition of the strategy and the implementation plan. As mentioned, a co-production consultant has commenced in post and a service user group is currently being refreshed and its membership extended. Work has commenced on applying the 4PI's within the strategy implementation, it is a framework to help create meaningful involvement with service users and carers and has been developed within a mental health context.

1.33   No risks were raised

Health Card

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

Milestone Plan
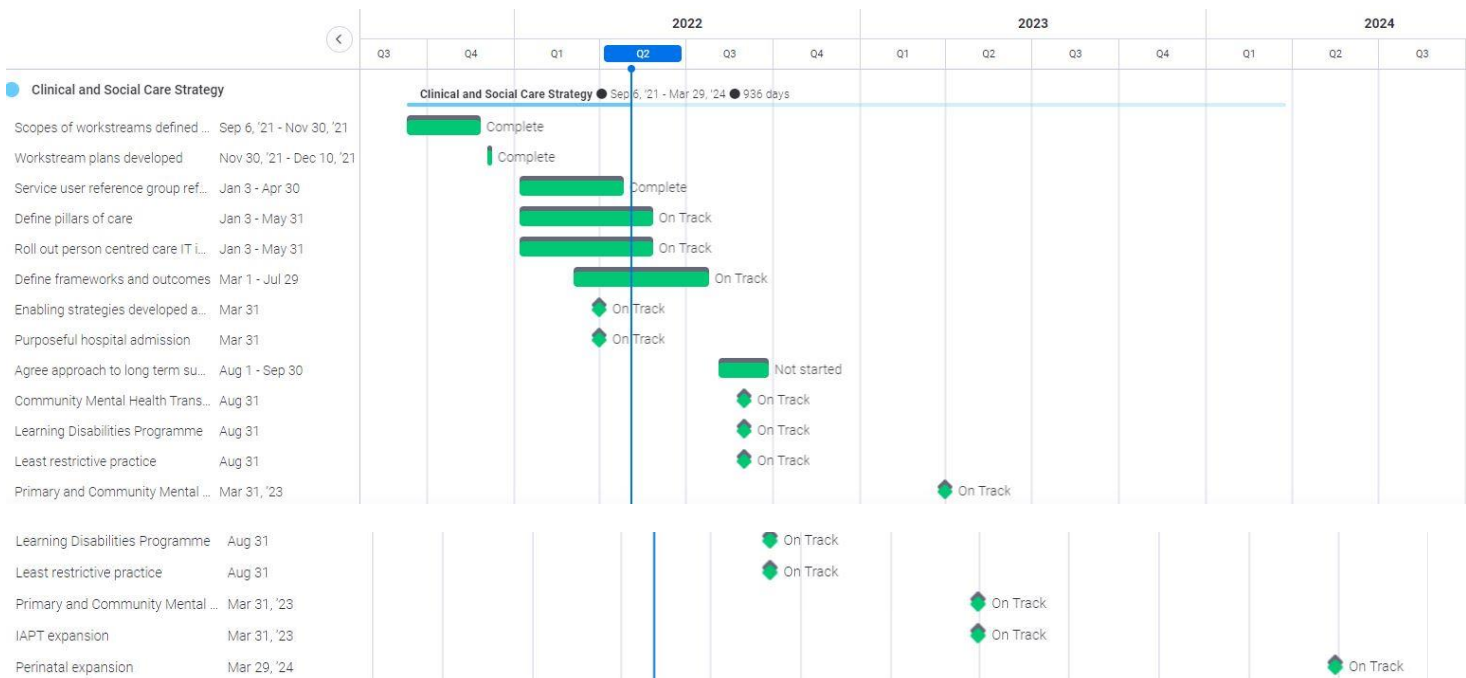
Learning Disabilities Programme

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

SRO: Dr Mike Hunter, Executive Director, Medical

1.34   The programme is on track and has a RAG status of green. The plan is for the new model to be defined in Q1 and implemented in Q2. However, a risk was raised regarding achieving these timelines due to the engagement required with staff, service users and carers, as further involvement is required to define the model.

However, it should be noted that the programme has some engagement with service users and carers, and in the main takes the same approach as the CMHT project in this regard, namely:

A co-production group is in place, whose role it is to identify ways to engage with service users. The group includes a co-production expert and people with lived experience.

A web page and video are being developed to support co-production

There is a voluntary group and expert by experience representation at the monthly Programme Board and Delivery Group meetings

There is regular two-way communication with a carer group supporting service users who have complex needs, in line with their preferred approach of communication, (rather than attending cyclical meetings).

We are also working with Rethink to identify service users to be involved in the programme.

1.35   A commitment has been made at a system level regarding Learning Disability provision as a strategic priority. Each organisation is asked to consider how an excellent community service could be delivered which will then help to determine the inpatient offer. This is a positive step forward and will support direction and decision making within the programme.

1.36   The requirement for the next Programme Board meeting is for the team to have produced a detailed options appraisal of the potential models.

Health Card

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

Milestone Plan
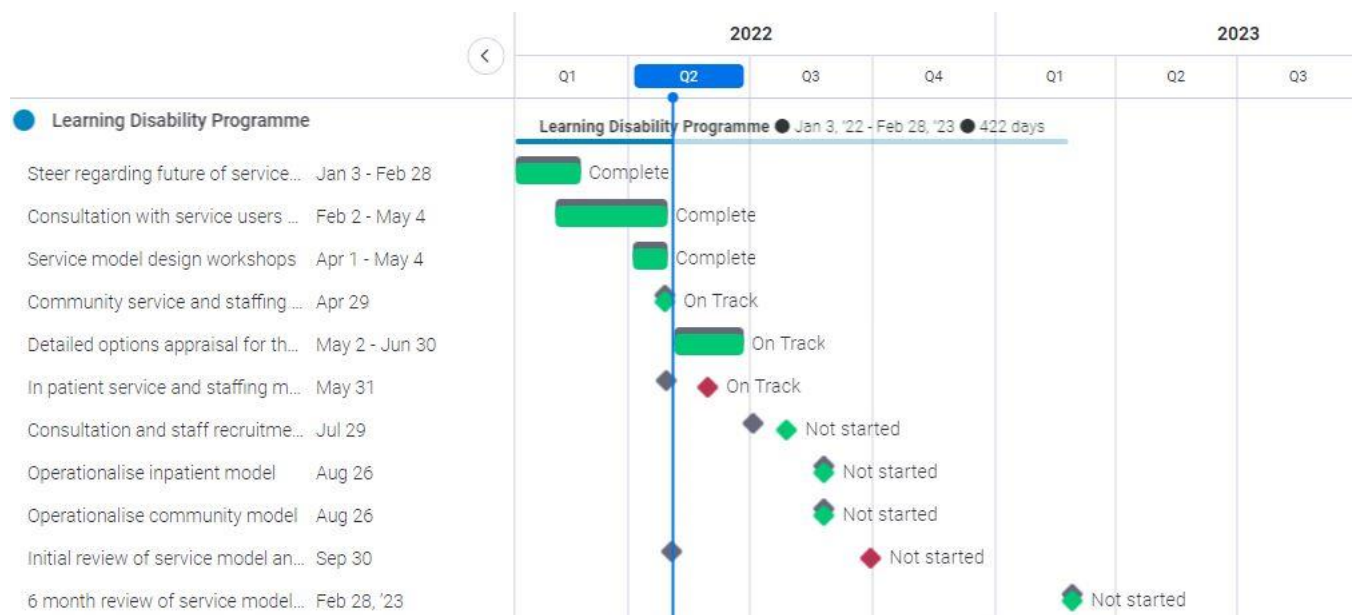
Community Facilities Programme

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

1.37 The main workstreams for 2022/23 have been identified and review of the PID is being undertaken.

Options for community sites are being established regarding the LIFT and NHSP estate and a review of private tenancy options are progressing.

The project to move the services currently based at St George's to alternative accommodation is progressing with Westfield Terrace being identified as the preferred option, as identified by staff.

The project to find a suitable location for the Assertive Outreach Team and Community Forensic Team has commenced with confirming the current arrangements at Fulwood House and future accommodation needs. Two options are being actively explored.

However, the programme is reporting a red rating against progress and further emphasis is to be placed on the completion of start-up and definition activities

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 <u>compromising patient safety and clinical effectiveness</u> – **EPR Programme**

STAFFING: Risk of not retaining staff, not workforce planning effectively, failing to provide effective leadership <u>impacting on quality of care</u> – **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 March 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 in November 2021 requesting capital to support the Therapeutic Environments programme; it has still not been confirmed whether they have been successful

Section 5: List of Appendices

Appendix 1 – Transformation and Programme Management Audit Action Log