Board of Directors - Public

SUMMARY REPORT	Meeting Date:	27 July 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
	Date: 14 July 2022
Key Points recommendations to or previously agreed at:	The red rating for 5 of the programmes was discussed. Mitigation actions to address key programme risks were noted.

Summary of key points in report

5 Programmes and Projects reported key areas of risk to the Transformation Board on 23 June 2022. Since that meeting progress with mitigation actions have continued to take place:

1. **Community Facilities Programme Board** reported a red rating against progress (now amber):

   - The urgency involved in relocating the clinical teams currently based in Fulwood (The Assertive Outreach Team and the Community Forensic Team) is increasing as these teams need to relocate by September 2022. Wainwright Crescent has been identified as these team's preferred choice and a consultation and engagement process will commence as appropriate with the wider staff group. There is a commitment to provide the same level of support to these teams as the corporate services staff based at Fulwood.

2. **Therapeutic Environment Programme Board** has reported a red rating against costs and resources:

   - National feedback has been delayed since January 2022 regarding the three expressions of interest submitted by SHSC to the NHS New Hospital Programme fund. Delivery of the SHSC full programme is reliant on additional external capital funds. The Programme Board have always understood that success within the bidding process was not guaranteed, however it is now considered the right time to start consider the contingency approach resourcing this programme. The Strategic Outline Case is being developed during quarter two of 2022. However, this will require further programme support.

3. **Leaving Fulwood Project Board** reported a red rating against costs:

   - Capital costs have increased due to the new location requirements for the Assertive Outreach

Team, Community Forensic Team and the Training Team. A business case is being developed to cover the additional investment required for the Audio Visual equipment for the new locations since the current AV equipment has been deemed to be not fit for purpose.

4. **Health Roster Project** reported a red rating against resources:

- Further resources are required within the project team to support implementation. Agency staff have been brought in to ensure delivery continues. Some existing members are now supporting the CIP Agency workstream.

5. **Community Mental Health Teams Project Board** reported red against stakeholder engagement:

- Engagement is taking place but it is limited and some milestones relating to stakeholder engagement have slipped. This may result in a risk that the new services are being designed without sufficient involvement of services users, their families and carers. The communications and engagement strategy was approved by the CMHT Project Board and this will be closely monitored to ensure that engagement activities take place as planned and have the desired outcome and impact.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	

Recommendation: The Trust 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 – Continuing to improve	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?				

Have these areas been considered? YES/NO				If yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes ✔		No	Service user and carer 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*		*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 23 June 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

1.2 The project has a red RAG status in relation to increased costs due to the new location requirements for the Assertive Outreach Team, Community Forensic Team and the Training Team.

A business case is being developed to cover the additional investment required for the Audio Visual equipment for the new locations.

1.3 Disposal of Fulwood House

The disposal of Fulwood House is continuing as planned.

1.4 Future HQ

The move to the new locations remains on track. The landlords work at Centre Court was completed on 10 June and the lease has commenced.

Change workshops and engagement events for leaders have been taking place throughout June to prepare colleagues for the move.

Health Card

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

Milestone Plan
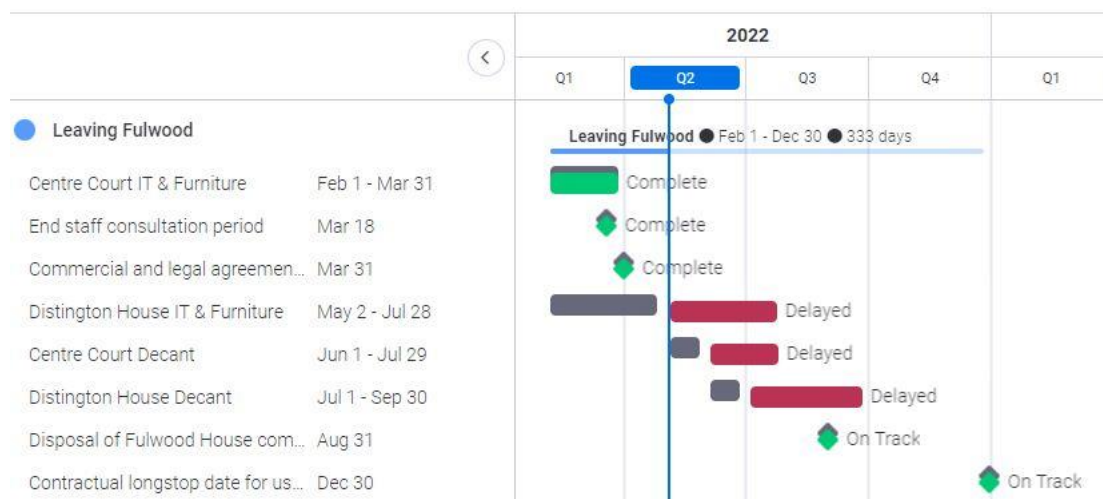
Community Mental Health Transformation Programme

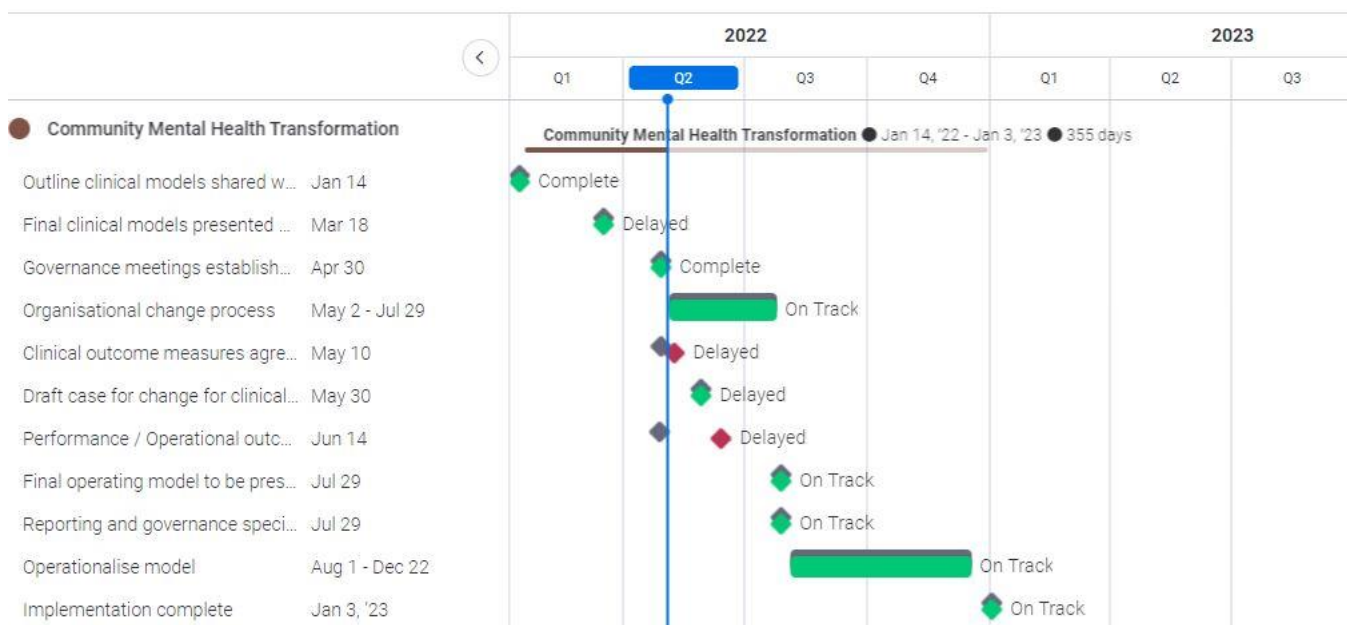*Oversee the review, redesign, and implementation of changes to the Recovery Teams.*

SRO: Beverley Murphy, Executive Director, Nursing and Professions

1.5   The project is moving forward, however the Programme Board reported a red RAG rating due to limited stakeholder engagement. The milestones within the project plan relating this activity have slipped and the potential risk of designing services without sufficient service user engagement may increase in likelihood and impact. Corrective action is being taken.

1.6   The SRO remains relatively confident that work is taking place and in line with the principles agreed at the start of the project, however assurance cannot be provided due to the number of verbal updates provided at programme board (as opposed to documented evidence). This is related to the level of PMO project support being provided, which is being addressed.

1.7   The scope of the programme has changed and SPA and EWS are now within the scope of the Primary and Community Mental Health Programme. The reporting requirements between the two programmes are therefore being reviewed and will be confirmed.

Health Card

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

Milestone Plan

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

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

SRO: Dr Mike Hunter, Executive Director, Medical

Update provided by Toni Wilkinson, Clinical Director

1.8   An engagement event took place on 13 June which brought together staff from SPA, EWS, STEP and Primary Care to share the excellent work already completed regarding service models and ways of working. Staff also received an overview of the national context for the programme and shared their views about the forthcoming changes. The event was very well received with excellent engagement from staff and there was a request for more events of this nature to take place throughout the programme.

1.9   The feedback from the session was incorporated into the new Project Initiation Document, which was issued to the Programme Board for comment. The focus is now on finalising this PID, drafting the roadmap for implementation and preparing for the project review with the SHSC Board of Directors, taking place in July.

1.10   Several risks and issues have been identified, for example long waiting times. These are being captured with owners and mitigating activities are being put in place.

1.11   The Transformation Lead role has been appointed to and will commence in post in September.

Health Card

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

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

1.15   The programme has reported a red rating due to costs and resources. These relate to:

- Funding for the new build

- The unknown costs of the 136 suite / Maple Ward improvements

1.16   <u>New build for adult acute and older persons services</u>

No further information has been received in relation to the three expressions of interest for capital, submitted to the NHS New Hospital Programme. This is increasing the risk to programme delivery. Work has started on a Strategic Outline Case and this will help to identify options for delivery but it must be noted that there is not a straightforward solution to address the risk.

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

The timeline for the LAP removal project is at risk as the enabling works for the project continue to become clearer. These are; design and build a new S136 suite, procure 6 extra female out of city beds to enable the decant of Maple Ward, define governance and complete activities to allow for the PICU to become single gender, ensure appropriate patient transport contract is in place and de-escalation works to take place on Endcliffe and G1 wards

1.18   Three risks were raised in relation to procuring the out of area beds:

- There may not be capacity within the Procurement Team to complete the procurement

- Using out of area beds bring risks to patient recovery and care

- Throughout the country out of area beds are being procured, therefore there may be a risk to availability

1.19 A bid was submitted on 24 June for funding for the work on the 136 suite. Further discussions are to take place between the SRO, Programme Manager and Head of Capital Development to understand the impact on other capital programmes if the funding is received and work must be delivered at pace.

Health Card

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

Milestone Plan
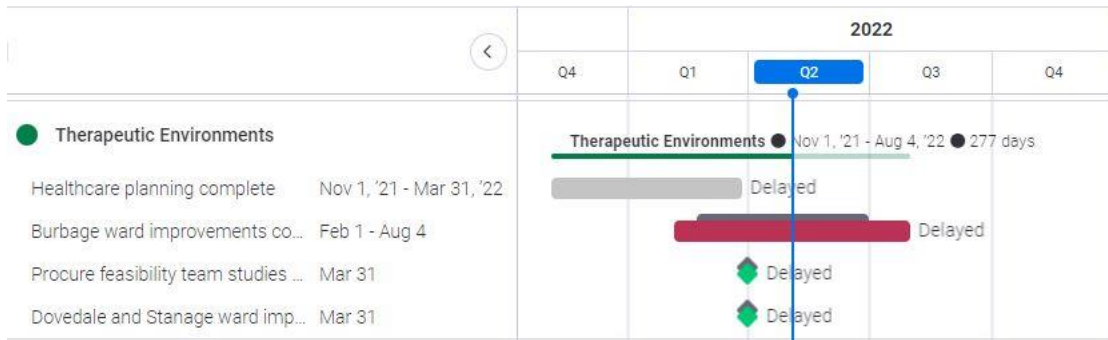
Electronic Patient Record

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

*SRO: Beverley Murphy, Executive Director, Nursing and Professions*

1.20 The project rating remains on amber but is forecasted to change to green during August.

1.21 An issue has been raised related to being unable to access the system (Rio) database has caused a 1-2 week delay but this doesn't impact on the overall timescales.

1.22 A risk had previously been raised by the Programme Board regarding limited clinical engagement and the impact on the success of the project if it continued. During June this seems to have improved with increased clinical engagement at all levels, however it remains something for the Programme Board to continue to monitor throughout the lifecycle of the project.

1.23   The project is adequately resourced with more staff planned to move into the project team from IMST, however more agency staff are being used than planned.

Health Card

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

Milestone Plan
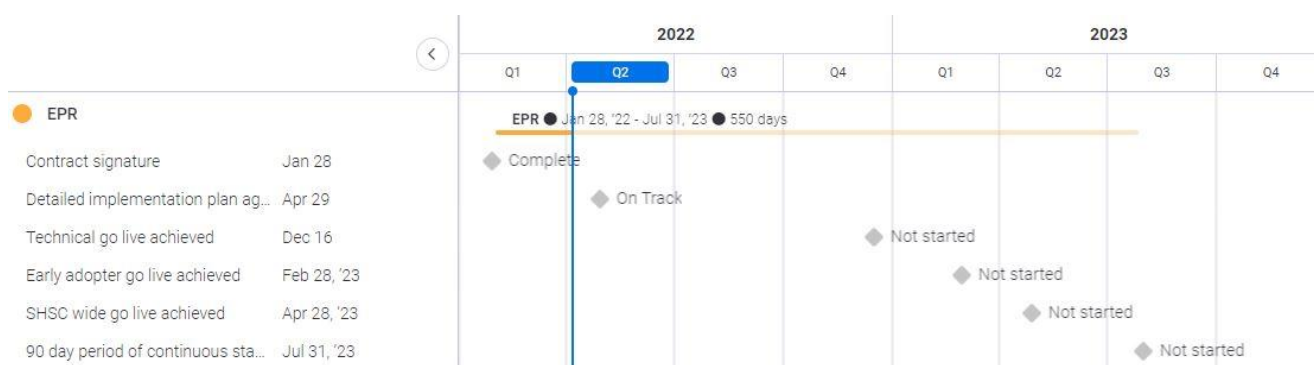
People Plan

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

1.24   Leadership Development

        The first cohort is progressing well and due to complete as planned in July.

1.25   The project will remain within the Transformation Portfolio until at least August to allow for the Transformation Board to receive a closure report evaluating the success of the programme and the plans for future delivery, which will then be reported through People Committee.

        The Transformation Board noted that discussions are underway regarding further leadership development courses and whether they should include sessions in December and January, depending upon the impact of winter pressures.

1.26   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
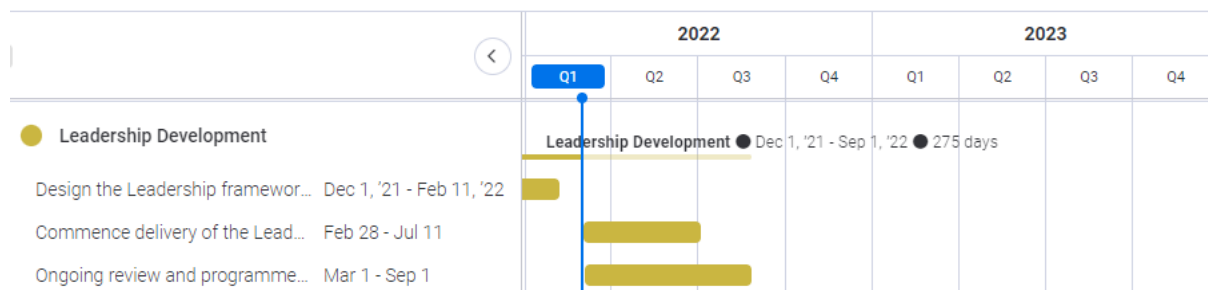
1.27   Health Roster

The project has a status of red due to resource issues. To address this agency staff have been brought in to support the project.

1.28   The project is progressing as planned and remains on track to complete in December 2022. Delivery is not at risk, but it is noted that the level of change taking place within some teams may impact on their capacity or ability to begin to use the system when planned. In addition, the project team is now involved in work supporting CIPs, which is reducing their capacity to deliver the Health Roster project.

As shown in the milestone plan, many teams have been scheduled to be trained and using the system over the next two months

Health Card, Health Roster

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

Milestone Plan
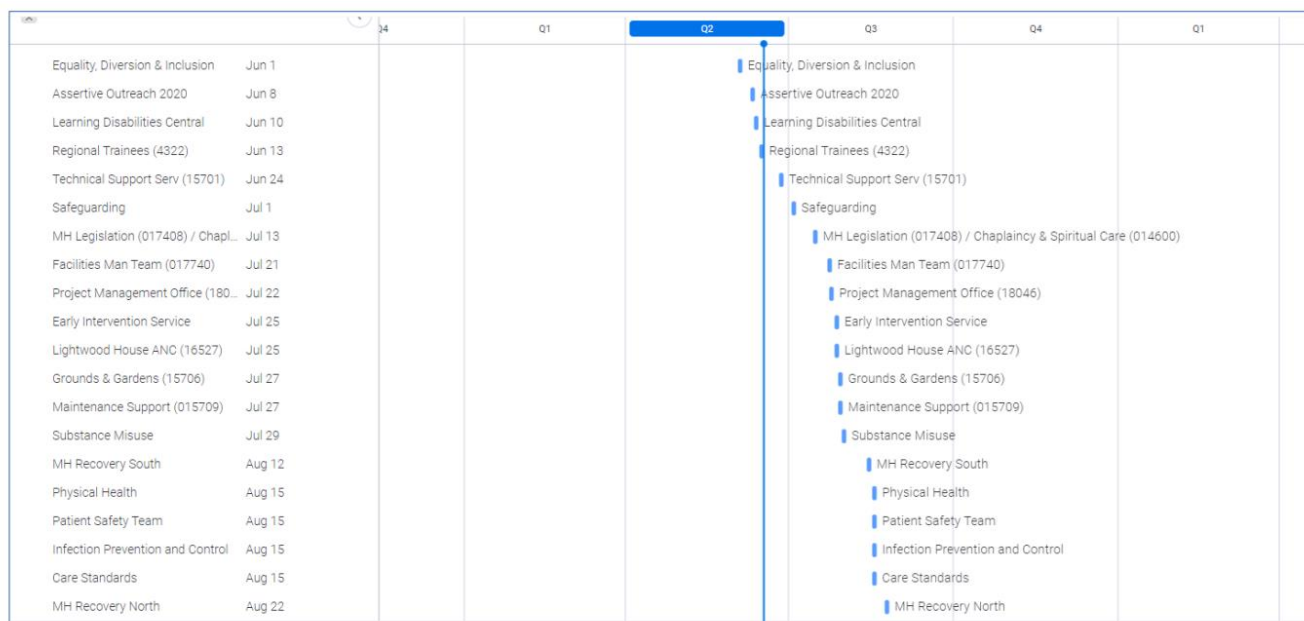
Clinical and Social Care Strategy

Programme to implement the Clinical and Social Care strategy
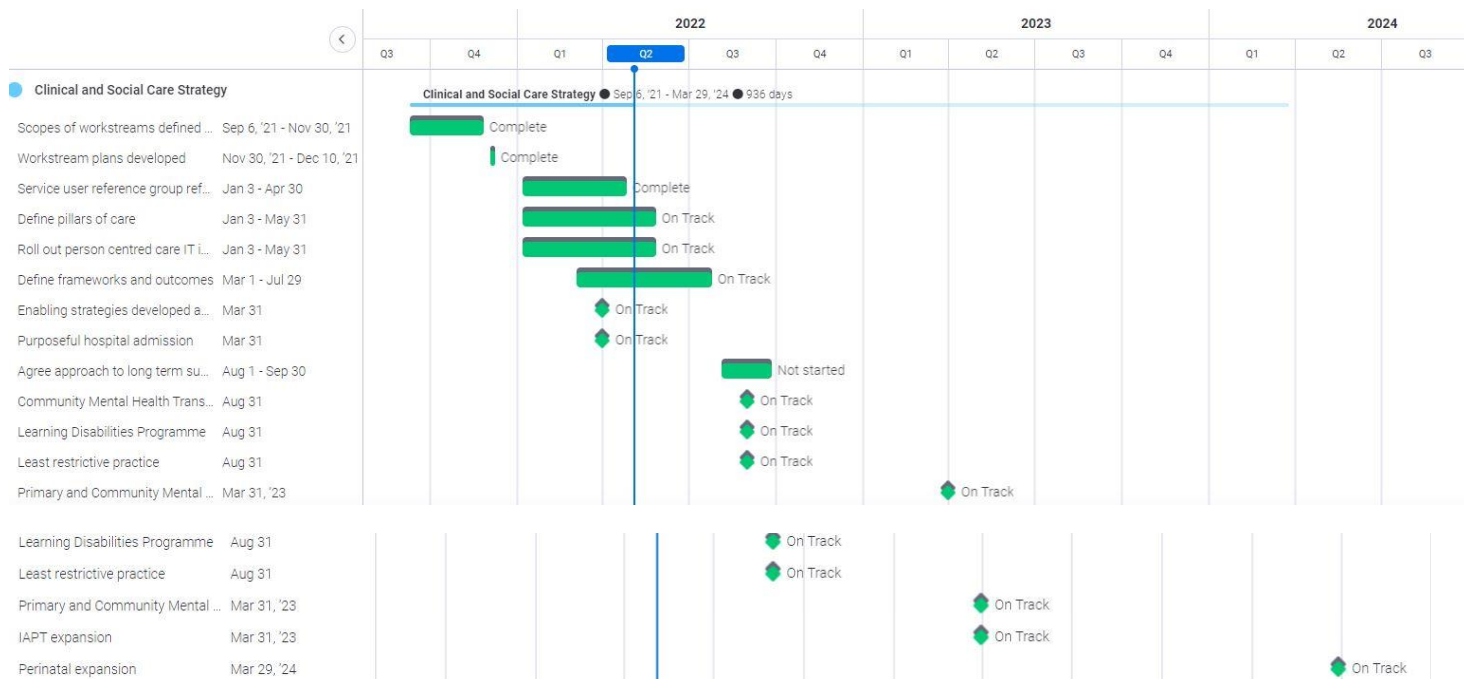
SRO: Dr Mike Hunter, Executive Director, Medical

Update provided by Helen Crimlisk, Deputy Medical Director

1.29   The rating of the programme remains green. Progress is being made with the workstreams delivering key activities as planned.

1.30   Alongside workstream delivery, a focus is being placed on working with the leads of the SHSC enabling strategies to understand the overlaps and dependencies between the enabling strategies and how they will support delivery of the Clinical and Social Care Strategy and vice versa. The programme team are held a workshop on 27th June to map this out, with a commitment to working with the Enabling Strategy leads to develop any additional Project Initiation Documents and implementation plans, where these are necessary.

1.31   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

1.32   The Community Clinical Model was presented in July and was well received by the Programme Board.

1.33   Service user engagement continues to take place with the: co-production web page due for completion, attendance at meetings with voluntary sector groups who work with service users, development of a video and continued engagement with carers.

1.34   The programme is on track and has a RAG status of green and is forecast to remain so. However, challenge was received by the Transformation Board as to whether progress should be green due to the number of missed milestones. The Programme Board are to assess this.

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

1.35   The programme has a red rating based on progress. The projects within the programme have the following statuses: the re-provision of St Georges, Assertive Outreach Team move, and Community Forensic Team move have a status of red and the IAPT / PCMHT locations is amber.

1.36   Progress has slowed regarding the planned move of the Eating Disorder and Specialist Psychotherapy Teams from St Georges to Westfield Terrace. The business case is to be submitted for investment. Drawings have been provided for the potential lay out of the site to be discussed with the clinical teams

1.37   Work is finalising to agree whether the Assertive Outreach team will relocate from Fulwood House to Wainwright Crescent or Grenoside in line with the Leaving Fulwood project timescales.

1.38   Westfield Terrace and Wainwright Crescent are being considered as options for the Community Forensic Team

1.39   The projects within Year 1 of the programme have been reactive to circumstances, work is ongoing to create an ongoing programme plan which moves the nature of the programme to being proactive and projects delivered in line with service business plans and service user requirements.

Health Card

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

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

The three top risks are set out in the summary.

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

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

4.3   A joint Primary and Community Mental Health Transformation Board has been created which is chaired by Beverley Murphy, Executive Director, Nursing and Professions and Nicki Doherty, Deputy Chief Executive Primary Care Sheffield to transform how primary and community mental health care is provided.

Financial

4.4   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

Sustainable development and climate change adaptation

4.5   Sustainability and climate change adaptation is or will become a key consideration within the Transformation Programmes.

The Sustainability Strategy and Green Plan implementation is closing linked to the implementation of the Clinical and Social Care Strategy

Section 5: List of Appendices

Appendix 1 – Transformation and Programme Management Audit Action Log

Transformation and Project Management Audit - Action Log

Action	Owner	Update	Due Date	Status
The Trust should determine whether the requirement for a Principal Accountant to attend Transformation Board remains. - If not, reference to the position should be removed from the ToR. - If attendance is required, the Trust should agree a plan for a Principal Accountant to be in post to attend.	Pat Keeling		31/01/2022	Complete
The Trust should create a standard induction and on-boarding process for new programme managers, to include drawing their attention to the Transformation Programme Roles and Responsibilities document.	Zoe Sibeko		31/03/2022	Complete
The milestone charts in the FPC and Board Transformation Portfolio Reports should incorporate indicators to show where programmes are not progressing to planned timescales.	Zoe Sibeko		31/03/2022	Complete
Programme Board ToRs should all be reviewed against the new standard and revised where necessary to include all required elements, including: • Date of ToR review and approval, and due date for review • Updated lines of reporting, including to Transformation Board • Updated membership list • Membership attendance requirements • Quoracy requirements. The Trust should also complete the roll-out of common core agenda elements to all programme boards.	Zoe Sibeko	Transformation Board - complete Learning Disabilities - complete Clinical and Social Care strategy - complete Community Facilities programme - complete EPR - complete Therapeutic Environments - complete CMHT - not complete as ToR agreed as part of original dispute PCMHT - complete (People Plan do not have a Programme Board)	30/04/2022 (revised date 10/06/2022)	Complete
The Finance and Performance Committee Terms of Reference should be revised include responsibilities of the committee for: • Receiving reports from Transformation Board • Delivery and oversight of the transformation programme	Deborah Lawrenson	Revised Terms of Reference issued to Finance and Performance Committee in April. To be issued for approval in May	31/05/2022	Complete
The Trust should confirm: • expectations for maintenance and storage of project and programme documentation that is considered core (both operationally and strategically). This should include which documents should be stored where, version control arrangements. • operational responsibility for programme staff for maintaining and storing documents. This should be communicated to all programme board members and should be included in programme manager induction/on-boarding.	Zoe Sibeko	The PMO Analyst has started to gather the minimum set of documents identified in the 360 Assure audit and conversations are underway with IT to determine interim and long term strategies for their storage. The ultimate position will be influened by the timetable for rollout of Office 365 and its attendant SharePoint upgrade.	31/05/2022 (due date to be revised)	In Progress