

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 24 May
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 and Performance Committee
	Date:	11 May
Key Points recommendations to or previously agreed at:	<ul style="list-style-type: none"> • Work is underway to address issues with EPR data migration to keep the project on target for go live in June 2023. • We expect to progress the Learning Disability service transformation with Sheffield ICB and confirm if public consultation is required. • The patient record system to be used by the PCMHT staff was confirmed as SystemOne. Interoperability with Rio is being progressed. • Fulwood site security was noted as an increasing risk and potential cost pressure. 	

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 27 April 2023 and the Finance and Performance Committee on 11 May:

1. Health Roster Project – Closure Report

The Transformation Board received the closure report and praised the project team on its successful delivery and the positive impact the e-roster system is already making.

The key messages and lessons from the closure report to be shared as across the Transformation programmes are as follows:

- The amount of engagement that was required to onboard all the staff to the system had been significantly underestimated at the outset. However this was addressed and proved to be highly effective and well received by stakeholders.
- Some software costs were overlooked in the original Business Case and we should take learning, both in terms of estimating complexity, and therefore likely duration and also costs, for future investment proposals.
- The successful delivery of this project is to the absolute credit of the project team who suffered significant unforeseen resourcing challenges and conflicting demands on their time while implementing the system.
- Benefits are starting to be realised, and additional benefits have emerged. The system is hosting

significantly more users than originally anticipated, including Bank and Agency staff and this project has been an enabler for the Agency Reduction project to deliver its objectives and the realisation of Financial Benefits will be handed over to the Agency Reduction project for delivery.

- The resources for develop and run a system post launch has to be considered within the business case.

A Post Implementation Review will take place at an appropriate time within the next 12 months to assess the impact of the change and monitor benefits realisation.

2. Therapeutic Environment Programme Board – The overall rating is amber, this is an improvement from previous months in which budget, resources and risks had a red rating. These still remain a cause for concern but progress is being made in seeking resolutions and risks are being managed well.

New adult in patient and older adult's developments

- It is still not clear whether external funding will be secured for the programme, therefore the options available to progress this work are being considered. Feedback from other Trusts is being gathered regarding the how to, and the success of, partnering with developers.
- If the decision is made to move forward using SHSC capital funding this would pose a high risk to the capital plan for the next 5-8 years and the progression of other planned or potential developments.
- The older adults development is currently being scoped with early engagement taking place.

Ligature Anchor Points, Phase 3 and Health Based Place of Safety

- Further slippage has occurred within the Stanage Ward project, (37 weeks in total, including the delay with Burbage ward), the planned completion date is now September 2023.
- A business case for the required works in the Stanage Ward garden will be taken to Business Planning Group requesting an investment of £200,000. Improvements in this area will reduce the need for one on one observations which should reduce the use of agency staff, and have a positive impact on the savings achieved by the Agency Reduction Cost Improvement Project.
- Focus is being placed on the completion of the clinical model for Maple Ward and the subsequent business case which is expected to be submitted to the Finance and Performance Committee in June.
- Progression of the Health Based Place of Safety works has an impact on the delivery of the Maple Ward improvements. There has been a delay in this work and the expected completion date is now September 2023. Concerns regarding the supplier were raised with the Transformation Board and consideration is being given to whether to continue with the contract. The impact of this will be included in the Maple Ward business case and plan.
- The completion of the Maple Ward works are key dependency in ensuring that the Out of Area Cost Improvement Project achieves its projected savings in 2024/25 by ending the use of contracted out of area beds.

3. Community Facilities Programme Board – reported an overall red project rating, however the programme is forecasting a green rating within 2 months post approval of the Capital Plan 2023/24 which will bring clarity to scope.

- The Assertive Outreach Team (AOT) and Sheffield Community Forensic Team (SCFT) have relocated from Fulwood House to Distington House at the end of April. These are the last two teams to leave the Fulwood site.
- The current projections for 2023/24 Capital Plan indicate that the plans which had been developed for the teams currently located in the St George's building (Eating Disorder Service and the

Specialist Psychology Service) and the onward move of the AOT and SCFT from Distington House to the Michael Carlisle Centre are not affordable, and alternative solutions are being explored.

- The Capital Plan is due to be approved in May, this will bring clarity to the options available to progress the programme. In addition to this the 7 Facet Survey of the SHSC estate is to be finalised, this will support decision making and prioritisation of urgent backlog maintenance work.
- Options for the use of the Fitzwilliam Centre and Sydney Street properties are under consideration for the aforementioned services following the award of the Substance Misuse tender to a different provider. It is anticipated that the buildings will be vacant from August 2023 however any major capital redesign will not be affordable, and options will focus on making best use of these sites in their current configuration with minimal changes.
- Fortnightly risk assessments of the St George's building continue to take place. There are no outstanding issues currently.

4. Electronic Patient Record Project Board – reported an overall amber project rating and is forecasting green in May. There has been one month's slippage from the planned go live at the end of May 2023.

- The Rio go live will take place in two tranches; the first in Older Adults and supporting services on 19 June and the remainder of SHSC on 31 July. The implementation period is planned to end in November. The readiness for go live remains under regular review.
- The approval of clinical forms and the completion of data migration activities are the key priorities and resource is being carefully managed to ensure this work is completed on time. This may have an impact on other work but this is being monitored. An increasing risk with delivery of data migration was flagged at Finance and Performance Committee on 11 May.
- Focus is being placed on the development of a robust training plan as changes have had to be made to respond to strike action and other availability constraints.

5. Community Mental Health Transformation Project - reported an overall amber rating:

- As previously reported the staff consultation period will end in May 2023 (a month extension from the original date of 9th April) This will not extend the overall project timescales. The extension was deemed necessary to fully address the concerns of staff particularly in relation to the resourcing changes brought about by the end of the Care Programme Approach (CPA)
- It is anticipated that the clinical and staffing model will bring about increased productivity within Community Teams due to the greater focus on outputs and outcomes. Work is also being undertaken to align the eight care groups in the new model with the Primary Care Networks.
- A key enabler to the success of the project is the training needs analysis and subsequent training to ensure that all staff have the skills and knowledge they need to be effective in their role. This is a main area of focus for the project currently.
- By the beginning of the 2024/25 financial year, the project will have resolved historical funding issues and secured new investment for all the required roles. This will be a significant achievement.

6. Primary and Community Mental Health Transformation Programme Board – reported an overall amber rating.

- The Clinical Model was presented to the Programme Board in April and the staffing Case for Change has been drafted for submission to the Joint Consultative Forum. The 15 Primary Care Network

multidisciplinary teams remain on track to be established in October 2023 as planned.

- The CMHT and PCMHT Programme Boards respectively made the decision for the Crisis and Urgent Care element of SPA and EWS to remain within direct SHSC provision and therefore to be retained within the scope of the CMHT project and that the remaining services within SPA and EWS are to form part of the multidisciplinary teams and therefore are in scope of the PCMHT programme.
- During the time taken to assess the appropriate course of action to ensure the above decision was robust, the patient record systems that teams will predominantly use have been agreed. The staff remaining with SHSC will use Rio and staff who will join the PCN's will primarily use SystemOne. The programme team will ensure that interoperability between the systems is in place.

7. Learning Disabilities Programme Board – reported an overall green rating.

- The programme is awaiting the decision by the Oversight and Scrutiny Committee on the need for a public consultation on the future of Firshill inpatient provision. The decision has been delayed by the purdah period for the local elections, however this ends on 5th May and the decision is imminent. This will enable the programme to be replanned as necessary.
- The Transformation Board discussed the level of risk associated with the inpatient provision at Firshill Rise being closed. It was agreed that this was low risk due to the previous number of inpatients and the assessment that the severity of their needs, being used as an example, would be able to be addressed within the community provision, however the enhanced community staff model is not yet in place.

8. Leaving Fulwood Project Board – reported an amber rating.

- The developer is due to apply for planning permission in line with the revised timescale of the 1st May. The original date was December 2022. There is a risk that if planning permission is not granted then there will be significant implications for the 2023/24 Capital Plan. However, the programme is more assured that this planning work is progressing at a reasonable pace and this new deadline will be achieved.
- There is a low risk of progressing demolition work at SHSC expense and then incurring revenue pressure if the site sale is delayed. This risk is being reviewed with mitigating actions being put in place, for example, confirming that rate reductions will be provided by Sheffield City Council in 2023/24.
- Security at the site is being reviewed because of an increase in trespass incidents. Site security was a significant cost pressure in 2022/23 and could impact on Fulwood site planned efficiency savings in 2023/24.

Appendices attached:

Appendix 1 Transformation health card

Appendix 2 Finance health card

Appendix 3 RAG

Appendix 4 Progress against milestones

Recommendation for the Board/Committee to consider:							
Consider for Action		Approval	X	Assurance	X	Information	
Recommendation: The Trust Board is asked to 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:				
Recover services and improve efficiency	Yes		No	✓
Continuous quality 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?			✓	

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, Engagement 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	QEIA is undertaken as part of each programme and informs the programme structure, stakeholder engagement and outcomes.
Environmental Sustainability	Yes	✓	No	Sustainability is considered within all programmes and projects

Transformation Health Card April 2023

	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder engagement	Service user engagement & co-production	Benefits	Overall
Leaving Fulwood	Green	Green	Green	Green	Yellow	Yellow	Green	Grey	Green	Green
CMHT Programme	Green	Green	Green	Yellow	Yellow	Yellow	Green	Green	Green	Green
PCMHT Programme	Green	Yellow	Grey	Yellow	Yellow	Yellow	Green	Green	Yellow	Yellow
Therapeutic Environments	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
EPR	Yellow	Green	Green	Yellow	Yellow	Green	Green	Green	Green	Yellow
Learning Disability Programme	Green	Green	Grey	Green	Green	Yellow	Green	Green	Yellow	Green
HealthRoster	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Clinical & Social Care Strategy	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
Community Facilities Programme	Yellow	Red	Grey	Yellow	Red	Red	Green	Yellow	Green	Red

TRANSFORMATION BOARD FINANCIAL DASHBOARD SUMMARY:

M11 February

Programme	Sub-schemes	Capital		Revenue	
		YTD	Forecast	YTD	Forecast
Leaving Fulwood	New HQ			Further work required to separately identify the costs related to the workstreams.	
	Hawthorne				
	Chestnut				
Community Mental Health Transformation Programme					
Primary & Community Mental Health Programme					
Therapeutic Environments Programme	New adult acute inpatient & older adults developments				
	Burbage ward refurbishment				
	Ligature anchor point removal project - phase 3				
	Health based place of safety				
	Project team				
EPR					
Learning Disability Programme					
Healthroster					
Clinical & Social Care Strategy					
Community Facilities Programme	Planning				
	Partnerships				
	St George's reprovion				
	Assertive outreach team				
	Community Forensic Team				
	IAPT				

RAG Rating definitions:

Green – On track

Amber – (i) Under or overspent for 1-2 months with no recovery plan, or (ii) recovery plan in place but cost pressures remain

Red – (i) Under or overspent for over 2 months with no recovery plan and impacts on delivery of capital plan, or (ii) significant affordability concerns for the 23/24 capital or revenue plan

Grey - (i) no specific budget for the Programme; (ii) staffing and associated costs within existing operational budgets

CAPITAL (£'000)										
Programme	Sub-schemes	YTD Revised Plan	YTD Actual	Underspend/ (overspend)	22/23 Revised Plan	22/23 forecast	Variance to Revised Plan underspend/ (overspend)	Finance lead	OVERALL RAG rating	Comments
Leaving Fulwood	New HQ	537	413	124	577	543	34	Dave Spooner		
	Hawthorne	209	158	51	209	209	-	Dave Spooner		
	Chestnut	50	25	25	50	50	-	Dave Spooner		
Community Mental Health Transformation Programme		-	-	-	-	-	-	-	-	Not a capital project
Primary & Community Mental Health Programme		-	-	-	-	-	-	-	-	Not a capital project
Therapeutic Environments Programme	New adult acute inpatient & older adults developments	185	25	160	250	100	150	Dave Spooner		22/23 budget used for feasibility studies. Forecast reduced in M10. Red as £75k of spend required in M12 with no commitments recognised.
	Burbage ward refurbishment & LAP phase 1 (Burbage only)	1,599	1,506	93	1,599	1,599	-	Dave Spooner		Project exceeds original plan due to unknown roof works and a water ingress incident. Rated green as the overspend has been factored into the revised capital plan for 22/23.
	Ligature anchor point removal project - phase 3	1,782	520	1,262	2,226	1,044	1,182	Dave Spooner		The critical path of the project is affected by HBPOS project and enabling works. Additional costs are expected to move into 23/24 increasing the affordability risk of next year's capital plan. Underspend to be utilised on other capital schemes brought forward.
	Health based place of safety (HBPOS)	1,470	1,598	(128)	1,900	1,900	-	Dave Spooner		External funding of £1.9m for 22/23 expected to be spent in year, although the risk that this may not happen. Total project cost likely to be approx £3.6m. External funding may become available but prioritised for funding in the 23/24 capital plan hence risk reduced to amber.
EPR		2,837	2,139	698	3,150	3,093	57	Dave Spooner		Large underspend in the YTD due to delays in the project. However, robust plans in place to ensure forecast spend occurs in M12.
Learning Disability Programme		-	-	-	-	-	-	-	-	Not a capital project
Healthroster		-	-	-	-	-	-	-	-	Not a capital project
Clinical & Social Care Strategy		-	-	-	-	-	-	-	-	Not a capital project
Community Facilities Programme	Planning Partnerships	-	-	-	-	-	-	-	-	Not a capital project
	St George's reprovion	-	-	-	-	-	-	Carl Twibey		Scheme not yet fully developed - plans & budgets to be determined.
	Assertive outreach team	-	-	-	-	-	-	-		A reassessment of property options is taking place. Plans & budgets to be determined.
	Community Forensic Team	-	-	-	-	-	-	-		A reassessment of property options is taking place. Plans & budgets to be determined.
	IAPT	-	-	-	-	-	-	-	-	Scheme not yet fully developed - plans & budgets to be determined.

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REVENUE (£'000)										
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	22/23 Plan	22/23 forecast	Underspend/ (overspend)	Finance lead	RAG rating	Comments
Leaving Fulwood	New HQ	774	815	(41)	845	888	(43)	Nicola Hume	TBC	Work undertaken in M8 to separately identify new HQ budgets and costs. Following the February Transformation Board, Fulwood estates costs have been incorporated into the plan. YTD and forecast figures. However, further refinement needed to ensure all costs have been appropriately captured hence rag rated to be confirmed. Work delayed due to staff absences.
	Hawthorne			-			-	Nicola Hume	TBC	Further work required to separately identify the costs related to the workstreams.
	Chestnut			-			-	Nicola Hume	TBC	
Community Mental Health Transformation Programme	TBC			-			-	Kaitlin Plant		Finance and service engagement commenced early November to cost options for CMHT staff establishment proposals. Scope and budgets still to be determined. Options for the service model are being developed within the current budget envelope and with the requirement for additional funding. The scheme will be rag rated when the model is agreed.
Primary & Community Mental Health Programme	TBC			-			-	Paul Isingoma		The clinical model and budget scope is still to be determined. Revenue costs are currently expected to be within existing operational service budgets.
Therapeutic Environments Programme		213	182	31	232	199	33	Jill Savoury		Pay and non-pay revenue costs for the project team within existing operational service budgets. No specific budgets for revenue costs related to the work programme.
EPR		762	402	360	831	507	324	Nicola Hume		Expected costs for floorwalkers and training will not be incurred in 22/23, which will lead to delays and significant additional costs. The forecast assumes it will no longer be possible to bring forward spend from 23/24 but opportunities continue to be explored. The 23/24 financial plan is being developed to ensure the implications of the delay are captured.
Learning Disability Programme				-			-	Paul Isingoma		Finance support provided to cost the Clinical Model development. Scope and budgets to be determined for 23/24.
Healthroster		218	262	(44)	238	286	(48)	Nicola Hume		The overspend relates to contractual computer software costs. The project is not red as it is due to close imminently and does not present significant affordability concerns for the 23/24 revenue plan.
Clinical & Social Care Strategy	TBC			-			-	TBC		Revenue costs within existing operational service budgets.
Community Facilities Programme	Planning			-			-	-		Revenue costs within existing operational service budgets.
	Partnerships							-		Revenue costs within existing operational service budgets. Additional costs may arise and will be reflected in monitoring if that happens.
	St George's reposition							Carl Twibey		Scheme not yet fully developed - plans & budgets to be determined.
	Assertive outreach team			-			-	Kaitlin Plant		A reassessment of property options is taking place. Plans & budgets to be determined.
	Community Forensic Team			-			-	Paul Isingoma		A reassessment of property options is taking place. Plans & budgets to be determined.
	IAPT			-			-	Paul Isingoma		Scheme not yet fully developed - plans & budgets to be determined.

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Grey - (i) no specific budget for the Programme; (ii) staffing and associated costs within existing operational budgets

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APPENDIX 3 - SHSC RAG criteria revised January 2023

RAG Dimension	Red	Amber	Green
Progress	<p>Timelines are not clear</p> <p>Original programme completion date unachievable unless there is intervention (funding, resources, etc.)</p> <p>Workstreams not performing based on criteria below</p>	<p>Timelines are somewhat clear</p> <p>Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date.</p> <p>Plans in place to mitigate the above.</p> <p>Minority of workstreams performing based on criteria below</p>	<p>Timelines are clear</p> <p>On track to deliver to milestones</p> <p>Majority of workstreams performing based on criteria below</p>
Scope	<p>Requirements are unclear</p> <p>Significant uncertainty in scope and deliverables</p> <p>Programme not expected to deliver fundamental elements of the scope</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>Plans in place to address the above</p>	<p>Requirements are clear</p> <p>All deliverables are identified</p> <p>It is clear what is in and out of scope</p> <p>Formal change request process is in place</p> <p>Programme is expected to deliver all items in scope</p>
Budget	<p>Under or overspent for over 2 months with no recovery plan and impacts on delivery of capital plan, or significant affordability concerns for the 23/24</p>	<p>Under or overspent for 1-2 months with no recovery plan, or recovery plan in place but cost pressures remain</p>	<p>On track</p>

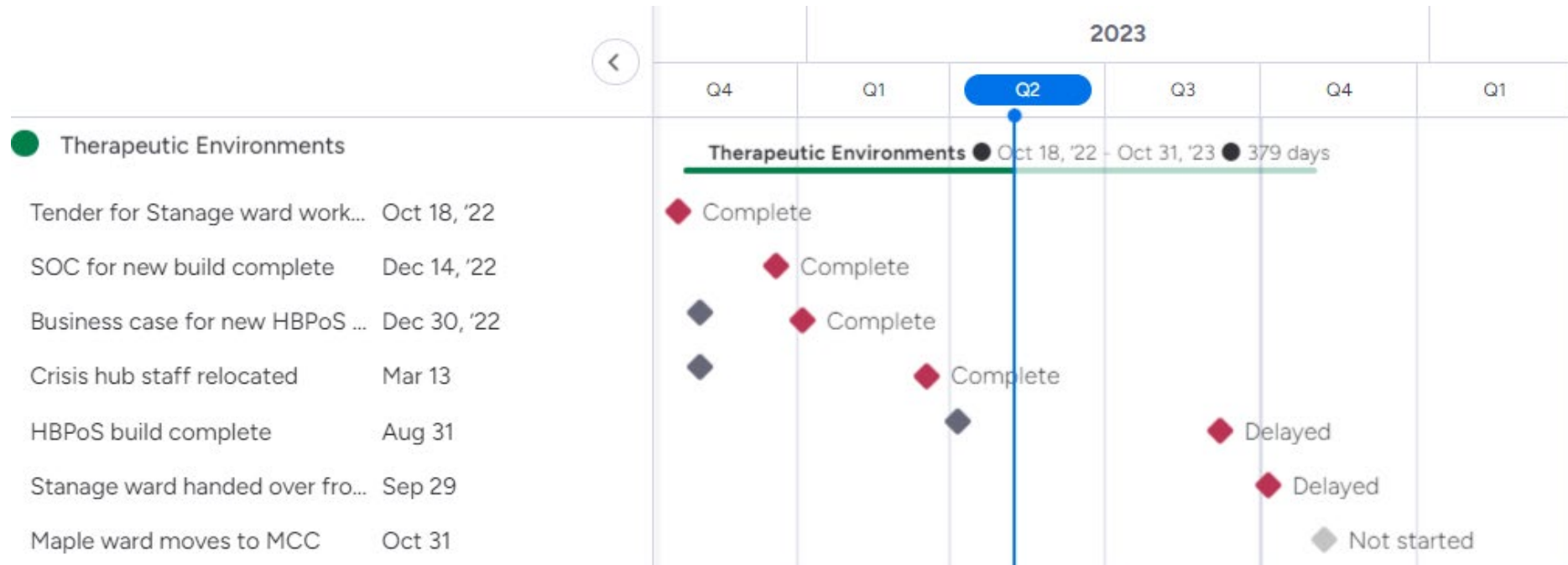
RAG Dimension	Red	Amber	Green
	capital or revenue plan		
Resources	<p>Programme team not in place</p> <p>Unclear roles and responsibilities</p> <p>Team underperforming in balancing competing demands</p> <p>Resources unavailable i.e. project /programme staff roles not backfilled, or no amendments made to their job plans causing pressure on BAU vs project/programme work</p>	<p>Team partially performing in managing competing demands and delivering programme priorities but at the risk of their own health and wellbeing.</p> <p>Some gaps in resourcing i.e., project /programme staff roles partially backfilled or partial amendments made to their job plans causing pressure on BAU vs project/programme work</p> <p>Plans in place to address these</p>	<p>Programme team in place</p> <p>Clear roles and responsibilities</p> <p>Team delivering programme priorities and managing competing demands</p> <p>No significant gaps in resourcing i.e., project /programme staff roles appropriately backfilled or relevant amendments made to their job plans so staff have adequate time to deliver the project/programme and BAU.</p>
Risks	<p>The programme has ageing risks with no evidence of action being taken. Next review dates are in the past.</p> <p>Risks do not have mitigation in place or mitigation is proving ineffective. The impact of the risks on Benefits realisation is not understood.</p> <p>Risk owners not identified</p>	<p>Risks are being managed but confidence is low that mitigation will have the required impact.</p> <p>Mitigations may need to change or risks may require escalation.</p> <p>The impact of the risk on Benefits realisation is not understood or is incomplete.</p> <p>Risk owners partially identified</p>	<p>The programmes risk register is up to date with no ageing risks.</p> <p>Risks have mitigation in place. Assurance is provided that the risk is being managed well</p> <p>Mitigations are proving effective.</p> <p>The impact of the risk on Benefits realisation is understood, articulated and mitigations are appropriate.</p> <p>Each risk has a risk owner identified</p>

RAG Dimension	Red	Amber	Green
Issues	<p>The programme has ageing issues with no evidence of action being taken Issues do not have owners and clear actions in place Actions are proving ineffective.</p>	<p>Issues are being managed but confidence is low that the actions taken will bring appropriate resolution Issues may require escalation.</p>	<p>Issues have owners and actions. Assurance is provided that the issues are being managed well.</p>
Stakeholder engagement	<p>Key stakeholders have not been identified as part of initiation Key stakeholders have no visibility over the status of the programme Key stakeholders are not engaged with the project/ programme</p>	<p>Key stakeholders have been identified but some are not engaged. Service users are partially involved</p>	<p>Key stakeholders have been identified and are being kept informed Key stakeholders are engaged with the programme Service users are appropriately involved</p>
Service User Engagement and coproduction	<p>Service users not identified Means of engaging service users to coproduce not understood or agreed Budget for payment (if required) not agreed Involvement process not understood or deployed Service user engagement more tokenistic</p>	<p>Some service users identified and means for engagement and coproduction partially understood Budget for payment (if required) partially agreed and process partially working</p>	<p>Service users identified and coproduction activity understood Budget for payment (if required) agreed and process fully understood and working Service users being engaged in less tokenistic manner</p>
Benefits	<p>There is no plan in place for benefits realisation. Benefits have not been identified and quantified Benefits measures have not been</p>	<p>The Benefits realisation plan is being developed. Benefits have been partially identified and quantified Benefits measures have been identified</p>	<p>There is a plan in place for benefits realisation Benefits are understood. A measurement plan has identified how to measure benefits and progress is being made against</p>

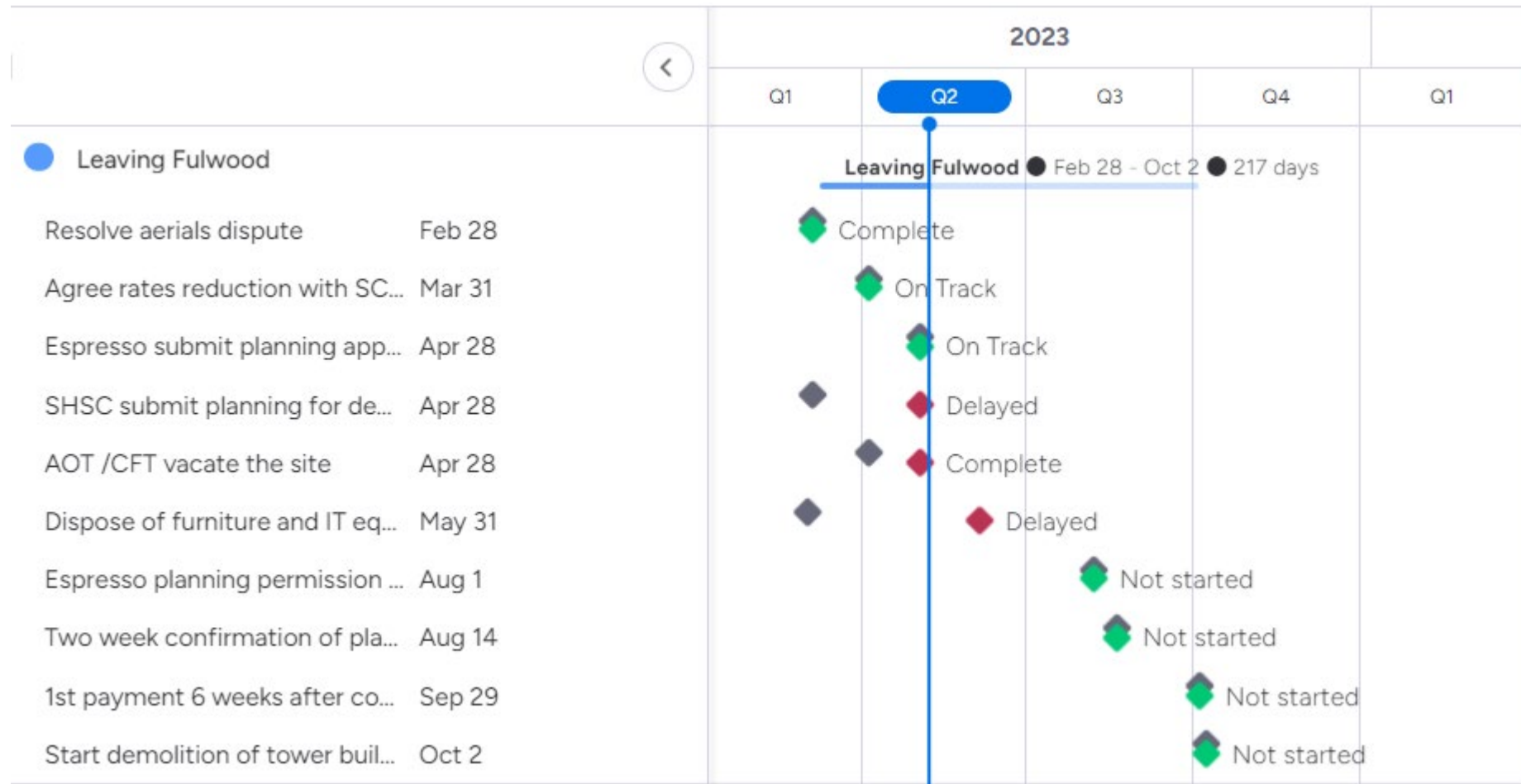
RAG Dimension	Red	Amber	Green
	<p>identified.</p> <p>There is no way to measure benefits.</p>	<p>but baselines have not been taken.</p> <p>Benefits may fall short of estimates or be delivered later than expected.</p>	<p>realisation</p> <p>Programme will deliver to expected benefits</p> <p>Benefits anticipated to be achieved when planned.</p>

Appendix 4 – Progress against milestones April 2023

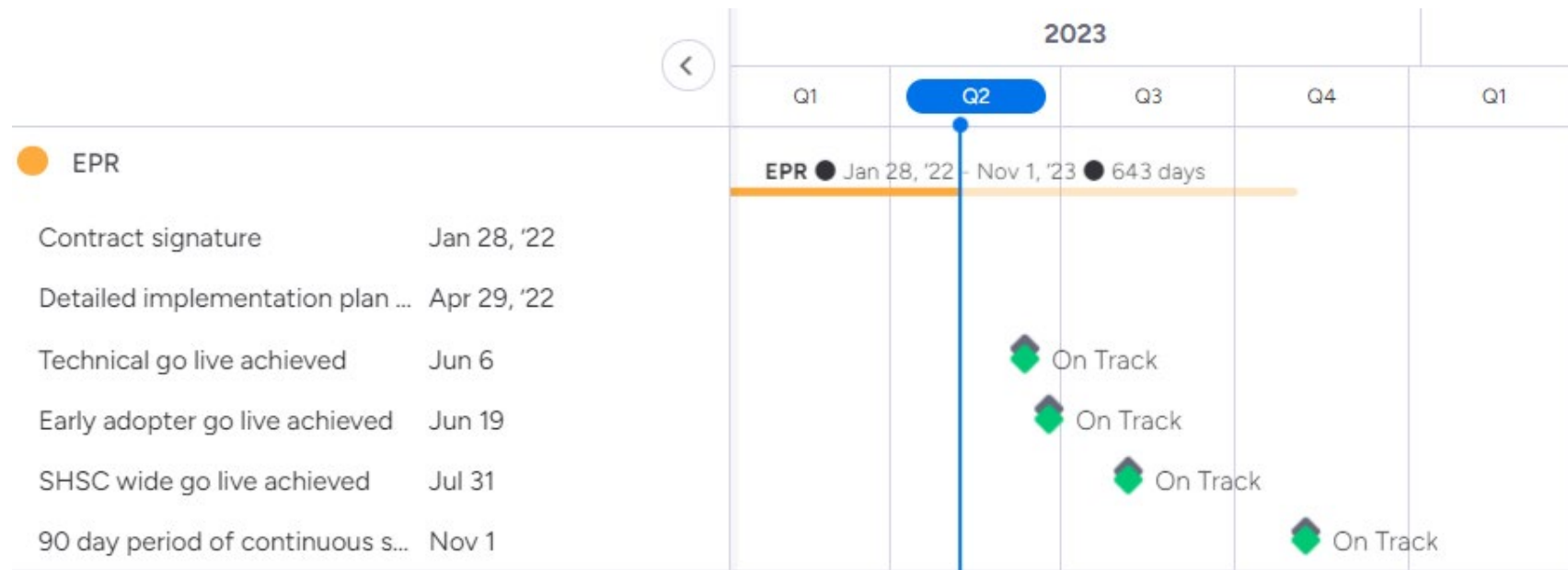
Therapeutic Environments



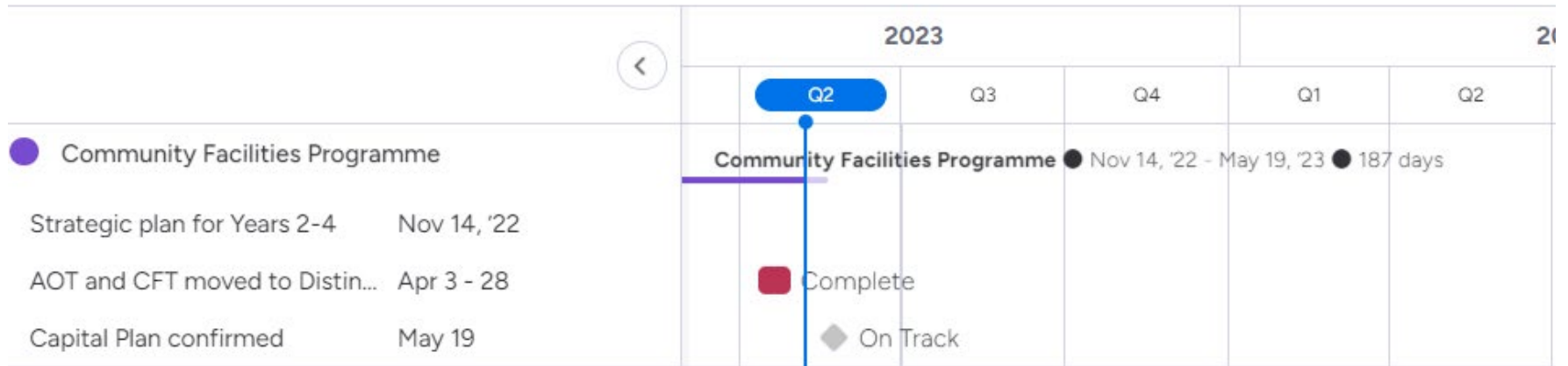
Leaving Fulwood



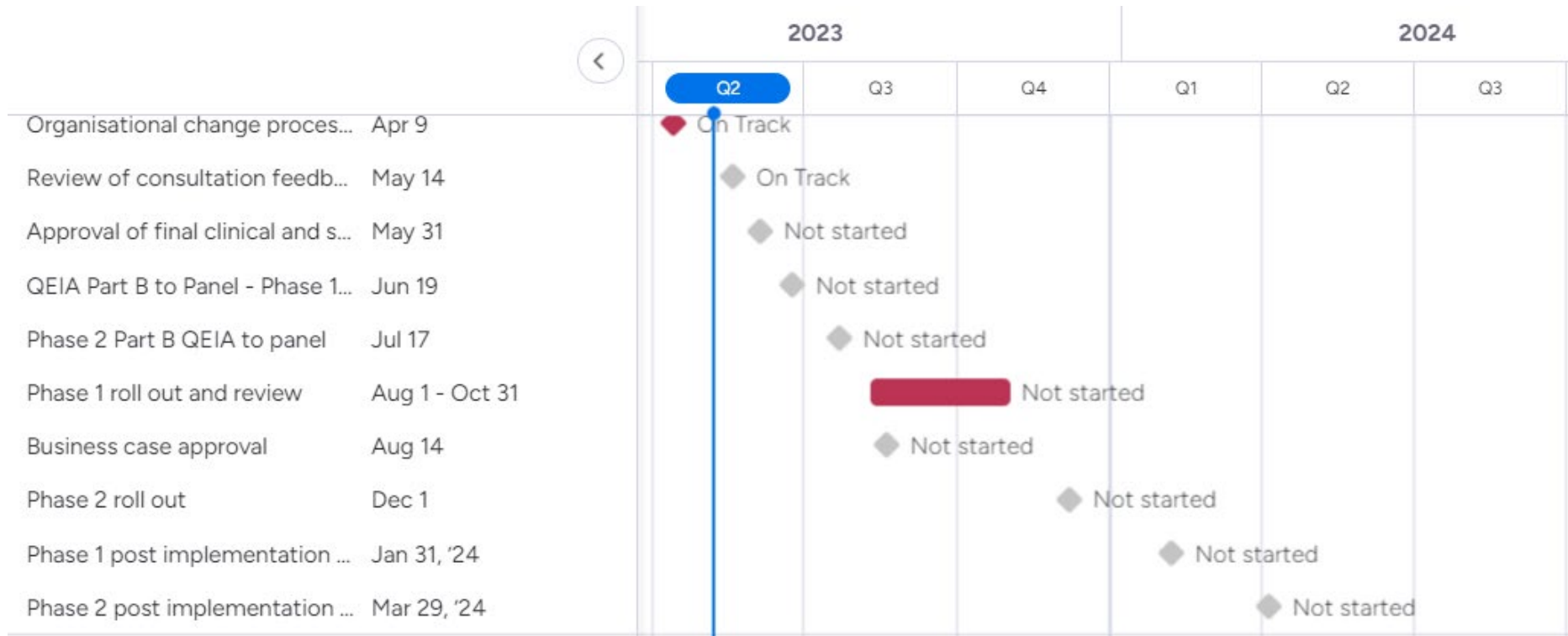
Electronic Patient Record



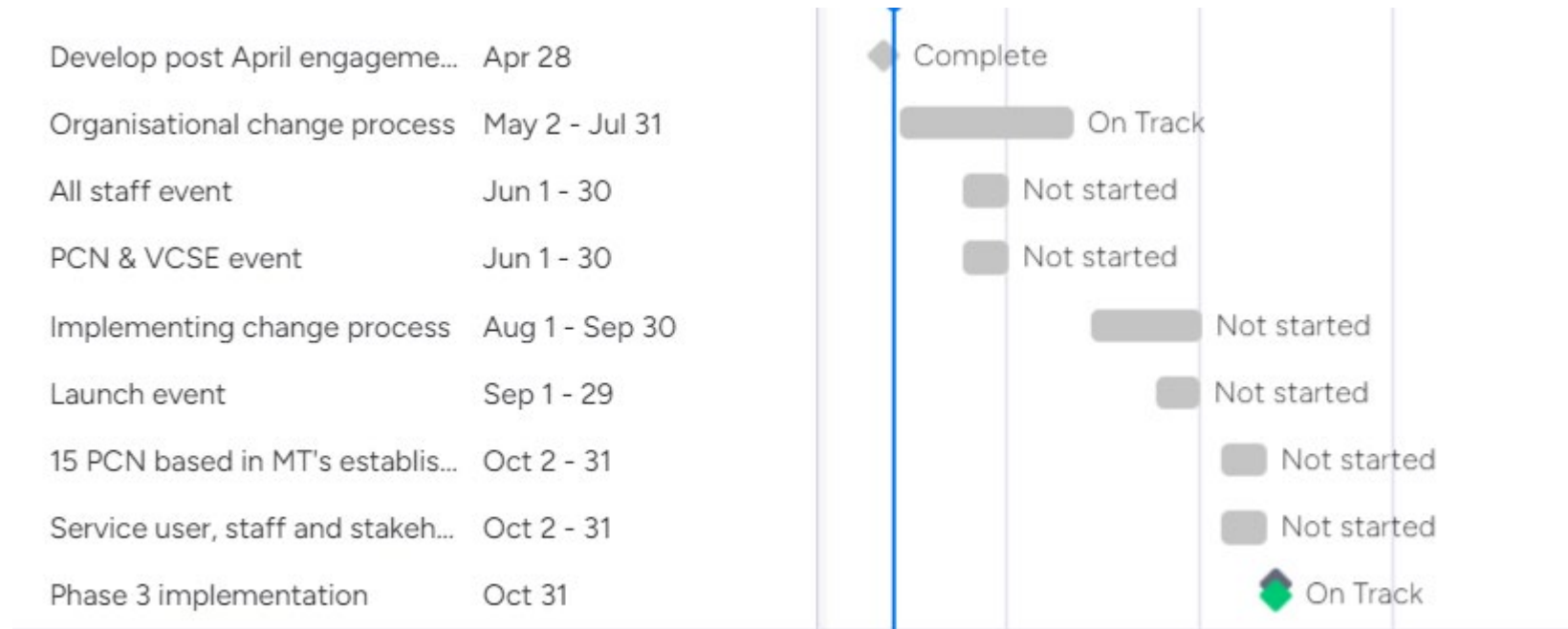
Community Facilities Programme



Community Mental Health Project



Primary and Community Mental Health Transformation



Learning Disabilities Programme

