Board of Directors

SUMMARY REPORT	**Meeting Date:** 26 July 2023
	Agenda Item: 12

Report Title:	**Transformation Portfolio Report**	
Author(s)	Zoe Sibeko, Head of Programme Management Office	
Accountable Director:	Neil Robertson, Director of Operations and Transformation	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Finance and Performance Committee
	Date:	13 July 2023
Key Points recommendations to or previously agreed at:	1. The Transformation Report is received bimonthly. Committee recommended that more time is allotted in the Board of Directors meeting to provide a holistic view of the projects and allow for greater discussion and understanding. 2. Committee confirmed that the Electronic Patient Record paper requested by the Board of Directors is to be presented at the August meeting, prior to onward submission to Board. 3. Committee noted the risk to the successful delivery of the Cost Improvement Plan due to increased expenditure within the EPR project and the timescales associated with the Maple Ward improvements. 4. Changes to Executive responsibilities were confirmed; in August Neil Robertson becomes Chair of the Transformation Board and Phillip Easthope becomes Chair of the Cost Improvement Programme Board.	

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 29 June 2023. The key areas of risk pertain to budgets, in particular capital expenditure.

Therapeutic Environment Programme Board – The overall rating is amber, with budget as the only criteria rated red, due to risks about capital expenditure.

New Hospital Development

- It has been confirmed that the bid to the New Hospitals Fund has been unsuccessful. To help to address this, feedback from other Trusts is being gathered regarding the how to, and the success of, partnering with developers for a potential joint venture.

- 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.

These capital constraints are being discussed with SY ICB.

- The older adult's development is currently being scoped for the 2024/25 capital plan, using existing estate.

- A critical next step is finalising the inpatient care clinical model, which will be present to Quality Assurance Committee in September 2023.

- A review about next steps for inpatient estates is scheduled for confidential board in July 2023

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

- The Stanage Ward project is on track for completion in September 2023, as per the revised plan and a business case for the required works in the Stanage Ward garden was approved by Business Planning Group (BPG) in June 2023.

- There has been a further delay in the Health Based Place of Safety work; the expected completion date has slipped from September to November 2023. This has an impact on the delivery of the Maple Ward improvements. We are working with contractors to identify ways we can bring the slippage date forward.

- The Maple Ward Outline Business Case was supported by Finance and Performance Committee (FPC) allowing the design phase to commence. This was supported by a QEIA which was approved by the QEIA Panel, with the requirement to provide further information regarding the governance processes relating to the decision-making about the gender of patients who would be impacted by moving to single gender ward during the refurbishment period.

- The draft of the inpatient clinical model, which is critical to informing the next stage of the Maple development was part of the outline business case. We are planning for the final clinical model to be presented at Quality Assurance Committee in September 2023. The full business case will be presented to Finance and Performance Committee and the Board of Directors in October/November 2023.

- The completion of the Maple Ward works is a 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. It is estimated that the Maple Ward will be complete by June 2024, and out of area patients will be repatriated from this point. However, the current CIP plan for 2024/25 has savings being realised from April 2024, and therefore the saving targets is now identified as a high risk.

Electronic Patient Record Project Board – reported an overall red rating due to project delays.

- A QEIA was presented to panel to understand the impact of the delay. Further work is required to ensure that the risks posed by the impact of the continued use of Insight can be effectively assessed. The QEIA is to return to Panel in July.

- The board recognised the progress the team are making in delivery, though the board did not feel sufficiently assured about the detail of the revised implementation plan to be able to approve the proposed launch dates of 31st October and 11th December and further work was requested. The EPR board are committed to going live safely as soon as possible and actively working towards the provisional go live date in October and December. A decision is to be made regarding the revised plan by the Project Board on 20th July.

- It is estimated that the financial impact of the delayed go live is circa £250,000 per month. Definitive costs are to be established by finance colleague's the week commencing 26th June. Contract extensions will be required for Apira (implementation partner,) Access Group (system supplier) and staff seconded into supporting roles and specialist contract staff.

- There is a dependency between developing the Patient Related Outcome Measures and the associated Personalised Care and Support Plan which will require development of Rio. Without

these in place by March 2024, there is a risk that SHSC will not achieve specified national standards for community mental health teams.

Community Facilities Programme Board – reported an overall amber project rating with a red rating relating to risk.

- The Programme has been reviewed and reset. It is proposed that the Sheffield Eating Disorder Service and the Specialist Psychology Service currently located in the St George's building and the Assertive Outreach Team and Sheffield Community Forensic Team from Distington House and Homeless Assessment and Support Team (HAST) will relocate to the Fitzwilliam Centre and Sydney Street properties. This a priority project for SHSC and all efforts have been put in place to complete the project by Autumn 2023. The Quality and Equality Impact Assessment (QEIA) was approved by Panel. The business case has been endorsed in principle by Business Planning Group, however progression to complete the work will be predicated by the review of the 23/24 Capital Plan.

- The current SHSC Estate Strategy (2021-2026) identified that community facilities will be funded through revenue rather than large capital projects. However, the programme has since reviewed this and confirmed that this is not a financially sustainable approach due to the need to capitalise lease costs and incur additional capital costs to make a lease building fit for our services.

Leaving Fulwood Project Board – reported a green rating.

- The planning application is progressing, and confirmation of planning permission is excepted within the anticipated 12 - 13 week window. The initial capital receipt is expected within Q3 or Q4.

- There is a risk that if planning permission is not granted then there will be a significant shortfall for the 2023/24 Capital Plan (adversely impacting the Maple ward project) resulting in further slippage of the 2024/25 out of area CIP.

- Work is underway to identify the costs and savings expected as specified in the Leaving Fulwood New HQ business case. This will be fed into the Cost Improvement Programme Efficiency Delivery Group, as there may be an impact on anticipated savings.

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

- The project plan has been revised. Staff will move to new teams as planned in September 2023, these will match the Primary Care Network geography, and service users will be assigned to these teams, however the full change will not be realised until January 2024.

- The CMHT Project Board approved the revised timescales with the proviso that a robust plan is presented detailing the support people currently on waiting lists will receive between now and January 2024. This refers to people who have been assigned to a team, and are receiving interventions, but have not been allocated a named worker.

- No key risks reported.

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

- The clinical model has been approved by the PCMH Programme Board and reviewed by Quality Assurance Committee and the associated Quality and Equality impact assessment (QEIA) has been approved by Panel. The clinical model will be submitted to the Board of Directors in July, if approved,

- the organisational change process will commence.

- 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. The remaining services within SPA and EWS are to form part of the multidisciplinary teams and therefore are in scope of the PCMHT programme. Work is ongoing to determine how the workforce will be appropriately identified.

- No key risks reported.

Learning Disabilities Programme Board – reported an overall green rating.

- It has been confirmed by the Health Scrutiny Committee that there is no requirement to hold a public consultation and the proposed enhanced community offer should be progressed. (As opposed to an enhanced community offer with inpatient provision.)

- The outputs from the project are being taken through the appropriate governance processes. These are:

- 3rd July 2023 – Quality and Equality Impact Assessment of clinical model presented to Panel

- 4th July 2023 – Joint Consultative Forum to commence engagement on the proposed changes

- 4th July 2023 – Outline Business case presented to Business Planning Group (BPG)

- 13th July 2023 – Outline Business case presented to FPC

- August 2023 – Full business case presented to BPG and FPC

- September 2023 – Joint Consultative Form to present Case for Change

- September 2023 – Full day panel review with the NHS Clinical Senate

The Project Leads will present to the Senate, consisting of representatives from across Yorkshire and Humber, the approach that is being taken. It is critical that this external scrutiny is provided and that we demonstrate that we have responded to feedback,. The pre meet took place on 30th June with a presentation to the panel which received very positive feedback.

- No key risks reported.

Financial Risk

Several projects have interdependencies in relation to impact on current capital and delivery of out of area CIP.

Increased expenditure within both the EPR project and the Therapeutic Environments Programme is causing pressure within the 23/24 Capital Plan which will result in a need to review the remaining commitments within the current plan. To support the review and subsequent recommendations to Finance and Performance Committee and the Board of Directors, QEIA leads, and project SRO's will jointly review commitments and priorities for the rest of this year and recommend changes accordingly. Disposal of Fulwood and realising capital receipt could impact on capital plans, in particular the Maple development.

Progress

All projects are on track with the exception of:
- EPR project, which is currently focused on replanning.
- Community Facilities Programme, which is being reset in terms of what is achievable from a financial perspective, and will be planned accordingly.

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 Board of Directors 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 Board Health Card June 2023

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

CIP Programme										Overall
Out of Area Project										Amber
Agency Reduction Project										Green
Efficiency: Fulwood Disposal										Amber
Efficiency: New HQ										Amber

TRANSFORMATION BOARD FINANCIAL DASHBOARD SUMMARY:

M2 May

Programme	Sub-schemes	Capital YTD	Capital Forecast	Revenue YTD	Revenue Forecast
Leaving Fulwood	Demolition costs - Fulwood	Green	Green	N/A	N/A
Community Mental Health Transformation Programme	Business case is in development.	N/A	N/A	TBC	TBC
Primary & Community Mental Health Programme	Business case is in development.	N/A	N/A	TBC	TBC
Therapeutic Environments Programme	New adult acute inpatient & older adults developments	Red	Red	N/A	N/A
	Ligature anchor point removal project - phase 3 Stanage	Red	Red	N/A	N/A
	Ligature anchor point removal project - phase 3 Maple	Red	Red	N/A	N/A
	Ligature anchor point removal project - phase 3 Dovedale	Amber	Amber	N/A	N/A
	Project team	N/A	N/A	Green	Green
EPR		Amber	Red	Amber	Red
Learning Disability Programme	Business Case due to go to BPG for approval 4/7/23. No capital costs anticipated and Phase 1 revenue costs are expected to be contained within existing resources.	N/A	N/A	TBC	TBC
Clinical & Social Care Strategy	No capital budgets linked to this workstream. Revenue budget for Experts by Experience to be determined.	N/A	N/A	TBC	TBC
Community Facilities Programme	No revenue or capital budgets to be monitored for this workstream.	N/A	N/A	N/A	N/A

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

TRANSFORMATION BOARD FINANCIAL DASHBOARD: **M2 May**

Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	23/24 Plan	23/24 forecast	Forecast underspend/ (overspend)	Finance lead	OVERALL RAG rating	Comments
				CAPITAL (£'000)						
Leaving Fulwood	Demolition costs - Fulwood	-	-	-	1,220	1,220	-	Dave Spooner		The demonition tender has been prepared. No financial concerns at this present time.
Therapeutic Environments Programme	New adult acute inpatient & older adults developments	-	-	-	-	-	-	Dave Spooner		Official confirmation received that our bid from September 2021 for new hospital programme funding has not been successful. The programme will continue with next steps to develop a way to fund this project
	Ligature anchor point removal project - phase 3 Stanage	500	7	493	2,799	2,625	174	Dave Spooner		Funding in the plan included budgets for the continuation of the LAP 3 works on Stanage and Dovedale and the start of works on Maple. Forecasts for Stanage exceed the original plan and are utilising the contingency set of £466k (included in the plan value reported here).
	Ligature anchor point removal project - phase 3 Maple	-	-		1,800	1,800		Dave Spooner		Maple estimated costs at £5.3m are significantly in excess of the £3.6m planned over 23/24 & 24/25. The forecast currently includes £1.8m for Maple and this will be revised as the situation becomes clearer. Work is ongoing to understand what is possible within the constraints of the capital programme and to develop a timeline. BPG is aware of the risk and is the likely need to re-prioritise the Capital Plan.
	Ligature anchor point removal project - phase 3 Dovedale	-	-	-	30	30	-	Dave Spooner		A minimal amount of spend is planned for 23/24 with £3.6m planned for 24/25. This may be reprofiled as a result of the issues with Maple and will be kept under review. Increased costs of other projects raise concerns on the affordability of the project in 24/25.
	Health based place of safety (HBPoS)	500	34	466	1,740	1,236	504	Dave Spooner		The underspend YTD and forecast has occurred as we recognised more progress and spend at year-end than anticipated when the plan was set. This underspend is being used to offset overspends elsewhere in the programme.
EPR		500	130	370	2,450	2,450	-	Dave Spooner		UTF funding confirmed of £2.25m. Additional £0.2m contingency included in the plan for slippage. However, programme slippage is significantly greater than anticipated. Work is ongoing to understand the impact of this but cannot be fully costed until go live dates are confirmed. Early indications are that costs are likely to be in the region of £1m split across capital and revenue. The forecast value will be updated for M3 reporting when the situation is clearer. YTD costs will increase in M3 following a detailed review as capital costs are currently sitting with the revenue position.

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 plan

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TRANSFORMATION BOARD FINANCIAL DASHBOARD:　　　**M2 May**

REVENUE (£'000)										
Programme	*Sub-schemes*	*YTD Plan*	*YTD Actual*	*Underspend/ (overspend)*	*23/24 Plan*	*23/24 forecast*	*Underspend/ (overspend)*	*Finance lead*	*RAG rating*	*Comments*
Community Mental Health Transformation Programme	TBC			-			-	Kaitlin Plant		The business case is under development and monitoring will be included in this report when it has been approved. The SYICB has confirmed MHIS funding with a part year effect in 23/24 and full year effect in 24/25.
Primary & Community Mental Health Programme	TBC			-			-	Nicola Hume		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		39	23	*16*	234	234	-	Jill Savoury		Pay and non-pay revenue costs for the project team within existing operational service budgets.
EPR		167	143	*24*	1,004	1,004	-	Lydia Sedor		The annual budget was set taking account of the original business case and changes to the implementation plan. Some contingency was included. However, programme slippage is significantly greater than anticipated. Work is ongoing to understand the impact of this but cannot be fully costed until go live dates are confirmed. Early indications are that costs are likely to be in the region of £1m split across capital and revenue. The forecast value will be updated for M3 reporting when the situation is clearer.

YTD costs will reduce in M3 following a detailed review as capital costs are currently sitting with the revenue position. |
| Learning Disability Programme | | | | - | | | - | Paul Isingoma | N/A | Finance support provided to cost the Clinical Model development. The Business Case is due to be presented to BPG On July 4th. The monitoring will be reflected in this report when the business case has been approved. Phase 1 is expected to be managed with existing funding. |
| Clinical & Social Care Strategy | Experts by Experience | 0 | 0 | - | 0 | 0 | - | Nicola Hume | N/A | Revenue costs within existing operational service budgets in the most part. However, Experts By Experience budget required for a minimal amount (circa £15k). To be reviewed and expected to be set up in M3. |

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

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APPENDIX 3 - RAG criteria revised January 2023

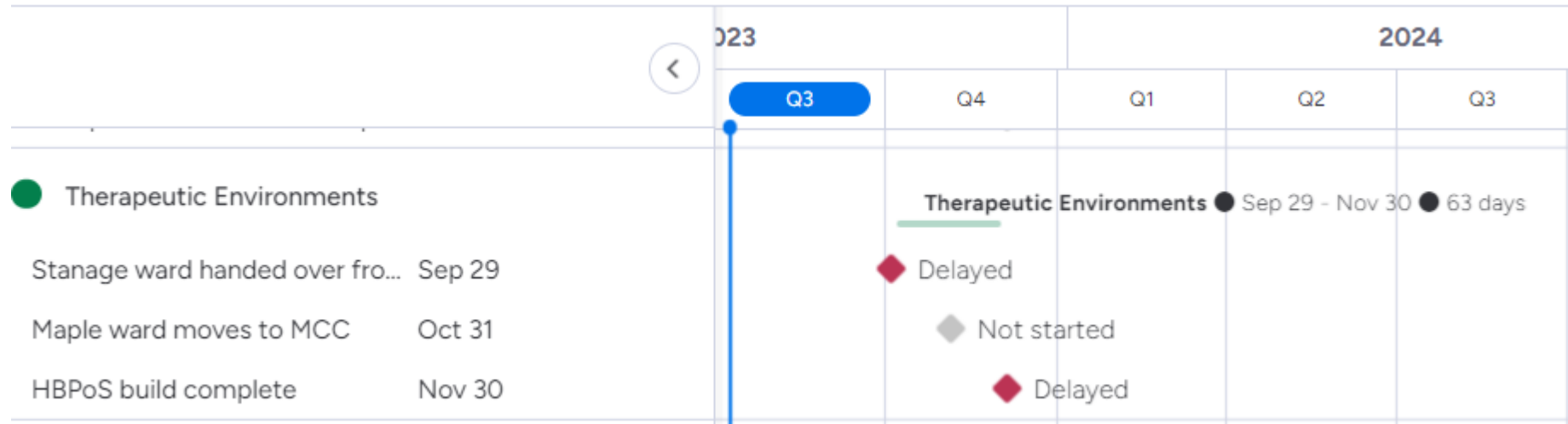| RAG Dimension	Red	Amber	Green
Progress	Timelines are not clear Original programme completion date unachievable unless there is intervention (funding, resources, etc.) Workstreams not performing based on criteria below	Timelines are somewhat clear Tasks/deliverables slipping against planned date but not expected to impact the overall planned programme completion date. Plans in place to mitigate the above. Minority of workstreams performing based on criteria below	Timelines are clear On track to deliver to milestones Majority of workstreams performing based on criteria below
Scope	Requirements are unclear Significant uncertainty in scope and deliverables Programme not expected to deliver fundamental elements of the scope	Requirements are somewhat clear Only key deliverables are identified Scope is still moving / lacking clarity Significant change requests not yet approved Programme will not deliver all items in scope but items not being delivered are not fundamental Plans in place to address the above	Requirements are clear All deliverables are identified It is clear what is in and out of scope Formal change request process is in place Programme is expected to deliver all items in scope
Budget	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 capital or revenue plan	Under or overspent for 1-2 months with no recovery plan, or recovery plan in place but cost pressures remain	On track

RAG Dimension	Red	Amber	Green
Resources	Programme team not in place Unclear roles and responsibilities Team underperforming in balancing competing demands 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	Team partially performing in managing competing demands and delivering programme priorities but at the risk of their own health and wellbeing. 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 Plans in place to address these	Programme team in place Clear roles and responsibilities Team delivering programme priorities and managing competing demands 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.
Risks	The programme has ageing risks with no evidence of action being taken. Next review dates are in the past. Risks do not have mitigation in place or mitigation is proving ineffective. The impact of the risks on Benefits realisation is not understood. Risk owners not identified	Risks are being managed but confidence is low that mitigation will have the required impact. Mitigations may need to change or risks may require escalation. The impact of the risk on Benefits realisation is not understood or is incomplete. Risk owners partially identified	The programmes risk register is up to date with no ageing risks. Risks have mitigation in place. Assurance is provided that the risk is being managed well Mitigations are proving effective. The impact of the risk on Benefits realisation is understood, articulated and mitigations are appropriate. Each risk has a risk owner identified
Issues	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.	Issues are being managed but confidence is low that the actions taken will bring appropriate resolution Issues may require escalation.	Issues have owners and actions. Assurance is provided that the issues are being managed well.

RAG Dimension	Red	Amber	Green
Stakeholder engagement	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	Key stakeholders have been identified but some are not engaged. Service users are partially involved	Key stakeholders have been identified and are being kept informed Key stakeholders are engaged with the programme Service users are appropriately involved
Service User Engagement and coproduction	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	Some service users identified and means for engagement and coproduction partially understood Budget for payment (if required) partially agreed and process partially working	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
Benefits	There is no plan in place for benefits realisation. Benefits have not been identified and quantified Benefits measures have not been identified. There is no way to measure benefits.	The Benefits realisation plan is being developed. Benefits have been partially identified and quantified Benefits measures have been identified but baselines have not been taken. Benefits may fall short of estimates or be delivered later than expected.	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 realisation Programme will deliver to expected benefits Benefits anticipated to be achieved

RAG Dimension	Red	Amber	Green
			when planned.

Appendix 4 – Progress against milestones

Therapeutic Environments

		2023	2024			
		Q3	Q4	Q1	Q2	Q3

● Therapeutic Environments — Therapeutic Environments ● Sep 29 - Nov 30 ● 63 days

Stanage ward handed over fro…	Sep 29	◆ Delayed
Maple ward moves to MCC	Oct 31	◆ Not started
HBPoS build complete	Nov 30	◆ Delayed

Leaving Fulwood

		2023			2024		
		Q3	Q4	Q1	Q2	Q3	

Leaving Fulwood ● Sep 29 - Nov 30 ● 63 days

● Leaving Fulwood

Espresso planning permission ... Sep 29 ◆ Delayed

Dispose of furniture and IT eq... Oct 31 ◆ Delayed

1st payment 6 weeks after co... Nov 30 ◆ Not started

Complete disconnection of p... Nov 30 ◆ Not started

Community Mental Health Project

		2023		2024			
		Q3	Q4	Q1	Q2	Q3	Q4

Community Mental Health Transformation ● May 31, '23 - Jul 31, '24 ● 428 days

● Community Mental Health Transformation		
Formal change consultation p...	May 31	omplete
Phase 1 commences	Jul 3	◆ On Track
1-2-1 consultation period ends	Jul 31	◆ On Track
Approval of clinical and staffin...	Aug 31	◆ On Track
Information presented at Boar...	Aug 31	◆ On Track
Business case to BPG	Sep 19	◆ On Track
Phase 1 complete	Sep 29	◆ On Track
Phase 2 deployment	Oct 16, '23 - Jan 31, '24	On Track
3 month review	Apr 30, '24	◆ On Track
6 month review and closure	Jul 31, '24	◆ On Track

Primary and Community Mental Health Transformation

		2023		2024		
		Q3	Q4	Q1	Q2	Q3

🔴 Primary and Community Mental Health		**Primary and Community Mental Health** ● Jun 1, '23 - Jan 31, '24 ● 245 days
Completion of the objectives ...	Jun 1 - 30	On Track
Identify SPA / EWS / PCN sta...	Jul 5 - 31	On Track
Launch of new model	Jul 31	On Track
Development of Trusted Asse...	Aug 1 - 31	On Track
Staff consultation	Sep 1 - Nov 30	On Track
Roll out personalised care and...	Sep 1 - 29	On Track
Development of training matrix	Sep 1 - 29	On Track
Staff deployment	Nov 1, '23 - Jan 31, '24	On Track

Learning Disabilities Programme

	2023		2024		
	Q3	Q4	Q1	Q2	Q3

Learning Disability Programme ● May 12 – Sep 29 ● 141 days

Learning Disability Programme		
Decision on need for public c...	May 12	plete
NHS South Yorkshire ICB deci...	Jun 30	Complete
QEIA of clinical model	Jul 3	Complete
JCF - start engagement	Jul 4	Complete
Outline business case to BPG	Jul 4	Complete
Staffing model approved	Jul 5 - Aug 1	On Track
Full Business Case provided t...	Jul 5 - Aug 31	On Track
Outline business case to FPC	Jul 13	On Track
Information to Board of Direct...	Jul 26	On Track
Full data panel review with N...	Sep 29	On Track