Board of Directors - Public

SUMMARY REPORT	**Meeting Date:** 22 November 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: 09 November 2023
Key Points recommendations to or previously agreed at:	The committee received the report and progress was acknowledged in relation to community mental health and learning disability transformation. The committee also received an update about the work we are undertaking to build relationships with the primary care networks in Sheffield. Separate updates were provided in relation to Maple Ward improvement programme and the progress of RiO GoLive.

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 26 October 2023

Electronic Patient Record Project

The project is reporting **an overall Amber rating.** This is because the portfolio board met the week of tranche 1 go live and the forecast was based on information received before go live. The forecast is to be green in November.

After an incredible amount of work by all involved to support training, data migration, smart card deployment and user acceptance testing; the EPR launched in Older Adult services on 30 October 2023.

Risks remain in relation to the budget as the current capital plan assumes an overspend of c£600k, but this may rise to c£800k and would necessitate further re-profiling of the capital plan should that emerge. This is exacerbated by a bid to secure further funding being unsuccessful.

Therapeutic Environments Programme

The programme reported **an overall Red rating.**

<u>Maple Ward Improvements</u>

SHSC have taken the difficult decision to the delay closure of Maple ward until the EPR system has been deployed on the grounds of patient safety. As the EPR is needed to deliver patient care safely and we could not be assured that a ward move could be conducted safely until the system had been deployed.

Confirmation is required as to when digital colleagues can be released from the EPR project to support the

work. However, ward decants will commence in at the latest on the 9th January 2024, however, we are exploring other options to start the move programme in December 2024. This decision will be formally recognised at the November Programme Board.

The Full Business Case is planned to be received by the Board of Directors in December and the Design Team have recommended that formal tender route is followed, which could impact on the finalisation of the business case. Overall progress of the Maple programme is being presented at Confidential Board in November.

Design activity continues with service users being engaged in the process.

Ligature Anchor Point Removal Phase 3 – Stanage Ward

The Programme Board agreed to the ward handover date from the contractors to SHSC being moved to 7th November 2023 and moving to the ward will be after the implementation of tranche two of EPR as discussed with the Board.

Health Based Place of Safety

1–2-week delay in completion of the project and expected planned handover date of 23 November 2023. The opening of the new suite has not been agreed by the Programme Board yet. A decision will be made following recommendation from the programme delivery group being received at the December TEP Board.

New adult inpatient and older adults' developments

No significant progress has been reported since September's report to Finance and Performance Committee. A paper is to be submitted to the Executive Management Team to consider whether it is appropriate to descope this from the programme and stand up a separate project, thereby the programme would focus on improving the existing estate.

Community Facilities Programme

The programme reported an **overall Amber rating.**

The process for ending this programme has begun and will include a review of its effectiveness.

Talking Therapies accommodation enquiries continue, and sites are being explored.

Mobilisation is progressing for Sidney St & Fitzwilliam Street, but cost pressures are emerging, and we will be phasing in additional work after the occupation of the cite, which is December 2023.

It was observed by the Transformation Board that the Estates Strategy will require a refresh to enable closer alignment with the capital plan. This will be taken forward by the incoming Director of Strategy.

Community Mental Health Transformation Project

The programme reported **an overall Amber rating;** however, it is expected to be reported as green in November:

- Consultation with the Recovery Teams formally closed on 31st October. This is a significant achievement.

- All preparation work relating to the changes within Recovery has completed and mobilisation of the new model and transfer of service users commenced in October.

- Work continues to develop the Urgent and Crisis Service. The clinical model was endorsed by the Project Board to be progressed through the appropriate governance for approval. The Case for Change was endorsed by JCF during September and staff consultation has commenced.

- A risk has been raised within both the CMHT and PCMHT programmes pertaining to the timescales for the SPA / EWS split across PCMHT and CMHT models not being finalised therefore if the PCMHT / EWS integration launches before the new Urgent and Crisis Service is established the current SPA service will be left in a vulnerable position. To mitigate against this an outline plan has

been developed with PCMHT and a full implementation plan is being developed.

- The above risk is exacerbated by a shortage of clinical leadership to support the transition which may pose and financial and clinical risk in the short term.

Primary and Community Mental Health Transformation Programme

The Programme reported **an overall Amber rating**.

Good progress is being made however risks have been raised pertaining to the following:

Waiting lists (Primary Care, SPA, EWS)

Significant and rapid progress has been made on this risk. A productive and constructive meeting took place which brought partners together in a real spirit of collaboration. Several key actions were identified, and as a result, confidence in the mitigations is increasing.

Increasing number of patients being 'bounced back' to Primary Care

Several GP Practices have reported increases in the number of referrals into parts of the current secondary care mental health system which are not accepted and signposted back to Primary Care. This is creating considerable tension with Primary Care colleagues. SHSC Medical Director and leaders at Primary Care Sheffield working together to explore opportunities to resolve these concerns.

A risk is emerging as there is one practice who have elected not to use any of their Additional Roles Reimbursement Scheme money for mental health practitioners. The impact of this may be that there will be insufficient capacity to meet demand in a deprived area of the city. An update mitigation to be applied will be provided to Transformation Board in November when further information is known.

Learning Disabilities Programme

The programme reported **an overall Green rating.**

Formal feedback from the Clinical Senate was received on the day of the Transformation Board meeting and therefore it had not been fully considered. It contains nine caveats and ten recommendations. Advice has been received that the caveats and recommendations need not delay the work, nor alter our approach, but we must demonstrate that we have understood, recognised, and responded to it.

Leaving Fulwood Project

The project reported **an overall Green status** based on the programme management document presented at portfolio board**.** However, Transformation Board agreed this was not reflective of the situation at the time of the meeting due to the impact on the capital plan and the intelligence through engagement with the developer. Based on additional information received on the day of Board, the project is currently rated as **Amber**.

The developer has not submitted the revised planning application by the deadline of 20th October and has undertaken to do so by 30th October. In the event this does not happen consideration will need to be given to alternative options.

This raises a key risk to the capital plan if the Fulwood capital receipt is delayed.

While the capital receipt is expected in Q4, there will be little realistic chance of spending it. However, there remains too much risk associated with when the funds will be received to confidently mobilise other schemes.

Therefore, the options are:

1. To negotiate carrying the funds over to 2024/25.

2. Giving it to another partner in the ICB and receiving reciprocal credit later.

3. Negotiate alternative disposal timescales that postpone payment until 2024/25.

The national guidance offers the opportunity to negotiate a carry over, but that would be subject to a cut-off date, which is imminent, and so further work on this option is currently underway.

The impact of the risk on the Maple Ward improvements has been assessed as follows:

There is no delay to the amount of time service users will remain on the current Maple Ward because of the delay to the capital receipt. The date of closure of the ward is being determined in relation to the completion of the EPR project work.

However, the ability to start the work on Maple Ward is contingent on the capital receipt and if delayed, then completion, and our ability to deliver savings within the Cost Improvement Programme through the repatriation of out of area beds, will also be delayed.

Summary of Risks

The key risks currently being mitigated are:

1. The impact on the capital plan, Maple Ward Improvements, and the Cost Improvement Programme due to the potential delay of the capital receipt from the sale of Fulwood House

2. Timescales pertaining to implementation of the new Urgent and Crisis service being at risk of non-alignment with the PCMHT programme leaving the existing SPA service vulnerable.

3. The size of the waiting lists for services which will be reconfigured into Primary Care Networks within the PCMHT programme.

Appendices attached:

Appendix 1 Transformation health card

Appendix 2 Finance health card

Appendix 3 RAG criteria

Appendix 4 Progress against milestones

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	**X**

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?			✔		N/A

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 October 23

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

CIP Programme		Overall
	M6 data	
Out of Area Project		Amber
Agency Reduction Project		Green
Efficiency		Red

CIP Key

Green	Plan in place. Positive evidence of past achievements / currently achieving milestones. No risks to milestones identifed.
Amber	Plan in place. Milestones are being achieved, but risks have been identified against delivery.
Red	Indicative figures only available. Outline plan or plan at workstream level in place but slippage to delivery is evident.

TRANSFORMATION BOARD FINANCIAL DASHBOARD SUMMARY: **M6 September**

Programme	Sub-schemes	Capital YTD	Capital Forecast	Revenue YTD	Revenue Forecast
Leaving Fulwood	Demolition costs - Fulwood. The scheme has been removed from the capital programme.	N/A	N/A	N/A	N/A
Community Mental Health Transformation Programme	Business case going through governance routes	N/A	N/A	TBC	TBC
Primary & Community Mental Health Programme	Business case going through governance routes	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	GREEN	GREEN	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	GREEN	GREEN	N/A	N/A
	Project team	N/A	N/A	GREEN	GREEN
EPR		RED	RED	RED	RED
Learning Disability Programme	Business Case awaiting Trust Board approval. 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	Experts by experience	N/A	N/A	AMBER	AMBER
Community Facilities Programme	Fitzwilliam & Sydney St	N/A	RED	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 and future years capital or revenue plans

TRANSFORMATION BOARD FINANCIAL DASHBOARD: **M6 September**

CAPITAL (£'000)											
Programme	**Sub-schemes**	**Revised YTD Plan**	**YTD Actual**	**Underspend/ (overspend)**	**Revised 23/24 Plan**	**23/24 forecast**	**Forecast underspend/ (overspend)**	**Finance lead**	**OVERALL RAG rating**	**Previous month RAG**	**Comments**
Leaving Fulwood	Demolition costs - Fulwood	-	-	-	-	-	-	Dave Spooner			The scheme has been removed from the capital programme.
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 consider options for taking this project forward.
	Ligature anchor point removal project - phase 3 Stanage	2,156	1,505	651	2,679	2,679	-	Dave Spooner			The reprioritisation of the capital programme resulted in the budget reducing by £0.1m to £2.679m, reflecting the latest cost projections from the construction company based on work complete to date.
	Ligature anchor point removal project - phase 3 Maple	-	-		1,800	250		Dave Spooner			Designs have been developed for Maple which estimate full life project costs at £8.7m, which is significantly in excess of the £3.6m planned over 23/24 & 24/25. The forecast currently includes £0.25m for the design work on Maple. Work is ongoing to value engineer costs to £8m and the issue is being taken to Executive Management Team for discussion and consideration of a way forward.
	Ligature anchor point removal project - phase 3 Dovedale	30	-	30	30	30	-	Dave Spooner			A minimal amount of spend is planned for 23/24 with £3.6m originally 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)	1,293	739	554	1,512	1,512	-	Dave Spooner			The YTD underspend has occurred due to timing of expenditure. The forecast is breakeven against the revised capital plan following the reprioritisation of the capital programme.
EPR		1,321	1,542	(221)	2,850	3,100	(250)				UTF funding confirmed of £2.25m. The capital plan reprioritisation process allocated a further £0.6m funding to the project. Programme slippage is significantly greater than anticipated and costs are forecast to exceed the additional funding. A funding bid was submitted for national EPR funding but this was unsuccessful. However, SHSC was allocated £121k for other digital purposes that will benefit the overall capital programme,
Community Facilities Programme	Fitzwilliam & Sydney St	-	-	-	250	383	(133)	Dave Spooner		N/A	Project not previously reported in the dashboard. The approved business plan set a budget of £250k but costs are forecast to be significantly in excess of this at M6. This will be monitored closely by the workstream and BPG to take action to recover the budget position.

<u>RAG Rating definitions:</u>
Green – On track
Amber – (i) Under or overspend for 1-2 months with no recovery plan, or (ii) recovery plan in place but cost pressures remain
Red – (i) Under or overspend for over 2 months with no recovery plan and impacts on delivery of capital plan, or (ii) significant affordability concerns for the 23/24 and future years capital plan

Dave Spooner - Capital Accountant   dave.spooner@shsc.nhs.uk
Carl Twibey - Head of Financial Accounts   carl.twibey@shsc.nhs.uk

TRANSFORMATION BOARD FINANCIAL DASHBOARD: **M6 September**

REVENUE (£'000)										
Programme	Sub-schemes	YTD Plan	YTD Actual	Underspend/ (overspend)	23/24 Plan	23/24 forecast	Underspend/ (overspend)	Finance lead	RAG rating	Previous month RAG	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		120	99	21	241	199	42	Jill Savoury			Pay and non-pay revenue costs for the project team within existing operational service budgets. YTD expenditure trends are forecast to continue for the remainder of the year.
EPR		504	730	(226)	1,007	1,192	(185)	Lydia Sedor			The annual budget of £1m was set taking account of the original business case and changes to the implementation plan of £1m. The forecast overspend has increased by £0.087m since M5 due to additional training staff costs. YTD costs are proportionally higher than forecast due to non-recurrent smartcard costs incurred in Q1.
Learning Disability Programme				-			-	Paul Isingoma	N/A	N/A	The Business Case has been approved by BPG and FPC. Final decision awaited from Sheffield Place commissioners on the service specification and associated funding implications - expected in November.
Clinical & Social Care Strategy		9	26	(17)	17	43	(26)	Nicola Hume			Staff costs reflected in the workstream in M6 for the clinical & social care strategy programme manager. Work is ongoing to determine whether funding is available within the medical directorate budgets to transfer here or if this is an unfunded cost pressure. Experts By Experience budget set at £17k with minimal costs recognised in the year to date.

Please note that the plan values have increased in M3 (where relevant) by 3.1% for the Agenda For Change pay award.

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 and future years capital or revenue plan

Contacts:
Kaitlin Plant - Finance Business Partner   kaitlin.plant@shsc.nhs.uk
Nicola Hume - Finance Business Partner   nicola.hume@shsc.nhs.uk
Jill Savoury - Head of Finance   jill.savoury@shsc.nhs.uk
Carl Twibey - Head of Financial Accounts   carl.twibey@shsc.nhs.uk
Paul Isingoma - Finance Business Partner   paul.isigoma@shsc.nhs.uk
Dave Spooner - Capital Accountant   dave.spooner@shsc.nhs.uk
Lydia Sedor - Finance Business Partner   lydia.sedor@shsc.nhs.uk

APPENDIX 3 - RAG criteria revised January 2023

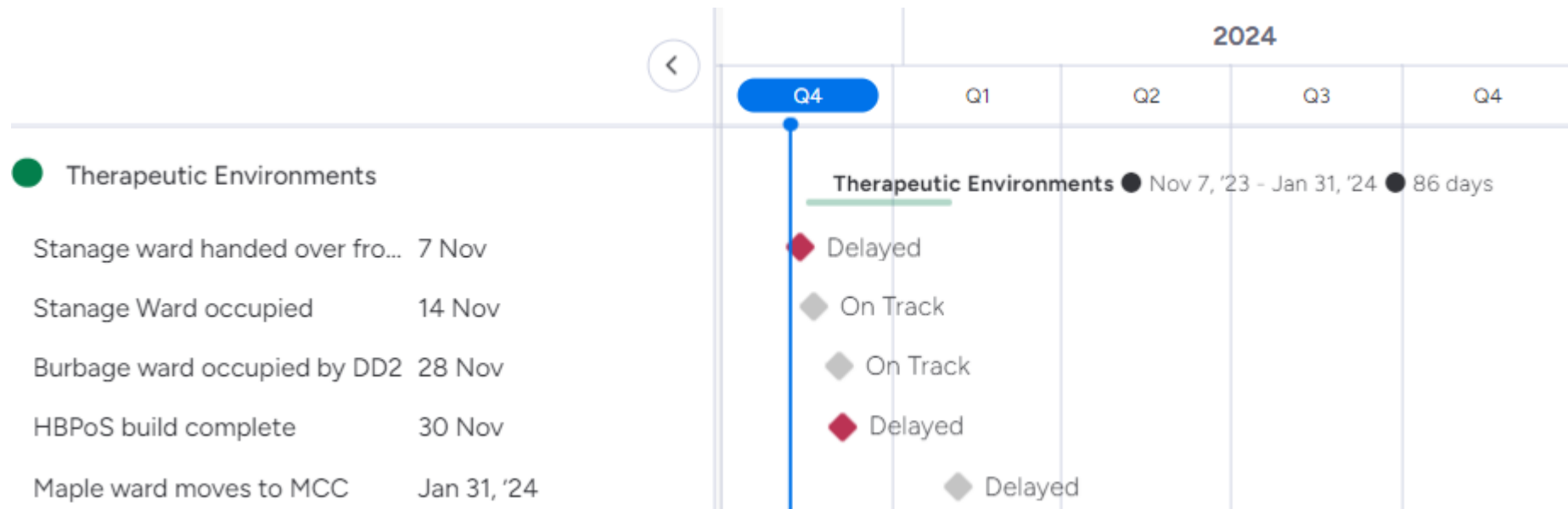| RAG Dimension	Red	Amber	Green
Progress	Timelines are not clear Original programme completion date unachievable unless there is intervention (funding, resources, etc.) Workstreams not performing based on criteria below	Timelines are somewhat clear Tasks/deliverables slipping against planned date but 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, October 2023

Therapeutic Environments

		2024
	Q4	Q1	Q2	Q3	Q4

Therapeutic Environments ● Nov 7, '23 - Jan 31, '24 ● 86 days

Therapeutic Environments		
Stanage ward handed over fro...	7 Nov	◆ Delayed
Stanage Ward occupied	14 Nov	◆ On Track
Burbage ward occupied by DD2	28 Nov	◆ On Track
HBPoS build complete	30 Nov	◆ Delayed
Maple ward moves to MCC	Jan 31, '24	◆ Delayed

Community Mental Health Transformation Project

		2024				
		Q4	Q1	Q2	Q3	Q4
Phase 1 complete	29 Sep	▶ Complete				
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	

Leaving Fulwood Project

		2024				
		Q4	Q1	Q2	Q3	Q4
● Leaving Fulwood		Leaving Fulwood ● Oct 30, '23 - Mar 29, '24 ● 152 days				
Espresso planning permission ...	30 Oct	◆ Delayed				
1st payment 6 weeks after co...	Mar 29, '24	▶		◆ Not started		

Primary and Community Mental Health Transformation

Community Facilities Programme

		2024			
Q4	Q1	Q2	Q3	Q4

Community Facilities Programme ● Nov 14, '22 - Dec 12, '23 ● 394 days

● Community Facilities Programme

Strategic plan for Years 2-4	Nov 14, '22
AOT and CFT moved to Distin...	3 - 28 Apr
Capital Plan confirmed	19 May
Staff consultation	22 Sep - 20 Oct
Design and Procurement proc...	20 Oct
Additional budget considerati...	17 Nov
Site works complete	11 Dec
Commence move to Sydney ...	12 Dec

■ Complete
◆ On Track
◆ On Track
◆ On Track
◆ On Track

EPR

		Q3	Q4	Q1
			)23	

🟠 EPR

EPR ● 7 Aug - 30 Oct ● 85 days

Configuration requirements a...	7 Aug	◆ Complete
Legacy viewer build complete	14 Aug	◆ Complete
Training complete	29 Sep	◆ Complete
Data migration approved	2 Oct	◆ Complete
Testing complete	10 Oct	◆ Complete
Clinical Safety Officer sign off	13 Oct	◆ Complete
Tranche 1 go live	30 Oct	◆ Complete

Tranche 2 Plan to be included in November highlight report