Board of Directors – Public

SUMMARY REPORT	**Meeting Date:** 24 January 2024 **Agenda Item:** 15

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:	11 January 2024
Key Points recommendations to or previously agreed at:	The Committee accepted the report as an update and sought clarification on the Community Facilities Programme, specifically in relation to the scope and approach taken to deliver the Sydney Street and Fitzwilliam Centre project.	

Summary report

The Strategic Transformation programmes and projects reported the following key areas of progress and risk to the Transformation Board on 3 January 2023

Electronic Patient Record Project

The project is reporting **an overall Red rating** which is forecast to remain red.

The project is focused on stabilising the system as launched in Tranche 1 and planning for Tranche 2 and identifying the associated costs.

During system stabilisation, NEWS2 has been implemented into Rio and several access issues have been resolved.

The plan for Tranche 2 and the associated costs will be identified and agreed during January. It has been confirmed that the interface between IAPTUS (Talking Therapies clinical system) and Rio will be complete prior to the deployment of Tranche 2 which is a positive step forward.

Further risk pertains to the requirement to upskill the Digital Team to enable them to develop and maintain the system.

In addition, Board will receive a sperate paper that sets out the details of the stock take reviews that will inform planning of implementation of tranche 2.

Therapeutic Environments Programme

The programme reported **an overall Red rating** however this is forecast to improve to amber.

Ligature Anchor Point Removal Phase 3 – Stanage Ward

Handover from the contractor is complete. However, an issue with water pressure at the Michael Carlisle Centre has led to a delay in commissioning the ward for use. External contractors are working to provide a solution and a proposed timeline has been provided for completion on 16th February. After this date, Burbage Ward can move to Stanage Ward. As improvements have already been made to the Burbage Ward environment, no risk is posed to those staff and service users. However, the delays do mean that Maple Ward cannot decant to Dovedale 2 ward, thereby posing a continued risk to safety as service users will remain for longer in an environment that doesn't meet prescribed safety standards. However, mitigations through managed risk are in place as previously discussed with the Board.

Maple Ward Improvements

The design work is complete and the tender for the works will be published mid-January 2024.

Flourish has been commissioned to complete engagement activities with service users to provide an understanding of their views regarding the relocation of the ward while the improvement work takes place.

Health Based Place of Safety (HBPoS)

The new HBPoS has been handed over from the contractor and will be in operation from 9 January 2024. Further work is required to understand the transition to the new service, this will be completed by 5th. Communications will be issued celebrating the opening and partner organisations have been invited to visit.

No progress on adult inpatient and older adults' developments

Community Facilities Programme

The programme reported an **overall Red rating.**
The programme is on track to close in January 2024. The Programme Board is assured that this is the appropriate course of action taking into consideration that the Sydney Street and Fitzwilliam Centre project has not been completed yet. The Programme Board agreed that the project did not require the resource overhead of the programme remaining in place to ensure its successful delivery.

Good progress has been made in ensuring the enabling work to close down the programme and handover to business as usual is effectively completed: a set of service priorities have been agreed for the community estate, a mechanism to develop and agree the capital plan has been implemented and decisions regarding community estate projects will be made via Business Planning Group and operational plan governance.

An initial review of the objectives and outcomes as specified at the start of the programme has been conducted. At this stage the majority have been met, albeit on a reduced scale to originally planned partly due to funding re-phasing of funding into the next financial year. Some will form part of the closure work. The programme performance and lessons learned will be captured within the closure report and received by the Executive Management Team in March.

In relation to the remaining project; the project to modify Sydney St and the Fitzwilliam Centre to enable teams to move into the buildings is a priority within the Capital Plan. The plan is currently being reviewed prior to finalisation for 24/25.

A phased approach will be taken with minor works planned to take place at Sydney Street to enable the Assertive Outreach Team, Sheffield Community Forensic Team and Homeless Assessment and Support Team to be relocated in March.

Post April 2024, it is planned that the teams currently based at St Georges will move into the Fitzwilliam Centre.

Community Mental Health Transformation Project

The programme reported **an overall Amber rating** and is forecast to remain so.

Risks have been raised pertaining to the EWS element of the project:

The consultation may have to be reviewed as the changes being proposed are more significant than initially thought. This is being progressed with Staff Side and the People Directorate

The proposed staffing split in Single Point of Access and the Emotional Wellbeing services (SPA and EWS) in terms of roles which move into the Primary Care Networks and which remain in the SHSC Urgent and Crisis service may result in not enough staff being in post to deliver the Urgent and Crisis service. The clinical model for the service has been approved, however, a business case has been drafted which requests further posts. A staffing model has been requested to provide assurance we have the staff in place to run a 24/7 crisis service.

In addition, there is a risk that progress may slow due to project leads leaving the organisation in December. Handovers have taken place to the new project manager, however, there may be an impact from the loss of knowledge and experience within the project during January.

Primary and Community Mental Health Transformation Programme

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

Good progress is being made and it was noted that agreement has been made to recruit to the Mental Health Wellbeing Practitioner role, therefore all 15 Primary Care Networks (PCN's) will have this role in place by October 2024. However, risks have been raised pertaining to the following:

Waiting lists (Primary Care, SPA, EWS)

Progress has been made in reducing the waiting list however there remains a risk posed to the success of the transformation. A Task and Finish group lead by the SHSC Senior Head of Service has been stood up to monitor progress and resolve issues.

Estates

A meeting took place with representatives from Sheffield City Council regarding potential locations for teams. The programme team are awaiting a response from SCC which will hopefully provide available options.

Stakeholder engagement

Over the past couple of months, we have been supporting primary care with the feedback they have provided about the transformation. This is about aligning different priorities of providers, for example, the primary care access standard. To mitigate this a weekly huddle has been established with Director's meeting to consider communications, strategy, and progress. An operational meeting will be stood up which will feed into the Directors huddle to ensure there is close oversight of delivery and responsiveness to any issues which may rise. However, there is a risk that focus is being placed on responding to Primary Care concerns to the potential exclusion of ones raised by others within the transformation.

Transfer of Service Users

To support the transition of service users from the Emotional Wellbeing Service (EWS) into the integrated Primary & Community Mental Health offer a series of actions are being undertaken ahead of the anticipated April 2024 go live date of new models:

- Waiting list initiatives are being undertaken to reduce existing EWS waiting lists (initial assessment, follow up and medics). This includes wider collaboration with Voluntary, Community and Social Enterprise (VCSE) partners, early sharing of partnership resources to support a whole system response to waiting times within available resources. (This is monitored on a weekly basis).
- Consultation on the future integration specialist psychiatry support offer to GPs to enable faster

access to support and to avert unnecessary referrals into the future system. (Current out for final consultation with primary and secondary care colleagues)
- Protocol is being developed with existing SPA/EWS team and future Primary and Community Mental Health (PCMH) team to merge future waiting lists, ensure the transfer of care where required and to agree handover dates for the logging of new referrals.
- Update of SHSC/Primary Care Sheffield (PCS) Data Sharing Agreements to support transfer of patient care and to facilitate future collaborative patient care discussions (agreements now at final sign off stage)

Learning Disabilities Programme

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

The final report from the NHS Clinical Senate regarding the proposed clinical model was received in November 2023. It contained 19 recommendations and a summary of these were presented to the LD Programme Board and EMT. In terms of a response to the Senate, the only requirement was to confirm that the recommendations are factually correct, and this has been completed. There were no significant areas of change requested or any that result in modifications to the model will be delivered via contract and commissioning processes with Sheffield Place. A response will be sent to the Clinical Senate confirming completion of the recommendations at the end of January 2024.

The clinical model for the enhanced community service will be implemented between April – July 2024. Plans are being worked up to support recruitment to key roles due to their specialist nature. In addition, consideration is being given to how a requirement to admit a person with lived experience of Autism or neuro diversity or person with a learning disability on to an inpatient ward will be met. This is being taken forward at a system level.

Leaving Fulwood Project

The project reported **an overall Red status.**

Finance and Performance Committee approved the recommendation not to terminate the contract with the purchaser. The next steps are to negotiate a new contract including when the financial receipt will be received in 24/25. A timeline is not in place for this and therefore the progress is rated as red.

The other areas rated red are budget and benefits. The project does not have a budget, but revenue costs are being incurred for example, security guards have been employed full time at the site. Associated with this is that savings which were stated in the business case have not been realised in 23/24. This has an impact on the success of the Cost Improvement Programme.

Summary of Risks

The key risks currently being mitigated are:

1. The impact of the stabilisation work required for Rio resulting in a delay to the launch of Tranche 2 leaving existing patient safety risks unmet due to the continued use of Insight and unquantified cost pressures on the capital plan. This is exacerbated by the need to upskill the Digital Team to enable Rio to be supported and developed.

2. The EWS staff consultation is being reviewed which may impact on timescales in both the CMHT and PCMHT programmes.

3. The staffing split of SPA / EWS between the Primary Care Networks (PCN's) and SHSC may result in potential risk if the new Urgent and Crisis service being unable to operate due to a lack of posts. A staffing model has been requested to ensure the clinical model can be delivered.

4. Stakeholder engagement in primary care requires ongoing support. This needs to be balanced with managing relationships across the whole system.

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:				
Effective Use of Resources	*Yes*	✔	*No*	
Deliver Outstanding Care	*Yes*	✔	*No*	
Great Place to Work	*Yes*	✔	*No*	
Ensuring our services are inclusive	*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

Appendix One Transformation Board Health Card December 2023

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

CIP Programme	M8 data	Overall
Out of Area Placements Project		Red
Agency Reduction Project		Amber
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.

Appendix two: TRANSFORMATION BOARD FINANCIAL DASHBOARD 8 November

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			-			-	Olga Lycett			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 to be determined. Revenue costs are currently expected to be within existing operational service budgets.
Therapeutic Environments Programme		160	134	*26*	241	203	*38*	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		672	857	*(185)*	1,007	1,538	*(531)*	Lydia Sedor			This forecast does not take account of the delay to the phase 2 roll out and therefore costs are likely to increase. A revised forecast will be calculated once a go live date is confirmed and the implications of that is understood.
Learning Disability Programme				-			-	Paul Isingoma	N/A	N/A	Approval has been given for phase 1 of the new LD model to be implemented. Budgets will be contained within the existing funding. Future dashboards will include reporting against the budget.
Clinical & Social Care Strategy		11	34	*(23)*	17	55	*(38)*	Nicola Hume			Staff costs reflected in the workstream for the clinical & social care strategy programme manager. Work to be undertaken 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.

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

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

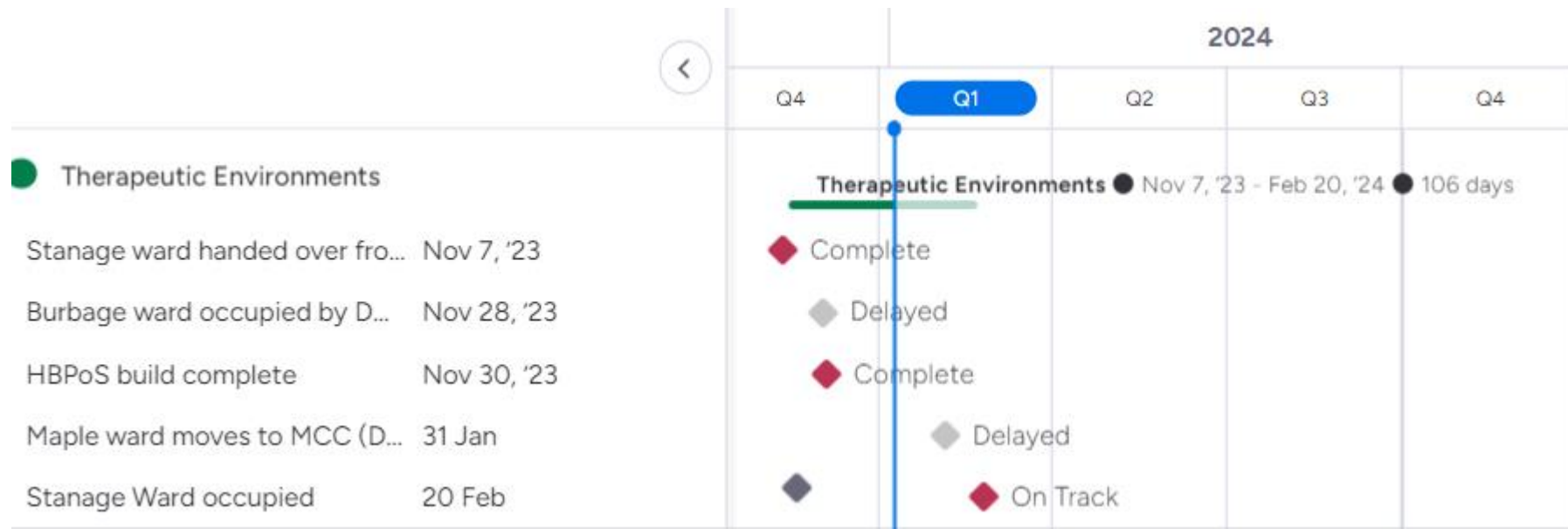| RAG Dimension	Red	Amber	Green
Resources	Programme team not in place Unclear roles and responsibilities Team underperforming in balancing competing demands Resources unavailable i.e. project /programme staff roles not backfilled, or no amendments made to their job plans causing pressure on BAU vs project/programme 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, December 2023

Plans are being developed for EPR, Community Facilities and Leaving Fulwood

Therapeutic Environments

Therapeutic Environments		
Stanage ward handed over fro...	Nov 7, '23	Complete
Burbage ward occupied by D...	Nov 28, '23	Delayed
HBPoS build complete	Nov 30, '23	Complete
Maple ward moves to MCC (D...	31 Jan	Delayed
Stanage Ward occupied	20 Feb	On Track

2024 — Q4, Q1, Q2, Q3, Q4

Therapeutic Environments ● Nov 7, '23 - Feb 20, '24 ● 106 days

Community Mental Health Transformation Project

		2024				
		Q4	Q1	Q2	Q3	Q4
Business case to BPG	Sep 19, '23	Complete				
Phase 1 complete	Sep 29, '23	Complete				
Phase 2 deployment	Oct 16, '23 - Jan 31, '24	On Track				
Call handling service business...	11 Jan	At Risk				
Contract awarded to preferre...	6 Feb	At Risk				
Implementation of clinical and...	1 Apr			At Risk		
Staff transferred to PCN's	1 Apr			At Risk		
3 month review	30 Apr			On Track		
6 month review and closure	31 Jul				On Track	
Post implementation 3 month ...	31 Jul				At Risk	
Post implementation 6 month ...	10 Oct					At Risk

Primary and Community Mental Health Transformation

		2024		
	Q4	**Q1**	Q2	Q3
Roll out personalised care and...	Sep 1, '23 - Sep 29, '23	▢ Delayed		
JCF inform staff consultation	Sep 7, '23	◆ Complete		
Integration of STEP staff into ...	Nov 3, '23 - Dec 29, '23	▬ On Track		
Challenges and preferences s...	Nov 20, '23 - Dec 1, '23	▌ On Track		
Confirmation of final status a...	Dec 8, '23 - Jan 31, '24	▬ On Track		
Completion of the objectives ...	Dec 29, '23	◆ ◆ Delayed		
Staff deployment	1 Apr	◆	◆ Delayed	
Launch of new model	1 Apr	◆	◆ Delayed	

EPR

		2024			
		Q4	Q1	Q2	Q3
Tranche 1 go live	Oct 30, '23	◆ Complete			
Tranche 2 planned	31 Jan		◆ On Track		

Learning Disability

		2024				
		Q4	Q1	Q2	Q3	Q4
Operationalise delivery model	1 Apr			◆ Not started		
Post implementation 3 month ...	31 Jul				◆ Not started	