



**Front Sheet: Public Board of Directors**  
**Item number: 18**  
**Date: 26 March 2025**

<b>Private/ public paper:</b>	Public
<b>Report Title:</b>	<b>Transformation Portfolio Report</b>
<b>Author(s) Accountable Director:</b>	Zoe Sibeko, Head of Programme Management James Drury, Director of Strategy
<b>Presented by:</b>	James Drury, Director of Strategy
<b>Vision and values:</b>	Portfolio management plays a crucial role in delivering our vision by aligning projects and programmes with strategic aims, ensuring that we are <b>working together for service users</b> on the right things at the right time, managing risks well, monitoring delivery and ensuring effective communication and collaboration to build an inclusive culture so there is a <b>commitment to quality</b> .
<b>Purpose and key actions:</b>	The purpose of the report is to provide assurance to committee that programmes are structured appropriately, managing risks and issues and effectively and monitoring delivery.
<b>Executive summary:</b>	<p>The report covers the key elements of the Transformation Portfolio in February 2025:</p> <p>Community Mental Health Team (CMHT) – The Transformation Board approved closure of the programme. The follow actions will be taken forward within the scope of the Home First Programme</p> <p>Primary Care Mental Health Team (PCMHT) – The Programme Board endorsed closure in February. Transformation Board will receive the closure report in March</p> <p>Electronic Patient Record (EPR) – The Board of Directors approved the revised go live date of 25<sup>th</sup> March to allow for sufficient training to take place to launch safely. Further monitoring of readiness for launch is taking place</p> <p>Learning Disability – Transformation Board supported an extension to the programme. However, requested that a robust plan to be submitted in March to agree the dates and activity</p> <p>Older Adults – The programme is in the discovery phase, the Transformation Board have requested that a thorough understanding of the problem that is needed to be solved is provided along with a robust body of evidence including population data, benchmarking from other Trusts and an understanding of how this programme fits with system and regional priorities</p>

	<p>Therapeutic Environments – Maple Ward improvement work has commenced</p> <p>Home First – The programme reset is progressing well. It focuses on implementing revised governance structures, defining success measures and co-developing a programme plan. The new Programme Board has met. Plans are in place to agree workstream plans and success metrics. The revised programme plan will be submitted to the Board of Directors in March.</p>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Ensuring our services are inclusive	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<p>The transformation portfolio consists of programmes and projects to deliver key strategic priorities, of which these contribute to the delivery of standards, legal obligations and system and partnership working</p>	
<b>BAF and corporate risk/s:</b>	<p>BAF 0026: There is a risk that we fail to take an evidence led approach to change and improvement caused by a failure to implement our integrated change framework effectively resulting in failure to deliver our strategy, improve outcomes, address inequalities and deliver value, growth and sustainability. Elements which would underpin this are Research, Innovation, capability, capacity and processes, and Quality Improvement</p>
<b>Any background papers/ items previously considered:</b>	<p>Bimonthly reports from the Transformation Portfolio Board are received by the Board of Directors.</p>
<b>Recommendation:</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Consider</b> if there is sufficient <b>assurance</b> that the programmes are structured appropriately, managing risks and issues effectively and monitoring delivery.</li> </ul>



**Meeting Title:** Public Board of Directors  
**Report title:** Transformation portfolio

**1. Purpose**

The purpose of the report is to provide assurance to Board that programmes are structured appropriately, managing risks and issues and effectively and monitoring delivery. The report covers the key elements of the Transformation Portfolio in February 2025:

**2. Programme alignment with strategic aims and priorities 2024/25:**

The CMHT project closed in January 2025, with the approval of the Programme Board and Transformation Board. The follow-on actions from the programme will be taken forward in the Home First Programme, including a stocktake of how the teams are working now against the new clinical model. This will form part of the sustainable pathways workstream which will support the development of an effective step up and step-down model from primary care to acute care.

The PCMHT programme board endorsed the closure of the programme in February. The closure report will be received by the Transformation Board in March.

After a review of the current strategic priorities, the portfolio has further increased to include the We are our Values programme. Programme structures, scope and resources are currently being agreed.

**3. Improvement and Change Approach:**

The Improvement and Change approach which incorporates the Integrated Change Framework launched in January 2025. The aim of the approach is to support and empower colleagues to improve, and to make the improvements more aligned and focussed.

In doing so, it will help to create a culture of inclusivity and continuous quality improvement. It will also accelerate the adoption and integration of evidence-based practices in order to improve patient outcomes, and to use resources efficiently and innovatively.

Teams have been contacting the Improvement and Change Delivery group for support. With the team, the group assesses the support required and plans the next steps to take the work forward. This is working well currently; however, improvements can be made and a PDSA approach to this will be taken.

**4. Programme Performance:**

The programme boards reported the following against the Trust’s agreed RAG ratings. Please see Appendix 1 for the criteria applied for the ratings.

▼ MII February

<input type="checkbox"/>	Item		Programme Overall	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder eng...	Co-production	Benefits
<input type="checkbox"/>	EPR	⊕	Amber	Green	Green	Green	Amber	Green	Red	Green		Amber
<input type="checkbox"/>	Learning Disability	⊕	Amber	Red	Amber	Green	Amber	Green	Amber	Green	Green	Red
<input type="checkbox"/>	Older Adults Transformation	⊕	Amber	Green	Green	Amber	Amber	Amber	Green	Green	Red	Amber
<input type="checkbox"/>	Gleadless & Heeley Mental Health Centre	⊕	Amber	Amber	Amber	Green	Amber	Green	Green	Green	Amber	Amber
<input type="checkbox"/>	Therapeutic Environments	⊕	Amber	Amber	Green	Amber	Amber	Amber	Amber	Green	Green	Green

A highlight report was not required for the Home First Programme, as it remains in a reset period

until April, with a revised programme plan and communications plan being submitted to the Board of Directors in March. However, an overview of the programme's progress and risks is provided in 3.1 below.

#### 4.1 Progress, Risks, and Issues

All programmes have plans, risk and issue registers managed by the Programme Boards.

Programme	Highlights (progress against milestones, risks, issues and other updates by exception)	Status
TEP	<p><b><u>Therapeutic Environments programme highlight report</u></b></p> <p><b><u>Yasir Muneer (YM)</u></b></p> <p>Maple Ward improvement work is progressing well against plan.</p> <p>G1 door replacement is on track to be completed this financial year.</p>	Progress
		Risk
		Issues
EPR	<p>Board of Directors have approved the move of the Tranche 2 go live date from the 11 March to the 25 March as the programme requires further assurance that sufficient and appropriate training has been completed to enable a safe launch</p>	Progress
		Risk
		Issues
Learning Disabilities Programme	<p>The Programme Board have confirmed that the programme will not close as planned in March and requested that the Transformation Board support an extension. It was estimated that the programme would close in 4 months however further planning is required. Transformation Board supported the extension but have requested a detailed plan to be presented in March.</p> <p>The key activity which is required between now and closure focuses on:</p> <ul style="list-style-type: none"> <li>• Estates and the requirement for the location of the hub to be agreed</li> <li>• IT hardware to be provided</li> <li>• Organisation development activity to further bring the teams together to operate as one</li> <li>• Recruitment to key roles to support delivery of the revised model</li> </ul> <p>Progress has been made in all areas but not enough to confidently close the programme this month. A key risk is the recruitment to the Clinical Lead role which is currently</p>	Progress
		Risk
		Issues

	being considered in the redeployment process. This has been escalated to the People Director by the SRO.	
Older Adults Community Mental Health	The programme is in the Discovery Stage. EMT and the Chair of the Transformation Board have requested that prior to requesting approval to move to the next stage a clear understanding of the problem to be solved is provided, along with a robust body of evidence including population data, examples from other Trusts and how it fits with regional and system priorities.	Progress
	The programme is progressing well however there are 2 key risks: <ul style="list-style-type: none"> <li>• There is no clinical lead for the dementia workstream. The mitigating action of others stepping into this role to chair the workstream are proving to be ineffective due to the capacity of others to fully take on this responsibility</li> <li>• Due to capacity reasons the Performance Team have been unable to lead the data workstream and it has been on hold since December 2024. It is expected to commence again in March.</li> </ul>	Risks
	Progress has been made regarding co-production. The contract to provide facilitation for co-design workshops has been signed by Age UK. They will recruit and recompense the experts by experience and run a total of eight workshops over eight months. The first of these workshops is planned for the end of March.	Issues
Gleadless and Heeley Neighbourhood Mental Health Centre	The dispute with the Children’s hospital concerning co-location at Field Green Clinic has been resolved. However, the solution to the dispute entails a change to the delivery plans to include construction of a single storey extension, and services will be launched in three phases as building works are completed.	Progress

	<p>Phase 1 – PCMHT and CMHT South Care Group 4 beginning to operate from the Field Green Clinic site (Easter 2025).</p> <p>Phase 2 – Additional consultation rooms onstream post refurbishment of the library and the Community Hall. Launch of pilot 24/7 operations.</p> <p>Phase 3 – Hospitality beds operational post the completion of the single storey extension (Sep 25).</p> <p>Co-production activity is well underway with good feedback from people with lived experience and our partners.</p> <p>Applying learning from other transformations that changes to one service can have unintended consequences for another, the project is designing a ‘team of teams’ approach with additional support to bring the team together.</p>	<p>Risks</p> <hr/> <p>Issues</p>
<p>Home First Programme</p>	<p>The Home First Programme is being reset with a focused view on providing safe care close to home, families and communities. To do this, issues are to be addressed in the short, medium, and long term to achieve a sustainable approach and to reduce the use of out-of-area bed usage, which is a poor model of care. The intention is that by September 2025, we are in a stronger position to manage the pressures associated with winter to provide the best care for patients.</p> <p>The reset includes:</p> <p><u>Redefining success measures</u> This activity is currently being undertaken by workstream leads with the support of the QI team and the Quality Directorate, particularly the Engagement and Experience Team and our independent partners VOT Health.</p> <p><u>Governance</u> The Programme Board has met, membership includes 2 individuals with lived experience. Further changes are being made to ensure representation across all clinical professions.</p> <p><u>Co-develop a revised programme plan.</u> The programme will retain the original structure of three workstreams focusing on 1) Operations, daily flow, 2) Sustainable Pathways and 3) Medium- and Long-term capacity – Trust and System.</p> <p>The work programme will be co-developed with staff, our partners, and people with lived experience. A revised programme plan with supporting comms and engagement</p>	

	<p>plan will be submitted to the Executive Management Team (EMT) and Board of Directors in March.</p> <p><u>Progress</u></p> <p>Workstream activities are ongoing:</p> <p><u>Operations, daily flow</u> Focus on this workstream has been placed on delivering the OOA recovery plan to reduce out-of-area bed usage. The impact of this is evident with the number of patients away from their families and friends reducing. Further work is still needed.</p> <p><u>Sustainable Pathways</u> Insights have been provided via a triangulation of flow data and staff engagement activities. The workstream leadership is being finalised, work is being planned, and the Acute and Community Directorate Leadership team are providing support to define the engagement approach to share the findings. The work programme is being developed and will include undertaking a stock take of clinical models and pathways for the Home Treatment Team and Patient Flow team. It is anticipated that a similar approach will be undertaken with CMHT's and wider community teams.</p> <p><u>Medium to Long Term capacity – Trust and System</u> Links with other programmes and activity are currently being scoped.</p> <p><u>Risks</u></p> <p>There are three risks to highlight for information.</p> <ul style="list-style-type: none"> <li>• Adequate project management and improvement facilitator capacity to support the programme at the required pace. <b>Mitigation:</b> Programme Manager and Improvement Facilitator posts have been approved by Vacancy Control Panel and recruitment will commence.</li> <li>• A robust communications and engagement plan is critical to the success of Home first. <b>Mitigation:</b> Comms and Home First Programme team to explore some dedicated resources to advise the programme and support the development of the communications and engagement plan.</li> </ul>	
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## 5. 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.

## Appendices

Appendix 1 - budget management report



## TRANSFORMATION BOARD FINANCIAL DASHBOARD SUMMARY:

M10 January

Programme	Sub-schemes	Capital		Revenue	
		YTD	Forecast	YTD	Forecast
Leaving Fulwood	Fulwood disposal	N/A	N/A		
Primary & Community Mental Health Programme		N/A	N/A		
Therapeutic Environments Programme	Ligature anchor point removal project - Maple			N/A	N/A
	Ligature anchor point removal project - Forest Lodge			N/A	N/A
	G1 doors			N/A	N/A
	Staffing costs	N/A	N/A		
EPR					
Learning Disability Programme		N/A	N/A		
Older Adults Transformation		N/A	N/A		
Home First Programme		N/A	N/A		
Gleadless and Heeley Neighbourhood Mental Health Centre Programme		N/A	N/A		

RAG Rating definitions:

Green – on track or underspending

Amber – overspent by 10% or less

Red – overspent by over 10%

TRANSFORMATION BOARD FINANCIAL DASHBOARD: M10 January

CAPITAL (£'000)											
Programme	Sub-schemes	24/25 YTD Plan	24/25 YTD Actual	Underspend/ (overspend)	24/25 Plan	24/25 forecast	Forecast underspend/ (overspend)	Finance lead	OVERALL RAG rating	Previous month RAG	Comments
Therapeutic Environments Programme	Ligature anchor point removal project - Maple	1,860	15	1,845	3,100	2,060	1,040	Dave Spooner	Green	Green	<p>The 24/25 capital plan was approved with £3.1m included for the Maple project however due to the delay in the sale of Fulwood the work could not begin.</p> <p>NHS England has allocated SHSC £2m for capital works to be completed prior to the 31st of March 2025 and therefore the work on Maple was able to commence in January. The Trust has entered into a contract that allows us to do that.</p> <p>It was approved at Board in January that the work on Maple would continue until complete and therefore costs will continue into next financial year under the same contract. The approximate allocation is £6.3m in total so £4.3m is expected in 25/26 but this could be subject to change.</p> <p>As this work is now on track the RAG rating is green.</p>
	Ligature anchor point removal project - Forest Lodge	173	-	173	250	-	250	Dave Spooner	Red	Red	<p>Scheme not yet commenced, awaiting a decision on how to proceed. The £150k forecast spend was for the design work. However, it is no longer expected that this will be spent this financial year.</p>
	G1 doors	138	-	138	200	225	(25)	Dave Spooner	Green	Green	<p>The work on this began mid January, anticipated allocation of £225k that will be spent this financial year utilising the NHS England monies.</p> <p>As this work is now on track the RAG rating is green.</p>
EPR		2,250	1,887	362	3,293	2,912	381	Dave Spooner	Green	Green	<p>YTD spend is lower than planned as some costs have been covered by accruals raised in the last financial year. The year-end forecast is in line with the revised resource plan, which due to the delayed managed service procurement leads to an underspend of £381k in the current financial year compared to the original 24/25 financial plan.</p> <p><b>The forecast assumes that capital contingency costs £163k and the VAT recovered on the Managed Service Contracts £200k is spent in full. A review of the Floorwalkers on-boarding costs is underway to establish if a proportion of these costs can be capitalised and the additional Capital posts agreed in January 25 EPR Board are currently being recruited via Procurement (£180k).</b></p> <p>The forecast underspends are not because of a reduction in cost for the programme, instead spend has been delayed into Q1 of 2025/26. Overall, the projects are forecast on plan across the two financial years. The Trust 2025/26 financial plans will be updated to reflect the timing change.</p> <p>* The original plan had a YTD plan of £2.7m at M10. This schedule shows the latest resource plan, which has been rephased to reflect revised recruitment and the procurement of managed services.</p>

RAG Rating definitions:

Green – on track or underspending

Amber – overspent by 10% or less

Red – overspent by over 10%

TRANSFORMATION BOARD FINANCIAL DASHBOARD: M10 January

Programme	Sub-schemes	REVENUE (£'000)						Finance lead	RAG rating	Previous month RAG	Comments
		24/25 YTD Plan	24/25 YTD Actual	Underspend/ (overspend)	24/25 Plan	24/25 forecast	Underspend/ (overspend)				
Leaving Fulwood	Fulwood Site Disposal	86	352	(265)	86	435	(348)	Craig Housley			<p>The delay to the sale of Fulwood has resulted in continued costs for security, rates, legal fees and maintenance work. The forecast reflects that the sale is not expected to go through this financial year.</p> <p>Security provision at Fulwood was stepped back up to full time in Nov 24 at an assumed cost of £25k a month, actual invoices have now been received and are lower than expected so the forecast has improved by £31k.</p> <p>The financial plan is based on the sale going through by the end of April 2025 with funding to be allocated non-recurrently for this. However, due to the significant cost pressure this financial year the scheme has a Red RAG rating.</p>
Primary & Community Mental Health Programme		3,120	2,650	470	3,749	3,218	531	Craig Housley			<p>The underspends are due to delays in recruitment. The current forecast assumes that any underspends are retained by SHSC. There is a risk that this could change if a Partnership Agreement is implemented with a risk share.</p> <p>The forecast underspend has increased by £24k due to slippage in recruitment to Psychology posts.</p> <p>The reported figures comprise the following cost centres: MH community transformation (8244), Primary Care Mental Health (8245) and Primary Care Medical Staffing (8247).</p> <p>Please note, the reported figures only include SHSC budget &amp; costs. This may differ to the highlight report which includes budget for all partners of the programme.</p>
Therapeutic Environments Programme		144	139	5	173	168	5	Craig Housley			<p>Pay costs for the team were capitalised in 2023/24. A paper went to Capital Planning Group proposing that the same should happen again in 24/25 and in future years.</p> <p>The band 8b Head of Capital 0.8wte has been moved to capital this year and the revenue budget has been used as a contribution to the Estates &amp; Facilities VIP target in 2024/25.</p>
EPR		303	212	91	669	435	235	Nicola Hume			<p>YTD shows an underspend of £91k. This is due to minimal costs being incurred against the £30k non-pay set up costs, which were anticipated in the budget for months 1 to 4. The forecast underspend has been increased from the revised resource plan and Vat recovery saving £166k by a further £68k. This relates to the Hunter Training contract and the E learning Development costs that will be charged to capital to show forecast underspend of £234k. Both underspends are expected to be used against the increased floorwalker costs currently being reviewed.</p> <p><b>The revenue forecast assumes the £153k floorwalkers expenditure will be paid in full.</b></p> <p><b>The forecast revenue underspends are not because of a reduction in cost for the programme, instead spend has been delayed into Q1 of 2025/26. Overall, the projects are forecast on plan across the two financial years. The Trust 2025/26 financial plans will be updated to reflect the timing change.</b></p> <p>The Board approved a budget of £0.7m within the revenue plan for 2024/25. In addition, further recurrent budget of £0.4m was allocated to EPR for business as usual.</p>
Learning Disability Programme		4,501	2,918	1,583	5,212	3,593	1,619	Harry Walker			<p>Delayed recruitment into vacancies has resulted in significant underspends for this programme.</p> <p>Phased recruitment has started and it is expected in the forecast that posts will be filled late 24/25 into 25/26. Further slippage has resulted in a reduction in forecast spend by £28k this month.</p>
Older Adults Transformation		0	1	(1)	0	11	(11)	Harry Walker			<p>Initial meetings have taken place but still working with transformation leads to understand scope &amp; financial impact. The £1k spend ytd is for room hire but so far there have been no other costs incurred as a result of this programme.</p> <p>A proposal with Age UK has been agreed for a co-production event at a project cost of £10k to be paid for from cost centre 01-1118.</p>
Home First Programme		125	125	-	150	150	-	Craig Housley			<p>RAG rated as Amber in line with Programme Health Card.</p> <p>This reported position is comprised of the costs for Real World Health. There is £150k non-recurrent budget allocated for 2024/25 to pay for this.</p> <p>RAG rated as green as funding is available this financial year.</p> <p>For information, the Out of Area position for Acute &amp; PICU as at M10 is an overspend of £6m.</p>
Gleadless and Heeley Neighbourhood Mental Health Centre Programme		2,133	11	2,122	2,560	61	2,499	Kaitlin Plant			<p>Income of £2.4m for 2024/25 however we are only expecting to spend c. £61k in this financial year and we therefore have significant underspends in this years position.</p> <p>Additional funding of £160k has been awarded &amp; there is an agreed spending plan for this.</p> <p>If the income is not carried forward in line with the delayed programme delivery then there will be a cost pressure in 2026/27.</p> <p>RAG rated as green due to the underspend position.</p>

RAG Rating definitions:  
 Green – on track or underspending  
 Amber – overspent by 10% or less  
 Red – overspent by over 10%

## RAG Criteria

RAG Dimension	Red	Amber	Green
<b>Progress</b>	<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>
<b>Scope</b>	<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>
<b>Budget</b>	<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		
<b>Resources</b>	<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>
<b>Risks</b>	<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
<b>Issues</b>	<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>
<b>Stakeholder engagement</b>	<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>
<b>Service User Engagement and coproduction</b>	<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>
<b>Benefits</b>	<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>