Board of Directors - Public

SUMMARY REPORT	**Meeting Date:** 24th July 2024
	Agenda Item: 16

<table>
<tr><td>Report Title:</td><td colspan="2">Transformation Portfolio Report</td></tr>
<tr><td>Author(s):</td><td colspan="2">Zoe Sibeko, Head of Programme Management Office</td></tr>
<tr><td>Accountable Director:</td><td colspan="2">James Drury, Director of Strategy</td></tr>
<tr><td rowspan="2">Other Meetings presented to or previously agreed at:</td><td>Committee/Group:</td><td>Finance and Performance Committee</td></tr>
<tr><td>Date:</td><td>11/07/2024</td></tr>
<tr><td>Key Points recommendations to or previously agreed at:</td><td colspan="2">Further assurance was requested in relation to delayed milestones and the potential impact on the remainder of the portfolio, particularly in relation to the Learning Disabilities Programme.

In addition, clarification was requested regarding the impact of the Vacancy Control Panel on the pace of making changes across the organisation. Committee was assured by members that the process has been streamlined based on feedback received.

Committee noted the relationship between the budget and progress RAG ratings in that, a green rated budget may not necessarily indicate strong budget management but rather a lack of progress resulting in budget underspend.

The report was accepted by the committee</td></tr>
</table>

Summary report

The report covers the key elements of the Transformation Portfolio in June 2024:

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

The current portfolio will meet the following key strategic aims.

Strategic aim	Priorities	Programme / Project
Deliver Outstanding Care	Deliver therapeutic environments	Therapeutic Environment Programme (TEP)
	Transform our community mental health and learning disability services	Primary and Community Mental Health Transformation (PCMHT) Community Mental Health Transformation (including Urgent and Crisis) (CMHT) Learning Disabilities Programme Older Adults Community Teams Transformation

Effective use of resources	Implement Rio safely and begin to bring benefits to the way wework	Electronic Patient Record Programme (EPR)

Leaving Fulwood Project remains within the portfolio however it has not been aligned to a strategic aim or agreed as a priority for 2024/25 due to its proximity to closure. It continues to be closely monitored by the Transformation Board due to the dependencies between the capital receipt of the Fulwood site and the funds being available to complete improvements on Maple Ward within the Therapeutic Environments Programme.

The balance and strong mix of short and long term projects to meet our strategic aims and for programmes to become part of the Transformation portfolio will be influenced by the implementation of the Integrated Change Framework.

Two workshops will take place in July and August with colleagues from across corporate services to agree the integrated support offer for each element of the change framework based and defining clear processes to operationalise it. These will then be developed further with wider engagement from stakeholders who have been involved in the delivery and governance of transformation and improvement projects.

2. Programme performance:

2.1 Overall

The programme boards reported the following against the Trust's agreed RAG ratings. Please see Appendix1 for details

Programme	Progress	Scope	Budget	Resources	Risks	Issues	Stakeholder engagement	Co-production	Benefits	Programme Overall
PCMHT	Amber	Green		Amber	Green	Green	Green	Green	Green	Green
Therapeutic Environments	Green	Green	Amber	Amber	Amber	Green	Green	Green	Green	Amber
EPR	Green	Amber	Green	Amber	Green	Green	Amber		Green	Amber
Learning Disability	Amber	Green	Green	Amber	Amber	Green	Green	Green	Amber	Amber
Leaving Fulwood	Amber	Green	Amber	Green	Green	Green	Green	Green	Amber	Green
CMHT										

This month shows an improving picture with all criteria rated green or amber.

A Community Mental Health Transformation (CMHT) project report has not been provided as the reporting cycle and board meetings have moved to bimonthly to allow for implementation activities and changes to be embedded. The Project Board were confident that the reduction in frequency was appropriate based on performance over a number of previous months.

Budget management information can be found in Appendix 2, Finance Health card.

2.2 Resources

The criterion with the poorest reported position is resources. This is focused on whether the programmes have resources with the appropriate capability and capacity to deliver the work.

Currently the portfolio consists of a number of programmes which are due to close during 24/25; these are Learning Disabilities, Primary Care Mental Health Transformation (PCMHT), CMHT, Leaving Fulwood and Electronic Patient Record (EPR) is due to close early 25/26. This will allow resources to become available to support delivery of other programmes.

Close monitoring of the impact of any delays across the portfolio on the EPR programme will take place and robust decision making may be required to reassign resources or stop work to ensure successful delivery.

Another key consideration in terms of impact on resources is the balance between business as usual

(BAU) work, transformation programmes and other changes not overseen by the Transformation Board to ensure staff are not overloaded and services are not destabilised.

The following resourcing concerns have been raised:
- Learning Disabilities: ability to meet the staffing model and concerns regarding leadership capacity toengage in transformation activities
- PCMHT; post implementation the balance between business as usual activity and completing final elements of programme delivery

EPR have reported an amber rating, but good progress has been made in filling project management, communications, change management, training and system configuration roles within the team.

2.3 Progress and Risks

All programmes have plans and risk registers managed by the Programme Boards. No risks were escalated to the Transformation Board for action; however, the following were raised key elements of each as highlighted by the Programme Boards are detailed below

Programme	Highlights (progress against milestones, risks and other updates by exception	Status
TEP	Maple Ward successfully moved to Dovedale 2 ward on 27 June therefore we have met the last element of the changes under the formal notice imposed by the Care Quality Commission (CQC). Financial capital risks of the programme continue to have an impact on the 24/25 capital plan. Work is planned to commence on Maple Ward from Oct / Nov 24 however this is contingent on capital receipt from the sale of FulwoodHouse Scoping and planning will take place for the continuation of the ligature anchor point removal across Dovedale 1 and G1 wards and an overall strategic approach for the wider Older Adults estates project will be defined.	Progress (green) / Risk (amber)
Leaving Fulwood	Due to the general election the planning application will not be reviewed by the Planning Committee until July, causing the slippage against planned milestones. It is anticipated that by September 2024 we will have a clear position on the sale to Expresso and the timescales associated with the capital receipt. Revenue costs for the ongoing security provision at Fulwood House have only been accounted for in the budget for Q1, from this point they will be a cost pressure therefore the security provision is being reviewed. The Facilities Management Team have recently visited the site and agreed a change in the security arrangements which will reduce the level of overspend, while retaining third party security services until the point of transfer ownership.	Progress (amber) / Risk (green)
Learning Disability	The enhanced community service model was planned to launch in October 2024. This has moved to January 2025 to allow for recruitment to posts. Vacancy Control Panel has caused delays to progress and the staff consultation period has been extended due to feedback on the proposal to have staff on call at weekends. This may result in changes to the enhanced community model which will require further agreement with the ICB. Although there have been delays in completion of HR change processes, recently progress has been made and the programme is moving forward. Existing service delivery arrangements remain in place therefore the care provided to service users has not been disrupted and there is a focus on	Progress (amber)

	communications with service users and carers, to help ensure that people will be well informed about the changes and the timing of them. In addition, to support the Programme Manager and the LD service, a Project Manager has been appointed to work solely on the programme from August to January, the post holder will work closely with teams to operationalise the model.	**Risk**
PCMHT	The programme went live on 29 April. There are 3 remaining areas to deliver, progressing against these: • Huddles will commence 1st July • Implementation of the medical model will not take place as planned as a period of engagement is required to agree governance arrangements, budget and use of systems. Revised date will be presented at Programme Board in July • Resources are working on both the programme and undertaking BAU activity at the same time has caused delays in fully implementing the operational workstream Staff impacted by the programme have reported a positive experience and that the change has been managed well	**Progress** **Risk**
EPR	A three week extension was approved by the Programme Board to allow forproject team members to support a critical piece of development work in Insight for Urgent & Crisis Care Services as part of the CMHT Project. The Tranche 1 remediation project is progressing well and is expected tocomplete on-time. Schedules for all workstreams in the Technical Portfolio have been defined and the technical workstreams are performing as expected against timescales The programme has completed a full risk review, controls have been put in place to monitor. An approach to assurance, specific to this programme, is currently being defined with PMO.	**Progress** **Risk**

3. Dependencies

Key dependencies between the programmes within the portfolio and other change projects:

Programme dependent on	Programme
Clinical and Social Care Strategy PCMHT CMHT Learning Disabilities	EPR – Implementation of Patient Recorded Outcome Measures within Rio
PCMHT	EPR – interoperability with IaPTUS and SystemOne
Therapeutic Environments	Leaving Fulwood – Capital receipt to commence work on Maple Ward

Details of all dependencies are in Appendix 3, Dependencies Plan

4. Learning across the portfolio

Learning is captured throughout the lifecycle of our transformation programmes. As the PCMHT and CMHT programmes have gone live, a workshop with operational, clinical and change leads took placeto learn from their good practice.

The learning can be categorised and exemplified as follows:

1. Defining the service model; have a clear shared vision, refer to the evidence base prior to commencing, specify clear outcome measures and to develop clinical, staffing and operationalmodels at the same time and not sequentially.

2. Describing and illustrating the service model; use patient stories to illustrate the 'so what.' It is recommended that real life stories are used to illustrate patient journeys and that the use of patient stories are most valuable when they are mapped on to any phasing within the patient journey that isrelevant to a specific programme. For example, CMHT phases were assessment and engagement, engagement and planning, intervention and working together, recovered independence, sustaining recovery.

3. Stakeholder engagement and co-production; engage little and often considering the audience,consider innovative ways to engage experts by experience, comms are crucial to success

4. The role of critical success factors in launch decisions; develop check list, ensure work complete to enable benefits realisation, have performance measures in place for day 1.

5. Leadership, governance and support; establish the reporting schedule at the outset, appreciation of how leadership changes can destabilise programmes and the importance and impact of the clinical lead role.

The learning from the workshop will be used to further enhance the project methodology, standards and documentation for use in other service redesign programmes. It will also feed into the Integrated Change Framework implementation. Further learning activities will take place as the programmes close.

5. Benefits Management

Across the portfolio benefits are identified and mapped at the start of a programme and developed further within the business case if one is applicable. During initiation the benefits realisation plan becomes part of the suite of project initiation documentation (PID.) It also forms part of the project closure report prior to handover to business as usual operations for realisation of said benefits

However, the practice of ongoing management of benefits throughout delivery is varied, further work is required to improve this and embed as a project management standard. This is also true for post project closure and was identified in the learning from the CMHT and PCMHT programmes that identified leads need to be in place to embed the change and appropriate monitoring, governance and assurance in place to ensure that benefits are being realised and for inclusion in existing reporting.

Capturing service user experience throughout the programme lifecycle, understanding the impact of changes while we transform and also post project programme delivery goes hand in hand with benefits realisation as it will bring to life

The integrated approach to benefits management and how teams can support services in this will be further developed within the implementation of the change framework. Assurance activities led by the PMO will cover benefits management and will work with programmes to identify, validate, monitor and realise benefits across existing programmes.

Appendices attached:
Appendix 1 RAG criteria

Appendix 2 Finance health card

Appendix 3 Programme Dependencies

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 1 - SHSC RAG Criteria

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	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
	capital or revenue plan		
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

RAG Dimension	Red	Amber	Green
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.
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	The Benefits realisation plan is being developed. Benefits have been partially identified and quantified Benefits measures have been identified	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

RAG Dimension	Red	Amber	Green
	identified.

There is no way to measure benefits. | but baselines have not been taken.

Benefits may fall short of estimates or be delivered later than expected. | realisation

Programme will deliver to expected benefits

Benefits anticipated to be achieved when planned. |

Appendix 2 Finance health card

TRANSFORMATION BOARD FINANCIAL DASHBOARD: **M2 May**

REVENUE (£'000)											
Programme	**Sub-schemes**	**24/25 YTD Plan**	**24/25 YTD Actual**	**Underspend/ (overspend)**	**24/25 Plan**	**24/25 forecast**	**Underspend/ (overspend)**	**Finance lead**	**RAG rating**	**Previous month RAG**	**Comments**
Leaving Fulwood	Fulwood site disposal	58	60	(2)	86	125	(39)	Paul Isingoma			The delay to the sale of Fulwood has led to continued costs for security and rates. Costs are forecast to the end of Q1 on the assumption that the sale will have completed. The risk that this assumption is incorrect plus Q1 costs in excess of budget gives rise to the Amber RAG rating. Further pressures will be seen if the sale is delayed further and without additional funding from the developer; the RAG rating is likely to increase to red next month if this situation arises.
Primary & Community Mental Health Programme		525	492	33	3231	2974	257	Nicola Hume		-	Budgets and costs are expected to be contained within existing operational service budgets. The reported figures comprise the following cost centres: MH community transformation (8244), Primary Care Mental Health (8245) and Primary Care Medical Staffing (8247).

Please note, this report only includes SHSC budget & costs. This differs to the highlight report which includes budget for all partners of the programme. |
| Therapeutic Environments Programme | | 38 | 36 | 2 | 228 | 217 | 11 | Jill Savoury | | | The pay costs of the team were capitalised in 2023/24. A decision may be taken later in the year to capitalise costs if sufficient funding is available and it is considered appropriate to do so within accounting rules. |
| EPR | | 33 | 20 | 13 | 665 | 665 | - | Nicola Hume | | | The Board approved a budget of £0.7m within the revenue plan for 2024/25. In addition, further recurrent budget of £0.4m has been allocated to EPR for business as usual licensing costs. The BAU costs will not be reflected in this reporting.

Costs are lower than planned YTD due to a 3 week delay in the procurement of managed services. The underspend will not continue as the procurement process has now been completed and the early slippage will be used to ensure the project can be completed within the planned timeframe and on track for the key milestones. The forecast is expected to be on plan. |
| Learning Disability Programme | | 852 | 616 | 236 | 5,111 | 3,891 | 1,220 | Paul Isingoma | | | Recruitment delays have led to underspends on the Programme. The current assumption is that this will continue in the forecast; this assumption will be reassessed continually each month. |
| Clinical & Social Care Strategy | | 3 | 0.2 | 3 | 17 | 14 | 3 | Nicola Hume | | | 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

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 Programme Dependencies

Rio EPR		Rio EPR ● May 1, '24 – Jun 13, '25 ● 293 days
Plan	1 May – 7 Jun	Plan	Programme Dependencies 2024/25
Discover	10 Jun – 23 Aug	Discover	Programme Dependencies 2024/25
Design	26 Aug – 4 Nov	Design	Programme Dependencies 2024/25
Build, test and train	Nov 4, '24 – Feb 21, '25	Build, test and train	Programme Dependencies 2024/25
Go live and support	Feb 24, '25 – May 22, '25	Go live and support	Programme Dependencies 2024/25
Reporting	Feb 24, '25 – May 22, '25	Reporting	Programme Dependencies 2024/25
Transition and closure	May 5, '25 – Jun 13, '25	Transition and closure	Programme Dependencies 2024/25
CMHT		CMHT ● Jun 17, '24 – May 23, '25 ● 245 days
Critical changes to Insight	17 Jun	Critical changes to Insight	Programme Dependencies 2024/25
Decision on programme closu...	31 Jul	Decision on programme closure - CMHT Transformation	Programme Dependencies 2024/25
Decision on programme closu...	31 Oct	Decision on programme closure - Urgent & Crisis Transformation	Programme Dependencies 2024/25
Patient Reported Outcome M...	May 23, '25	Patient Reported Outcome Measures	Programme Dependencies 2024/25
Functionality of RIO is to be d...	May 23, '25	Functionality of RIO is to be developed in line with the new model	Programme Dependencies 2024/25
Appropriate reporting and das...	May 23, '25	Appropriate reporting and dashboards to manage transition to the new CMHT model	Programme Dependencies 2024/25
PCMHT		PCMHT ● May 23, '25 ● 1 day
Care Planning and Patient Rep...	May 23, '25	Care Planning and Patient Reported Outcome Measures	Programme Dependencies 2024/25
SystemOne interoperability	May 23, '25	SystemOne interoperability	Programme Dependencies 2024/25
Iaptus interoperability	May 23, '25	Iaptus interoperability	Programme Dependencies 2024/25
Learning Disability		Learning Disability ● May 23, '25 ● 1 day
Care Planning and Patient Rep...	May 23, '25	Care Planning and Patient Reported Outcome Measures	Programme Dependencies 2024/25
Clinical & Social Care Strategy		Clinical & Social Care Strategy ● May 23, '25 ● 1 day
Care Planning and Patient Rep...	May 23, '25	Care Planning and Patient Reported Outcome Measures	Programme Dependencies 2024/25
Leaving Fulwood		Leaving Fulwood ● 25 Jun – 30 Aug ● 49 days
Planning Committee	25 Jun	Planning Committee	Programme Dependencies 2024/25
Capital receipt tranche 1	30 Aug	Capital receipt tranche 1	Programme Dependencies 2024/25
Programme closure	30 Aug	Programme closure	Programme Dependencies 2024/25

🔴 Therapeutic Environments		
Maple refurbishment works b...	4 Nov	
Maple Ward refurbished and o...	Mar 31, '25	
Repatriation of OOA service u...	Apr 1, '25 - Apr 30, '25	
VIP delivery	May 1, '25 – Mar 31, '26	

Therapeutic Environments ● Nov 4, '24 - Mar 31, '26 ● 367 days

Maple refurbishment works begin | Programme Dependencies 2024/25

Maple Ward refurbished and open | Programme Dependencies 2024/25

Repatriation of OOA service users | Programme Dependencies 2024/25

VIP delivery | Programme Dependencies 2024/25