Board of Directors

Thursday, 03 March 2022

Report Title:	Trust strategic plan and strategy success measures
Executive/NED Lead:	Dr Shane Gordon, Director of Strategy
Report author(s):	James Archard, Strategy Implementation Programme
Previously considered by:	N/A

☐ **Approval** ☐ **Discussion** ☑ **Information** ☑ **Assurance**

Executive summary

This report provides an update on progress of the Trust strategic plan and success measures

Key points to note are:

1. The success measures for the strategy align with the strategic objectives and reflect the outcomes of a wide range of projects, including the strategic plan and annual business plans. Success measures have been identified as important, but some do not have existing metrics or data collection systems. Those that are yet to have metrics identified / developed remain under review.

2. The strategic plan represents Trust-wide or large-scale projects which are essential to the achievement of the strategy. These have been revised to reflect completed projects (removed from the updated plan) and new priorities, especially in the light of adaptations to the COVID-19 pandemic.

3. Delivery of the strategic plan and the success measures will continue to be reported quarterly to the Board. Some success measures are only updated annually.

4. A refresh of the Trust strategic plan will be presented to the Board of Directors in May 2022.The key actions that are taking place to achieve this include:

   1) Identification of strategic plan elements that are now delivered and to be removed from plan.
   2) Identification of strategic plan and measures that are rolled-forward.
   3) Removal of elements no longer relevant to the Trust strategy/not possible to measure.
   4) Identification of new elements for the strategic plan and measures for future years.

Individual sessions with directors will be convened to work through this detail, leading to a combined workshop to agree the plan, and interdependencies between plans and resources required to support.

5. Strategic Plan performance summary to end of Sept 2021 (Q3) compared to last report is:

Domain	Previous position					Current position					Change in position				
	Complete	On-Track	At Risk	Late	Total	Complete	On-Track	At Risk	Late	Total	Complete	On-Track	At Risk	Late	Total
Clinical Services & process changes	10	4	0	4	18	10	2	1	5	18	0	-2	1	1	0
Corporate Changes	6	2	0	2	10	6	1	1	2	10	0	-1	1	0	0
Estates Capital builds & developments	3	11	2	5	21	4	9	3	5	21	1	-2	1	0	0
HR & Workforce	7	0	0	3	10	8	0	0	2	10	1	0	0	-1	0
ICT Systems & Changes/ Deployments	4	9	6	5	24	5	11	1	7	24	1	2	-5	2	0
Quality Improvements	1	9	1	1	12	1	11	0	0	12	0	2	-1	-1	0
New Project	0	1	0	0	1	0	0	1	0	1	0	-1	1	0	0
TOTALS	31	36	9	20	96	34	34	7	21	96	3	-2	-2	1	0
Percentages	32%	38%	9%	21%	100%	35%	35%	7%	22%	100%					

- Status of all schemes has been updated for this report.
- 70% of plans are now completed or are on-track (68 projects)
- 7% of plans remain at risk (7 projects)
- 22% (21) projects are reporting 'late' status. Each of these projects have identified revised target dates. Much of this delay has been caused due to organisation re-focus on covid-19 response.
- The Board are asked to consider and approve date change requests.

Schemes not complete or not on-track:

- 7% of plans remain at risk (7 projects) – these are detailed below.

Ref Id	DOMAIN	Description	Accountable Officer	Lead for Status Updates	Planned Completion Date	Status Tracking againts Planned Compltion date (Drop-down)	Revised Completion date (only enter if different to planned completion date)
C4	Corporate Changes	Reporting of IES Community Datasets (same as acute data)	Shane Gordon	Sean Whatling	June 2022/23	At Risk	
E6	Estates Capital builds & developments	Estate Strategy - rationalisation of IH North-end	Paul Fenton	Cara Gosbell	March 2022/23	At Risk	
E8	Estates Capital builds & developments	Estate Strategy - Use & development of St Clements land	Paul Fenton	Mark Finch	March 2021/22	At Risk	
E12	Estates Capital builds & developments	Transfer NHSP Community properties (First three sites)	Paul Fenton	Anne Finn	March 2022/23	At Risk	
S5	Clinical Services & process changes	Mental Health - New areas adjacent to ED at CH & IH	Alison Power	Tara Brown	TBA	At Risk	
I19	ICT Systems & Changes/ Deployments	Unified ESNEFT PACS	Mike Meers	Andrea Craven	July 2022/23	At Risk	
O1	New Project	Digital Histopathology	Shane Gordon	Cook/ Andrea Cr	March 2022/23	At Risk	0

Schemes late:

- 22% (21) projects are reporting 'late' status. Each of these projects have identified revised target dates. Much of this delay has been caused due to organisation re-focus on covid-19 response.

Ref Id	DOMAIN	Description	Accountable Officer	Lead for Status Updates	Planned Completion Date	Status Tracking againts Planned Compltion date (Drop-down)	Revised Completion date (only enter if different to planned completion date)
C1	Corporate Changes	Corporate Transformation: Agile Working - The first formally designated agile workspace will be operational for staff working away from their normal place of work	Mike Meers	Cara Gosbell	Nov 2021/22	Late	March 2021/22
C2	Corporate Changes	Corporate Transformation: Rationalisation of Estate for Corporate Big 4 Finance, HR , ICT and Estates	Mike Meers	Cara Gosbell	Nov 2021/22	Late	March 2021/22
E3	Estates Capital builds & developments	Interventional Radiology and cardiac angiography (IRCA) unit (Col)	Paul Fenton	David Cohen	Dec 2021/22	Late	May 2022/23
E7	Estates Capital builds & developments	Estate Strategy - Commencement of Tower Block refurb	Paul Fenton	Project Lead yet to be assigned	Oct 2021/22	Late	0
E9	Estates Capital builds & developments	Estate Strategy - Urology dept – Relocation to sufficiently sized area	Paul Fenton	Chris Woodman	Jan 2023/24	Late	Dec 2023/24
E10	Estates Capital builds & developments	Estate Strategy - Endoscopy dept - Extension in to Incumbent Urology Area	Paul Fenton	Mark Finch	March 2023/24	Late	0
E18	Estates Capital builds & developments	Colchester SAU reconfiguration (Building, Clinical & Operations)	Alison Power	Ali Armstrong	Dec 2022/23	Late	Jan 2021/22
H6	HR & Workforce	Deliver the management leadership competencies and passport to embed an inclusive and compassionate leadership culture	Kate Read	Sharon Wyatt	Jan 2022/23	Late	March 2022/23
H10	HR & Workforce	e.Rostering complete across ESNEFT for all Medical staff	Adrian Marr	Simon Oliver	Oct 2021/22	Late	March 2023/24
S10	Clinical Services & process changes/	Completion of Telederm pilot in NEE	Karen Lough	Angela Ashton	March 2020/21	Late	0
S11	Clinical Services & process changes/	Digitalised Pre-Op system across both hospitals.	Karen Lough	Chloe Abbott	March 2020/21	Late	0
S14	Clinical Services & process changes/	Test results in 7 days	Karen Lough	TBA	March 2021/22	Late	Mar 22/23
S15	Clinical Services & process changes/	Increase 23 hour day surgery model	Karen Lough	TBA	March 2021/22	Late	Mar 22/23
S17	Clinical Services & process changes/	Transformation of theatre booking process	Karen Lough	Chloe Abbott	March 2022/23	Late	Sept 2022/23
I17	ICT Systems & Changes/ Deployments	Patient Portal - online follow-up live	Shane Gordon	Peter Cook	Dec 2021/22	Late	March 2022/23
I18	ICT Systems & Changes/ Deployments	Unified Radiology System ESNEFT	Mike Meers	Andrea Craven	April 2021/22	Late	0
I21	ICT Systems & Changes/ Deployments	SMARTcare (Track & Traceability) - Inventory management system and Point of Care scanning implemented and live in T&O	Shane Gordon	Baz Wicks	Nov 2021/22	Late	Jan 2021/22
I22	ICT Systems & Changes/ Deployments	SMARTcare (Track & Traceability) - Product Recall implemented and live in T&O	Shane Gordon	Baz Wicks	Nov 2021/22	Late	Jan 2021/22
I23	ICT Systems & Changes/ Deployments	SMARTcare (Track & Traceability) - Inventory management system and Point of Care scanning implemented in theatre areas completed (Priority areas of Cardiology and Interventional Radiology)	Shane Gordon	Baz Wicks	Nov 2021/22	Late	Jan 2021/22
I24	ICT Systems & Changes/ Deployments	SMARTcare (Track & Traceability) - Roll-out SDS closed loop for stock management implemented in theatres and procedure rooms implemented	Shane Gordon	Daniel Imoh	Dec 2021/22	Late	April 2022/23
I25	ICT Systems & Changes/ Deployments	SMARTcare (Track & Traceability) - Point of Care scanning: in theatres and procedure rooms: patient association of equipment and instruments implemented and live	Shane Gordon	Daniel Imoh	Dec 2021/22	Late	April 2022/23

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5.0   Success Measures performance summary to end of Q2 2021/22 compared to last report is:

Domain	Previous position						Current position						Change in position					
	Achieved	On-Track	Off-Track	Unlikely to deliver	Under review	Total	Achieved	On-Track	Off-Track	Unlikely to deliver	Under review	Total	Achieved	On-Track	Off-Track	Unlikely to deliver	Under review	Total
Ambition to deliver best care & experience	1	2	0	2	1	6	0	5	0	0	2	7	-1	3	0	-2	1	1
Keep people in control of their health	0	0	0	1	4	5	0	0	0	0	5	5	0	0	0	-1	1	0
Lead the integrtaion of care	0	0	0	1	4	5	0	0	1	1	3	5	0	0	1	0	-1	0
Develop our centres of excellence	1	1	0	1	0	3	0	3	0	0	0	3	-1	2	0	-1	0	0
Support and develop our staff	0	5	0	1	1	7	0	2	2	1	2	7	0	-3	2	0	1	0
Drive technology enabled care	1	4	0	0	0	5	2	3	0	0	0	5	1	-1	0	0	0	0
TOTALS	3	12	0	6	10	31	2	13	3	2	12	32	-1	1	3	-4	2	1
Percentages	10%	39%	0%	19%	32%	100%	6%	41%	9%	6%	38%	100%						

- This extract is taken from the success measures tracker.
- Metrics reported as 'Achieved or On-Track' metrics currently stand at 47% (previously 49%)
- Metrics reported as 'Off-Track' are at 9%
- Metrics reported as 'Unlikely to achieve' have improved from 19% to 6%
- Metrics reported as 'Under review/ data not available' have moved from 32% to 38%
- Change control requests have been identified and account for 2 of the 12 metrics report as 'measure not identified/ data not available. The change requests include:

  1) SM07: Annual Survey - % of patients responding with highest level of empowerment on a standardised measure e.g. patient activation. Change request: It is requested that this metric is removed from the Strategic Plan. There are already other patient surveys in place.

  2) SM06b: 100% of services have cultural adaptions for access (Patients/Carers/ Visitors. Change request: It is requested that this metric is removed from the Strategic Plan. There is currently no baseline data or method to capture this data. The first step in 2022/23 will be to obtain baseline data on protected characteristics which may inform a programme which will indicate the types of service adaptations required for our local population.

- There are a further 10 success measures that remain unmeasurable or where data is not available. The focus on covid-19 response during Winter 2021/22 has hindered further progress on resolving these.

Details of success measures that remain under review:
- SM02:% of patients with frailty score of 7 and above who have been offered Advance Care Planning by frailty teams (or documentation that previous ACP has been viewed) or GP asked to carry out advanced care planning in the community
- SM15: All patients assessed in ED within 4 hour standard (Mental Health)
- SM12: % or non-elective patients who receive same day emergency care (AMSDEC)
- SM14: Reduce system cost of long term care as measured by "Fewer people need unplanned care and support (reduction in crisis situations)"
- SM10: % reduction in unplanned hospital admissions for people with the two most common conditions, Cardiac/Heart Failure and Respiratory
- SM08: % of follow-ups as non-F2F follow up
- SM09: Average number of outpatient appointments which are patient initiated.
- SM11: % reduction in Frailty care
- SM22: Staff survey for quality of appraisal is in top quartile by 2024 staff survey
- SM26: The staff survey leadership KPIs are all in the top quartile by 2024 staff survey

Baseline and actual data will continue to be explored for reporting for the Q4 position, and will inform the overall update of the refreshed strategic plan. If not resolved, it is proposed that these are removed from plan.

Action Required of the Board/Committee
The Committee are recommended to: 1. Note progress against the strategic plan and strategy success measures 2. To approve the change control requests for strategic plan date changes and strategic measure removals as detailed. 3. To note the remaining undefined success measures and view to considering their removal from the plan.

Link to Strategic Objectives (SO)		**Please tick**
SO1	Keep people in control of their health	☑
SO2	Lead the integration of care	☑
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO4	Drive technology enabled care	☑

Risk Implications for the Trust (including any clinical and financial consequences)	Delivery of the Trust strategy and ambition is dependent on the strategic plan. Failure to deliver the strategic plan will impede or prevent successful delivery of the strategy. External events, particularly the direct and long-term effects of the COVID-19 pandemic may affect the timing or extent to which the strategic plan and success measures can be achieved.
Trust Risk Appetite	Reputation: the board is willing to take high to significant risks and is willing to take decisions that are likely to bring scrutiny to the organisation where the benefits outweigh the risks. It sees new ideas as potentially enhancing its reputation

Legal and regulatory implications (including links to CQC outcomes, Monitor, inspections, audits, etc)	An agreed and current strategy is a requirement for the Well Led domain of the CQC assessment framework.
Financial Implications	Investments required to deliver the strategic plan are identified in the Trust's supporting strategies (ICT, People, Estates, Quality) and capital investments are included in the 5-year capital plan. Availability of revenue and capital limits are determined annually and are subject to change which may impact the ability to deliver the strategic plan.
Equality and Diversity	Equality impact assessment will take place at project level. Engagement with stakeholders, unions and Healthwatch (Essex and Suffolk) was undertaken during the development of the Trust strategy. The updated success measures reflect an increase focus on equality and diversity.