TMB & Strategic Plan Programmes - Progress Dashboard

PROGRAMME	Complete	On Track	At Risk	Not Started	Grand Total
BFBC	2	7	1	3	13
Diagnostics	6				6
Digital	9	24		1	34
Elective	8	21			29
IESCS	1	4			5
NEEICS	1	13	1	1	16
OTHER 1		1			1
Quality Improvement	2	7	1	2	12
Quality Priorities	1	9		1	11
ROB		2		2	4
Urgent & Emergency Care	1	7	3	5	16
Workforce	7	14	1	2	24
Grand Total	38	109	7	17	171

ESNEFT Strategic Plan/ Time Matters 2022-24 Plan Summary

Ref Id	Project Level	Time Matters Level	Strategic Plan Level	TMB Programme	TMB Programme SRO	Description	SRO for specific item	Planned Completion Date	Status Tracking agaitns Planned Compltion date (Drop-down)	Revised Completion date (only enter if different to planned completion date)	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	SO5: Drive technology enabled care
1		■	■	BFBC	Shane Gordon/Paul Fenton	Ipswich 3rd MRI commissioned.	Paul Fenton	Jan-21	Complete	Jan-00					■
2		■	■	BFBC	Shane Gordon/Paul Fenton	Transfer NHSP Community properties (First three sites)	Paul Fenton	Mar-23	Complete	Jan-00		■			
3		■	■	BFBC	Shane Gordon/Paul Fenton	Aseptic Unit Upgrade (Col)	Paul Fenton	Aug-22	On Track	Jan-00			■		
4		■	■	BFBC	Shane Gordon/Paul Fenton	IH Breast Unit development completed	Paul Fenton	Dec-22	On Track	Jan-00			■		
5		■	■	BFBC	Shane Gordon/Paul Fenton	IH Childrens Dept upgrade completed	Paul Fenton	Nov-23	On Track	Jan-00			■		
6		■	■	BFBC	Shane Gordon/Paul Fenton	Interventional Radiology and cardiac angiography (IRCA) unit (Col)	Paul Fenton	May-22	On Track	Jan-00			■		
7		■	■	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Urology dept – Relocation to sufficiently sized area	Paul Fenton	Jan-24	On Track	Jan-00			■		
8		■	■	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Endoscopy dept - Extension in to Incumbent Urology Area	Paul Fenton	Mar-24	On Track	Jan-00			■		
9		■	■	BFBC	Shane Gordon/Paul Fenton	Agree Capital Pipeline for 2022/2022 projects (as project approved will be added to TMB and Strategic Plan	Paul Fenton	Jun-22	On Track	Jan-00			■		
10		■	■	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - rationalisation of IH North-end	Paul Fenton	Mar-23	At Risk	Jan-00			■		
11		■	■	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - IH Staff accommodation upgrade	Paul Fenton	Dec-23	Not Started	Jan-00				■	
12		■	■	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Use & development of St Clements land	Paul Fenton	Mar-22	Not Started	Jan-00					■
13		■	■	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Commencement of Tower Block refurb (7th floor)	Paul Fenton	Jan-00	Not Started	Jan-00				■	
1			■	Diagnostics	Alison Power	PHE TUPE transfer	Alison Power	Oct-21	Complete	Jan-00					■
2			■	Diagnostics	Alison Power	Pathology Logistics tender complete	Alison Power	May-21	Complete	Jan-00		■			
3			■	Diagnostics	Alison Power	NEESPS disaggregation	Alison Power	Oct-20	Complete	Jan-00			■		
4			■	Diagnostics	Alison Power	Scope the potential to develop a diagnostic network (learning from principles with the East Midlands Radiology Consortium – EMRAD) to enable to fully utilise diagnostic capacity either across an ICS or regional foot print.	Alison Power	Nov-20	Complete	Jan-00					■

#			Category	Lead	Description	Owner	Date	Status	Date
5			Diagnostics	Alison Power	Reconfiguration of micro biology services – West Suffolk split and repatriation from PHE 31st October	Alison Power	Mar-21	Complete	Jan-00
6			Diagnostics	Alison Power	Transformation phlebotomy services - Roll out of Swift Queue	Alison Power	Mar-21	Complete	Jan-00
1			Digital	Mike Meers	Informatics Enabling Strategy approved by Trust Board	Shane Gordon	Nov-20	Complete	Jan-00
2			Digital	Mike Meers	Evolve Roll-out Colchester, Structured Evolve Messaging for Primary Care Discharge Notifications	Mike Meers	Aug-21	Complete	Jan-00
3			Digital	Mike Meers	Ipswich Wide Electronic Requesting and Results Pathology	Mike Meers	Sep-21	Complete	Jan-00
4			Digital	Mike Meers	Integrated health data available from multiple providers (HIE)	Mike Meers	Aug-20	Complete	Jan-00
5			Digital	Mike Meers	Vital signs solution fully deployed across ESNEFT	Mike Meers	Feb-21	Complete	Jan-00
6			Digital	Mike Meers	Unified Community ESNEFT Infrastructure - East Suffolk	Mike Meers	Dec-20	Complete	Jan-00
7			Digital	Mike Meers	Colchester Wide Electronic Requesting and Results Pathology	Mike Meers	Nov-22	Complete	Jan-00
8			Digital	Mike Meers	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	Mar-22	Complete	Jan-00
9			Digital	Mike Meers	Corporate Transformation: Rationalisation of Estate for Corporate Big 4 Finance, HR , ICT and Estates	Mike Meers	Mar-22	Complete	Jan-00
10			Digital	Mike Meers	Digital Histopathology	Shane Gordon	Mar-23	On Track	Jan-00
11			Digital	Mike Meers	Implementation of SMARTcare (Track & Traceability)	Shane Gordon	Mar-23	On Track	Jan-00
12			Digital	Mike Meers	Corporate TOM: Delivery of strategic plan for shared corporate functions and opportunities at a system level. (ICS)	Mike Meers	Mar-23	On Track	Jan-00
13			Digital	Mike Meers	Critical Care solution cross site (Ipswich and Colchester)	Mike Meers	Jun-22	On Track	Jan-00
14			Digital	Mike Meers	WinPath Enterprise Ipswich Site Go Live	Mike Meers	Jul-23	On Track	Jan-00
15			Digital	Mike Meers	ESNEFT Wide Order Comms - Electronic Requesting and Results Reporting Radiology	Mike Meers	Dec-22	On Track	Jan-00
16			Digital	Mike Meers	Unified Evolve Cloud for ESNEFT	Mike Meers	May-22	On Track	Jan-00
17			Digital	Mike Meers	Fully deployed shared order communications across all investigations and services orders	Mike Meers	Sep-24	On Track	Jan-00
18			Digital	Mike Meers	Fully Digitised Clinical and Operational processes for ESNEFT	Mike Meers	Sep-24	On Track	Jan-00
19			Digital	Mike Meers	ESNEFT Domain Project	Mike Meers	Mar-23	On Track	Jan-00
21			Digital	Mike Meers	Longitudinal Health and Care Record Integration Complete	Mike Meers	Sep-24	On Track	Jan-00

#	Category	Lead	Project	Owner	Target	Status	Baseline
21	Digital	Mike Meers	New EPR live across ESNEFT	Mike Meers	Sep-24	On Track	Jan-00
22	Digital	Mike Meers	Unified ESNEFT PACS	Mike Meers	Jul-24	On Track	Jan-00
23	Digital	Mike Meers	Unified Radiology System ESNEFT	Mike Meers	Dec-22	On Track	Jan-00
24	Digital	Mike Meers	Shared Care Record optimisation (HIE)	Mike Meers	Aug-22	On Track	Jan-00
25	Digital	Mike Meers	Order Comms Interop Solution via Evolve	Mike Meers	Aug-22	On Track	Jan-00
26	Digital	Mike Meers	ESNEFT Clinical Photography Solution	Mike Meers	May-22	On Track	Jan-00
27	Digital	Mike Meers	ESNEFT Cardiology	Mike Meers	Jun-22	On Track	Jan-00
28	Digital	Mike Meers	Patient Portal	Mike Meers	Jul-22	On Track	Jan-00
29	Digital	Mike Meers	ESNEFT Self- Check in Kiosk solution	Mike Meers	Jan-23	On Track	Jan-00
30	Digital	Mike Meers	RPA Development Programme	Mike Meers	Mar-23	On Track	Jan-00
31	Digital	Mike Meers	Software Development Strategy and Roadmap	Mike Meers	Sep-22	On Track	Jan-00
32	Digital	Mike Meers	NICS (ICT) Transition	Mike Meers	Jun-22	On Track	Jan-00
33	Digital	Mike Meers	Unified TeleCommunications Strategy	Mike Meers	Jul-22	On Track	Jan-00
34	Digital	Mike Meers	Cyber Security Strategy	Mike Meers	Oct-22	Not Started	Jan-00
1	Elective	Alison Power	New Constable Day Surgery Unit (Linked to EOC)	Shane Gordon	Apr-24	On Track	Jan-00
2	Elective	Sarah Noonan	Endoscopy Insourcing tender complete	Sarah Noonan	Dec-20	Complete	Jan-00
3	Elective	Sarah Noonan	Digitalised Pre-Op system across both hospitals.	Sarah Noonan	Nov-20	Complete	Jan-00
4	Elective	Sarah Noonan	Identification of Services to move from Acute to Community Locations	Sarah Noonan	Jan-21	Complete	Jan-00
5	Elective	Sarah Noonan	Increase 23 hour day surgery model	Sarah Noonan	Mar-23	Complete	Jan-00
6	Elective	Karen Lough	BAAGS (Straight to test, Advice&Guidance, Blue Card, Good News Letters, Virtual Consultations) completed for CDG's Cohort #1	Karen Lough	Nov-20	Complete	Jan-00
7	Elective	Karen Lough	BAAGS (Straight to test, Advice&Guidance, Blue Card, Good News Letters, Virtual Consultations) completed for CDG's Cohort #2	Karen Lough	Jan-21	Complete	Jan-00
8	Elective	Karen Lough	Completion of Telederm pilot in IES	Karen Lough	Mar-21	Complete	Jan-00

#			Type	Lead	Description	Owner	Date	Status	End
9			Elective	Karen Lough	Identification of Services to move from Acute to Community Locations	Karen Lough	Mar-21	Complete	Jan-00
10			Elective	Alison Power	Development of a Rapid Diagnostic Service (RDS) to enable early identification and timely referral of suspected cancer patients (First milestone Clacton CDH early adopter)	Alison Power	May-22	On Track	Jan-00
11			Elective	Alison Power	Clacton CDC Phase 2 operational	Alison Power	Apr-23	On Track	Jan-00
12			Elective	Sarah Noonan	Ipswich CDC Operational	Alison Power	Apr-24	On Track	Jan-00
13			Elective	Alison Power	Clacton Community Diagnostic Centre phase 1 complete	Shane Gordon	May-22	On Track	Jan-00
14			Elective	Alison Power	Clacton Community Diagnostic Centre phase 2 complete	Shane Gordon	Jul-23	On Track	Jan-00
15			Elective	Alison Power	Dame Clare Marx Building (elective orthopaedic centre) - additional theatres & wards; funding secured	Shane Gordon	Aug-22	On Track	Jan-00
16			Elective	Shane Gordon/Paul Fenton	Additional laparoscopic theatres at Ipswich - funding secured	Shane Gordon	Aug-22	On Track	Jan-00
17			Elective	Alison Power	Dame Clare Marx Building (Elective Orthopaedic Centre including extension to 8 theatres/3 wards)	Paul Fenton/ Alison Power?	Oct-23	On Track	Jan-00
18			Elective	Shane Gordon	Upgraded Endoscopy Units on both sites and new UIS at Ipswich Hospital	Shane Gordon	Sep-24	On Track	Jan-00
19			Elective	Sarah Noonan	Completion of Telederm pilot in IES	Sarah Noonan	Mar-23	On Track	Jan-00
20			Elective	Sarah Noonan	Test results in 7 days	Sarah Noonan	Mar-23	On Track	Jan-00
21			Elective	Sarah Noonan	Elective – PIFU 5% outpatient to PIFU	Sarah Noonan	Mar-23	On Track	Jan-00
22			Elective	Sarah Noonan	Elective – Outpatient FU 25% reduction	Sarah Noonan	Jun-23	On Track	Jan-00
23			Elective	Sarah Noonan	A&G built into Job planning	Sarah Noonan	Mar-23	On Track	Jan-00
24			Elective	Sarah Noonan	Theatre Efficiency Programme	Sarah Noonan	Sep-23	On Track	Jan-00
25			Elective	Sarah Noonan	Outpatient Transformation to inlcude: reduction of follow ups by 25%, PIFU to 5%, 16 specialities delivering A&G and increase in Virtual appointments.	Karen Lough	Mar-23	On Track	Jan-00
26			Elective	Sarah Noonan	Theatre Efficiency Programme	Karen Lough	Mar-23	On Track	Jan-00
27			Elective	Sarah Noonan	Clinical Pathways relating to GIRFT/HVLC - implement recommendations from both local and national reports to achieve best practice resulting in improved patient experience, quality and cost savings	Karen Lough	Mar-23	On Track	Jan-00
28			Elective	Sarah Noonan	Diagnostics - 99% of patients to receive their diagnostics within 6 weeks	Alison Power	Dec-22	On Track	Jan-00
29			Elective	Karen Lough	Delivery of 28 day Faster Diagnostic standard (Cancer)	Alison Power	Dec-22	On Track	Jan-00
1			IESCS	Paul Little	Create capacity for INT managers to be locality leads rather than team supervisors	Paul Little	Jan-00	Complete	Jan-00

#			Workstream	Lead	Description	Owner	Start	Status	End	Timeline
2			IESCS	Paul Little	Create support capacity specifically focused on the delivery of locality plans	Paul Little	Mar-23	On Track	Jan-00	
3			IESCS	Paul Little	Establish single team processes for assessing and planning the delivery of long term care	Paul Little	Mar-23	On Track	Jan-00	
4			IESCS	Paul Little	Deliver plans at a connect area level with tangible indicators of success, achieving the Connect outcomes	Paul Little	Mar-23	On Track	Jan-00	
5			IESCS	Paul Little	Engage INTs in the delivery of specific Alliance-wide plans	Paul Little	Mar-23	On Track	Jan-00	
1			NEEICS	Alison Armstrong	Frailty: 7 day service in place frailty at Colchester. Both sites to achieve 70 hour target	Alison Power	Sep-20	Complete	Jan-00	
2			NEEICS	Alison Armstrong	Reporting of NEECS Community Datasets (same as acute data)	Shane Gordon	Jun-22	On Track	Jan-00	
3			NEEICS	Alison Armstrong	Better Access for Local Services - Tackle inequity by targeting care to meet population and neighbourhoods needs and keeping people healthier for longer	Ali A	Mar-25	On Track	Jan-00	
4			NEEICS	Alison Armstrong	Pkeeping people healthy and receiving care in local area .Provide resilient 'out of hospital' care which reduces the burden on acute services, particularly in Medicine and Older Peoples Services (Ambulance service activity, conveyance rates, UCRS development, links to virtual hospital and acute and community bed capacity, and	Ali A	Mar-25	On Track	Jan-00	
5			NEEICS	Alison Armstrong	Work as part of an integrated care system, joining up care to create efficiencies and improve patient pathways, addressing specific issues in targetted INTs such as CO15 and CO16.	Ali A	Mar-25	On Track	Jan-00	
6			NEEICS	Alison Armstrong	Ensure delivery of true transformation of all North East Essex Community Services clinical services	Ali A	Mar-23	On Track	Jan-00	
7			NEEICS	Alison Armstrong	Ensure delivery of true transformation of all North East Essex Community Services corporate infrastructure, including ICT, Estates, Workforce, BI and Finance & Contracting, what will we do to make it truly transformational	Ali A	Mar-23	On Track	Jan-00	
8			NEEICS	Alison Armstrong	Set out the further development of transformation, leading into true integration of services in line with the key principles from the collaborative and health improvement outcomes included in live well programme	Ali A	Mar-23	On Track	Jan-00	
9			NEEICS	Alison Armstrong	Provide assurance to the NICS Collaborative that we have completed the ambition for transformation progress and delivery on time and with benefits realisation	Ali A	Mar-23	On Track	Jan-00	
10			NEEICS	Alison Armstrong	To develop an enhanced frailty service which will support the frail population in North-east Essex to live well, to optimise independence and reduce hospital acquired functional decline. The service will provide active intervention and prevention, as close to the place that the patient calls home.	Ali A	Mar-23	On Track	Jan-00	
11			NEEICS	Alison Armstrong	To implement a Virtual Ward (Onboarding 74 patients by Oct 2022) which supports the national and local ambition to manage patients on a Virtual Ward who would of otherwise been an inpatient. This will increase the amount of patients who safely avoid admission, increase the amount of patients who can safely leave the acute	Ali A	Oct-22	On Track	Jan-00	
12			NEEICS	Alison Armstrong	To further integrate our services to provide a robust urgent community response with a 7-day service which works alongside the frailty service, step-up beds into community hospitals and virtual care and responds to an increasing proportion of calls within 2 hours. The service will reduce the need for escalation of care to non	Ali A	Mar-23	On Track	Jan-00	
13			NEEICS	Alison Armstrong	Following the successful pilot of the Live Well Neighbourhood Teams in Colchester Central, NEECS will work in collaboration with the NEE Alliance to mobilise remaining Neighbourhood teams. NEECS will undertake further work to ensure alignment and integration of our services into multi agency, multi disciplinary neighbourhood teams	Ali A	Mar-23	On Track	Jan-00	
14			NEEICS	Alison Armstrong	To maximise opportunities for business growth, work will be undertaken to expand services beyond what currently forms the NICS contract. The confidence and trust of our system partners in ESNEFT being in the best place to provide or sub-contract and be accountable for these services, is to be strengthened so that a more holistic	Ali A	Mar-23	On Track	Jan-00	
15			NEEICS	Alison Armstrong	Mobilisation and Standardisation of all North East Essex Community Services clinical services, including ensuring the infrastructure in place to deliver what we said we would do	Ali A	Mar-22	At Risk	Jan-00	
16			NEEICS	Alison Armstrong	Surge Planning. To build resilience in community to keep people local to their homes.	Ali A	Mar-23	Not Started	Jan-00	
1			OTHER 1		0 The Institute of Excellence in Robotic Surgery in collaboration with ARU and industry	Shane Gordon	Mar-23	On Track	Jan-00	
1			Quality Improvement	Angela Tillet	Deliver the full project plan for the Faculty of Education, so it brings together all learning, education and organisational development elements into a single, funded entity	Angela Tillett	Mar-22	Complete	Jan-00	

#			Category	Owner	Description	Lead	Start	Status	End
2			Quality Improvement	Angela Tillet	Improve Interventional safety by embedding a safety culture	Angela Tillett	Dec-22	Complete	Jan-00
3			Quality Improvement	Angela Tillet	Deterioriating patients: Sepsis 6. Delivery of compliance with sepsis 6 care bundle (timeliness of escaltions), initially in Emergency assessment areas Dec 2022 and then broader areas by March 2024 (aligned with digital vital signs monitoring).	Angela Tillett	Dec-22	On Track	Jan-00
4			Quality Improvement	Angela Tillet	Getting it right first time (GIRFT) programme improvements (various recommendations with different timescales per Speciality) To be measured through top 3 patient benefits - initial specialities MSK/ Collerectal/ vascular/ renal and lung cancer	Angela Tillett	Mar-23	On Track	Jan-00
5			Quality Improvement	Angela Tillet	Continue to improve our care to those at the end of their life, timely transfer to preferred place of care.	Angela Tillett	Mar-23	On Track	Jan-00
6			Quality Improvement	Angela Tillet	7 day consultant-led service models incl. specialty assessment units. Deliver national requirements by end of 2022/23 - with initial focus on oncology and collerectal.	Angela Tillett	Mar-23	On Track	Jan-00
7			Quality Improvement	Angela Tillet	Deteriorating patuients: AKI. To ensure that all inpatients with an AKI are quickly identified and treatment initiated in line with the Trust AKI Care Bundle.	Angela Tillett	Jan-23	On Track	Jan-00
8			Quality Improvement	Angela Tillet	To implement an Inequalities programmes, with first focus on Tobacco: To roll out the Tobacco Treatment service across ESNEFT	Angela Tillett	Jan-23	On Track	Jan-00
9			Quality Improvement	Angela Tillet	QI Faculty programme continuation, with focus on the 'making every contact count' initiative'	Angela Tillett	Jan-23	On Track	Jan-00
10			Quality Improvement	Angela Tillet	Mortality (SHMI), SHMI within expected range from end of 2019/20 with a reduction over 3-5 years: Implement ReSPECT tool.	Angela Tillett	Mar-23	At Risk	Jan-00
11			Quality Improvement	Angela Tillet	Medication Management Programme (unwarranted variation)	Angela Tillett	Mar-24	Not Started	Jan-00
12			Quality Improvement	Angela Tillet	Identifying and adressing unwarranted variation across specilties within the SNEE Provider Collaborative (three specialties at a time - rolling programme)	Angela Tillett	Mar-24	Not Started	Jan-00
1			Quality Priorities	Giles Thorpe	Implementation of the Patient Experience Network co-produced with our partners	Giles Thorpe	Sep-21	Complete	Jan-00
2			Quality Priorities	Giles Thorpe	Reduce the number of inpatient falls to be in line with national target (5.5/1000 bed days)	Giles Thorpe	Sep-22	On Track	Jan-00
3			Quality Priorities	Giles Thorpe	Improve clinical outcomes for patients with mental health conditions, improve mental health well-being for staff and transform Mental Health provision across ESNEFT (Three stage progress, including fromt door MH assessment, easting disorders and dementia)	Giles Thorpe	Mar-24	On Track	Jan-00
4			Quality Priorities	Giles Thorpe	Nutrition - Effective management and increased awareness on importance of nutrition, ensuring all patients receive appropriate nutrition or nutritional intervention	Giles Thorpe	Mar-24	On Track	Jan-00
5			Quality Priorities	Giles Thorpe	Trauma Informed Practice - enhancing clinicians' and service's understanding of the impact of psychological and emotional trauma on patient's health outcomes. Support for identification of approaches to care which are trauma informed	Giles Thorpe	Mar-24	On Track	Jan-00
6			Quality Priorities	Giles Thorpe	Patient Experience: To be fully compliant with the Accessible Information Standard	Giles Thorpe	Mar-23	On Track	Jan-00
7			Quality Priorities	Giles Thorpe	Patient Experience: The Trust will have assurance of the role of all Patient User Groups across the organisation.	Giles Thorpe	Mar-23	On Track	Jan-00
8			Quality Priorities	Giles Thorpe	Patient Safety: The Trust will ensure a strong Patient Safety Culture through the recent implementation of the Patient Safety Incident Response Framework and development of the Patient Safety Science Acadamy (% of staff trained in patuent safety, reduction in harm, promotion of open and just culture)	Giles Thorpe	Apr-24	On Track	Jan-00
9			Quality Priorities	Giles Thorpe	Workforce: To ensure safe staffing through the use of Safecare (linked to development of a workforce strategy for nursing, ahp and midwifery which ensures a forward plan and drives divisional business planning	Giles Thorpe	Mar-24	On Track	Jan-00
10			Quality Priorities	Giles Thorpe	Maternity Programme: Implementing recommendations from the Ockendon report, and ensuring continuity of carer.	Giles Thorpe	Mar-23	On Track	Jan-00
11			Quality Priorities	Giles Thorpe	Frailty - implementing front door fraility assessment (further elements of programme to be defined)	Giles Thorpe	Mar-23	Not Started	Jan-00

#	Workstream	Lead	Description	Owner	Date	Status	
1	ROB	Adrian Marr	e.Rostering complete across ESNEFT for all Medical staff	Adrian Marr	Mar-24	On Track	Jan-00
2	ROB	Adrian Marr	ESNEFT acting as anchor organisation	Adrian Marr	Mar-23	On Track	Jan-00
3	ROB	Adrian Marr	ICS review of finance function to support delivery of best practice	Adrian Marr	Sep-22	Not Started	Jan-00
4	ROB	Adrian Marr	Population health management - improving health outcomes through analytics	Adrian Marr	Mar-23	Not Started	Jan-00
1	Urgent & Emergency Care	Sarah Noonan	Ipswich EAU Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Dec-20	Complete	Jan-00
2	Urgent & Emergency Care	Alison Power	Mental Health - New areas adjacent to ED at CH	Alison Power	Apr-22	On Track	Jan-00
3	Urgent & Emergency Care	Sarah Noonan	Mental Health - New areas adjacent to ED at IH	Sarah Noonan	Apr-22	On Track	Jan-00
4	Urgent & Emergency Care	Sarah Noonan	Ipswich and Emergency Care and Patient flow actions including reducing stranded metrics	Sarah Noonan	Mar-23	On Track	Jan-00
5	Urgent & Emergency Care	Sarah Noonan	ECDS v3	Sarah Noonan	Dec-22	On Track	Jan-00
6	Urgent & Emergency Care	Alison Power	Colchester Supported Discharge	Alison Power	Dec-22	On Track	Jan-00
7	Urgent & Emergency Care	Alison Power	Colchester Urgent & Emergency Care and Patient Flow actions including reducing stranded metrics	Alison Power	Mar-23	On Track	Jan-00
8	Urgent & Emergency Care	Sarah Noonan	Priority six. Medical inpatient Model of Care, moving to 7 day cover for services. (IH initially and then CH)	Sarah Noonan	Apr-25	On Track	Jan-00
9	Urgent & Emergency Care	Sarah Noonan	Ipswich ED/UTC Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Jan-24	At Risk	Jan-00
10	Urgent & Emergency Care	Sarah Noonan	Ipswich SAU Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Dec-22	At Risk	Jan-00
11	Urgent & Emergency Care	Paul Little	Priority four. Virtual Wards - two virtual wards on each site by end of Q2	Paul Little	Oct-22	At Risk	Jan-00
12	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority one. Ambulance services - Admisson Avoidance Schemes including ambition for 40 % ambulance Conveyancing rates and ambitions for Ambulance Handover rates	Sarah Noonan/Alison Power	Mar-23	Not Started	Jan-00
13	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority two. Development of UCRS Service (prevention i.e ReACT)	Sarah Noonan/Alison Power	Mar-23	Not Started	Jan-00
14	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority three. Stregthening ED plans - processes and ops centre improvement	Sarah Noonan/Alison Power	Mar-23	Not Started	Jan-00
15	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority five. Pathway 1- 3 improvements	Sarah Noonan/Alison Power	Mar-23	Not Started	Jan-00
16	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority seven. Develop winter plan by Autumn 2022.	Sarah Noonan/Alison Power	Aug-22	Not Started	Jan-00
1	Workforce	Kate Read	Apprenticeship training provider status achieved	Shane Gordon	Feb-22	Complete	Jan-00
2	Workforce	Kate Read	Our People Strategy 2020-22 approved by Trust Board	Kate Read	Nov-21	Complete	Jan-00

#			Category	Owner	Description	Lead	Date	Status	Date	Timeline
3			Workforce	Kate Read	On/Off Boarding - Implemented new corporate process for all staff who start, leave or move role within the Trust	Kate Read	Mar-22	Complete	Jan-00	
4			Workforce	Kate Read	Deliver and embed the Health & Care Academy	Kate Read	Oct-20	Complete	Jan-00	
5			Workforce	Kate Read	Delivery plan for the Wellbeing Hub which sets out how this will support staff in improving their mental, physical and financial health	Kate Read	Sep-20	Complete	Jan-00	
6			Workforce	Kate Read	'Work from anywhere' policy and framework publised so our staff can work from home or any Trust location effectively and supported by their manager	Kate Read	Dec-20	Complete	Jan-00	
7			Workforce	Kate Read	e.Job plans for all clinical workfroce (NHS long-term plan)	Kate Read	Nov-21	Complete	Jan-00	
8			Workforce	Kate Read	Workforce: Automation and governance programme.	0	Jan-00	On Track	Jan-00	
9			Workforce	Kate Read	Workforce: Employee relations programme	0	Mar-23	On Track	Jan-00	
10			Workforce	Kate Read	Workforce: Education & Training programme	0	Mar-23	On Track	Jan-00	
11			Workforce	Kate Read	Workforce: Resourcing and workforce planning programme	0	Mar-23	On Track	Jan-00	
12			Workforce	Kate Read	Workforce: Retention & careers programme	0	Mar-23	On Track	Jan-00	
13			Workforce	Kate Read	Workforce - OD - Leadership Development Programme	0	Mar-23	On Track	Jan-00	
14			Workforce	Kate Read	Workforce: OD - Wellbeing programme	0	Mar-23	On Track	Jan-00	
15			Workforce	Kate Read	Workforce: OD - EDI prpgramme	0	Mar-23	On Track	Jan-00	
16			Workforce	Kate Read	Faculty of Education & Innovation facility - planning permission secured	Shane Gordon	Mar-23	On Track	Jan-00	
17			Workforce	Kate Read	Ensure our staff feel valued and supported by enhancing our health and wellbeing offering to enable them to contribute to the development of their role and the services they provide for the benefit of our patients.	Kate Read	Mar-23	On Track	Jan-00	
18			Workforce	Kate Read	Ensure we have the right number of staff in the right place at the right time with the right skills	Kate Read	Mar-23	On Track	Jan-00	
19			Workforce	Kate Read	Create a learning environment which attracts and retains high calibre staff for our patients	Kate Read	Mar-23	On Track	Jan-00	
20			Workforce	Kate Read	Ensure our staff feel valued and supported by enhancing our health and wellbeing offering to enable them to contribute to the development of their role and the services they provide for the benefit of our patients.	Kate Read	Mar-23	On Track	Jan-00	
21			Workforce	Kate Read	Effective Partnership Working to Deliver ICS People Plan - improving access to employment and training opportunities for staff from across the ICS	Kate Read	Mar-23	On Track	Jan-00	
22			Workforce	Kate Read	Enhance the capability and capacity of our Leaders to deliver our strategic objectives	Kate Read	Mar-23	At Risk	Jan-00	
23			Workforce	Kate Read	ESR Optimisation - Improving access to staff records including contract information, mandatory training	Kate Read	Mar-23	Not Started	Jan-00	
24			Workforce	Kate Read	Embed employee helpdesk, expanding across all elements of HR, ESR and pay queries	Kate Read	Mar-23	Not Started	Jan-00	

TMB/ Strategic Plan live progress tracker

New ID Number	TMB Programme Alignment	TMB Programme SRO	Strategic Plan item	SRO for item	Lead for Status Updates	Planned Completion Date	Status Tracking against Planned date	Revised completion date - only if different to planned	Please provide new update on this project, and if the planned completion date is at risk, describe mitigation.	Describe how the completion of this will be measured 'the success measure'	Please describe the key dependencies	What Trust ambition/ strategic objective does this plan align to ? (Select from drop-down)
1	BFBC	Shane Gordon/Paul Fenton	Ipswich 3rd MRI commissioned.	Paul Fenton	Belinda Ling, Sinead Hendricks-	Jan-21	Complete					SO5: Drive technology enabled care
2	BFBC	Shane Gordon/Paul Fenton	Transfer NHSP Community properties (First three sites)	Paul Fenton	Anne Finn	Mar-23	Complete			Confirmation of transfer received March 2022		SO2: Lead the integration of Care
3	BFBC	Shane Gordon/Paul Fenton	Aseptic Unit Upgrade (Col)	Paul Fenton	Stephen Pullen	Aug-22	On Track			Building is complete and in use. Canopy to be built at the front of the building	Improve delivery area and meet MRHA requirements.	SO3: Develop our centres of excellence
4	BFBC	Shane Gordon/Paul Fenton	IH Breast Unit development completed	Paul Fenton	Chirs Woodman	Dec-22	On Track			Project is currently managed on time and on budget.	Redesign for HTM 03 requirements completed. 2nd full submission of business case was submitted and approved	SO3: Develop our centres of excellence
5	BFBC	Shane Gordon/Paul Fenton	IH Childrens Dept upgrade completed	Paul Fenton	Chris Woodman	Nov-23	On Track			Project is currently managed on time and on budget.	Redesign for HTM 03 requirements completed. 2nd full submission of business case was submitted and approved	SO3: Develop our centres of excellence
6	BFBC	Shane Gordon/Paul Fenton	Interventional Radiology and cardiac angiography (IRCA) unit (Col)	Paul Fenton	David Cohen	May-22	On Track			If we are able to occupy IRCA to enable to DCMB to commence on site.	DCMB Building	SO3: Develop our centres of excellence
7	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Urology dept – Relocation to sufficiently sized area	Paul Fenton	Chris Woodman	Jan-24	On Track					SO3: Develop our centres of excellence
8	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Endoscopy dept - Extension in to Incumbent Urology Area	Paul Fenton	Chris Woodman	Mar-24	On Track					SO3: Develop our centres of excellence
9	BFBC	Shane Gordon/Paul Fenton	Agree Capital Pipeline for 2022/2022 projects (as project approved will be added to TMB and Strategic Plan	Paul Fenton	Chris Woodman	Jun-22	On Track				Number of schemes progressed in pipeline and perentage of schemes on track and on budget	SO3: Develop our centres of excellence
10	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - rationalisation of IH North-end	Paul Fenton	Cara Gosbell	Mar-23	At Risk			Project on hold - completion date TBC	Vacant space recently occupied (Block 48) which will need to be displaced as part of this scheme.	SO3: Develop our centres of excellence
11	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - IH Staff accommodation upgrade	Paul Fenton	Cara Gosbell	Dec-23				Project on hold		SO4: Support and develop our staff
12	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Use & development of St Clements land	Paul Fenton	Chris Woodman	Mar-22				On hold and still in discussion with regards to purchase	Cost and avaialbility of capital funds	SO4: Support and develop our staff
13	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Commencement of Tower Block refurb (7th floor)	Paul Fenton	Chris Woodman				To be removed from plan	Not currently part of the capital Plan		SO3: Develop our centres of excellence
1	Diagnostics	Alison Power	PHE TUPE transfer	Alison Power	Bee Anthony,	Oct-21	Complete					SO4: Support and develop our staff
2	Diagnostics	Alison Power	Pathology Logistics tender complete	Alison Power	Bee Anthony,	May-21	Complete					SO2: Lead the integration of Care
3	Diagnostics	Alison Power	NEESPS disaggregation	Alison Power	Bee Anthony,	Oct-20	Complete					SO3: Develop our centres of excellence
4	Diagnostics	Alison Power	Scope the potential to develop a diagnostic network (learning from principles with the East Midlands Radiology Consortium – EMRAD) to enable to fully utilise diagnostic capacity either across an ICS or regional foot print	Alison Power	Bee Anthony	Nov-20	Complete					SO5: Drive technology enabled care
5	Diagnostics	Alison Power	Reconfiguration of micro biology services – West Suffolk split and repatriation from PHE 31st October	Alison Power	Bee Anthony	Mar-21	Complete					SO3: Develop our centres of excellence
6	Diagnostics	Alison Power	Transformation phlebotomy services - Roll out of Swift Queue	Alison Power	Bee Anthony	Mar-21	Complete					SO5: Drive technology enabled care
1	Digital	Mike Meers	Informatics Enabling Strategy approved by Trust Board	Shane Gordon	Shane Gordon	Nov-20	Complete		Completed and closed			SO5: Drive technology enabled care
2	Digital	Mike Meers	Evolve Roll-out Colchester, Structured Evolve Messaging for Primary Care Discharge Notifications	Mike Meers	Andrea Craven	Aug-21	Complete		Completed and closed			SO5: Drive technology enabled care
3	Digital	Mike Meers	Ipswich Wide Electronic Requesting and Results Pathology	Mike Meers	Andrea Craven	Sep-21	Complete		Completed and closed			SO5: Drive technology enabled care
4	Digital	Mike Meers	Integrated health data available from multiple providers (HIE)	Mike Meers	Andrea Craven	Aug-20	Complete		Completed and closed			SO5: Drive technology enabled care
5	Digital	Mike Meers	Vital signs solution fully deployed across ESNEFT	Mike Meers	Andrea Craven	Feb-21	Complete		Completed and closed			SO5: Drive technology enabled care
6	Digital	Mike Meers	Unified Community ESNEFT Infrastructure - East Suffolk	Mike Meers	Mark Caines	Dec-20	Complete		Completed and closed			SO2: Lead the integration of Care
7	Digital	Mike Meers	Colchester Wide Electronic Requesting and Results Pathology	Mike Meers	Andrea Craven	Nov-22	Complete		Completed and closed			SO5: Drive technology enabled care
8	Digital	Mike Meers	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	01-Mar-22	Complete		Completed and closed	IPCITY Enabled and operational.		SO4: Support and develop our staff
9	Digital	Mike Meers	Corporate Transformation: Rationalisation of Estate for Corporate Big 4 Finance, HR , ICT and Estates	Mike Meers	Cara Gosbell	01-Mar-22	Complete		Completed and closed			SO3: Develop our centres of excellence
10	Digital	Mike Meers	Digital Histopathology	Shane Gordon	Pete Cook/ An	Mar-23	On Track		Item agreed	Implementation of a new digital histopathology system across both sites with all staff trained in its use and digital reporting in place	Winpath in place, histopathology supporting the implemetation with subject matter expertise, collaboration with NNUH and WSH, backfill for consultants to undertake training on the system	SO5: Drive technology enabled care

#	Category	Owner	Project	Lead 1	Lead 2	Date	Status	Note	Description	Dependency	Strategic Objective
11	Digital	Mike Meers	Implementation of SMARTcare (Track & Traceability)	Shane Gordon	Baz Wicks	Mar-23	On Track	Item agreed	Point of care scanning is live in T&O	ICT support for connectivity Support from procurement to improve GS1 compliance by suppliers Engagement & training of theatre staff	SO5: Drive technology enabled care
12	Digital	Mike Meers	Corporate TOM: Delivery of strategic plan for shared corporate functions and opportunities at a system level. (ICS)	Mike Meers	Mike Meers	Mar-23	On Track	Item agreed	Delivery of strategic plan for shared corporate functions and opportunities at a system level.		SO3: Develop our centres of excellence
13	Digital	Mike Meers	Critical Care solution cross site (Ipswich and Colchester)	Mike Meers	Andrea Craven	Jun-22	On Track	Item agreed	Will be able to retire legacy critical care systems at IH and CH (Draeger/Philips)	Successful UAT/Training	SO5: Drive technology enabled care
14	Digital	Mike Meers	WinPath Enterprise Ipswich Site Go Live	Mike Meers	Andrea Craven	Jul-23	On Track	Item agreed	WPE will be live at IH and CH allowing legeacy lab systems (Labcentre/Apex) to be retired	Resource availabilty rom the labs to validate the upgrades	SO5: Drive technology enabled care
15	Digital	Mike Meers	ESNEFT Wide Order Comms - Electronic Requesting and Results Reporting Radiology	Mike Meers	Andrea Craven	Dec-22	On Track	Item agreed	Single Order Comms solution available across ESNEFT	Supplier roadmap to support multiple PAS feeds to ICE Unified CRIS. Depending on timeline, this may be superceded with EPR Order Comms	SO5: Drive technology enabled care
16	Digital	Mike Meers	Unified Evolve Cloud for ESNEFT	Mike Meers	Andrea Craven	May-22	On Track	Item agreed	Single View of Patient Record will be in one ESNEFT Evolve instance	Dependant on application version upgrade passing testing in March	SO5: Drive technology enabled care
17	Digital	Mike Meers	Fully deployed shared order communications across all investigations and services orders	Mike Meers	Andrea Craven	Sep-24	On Track	Item agreed	Service orders and order comms will be in one single system for ESNEFT	Implementation of EPR Programme	SO5: Drive technology enabled care
18	Digital	Mike Meers	Fully Digitised Clinical and Operational processes for ESNEFT	Mike Meers	Andrea Craven	Sep-24	On Track	Item agreed	Service orders and order comms will be in one single system for ESNEFT	Implementation of EPR Programme	SO5: Drive technology enabled care
19	Digital	Mike Meers	ESNEFT Domain Project	Mike Meers	Mark Caines	Mar-23	On Track	Item agreed	All users on ESNEFT domain	Trust engagement	SO5: Drive technology enabled care
21	Digital	Mike Meers	Longitudinal Health and Care Record Integration Complete	Mike Meers	Andrea Craven	Sep-24	On Track	Item agreed	Service orders and order comms will be in one single system for ESNEFT	Implementation of EPR Programme	SO5: Drive technology enabled care
21	Digital	Mike Meers	New EPR live across ESNEFT	Mike Meers	Andrea Craven	Sep-24	On Track	Item agreed	Service orders and order comms will be in one single system for ESNEFT	Implementation of EPR Programme	SO5: Drive technology enabled care
22	Digital	Mike Meers	Unified ESNEFT PACS	Mike Meers	Andrea Craven	Jul-24	On Track	Item agreed	Unified PACS for ESNEFT	Approval of business case	SO3: Develop our centres of excellence
23	Digital	Mike Meers	Unified Radiology System ESNEFT	Mike Meers	Andrea Craven	Dec-22	On Track	Item agreed	Delivery of CRIS Connect solution, Communicator and Advanced Order Comms modules Upgrading VR from Dragon to Augnito	Approval of business case	SO5: Drive technology enabled care
24	Digital	Mike Meers	Shared Care Record optimisation (HIE)	Mike Meers	Andrea Craven	Aug-22	On Track	Item agreed	Data set shared to HIE expanded beyond Discharge Summary and ED Attedance Summary (IH)	Completion of Merged Evolve - SVOP	SO2: Lead the integration of Care
25	Digital	Mike Meers	Order Comms Interop Solution via Evolve	Mike Meers	Andrea Craven	Aug-22	On Track	Item agreed	Clinicians will be able to click through from Evolve to place ICE requests	Completion of Merged Evolve - SVOP	SO2: Lead the integration of Care
26	Digital	Mike Meers	ESNEFT Clinical Photography Solution	Mike Meers	Andrea Craven	May-22	On Track	Item agreed	Replaces legacy PIXL solution which is unsupported and at risk		SO5: Drive technology enabled care
27	Digital	Mike Meers	ESNEFT Cardiology	Mike Meers	Andrea Craven	Jun-22	On Track	Item agreed	Roll out to Harwich/Clacton/IRCA		SO5: Drive technology enabled care
28	Digital	Mike Meers	Patient Portal	Mike Meers	Andrea Craven	Jul-22	On Track	Item agreed	Migraton from incumbant to new provider and extend services to CH	Successful migration to new provider solution	SO1: Keep people in control of their health
29	Digital	Mike Meers	ESNEFT Self- Check in Kiosk solution	Mike Meers	Andrea Craven	Jan-23	On Track	Item agreed	Incumbant solution providers will be replaced with single ESNEFT solution (EPR enabling work)	Approval of business case	SO5: Drive technology enabled care
30	Digital	Mike Meers	RPA Development Programme	Mike Meers	Jon Cameron	Mar-23	On Track	Item agreed	Agreed and signed of Development Programme.		SO3: Develop our centres of excellence
31	Digital	Mike Meers	Software Development Strategy and Roadmap	Mike Meers	Jon Cameron	Sep-22	On Track	Item agreed	Delivery of agreed in-house Software Development Strategy including agreed clinical roadmap for Sentinel and Watchpoint aligned ot EPR.		SO2: Lead the integration of Care
32	Digital	Mike Meers	NICS (ICT) Transition	Mike Meers	Mark Caines	Jun-22	On Track	Item agreed	Migration of all former ACE staff to ESENFT ICT Services and Infrastructure including WIFI and Six North East Essex Community sites.		SO2: Lead the integration of Care
33	Digital	Mike Meers	Unified TeleCommunications Strategy	Mike Meers	Mark Caines	Jul-22	On Track	Item agreed	New strategy for Unified Telecommunications Strategy and ESNEFT Telecommunications Infrastruture Business Case Approved	Business Case Approval	SO3: Develop our centres of excellence
34	Digital	Mike Meers	Cyber Security Strategy	Mike Meers	Mark Caines	Oct-22	Not Started	Item agreed	ESNEFT Cyber Security Strategy		SO5: Drive technology enabled care
1	Elective	Alison Power	New Constable Day Surgery Unit (Linked to EOC)	Shane Gordon	Andrew McLau	Apr-24	On Track		Constable DSU open	Completion of DCMB. Approval of Trust capital funding. Award of contract.	SO3: Develop our centres of excellence
2	Elective	Sarah Noonan	Endoscopy Insourcing tender complete	Sarah Noonan	Shume Begum	Dec-20	Complete		Completed	Completed	SO3: Develop our centres of excellence
3	Elective	Sarah Noonan	Digitalised Pre-Op system across both hospitals.	Sarah Noonan	Chloe Abbott	Nov-20	Complete				SO5: Drive technology enabled care
4	Elective	Sarah Noonan	Identification of Services to move from Acute to Community Locations	Sarah Noonan	Angela Ashton	Jan-21	Complete				SO2: Lead the integration of Care
5	Elective	Sarah Noonan	Increase 23 hour day surgery model	Sarah Noonan	Chloe Abbott	Mar-23	Complete	Remove from plan			SO3: Develop our centres of excellence
6	Elective	Karen Lough	BAAGS (Straight to test, Advice&Guidance, Blue Card, Good News Letters, Virtual Consultations) completed for CDG's Cohort #1	Karen Lough	Jane-Anne Urq	Nov-20	Complete				SO1: Keep people in control of their health
7	Elective	Karen Lough	BAAGS (Straight to test, Advice&Guidance, Blue Card, Good News Letters, Virtual Consultations) completed for CDG's Cohort #2	Karen Lough	Jane-Anne Urq	Jan-21	Complete				SO1: Keep people in control of their health
8	Elective	Karen Lough	Completion of Telederm pilot in IES	Karen Lough	Angela Ashton	Mar-21	Complete				SO5: Drive technology enabled care

#	Theme	Lead	Description	Owner	Owner 2	Date	Status	Notes 1	Notes 2	Notes 3	Strategic Objective
9	Elective	Karen Lough	Identification of Services to move from Acute to Community Locations	Karen Lough	Angela Ashton	Mar-21	Complete				SO2: Lead the integration of Care
10	Elective	Alison Power	Development of a Rapid Diagnostic Service (RDS) to enable early identification and timely referral of suspected cancer patients (First milestone Clacton CDH early adopter)	Alison Power	Pat Harvey	May-22	On Track				SO1: Keep people in control of their health
11	Elective	Alison Power	Clacton CDC Phase 2 operational	Alison Power	James Archard	Apr-23	On Track				SO2: Lead the integration of Care
12	Elective	Sarah Noonan	Ipswich CDC Operational	Alison Power	James Archard	Apr-24	On Track				SO2: Lead the integration of Care
13	Elective	Alison Power	Clacton Community Diagnostic Centre phase 1 complete	Shane Gordon	James Archard	May-22	On Track		CDC phase 1 open	Electrical supply Equipment delivery	SO2: Lead the integration of Care
14	Elective	Alison Power	Clacton Community Diagnostic Centre phase 2 complete	Shane Gordon	James Archard	Jul-23	On Track		CDC phase 2 open	Successful capital bid Procurement & Construction timetable	SO2: Lead the integration of Care
15	Elective	Alison Power	Dame Clare Marx Building (elective orthopaedic centre) - additional theatres & wards; funding secured	Shane Gordon	Andrew McLau	Aug-22	On Track		Funding received	Planning permission MOU with NHSEI	SO3: Develop our centres of excellence
16	Elective	Shane Gordon/Paul Fenton	Additional laparoscopic theatres at Ipswich - funding secured	Shane Gordon	Andrew McLau	Aug-22	On Track		Funding received	MOU with NHSEI	SO3: Develop our centres of excellence
17	Elective	Alison Power	Dame Clare Marx Building (Elective Orthopaedic Centre including extension to 8 theatres/3 wards)	Paul Fenton/ A	Andrew McLau	Oct-23	On Track		DCMB open	Award of STP funding. Award of contract. Award of TIF funding. Section 73 Planning Amendment. Completion of Project Thor. Site clearance. Re-routing of public footpath.	SO3: Develop our centres of excellence
18	Elective	Shane Gordon	Upgraded Endoscopy Units on both sites and new UIS at Ipswich Hospital	Shane Gordon	Andrew McLau	Sep-24	On Track		Expanded, JAG compliant Endoscopy Units open on both sites and expanded UIS open at Ipswich Hospital	Colchester: Completion of DCMB. Completion of Constable DSU. Approval of Trust capital funding. Award of contract. Ipswich: Award of Diagnostic funding. Completion of detailed design. Move of UIS.	SO3: Develop our centres of excellence
19	Elective	Sarah Noonan	Completion of Telederm pilot in IES	Sarah Noonan	Angela Ashton	Mar-23	On Track				SO5: Drive technology enabled care
20	Elective	Sarah Noonan	Test results in 7 days	Sarah Noonan	Bee Anthony	Mar-23	On Track				SO1: Keep people in control of their health
21	Elective	Sarah Noonan	Elective – PIFU 5% outpatient to PIFU	Sarah Noonan	Sharon Austin/	Mar-23	On Track		5% end of Q2, 8% end of Q4 by specialty, not Trust aggregate		SO1: Keep people in control of their health
22	Elective	Sarah Noonan	Elective – Outpatient FU 25% reduction	Sarah Noonan	Sharon Austin/	Jun-23	On Track		25% reduction by end of Q1 2023		SO1: Keep people in control of their health
23	Elective	Sarah Noonan	A&G built into Job planning	Sarah Noonan	Jane-Anne Urq	Mar-23	On Track		50% of specialties have A&G built into job plans by end Q1, 75% by end Q2		SO2: Lead the integration of Care
24	Elective	Sarah Noonan	Theatre Efficiency Programme	Sarah Noonan	Alexis Cameron	Sep-23	On Track				SO3: Develop our centres of excellence
25	Elective	Sarah Noonan	Outpatient Transformation to inlcude: reduction of follow ups by 25%, PIFU to 5%, 16 specialities delivering A&G and increase in Virtual appointments.	Karen Lough	Sharon Austin	Mar-23	On Track	various workstreams to deliver improved productivity, with key milestones across the year			SO1: Keep people in control of their health
26	Elective	Sarah Noonan	Theatre Efficiency Programme	Karen Lough	Alexis Cameron	Mar-23	On Track	various workstreams to deliver improved productivity, with key milestones across the year			SO3: Develop our centres of excellence
27	Elective	Sarah Noonan	Clinical Pathways relating to GIRFT/HVLC - implement recommendations from both local and national reports to achieve best practice resulting in improved patient experience, quality and cost savings	Karen Lough	Sharon Austin	Mar-23	On Track	various workstreams to deliver improved productivity, with key milestones across the year			SO3: Develop our centres of excellence
28	Elective	Sarah Noonan	Diagnostics - 99% of patients to receive their diagnostics within 6 weeks	Alison Power	Bee Anthony	Dec-22	On Track	improvements across all three quarters of the year			SO3: Develop our centres of excellence
29	Elective	Karen Lough	Delivery of 28 day Faster Diagnostic standard (Cancer)	Alison Power	Pat Harvery	Dec-22	On Track	improvements across all three quarters of the year			SO1: Keep people in control of their health
1	IESCS	Paul Little	Create capacity for INT managers to be locality leads rather than team supervisors	Paul Little	Paul Little		Complete		To create greater capacity to drive forward neighbourhood plans with INT managers being key members of the Core Leadership Team		SO2: Lead the integration of Care
2	IESCS	Paul Little	Create support capacity specifically focused on the delivery of locality plans	Paul Little	Paul Little	Mar-23	On Track		Project officer support specifically focused on the support, design and delivery of the Neighbourhood plans		SO2: Lead the integration of Care
3	IESCS	Paul Little	Establish single team processes for assessing and planning the delivery of long term care	Paul Little	Paul Little	Mar-23	On Track		To help fully deliver on the one team ethos establishing more efficient single management, processes and structures		SO2: Lead the integration of Care
4	IESCS	Paul Little	Deliver plans at a connect area level with tangible indicators of success, achieving the Connect outcomes	Paul Little	Paul Little	Mar-23	On Track		To have an impact on preventative work, deliver better and more stable long term care overall, targeted work at cohorts of people at risk and more broadly seek to address the wider determinants of health and wellbeing		SO2: Lead the integration of Care
5	IESCS	Paul Little	Engage INTs in the delivery of specific Alliance-wide plans	Paul Little	Paul Little	Mar-23	On Track		To delivery on other objectives (e.g. EOL care) across the entire Alliance area that sit outside neighbourhood level planning		SO2: Lead the integration of Care
1	NEEICS	Alison Armstrong	Frailty: 7 day service in place frailty at Colchester. Both sites to achieve 70 hour target	Alison Power	Ali Armstrong	Sep-20	Complete				SO2: Lead the integration of Care
2	NEEICS	Alison Armstrong	Reporting of NEECS Community Datasets (same as acute data)	Shane Gordon	Sean Whatling	Jun-22	On Track		Commencement of reporting dataset	BI resource	SO2: Lead the integration of Care
3	NEEICS	Alison Armstrong	Better Access for Local Services - Tackle inequity by targeting care to meet population and neighbourhoods needs and keeping people healthier for longer	Ali A	Lynn Stimson /	Mar-25	On Track	Changed from Inequalities to Inequity, with initial focus of maximising access to frailty, AMSDEC and UTC at Clacton, including supporting GPPC with spirometry services.	~ Increase in the output of patients attending Clacton for O/P appts and SDEC ~ Decrease in number of DNA appts at Colchester for patients with a CO15/CO16 postcode ~ Collection of patient feedback on service received	~ Voluntary Sector engagement ~ County & Borough Councils engagement ~ CCG sharing vision ~ FEAST engagement	SO1: Keep people in control of their health
4	NEEICS	Alison Armstrong	Pkeeping people healthy and receiving care in local area .Provide resilient 'out of hospital' care which reduces the burden on acute services, particularly in Medicine and Older Peoples Services (Ambulance service	Ali A	Denise Peggs	Mar-25	On Track	Narrative updated to include keeping people healthy and receiving care in the local area.	~ Reduction in trend of patients from CO15/CO16 admitted to Colchester ~ Increase in the output of patients attending Clacton for O/P appts and SDEC	~ Potential funding to expand and lift test & learn initiatives and/or staffing ~ Clinical buy in ~ Positive risk taking	SO3: Develop our centres of excellence
5	NEEICS	Alison Armstrong	Work as part of an integrated care system, joining up care to create efficiencies and improve patient pathways, addressing specific issues in targetted INTs such as CO15 and CO16.	Ali A	Denise Peggs	Mar-25	On Track			~ Voluntary Sector engagement ~ County & Borough Councils engagement ~ CCG sharing vision ~ FEAST engagement	SO2: Lead the integration of Care
6	NEEICS	Alison Armstrong	Ensure delivery of true transformation of all North East Essex Community Services clinical services	Ali A	Bobby Jones	Mar-23	On Track		~ Highlight reports to reflect the progress and completion of transformation priorities agreed in the NEECS Charter	~ Robust Transformation team to drive progress ~ Clinical buy in ~ Potential funding to expand and lift test & learn initiatives and/or staffing	SO3: Develop our centres of excellence

#	Project	Owner	Description	Lead	Assigned	Date	Status	Narrative/Update	Success Measure	Dependencies	Strategic Objective
7	NEEICS	Alison Armstrong	Ensure delivery of true transformation of all North East Essex Community Services corporate infrastructure, including ICT, Estates, Workforce, BI and Finance & Contracting, what will we do to make it truly transformational	Ali A	Bobby Jones	Mar-23	On Track		~ Highlight reports to reflect the progress and completion of transformation priorities agreed in the NEECS Charter	~ Robust Transformation team to drive progress ~ Corporate engagement ~ Potential funding to expand and lift test & learn initiatives and/or staffing	SO3: Develop our centres of excellence
8	NEEICS	Alison Armstrong	Set out the further development of transformation, leading into true integration of services in line with the key principles from the collaborative and health improvement outcomes included in live well programme	Ali A	Bobby Jones	Mar-23	On Track			~ Robust Transformation team to drive progress ~ Potential funding to expand and lift test & learn initiatives and/or staffing ~ Voluntary Sector engagement	SO2: Lead the integration of Care
9	NEEICS	Alison Armstrong	Provide assurance to the NICS Collaborative that we have completed the ambition for transformation progress and delivery on time and with benefits realisation	Ali A	Lynn Stimson	Mar-23	On Track		~ Agreement from the collaborative for ESNEFT to remain lead delivery partner beyond the initial 2 year agreement	~ The co-operation of the collaborative partners and desire from the collaborative to do what's right for the patient ~ Robust Transformation team to drive progress	SO2: Lead the integration of Care
10	NEEICS	Alison Armstrong	To develop an enhanced frailty service which will support the frail population in North-east Essex to live well, to optimise independence and reduce hospital acquired functional decline. The service will provide active intervention and prevention, or close to the place that the patient calls	Ali A	Bobby Jones	Mar-23	On Track		~ Increase in the output of patients attending Clacton for O/P appts and SDEC ~ Decrease in number of DNA appts at Colchester for patients with a CO15/CO16 postcode	~ Robust Transformation team to drive progress ~ Clinical buy in ~ Potential funding to expand and lift test & learn initiatives and/or staffing	SO3: Develop our centres of excellence
11	NEEICS	Alison Armstrong	To implement a Virtual Ward (Onboarding 74 patients by Oct 2022) which supports the national and local ambition to manage patients on a Virtual Ward who would of otherwise been an inpatient. This will increase the	Ali A	Bobby Jones	Oct-22	On Track		~ 74 patients on-boarded by Oct 22	~ Robust Transformation team to drive progress ~ Clinical buy in ~ Funding to uplift the Virtual Ward models	SO5: Drive technology enabled care
12	NEEICS	Alison Armstrong	To further integrate our services to provide a robust urgent community response with a 7-day service which works alongside the frailty service, step-up beds into community hospitals and virtual care and responds to an	Ali A	Lynn Stimson	Mar-23	On Track			~ Robust Transformation team to drive progress ~ Clinical buy in ~ Potential funding to expand and lift test & learn initiatives and/or staffing	SO2: Lead the integration of Care
13	NEEICS	Alison Armstrong	Following the successful pilot of the Live Well Neighbourhood Teams in Colchester Central, NEECS will work in collaboration with the NEE Alliance to mobilise remaining Neighbourhood teams. NEECS will undertake further	Ali A	Simba Chandiwana	Mar-23	On Track			~ Robust Transformation team to drive progress ~ Clinical buy in ~ Voluntary Sector engagement	SO2: Lead the integration of Care
14	NEEICS	Alison Armstrong	To maximise opportunities for business growth, work will be undertaken to expand services beyond what currently forms the NICS contract. The confidence and trust of our system partners in ESNEFT being in the best	Ali A	Lynn Stimson	Mar-23	On Track		~ Increase in the number of contracts ESNEFT is accountable related to NICS	~ Robust IT infrastructure ~ Robust Transformation team to drive progress ~ Corporate engagement	SO2: Lead the integration of Care
15	NEEICS	Alison Armstrong	Mobilisation and Standardisation of all North East Essex Community Services clinical services, including ensuring the infrastructure in place to deliver what we said we would do	Ali A	Lynn Stimson	Mar-22	At Risk		~ Recovery of services waiting times reduced	~ The co-operation of the collaborative partners and desire from the collaborative to do what's right for the patient ~ Protection and expansion of estates	SO2: Lead the integration of Care
16	NEEICS	Alison Armstrong	Surge Planning. To build resilience in community to keep people local to their homes.	Ali A	Lynn Stimson / Simba Chandiwana	Mar-23	Not Started		~ Recovery of services waiting times reduced	~ The co-operation of the collaborative partners and desire from the collaborative to do what's right for the patient ~ Protection and expansion of estates	SO2: Lead the integration of Care
1	OTHER 1		The Institute of Excellence in Robotic Surgery in collaboration with ARU and industry	Shane Gordon	Peter Cook	Mar-23	On Track		First year of delivery plan successfully completed with governance fully established, training and education programme and research projects underway	ARU responsiveness as a partner, potential co-investment from industry, identification of research leads within ESNEFT with appropriate subject matter expertise	SO3: Develop our centres of excellence
1	Quality Improvement	Angela Tillet	Deliver the full project plan for the Faculty of Education, so it brings together all learning, education and organisational development elements into a single, funded entity	Angela Tillett	Peter Cook	Mar-22	Complete				SO4: Support and develop our staff
2	Quality Improvement	Angela Tillet	Improve Interventional safety by embedding a safety culture	Angela Tillett	Catherine Bros	Dec-22	Complete		Interventional safety is now in BAU processed.	Reduction in "near misses". Patient safety culture improved as result of uptake and engagement of Human Factors training	Engagement of Divisions and uptake of Human Factors training	SO4: Support and develop our staff
3	Quality Improvement	Angela Tillet	Deteriorating patients: Sepsis & Delivery of compliance with sepsis 6 care bundle (timeliness of escaltions), initially in Emergency assessment areas Dec 2022 and then broader areas by March 2024 (aligned with digital vital signs monitoring)	Angela Tillett	Julie Sage	Dec-22	On Track		Narrative updated to link to deteriorating patients and include timeliness of escalations, and two phases, including ED and then broader areas. Aligned to digital vital signs monitoring.	>90% of patients will receive treatment for Sepsis within one hour	Staff engagement and training	SO3: Develop our centres of excellence
4	Quality Improvement	Angela Tillet	Getting it right first time (GIRFT) programme improvements (Various recommendations with different timescales per Speciality) To be measured through top 3 patient benefits - initial specialities MSK/ Collerectal/vascular/renal and lung cancer	Angela Tillett	Sharon Austin	Mar-23	On Track		GIRFT narrative updated to include the proposed specialities of focus to include MSK, Collerectal, vascular, renal and lung cancer (To be verrified)	Clinical variation will be reduced in areas that have received specific recommendations from GIRFT visits	Dependant on engagement and traction within specialities	SO2: Lead the integration of Care
5	Quality Improvement	Angela Tillet	Continue to improve our care to those at the end of their life, timely transfer to preferred place of care.	Angela Tillett	Julia Thompson	Mar-23	On Track		Narrative updated with "<24hrs" removed.	Patients will reach their PPC in a timely manner (please remove <24 hr target from Description)		SO1: Keep people in control of their health
6	Quality Improvement	Angela Tillet	7 day consultant-led service models incl. specialty assessment units. Deliver national requirements by end of 2022/23 - with initial focus on oncology and collerectal.	Angela Tillett	Martin Mansfi	Mar-23	On Track		Narrative updated to include oncology and collerectal.	Time to senior review for patients improved (Please take off National requirements as there are none currently. Also please describe as "7 Day services - Time to senior review")		SO3: Develop our centres of excellence
7	Quality Improvement	Angela Tillet	Deteriorating patuients: AKI. To ensure that all inpatients with an AKI are quickly identified and treatment initiated in line with the Trust AKI Care Bundle.	Angela Tillett	Julie Sage	Jan-23	On Track		Narrative updated to link to deteriorating patients	>90% of patients will receive full AKI care bundle	Staff engagement and training	SO3: Develop our centres of excellence
8	Quality Improvement	Angela Tillet	To implement an Inequalities programmes, with first focus on Tobacco: To roll out the Tobacco Treatment service across ESNEFT	Angela Tillett	Sally Barber	Jan-23	On Track		Narrative updated to include a wider inequalities programmes, with first phase focused on tobacco treatment services.	That all inpatients will received tobacco treatment support within 24 hours of being admitted	Dependant on ICS funding	SO1: Keep people in control of their health
9	Quality Improvement	Angela Tillet	QI Faculty programme continuation, with focus on the 'making every contact count' initiative'	Angela Tillet	Sally Barber	Jan-23	On Track		QI Faculty narrative updated to link to 'making every contact count'.			SO2: Lead the integration of Care
10	Quality Improvement	Angela Tillet	Mortality (SHMI), SHMI within expected range from end of 2019/20 with a reduction over 3-5 years: Implement ReSPECT tool.	Angela Tillett	Julie Sage	Mar-23	At Risk		Narrative updated to include roll out of ReSPECT tool.		Mortality rates have been affected by Covid	SO3: Develop our centres of excellence
11	Quality Improvement	Angela Tillet	Medication Management Programme (unwarranted variation)	Angela Tillet	Sally Barber	Mar-24	Not Started		New item added - Medication Management Programme - further detail to be developed.			SO2: Lead the integration of Care
12	Quality Improvement	Angela Tillet	Identifying and adressing unwarranted variation across specities within the SNEE Provider Collaborative (three specialties at a time - rolling programme)	Angela Tillet	Sally Barber	Mar-24	Not Started		New item added - SNEE ICS Provider Collaborative unwaranted variation (to confirm what programme this shoud sit within) - Placeholder added for TMB			SO2: Lead the integration of Care
1	Quality Priorities	Giles Thorpe	Implementation of the Patient Experience Network co-produced with our partners	Giles Thorpe	Tammy Sheph	Sep-21	Complete		Completed and to be removed from plan.			SO1: Keep people in control of their health
2	Quality Priorities	Giles Thorpe	Reduce the number of inpatient falls to be in line with national target (5.5/1000 bed days)	Giles Thorpe	Jo Field	Sep-22	On Track		Target date changed from May to Sept 2022	3.1 To consolidate existing assessments to ensure best practice and parity on all sites - evidence of new assessment pilot and audit of consistent implementation .5.1 To introduce and implement 'Fallsafe' Care Bundles from Royal College of	3.1 Liaise with design & Print for final amendments following confirmation with Safeguarding in relation to implementation of DOLS in conjunction with assistive tech. 5.1 Programme delayed due to onset of pandemic.	SO1: Keep people in control of their health
3	Quality Priorities	Giles Thorpe	Improve clinical outcomes for patients with mental health conditions, improve mental health well-being for staff and transform Mental Health provision across ESNEFT (Three stage progress, including front door MH assessment, easting disorders and dementia.	Giles Thorpe	Tara Brown	Mar-24	On Track		Narrative updated to include three stages of the programmes, including front door MH assessment, easting disorders, and dementia.	In the last year work has been undertaken across the organisation to identify key pathways for focus, develop stronger interagency relationships and develop protocols and guidance to support good practice when working with people with	Effective IT (e.g EPR, Datix etc) which enables staff consistency in applying protocols effectively (including compliance with MHA and MCA) and understanding of impact of interventions and processes	SO1: Keep people in control of their health
4	Quality Priorities	Giles Thorpe	Nutrition - Effective management and increased awareness on importance of nutrition, ensuring all patients receive appropriate nutrition or nutritional intervention	Giles Thorpe	Penny Cason	Mar-24	On Track		Retain on plan - unchanged.	Ensure that patients have a risk assessment regarding their nutritional status within 24hrs of admission to the ward and their individual nutritional needs are met • Ensure that patients requiring fluid balance charts will have their charts	Linking with MDT to raise awareness of importance of nutrition and hydration, raising patient awareness to managing nutrition and hyration needs Linking into Trust Mental health Programme for patients with eating disorders and Health	SO1: Keep people in control of their health
5	Quality Priorities	Giles Thorpe	Trauma Informed Practice - enhancing clinicians' and service's understanding of the impact of psychological and emotional trauma on patient's health outcomes. Support for identification of approaches to care which are trauma informed.	Giles Thorpe	Tara Brown	Mar-24	On Track		Retain on plan - unchanged.	Development of a training programme and monitoring of attendance and evaluation Less incidents of violence and aggression (involving patients with needs associated	Identification of training and availability of staff across services to attend	SO1: Keep people in control of their health
6	Quality Priorities	Giles Thorpe	Patient Experience: To be fully compliant with the Accessible Information Standard	Giles Thorpe	Tammy Shep	Mar-23	On Track		Date brought forward from March 2024 to March 2023.	All patients will be able to identify their needs through the Patient Portal and their needs will be visible as per requirements on the Trust's EPR system The AIS will be benchmarked and all gaps will form the remainder of the improvement	Patient Portal: Dependent on 'go live' on the platform in April 2022 (IT) in Suffolk and planned roll out in Essex in June 2023. ICT priority dependent. Interdependencies with EPR	SO1: Keep people in control of their health
7	Quality Priorities	Giles Thorpe	Patient Experience: The Trust will have assurance of the role of all Patient User Groups across the organisation.	Giles Thorpe	Tammy Shep	Mar-23	On Track		Retain on plan - unchanged	Successful implementation of the Patient Panel in quarter one and subsequent reporting to PEG		SO2: Lead the integration of Care
8	Quality Priorities	Giles Thorpe	Patient Safety: The Trust will ensure a strong Patient Safety Culture through the recent implementation of the Patient Safety Incident Response Framework and development of the Patient Safety Science Academy (% of staff trained in patient safety, reduction in harm,	Giles Thorpe	Anne Rutlan	Apr-24	On Track		Narrative updated to include % of staff trained in patients safety, reduction in harm, and promoting an open and just culture.	Results of Patient Safety Culture Survey (2022-2025) Programme of education (Human Factors, AAR, Debrief and Pateint Safety Suite)		SO4: Support and develop our staff
9	Quality Priorities	Giles Thorpe	Workforce: To ensure safe staffing through the use of Safecare (linked to development of a workforce strategy for nursing, ahp and midwifery which ensures a forward plan and drives divisional business planning	Giles Thorpe	Emma Sweer	Mar-24	On Track		Retain on plan - unchanged.	All staffing conversations will refer to ratios, set trigger points for escalation of staffing challenges, all corporate and divisional oversight reports will be through Safecare		SO4: Support and develop our staff

		#	Category	Lead	Description	Owner	Delegate	Date	Status	Narrative	Detail	Extra	Strategic Objective
		10	Quality Priorities	Giles Thorpe	Maternity Programme: Implementing recommendations from the Ockendon report, and ensuring continuity of carer.	Giles Thorpe	Beatty Steph	Mar-23	On Track	Narrative updated to include the Ockendon report and continuity of carer.	To respond to national programmes for improvement and regulatory requirements to transform maternity service and provide consistent safe and high quality care to pregnant people and their families.		SO4: Support and develop our staff
		11	Quality Priorities	Giles Thorpe	Frailty - implementing front door frailty assessment (further elements of programme to be defined)	Giles Thorpe	SELINA LIM	Mar-23		Narrative updated to include implementing frailty front door assessmemt as first element of programme. Further elements of programme to be defined.	To ensure all patients are assessed for frailty and offered Advance Care Planning in hospital or in the community, including further advice and signposting to the relevant healthcare agencies.		SO1: Keep people in control of their health
		1	ROB	Adrian Marr	e.Rostering complete across ESNEFT for all Medical staff	Adrian Marr	Simon Oliver	Mar-24	On Track		A preferred e-Rostering solution for the Trust will be reviewed - and a recommendation made to the Executive in Q1 2022/23. Subject to the decision of the Executive, deployment of the preferred solution will then commence, with roll-		SO4: Support and develop our staff
		2	ROB	Adrian Marr	ESNEFT acting as anchor organisation	Adrian Marr	Paul Leppard	Mar-23	On Track		Initial anchor dashboard presented to Board in March 2022. Subsequent dashboards will be reported quarterly to Board. This ultimately will incorporate national requirements and align to the overarching framework, adhering to the		SO2: Lead the integration of Care
		3	ROB	Adrian Marr	ICS review of finance function to support delivery of best practice	Adrian Marr	Mark Burgess	Sep-22	Not Started		The corporate plan for the ICS, due by the end of September, will confirm the areas for ESNEFT to review and share opportunities for standardising best practise across the ICS finance function. This will focus on the finance back office and payroll		SO3: Develop our centres of excellence
		4	ROB	Adrian Marr	Population health management - improving health outcomes through analytics	Adrian Marr	Sean Whatling	Mar-23	Not Started		Business informatics to work with the Medical Director to support the analysis of current health and care needs, notably factors driving poor outcomes and health inequalities.		SO5: Drive technology enabled care
		1	Urgent & Emergency Care	Sarah Noonan	Ipswich EAU Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Hanne Ness	Dec-20	Complete		Buildings complete, services moved and fully operational. Quality and efficiency outcomes as set out in full business case	Ability to complete the build work in parallel to managing other impacted services; ie theatre work whilst the build work (noise and vibration) are underway. Also, that all key workstreams are able to deliver to plan; ie build work, workforce,	SO2: Lead the integration of Care
		2	Urgent & Emergency Care	Alison Power	Mental Health - New areas adjacent to ED at CH	Alison Power	Tara Brown	Apr-22	On Track				SO2: Lead the integration of Care
		3	Urgent & Emergency Care	Sarah Noonan	Mental Health - New areas adjacent to ED at IH	Sarah Noonan	Tara Brown	Apr-22	On Track				SO2: Lead the integration of Care
		4	Urgent & Emergency Care	Sarah Noonan	Ipswich and Emergency Care and Patient flow actions including reducing stranded metrics	Sarah Noonan	Theresa Heath	Mar-23	On Track	various workstreams to deliver improved productivity, with key milestones across the year			SO3: Develop our centres of excellence
		5	Urgent & Emergency Care	Sarah Noonan	ECDS v3	Sarah Noonan	Alex Osman	Dec-22	On Track	some issues with medway - no confirmed date of fix. Reporting is underway but target is not confirmed nationally			SO2: Lead the integration of Care
		6	Urgent & Emergency Care	Alison Power	Colchester Supported Discharge	Alison Power	Debbie Rogers	Dec-22	On Track	final work up of plan with milestone dates underway			SO1: Keep people in control of their health
		7	Urgent & Emergency Care	Alison Power	Colchester Urgent & Emergency Care and Patient Flow actions including reducing stranded metrics	Alison Power	Bobby Jones	Mar-23	On Track	various workstreams to deliver improved productivity, with key milestones across the year			SO3: Develop our centres of excellence
		8	Urgent & Emergency Care	Sarah Noonan	Priority six. Medical inpatient Model of Care, moving to 7 day cover for services. (IH initially and then CH)	Sarah Noonan	Carolyn Tester	Apr-25	On Track	Business Case in Q1, recruitment over the next 3 years			SO3: Develop our centres of excellence
		9	Urgent & Emergency Care	Sarah Noonan	Ipswich ED/UTC Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Hanne Ness	Jan-24	At Risk		Buildings complete, services moved and fully operational. Quality and efficiency outcomes as set out in full business case	Ability to complete the build work in parallel to managing other impacted services; ie theatre work whilst the build work (noise and vibration) are underway. Also, that all key workstreams are able to deliver to plan; ie build work, workforce,	SO2: Lead the integration of Care
		10	Urgent & Emergency Care	Sarah Noonan	Ipswich SAU Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Shume Begum	Dec-22	At Risk				SO2: Lead the integration of Care
		11	Urgent & Emergency Care	Paul Little	Priority four. Virtual Wards - two virtual wards on each site by end of Q2	Paul Little	Alexis Cameron	Oct-22	At Risk	2 virtual wards on each site by end of Q2			SO2: Lead the integration of Care
		12	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority one. Ambulance services - Admisson Avoidance Schemes including ambition for 40 % ambulance Conveyancing rates and ambitions for Ambulance Handover rates	Sarah Noonan, TBC		Mar-23	Not Started	no waits over 60 mins			SO2: Lead the integration of Care
		13	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority two. Development of UCRS Service (prevention i.e ReACT)	Sarah Noonan, TBC		Mar-23	Not Started				SO2: Lead the integration of Care
		14	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority three. Stregthening ED plans - processes and ops centre improvement	Sarah Noonan, TBC		Mar-23	Not Started				SO3: Develop our centres of excellence
		15	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority five. Pathway 1- 3 improvements	Sarah Noonan, TBC		Mar-23	Not Started				SO1: Keep people in control of their health
		16	Urgent & Emergency Care	Sarah Noonan/Alison Power	Priority seven. Develop winter plan by Autumn 2022.	Sarah Noonan, TBC		Aug-22	Not Started				SO2: Lead the integration of Care
		1	Workforce	Kate Read	Apprenticeship training provider status achieved	Shane Gordon	Peter Cook	Feb-22	Complete		Add and mark complete		SO4: Support and develop our staff
		2	Workforce	Kate Read	Our People Strategy 2020-22 approved by Trust Board	Kate Read	Kate Read	Nov-21	Complete				SO4: Support and develop our staff
		3	Workforce	Kate Read	On/Off Boarding - Implemented new corporate process for all staff who start, leave or move role within the Trust	Kate Read	Deborah O'Ha	Mar-22	Complete				SO4: Support and develop our staff
		4	Workforce	Kate Read	Deliver and embed the Health & Care Academy	Kate Read	Sharon Wyatt	Oct-20	Complete				SO4: Support and develop our staff
		5	Workforce	Kate Read	Delivery plan for the Wellbeing Hub which sets out how this will support staff in improving their mental, physical and financial health	Kate Read	Julia Smyth	Sep-20	Complete				SO4: Support and develop our staff
		6	Workforce	Kate Read	'Work from anywhere' policy and framework publised so our staff can work from home or any Trust location effectively and supported by their manager	Kate Read	Deborah O'Ha	Dec-20	Complete				SO4: Support and develop our staff
		7	Workforce	Kate Read	e.Job plans for all clinical workfroce (NHS long-term plan)	Kate Read	Dionne Saxon	Nov-21	Complete				SO4: Support and develop our staff
		8	Workforce	Kate Read	Workforce: Automation and governance programme.				On Track				SO5: Drive technology enabled care
		9	Workforce	Kate Read	Workforce: Employee relations programme			Mar-23	On Track				SO4: Support and develop our staff
		10	Workforce	Kate Read	Workforce: Education & Training programme			Mar-23	On Track				SO4: Support and develop our staff

#	Category	Owner	Description	Lead	Responsible	Date	Status	Measures	Dependencies / Support	Strategic Objective
11	Workforce	Kate Read	Workforce: Resourcing and workforce planning programme			Mar-23	On Track			SO4: Support and develop our staff
12	Workforce	Kate Read	Workforce: Retention & careers programme			Mar-23	On Track			SO4: Support and develop our staff
13	Workforce	Kate Read	Workforce - OD - Leadership Development Programme			Mar-23	On Track			SO4: Support and develop our staff
14	Workforce	Kate Read	Workforce: OD - Wellbeing programme			Mar-23	On Track			SO4: Support and develop our staff
15	Workforce	Kate Read	Workforce: OD - EDI prpgramme			Mar-23	On Track			SO4: Support and develop our staff
16	Workforce	Kate Read	Faculty of Education & Innovation facility - planning permission secured	Shane Gordon	Peter Cook	Mar-23	On Track	Planning permission secured	Support from local government partners	SO3: Develop our centres of excellence
17	Workforce	Kate Read	Ensure our staff feel valued and supported by enhancing our health and wellbeing offering to enable them to contribute to the development of their role and the services they provide for the benefit of our patients.	Kate Read	Margaret Gra	Mar-23	On Track	1. Continual improvement in uptake of flu vaccine for staff - current % (Further new measures under Ref 3 in Section C)	Flu vaccines are recorded on NIVS and reported by Digital Automation team weekly to NHSE/I, who publish regional and national uptake rates. Flu vaccines ordered 28th February 2022 – 4000 <65 per site, 50 > 65 & 20 egg free vaccines	SO1: Keep people in control of their health
18	Workforce	Kate Read	Ensure we have the right number of staff in the right place at the right time with the right skills	Kate Read	Michelle Keabl	Mar-23	On Track	1. Maintain time to hire at 15 days 2. Reduce vacancy rate by 1.5% 3. Triangulation of workforce plan completion %	1. Maintaining current establishment within the Recruitment team 2. Continued support from Recruitment Partners and identifying vacancy hotspots 3. Funding secured for Workforce Planner until April 2023	SO4: Support and develop our staff
19	Workforce	Kate Read	Create a learning environment which attracts and retains high calibre staff for our patients	Kate Read	Clare HarperSi	Mar-23	On Track	1. Reduce Voluntary Turnover by 1.5% 2. SM21: 50% of B2-B4 vacancies filled by new employees to undertake apprenticeships to support their training & development in their new role 3. SM20: Increase in apprenticeship levy spend with intention of creating 600	1. Funding for Retention Partners secured until March 2023 2. Head of Apprencticeships now in place and working with Recruitment Team and divisions to support apprenticeship roles 3. Business plan in place to better utilise the levy spend	SO4: Support and develop our staff
20	Workforce	Kate Read	Ensure our staff feel valued and supported by enhancing our health and wellbeing offering to enable them to contribute to the development of their role and the services they provide for the benefit of our patients.	Kate Read	Clare HarperJu	Mar-23	On Track	2. NSS Staff survey response; Reduction to number of staff stating they have experienced discrimination from both patients and colleagues 3. Roll out of just and learning culture across Employee Relations and patient safety	1. Early interventional support from Wellbeing Hub 2. TBC 3. MerseyCare 4 Step approach in place;	SO1: Keep people in control of their health
21	Workforce	Kate Read	Effective Partnership Working to Deliver ICS People Plan - improving access to employment and training opportunities for staff from across the ICS	Kate Read	Pete Cook/ Sha	Mar-23	On Track	1. Creation of work experience and placement opportunities 2. Establish rotational training / secondment opportunities across SNEE 3. Number of Staff recruited from deprived areas	1. Working collaboratively with the region 2. Working collaboratively with the region 3. Assisting the Health and Care Academy, Interview training provided in deprived areas. Delivery will depend on the Information team	SO4: Support and develop our staff
22	Workforce	Kate Read	Enhance the capability and capacity of our Leaders to deliver our strategic objectives	Kate Read	Sharon Wyatt	Mar-23	At Risk	20 % of ESNEFT leaders engaged in one of three leadership development programmes.	Percentage of staff engagement of Leadership programmes will be recorded on OLM in early 2022/23. Releasing leaders to engage in development sessions may be restricted due to current staffing pressures across the Trust.	SO4: Support and develop our staff
23	Workforce	Kate Read	ESR Optimisation - Improving access to staff records including contract information, mandatory training	Kate Read	Julia Smyth	Mar-23	Not Started	1. Increase number of staff accessing ESR, including update of records 2. Improve mandatory training compliance	1. Working collaboratively with workforce systems and IT governance	SO4: Support and develop our staff
24	Workforce	Kate Read	Embed employee helpdesk, expanding across all elements of HR, ESR and pay queries	Kate Read	Andy Keeble	Mar-23	Not Started	1. Quality metrics re staff satisfaction with helpdesk. 2. Number of tickets raised and compliance with deadlines for response	1. Dependencies across HR / Workforce systems team to continue programme. 2. Customer service and development plan for helpdesk operatives	SO4: Support and develop our staff

Strategic Plan Success Measures PROPOSED DRAFT
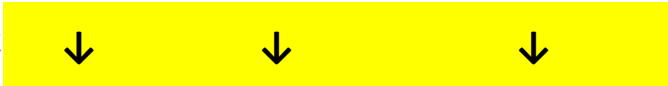
Ambition / SO	Theme	Measure sources	Success Measure Description	SRO	Historic performance where known		2022-23 Target	Performance to end of Q1 2022/2023			2023-2024		Data Dictionary	Data Owner
					Performance / Benchmark	Performance last year	2022-23	Status Tracking (Please select an appropriate status from the drop-down menu)	Performance to end Q1 2022-23	Status narrative as at end q1 2022/23 (Include description for reason of under-delivery or forecast non-delivery and any mitigation in place)	Target	Date	(Definition of how the measure will be calculated / sourced)	
Ambition to deliver the best care and experience	Resource optimisation - Local cost per WAU by specialty	New proposed measure for 2022-23	Resource optimisation - Local cost per WAU by specialty	Adrian Marr	N/A	N/A	75% of specialties under 100				0.75	45382	Power BI reports on local cost per WAU to be run by specialty to determine whether their score is under 100. Percentage calculated for those under 100, out of total number of specialties.	Mark Burgess
Ambition to deliver the best care and experience	ICS Procurement Target Operating Model (PTOM)	New proposed measure for 2022-23	ICS Procurement Target Operating Model (PTOM)	Adrian Marr	N/A	4 out of 5 targeted steps completed in 2021/22	To support the delivery of the PTOM objectives, which will be set by the ICS board, in 2022/23				Any remaining steps to be completed to deliver full suite of PTOM objectives within the ICS.	Mar-24	As per the finance, revenue and contracts 2022-23 planning guidance, the PTOM is a methodology to support improving the procurement of products and services not covered by the NHS Supply Chain. Of 34 steps required to fulfil the ICS PTOM, 5 have been delivered already. The remaining steps are to be completed within timelines to be set by the ICS Board.	Liam Robinson
Ambition to deliver the best care and experience	Securing additional capital funding	New proposed measure for 2022-23	Securing additional capital funding	Adrian Marr	N/A	TIF / STP / Digital ???	Maximise investment where suitable opportunities arise				50% of suitable opportunities	Mar-24	Capital programme to be monitored for expected external funding sources. Log of opportunities to bid for additional capital funding to be kept.	Mark Burgess
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Cancer - Faster Diagnosis Standard	Sarah Noonan			75% end Q2, 85% end Q3		Operational guidance requires: 75% end of March 23					
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Cancer - 62 Days	Sarah Noonan			85% Q4 onwards (all 3 months) There was pushback to bring this forwards into Q2		Operational guidance requires:Return to Feb 20 baseline					
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Cancer – 2WW	Sarah Noonan			93% end Q1							
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Cancer – 104 Days	Sarah Noonan			Zero unavoidable end Q1							
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	UEC – 12 hour breaches	Alison Power			Zero 12 hour breaches		Operational guidance requires:Zero					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	UEC – Ambulance Handovers (60m)	Alison Power			Zero 60m from Q1		Operational guidance requires:Zero					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	UEC – Ambulance Handovers (30m)	Alison Power			95% from Q1, zero by Q2		Operational guidance requires:95%					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	UEC – Ambulance Handovers (15m)	Alison Power			65% from Q1, 85% end Q2		Operational guidance requires:65%					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	UEC – 4 Hours	Alison Power			90% from Q2 consistently		Operational guidance requires:95%					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	UEC – ECDS Standards	Alison Power					Operational guidance requires:Unknown at present					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Ø Time to initial assessment	Alison Power			2 virtual wards on each site by Oct 22		Operational guidance requires:Complete the comprehensive development of virtual wards (40-50 beds per 100,000 population) Dec 23					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Ø Time to emergency treatment	Alison Power			70% by end of Q2 and 100% from end of Q3		Operational guidance requires:70% end Q3					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Ø Time in ED	Alison Power			Top quartile end Q2, top decile end Q4		Operational guidance requires:N/A					
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Ø Utilisation of SDEC	Alison Power			Reaching Feb 19 baseline							

Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Community – Virtual Ward	Alison Power			Zero 104 week waits from Q1		Operational guidance requires:Zero 104 week waits from Q1		
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Community – UCR	Alison Power			Zero 78 week waits by end of Q2		Operational guidance requires:Reduce waits >78wks		
Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	LLOS	Alison Powwer			50% reduction in 52ww by specialty at end of 22/23 (data sense check needed) max wait time to be		Operational guidance requires:Plans developed to support overall reduction in 52 wws		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Elective – Waiting list size	Sarah Noonan			5% end of Q2, 8% end of Q4 by specialty, not Trust aggregate		Operational guidance requires:5% outpatient to PIFU March 23		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Elective – 104 week waits	Sarah Noonan			25% reduction by end of Q1		Operational guidance requires:25% reduction March 23		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Elective – 78 week waits	Sarah Noonan			50% of specialties have A&G built into job plans by end Q1, 75% by end Q2				
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Elective – 52 week waits	Sarah Noonan			90% end of Q2, 99% end of Q3		Operational guidance requires:99%		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Elective – PIFU	Sarah Noonan			100% urgent and discharge dependant within 24 hours of request (done & reported??)		Operational guidance requires:N/A		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Elective – Outpatient FU	Sara Noonan			Modelling on the ambitions above required to assess if any further stretch on this is required		Operational guidance requires:110%		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Advise & Guidance	Sarah Noonan			As above		Operational guidance requires:100%		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Diagnostics – 6 weeks	Sarah Nooan			As above		Operational guidance requires:120%		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Diagnostics – Inpatient	Sarah Noonan			50% increase of activity through CDC end of Q2		Operational guidance requires:Further capacity in 23/24 and 24/25		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Activity – Elective	Sarah Nooan					Operational guidance requires:Seeking current baseline in order to make proposal on this		
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Activity – Non Elective	Sarah Noonon							
Ambition to deliver the best care and experience	Elective	New proposed measure for 2022-23	Activity - Diagnostics	Sarah Noonon							
SO3: Develop our centres of excellence	Elective	New proposed measure for 2022-23	CDC activity	Sarah Noonon							
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	CQC Safe and CQC Effective domain ratings	Angela Tillett			CQC Safe and CQC Effective: Good or Outstanding				
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	Mortality (SHMI)	Angela Tillett			SHMI within expected range from end of Y1 with a reduction over 3-5 years				
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	Morbidity (Sepsis)	Angela Tillett			Effective sepsis screening and time to intravenous antibiotics for red flag				

Ambition to deliver the best care and experience	Urgent & Emergency Care	New proposed measure for 2022-23	Delayed Transfer of Care (DToC)	Alison Power			NHS DToC <1.0% by end Y2					
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	GIRFT responding to recommendations	Angela Tillett			Set a strategy that responds to GIRFT by the end Y1					
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	CQC Caring domain rating	Angela Tillett			CQC Caring: Good or Outstanding					
Ambition to deliver the best care and experience	TMB Generic	New proposed measure for 2022-23	Time matters – composite patient time loss indicator	TBC			Patient time lost indicator – under development					
Ambition to deliver the best care and experience	Quality Priorities	New proposed measure for 2022-23	National Patient survey	Giles Thorpe			Top 20% for patient survey					
Ambition to deliver the best care and experience	Quality Priorities	New proposed measure for 2022-23	Friends & Family Test (FFT)	Giles Thorpe			FFT recommended by 97% of patients					
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	CQC Responsive domain rating	Angela Tillett			CQC Responsive: Good or Outstanding					
Ambition to deliver the best care and experience	Elective and Emergency	New proposed measure for 2022-23	National Access Standards	Sarah Noonan/ Alison power			Deliver trajectories as agreed with NHSI					
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	Compliance with accreditation standards	Angela Tillett			Ongoing compliance					
Ambition to deliver the best care and experience	Quality Improvement	New proposed measure for 2022-23	7-Day Services Standards	Angela Tillett			Deliver key four 7-day standards					
Ambition to deliver the best care and experience	Reseach	New proposed measure for 2022-23	Research	Shane Gordon			Increase the number of patients benefitting from enrolment in NIHR portfolio and other					
SO4: Support and develop our staff	Workforce	New proposed measure for 2022-23	CQC Use of Resources domain rating	Kate Read			CQC Use of Resources: Good or Outstanding					
SO4: Support and develop our staff	Workforce	New proposed measure for 2022-23	National Staff Survey	Kate Read			Top 25% for National Staff Survey by end Y5					
SO4: Support and develop our staff	Workforce	New proposed measure for 2022-23	Vacancy factor and staff turnover	Kate Read			Vacancy factor of less than 6% by end Y3 Staff turnover less than 10% by end					
SO5: Drive technology enabled care	EPR & integrated clinical record	Existing measure rolled over from previous years	SM28: Integrated PAS across ESNEFT	Mike Meers	Two separate PAS systems across ESNEFT (Lorenzo/Medway) Complete OBC for	First draft of SOC complete	OBC - Feb 22 FBC - Jun 22				Approval of business case at each stage by Trust Board.		Andrea Craven
SO5: Drive technology enabled care	EPR & integrated clinical record	Existing measure rolled over from previous years	SM29: WinPath fully implemented	Mike Meers	WPE currently live in Colchester/WSH but not Ipswich (Labcentre). Exception is		Capita Contract Renewal		All Disciplines live	Dec -22 (TBC)	All pathology disciplines live on WinPath Enterprise across both LABS Ipswich and Colchester		Andrea Craven
SO5: Drive technology enabled care	Paperless working	Existing measure rolled over from previous years	SM31: % of transactions captured on the day on system	Mike Meers	ED Attendance - 95% (IH 99%, CH 92%) Inpatients	From April 2021, BI will commence reporting on these measures.	Increase from 20/21		Increase from 21/22	Mar-23	Real-Time ED Attendance , Admission , Discharge , Transfer date time stamped within 15 minutes transaction entry date time. BI have given the following definitions: Ward Stay –measure captures the admission ward and all subsequent ward transfers . The definition is: A Ward Stay		Andrea Craven
Ambition to deliver the best care and experience	Equality & Diversity	Existing measure rolled over from previous years	SM05: Increase in diverse workforce at Bands 6 and above	Kate Read	N/A	2020: 8.4% BAME 2021: 10% BAME Sep '21: 10.7%	Improvement from 20/21 of 2%		Improvement from 21/22 TBD	Mar-23	In WRES action plan, needs further analysis to set the baseline. Data dictionary to be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.		Clare Harper
Ambition to deliver the best care and experience	Equality & Diversity	Existing measure rolled over from previous years	SM06a: 100% of services are inclusive of all the protected characteristics to enable adaptions for access (Staff)	Kate Read	Zero	100% in relation to service provision.	35%		70%	Mar-23	Manual report of number of services with specific cultural engagement, communications or targeted adaptations to access		Clare Harper/Debbie O'Hara/Julia Smyth

SO	Theme		Measure	Owner							Target	Date	Description	Responsible
SO4: Support and develop our staff	Education, training and career development	Existing measure rolled over from previous years	**SM21**: 50% of B2-B4 vacancies filled by new employees to undertake apprenticeships to support their training & development in their new role	Kate Read	N/A	Under review	Target of between 150-170 new starters in B2-B4 on apprenticeships within 3 months of				Increase from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	Peter Cook
SO3: Develop our centres of excellence	Cancer care	Existing measure rolled over from previous years	**SM17**: Number of patients recruited into clinical trials	Martin Mansfield	N/A	6,222	4,000				4500	Mar-23	Number of research participates, recruited into NIHR portfolio clinical trials at ESNEFT as published by the Clinical Research Network Eastern , plus non NIHR portfolio clinical trial recruitment as recorded by R&D – ESNEFT	Frances Farnworth
SO3: Develop our centres of excellence	Stroke care	Existing measure rolled over from previous years	**SM18**: Stroke audit (SSNAP) performance vs England	Alison Power	92	Colchester achieved a SSNAP score of 86, achieving an A overall, Ipswich	92				94	Mar-23	Data will be sourced from the National Stroke Audit data source (SSNAP)	General Manager for Service/Stroke Clinical Lead Elizabeth Brill (Ipswich), Shona Rafique
SO4: Support and develop our staff	Staff Wellbeing	Existing measure rolled over from previous years	**SM23**: 30% of eligible staff (Corporate/ Back office - Finance/ HR/ BI/Procurement etc) regularly work flexibly away from their main hospital base,	Kate Read	20%	1,400 to 1,600 people working from home during 20/21	30%					Mar-23	Percentage of staff logging on remotely on average per week. Based on cohort of staff consisting of: • All Corporate staff excluding Estates • All Band 8+ everywhere else (which will also pick up estates and the GMs, matrons etc) • All consultants (on the basis they can do clinics or at least some work remotely) Excluding FTE = 0 (i.e. this will remove the bank doctors in HR and any other rogues things floating in ESR)	James Ling
SO2: Lead the integration of Care	One Public Estates	Existing measure rolled over from previous years	**SM16**: Reduction of overall Estate footprint	Paul Fenton	ZERO	Space reduction not met due to COVID-19 recovery / COVID-19 mitigation - social	5% reduction				10% reduction	Mar-23	% of GIA for each site	Mark Finch
SO3: Develop our centres of excellence	Providing services to the ICS	Existing measure rolled over from previous years	**SM19**: Number of corporate services shared across the ICS	Mike Meers			Transfer of ICT East Suffolk Services from NEL CSU Transfer for corporate services				Develop plan for supporting the wider ICS corporate service agenda	Sep-22	% of Core Corporate Services Estates, Finance, HR, ICT where ESNEFT either provides the service of shares the service of another SNEE partner.	Mike Meers
SO5: Drive technology enabled care	AI in clinical care	Existing measure rolled over from previous years	SM30: Number of clinical services using AI to support care	Shane Gordon	Zero	0	1				3	Mar-23	Manual report of implemented AI tools in clinical care	Peter Cook (Innovation team)
Ambition to deliver the best care and experience	Patient Safety	Existing measure rolled over from previous years	SM01: Reduction in harm caused in our care: «Care more than likely to have contributed to the patients death as identified through	Angela Tillett	Mortality Reviews: ESNEFT avoidable deaths - 17/18: 0.9%, 18/19: 0.4%, 19/20: 1.5%, 20/21:	Patient deaths Apr-20 to Feb 21 - deaths attributed to issues in healthcare were	Mortality reviews: RCP report 3%, target TBC Nosocomial C.diff:				Mortality reviews: RCP report 3%, target TBC Nosocomial C.diff:	Mar-23	★Structured Judgement (mortality) Reviews where issues were identified in healthcare that probably/ strong evidence/definitely contributed to/ caused the patient's death. Numerator is review where harm is identified and denominator is total number of reviews. Royal College of Physicians (2016) Most people who die in hospital have had good care, but research shows that around 3% of deaths might have been avoided. ★Nosocomial infections (C.diff only) to declare less than the annual target (Healthcare onset, Healthcare acquired)	Sally Cornish
SO2: Lead the integration of Care	Transforming Urgent care	Existing measure rolled over from previous years	SM13: Performance against new ED Standards	Alison Power & Sarah Noonan	Baseline data being determined.	Under review	Reduction from 20/21				Reduction from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	Sean Whatling / BI Team
SO4: Support and develop our staff	Education, training and career development	Existing measure rolled over from previous years	SM20: 100% of apprenticeship levy utilised	Kate Read	N/A	£571k of £1.9m Levy	£800,000				£1,000,000	Mar-23	The annual figure for the Digital Apprenticeship Levy Account is circa £1.9m p.a.	Peter Cook
SO4: Support and develop our staff	Leadership development	Existing measure rolled over from previous years	**SM25**: 80% of B7 and above leadership staff who have completed a competency framework and received 360-degree feedback	Kate Read	0%	17.8% of staff leadership training at the relevant level.	45%				e	Mar-23	To have leaders that demonstrate our values	Sharon Wyatt
SO4: Support and develop our staff	Staff Wellbeing	Existing measure rolled over from previous years	SM24: Reduction of Anxiety /Stress / Depression as the main cause of sickness (ASD as a percentage of total sickness.)	Kate Read	24.50%	26.05% for March 21	18%				16%	Mar-23	ASD is the primary cause of sickness across the NHS, this is a significant ambition to not have it as the main cause	Simon Oliver /Toby Goodwin
Ambition to deliver the best care and experience	Quality Improvement	Existing measure rolled over from previous years	**SM03**: Number of staff trained in QI (Silver Level+)	Angela Tillett	120	134	225				350	Mar-22	Cumulative totals over the 3 year period of staff that have attended a Silver (or higher) level of QI training delivered by the ESNEFT QI team	Tom Horsted
Ambition to deliver the best care and experience	Quality Improvement	Existing measure rolled over from previous years	**SM04**: % who go on to deliver a QI project	Angela Tillett	Not measured	50%	35%				35%	Mar-22	Calculated on the % of staff within the financial year that have gone on to register and complete a QI Project after attending silver (or higher) QI training at ESNEFT	Tom Horsted

| Note 1 | The delivery of our aspiration to be more effective in the delivery of long terms care involves ESNEFT working with the whole system as part of the East Suffolk and North Essex Alliances. It is a complex matter involving a range of Alliance partners. The Integrated Neighbourhood Teams (INTs) in Ipswich and East Suffolk (INTs are specifically community health and social care teams working as one at a neighbourhood level) and the wider Connect programme – the linkage of the INTs with primary care, mental health services, social prescribing, community development and other key partners, is the partnership structure/mechanism through which long term care is delivered, as system. The are eight connect areas in East Suffolk each serving a population of around 50k and each of those areas have combined leadership teams involving all these partners, Those leadership teams are currently developing local plans for each of those eight areas, a key outcome of which is that, "Fewer people need unplanned care and support (reduction in crisis situations)". That outcome points to activity that is both focused on prevention and reablement activity so that people's levels of independence from long term care is maximised. It is suggested that the board adopt this broad outcome and that through ESNEFT's work with the INTs, baselines are established and a means of measuring that outcome is developed over the next 6 months, with specific monitoring and targets agreed through that process and put in place from the start 21/22.

We already have a measure of the level of crisis response currently needed through our REACT service, the details of which are reported to the IAC. In August REACT received 874 referrals from various sources and on a daily basis during August successfully intervened and thereby avoided admission to acute services at an average rate of 24 per day. This gives us some baseline on the need for crisis intervention, however it should be noted that there are a number of variable that play into these figures.

Further work will be needed with other partners in NEE to provide a clear plan for developing a similar approach across the whole East Suffolk and North Essex area. |
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