

Board of Directors

Thursday 2nd March 2022

Report Title:	Strategic plan & success measures - update
Executive/NED Lead:	Dr Shane Gordon, Director of Strategy
Report author(s):	James Archard, AD Strategy
Previously considered by:	Monitored via Time Matters Board

☒ **Approval** ☐ **Discussion** ☒ **Information** ☒ **Assurance**

1.0 Executive summary

- 1.1 This paper sets out an updated position on delivery of the Time Matters Board (TMB) /Strategic plan and programme success measures as at the end of Q3 22/23, and as reviewed by the Time Matters Board on the 15th February 2023.

2.0 Time Matters/ Strategic Programme 2022-23

- 2.1 Programme charters and programme tracking templates have been updated to reflect the 2022-23 TMB/ Strategic Plan programme and covers the following programmes:

- Elective Programme
- Urgent & Emergency Care Programme
- Ipswich & East Suffolk Community Services Programme
- Building for Better Care Programme
- North East Essex Integrated Community Services Programme
- Digital Programme
- Workforce Programme
- Resource Optimisation Programme
- Logistics Programme
- Quality Improvement Programme
- Quality Priorities Programme
- Cancer Programme

The TMB/ Strategic plan portfolio includes 12 core programmes, covering 179 projects, with each of these tracked and measured on a rolling reporting schedule via the Time Matters Board. In addition, there are 61 measures plan to measure success of the combined programme.

3.0 Programme and projects – status

- 3.1 There are 179 projects within the TMB/ Strategic plan, delivered via 12 core programmes. The status on projects within each programme are tracked and reported regularly to the Time Matters Board. The current summary status per programme is provided in the table below:

22-23 Time Matters and Strategic Plan - Programme and projects status Q3 Position							
PROGRAMME	Complete	On Track	At Risk	Late	Not Started	Pipeline	Grand Total
BFBC	8	9	3	4			24
Cancer		8					8
Digital	16	14	2		1	1	34
Elective	8	8	8	2	1	2	29
IESCS	1	3	4				8
Logistics	2	5		1			8
NEEICS	2	7	1				10
Quality Improvement	2	5	2		3		12
Quality Priorities	2	9					11
ROB	3	2	1		1		7
Urgent & Emergency Care	5	10	4	2			21
Workforce		6			1		7
Grand Total	49	86	25	9	7	3	179
Percentage of projects at status	27.37%	48.04%	13.97%	5.03%	3.91%	1.68%	100%
Q2 Position for comparison	43	100	14	9	7	2	175
Percentage of projects at status	24.57%	57.14%	8.00%	5.14%	4.00%	1.14%	100%
Q1 Position for comparison	34	100	18	7	6	2	167
Percentage of projects at status	20.00%	60.00%	11.00%	4.00%	4.00%	1.20%	100%

- 3.2 Key headlines as at 15th February 2023:
- 75.42% of projects (135 projects of 179) are completed or on-track
 - 179 projects continuing to be delivered by 12 core programme
 - 4 additional projects added to programmes via the Urgent & Emergency Care Programme
 - 27.37% (49 projects) are completed, a positive movement of 6 projects from Q2
 - 86 (48.04%) projects on-track as per agreed timeline for delivery, this is a decrease of projects at this status due to schemes moving from on-track to completed or to 'at risk'.
 - 25(13.97%) projects have timelines for delivery at risk, this is an increase of 11 from 18 projects previously reported at this status.
 - 9 (5.03%) are late against plan, representing a static position since Q2.
 - 7 (3.91%) are not yet started (not due)
 - 3 (1.68%) are pipeline scheme with details in development
- 3.3 The breakdown on the project detail at the various stages can be found in Appendix A 'Tab 2 – Project Status Detail Q3).
- 3.4 75.42% of the overall programme is completed or on track, with 18.99% at risk or late, and a further 5.59% not yet due/ pipeline initiative.
- 3.5 The 25 schemes currently listed as 'at risk' include:
- 1) BFBC - Estate Strategy - Commencement of Tower Block refurb (Maternity Strateg
 - 2) BFBC - Estate Strategy - Urology dept – Relocation to sufficiently sized area
 - 3) BFBC - Estate Strategy - Endoscopy dept - Extension in to Incumbent Urology Area
 - 4) Elective - Additional laparoscopic theatres at Ipswich - funding secured
 - 5) Elective - Dame Clare Marx Building (Elective Orthopaedic Centre including extension to 8 theatres/3 wards)
 - 6) Elective - Availability of scan reports within 7 days for oncology patients on active treatment
 - 7) Elective – PIFU 5% outpatient to PIFU (LTC areas immediate focus area)
 - 8) Elective – Outpatient FU 25% reduction
 - 9) Elective - Advice and guidance built into Job planning (16 specialties)
 - 10) Elective - Theatre Efficiency Programme
 - 11) Elective - 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
 - 12) IESCS - Enhanced ability to Identify patients at PCN/INT level with severe frailty, to develop focused preventative work and treatment escalation plans
 - 13) IESCS - Expand capacity beyond virtual wards to care for increasing level of acuity in the community
 - 14) IESCS - Establish integrated approach to physical and mental health support
 - 15) IESCS - Working with NSFT to enhance DIST/REACT integration – establishing single processes and a fully integrated approach
 - 16) NEECS - Contribute to the design , engagement with Primary Care and implementation of the ESNEFT Virtual Ward which supports the national and local ambition to manage patients on a Virtual Ward who would of otherwise been an inpatient.
 - 17) QI - Deteriorating patients: Sepsis 6. Delivery of compliance with sepsis 6 care bundle (timeliness of escalations), initially in Emergency assessment areas Dec 2022 and then broader areas by March 2024 (aligned with digital vital signs monitoring).
 - 18) QI - Mortality (SHMI), SHMI within expected range from end of 2019/20 with a reduction over 3-5 years: Implement ReSPECT tool.
 - 19) ROB - E-rostering rollout
 - 20) UEC - Ipswich and Emergency Care and Patient flow actions including reducing stranded metrics
 - 21) UEC - Priority three. Strengthening ED plans - processes and ops centre improvement
 - 22) UEC- Priority five. Pathway 1- 3 improvements
 - 23) UEC - Emergency Surgery/ MSK/Gynae/Urology pathway improvement
 - 24) Digital - Implementation of SMARTcare (Track & Traceability)
 - 25) Digital -WinPath Enterprise Ipswich Site Go Live

3.6 Although these 25 projects are currently categorised as at risk, only 6 have requested a revised target completion date. These are:

- 1) BFBC - Estate Strategy - Commencement of Tower Block refurb (Maternity Strategy) – date change request from Oct 2022 to March 2023
- 2) BFBC - Estate Strategy - Endoscopy dept - Extension in to Incumbent Urology Area – chance request from March 2024 to June 2024
- 3) Elective - Additional laparoscopic theatres at Ipswich - funding secured – change to March 2024
- 4) Elective - Dame Clare Marx Building (Elective Orthopaedic Centre including extension to 8 theatres/3 wards) – Change from March 2024 to April 2024
- 5) ROB - 5 E-rostering rollout – Change from March 2023 to Sept 2023
- 6) Digital - WinPath Enterprise Ipswich Site Go Live – Change Nov 2023 to March 2024

Full details on the update against these projects and mitigations for all ‘at risk’ categorised projects, please refer to Appendix A Tab 2 Project Status Detail Q3.

3.7 The 8 schemes currently listed as ‘late’ include:

- 1) BFBC - Estate Strategy - Use & development of St Clements land
- 2) BFBC – Acquisition of next cohort of community sites (Clacton)
- 3) BFBC – Clacton Hospital Reconfiguration
- 4) BFBC - Ipswich Community Diagnostic Centre (Now replaced with Mobile MRI)
- 5) Elective - Delivery of 28 day Faster Diagnostic standard (Cancer) (All diagnostics)
- 6) Elective - Delivery of 62 day Faster Diagnostic standard (Cancer) (all diagnostics)
- 7) Logistics – Netcall developments
- 8) UEC – New MH areas adjacent to ED
- 9) UEC - Priority four. Virtual Wards - two virtual wards on each site by end of Q2

3.8 2 of the 9 ‘late’ projects have requested a revised completion date as follows:

- 1) BFBC - Estate Strategy - Use & development of St Clements land -March 2023
- 2) BFBC – Acquisition of next cohort of community sites (Clacton) – March 2023

The other remaining ‘late’ projects are currently under-review, with proposed actions/ scope to be confirmed at the next Time Matters Board. Full details on the update against these projects and mitigations for all ‘Late’ categorised projects, please refer to Appendix A Project Status Detail.

3.9 Projects categorised as ‘Not started –not due’ and ‘pipeline’ can be found in Appendix A Project Status Detail.

4.0 Programme success measures – status

4.1 There are 179 projects within the TMB/ Strategic plan, delivered via 12 core programmes. The success of this wider programme is not only monitored through status of schemes, but also through delivery of success measures. For the 2022-23 programme 61 success measures are identified/ in the process of being confirmed. The current summary status per programme for the success measures is provided in the table below:

PROGRAMME	Target exceeded	Target Met/ ontrack	Target at risk	Target missed	Position to be determined	Not Due	Grand Total
BFBC		2		3			5
Cancer		1	1				1
Clinical Strategy		1					1
Digital		4	1				5
Elective		2	6	1			9
IES Community Services	1			1	2	1	5
Logistics		5					5
NEE Community Services		2	3				5
QI		3		1		1	5
Quality Priorities				5			5
ROB		3	1	1			5
UEC				5			5
Workforce		2	3				5
Grand Total Q3 Position	1	24	15	17	2	2	61
Percentage of metrics at status	2%	39%	25%	28%	3%	3%	98%
Grand Total Q2 comparison	1	25	14	17	3	1	61
Percentage of metrics at status	2%	41%	23%	28%	5%	2%	100%
Grand Total Q1 comparison	1	32	6	17	3	2	61
Percentage of metrics at status	2%	52%	10%	28%	5%	3%	100%

4.2 Key headlines as at 26th October 2022:

- 61 planned success measures to define success in delivery of the 175 projects delivered by 12 core programme
- 25 (41%) with target achieved/ on-track/ over-achieved as at end Q3 22/23, a slight worsened position from Q2 at 26 and 43%.
- 15 (25%) at risk as at end Q3 22/23 – no change since Q2.
- 17 (28%) with target missed – an increase of measures at this status since Q2 which was 13 projects and 21%.
- 2 (3%) where further work is required to define metric/ provide Q3 actuals.
- 2(3%) metrics not yet reported – not yet due.

3.3 The breakdown of the success measures and the current status can be found in Appendix A Tabs 3 and 4 – Success Measures Summary Q3 and Success Measures Detail Q3.

3.4 The 15 targets currently listed as at risk are detailed in the table below. These continue to be monitored via the Time Matters Board.

Programme	Description of success measure (Must be SMART)	Target for 2022/23 (by the end of Q4 22/23)	Q3		Mitigations Describe any remedial actions if off-track as at last quarter reported
			Actual position as at end Q3 22/23	Status @ end Q3	
Elective	Increase in Theatre productivity figures	85%	75%	Target at risk	Opportunities have been shared with specialities to improve theatre utilisation, February data will be reviewed to ensure these have been implemented. If not will be raised via TPOG meeting, ODG meeting and with ADO's with a plan for these to be implemented in February.
Elective	Reduce 52 week waits by 50% of 2021/2022	1044 patients waiting 52 weeks	4035 patients waiting 52 weeks	Target at risk	Specialities have been focussing on 78 week waits as a priority. Head of Access arranging for all patients over 52weeks to be contacted to ensure surgery is still required.
Elective	16% of first attendances are reviewed via A&G	16% (Q1 trajectory = 3%)	6.60%	Target at risk	Presented report identifying opportunities within specialities that have not been implemented to ODG meeting 16/1/23. Agreement by ADOs to work with their teams and implement opportunities.
Elective	Reduction of follow appointments by 25% against 2019/20 baseline	-25% (Q1 trajectory = -5%)	6.70%	Target at risk	Divisional teams will be requested to provide data to support they have reviewed and removed patients from the FU backlog. Will be supported via increased number of PIFU appointments.
Elective	5% of patient attendances are outcome via PIFU	5% (Q1 trajectory = 3%)	2.80%	Target at risk	Specialities where performance has declined have given assurances this will be rectified in January data. Presented report identifying opportunities within specialities that have not been implemented to ODG meeting 16/1/23. Agreement by ADOs to work with their teams and implement opportunities.
Elective	25% of appointments are delivered virtually	25%	20.60%	Target at risk	Presented report identifying opportunities within specialities that have not been implemented to ODG meeting 16/1/23. Agreement by ADOs to work with their teams and implement opportunities.
Digital	Win Path Fully Implemented	All pathology disciplines live on Win Path	Delays by Capita have put upgrade in	Target at risk	Reviewing plan to try and recover time lost by not having access to the test environment.
Workforce	SM25: 80% of B7 and above leadership staff who have completed a competency framework and received 360-degree feedback	80% of B7+	131 (8.9%) Band 7+ staff have completed	Target at risk	In addition to the leadership development programmes, the following training sessions have been provided: Leadership Onboarding, Supportive Leadership & Core Strengths Deployment Inventory (SDI), Leadership Circles, Management Essentials, Mediation Training, etc.
Workforce	Reduction in Vacancy rate	Vacancy factor to 3.5% by end Y3	Vacancy rate (Sep '22): 5.7% Staff in post increased to	Target at risk	Difficulties across the region in HCA recruitment. Continuing to workforce planning with Divisions to identify vacancies at the earliest stage. HCA taster events held during November. Regional HCA recruitment event held in January
Workforce	Reduction in staff turnover	Staff turnover less than 8% by end Y3	Turnover rate (Dec data): 8.90%	Target at risk	Retention Partners are working with divisions to provide themes from exit interviews and support with onboarding/local inductions. HCA Welcome and wellbeing events have taken place since mid-Oct with positive feedback.
ROB	Recurrent £27.6m CIP delivery	£27.6m identified		Target at risk	Additional support to identify further opportunities
NEE Community Services	Achieve 2 hour national response target	90%	Dec 22 48.1%	Target at risk	Continual review and monitoring
NEE Community Services	Mobilise Neighbourhood Teams	6 Neighbourhood Teams	3 NTs mobilised	Target at risk	Continual review and monitoring
NEE Community Services	Achieve staff sickness target	3.50%	Dec 22 = 7.53%	Target at risk	Continual review and monitoring
Cancer Programme	Overall Cancer Programme	Target on track		Target at risk	Continual review and monitoring

3.5 The 17 targets currently listed as at 'Target missed' are detailed in the following table:

Programme	Description of success measure (Must be SMART)	Target for 2022/23 (by the end of Q4 22/23)	Q3		Mitigations Describe any remedial actions if off-track as at last quarter reported
			Actual position as at end Q3 22/23	Status @ end Q3	
Elective	deliver 10% more activity per month compared to 2019-2020	949 per month cases for June	7856 ESNEFT figures	Target missed	Implementation of opportunities under KPI1 above will support achievement of this matrix.
BFBC	Number of schemes (in this BFBC TMB programme) on-track	100%	17 of 24 schemes completed or on -	Target missed	7 (29% at risk 2(9% late)
BFBC	Variance in spend/forecast outturn against budget (Trust Capital budget	<5% variance	Delays to programme require	Target missed	Brokerage of £30m agreed from 22-23 into 23-24
BFBC	PPE of Capital schemes	100% (IRCA and CDC expected in Q2)	IRCA and CDC and Amsdec planned for	Target missed	IG have approved the dates for PPE to go to OG
QP	Falls (acute) Reduce the number of inpatient falls. National Benchmark data is 6.63 per 1000 bed days	5.0 per 1000 bed days	7.3 per 1000 bed days	Target missed	Appointed to vacant Falls Specialist Practitioner post - commencing quarter 2 Commenced roll out of new multi-factorial risk assessment and falls bundle - delayed due to staffing issues
QP	Maternity - Reduce the number of post-partum haemorrhages >1500mls	In line with national rate, <2.5% for vaginal NMPA criteria	2.96%	Target missed	All >1500mls PPH undergo MDT review. Merged PPH guideline in progress. PPH QI project underway. ESNEFT December 2022 data shows improvement = 1.96%
QP	Dementia - use of 'This is Me' booklet for all patients with Dementia	50% of all patients suffering with dementia will have a completed booklet	Ipswich 30% Colchester 25%	Target missed	Audit feedback provided directly to team sisters/matrons to ensure review of actions to be taken for improvement. 2 dementia specialist HCA's have started in post (1 on each site), which enables the dementia specialists to undertake further training and liaison with teams. Although the target has not been reached, overall there is evidence of some progress being made.
QP	Regular and sustained Audit of MUST tool and food charts, to	>90%	89.76%	Target missed	This data is from the accountability framework - quarterly averages. Q3 target very narrowly missed.
QP	Patients attending ED with Mental Health issues will have a risk	>90%	Colchester - 73% No data received for	Target missed	The audit has not yet commenced in the Ipswich ED, a meeting will be undertaken in relation to this.
UEC	95% of patients seen within 4 hour target	92% (81% end of Q1)	69.85%	Target missed	Target of 92% for Q3, despite significant challenges leading up to Christmas, performance has begun to recover and was at 72.77% at the end of January. Seasonal variation plans in place with some schemes delivering extremely well; e.g. admission avoidance for conveyance avoidance helpline, REACT and UCRS. Others need more focus and work to really galvanise the impacts needed. Virtual Ward is the biggest risk on this; further pathways have been added including gen med and surgery to drive higher patient numbers. Time Matters Fortnight was run leading up to Xmas, across ESNEFT and wider system; to drive a step change in 'assess to admit', 'Today's work today' and 'home first for discharge.' The impact and results of this are being evaluated, to confirm sustainability and focus for coming weeks and months. ECIST spent time on both sites; reviewing our
UEC	Zero Ambulance handover delays over 30mins	0	35.90%	Target missed	Despite significant challenges leading up to Christmas, performance has recovered and was averaging 23.6% for the month of January. Corridor SOP in place; with corridor management process covered by Support Medical Group. Cohorting plans are in place, with further escalation capacity for cohorting identified if required (e.g. ambulance strike days). Substantive teams now in place to support HALO function which is in place 7/7. CLERIC project in place to facilitate increased referrals from EEAST stack to UCRS teams. 236 referrals accepted and managed in Dec, avoiding ambulance conveyance. This will increase pre-dispatch referrals by between 30-70%. Conveyance avoidance helpline in place across SNEE 24/7 for crews to discuss with GP pre conveying. Over 200 calls per week, with conveyance avoidance rate
UEC	92% Bed Occupancy	92%	96.03% average over Q3	Target missed	Review of delivery of seasonal variation plan - both sites. Many schemes delivered very well; others need more focus, as described above. New ED Trigger score in place at Ips. Detailed action cards produced at Ipswich and shared with Colchester. Revised ED screen at Ipswich. EDD standardised across ESNEFT and rolled out; now included as automated in the Red Day Tracker. Flow and capacity screen under development both sites. Additional escalation areas developed and open; i.e. Snape at Ipswich and Durban at Colchester.
UEC	Reduction in Stranded patients metric, back to 19/20 achieved levels - i.e. 120 for ESNEFT with >21 day LOS	120	145	Target missed	Additional P1 capacity provided. Additional escalation areas opened to support D2A pathway delay waits; e.g. Snape and Durban. Daily strengthened support to ward areas, for ward panel reviews to ensure any delay is minimised. RDT manager in place to support real-time review of alert flags and closing the loop on actions each day. Discharge coordinators recruited into.
UEC	CIP Delivery	£554,437	£478,548	Target missed	CIP for UEC behind plan. Addressed via DAMS.
ROB	Resource optimisation - Local cost per WAU by specialty	75% of specialties under 100	24%	Target missed	Action plan to be developed
QI	Medical team has commenced an AKI bundle	90%	Col: 70% Ips: 84%	Target missed	Compliance with initiating the AKI document is still below target but compliance with elements of the bundle is broadly acceptable to good. The Deteriorating Patient Clinical Nurse Specialist completed more teaching sessions with doctors in Q3, but it should be noted that for December 2022, there were fewer patients in the audit owing to clinical pressures. Nevertheless, compliance has stayed just below target at Ipswich and has improved between Q2 and Q3 on the Colchester site.
IES Community Services	2 hour UCR target	>85% of relevant referrals responded to within 2	Ranged between 80% in Oct to 84.3%	Target missed	Continue to drive the UCR activity.

Programme SROS are developing mitigations where possible and these are monitored via the Time Matters Board.

- 3,5 The 4 targets currently listed as 'To be determined' (either to confirm metric or provide Q3 position data) ' are:
- QI – EOL: Discharge to PPC
 - IESCS – % lower conveyance rate of 75 and over (comparative to other systems)
 - IESCS – % conversion rate reduction admission rate for 75 and over (comparative to other systems)
 - IESCS – Identification of High Risk/Rising risk patients at locality level who have a shared Personal Management Plan

5.0 A highlight of some achievements so far 2022-23

PROGRAME	Highlights
Elective Programme	<p>Theatres:</p> <ul style="list-style-type: none"> ▪ System C upgrade completed 10th December ensuring all urology sessions are included in BI figures achieving accurate reporting internally and nationally. Theatres locked down will no longer be counted as "cancelled" allowing text messaging service to commence on Colchester site to reduce OTD cancellations, (anticipating 10% reductions mirroring Ipswich performance). ▪ Theatre Utilisation (KP1), performance 75% against trajectory of 85%. Main areas of focus are Pain, Plastics and Oral. ▪ Plastics and Oral have agreed to increase their lists by 1 pt per list in January. ▪ Pain - identified opportunity to increase lists by 1-2 patients however not implemented by team. ADO is securing a meeting with consultants to resolve. ▪ Increased medical patients above seasonal plan has impacted upon availability of surgical beds and subsequently theatre activity. ▪ Consultant's average time per procedure updated, commenced using this month, resulting in all lists being accurately fully booked optimising capacity and increasing utilisation. The data for February should reflect these changes. ▪ 4 joint list trial starting in February 2023 within orthopaedics ▪ KPI2 - Reduction of 52 week waits by 50% not on target. Focus has been on over 78 weeks. ▪ KPI3 - Delivery of 10% above 2019/20 baseline not delivering, however, opportunities highlighted within KP1 will support achievement of this matrix. ▪ KPI4 - Reduction of On the Day Cancellations, continues to be on track. Specialities no longer using "other" for cancellation reason therefore providing accurate audit data. Commenced early starts, and improved booking lists as previously explained, will support further increase in performance (anticipated 8 patients per week). ▪ New Laparoscopic Theatre build ▪ Finalisation of build plan received including an outline on when the most disruption will occur – Options paper for activity being finalised <p>RPRP - Currently working up plans (EDRF) for vascular anticipated one list per week (3 patients) March 2023.</p>

	<ul style="list-style-type: none"> ▪ Ophthalmology - eye lid procedure implemented using Clacton site one day per week, initially 8 patients will be increasing to 12 patients end of March 2023. ▪ Gynae - due to building work delays within Gynae, will be implementing RPRP Q1 2023. <p>Pre-Op Assessment:</p> <ul style="list-style-type: none"> ▪ Ring fencing 8am appointment slot every day during January for Oral patients, to create the "ready" pool of approximately 20 patients week, rolled out to other specialities following months. ▪ Walk round clinics for ENT, Oral, Breast, Urology and General Surgery have commenced as "one stop" process for urgent patients. Will undertake January audit to ensure these slots were effectively used and did not result in a second Pre-Op assessment being required. <p>Outpatients:</p> <ul style="list-style-type: none"> ▪ A&G-Q3 performance increased month on month to 6.6%. Identified some consultants are "rejecting" referral rather than selecting "respond to routine referral with specialist advice". Change of process will include these within performance data. <p>A&G/PIFU/Virtual Consultations Presented report identifying opportunities within specialities, that have not been implemented to ODG on 16/1/23. Agreement by ADOs to work with their teams and implement opportunities. If these are implemented, ESNEFT will achieve target for PIFU and Virtual Consultations, and move towards "middle" of the pack for A&G.</p> <ul style="list-style-type: none"> ▪ GIRFT HVLC: ESNEFT ADOs and clinicians currently working with WSH colleagues to identify opportunities and work together as a SNEE taking into consideration GIRFT best practice pathways to improve current performance. EoC Programme lead has confirmed GIRFT pathways are included within planning for DCM EoC. <p>GIRFT: Litigation process has been ratified and now available to all staff to review, improving knowledge and understanding of process, clear "who is responsible for what", clear timescales and support available to clinical staff involved in the process. NHS Resolutions have provided litigation details per speciality, however, it is difficult to establish any themes or lessons learnt that can be shared due to the long time between the incident occurring and the claim being settled and difficulty in establishing any local details on datix systems. An alternative proposal will be put forward to the GIRFT Programme Board where claims are discussed when they are received on a quarterly basis with the speciality, allowing for any themes/lessons learnt to be identified Trust wide and shared. GIRFT Programme Board has been reinstated with membership extended to include ADONs to ensure appropriate clinical engagement. Speciality dashboards showing progress against recommendations are available via the central drive, allowing specialities easy access to review progress, discuss at CDG and CEG meetings on a quarterly basis. DMTs can also review and be assured of progress.</p>
Urgent & Emergency Care Programme	<p>Colchester Urgent & Emergency Care Recovery:-ED)</p> <p>Review of the SVP schemes for 22/23 is underway; with clarity that all money ceases end March, hence the schemes need to either stop or have a separate business case approved within divisions in order to continue. Benefits realised for each scheme are being evaluated. 23/24 bed model forecast is being worked up with the impact of agreed business cases being assessed. The overall bed occupancy position in Colchester for actual beds v plan was +14.4 in Oct, -56.6 in Nov and -28.8 in Dec.</p>

	<p>New Conveyance Avoidance Helpline line now averaging 180 calls a week SNEE wide. 85% of calls are being dealt with in-house or advised to go to an alternative to ED further reducing the pressure on the front door. i.e. 22 per day SNEE-wide.</p> <p>EEAST/REACT - CLERIC - 318 referrals received by the Teams SNEE wide with 160 cases accepted further reducing Ambulance conveyancing and in turn the pressure on the Emergency Department.</p> <p>Ambulance conveyance rate for Jan was 55%, up slightly on the 54% from December.</p> <p>Community Hub - Discussions started around the set-up of a Community Hub MDT to pull Ambulance calls from the EEAST stack pre-despatch. Locations being identified and agreement in place that it should be SNEE wide. This will assist in reducing the pressure on the Ambulance service and subsequently ED. Will also lower handover time with less Ambulances waiting at acute sites.</p> <p>ESNEFT approach to recording EDD established providing a collective ambition for all staff to work collaboratively to achieve.</p> <p>Virtual wards business case is under development with costing currently being evaluated. The VW itself has a growing number of pathways and patients are being mobilized with Infrastructure now in place to mobilise further pathways and further patients.</p> <p>Colchester UTC continues to safely manage patients via a triage and screening process as patients arrive (pre-patient being booked in). An average of 277 patients a day arrived at the door of Colchester UTC in January, of which an average of 94 patients a day (34%) were safely streamed at the first point of contact to the correct place of care. An average of 45 patients a day (16%) were re-directed for self-care as a part of this process.</p> <p>Two pathways, Cholecystitis and Diverticulitis, have been agreed in principle for direct access into SAU at Colchester. The pathways are awaiting final sign off but will look to be accessible to both EEAST and UTS upon confirmation, supporting ED performance, overcrowding of the department and ensuring patients receive the right care at the right time.</p> <p>The extraction of EEAST data on inbound conveyances is now available to ESNEFT. The data is currently being implemented into the ED Trigger Tool.</p> <p>Successful visit from MSE Hospital @ Home included education to nurses and assessment of MSE patients with the view to increase utilisation of the service in order to reduce LoS of MSE at Colchester hospital. Latest data analysis details that OOA patients have an average LoS of 10 days higher than a patient who resides in NEE. VW team to visit Hospital @ Home to share learning and better understand model.</p> <p>Bed optimiser platform is under development with BT. Proposal to go to E-Health, then ODG before a pilot can be developed.</p> <p>EDD compliance is being reviewed post initial success from TMF where there was clear embedding of consistent and timely EDDs.</p>
--	--

	<p>The structure has been put in place to reflect on weekend discharges that did not materialise, looking to collate themes and implement mitigations to increase the number of patients being discharged over the weekend.</p> <p>D2A P1 project running effectively, Intergrated with Older Person's wards and supporting Frailty SDEC team. Second ward has been worked up for the implementation of the Enablement ward project. Data suggests that Birch ward has achieved a decrease in LoS of 3.2 days from Sep 22 to Dec 22.</p> <p>Early Identification of Complex Discharge notification launched across TOC, Medicine and Older Persons areas. Data to be analysed to fully understand impacts.</p> <p>Pathway has been implemented to provide access to patients upon discharge from ED or deeper ward to attend Frailty outpatients for full CGA. This will provide education and support to patients to prevent re-admissions.</p> <p>Residential Bridging placement process and SOP embedded to support Pathway 2 discharges.</p> <p>Community hospital ward expansion into Durban ward increasing capacity by 24 beds for patients MOFD who are awaiting further community therapy and social assessments.</p> <p>Ipswich: Review of the SVP schemes for 22/23 is underway; with clarity that all money ceases end March, hence the schemes need to either stop or have a separate business case approved within divisions in order to continue. Benefits realised for each scheme are being evaluated. 23/24 bed model forecast is being worked up with the impact of agreed business cases being assessed. The overall bed occupancy position in Ipswich for actual beds v plan was +42.4 in Oct, +32.5 in Nov and +29.4 in Dec.</p> <p>New Conveyance Avoidance Helpline line now averaging 180 calls a week SNEE wide. 85% of calls are being dealt with in-house or advised to go to an alternative to ED further reducing the pressure on the front door. i.e. 22 per day SNEE-wide. Assumption that average 9 per day are Ipswich.</p> <p>EEAST/REACT - CLERIC - 318 referrals received by the Teams SNEE wide with 160 cases accepted further reducing Ambulance conveyancing and in turn the pressure on the Emergency Department.</p> <p>Ambulance conveyance rate for Jan was 55% up slightly on the 54% from December.</p> <p>Community Hub - work commenced to set up of a Community Hub MDT, following visit to Leicester to see their model in action; i.e. to pull Ambulance calls from the EEAST stack pre-despatch. Location for the team is being identified and This will assist in reducing the pressure on the Ambulance service and subsequently ED. Will also lower handover time with less Ambulances waiting at acute sites.</p> <p>ESNEFT approach to management of EDD's established, providing a collective ambition for all staff to work collaboratively to achieve the 'earliest' date.</p>
--	--

	<p>Virtual wards business case is being finalised, with costing currently being evaluated. The VW itself has a growing number of pathways and patients are being mobilised with Infrastructure now in place to mobilise further pathways and further patients.</p> <p>Joint MH/Paramedic response car now commissioned and going live on 6th Feb. This will reduce MH presentations to ED and help to avoid some of the extended waits these patients have in ED.</p> <p>ECIST visit - Identified improvements that could be made to ED Main Waiting Room - Further work to be done to improve flow within the MWR. Transformation to support with Time and motion studies specifically around Triage and reception functions. Trial underway for Physicians associate to support Dr Dan Coates at the front door, with the 'pull' model for patients coming straight from ambulances/ED to FAB, for work up and discharge as opposed to admission.</p> <p>Redirection - New system in place for patients that are to be redirected away to alternative settings. They will now be seen by a Minor Illness nurse for a "light triage" and facilitate them being recorded on Systm1. This will enhance governance around the service and improve patients safety. (Figures to follow). Nos streamed to UTC continue to increase,</p> <p>Discharge lounge - FBC now approved. Work to commence asap to be completed by 31st March.</p> <p>New SAU - Works now all complete and unit open.</p> <p>Trigger tools - Action cards now complete and launched. Shared with Colchester teams. Patient flow Trigger tool to be developed over the coming weeks. This will enable hourly "Pressure" update to be produced facilitating early mitigation.</p> <p>UTC/ED - An options paper will be written to include options appraisal for ED workforce; together with risks and impacts. GP federation options appraisal for staffing the Primary care aspect of the UTC now complete</p> <p>In-patient medical model - Business case now approved. Recruitment process underway, with a view to advertising in Feb, interviews and RCP conference attendance in March, for commencement in post (1st four posts), from Sep 23.</p> <p>Parent craft development now approved to facilitate moving DEXA scanner and elective upper limb MSK clinics.</p>
Ipswich & East Suffolk Community Services	<ul style="list-style-type: none"> ▪ Agreed approach with EEAST on more structured input into Conveyance avoidance work. ▪ Advancement of UCR work to look at unmet need, with an ambition to do as much as possible. ▪ Further clarity and defined asks on the use of PHM data to support neighborhood level planning. Some progress on firming up metrics (through INT level dashboards), but more work to be done. More clarity injected into engagement with NSFT on focus on community work on a combined physical and mental model, but little clear action has been agreed. ▪ Making progress. We have moved forward on the use of PHM data for neighbourhood planning, contract has been awarded and data cut at INT level so that can now be used

	<p>for revised neighbourhood delivery, with a focus on preventing the need for crisis interventions.</p> <ul style="list-style-type: none"> ▪ The Cleric system for taking referrals directly from Ambulance service "stack" is operational and provides a platform to build further developments from. ▪ There is also increasing engagement from NSFT on a joint approach to addressing people's physical and mental wellbeing needs in the community, although this has yet to flow through to defined plans.
Building for Better Care Programme	<ul style="list-style-type: none"> ▪ Project completion and handover for Ophthalmology OPD at Ipswich. ▪ Project completion for the lithotripter at Colchester. Patients from November '22. ▪ Handover of Children's ED Colchester (Phase 2 of STP scheme) ▪ Detailed design for endoscopy at Clacton completed. ▪ Contract to be agreed today for DCMB. ▪ Development control plans agreed at ESPG. ▪ Agreed a change to contract for SAU at Ipswich, now moving from a two to single phase contract now to be completed at the end of November to prevent bed closures over Winter. ▪ Newmarket CDC now approved. ▪ ESPG attendance has now improved, but attendance from Medicine Colc outstanding. ▪ Further business cases successful for endoscopy kit and modular CT at Ipswich ▪ Approval to proceed with the acquisition of St Clements. ▪ Of the 24 programmes agreed as scope for BFBC charter, as at October 2022 the status is as follows: (5 Completed 21%) (12 On-Track 50%) (4 at risk 16%) (3 late 13%)
North East Essex Integrated Community Services Programme	<p>Inequalities Working Group -</p> <ul style="list-style-type: none"> ▪ The division have implemented an internal Inequalities Working Group which has 2 main aims. The first aim is to look at what the division can do to address the widening gap in health inequalities for the people we serve, dovetailing into the trust Health Inequalities strategy. The second is to look at how as a division, we can produce an immediate response to the current Cost Of Living crisis for our staff and local residents. TDC and CBC workshops supported by AT and LM. ▪ Virtual Ward -The division has gone out to advert at risk for a variety of clinical staff ranging from HCAs to Nurse Consultants including International recruitment which will support the employment of HCAs. Scoping is being undertaken to understand what can start ahead of recruitment, including a small pilot for each of the agreed 3 pathways to ensure we remain in line with the agreed trajectory. ▪ Cardiology -Co-development of Echo tape SOP completed with NEECS, Medicine division and GPPC – still awaiting sign off by medical division. GPPC commenced don & doffing service from 1st August 2022. NEECS are supporting backlog of referrals up until and including referrals received on 31st July 2022. ▪ GPwSI substantive recruitment advertised and interviews set for September 2022 with go live date from early October. ▪ Initial cardiac rehab project meeting completed with key clinical, admin, general manager and transformation partners and project plan created. Neighbourhood Model &

	<p>Primary Care Networks - Developed the referral process for primary care into Neighbourhood.</p> <ul style="list-style-type: none"> ▪ Colchester MDT continues to meet monthly, approx. 15-20 cases supported to date, positive actions and outcomes. ▪ Attended Live Well Events at Greenstead Community Centre, the One Colchester Hub, CVS Tendring and Jaywick Community Centre – collaborative event with vaccination team. ▪ Citizens booklet produced and circulated. ▪ Outline of proposed activities produced by evaluation team and contract signed by University of Suffolk. ▪ Patient consent form created to facilitate use of case studies to promote neighbourhood working. ▪ Tendring Connector role - MOU agreed and signed, awaiting finance instruction to go out to advert. ▪ First Tend. South LNT meeting held on 22nd Sept – good initial conversations and agreed agenda items for next month to include; defining expectations, co-production with community and asset mapping. ▪ Currently exploring options for capturing outcomes and case studies following initial discussion. ▪ Frailty - Joint working with UCRS and Frailty to prevent avoidable admissions continues advancing with UCRS increasing the number of patients they are managing then referring into Frailty. ▪ Increasing awareness of frailty and pathways plan for community teams into frailty developed. ▪ Education for ward staff on HAFD, frailty and risk aversion delivered to majority of staff on OPS wards and community hospital wards. ▪ Implementation of home visits as part of outpatient frailty service offer ▪ Frailty Toolkit for wards to support answering the 'so what' question drafted and out for comment ▪ Continued engagement with wider system to develop system frailty plan, toolkit and link with the Age well plans. ▪ CFS documented on ED handover and discussed at ward rounds. Additionally, CFS App available on an increasing number of Sentinel IPADS in EAU and Older peoples wards at Colchester to standardise scoring.
Digital Programme	<ul style="list-style-type: none"> ▪ Careflow upgrade completed successfully on 10th December ▪ ICE - Radiology GP request and results now available in IES. Reviewing requirements to deliver same for NEE GP's ▪ Clinical Photography - Live as of 5th Dec ▪ EPR – CMIO roles appointed to. OBC approval now with region/national groups – expected 15th March. This impacts ability to publish tender as per plan. Frontline Digitisation Investment Agreement being progressed. Delivery of Digital Education Centres to support the training requirements for EPR remains a risk due to requirement to spend capital in year. ▪ ESNEFT Domain – discovery phase completed. Remedial works programme now commenced. ▪ Evolve SVOP - The project team are reviewing the EPMI solution within Evolve and the wider impact on other systems but also involved in discussions of a Trust-wide EMPI solution. ▪ WPE – WPE 7.24 upgrade will now delayed from May 23 to June/July due to Capita build delays. Handover of environment currently 3 weeks behind scheduled.

	<ul style="list-style-type: none"> ▪ PACS – SOC approved in Nov, OBC expected in Feb/Mar. Tender publication due in Apr/May, with FBC to be delivered in May/June ▪ Patient Portal – Wayfinder supplier confirmed as Netcall. Contract negotiations underway. This will replace Synertec's PCH solution with a Trustwide portal that integrates via the NHS App. Implementation plan to be agreed as part of contract signature. ▪ Engaging the services of MTI to create/refine the strategy - to complete by end of March 23
Workforce Programme	<ul style="list-style-type: none"> ▪ Leadership Development Programmes continue to be fully booked since launch in June ▪ Establishment of Financial Wellbeing Group to roll out key initiatives to support staff experiencing financial hardship ▪ Significant work to maintain vacancy rate given continued increase in establishment since July.
Resource Optimisation Programme	<ul style="list-style-type: none"> ▪ Productivity. First draft of productivity metrics are now developed. ▪ For benchmarking, ERIC submitted ahead of deadline; MHS refresh completed; WSFT analysis shared with divisions. ▪ Use of resources assessment: Trust has seen final draft of updated assessment KLOEs ▪ Productivity analysis completed. ▪ Anchor orgs: 10% Social Value criteria to be included in tenders; 2020 target of 28% carbon reduction achieved; next update due to Sept Board ▪ E-rostering roll-out: AFC - e-roster roll out completed, currently circa 96% on Allocate Healthroster. However, Medics rollout paused, with a further discussion required at EMC. ▪ Health inequalities reporting: Reporting established and refreshes with PBI App. Further Advanced Analytics reports in progress in line with Health Inequalities working group. ▪ Resource Optimisation Board: arrangements in place to re-start this month.
Logistics Programme	<p>IP City - IP City being the prototype is fully operational with the following:</p> <ul style="list-style-type: none"> - Space utilisation - Data analysis of usage data fully operational following some technical issues - Sample dashboard reporting included - Room Booking - working with communication team to formally announce the Go Live of the IP City Hot desk solution for Trust wide booking <p>NEECS Community -</p> <ol style="list-style-type: none"> 1. Space Utilisation sensors PCC & Clacton installs scheduled for ending September 2. Nominated departmental leads trained in populating resource worksheets (to aid 3. Benefit realisation - of the sensor data analysis has aided decision-making by having actual usage - justifying the decision in accommodating a team requirement for space into The Crescent <p>The Integrated Care team - Constantine move</p> <ol style="list-style-type: none"> 1. In order to maintain the ability to book meeting rooms new room booking solution will be in operation having been aligned to the installation of the corporate network in order to maintain the ability to book their specific meeting rooms <p>Outpatient Cancellation and DNA Process Improvement</p>

	<p>DNA review The current ESNEFT DNA (KPI 5%) position is 5.54% for Aug 2022</p> <p>Ipswich 4.58% Colchester 6.55%</p> <p>1. Sample of data collected from Netcall remind (July 2022) - Data shows 158004 patients - 47639 either invalid, no response or no contact</p> <p>Colchester performance is above the current KPIs so a deep dive into the position will take place throughout Sept 2022</p> <p>Cancellation Review ESNEFT Outpatient Appointment cancellations for AUG 2022 was at 28.17%. 8.17% above our KPI of 20%.</p> <p>Most used patient cancellation reasons used -</p> <p>Ipswich is OTHER – Patient Cancellation followed by PATIENT CHOICE Compared to Colchester PATIENT – INCONVENIENT & PATIENT – ILLNESS</p> <p>Netcall Development The following services are in development for implementation to the Remind messaging – Occupational Health – Went Live in Aug 2022 TCI's – Went Live in Aug 2022 Finn Clinics (Questionnaire) – BI Development stage Community Paediatrics (Questionnaire) – BI Development Stage Endoscopy – BI Development Stage</p> <p>For consideration</p> <p>Ipswich - Enhance the patients Cancellation live into LRC to save administration time and slot management. Develop multi line access, so individuals can manage more than one phone line.</p> <p>Colchester - Establish the 2 way feed for patient responses to mirror Ipswich process. Establish reporting to newly formed Contact Centre Extend Groups to bring Reception and Clinic Change's Team on board Print Optimisation Strategy 1. Account Review with Vendor undertaken and agreed monthly service review meetings 2. Analysis performed on current usage (IH & CH) of postroom for sending communications to identify and prioritise high usage dept to transition to Synertec</p> <p>ESNEFT Self- Check in Kiosk solution Current fact finding gathering completed which will then create detailed findings report which in turn will be the basis for a business case to implement an ESNEFT way solution (Single provider) - Target to present findings report at October E- Health board</p> <p>Outpatient Transformation and Automation</p>
--	---

	<p>1. ERS ASI process which went live in April, now has all routine and urgent specialties (except Breast non-2ww) added to process.</p> <p>2. IH 2WW and CH Cancer MDT processes built and in live testing.</p> <p>3. CH InTouch demographic update process in development.</p> <p>4. New schemes to be considered :</p> <ul style="list-style-type: none"> - Con to Con referrals – Ipswich - Ward Requests – Ipswich - Triage Updates – Both sites - Clinic Lists pre print – Both sites - E-mail referral receipt process – Both Sites - Dermo Updates to Careflow from ERS – Colchester - Intouch outcoming development - Colchester <p>5. API Development - NHSD (Potential enhancements to E-referral) using developed NHSXi ap</p> <ul style="list-style-type: none"> - Demographic updates - Referral registration
Quality Improvement Programme	<p>1a Deteriorating Patient - Robust and standardised maternal sepsis auditing process in both Colchester and Ipswich hospitals - in place and being monitored. 1b. New outpatient escalation policy in Colchester oncology depts - in progress.</p> <p>2. QI faculty - Conversion of silver training to registered QI projects: March 2022 target - 35%. Currently achieving 40% (up to 12/10/22)</p> <p>3. Inequalities programme - recruitment to band 7 and band 8a inequalities lead and project manager roles begun.</p> <p>4. End of life care- Butterfly service expansion - recruitment completed.</p> <p>5. GIRFT - vascular away day occurred in September.</p> <p>5b. Metric established for vascular - revascularisation within 5 days - percentage target being investigated.</p>
Quality Priorities Programme	<p>1) All CYP MH Specialist Posts in place, 2 on each acute site.</p> <p>2) Continence assessment and care plan approved and in place. Secondary review of formulary underway to align with community products and to identify further cost savings and patient experience improvements.</p> <p>3) Medication Safety - no blank challenge relaunched and SAFEDIS reviewed and launched for September 'World Patient Safety Day'</p> <p>3b) Omitted does re-audit undertaken and fed back to matrons</p> <p>4) Recruitment into Dementia Specialist Support worker posts on both sites</p> <p>5) Birth-rate plus review in progress.</p>
Cancer Programme	<p>1) Faster diagnostic framework - The two new GP's have now successfully set up clinics in Felixstowe and Clacton however we have still not been able to secure a clinical lead (ESNEFT consultant) for the service. The C&D DMT continue to support but with no Clinical Lead the service remains at risk. Completion date is not at risk as yet however Trust reputation if we are not able to meet the service requirements continues to be a concern.</p> <p>2) Cancer performance - Performance remains below national standards and local recovery trajectory. Trust performance affected mainly by Lower and Upper GI and Skin however significant improvement seen in October (un-validated data) which shows 2WW up by 20% on previous month and 28FDS up by 13%. Backlog : 7 out of 10 tumour sites have backlog numbers similar or lower than pre-Covid levels. The 3 remaining (LGI,UGI,Skin) as with performance are the areas that still need more work. UGI and Skin outsourcing solutions will enable performance to get back on track to deliver against trajectory in Dec/Jan however Colorectal needs multi-stakeholder engagement and a system plan to achieve sustainable performance.</p> <p>3) Diagnostic capacity review - Endoscopy complete</p>

	<p>Action plan now in place for radiology. Cancer Transformation funding in place for Radiology cancer manager. MA in post and it has already made a significant improvement to TAT's Pathology - Digital path being picked up as part of the wider Network -Update required.</p> <p>4)MDT Review- Project led by Mr Fong, Deputy Clinical Lead for cancer and Morven Angus, Lead Cancer Nurse. Due to clinical pressures within his own specialty (H&N) Mr Fong has not been able to commit to any more MDT review dates in 2022.</p> <p>5)Prehabilitation - Implementation/roll out of Virtual or f2f programme. UGI piloting ONKO smart App. UoS analysing data. Good uptake to date.</p> <p>6)Personalised care - PCFU in breast, colorectal and prostate now compliant with Remote Monitoring System (RMS) on Somerset. Next sites to launch - thyroid and endometrial Dashboard is being developed</p> <p>7) Workforce - CNS workforce review. Patient focus group, staff surveys and WILO (week in the life of) complete. Data analyst post in place and funded by ICB cancer fund Macmillan funding new posts within CNS teams in line with recommendations (B4 support workers, B8a lead roles, B6 developmental CNS roles)</p> <p>8)Cancer car navigators - Cancer Care Navigators are now in post on both hospital sites. Iterative roll out across tumour sites</p> <p>Please refer to the existing cancer performance reports</p>
--	--

6.0 Top 3 key risks to TMB/ Strategic plan delivery

- 1) Resources required to deliver the wider programme (regularly reviewed at TMB)
- 2) Competing priorities/ new emergency opportunities (programme scope reviewed at TMB)
- 3) External factors impacting delivery, such as seasonal pressures, covid-19 resurgence – impact considered as and when required.

Appendices – Appendix A – TMB/Strategic plan and measures master view 2022 08 17

Action Required of the Board/Committee
<p>The Committee are recommended to:</p> <ol style="list-style-type: none"> 1. Note the progress on delivery of the TIMB/ Strategic plan and success measures.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input checked="" type="checkbox"/>

Risk Implications for the Trust (including any clinical and financial consequences)	Delays to the approval timetable would push back the delivery of benefits, particularly elective waiting times.
Trust Risk Appetite	Innovation: The Board has an open view of innovation that supports quality, patient safety and operation effectiveness. This means that it is eager to pursue innovation and challenge current working practices, and views new technologies as a

	key enabler of operational delivery. However, decision making authority will be carefully managed to ensure that prioritization and focus on the identification and delivery of innovations with transformative potential and will only be devolved on the basis of earned autonomy.
--	--

Legal and regulatory implications (including links to CQC outcomes, Monitor, inspections, audits, etc)	The design will need to comply with new infection prevention and control requirements.
Financial Implications	Development of the EOC and day-surgery at Colchester Hospital are one of two streams supported by £69.3m central capital funding. The total programme is currently estimated at c£91m and there are commitments from the Trust capital programme over the next 4 years.
Equality and Diversity	Equality impact assessment is undertaken for each scheme separately. There are no plans in this programme that will impinge on the rights of staff of patients / carers under current legislation.