

22-23 Time Matters and Strategic Plan - Programme and projects status Q4 Position

PROGRAMME	Complete	On Track	At Risk	Late	Not Started	Pipeline	Grand Total
BFBC	9	5	3	7			24
Cancer		8					8
Digital	16	15	2		1		34
Elective	8	6	8	4	1	2	29
IESCS	1	3	4				8
Logistics	2	5		1			8
NEEICS	8	2					10
Quality Improvement	2	6	2		2		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 Q4	56	77	24	14	6	2	179
Percentage of projects at status	31.28%	43.02%	13.41%	7.82%	3.35%	1.12%	100%
Q3 Position for comparrison	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 comparrison	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 comparrison	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%

TMB/ Strategic Plan live progress tracker

Time Matters/ Strategic Plan Programme Q4 Position

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 completion date	Please provide new update on this project, and if the planned completion date is at risk, describe mitigation.	Mitigations/escalations
1	BFBC	Shane Gordon/Paul Fenton	Ipswich 3rd MRI commissioned.	Paul Fenton	Belinda Ling, Sinead Hendricks-Tann	Jan-21	Complete		Scheme completed and handed over.	
2	BFBC	Shane Gordon/Paul Fenton	Aseptic Unit Upgrade (Col)	Paul Fenton	Stephen Pullen	Aug-22	Complete		Scheme completed and handed over.	
3	BFBC	Shane Gordon/Paul Fenton	IH Breast Unit development completed	Paul Fenton	Emily Marsh	Dec-22	Complete		Scheme completed and handed over. Breast Care Centre fully operational from 24th January 2023.	
4	BFBC	Shane Gordon/Paul Fenton	IH Children's Dept upgrade completed	Paul Fenton	Roxanne Shaw	Mar-24	On Track	Apr-24	Design changes due to drainage. Additional funding secured via Investment Group. Programme changed to March 2024. First Phase is completed and operational on 7th November 2024.	A revised target date of January 2024 (originally November 2023) has been established. This delay has been due to the requirement to address unforeseen drainage matters. This is now addressed via further funding from Investment Group.
5	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - IH Staff accommodation upgrade	Paul Fenton	Cara Gosbell	Dec-23	Late		IU accommodation uptakes out of 32 available spaces. Alternative accommodation nearby being explored. Exploring ability to move living accommodation off-site as first phase of this work. Paper to be developed for EMC. Investment will be required. Will potentially resolve elements of specific concerns in the North end of the site at IH.	Explore Trust appetite to remove living accommodation from the IH site and agree what forum this should be debated EMC/ELT?
6	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - rationalisation of IH North-end	Paul Fenton	Cara Gosbell	Dec-23	Late	Dec-23	Linked to phase 1 (accommodation re-location off site). To commence rationalisation of the North End, the first proposed element is to re-use living accommodation for non-clinical services from the North end. Aligned with staff accommodation upgrade project above.	
7	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Use & development of St Clements land	Paul Fenton	Cara Gosbell	Mar-22	Late	Mar-23	Board approved to purchase the site, currently at legal stage for acquisition. Target purchase date is March 2023. Negotiations currently ongoing with regards to change of use with planning department	
8	BFBC	Shane Gordon/Paul Fenton	Transfer NHSP Community properties (First three sites)	Paul Fenton	Anne Finn	Sep-22	Complete		Completed	
9	BFBC	Shane Gordon/Paul Fenton	Interventional Radiology and cardiac angiography (IRCA) unit (Col)	Paul Fenton	David Cohen	May-22	Complete		Operational and handed over.	
10	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Commencement of Tower Block refurb (Maternity Strategy)	Paul Fenton	Cara Gosbell	Oct-21	At Risk	Mar-23	Oct 2021 was opening of Waldringfield Ward. (First part of tower refurb completed). To have approved professional fees up to £30k for structural surveys to be completed. Works likely to be in excess of £10m. Preferred clinical layout identified. Funding stream not yet identified. Feasibility stage only. Feasibility report due in February 2023. MSGC meetings ongoing.	Funding stream for this programme is not yet identified.
11	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Urology dept – Relocation to sufficiently sized area	Paul Fenton	Cara Gosbell	Jan-24	At Risk		Once UTC opens, and the old retail space is vacated, this will be redeveloped for the urology department. Funding not identified	The Urology solution is reliant upon completion of the UTC/ED at IH, which will then allow vacation of the old retail space (temporary UTC) to be converted for Urology. There is a risk that the additional theatres above UTC may delay Stream 1 completion.
12	BFBC	Shane Gordon/Paul Fenton	Estate Strategy - Endoscopy dept - Extension in to Incumbent Urology Area	Paul Fenton	Cara Gosbell	Mar-24	At Risk	Jun-24	Once UTC opens, and the old retail space is vacated, this will be redeveloped for the urology department. Funding Source not now identified.	The endoscopy solution is reliant upon the delivery of the solution for Urology, which is funding dependant and is linked with the completion of the UTC/ED at IH.
13	BFBC	Shane Gordon/Paul Fenton	Agree Capital Pipeline for 2022/2024 for projects	Paul Fenton	Cara Gosbell	Jun-22	Complete	Sep-22	ESPG on 14th Oct have arranged an extraordinary meeting of EROC. Current pipeline created from divisional priority plans aligned to divisions risk and prioritisation. Complete but continuously under review	Divisions to be reminded to attend ESGP. Further review of pipe
14	BFBC	Shane Gordon/Paul Fenton	Delivery of ESENFIT Estates Strategy elements (North End of Ipswich) - 2022/2024 Completion of Master Development Control Plan for Ipswich and Colchester sites	Paul Fenton	Cara Gosbell	Sep-22	Complete	Jan-23	Shared at ESGP in September 2022 and is now going to the Building for Better Care Programme Board for approval. Presented both Master Control Plans at BFBC in January 2023. Supported. Continuously review and update in line with developments	
15	BFBC	Shane Gordon/Paul Fenton	Acquisition of Community Hospitals etc. including Clacton Hospital	Paul Fenton	Anne Finn	Sep-22	Late	Mar-24	Indicative revised date - way forward to be determined, linked to PPE of other three sites acquired.	Post project evaluation of acquired community sites is required before further site acquisitions can be progressed.
16	BFBC	Shane Gordon/Paul Fenton	Clacton Hospital Reconfiguration Phase 1 including acquisition of Landermere	Paul Fenton	TBC	May-24	Late		Business case not submitted, awaiting confirmation of way forward.	Risk that funding may be withdrawn. For ESENFIT, this would prevent new accommodation for the Clacton UTC and AMSDEC.
17	BFBC	Shane Gordon/Paul Fenton	Clacton Community Diagnostic Centre Phase 1 (CT, Cardio-Respiratory, Phlebotomy and Hospital Power upgrade works)	Paul Fenton	James Archard	May-22	Complete		Early adopter and Phase 1 CDC at Clacton fully operational. 4th highest performing CDC in terms of activity to-date against 79 CDC centres nationally.	Formal opening still awaited
18	BFBC	Shane Gordon/Paul Fenton	Clacton Community Diagnostic Centre Phases 2 & 3 (MRI, X-ray, NOUS, Endoscopy, Carpark and DDA compliance).	Paul Fenton	James Archard	Jul-23	On Track		Funding approved for Phase 2 and 3 to provide permanent MRI, 2xXray, 2x Ultrasound, and a two-room endoscopy suite. Works have commenced. Awaiting approval of seawe demo.	Revised endoscopy design is reliant upon planning permission and landlord approval. Both are in train. In event this is not approved, reversion to single room may be required.
19	BFBC	Shane Gordon/Paul Fenton	Ipswich Community Diagnostic Centre (Now replaced with Mobile MRI only bid)	Paul Fenton	James Archard	Mar-24	Late		Full CDC option for Ipswich not supported at either highstreet or onsite location. Way forward is now to bid for only a mobile MRI for the Ipswich site.	

20	BFBC	Shane Gordon/Paul Fenton	New ED Colchester STP ED Reconfiguration	Paul Fenton	Cara Gosbell	Feb-23	Complete		Theatres above resus may require works (for load bearing works for robotic surgery) that could impact on completion of resus works at Colchester. On track to revised date of Feb-23	A separate programme of works to install robotic surgery kit in the theatres above resus at Colchester requires floor strengthening works. This will impact resus on the ground floor and likely to delay Stream 1 completion.
21	BFBC	Shane Gordon/Paul Fenton	New ED/ UTC Build (STP) Ipswich completion STP ED Reconfiguration Plus Provide three theatres above UTC	Paul Fenton	Cara Gosbell	Mar-24	Late		Currently working through programme and impact of additional theatres on the first floor above UTC on the Ipswich site. Programme being updated	Potential impact on Stream 1 completion date as a result of the new theatres on the first floor - programme currently under review.
22	BFBC	Shane Gordon/Paul Fenton	Dame Clare Marx Building Completion	Paul Fenton	Cara Gosbell	Mar-24	On Track	Apr-24	Contract signed with MTX in October 2022. Programme currently showing construction completion in April 2024 with operational go live in August 2024.	
23	BFBC	Shane Gordon/Paul Fenton	Harmonisation of FM Services across the ESNEFT Estate	Paul Fenton	Fiona Sparrow	Apr-23	On Track		FM Harmonisation is still on track for April 2023. The paper went to ELT, a few amendments are required so will be going back to ELT then to Board in a week or so.	Further review of paper by ELT required
24	BFBC	Shane Gordon/Paul Fenton	Green Plan delivery	Paul Fenton	Tim Hewes	Mar-23	On Track		Meeting taking place in early August to kick off Green plan. Also reporting into the ICB. Working with local borough councils.	
25	Elective	Sarah Noonan	Endoscopy Insourcing tender complete	Sarah Noonan	Shume Begum	Dec-20	Complete			
26	Elective	Sarah Noonan	Digitalised Pre-Op system across both hospitals.	Sarah Noonan	Alexis Cameron	Nov-20	Complete			
27	Elective	Sarah Noonan	BAAGS (Straight to test, Advice Guidance, Blue Card, Good News Letters, Virtual Consultations) completed for CDG's Cohort #1	Karen Lough	Jane-Anne Urquhart	Nov-20	Complete			
28	Elective	Sarah Noonan	BAAGS (Straight to test, Advice Guidance, Blue Card, Good News Letters, Virtual Consultations) completed for CDG's Cohort #2	Karen Lough	Jane-Anne Urquhart	Jan-21	Complete			
29	Elective	Sarah Noonan	Completion of Telederm pilot in IES	Karen Lough	Angela Ashton	Mar-21	Complete			
30	Elective	Sarah Noonan	Identification of Services to move from Acute to Community Locations (dup)	Karen Lough	Angela Ashton	Mar-21	Complete			
31	Elective	Sarah Noonan	Clacton Community Diagnostic Centre phase 1 complete	Shane Gordon	James Archard	May-22	Complete		Completed, CDC phase 1 open	
32	Elective	Sarah Noonan	Dame Clare Marx Building (elective orthopaedic centre) - additional theatres & wards; funding secured	Shane Gordon	Andrew McLaughlin	Aug-22	Complete		National multi-year TIF funding awarded on 15 July 2022 for expansion of DCMB to include a total of 8 theatres and 3 wards.	
33	Elective	Sarah Noonan	New Constable Day Surgery Unit (Linked to DCMB)	Alison Stace	Andrew McLaughlin	Apr-24	At Risk	Aug-24	Dependent on DCMB completion (now estimated as Aug 24) and availability of Trust capital funding. Alternative options may be available depending on availability of National capital funding.	
34	Elective	Sarah Noonan	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 Stace	Pat Harvey	May-22	On Track		see below re Clacton CDC.	
35	Elective	Sarah Noonan	Clacton CDC Phase 2 operational	Alison Stace	James Archard	Apr-23	On Track	Nov-23	project on track	
36	Elective	Sarah Noonan	Clacton Community Diagnostic Centre phase 2 complete	Shane Gordon	James Archard	Jul-23	On Track		Clacton CDC Phases 2 and 3 funding now confirmed, works to commence 1st April with Phase due for completion July 2023.	
37	Elective	Sarah Noonan	Upgraded Endoscopy Units on both sites and new CT scanner	Shane Gordon	Andrew McLaughlin	Mar-25	On Track		New CT scanner funded for Ipswich to be delivered Mar 23. Incorporated in new ICS-wide Endoscopy Programme bid for National funding. Equipment and fees funded in 22/23. EOI submitted and funding bid due in on 1 Mar 23.	
38	Elective	Sarah Noonan	Completion of Telederm pilot in IES	Sarah Noonan	Angela Ashton	Mar-23	At Risk		rego teledermatology moved from pilot phase to business as usual in January 2022. 4873 teledermatology requests received across ESNEFT in the last 12 months of which 37% have been returned to primary care with advice, 52% have been recommended for routine referral	If the new platform is not mobilised by the end of March 2023, primary care will be able to submit teledermatology requests via eRS advice and guidance.
39	Elective	Sarah Noonan	Diagnostics - 99% of patients to receive their diagnostics within 6 weeks	Alison Power	Hanne Ness	Dec-22	On Track		improvements across all three quarters of the year	
40	Elective	Sarah Noonan	Completion of Telederm pilot in NEE	Karen Lough	Angela Ashton	Mar-23	At Risk		4873 teledermatology requests received across ESNEFT in the last 12 months of which 37% have been returned to primary care with advice, 52% have been recommended for routine referral and 11% have been upgraded to a 2WW.	If the new platform is not mobilised by the end of March 2023, primary care will be able to submit teledermatology requests via eRS advice and guidance.
41	Elective	Sarah Noonan	Additional laparoscopic theatres at Ipswich - funding secured	Shane Gordon	Andrew McLaughlin	Aug-22	On Track	Mar-24	Delays in National approval process and building cost inflation have resulted in a gap between available capital funding and project cost. Build plan finalised and shared, outlining severity of works which outlines that during June 23 to January 24 the impact of the works is likely to mean that no operating can be undertaken within South Theatre.	An options paper to minimise loss to capacity during June 23 to January 24 being finalised for discussion.

42	Elective	Sarah Noonan	Dame Clare Marx Building (Elective Orthopaedic Centre including extension to 8 theatres/3 wards)	Paul Fenton/ Alison Stace	Cara Gosbell	Mar-24	At Risk	Apr-24	Contract with MTX signed in October 2022. Awaiting final detailed programme but expect construction complete April 2024 with DCMB operationally live in August 2024	
43	Elective	Sarah Noonan	Availability of scan reports within 7 days for oncology patients on active treatment	Alison Stace	Hanne Ness	Mar-23	At Risk		Risk to delivery, particularly in Colchester due to the significant number of requests for acute scans than Ipswich which take priority for reporting. Mitigations being reviewed to determine how this risk can be reduced.	Included in Imaging Transformation Group workplan - weekly meetings in place. Scan requests now prioritised accordingly (behind acute and 2ww, ahead of urgent) with urgency flagged on reporting list. Reporting workload increasing with increase in scan requests. Urgent scan requests are prioritised. Urgent scan requests are prioritised.
44	Elective	Sarah Noonan	Elective – PIFU 5% outpatient to PIFU (LTC areas immediate focus area)	Karen Lough	Sharon Austin	Mar-23	Late		December Performance remained static at 2.8%. 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.	If performance has not increased end of January within specialities with identified opportunities, Senior Transformation Lead to attend ADO/Director of Ops meeting as escalation. Update position to be presented to ODG 12/2/23 as escalation
45	Elective	Sarah Noonan	Elective – Outpatient FU 25% reduction	Karen Lough	Sharon Austin	Jun-23	At Risk		December Performance increased to 6.7%. Implementing PIFU has created a reduction in FU appts and specialities have advised clinical reviews of patient FU appt waiting lists have been carried out.	Divisional teams to provide reports identifying changes to clinic templates, patients removed as a result of clinical review and plans to further reduce number of FU appts.
46	Elective	Sarah Noonan	Advice and guidance built into Job planning (16 specialities)	Karen Lough	Sharon Austin	Mar-23	Late		Q3 performance increased month on month to 6.6%. 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. Currently some consultants are "selecting" referral and sending letters with A&G. Need to select Achieving on the day cancellations and increased elective activity will achieve this matrix.	If performance has not increased end of January within specialities with identified opportunities, Senior Transformation Lead to attend ADO/Director of Ops meeting as escalation. Update position to be presented to ODG 12/2/23 as escalation
47	Elective	Sarah Noonan	Theatre Efficiency Programme	Karen Lough	Karen Magill	Sep-23	At Risk		Ensuring timely starting of sessions, 6-4-2 and H4 timings being implemented activity will increase.	Theatre Productivity Oversight Group (TPOG) meetings designed as a point of oversight, escalation, progress and scrutiny of the Theatres Programme encompassing a review of all KPIs.
48	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/ Angela Tillet TBC	Sharon Austin	Mar-23	At Risk		Reduction of 63 work weeks by 50% not on target due to focus on 78 weeks. Head of Access GIRFT HVLC at risk due to opportunities not being implemented by specialities or those previously implemented not being maintained as BAU. Meetings with clinical teams during February to review again best practice pathways to reach agreement to implement and embed as BAU.	GIRFT Programme boards have been reinstated, designed as a point of oversight, escalation progress and scrutiny of the GIRFT Programme part of the escalation process. Membership has been extended to include ADDON's. In the process of arranging speed dating sessions with June ENT, Vascular and General
49	Elective	Sarah Noonan	Ipswich CDC Operational	Alison Stace	James Archard	Apr-24	Not Started		Change control - scheme now not to be progressed - unaffordable from revenue and capital perspective	
50	Elective	Sarah Noonan	Identification of Services to move from Acute to Community Locations	Sarah Noonan	Angela Ashton		Pipeline		Clinical Lead for Planned Care incorporating this within their objectives for the year. Scoping opportunities, resources etc..	
51	Elective	Sarah Noonan	Increase 23 hour day surgery model	Sarah Noonan	Alexis Cameron		Pipeline		project scope being worked up to determine resources, opportunities and timelines	
52	Elective	Sarah Noonan	Delivery of 28 day Faster Diagnostic standard (Cancer) (All diagnostics)	Alison Power	Pat Harvey	Dec-22	Late		28FDS standard 75% not met. However Q3 performance 64% which is a 10% increase from Q2. Improvement mainly due to the recovery of Skin PTL at Colchester. Backlog cleared and the introduction of AI teledermoscopy has reduced waiting times to <7days for first appointment.	Daily Red2Green commenced for Colorectal (and UGI) 6.12.22 Considerable improvement has been seen across the PTL. Additional capacity at Colchester site has reduced polling times for first OPA from +50 days (Dec) to < 17 days (Jan). Waiting times for colonoscopy remain at 2-4 days so achieving 28FDS for patients who require a scope will remain a challenge. As above 28FDS daily meetings for Upper and Lower GI with urology added from 18th January. Daily actions allocated to both operational and MDT teams to move patients to next steps, escalations for clinical delays and capacity reviews. Weekly Cancer Recovery Review meetings chaired by DCO. Clinical pathway reviews working with ICB and primary
53	Elective	Sarah Noonan	Delivery of 62 day Faster Diagnostic standard (Cancer) (all diagnostics)	Alison Power	Pat Harvey	Dec-22	Late		The speciality does not meet the 85% standard however have delivered above 75% in every quarter. Whilst there is a lot of work to do to get us back on track and deliver against trajectory, our performance remains one of the highest in the region and in terms of volume (of patients seen/assessed) performance is within top 3 trusts in the country. Deferrals remain high based on performance to be made with Clinic. In January 2023, 50 patients were accepted which saw a 46.7% acceptance rate. In the first 12 days of February, 26 patients have been accepted, providing a much improved 63.4% acceptance rate. Some additional therapy and HTA from PW1 has supported capacity. Additional weekend shifts have been provided as acceptance rates at	REACT capacity has been bolstered by PW1. Additional clinicians rostered at weekends to mitigate low acceptance rate. Still some work to do with 4-8pm acceptance rate and new rota being explored to prevent staffing levels dropping at 4.30pm. Development of the community hub will further support REACT and UCBS
54	IESCS	Paul Little	1 Deliver 2 hour Urgent Community Response	Paul Little	Rebecca Walker	Mar-23	On Track		Conveyancing Avoidance Hotline (CAH) now in place and full up and running to provide additional support to the EEAST	
55	IESCS	Paul Little	2 Expand specialist Older People's support currently in place for primary care to ambulance service	Paul Little	Rebecca Walker	Mar-23	Complete			
56	IESCS	Paul Little	3 Develop an enhanced frailty interface model linked with frailty virtual ward	Paul Little	Selina Lim/Dan Coates	Mar-23	On Track		Frailty interface models – Lead consultants are working up a model for comment. HI therapists are now in place which is allowing us the ability to release some REACT therapy capacity from ED into community. Taken patient from FAB to virtual frailty ward – we will need to refine referral process to make it easier for consultants to refer. Referral process to frailty virtual ward has	Consultant JDs for OPS posts as part of medical model of care business case being written to enable recruitment to substantive consultant jobs to help improve consultant input into frailty front door and virtual frailty ward.
57	IESCS	Paul Little	4 Enhanced ability to identify patients at PCN/INT level with severe frailty, to develop focused preventative work and treatment escalation plans	Paul Little	Selina Lim/ Jane Shoote	Mar-23	At Risk		RESPECT – ICB programme manager in place, however fraction into community services via INT delivery is unclear at present. SystemOne Core template has recently been updated to incorporate more of the comprehensive geriatric assessment (CGA) categories and a full CGA can Suffolk template continues to be worked on. Working with all three care home teams to see we have fully developed pathways for each site and an increasingly well-established process for onboarding patients. Reasonable progress has also been made in the recruitment of additional posts to support care for people on the virtual ward pathways. Latest figures show between ED 60% of available capacity is being used and clinical confidence in the model has	Work on CGA template was paused as SystemOne team resources were diverted to the development of virtual ward SystemOne module. CGA group has now been restarted. Reviewing Hertfordshire community CGA template to see if this can help speed up development of Suffolk template
58	IESCS	Paul Little	5 Expand capacity beyond virtual wards to care for increasing level of acuity in the community	Paul Little	John Tobin		At Risk			No specific mitigations, but a full endorsement and active support of virtual ward as a long term option for the trust, backed clinically, operationally and managerially may help increase organizational confidence in the model.
59	IESCS	Paul Little	6 Establish integrated approach to physical and mental health support	Paul Little	Karen Large/Jenny Blades/Kelly Ward/Selina Clare		At Risk		Initial and more hopeful conversation on this topic has since faltered with the clinical director with whom a direction of travel was agreed, has since left the trust. Engagement with the NSFT has generally faltered on all aspects if INT development.	It is not clear what is being done at an ICS level to address the persistent dysfunctionality of NSFT. As part of the ICS, ESNET need to push that question.
60	IESCS	Paul Little	7 Working with NSFT to enhance DIST/REACT integration – establishing single processes and a fully integrated approach	Paul Little	Cunneil/Kelly Ward/Selina Lim/NSFT		At Risk		Some hold ups with MH commissioners on the development of DIST have hampered efforts in this space. Concerns have been escalated to the lead commissioner for these services.	
61	IESCS	Paul Little	8 Enhance existing preventative approach (INT Neighborhood plans) – health inequalities	Paul Little	Paul Little/Maddie BW	Mar-23	On Track		The planned event in December to refresh the INT neighborhood delivery plans in light of population health management data was completed as planned. Metrics and full details are currently being completed by the Core Leadership Teams and this is due to be completed by the end of February.	
62	Logistics	Mike Meers	1 Workspace Management Solution Room and Desk Booking	Mike Meers	Rachel De'ath	Mar-23	On Track		Due to the re-construction of new offices at IP City a new layout had to be configured which has been completed and is live. Working with comms team to start an awareness campaign to enable Trust staff to start booking hot-desk, though a process will need to be put in place due to access to the building for the equipment.	
63	Logistics	Mike Meers	2 Outpatient Cancellation and DNA Process Improvement	Mike Meers	Harry Nyantakyi	Sep-22	On Track	Mar-23	Though a formal PID has not been developed and due to the Central Wayfinder programme ESNET will be implementing a NetCall EPR Solution which following implementation should	Following the imminent EPR Programme Outpatient planning will need to align with enablers for the EPR. Initial discussions have begun with EPR Programme leads

64	Logistics	Mike Meers	3 ESNEFT Self- Check in Kiosk solution	Mike Meers	TBC	Jan-23	On Track	Following presentation at IG approved to go ahead with the caveat to undertake a market assessment rather than a direct award. In consultation with Procurement a mini-tender process via Framework was agreed - OBC to be presented at BCAG on February 9th.	
65	Logistics	Mike Meers	4 Outpatient Transformation and Automation	Mike Meers	Harry Nyantakyi	Mar-23	On Track	Develop an annual recurrent programme of automation developments to deliver reduction in administrative burden. Automations identified:	
66	Logistics	Mike Meers	5 Unified Tele- Communications Strategy	Mike Meers	Mark Caines	Jul-22	Complete	Develop PID and 2022 / 2023 Plan to deliver and develop agreed action plans linked to focused "Time Matters" Monthly Engagement Sessions, develop a corporate hub for drop in resolution at both Ipswich and Colchester site and a rolling programme of corporate support visits to all ESNEFT sites to provide real-time support and inform "Time Matters" action.	
67	Logistics	Mike Meers	6 Time Matters Engagement	Mike Meers	Harry Nyantakyi	Mar-23	Complete	Following analysis work a draft paper to go to for ODG outlining onboarding process to Synertec sent out for review & comments	
68	Logistics	Mike Meers	7 Print Optimisation Strategy	Mike Meers	Harry Nyantakyi	Mar-23	On Track	Continuation of Netcall Phone line Roll Out - Transformation led programme from 2019	
69	Logistics	Mike Meers	8 Netcall Developments	Mike Meers	Harry Nyantakyi	Apr-23	Late	Development for implementation to the Remind messaging Measurement Reporting RFP Implementation (New Wayfinder Programme)	
70	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		
71	NEEICS	Alison Armstrong	Reporting of NEECS Community Datasets (same as acute data)	Shane Gordon	Sean Whatling	Jun-22	Complete	Completed ahead of schedule, BI to provide on-going development in line with acute data / reporting developments as a part of BAU. Div inales 22nd.	
72	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 / Simba Chandiwana	Mar-25	On Track	13.2.23: Working with Primary Care Networks to target services at areas of greatest need, including accessing inequalities funding for frailty in Clacton and exploring opportunities to target pulmonary rehab services into areas of greatest need.	
73	NEEICS	Alison Armstrong	Keeping people healthy and receiving care in local area. Provide resilient 'out of hospital' care which reduces the burden on acute services, particularly in Older Peoples Services	Ali A	Denise Peggs	Mar-25	On Track	21.11.22 Explore the use of cognitive health data to inform service design changes 13.2.23: Business case in development to expand early intervention by the frailty service, working with primary care and other community colleague to identify patients presenting with frailty syndrome who would benefit from pre-emptive interventions (including pre-hab/ improving mobility etc.)	
74	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.	Ali A	Josh Poole	Mar-23	Complete	13.2.23: ICB toolkit launching imminently. Ward Frailty poster, providing quick reference to support referral for patients with differing Frailty Scores, in final draft and due to be distributed by end February.	
75	NEEICS	Alison Armstrong	Implementation of the ESNEFT Virtual Ward which supports the national and local ambition to manage patients on a Virtual Ward who would otherwise been an inpatient.	Ali A	John Tobin	Oct-22	Complete	21.11.22 Frailty toolkit created in draft format. Education expansion on HAD across community 13.2.23: Working with primary care colleagues to develop CRW type model to provide medical support for Cardiology and Respiratory Virtual Wards. Cardiology, Respiratory and Frailty Virtual Wards all now mobilised	
76	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	Ali A	Lynn Stimson	Mar-23	Complete	13.2.23: Unplanned Community Nursing now embedded in integrated UCRS service. UCRS have one of the highest CLERIC acceptance rates in the region and have made a big improvement on their auto reject rates. Only 5 calls passed over weren't looked at by the team before timing out (this is due to the time being extended to 2 hours and admin support now having access to Virtual Wards. MACEFI funding submission completed and sent to MACEFI. Funding decision was	
77	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	Ali A	Simba Chandiwana	Mar-23	Complete	13.2.23: Programme Review of Test and Learn site completed. Tending Connector now in post. Community service representatives embedded in neighbourhood teams, both at MDT and LNT (neighbourhood design) level.	
78	NEEICS	Alison Armstrong	Work innovatively to maximise opportunities for business growth, 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 - it to be	Ali A	Lynn Stimson / Simba Chandiwana	Mar-23	Complete	21.11.22 Review of sub-contract held. Development of referral processes in test sites and 13.2.23: Review of sub-contract identified opportunity to improve patient experience, support staff development and reduce costs by bringing Neuro rehab hand-splinting in-house 21.11.22 CGH site - New ceiling track hoist installed from capital funds Work to remove decommissioned hoist are being completed and site to be made good	
79	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	Complete	13.2.23: Assessment of seasonal variation schemes completed, and recommendations for exit, alternative funding, or business case development agreed. Winter Discharge funding secured to provide additional support for surge. 21.11.22 Seasonal variation schemes up and running	
80	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 Tillet	Peter Cook	Mar-22	Complete	Complete - please remove from programme.	
81	Quality Improvement	Angela Tillet	Improve Interventional safety by embedding a safety culture	Angela Tillet	Catherine Brosnan/Mart in Mansfield	Dec-22	Complete	Interventional safety is now in BAU process and should be removed from the QI programme.	
82	Quality Improvement	Angela Tillet	Deteriorating patients' Sepsis b. Delivery of compliance with sepsis b care bundle (timeliness of escalations), initially in Emergency assessment areas Dec 2022 and then broader areas by March 2024 (aligned with digital	Angela Tillet	Julie Sage	Dec-22	At Risk	Compliance is falling below target and failing to make progress. Compliance US was 63% Colchester and 28% Ipswich (provisional Ipswich figure as December audit not validated by ED team). Performance is being impacted by incomplete documentation and delays in treatment 21.11.22 Revamp of GIRFT programme underway. Need to ensure, for those specialities where there appears to have been little progress, that they are supported to ascertain current position and what barriers there are for completing the recommendations. Changes in operational teams lack of knowledge of GIRFT and recommendations is an issue. Regular dashboard developed by BI Deep dive provided to TMB 07/07/22. Work underway to determine how best to capture "timely" discharge. 72hours would be ideal target to set, however, there are many facets including transport, family visits to care homes, social care support etc. to consider to best capture. Monthly audits are taking place on 6 discharges to identify whether a positive or	A sepsis compliance assistant has been shown to be a key role in maintaining focus. Following training, some tasks will be delegated to band 3 staff and documentation is being reviewed to facilitate completion. Longer term, the Deteriorating Patient Group is awaiting a decision from NICE to see which of the changes recommended by the Academy
83	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: General Surgery, ENT, vascular and lung cancer	Angela Tillet	Sharon Austin	Mar-23	On Track		Meetings in place with operational colleagues to explain GIRFT process, share action plans and agree way forward.
84	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 Tillet	Julia Thompson	Mar-23	On Track		
85	Quality Improvement	Angela Tillet	7 day consultant-led service models incl. speciality assessment units. Deliver national requirements by end of 2022/23 - with initial focus on oncology and collocated.	Angela Tillet	Martin Mansfield	Mar-23	On Track	7DS is not included in the QI programme. However, on hold until further national guidance issued.	

86	Quality Improvement	Angela Tillett	Deteriorating patients: 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		This is self-audited by adult inpatient wards as part of the monthly nursing standards audit. 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 inequalities programme now coming to life. Strategy now finalised with underpinning work plan in place. Recruitment underway for inequalities Lead and Project manager. Further funding agreed for MECC role to lead roll out in both hospitals plus community settings. Tobacco Treatment service commenced. 46 referrals made so far. Full service at Colchester to	AKI champions have been established on the wards. The audit tool has been aligned with NICE. A short training video has been completed to support work around identification, monitoring, treatment and escalation. There is a QI project in Ipswich focussing on 4 poorly performing wards during November and December. The new bundle will be rolled
87	Quality Improvement	Angela Tillett	To implement an Inequalities programme, with first focus on Tobacco: To roll out the Tobacco Treatment service across ESNEFT	Angela Tillett	Sally Barber	Jan-23	On Track		MECC now rolled out to 50 clinics. Funding for project manager ceased. Funding submission to Health & Care fund agreed. Plus ECC contribution offered. Joint roles to be developed across both localities. Initial NEE element to potentially commence November.	
88	Quality Improvement	Angela Tillett	QI Faculty programme continuation, with focus on the 'making every contact count' initiative'	Angela Tillett	Tom Horsted	Jan-23	On Track		SHMI is currently 'as expected'. Higher mortality rates on the Colchester site coupled with low 'expected' deaths on the Ipswich site and a lack of clinical coding for community transfers are all contributing to a marginally borderline SHMI.	The Trust RESPECT steering group is working with the ICS lead; good progress is being made. DNACPR forms will begin to be phased out in March 2023 and training will be delivered over the summer. Following a trial of site-level data, NHS England is looking to remove low volume discharge hospitals from the metric. The Deteriorating Patient Group
89	Quality Improvement	Angela Tillett	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		Moved to Quality Priorities programme. To be removed from QI programme.	
90	Quality Improvement	Angela Tillett	Medication Management Programme (unwarranted variation)	Giles Thorpe	Emma Travers	Mar-24	Not Started			
91	Quality Improvement	Angela Tillett	Identifying and addressing unwarranted variation across specialties within the SNEE Provider Collaborative (three specialties at a time - rolling programme)	Angela Tillett	Sally Barber	Mar-24	Not Started		SB to discuss with AT/Adrian Marr.	
92	Quality Priorities	Giles Thorpe	Implementation of the Patient Experience Network co-produced with our partners	Giles Thorpe	Tammy Shepherd	Sep-21	Complete			
93	Quality Priorities	Giles Thorpe	Reduce the number of inpatient falls to be in line with national target (5.0/1000 bed days)	Giles Thorpe	Jo Field	Sep-22	On Track	Mar-22	The National average has increased to 6.3 from 5.5, however the Trust has chosen to continue to strive for 5.0. The number of falls/1000 bed days currently fluctuates between 5.5 and 6.5. Roll out of new falls bundle delayed due to impact of staffing.	
94	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, eating 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, eating disorders, and dementia.	
95	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		Reset of nutrition steering group underway with deputy chair identified as ADON for SGA to ensure close link with nutrition nursing team, gastro team. New dietetic leadership at Col site will engage wider audience. Nutrition Steering Group ToP reviewed and agreed and co-chair in place. MUST courses across the	
96	Quality Priorities	Giles Thorpe	Trauma Informed Practice - enhancing clinicians' and services 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		Complex health team have commenced and completed a number of trauma informed care sessions and recently present at last senior nurses/healthcare leaders away day to support teams and individuals to access this course. Date brought forward from March 2024 to March 2023.	
97	Quality Priorities	Giles Thorpe	Patient Experience: To be fully compliant with the Accessible Information Standard	Giles Thorpe	Tammy Shepherd	Mar-23	On Track		Awaiting release of new standards for AIS, all Trusts will need to be compliant by April 2023. Still awaiting new standards information. Work is still progressing well with patients being able to choose their preferred care location across providers.	
98	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 Shepherd	Mar-23	On Track		Currently recruiting to Patient Panel (consisting of representatives from all user groups). Recruitment day undertake Thursday January 26th 2023, recruiting new patient representatives. Patient reps are being used to develop the patient experience ad coproduction Trust strategy, with draft strategy being presented to them at meeting on Friday 3rd Feb. Patient reps are	
99	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 Rutland	Apr-24	On Track		Narrative updated to include % of staff trained in patients safety, reduction in harm, and promoting an open and just culture.	
100	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 Sweeney	Mar-24	On Track		Emergency Departments at Ipswich and Colchester have completed SNCT reviews as part of data collection for workforce planning. Trust wide census completed and approved at Trust Board in September. Community teams commencing SNCT in April 2023, work underway with Cancer and Diagnostic to review SNCT principles for chemotherapy day units and oncology wards. Dates	
101	Quality Priorities	Giles Thorpe	Maternity Programme: Implementing recommendations from the Ockendon report, and ensuring continuity of carer.	Giles Thorpe	Marie Fletcher/ Laura Clover	Mar-23	On Track		Ockendon assurance visits completed by NHSEI teams in month. Draft report expected, and immediate actions already taken to address issues raised, supported by compliance team with full reviews in all areas.	
102	Quality Priorities	Giles Thorpe	Promoting Continence - Continance assessment and care plan agreed and implemented	Giles Thorpe	Anne Rutland/ Theresa Woolston	Mar-23	Complete		Assessment and care plan in place, auditing to commence	
103	ROB	Adrian Marr	1 Productivity metrics	Adrian Marr	Jason Kirk	Sep-22	Complete		Productivity metrics now completed.	
104	ROB	Adrian Marr	2 Benchmarking	Adrian Marr	Jason Kirk/Charles Simmons	Mar-23	On Track		Corporate Services submitted to deadline MHS refresh completed WSFT analysis shared with divisions	
105	ROB	Adrian Marr	3 Use of Resources assessment	Adrian Marr	Jason Kirk	Dec-22	Not Started	Mar-23	to include financial sustainability review which is required nationally. Trust has seen final draft of updated assessment KLOEs Productivity analysis completed	CHANGE CONTROL REQUEST - CHANGE TARGET DATE TO MARCH 2023 and alter scope to include financial sustainability review which is required nationally
106	ROB	Adrian Marr	4 Anchor organisations	Adrian Marr	Paul Leppard	Mar-23	On Track		10% Social Value criteria in tenders Achieved 2020 target of 28% carbon reduction Quarterly updates to Board in progress, qualitative and quantitative approach to evaluation. Link to ICS and regional national approach for best practice	
107	ROB	Adrian Marr	5 E-rostering rollout	Adrian Marr	Simon Oliver	Mar-23	At Risk	Sep-23	Art - roster roll out completed, currently circa 50% on Allocate Healthroster (NHSI target of 90% met). Work continues on levels of attainment enhancements and tightening of controls and governance with paper due to ELT in March.	Prioritize teams with high numbers of medics to push over the 90%, but will require engagement from areas currently under extreme pressures (ie A&E)

108	ROB	Adrian Marr	6 Develop Health Inequalities Reporting	Adrian Marr	Sean Whatling	Dec-22	Complete	Health inequalities reporting set up and refreshes with PBI App. Further Advanced Analytics reports in progress in line with Health Inequalities working group (Chaired by Dr Angela Tillett) requirements and agreed plan. Working to this plan, including delivery of ward moves analysis. Meetings restarted from July - to provide overview of Modern Health System. Exploring whether to expand to incorporate WSFT. Productivity analysis review undertaken, best practice and agency and temporary workforce review. Currently working with the National Team to refine data and how it is set up.	On track, no escalation required, other than continued drive through Health Inequalities Group
109	ROB	Adrian Marr	7 Resource Optimisation Board re-start	Adrian Marr	Jason Kirk	Mar-23	Complete		
110	Urgent & Emergency Care	Alison Stace	Ipswich EAU Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Hanne Ness	Dec-20	Complete		Completed and operational
111	Urgent & Emergency Care	Alison Stace	Mental Health - New areas adjacent to ED at CH	Alison Stace	Tara Brown	Oct-22	Late		Jan 23 - Additional funding confirmed for new areas Date for completion to be confirmed, however department advised it will be before the end of this financial year
112	Urgent & Emergency Care	Alison Stace	Mental Health - New areas adjacent to ED at IH	Sarah Noonan	Tara Brown	Jan-24	On Track		Jan 23 - Mental Health rooms available in existing ED, with two rooms specified for the new ED and an additional room in the new UTC.
113	Urgent & Emergency Care	Alison Stace	Ipswich and Emergency Care and Patient flow actions including reducing stranded metrics	Sarah Noonan	Theresa Heath	Mar-23	At Risk		Jan 23 - 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.
114	Urgent & Emergency Care	Alison Stace	ECDS v3	Sarah Noonan	Alex Osman	Nov-22	Complete		
115	Urgent & Emergency Care	Alison Stace	Colchester Supported Discharge	Alison Stace	Josh Poole	Dec-22	Complete		Jan 23 - DZA P1 project running effectively, data being collated by therapy leads. Intergration within Older Person's wards and supporting Frailty SDEC team. Data to support improvements in Pathway 1 and Pathway 0 discharges, alongside reductions in LOS across Older Peoples wards.
116	Urgent & Emergency Care	Alison Stace	Colchester Urgent & Emergency Care and Patient Flow actions including reducing stranded metrics	Alison Stace	Bobby Jones	Mar-23	On Track		Jan 23 - Bed optimiser platform is under development with BT. Proposal to go to E-Health, then OGD before a pilot can be developed. EDD compliance is being reviewed post initial success from TMF with embedding consistent and timely EDDs.
117	Urgent & Emergency Care	Alison Stace	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		Jan 23 - Formal approval provided for the 7 day medical model business case at Ipswich. Work underway to operationalise, including commencement of recruitment programme. 4 additional consultants to be in place from Sep 23. Medicine Colchester have included a review requirement for similar within their 23/24 business plan
118	Urgent & Emergency Care	Alison Stace	Ipswich ED/UTC Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Dawn Sullivan	Mar-24	On Track		Project steering group reformed to include UTC, ED and new theatres build above the UTC. All workstreams in place, including revised governance structure for any smaller design changes if and when they are encountered as part of the build. Step change achieved in patient nos streamed to UTC each day, now achieving up to 60 per day, from previous avg 35
119	Urgent & Emergency Care	Alison Stace	Ipswich SAU Reconfiguration (Building, Clinical & Operations)	Sarah Noonan	Emma Nunn	Dec-22	Complete		Jan 23 - SAU now completed and fully open.
120	Urgent & Emergency Care	Paul Little / Alison Armstrong	Priority four. Virtual Wards - two virtual wards on each site by end of Q2	Paul Little	Carolyn Tester / Karen Lough	Oct-22	Late		Jan 23 - pathways in place; i.e. frailty, respiratory, surgical and general medicine. Heart failure and gastro in progress. Clinical buy-in / confidence needing further work, to really embrace use of these pathways across both sites as numbers achieved are small and do not meet the targets. Business case for 23/24 underpinned due Feb 23
121	Urgent & Emergency Care	Alison Stace	Priority one. Ambulance services - Admission Avoidance Schemes including ambition for 40 % ambulance Conveyancing rates and ambitions for Ambulance Handover rates	Sarah Noonan/Alison Stace	Dawn Sullivan/Shona Rafique	Mar-23	On Track		Jan 23 - Conveyance avoidance helpline in place across SNEE 24/7 for crews to discuss with GP pre conveyance. Over 200 calls per week, with conveyance avoidance rate of avg 85%. Strategic item to be closed with focus now on the implementation of a Community Hub
122	Urgent & Emergency Care	Alison Stace	Priority two. Development of UCRS Service (prevention i.e. ReACT)	Sarah Noonan/Alison Stace	Guruchandran/Simbarashe Chandiwana	Mar-23	On Track		Jan 23 - CLERIC project in place to facilitate increased referrals from EEAST stack to UCRS teams. 236 referrals accepted and managed in Dec, avoiding ambulance conveyance.
123	Urgent & Emergency Care	Alison Stace	Priority three. Strengthening ED plans - processes and ops centre improvement	Sarah Noonan/Alison Stace	Dawn Sullivan/Shona Rafique	Mar-23	At Risk		Jan 23 - Priorities have been reviewed following the winter and Christmas/new year period. Streamlined programme currently being finalised to focus on sustaining and embedding change, reflecting the learnings over the last quarter into BAU over the next
124	Urgent & Emergency Care	Alison Stace	Priority five. Pathway 1- 3 improvements	Paul Little/Alison Armstrong	John Tobin / Simba Chandiwana	Mar-23	At Risk		St 17/22 Suffolk County Council negotiating with Care Providers to provide PULC capacity to release Suffolk County Council Home First capacity. Scheme to deliver 30m beds in Chiltern Meadows under development.. Positive result in
125	Urgent & Emergency Care	Alison Stace	Priority seven. Develop winter plan by Autumn 2022.	Sarah Noonan/Alison Stace	Carolyn Tester	Aug-22	Complete		Seasonal variation plan completed and approved, including funding investment. All teams underway with delivery. Weekly meetings in place on both sites to track delivery of schemes. Delays in processing recruitment now largely resolved, divisions encouraged to adopt a pragmatic approach to recruitment to permanent posts where they are unable to recruit to UTC
126	Urgent & Emergency Care	Alison Stace	Emergency Surgery/ MSK/Gynae/Urology pathway improvement	Sarah Noonan/Alison Stace	Carolyn Tester/Bobby Jones	Mar-23	At Risk		Jan 23 - new SAU open at Ipswich, following completion of build programme Dec 23. SOP updated and reviewed, to include MSK pathway. Observations performed by transformation; working collaboratively with the surgeons and nursing leads to optimise use of the unit.
127	Urgent & Emergency Care	Alison Stace	Development of an ESNEFT wide Urgent & Emergency Care Clinical Vision / Ops strategy	Sarah Noonan/Alison Stace	Carolyn Tester/Bobby Jones	Apr-23	On Track		Jan 23 - Dr Ian Sturges has now visited both sites, providing an evaluation on his findings. The "Time Matters Fortnight" was organised and took place the 2 weeks leading up to Christmas with the 3 main focus areas being; "Assess to admit", "Todays work today" and "Home first for discharge". A reflective presentation was taken to OGD 30th Jan which received positive
128	Urgent & Emergency Care	Alison Stace	ECDS v4	Sarah Noonan	Alex Osman	Jul-24	On Track		Jan 23 - ISN now received from NHSE. Implementation to start July 2023 with compliance mandated for July 2024. awaiting system suppliers to confirm the changes/timelines for bringing into PAS systems.
129	Urgent & Emergency Care	Alison Stace	Further development and expansion of Frailty offer (Age Well) to increase the output of patients managed within a Frailty UEC pathway and/or Frailty outpatient environment in Clacton.	Ali Armstrong	Josh Poole	Mar-24	On Track		Jan 23 - Shadowing and education provided to coastal wards on board rounds, increasing the knowledge of CFS and how to use it to support decision making. Following implementation of Frailty outpatient clinics, work has begun to implement Clacton UTC to Frailty pathways as well as exploring what diagnostics can be accessible for patients within Clacton UTC to support Frailty

130	Urgent & Emergency Care	Alison Stace	Development and implementation of a Community Hub to deliver <40% Ambulance conveyance rate	Neill Moloney	Carolyn Tester	Mar-23	On Track		Jan 23 - Leicestershire model seen as national best practice for running a community hub to drive a step change in conveyance rates; i.e. they are achieving mid 30% conveyance rate. Visits took place in Jan to view the model in action. Work underway to bring the model to SNEE.	
131	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. <i>(Movement towards achievement of upper quartile, measured at end of</i>	Kate Read	Margaret Grant / Claire Lamplugh	Mar-23	On Track		Flu and Covid booster vaccinations hubs are up and running - low uptake so far possibly due to the number of staff who have recently tested positive for Covid (cannot be vaccinated for 4 weeks post negative test). Further comms planned via ESNEFT News.	
132	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 Keable Andy Keeble	Mar-23	On Track		1. Time to hire increased from 17.4 days at end of Q1 '22/23 to 22.3 days at end of Q2 2. Vacancy rate has increased slightly from 5.0% at end of Q1 '22/23 to 5.8% at the end of Q2 3. Triangulation of workforce plan completion %	Some delays in DBS checks is impacting on time to hire timeframe. Increased establishment budget agreed which has impacted on vacancy rate. Continued work with the Retention Partners and early notification of vacancies via the monthly workforce planning meetings.
133	Workforce	Kate Read	Create a learning environment which attracts and retains high calibre staff for our patients - a year on year increase in the number of staff engaged in L&D (both including and excluding apprentices)	Kate Read	Sarah Massie /Peter Cook	Mar-23	On Track		There is a lot of work being undertaken by the Faculty of Education. Highlights include - Work Experience programme for school students re-launched in August with 165 applications being received in the first 2 months. Work Placement programmes for circa 120 BTEC students being implemented with first FE follows for 2022/23. Community Diagnostic Training Academy at Colchester. The IC Board and H&E are wishing us to expand the Community Diagnostic Training programme across the ICS, including Colchester and Ipswich. Considering the tailoring of the CDTA model to other disciplines and roles. Including in this is the development at Colchester of a training model to support the family dependents of armed forces personnel/veterans to secure administrative and senior leader. Apprenticeship Delivery Team has active cohort for Team Leader and ODM cohort planned for October.	
134	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/ Clare Harper	Mar-23	On Track		77 staff on various Apprenticeships in Team Leader, UDM, project manager, chartered manager	Continue to attend the ICS partnership meetings and Anchor Organisation meetings for shared initiatives and learnings.
135	Workforce	Kate Read	Enhance the capability and capacity of our Leaders to deliver our strategic objectives	Kate Read	Julia Smyth/Sarah Massie	Mar-23	On Track		All Leadership Development Programmes have commenced and reached maximum capacity. Regular reminders sent to staff to update personal information on ESR - this has significantly improved disclosure of protected characteristics.	Ensure our leaders are released to attend the programmes to develop their leadership skills, given the current pressures on their time.
136	Workforce	Kate Read	ESR Optimisation - improving access to staff records including contract information, mandatory training	Kate Read	Julia Smyth	Mar-23	On Track		Review of Contracts project is 55% complete	More targeted work planned to address the historic issue around capture of data pre 2004 - this will form part of the EDI Action Plan now that the Head of EDI is in post
137	Workforce	Kate Read	Embed employee helpdesk, expanding across all elements of HR, ESR and pay queries	Kate Read	Andy Keeble	Mar-23	Not Started		Dependencies across HR / Workforce Systems team to continue programme. HR staff now trained and refresher training planned throughout the winter period. Customer service and development plan underway for helpdesk operatives.	Helpdesk calling staff as reminder to sign contract
138	Digital	Mike Meers	Informatics Enabling Strategy approved by Trust Board	Shane Gordon	Shane Gordon	Nov-20	Complete		Now closed - no further action	No escalations or mitigations required
139	Digital	Mike Meers	Evolve Roll-out Colchester, Structured Evolve Messaging for Primary Care Discharge Notifications	Mike Meers	Andrea Craven	Aug-21	Complete		Now closed - no further action	No escalations or mitigations required
140	Digital	Mike Meers	Ipswich Wide Electronic Requesting and Results Pathology	Mike Meers	Andrea Craven	Sep-21	Complete		Now closed - no further action	No escalations or mitigations required
141	Digital	Mike Meers	Integrated health data available from multiple providers (HIE)	Mike Meers	Andrea Craven	Aug-20	Complete		Now closed - no further action	No escalations or mitigations required
142	Digital	Mike Meers	Vital signs solution fully deployed across ESNEFT	Mike Meers	Andrea Craven	Feb-21	Complete		Now closed - no further action	No escalations or mitigations required
143	Digital	Mike Meers	Unified Community ESNEFT Infrastructure - East Suffolk	Mike Meers	Mark Caines	Dec-20	Complete		Now closed - no further action	No escalations or mitigations required
144	Digital	Mike Meers	Colchester Wide Electronic Requesting and Results Pathology	Mike Meers	Andrea Craven	Nov-22	Complete		Now closed - no further action	No escalations or mitigations required
145	Digital	Mike Meers	Digital Histopathology	Shane Gordon	Pete Cook/ Andrea Craven	Dec-23	Complete		Network Access has been decided for short and long terms Integration investigation started and undergoing (Winpath/LabCentre) Sample Processing Module timelines investigated	No escalations or mitigations required
146	Digital	Mike Meers	Implementation of SMARTcare (Track & Traceability)	Shane Gordon	Baz Wicks	Mar-23	Complete		Technical Project Plan developed Inventory Management System is due to complete roll-out by 31st March 23 however marked as 'at risk' as procurement have had resourcing issues to support this. Fingerprint closed loop for theatres (sterile instruments) is also due to complete by 31st Mar 23. Second phase is subject. Android platform working effectively in our environment, hence also flagged as 'at risk'	No escalations or mitigations required
147	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	Complete		Strategic plan under review	No escalations or mitigations required
148	Digital	Mike Meers	Critical Care solution cross site (Ipswich and Colchester)	Mike Meers	Louise Keightley	Aug-22	Complete		Go live complete for IH on 19/7 and CH on 16/8. Monitoring for any post go live issues. Innovian and CareVue data archive to Stalis/Evolve to complete	No escalations or mitigations required
149	Digital	Mike Meers	WinPath Enterprise Ipswich Site Go Live	Mike Meers	Elizabeth Arbon	Nov-23	Complete	Mar-24	GAP Analysis continues with all disciplines Detailed project planning sessions continued STS automation build commenced Phase 5 - New application build - ClinSys installation tasks continued	Cannot start Phase 7) Go live of 7.24 until phase 6b) Validation completed. Due to delays in previous phases the go live of the upgrade has now slipped into June 2023. Impact to rest of plan being assessed.
150	Digital	Mike Meers	ESNEFT Wide Order Comms - Electronic Requesting and Results Reporting	Mike Meers	Elizabeth Arbon	Dec-22	Complete		Solution live. Monitoring uptake via KPI's reported to Order Comms Steering Group.	No escalations or mitigations required
151	Digital	Mike Meers	Unified Evolve Cloud for ESNEFT	Mike Meers	Amanda Smith	Nov-22	Complete	Jun-23	Current clinical risks reviewed with CLICs and agreed that investigation into wider EMPI solution is required before proceeding with Evolve SVOP Discussion with Kainos and internal stakeholders regarding options for wider EMPI Options which will feed into this project and agreement to not progress Evolve SVOP until Trust strategy	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.

152	Digital	Mike Meers	Fully deployed shared order communications across all investigations and services orders	Mike Meers	Andrea Craven	Mar-25	Complete		Part of EPR system specification	No escalations or mitigations required
153	Digital	Mike Meers	Fully Digitised Clinical and Operational processes for ESNEFT	Mike Meers	Andrea Craven	Mar-25	Complete		Part of EPR system specification	No escalations or mitigations required
154	Digital	Mike Meers	ESNEFT Domain Project	Mike Meers	Mark Caines	Mar-24	On Track		Discovery complete - 64% of systems reviewed to date require no remediation Remediation phase initiated to inform migration plan. Communications plan complete.	No escalations or mitigations required
155	Digital	Mike Meers	Longitudinal Health and Care Record Integration Complete	Mike Meers	Andrea Craven	Mar-25	On Track		Part of EPR system specification	No escalations or mitigations required
156	Digital	Mike Meers	New EPR live across ESNEFT	Mike Meers	Nathan Richards	Mar-25	On Track		SOC approved in Oct 21 OBC - Local approval target Nov 22. Regional/national approval by Mar 23 Tender publication - Mar 23 - May 23 Tender evaluation - May 23 to June 23	45 day regional/national approval timeline confirmed- outcome due 15th Mar 23
157	Digital	Mike Meers	Unified ESNEFT PACS	Mike Meers	Andrea Craven	Jul-24	On Track		Professional service provider (James Harvard) secured to support development of PACS business case. Delays in appointing resource requires a revision of the PACS business case timeline: SOC completed in Nov OBC in Feb	No escalations or mitigations required
158	Digital	Mike Meers	Optimised Radiology System ESNEFT	Mike Meers	Kerrie Vaughan	Sep-23	On Track		PO raised. Project kick off scheduled for 20/02/23 to inform detailed plan. Test environment upgraded on 24/01/23.	No escalations or mitigations required
159	Digital	Mike Meers	Shared Care Record optimisation (HIE)	Mike Meers	Amanda Smith	Jun-23	On Track		Workstream commenced in November with supplier to optimise HIE. Running project in parallel with Merged Evolve project.	No escalations or mitigations required
160	Digital	Mike Meers	Order Comms Interop Solution via Evolve	Mike Meers	Andrea Craven	Mar-23	On Track		To be replanned as had dependencies other than merged Evolve. May require ICE upgrade.	Limited resources in Lab IT to manage ICE upgrade which is pre-requisite for Evolve Interop as they are currently dedicated to completing ICE roll out including enabling works for GP Radiology Requests/Results
161	Digital	Mike Meers	ESNEFT Clinical Photography Solution	Mike Meers	Alison Winearls	Dec-22	On Track		Go live achieved on 5th Dec 22. Phase 2 activities include Kainos Evolve integration and mobile app - which are due to complete by March 23	No escalations or mitigations required
162	Digital	Mike Meers	ESNEFT Cardiology	Mike Meers	Rosemary Hathaway	Jun-22	On Track		Now closed - no further action	No escalations or mitigations required
163	Digital	Mike Meers	Patient Portal	Mike Meers	Kerrie Vaughan	Oct-22	On Track		Live at IH as of May. Trust commitment as of Nov 22 to Wayfinder programme means work on deploying to CH on hold as this will move away from Synertec solution to that provided by Netcall accessible via NHS App. Timelines for Netcall to be agreed pending conclusions of contractual agreement discussion due to complete Feb 23	Next area of focus: turning off of paper copies to IH patients Look up table to be created for patients wishing to have paper and electronic versions Synertec to be informed that we will not be using them for our patient portal All IH documents to be available in BCP
164	Digital	Mike Meers	ESNEFT Self- Check in Kiosk solution	Mike Meers	Rachael Death	May-23	On Track		SOC approved at IG in Nov, OBC to be presented in Feb 23. Aiming to complete capital spend in 22/23, with implementation in early part of new financial year.	No escalations or mitigations required
165	Digital	Mike Meers	RPA Development Programme	Mike Meers	Jon Cameron	Mar-23	On Track		Core focus is on (Logistics) Outpatient automations which are tracked in the Logistics TMB highlight report.	No escalations or mitigations required
166	Digital	Mike Meers	Software Development Strategy and Roadmap	Mike Meers	Jon Cameron	Mar-23	On Track		Awaiting final ICOOH sign-off for the future Watchpoint roadmap with a view to present to eHealth. This will confirm the strategy for the next two years.	No escalations or mitigations required
167	Digital	Mike Meers	NICS (ICT) Transition	Mike Meers	Sue White	Jun-22	On Track		Now closed - no further action	No escalations or mitigations required
168	Digital	Mike Meers	Unified TeleCommunications Strategy	Mike Meers	Mark Caines	Jul-22	At Risk		Now closed - no further action	No escalations or mitigations required
169	Digital	Mike Meers	Cyber Security Strategy	Mike Meers	Mark Caines	Mar-23	At Risk		Cyber strategy is being formed for both Trust and ICS. Seeking to share responsibility across the ICB. Looking to appoint a CTO as part of EPR. Engaged the services of MTI to create/refine the strategy - to complete by end of March 23	No escalations or mitigations required
170	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	Mar-22	Not Started		Now closed - no further action	No escalations or mitigations required
171	Digital	Mike Meers	Corporate Transformation: Rationalisation of Estate for Corporate Big 4 Finance, HR, ICT and Estates	Mike Meers	Cara Gosbell	Mar-22	On Track		Now closed - no further action	No escalations or mitigations required
172	Cancer	Alison Stace	Faster Diagnostic Framework – NSS service 2	Alison Stace	Pat Harvey	Mar-24	On Track		2 new GP's recruited to run the service. No expressions of interest from trust consultants as hoped and Dr Gannon has now also stepped down due to workload/winter pressures. C&D DMT supportive of running service within division supported by existing Ops team	C&D DMT fully engaged with process. Clinical Programme Manager FTC extended until March 2023
173	Cancer	Alison Stace	Cancer performance 2	Alison Stace	Pat Harvey	Mar-24	On Track		Performance remains below national standards and below recovery trajectory although ESNEFT remains, by volume of patients treated, one of the top performing trusts for 62 day performance. Cancer Recovery Plan in place with focus on 5 tumour sites that require additional support. Weekly meetings chaired by DDO	Exec support required to move forward with some bigger projects 1) Somerset modules - elmpost and eReferral 2) Home work stations for radiology 3) Clinic workforce constraints

174	Cancer	Alison Stace	Diagnostic capacity review ‡	Alison Stace	Pat Harvey	Mar-24	On Track	Endoscopy complete Action plan now in place for radiology Pathology - Digital path being picked up as part of the wider Network -Update required	Cancer reporting of radiology and pathology within 48 hours will require more trust consultants or increased outsourcing or roll out of AI - All of which are being looked at by the division.
175	Cancer	Alison Stace	Multi-Disciplinary Team Review**	Alison Stace	Pat Harvey	Mar-24	On Track	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 at present	JF and MA to agree revised MDT review dates for the remainder of the financial year
176	Cancer	Alison Stace	Prehabilitation*	Alison Stace	Morven Angus	Mar-24	On Track	Implementation/roll out of Virtual or f2f programme. UGI piloting ONKO smart App UoS analysing data. Good uptake to date.	
177	Cancer	Alison Stace	Personalised care‡	Alison Stace	Morven Angus	Mar-24	On Track	PCFU in breast, colorectal and prostate go live Remote Monitoring System (RMS) on Somerset in Sept. Next sites to launch - thyroid and endometrial Onco board is being developed	PCFU posts funded by Macmillan with support from cancer navigators - All posts are FTC. BC required for trust to fund substantively going forward
178	Cancer	Alison Stace	Workforce††	Alison Stace	Morven Angus	Mar-24	On Track	CNS workforce review. Patient focus group, staff survey and WILCO (week in the life of) complete. Data analyst post has been agreed and funded by ICB cancer fund Macmillan funding new posts within CNS teams in line with recommendations (e.g. B4 support workers and B8a lead roles)	
179	Cancer	Alison Stace	Cancer care navigators‡	Alison Stace	Morven Angus	Mar-24	On Track	Cancer Care Navigators are now in post on both hospital sites. Iterative roll out across tumour sites	Currently FTC, funded by ICB Cancer Programme however request made to fund substantively from future Cancer Alliance monies

22-23 Time Matters and Strategic Plan - Success Measures and status Q4 Position

PROGRAMME	Target exceeded	Target Met/ ontrack	Target at risk	Target missed	tbc	NA	Grand Total
BFBC		2		2	1		5
Cancer			1				1
Clinical Strategy		1					1
Digital	1	3		1			5
Elective			2	7			9
IES Community Services					5		5
Logistics		3		2			5
NEE Community Services		3		2			5
QI		4		1			5
Quality Priorities		1		4			5
ROB		3		2			5
UEC				5			5
Workforce		3	1	1			5
Grand Total Q4 Position	1	23	4	27	6	0	61
Percentage of metrics at status	2%	38%	7%	44%	10%	0%	98%
Grand Total Q3 comparison	1	24	15	17	2	2	61
Percentage of metrics at status	2%	39%	25%	28%	3%	3%	100%
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%

22-23 Time Matters and Strategic Plan - Success Measures and status Q3 Position

STATUS	Q1 Position		Q2 Position		Q3 Position		Q4 Position		Comments
	No	%	No	%	No	%	No	%	
Target exceeded	1	2%	1	2%	1	2%	1	2%	41% of success measures remain as either exceeded or on-track, which represents a 2% reduction on this movement has been from 'ontrack' to 'target at risk' category. 28% of success measures remain reported at Q2. Mitigations /actions arte included against the relevent success measure in this report
Target Met/ OnTrack	32	52%	25	41%	23	38%	23	38%	
Target at risk	6	10%	14	23%	4	7%	4	7%	
Target missed	17	28%	17	28%	27	44%	27	44%	
Not Due	2	3%	1	2%	0	0%	0	0%	
Position TBC	3	5%	3	5%	6	10%	6	10%	
Total	61	100%	61	100%	61	100%	61	100%	

Programme	No	Description of success measure (Must be SMART)	Q1		Q2		Q3		Q4			
			Actual position as at end Q1 22/23	Status @ end Q1	Actual position as at end Q2 22/23	Status @ end Q2	Actual position as at end Q3 22/23	Status @ end Q3	Actual position as at end Q4 22/23	Status @ end Q4		
Logistics	No 1	Completion of Room System installation and capture of Baseline Utilisation Data for end of Q3 2022/23. Q4 Regular reporting of room utilisation data.	Measurable reporting on room booking/ space utilisation data.	Target Met/ OnTrack	Room Booking Phase 1 IP City Complete. Training of leads to interpret data collected	Target Met/ OnTrack	1. Phase 1 completed - to work with communications teams to inform Trust staff bookable space in IP City 2. Technical user upload issue resolved and processing through change control 3. Initial subset of users sent to provider who is in the process of setting up Secure File transfer (SFTP) capability for testing	Target missed	1- Legacy Booking Data uploaded and ready 2. Migration of ipowich data complete (PGME / Trust Headquarters) 3.HR Feed Info resolved and tested now - Live	Target Met/ OnTrack	1-IP City monitoring newly provisioned Meeting Room / Constantine House (Integrated Team) / Pathology team fully implemented and Space / Room-Desk booking reporting available 2. Phase 2-3 delayed due to complexity of mapping future bookings in old legacy booking solution hence	Target missed
Logistics	No 2	Reduction in Trust Postage Franking Costs through increase uptake of Syntec and Patient Portal.	All Site Reporting on Postage and Syntec Usage. Target 50% reduction in franking post totals 50% increase in Syntec throughput by Month 12	Target Met/ OnTrack	Syntec letters 21/22 932,829 Q1 250,265	Target Met/ OnTrack	In discovery phase to understand the high usage services and create options and actions to align services to the appropriate options in order to achieve enable cost savings	Target Met/ OnTrack	1.Review & analysis of divisions/ departments - complete 2. Initial draft paper for onboarding divisions / department to Syntec out for review and comments	Target Met/ OnTrack	Full analysis cost and usage undertaken and identification of departments with high post room usage. Baseline information collated to track reduction in post room costs for Yr 23/24 including reporting of costs tracking to TMB	Target Met/ ontrack
Logistics	No 3	Delivery of OPA Administration Cost Improvement Programme for 22/23	Outpatient Transformation CIP Programme £118k Delivery of Time Savings through Outpatient automation programme from end of Q3 to support improved outpatient administration and support recurrent CIP Programme for 22/23 and 23/24	Target missed	Q1 - £21,878 identified Q1 Outpatient Automation Programme identified , PM appointed and Automations underway.	Target missed	1. Still have some issues delaying completion due to the issue with virtual smartcards 2. In view of the above point progress is being made with other development like CH Blue Card access which is Live and further development updates scheduled for November	Target missed	1 Timelines to be re-defined for Yr 23/24 to align planning with EPR requirements 2 ESNEFT has joined the National initiative - Action on Outpatients-DNA's 3. Ongoing automations with new initiatives added (see detail status report)	Target Met/ OnTrack	4 of the 11 identified processes to be automated fully operation. The remaining 7 processes delayed due to reliance on Lorenzo upgrade due June 23. In addition a further 21 processes have been identified for automation for Year 23/24	Target missed
Logistics	No 4	Development of Business Case and implementation ESNEFT wide Self Check in provision for Outpatient Clinics ,	Sept 22 Business Case SOC OCT 22 Approval Dec 22 Implementation Plan published and implementation success measures agreed including Clinic Waiting Time Data and Self Check Utilisation Metrics	Target Met/ OnTrack	Programme Underway, Business Case SOC under development existing system specifications identified across Acute and Community.	Target Met/ OnTrack	Fact-finding presentation presented in September and SOC in October at E-Health support approval obtained OBC to be presented in Nov-Dec 22	Target Met/ OnTrack	OBC presented to BCAG on February 9th	Target Met/ OnTrack	Following the presentation of the Business Case and advice received a mini tender was undertaken to test the market using an NHS approved framework and contract awarded on 31-03-2023	Target Met/ ontrack
Logistics	No 5	Define and Implement a set of professional standards for handling patient enquiries including monitoring compliance with those standards	New measure to be define Q2 onwards	Target Met/ OnTrack		Target Met/ OnTrack	In planning - communication rep now attending Steering board meetings	Target Met/ OnTrack	New Wayfinder programme initiative in planning stage to implement a Patient Engagement portal	Target Met/ OnTrack	Contract signed and initial kick off meetings to take place May 23	Target Met/ ontrack
Elective	No 2	Increase in Theatre productivity figures	85%	76%	Target Met/ OnTrack	76%	Target at risk	75%	Target at risk	72% (not an accurate figure - see comments)	Target at risk	
Elective	No 2	Reduce 52 week waits by 50% of 2021/2022	1044 patients waiting 52 weeks	2629	Target Met/ OnTrack	3449	Target at risk	4035 patients waiting 52 weeks	Target at risk	3679 patients waiting 52 weeks from target of 1044.	Target missed	
Elective	No 3	deliver 10% more activity per month compared to 2019-2020	949 per month cases for June	841 For June	Target missed	8481 cases for September 2540 theatre cases completed for September	Target missed	7856 ESNEFT figures 2169 theatre cases completed for December	Target missed	2903 completed in March of target of 3182	Target missed	
Elective	No 4	Reduction of on the day cancellations by 30%	211 per month	213 in June	Target Met/ OnTrack	192 in September	Target Met/ OnTrack	173 in December	Target Met/ OnTrack	190 for March from target of 151 (Met trajectory in Jan, Feb)	Target missed	
Elective	No 5	16% of first attendances are reviewed via A&G	16% (Q1 trajectory = 3%)	5.1%	Target Met/ OnTrack	5.20%	Target at risk	6.60%	Target at risk	5.61%	Target missed	
Elective	No 6	Reduction of follow appointments by 25% against 2019/20 baseline	-25% (Q1 trajectory = -5%)	-6.70%	Target Met/ OnTrack	6.80%	Target at risk	6.70%	Target at risk	15.27% increase	Target missed	
Elective	No 7	5% of patient attendances are outcome via PIFU	5% (Q1 trajectory = 3%)	2.60%	Target Met/ OnTrack	2.80%	Target Met/ OnTrack	2.80%	Target at risk	3.05%	Target missed	
Elective	No 8	25% of appointments are delivered virtually	25%	20.30%	Target at risk	19.70%	Target at risk	20.60%	Target at risk	18.47%	Target missed	

Elective	No 9	GIRFT - all specialities have an action plan identifying top 3 recommendations within 6 weeks of receiving report.	6 weeks	No reports received	Target Met/ OnTrack	Report received for Neonatology, action plan agreed	Target Met/ OnTrack	Target Met/ OnTrack	Cardiology report received, action plan agreed. Working with WSFT for a joint SNEE action plan following General Surgery SNEE visit and Professor Briggs visit.	Target at risk	
Digital	No 1	Integrated EPR across ESNEFT	Development of: OBC - Mar 23 FBC - Aug 23	Pre-tender market engagement complete. Recruitment drive starts	Target exceeded	OBC ready for presentation to eHealth/IG in Oct, EMC/Trust Board/External bodies in Nov with a view to approval ready to tender.	Target Met/ OnTrack	OBC - Locally approval Nov 22 Pending national approval by March 15	Target Met/ OnTrack	OBC - Nationally approved in Mar 23	Target Met/ ontrack
Digital	No 2	Win Path Fully implemented	All pathology disciplines live on Win Path Enterprise across both Labs Ipswich and Colchester by end 23	HLD finalised that informs plan	Target Met/ OnTrack	Resources being secured for validation of upgraded version of WPE. Plan is supportive of a version upgrade in April 2023. Future project phases to be planned following	Target Met/ OnTrack	Delays by Capita have put upgrade in April at risk. Revised plan will inform new date	Target at risk	Significant supplier delays preventing Trust to commence PoC testing. Timeline extended to support STS validation due to	Target missed
Digital	No 3	% of transactions captured on the day on system	ED Attendance - 95% IP Admissions - 60% IP Discharge - 95% OP Attendance - 60%	ED Attendance - 95.4% IP Admissions - 66% IP Discharge - 80.5% OP Attendance - 53.1%	Target Met/ OnTrack	ED Attendance - 95.2% IP Admissions - 66.1% IP Discharge - 79.5% OP Attendance - 49.1%	Target Met/ OnTrack	ED Attendance - 95.7% IP Admissions - 66.9% IP Discharge - 80.8% OP Attendance - 51.2%	Target Met/ OnTrack	ED Attendance - 94.8% IP Admissions - 67.8% IP Discharge - 82.8% OP Attendance - 54.4%	Target exceeded
Digital	No 4	Unified PACS delivered	Development of SOC in Sept-22-OBC in Dec-22 and FBC in Mar-23 - As of Q3 revised to SOC in Nov, OBC in Feb, FBC in May/June	Funding secured to recruit team required to develop business case.	Target Met/ OnTrack	Appointment of resources to develop SOC hindered by lack of suitable ICT contractors. Alternative approach sought in form of professional services company (James Harvard). Project team to commence in Oct. Given delays, key milestone will need to be refreshed as SOC not delivered in Sept	Target missed	Professional service provider (James Harvard) secured to support development of PACS business case. Delays in appointing resource requires a revision of the PACS business case timeline: SOC completed in Nov OBC in Feb FBC in May/June (Pending discussion with procurement re tender timeline)	Target Met/ OnTrack	Pre-tender engagement events held in Mar RFI generated to inform costs for OBC in May 23. Tender over summer. FBC in July/Aug 23	Target Met/ ontrack
Digital	No 5	ESNEFT Domain migration complete	All users migrated from legacy to ESNEFT domain	Project initiation and plan development	Target Met/ OnTrack	Migration of early adopters (ICT) target completion by 08/22. Corporate user migration to commence 10/22.	Target Met/ OnTrack	Discovery complete - 64% pf systems reviewed to date require no remediation Remediation phase initiated to inform migration plan. Communications plan complete.	Target Met/ OnTrack	Pilot complete 10/03/2023 (101 staff); lessons learnt held 22/03/2023. On track to initiate migration for corporate service in April 23	Target Met/ ontrack
BFBC	No 1	Business case approvals from external funding in 2022-23	12 cases	5 cases approved	Target Met/ OnTrack	5 cases due in Q2 (4 endo, 1 x CDC)	Target Met/ OnTrack	2 cases in Q3 (ICS Endo and Clacton CDC access project, and spiro and sleep project)	Target Met/ on track	0 in Q4, with 7 total as at end Q4	Target missed
BFBC	No 2	Number of business cases approved externally on time as per Trust programme	All cases approved on time	5 cases due in Q1 5 approved £86.6m secured	Target Met/ OnTrack	5 cases in Q2 approved	Target Met/ OnTrack	2 cases approved - Endo and Clacton access project	Target Met/ on track	All cases approved as per required programme	Target Met/ ontrack
BFBC	No 3	Number of schemes (in this BFBC TMB programme) on-track	100%	63% (15 of 24 schemes)	Target missed	17 of 24 schemes completed or on-track 71%	Target missed	17 of 24 schemes completed or on-track 71%	Target missed	14 of schemes completed of on track (57%)	Target missed
BFBC	No 4	Variance in spend/forecast outturn against budget (Trust Capital budget 2022/23)	<5% variance	YTD Q1 planned spend £14.154m, actual £3.471.£10.6m variance	Target missed	(£000s)YTD Q2 planned spend £34,637, YTD Actual £12,662, Variance £21,975	Target missed	Delays to programme require brokerage of Capital into 23-24	Target missed	Position to be confirmed	DATA AWAITED
BFBC	No 5	PPE of Capital schemes	100% (IRCA and CDC expected in Q2)	0- Zero planned for Q1	Target Met/ on track	0- Zero planned for Q2 as per IG schedule	Target Met/ on track	IRCA and CDC and Amsdec planned for Q3	Target missed	Zero planned for Q4 as per IG schedule	Target Met/ ontrack
QP	No 1	Falls (acute) Reduce the number of inpatient falls. National Benchmark data is 6.63 per 1000 bed days	5.0 per 1000 bed days	6.2 per 1000 bed days	Target missed	6.4 per 1000 bed days	Target missed	7.3 per 1000 bed days	Target missed	6.4 per 1000 bed days	Target missed
QP	No 2	Maternity - Reduce the number of post-partum haemorrhages >1500mls	In line with national rate, <2.5% for vaginal NMPA criteria	3.08%	Target missed	3.69%	Target missed	2.96%	Target missed	3.51%	Target missed

QP	No 3	Dementia - use of 'This is Me' booklet for all patients with Dementia	50% of all patients suffering with dementia will have a completed booklet	<20%	Target missed	No audit - staffing issues caused inability to undertake	Target at risk	Ipswich 30% Colchester 25%	Target missed	Ipswich 14.3% Colchester 14.38%	Target missed
QP	No 4	Regular and sustained Audit of MUST tool and food charts, to provide assurance of the effective and consistent use to support patients with their nutritional needs with recommendations and actions for improvement drawn up in appropriate areas	>90%	91.48%	Target Met/ OnTrack	93.48%	Target Met/ OnTrack	89.76%	Target missed	91.1% N.B. - Audit stood down January 2023.	Target Met/ ontrack
QP	No 5	Patients attending ED with Mental Health issues will have a risk assessment completed.	>90%	N/A	Target missed	N/A	Target missed	Colchester - 73% No data received for Ipswich	Target missed	Ipswich - 100% Colchester - 53%	Target missed
Workforce	No 1	SM05: Increase in diverse workforce at Bands 6 and above	Improvement from 21/22 of 2%	Mar 2021 Data: 3191 Staff in Band 6 and above posts of which 9.8% were BAME Jun 2022 Data: 3701 staff in Band 6 and above posts of which 12.15% were BAME	Target Met/ OnTrack	Sep 2022 Data: 3716 staff in Band 6 and above posts of which 12.46% are BAME B	Target Met/ OnTrack	Dec 2022 Data: 3775 staff in Band 6 and above posts of which 13.25% are from ethnic community	Target Met/ OnTrack	Mar data: 3791 staff in Band 6 and above posts of which 13.72% are from Ethnic community (off target by 0.16%)	Target Met/ ontrack
Workforce	No 2	SM25: 80% of B7 and above leadership staff who have completed a competency framework and received 360-degree feedback	80% of B7+	All 3 leadership programmes launched in June 2022. All cohorts filled to capacity and bookings being made for cohorts 2 - 4. Cultural Audit Survey to be rolled out in the	Target Met/ OnTrack	All cohorts of leadership development full c. 78 Band 7+ have completed Cohorts 1&2. Cultural audit launched in early Sep - to be followed by 360-degree assessments	Target at risk	131 (8.9%) Band 7+ staff have completed leadership development (slight delay due to break during December/Jan to support the seasonal variation plan)	Target at risk	Feb Data: 245 (12.7% of pool of 1931) have completed one of the 3 leadership development programmes.	Target at risk
Workforce	No 3	Reduction in Vacancy rate	Vacancy factor to 3.5% by end Y3	Vacancy rate (Jun data): 5.0% Staff in post increased to 10,053 WTE from 10,018	Target at risk	Vacancy rate (Sep'22): 5.8% Staff in post increased to 10,186.1 WTE	Target at risk	Vacancy rate (Sep '22): 5.7% Staff in post increased to 10,948 WTE	Target at risk	Mar data: 3.7% (Staff in post decreased to from 11,078.7 WTE to 10,811.5 WTE)	Target Met/ ontrack
Workforce	No 4	Reduction in staff turnover	Staff turnover less than 8% by end Y3	Turnover rate (Jun data): 9.01%	Target at risk	Turnover rate (Jun data): 9.17%	Target at risk	Turnover rate (Dec data): 8.90%	Target at risk	Turnover rate (Mar data): 8.80% (Off target by 0.8%)	Target Met/ ontrack
Workforce	No 5	SM24: Reduction of Anxiety/Stress / Depression as the main cause of sickness (ASD as a percentage of total sickness.)	16%	Q1 2022/23 SAD sickness was 16.06% of total sickness	Target Met/ OnTrack	End Q2 2022/23 SAD sickness was 18.67% of total sickness	Target at risk	End of Q3 2022/23 SAD sickness was 15.81%	Target Met/ OnTrack	Mar Data SAD sickness absence increased to 18.97%	Target missed
UEC	No 1	95% of patients seen within 4 hour target	92% (81% end of Q1)	75.30%	Target missed	75.40%	Target missed	69.85%	Target missed	71.20%	Target missed
UEC	No 2	Zero Ambulance handover delays over 30mins	0	24.64%	Target missed	26.13%	Target missed	35.90%	Target missed	29.00%	Target missed
UEC	No 3	92% Bed Occupancy	92%	94.20%	Target missed	95.19%	Target missed	96.03% average over Q3	Target missed	96.00%	Target missed
UEC	No 4	Reduction in Stranded patients metric, back to 19/20 achieved levels - i.e. 120 for ESNEFT with >21 day LOS	120	150	Target missed	169	Target missed	145	Target missed	157	Target missed
UEC	No 5	CIP Delivery	£554,437	£825,886	Target Met/ on track	£578,928	Target Met/ on track	£478,548	Target missed	£234,288	Target missed
ROB	No 1	Resource optimisation - Local cost per WAU by speciality	75% of specialities under 100	27.50%	Target missed	17.70%	Target missed	24%	Target missed	37%	Target missed

ROB	No 2	ICS Procurement Target Operating Model (PTOM)	To support the delivery of the PTOM objectives, which will be set by the ICS board, in 2022/23.	Initial 5 objectives in place	Target Met/ OnTrack	1 objective due Q2 - complete. 13 objectives started prior to Q2 or during Q2 but run through to later qtrs for completion.	Target Met/ OnTrack	Key focus is aligning as best we can our Procurement teams within the ICB to the Optimal PTOM Structure. Initial meeting with ICB FD to discuss, paper to be provided to ICB in Q4	Target Met/ OnTrack	ICB leading on arranging PTOM meetings for Q1 23/24. Draft paper produced for possible Procurement Structures.	Target Met/ ontrack
ROB	No 3	Securing additional capital funding	Maximise investment where suitable opportunities arise	£86m	Target Met/ OnTrack	Additional: TIF funding for expansion of orthopaedic centre at Colchester (2 additional theatres, 1 ward) – a further £10.9m -TIF funding for Green surgical hub at Ipswich (£9.1m)	Target Met/ OnTrack	£5m diagnostic bid - awaiting outcome. Two bids for A+E to support mental health provision, and Eol for Endoscopy at Colchester submitted. YPU (£53k) and sanctuary (£83k) bids approved	Target Met/ OnTrack	Proc capital bids (from sites) to improve facilities to support mental health were both approved and PDC funding notified (schemes to be developed in 23/24). -Short form business case for system Endoscopy development (new facilities on Colchester site) was supported by the SNEF/ICB	Target Met/ ontrack
ROB	No 4	Robust benchmarking returns submitted and used by divisional teams (e.g. Model Health System usage)		N/A	Target Met/ OnTrack	ERIC and Corporate Services submitted	Target Met/ OnTrack		Target Met/ OnTrack	N/A	Target Met/ ontrack
ROB	No 5	Recurrent £27.6m CIP delivery	£27.6m identified	£16.1m	Target at risk	£15.9m	Target at risk		Target at risk	£11.7m	Target missed
QI	No 1	Medical team has commenced an AKI bundle	90%	COL: 67% IPS: 78%	Target missed	Col: 59% Ips: 85%	Target missed	Col: 70% Ips: 84%	Target missed	Col: 75% Ips: 83% Audit stood down Jan 2023	Target missed
QI	No 2	QIF: conversion of silver training to a registered project	35%	32%	Target missed	40%	Target Met/ OnTrack	50%	Target Met/ OnTrack	48%	Target Met/ ontrack
QI	No 3	<u>Number of patients taking up support</u> Number of patients referred	Improvement expected quarter on quarter	N/A	Not Due	N/A	Not Due	63 90 Out of which 40 quit	Target Met/ OnTrack	113 162 47 quits	Target Met/ ontrack
QI	No 4	GIRFT: Vascular: Revascularisation within 5 days	Improvement expected year on year.	National Vascular Registry 2019/20 data ESNEFT = 47% 2020/21 data - ESNEFT = 53%	29%	38%	Target missed	61%	Target Met/ OnTrack	58%	Target Met/ ontrack
QI	No 5	EOL: Discharge to PPC	90% - previous target. Changed to improvement quarter on quarter until new target set in April 2023	Col: 87% IPS: 56% Trust: 76%	Target missed	Col: 87% IPS: 70% Trust: 78%	Target missed	Average no. of days to discharge with package of care (i.e. - to patient's home) - <u>5.9 days</u> Average no. of days to discharge to care home - <u>11.75 days</u>	Not Due	Average no. of days to discharge with package of care (i.e. - to patient's home) - <u>6.5 days</u> Average no. of days to discharge to care home - <u>10.2 days</u>	Target Met/ ontrack
IES Community Services	No 1	2 hour UCR target	>85% of relevant referrals responded to within 2 hours	88%	Target Met/ OnTrack	Ranged from 94% in July down to 76% in Sept - Qrt Average 85%	Target Met/ OnTrack	Ranged between 80% in Oct to 84.3% in Nov. Qrt average 82%	Target missed	Data not yet available	DATA AWAITED
IES Community Services	No 2	x% lower conveyance rate of 75 and over (comparative to other systems)		Data being sought	DATA AWAITED	Data still being sourced from EEAST for regional comparators	DATA AWAITED	Data still being sourced from EEAST for regional comparators	DATA AWAITED	Data not yet available	DATA AWAITED
IES Community Services	No 3	x% conversion rate reduction admission rate for 75 and over (comparative to other systems)		Data being sought	DATA AWAITED	Data still being sourced from EEAST for regional comparators	DATA AWAITED	Data still being sourced from EEAST for regional comparators	DATA AWAITED	Data not yet available	DATA AWAITED
IES Community Services	No 4	Identification of High Risk/Rising risk patients at locality level who have a shared Personal Management Plan		ICS-wide programme in development	DATA AWAITED	ICS-wide programme in development	DATA AWAITED	ICS-wide programme in development	Not Due	Data not yet available	DATA AWAITED

IES Community Services	No 5	Reduced crisis intervention (Ambulance/REACT) for relevant cohorts of population	>10% in interventions per INT Area	REACT interventions reduced by 30% in May (latest available data): Ambulance conveyance reduced by 47% in June. This is in comparison with previous year, but comes from a new dashboard to data does need validating	Target Met/ OnTrack	REACT interventions reduced by 26% in Sept (compared to previous year, 2038 21/22 and 1499 22/23): Ambulance conveyance reduced by 40% in Sept (compared to previous year, 682 21/22 and 406 22/23.	Target exceeded	Latest available data runs to November which saw a 22% (1849 compared with 1436) reduction in crisis intervention by REACT (reduction now over a 3 year period): Ambulance conveyances were down by 54% (719 compared with 333)	Target exceeded	Data not yet available	DATA AWAITED
NEE Community Services	No 1	Achieve 2 hour national response target	90%	80%	Target Met/ on track	Aug 22 = 73%	Target at risk	Dec 22 = 48.1%	Target at risk	March 23 = 51.83 %	Target missed
NEE Community Services	No 2	Mobilise Neighbourhood Teams	6 Neighbourhood Teams	2 NTs mobilised	Target Met/ on track	3 NTs mobilised	Target Met/ on track	3 NTs mobilised	Target at risk	Services mobilised for all neighbourhoods	Target Met/ on track
NEE Community Services	No 3	Mobilise 'Hospital at Home' workforce for each of the 6 planned Virtual Wards	6 Wards	0	Target at risk	0 - Pathways being finalised and workforce being recruited	Target at risk	Frailty, Frailty and Cardiology Virtual Wards mobilised	Target Met/ on track	NEECs V Wards mobilised and receiving referrals	Target Met/ on track
NEE Community Services	No 4	Reduction in Length of Stay (Older People's Wards)	3% reduction (Quarter on Quarter)	3.50%	Target Met/ on track	Aug 22 - Average 11.4 days (11.6% lower than April baseline of 12.9 days)	Target Met/ on track	Dec 22 = 9.1 days	Target Met/ on track	Mar 23 = Average 11.32 days (12.25% reduction against April baseline)	Target Met/ on track
NEE Community Services	No 5	Achieve staff sickness target	3.50%	5.47%	Target Met/ on track	Aug 22 = 5.32%	Target Met/ on track	Dec 22 = 7.53%	Target at risk	March 23 = 5.03%	Target missed
Cancer Programme	No 1	Overall Cancer Programme			Target at risk		Target at risk		Target at risk		Target at risk
Development of Clinical Strategy	No 1	Development of Clinical Strategy			Not Due		Target Met/ On track		Target Met/ On track	5 pipeline projects identified	Target Met/ On track

these metrics at this status since Q2.
 as target missed, which is the same as
 t.

Mitigations

Describe any remedial actions if off-track as
 at last quarter reported

Newly identified workstream to explore
 patient engagement jointly between
 logistics and communications

Theatre utilisation on trajectory until
 February 2023, (achieved 80% uncapped
 and 76% capped in Feb), however reduced
 performance to 78% (capped) and 72%
 (uncapped) in March 23. Key data recording
 issue identified:-
 1. Colchester T&O recording 13%

ESNEFT priority was to clear the 104+ week
 waiters, this decreased from 31 in April 22
 to 11 end of March 23. The priority for this
 year will be to focus on the 65+ week waits.

Achieved 91% against target, due to staff
 absence / Industrial Action. For Q1, by
 implementing opportunities within pain,
 plastics, oral and ENT as well as reducing on
 the day cancellations and implementing all
 day lists for Ipswich, we will achieve 10%
 increase above the 2019-2020 base line
 target.

Target had been achieved previous 3
 quarters and Jan-Feb 2023. In March, 49
 theatre sessions were cancelled due to staff
 absence, accommodating increase for
 trauma demand and Industrial Action.
 Expecting to achieve performance going
 forward.

Key opportunities have been identified
 within Gynae, Urology, General Surgery and
 at Colchester site only, Breast, Gastro,
 General Medicine and Rheumatology.
 Whilst these opportunities would improve

YTD figures show a decrease in the number
 of follow up attendances of 2.5% (14,782
 appointments). PIFU and validation of
 waiting lists have decreased the number of
 follow up appointments, however the
 "slots" have been used for urgent new

Key recommendations have been shared
 with specialities, (Gynae, Neurology,
 Urology, Pain, Ophthalmology, Colorectal
 and General Surgery). Good practice will be
 shared by West Suffolk for T&O. Focus Q1
 will be identifying and removing constraints
 resulting in achievement of 5% target.

Maintained same performance in Feb &
 March of 19% against target of 25%. Key
 opportunities have been identified within
 ENT and T&O both sites, Urology, Gynae,
 Pain, Geriatric Medicine and Gen Med at
 Colchester, Ipswich and General Surgery

<p>Finalising process for a shared SNEE wide action plan to be available via TEAMS channel to allow both sites to update and monitor. Will present joint action plan to appropriate DMTs for ratification during May.</p>
<p>Reviewing plan to try and recover time lost by not having access to the test environment.</p>
<p>DCMB do-max extension; laparoscopic theatres, Clacton CDC Phase 2 and 3, endoscopy stacks, endoscopy design fees, Ipswich modular CT, diagnostic integration funding (x3 cases) (10 schemes to date)</p>
<p>5 cases approved as per timeline in Q2</p>
<p>7 (29% at risk 2(9% late)</p>
<p>Brokerage of £30m agreed from 22-23 into 23-24</p>
<p>IG have approved the dates for PPE to go to OG</p>
<p>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</p>
<p>All >1500ms PPH undergo MDT review. Merged PPH guideline in progress. PPH QI project underway. <u>ESNEFT December 2022 data shows improvement = 1.96%</u></p>

<p>Audit feedback provided directly to team sisters/matrons to ensure review of actions to be taken for improvement.</p> <p>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.</p>
<p>This data is from the accountability framework - quarterly averages. Q3 target very narrowly missed.</p>
<p>The audit has not yet commenced in the Ipswich ED, a meeting will be undertaken in relation to this.</p>
<p>0.16% off target. There continues to be close monitoring to increase disclosure of protected characteristics and transfer of data onto ESR at recruitment stage. Unconscious Bias training being rolled out for all interview panels from May 2023 as part of Recruitment & Selection support pack. Career progression included in EMBRace work plans and expanding the Cultural Ambassadors' remit to include supporting career progression for ethnic</p>
<p>Leadership programmes relaunched Feb and Mar '23 following a pause over seasonal variation period</p> <p>Cultural Audit/feedback led appraisal/360 degree questionnaire paper to ELT 3/4/23</p> <p>The trust added an additional 550 posts throughout 22/23 this increased the demand. We ran several recruitment events including an ICB bus for HCSW's and looking to run a pilot to fully train HCA's before they hit the wards to increase the uptake of</p> <p>Retention Partners continue to provide divisions with feedback on themes from exit interviews and triangulating with Recruitment team in terms of vacancies. They are also supporting onboarding/local inductions. HCA Welcome and wellbeing</p> <p>Staff continue to be contacted on day 1 of sickness absence due to SAD and offer of O/H and Psychological support. Ongoing work to increase visibility of Wellbeing Hub / offer - eg Brew Crew, etc. Also the focus on financial hardship (Initiatives considered by Financial Wellbeing Group), webinar programmes continuing.</p>
<p>ESNEFT avg Q4 - 71.2%. Admission avoidance schemes continue to perform well with Conveyance Avoidance Helpline reducing conveyance to ESNEFT acute site by 100 a week. Implementation of the Community Hub model for pre-dispatch ambulance commenced at the end of Q4 and will further assist in reducing conveyance to ED, as evidenced by 'test and learn' days on industrial action days. Early signs evidence 14 ambulances per day</p>
<p>ESNEFT Avg across Q4: 29%. Change in the way EAST use cohorting staff has negatively impacted hand over % over 30 minutes. "Ghosting" call sign now used meaning that patient is not classed as handed over when left with a cohorting team, (ghosting is when the ambulance service keep the ambulance on the screen to evidence that the ambulance is being cohorted by their staff, even though the ambulance has been released for ongoing</p>
<p>ESNEFT 96% Average across Q4 taken from daily UEC sitreps; (ie includes all beds available at that time). This continues to run too high. Detailed seasonal variation plan produced by BI for 23/24, setting out early, the trajectories and what's needed to meet 92%, together with associated funding allocations. Virtual Wards playing a pivotal part as the largest scheme for mitigating beds and getting to 92%. VW business case produced and approved at EMC in April.</p>
<p>(Both acute sites)-Additional escalation areas opened to support D2A pathway delay waits; e.g. Snape and Durban.</p> <p>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.</p> <p>(Col): Training programme for Surgery and T&O staff re completing RDT, in response to re-audit of use of tool.</p> <p>bulk of the true CIP delivery or just under 235k this FY was achieved via Colchester AMSDEC, with a phased reduction in staffing template.</p> <p>- Mersea Bed base reduced to accommodate the Lithotripter as assumed in the PID. The CIP scheme was reviewed and the saving was not considered deliverable within the remaining bedbase.</p>
<p>Action plan to be developed</p>

Additional support to identify further opportunities
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 at 14%
Service commenced 25th July. Data reporting commenced mid-September to NHSI. Figures reported in Q3. Metric - number of patients taking up support, compared to number of patients referred - with a target to increase numbers quarter on quarter. Status at Q3 not selected from drop down list, due to this being new data. Conversion rate targets to be determined for 2023/24.
Yearly cumulative percentage as at Q3 - 51%
New process for identifying average time to PPC commenced in October. Status at Q3 not selected from drop down list, due to this being new data. Following 3 months of data collection a target will be set.
Continue to drive the UCR activity.

Continual review and monitoring
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