Trust Board in Public

Thursday 7ᵗʰ September 2023

Report Title:	**Strategic Plan snapshot report to 31 July 2023**
Executive/NED Lead:	Dr Shane Gordon
Report author(s):	Dr Shane Gordon, Andy Higby
Previously considered by:	Executive Management Committee

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

Executive summary
This report; which is the first in the transition from Time Matters Board reporting, provides Board members with assurance that measures are in place for schemes contributing to the Strategic plan, and that these measures are being monitored. This is a point-in-time report providing members with an update position for schemes making up the Strategic Plan. A proposal for ongoing reporting, on a quarterly cycle, is recommended.
Action Required of the Board
 • Note position for all schemes in this initial reporting round. • Provide feedback on format of reporting. • Consider, and provide feedback on the proposal for ongoing reporting.

Link to Strategic Objectives (SO)		**Please tick**
SO1	Keep people in control of their health	☑
SO2	Lead the integration of care	☑
SO3	Develop our centres of excellence	☑
SO4	Support and develop our staff	☑
SO5	Drive technology enabled care	☑

Risk Implications for the Trust *(including any clinical and financial consequences)*	Significant delay and/or under-delivery will impact on the Trust's development
Trust Risk Appetite	Innovation: The Board has an open view of innovation that supports quality, patient safety and operation effectiveness. This means that it is eager to pursue innovation and challenge current working practices, and views new technologies as a key enabler of operational delivery. However, decision making authority will be carefully managed to ensure that

	prioritization and focus on the identification and delivery of innovations with transformative potential and will only be devolved on the basis of earned autonomy.
Legal and regulatory implications *(including links to CQC outcomes, Monitor, inspections, audits, etc)*	Legal and regulatory implications are managed for each scheme separately.
Financial Implications	Risks – including financial implication are reported separately by each scheme.
Equality and Diversity	Equality impact assessment is undertaken for each scheme separately. There are no plans in this programme that will impinge on the rights of staff, patients, or carers as described under current legislation.

Scheme name:	**01. Elective**		
SRO / Support	**Karen Lough / Carolyn Tester**		
Period ending	**31 July 2023**		
	Baseline	**In month position**	**Year-end target**
Reduction in overall waiting list size	83,074	84,298	
Reduction in polling times – no. of clinics polling 65+ weeks *(From outpatients monthly report circulated from Simon McCarthy)* Total patients waiting over 65 weeks *(PowerBI RTT PTL rpt)*	12 1171	12 915	0 0
Theatre Utilisation	76%	80%	85%
Nationally agreed ERF £ target (Power BI, ERF Financial and activity achievement)	98.3%	103.8% (cumulative)	
% of long wait treatments *(65+ weeks) compared with total treatments.* *(from Sean W emailed)*	Q1 22/23:- 1.6%	Q1 23/24:- 3.5%	
GIRFT HVLC Best practice – No. pathways achieving	TBD	TBD	

Key points from this reporting period:

Outpatient transformation programme fully underway – 6 longest wait specialties prioritised for initial intense focus; Time and Motion studies conducted in Q1 and opportunities identified, with key actions underway between transformation and specialty teams. NHSE outpatient productivity call held, with good clinician representation and complementary feedback from the NHSE team. Solution identified for single, standardised automated outpatient referral method via e-RS across both sites, allowing clinicians to triage easily via Evolve. Significant further opportunities identified for PIFU. All 6 specialties showing significant improvement in 104, 76, 65 and 52 week waits and 18 week performance. Theatre utilisation continues to improve, via continuation of oversight and pace to further embed identified changes from last year.

GIRFT HVLC – focused attention on implementing GIRFT best practice pathways within Ophthalmology, Orthopaedics and Urology. Expecting to achieve target performance of 8 cataracts per list, 4 knee/hip replacements per list, 44% of TURBT (3cm of less) to be day cases and 75% of uteroscopies again to be day cases. During August and September, focus will be on achieving benchmark performance of 90% day case for tonsillectomies, laparoscopic hysterectomy benchmark of 77.7% and reduce LoS for vaginal hysterectomy to 2.5 days.

Right **P**rocedure **R**ight **P**lace – Breast team established RPRP pathways moving procedures from theatres to outpatient setting. Gynae teams also implemented RPRP, exception Botox injections for incontinence at Colchester, however this has commenced in July will audit in August. Within ENT, grommets are now being

undertaken in outpatient setting and agreement for all steroid injections to be moved out of theatres during July. Audit will be undertaken beginning of August to establish number of lists that have been made available as a result. Opportunities within General Surgery, Vascular, Urology and ENT will be progressed over the next two months.	
Off track actions – and remediation for the same:	
Key points expected in next reporting period: 'Kaizen' (rapid improvement work) weeks across key focus specialties. - Significant improvement expected to be reported on PIFU, A&G and further reductions to longest wait figures - Further HVLC – Round 3 meeting planned with Professor Briggs and team for 13 Sep, to assess progress made since the last visit, together with key focus on cancer and outpatient plans and progress.	
Top three risks	1. Impact of Industrial Action

Scheme name:	2a.Urgent & Emergency Care (COL)		
SRO / Support	**Alison Stace / Bobby Jones / Ben Page**		
Period ending	**31 July 2023**		
	Baseline	**In month position**	**Year-end target**
Preventative: ED attendances (excluding UTC): patients aged 65 and over	April 2023: 2,518	July 2023: 2,505	TBC
Front door focus: admissions discharged on the day of attendance (move from 1/5 to 1/3)	29.4%	30.7%	33%
Flow: Virtual ward pathways are maximised to at least 80% capacity available	TBC (baseline set to 0% at point of configuration/ average over last 6 months?)	**COL:-** VW (mid-June – mid-July): Frailty VW: 113% (17/15 patients) Heart Failure VW: 33% (1/3 patients) Surgical VW: 0% (0/8 patients) *IV ABX VW: 95% (19/20 patients)* Respiratory VW: 60% (3/5 patients) Medical VW: 80% (4/5 patients) TOTAL CAPACITY AVAIL: 36 *(excls 20 IV ABX)* **Average utilisation patient capacity:** 69% Average of 15 per day	**ESNEFT:-** 95 from Sep (+40 IV ABX) 117 from Dec (+40 IV ABX) (National expectation to achieve 80% of 117 by Dec) *Relies upon full funding release*
Improvement to percentage of total discharges known by 16:00 for tomorrow	0		80% of all discharges known by 16:00 for tomorrow
In development - **:** ED attendances / admission reductions for patients with frailty score of 6+			
Key points from this reporting period: • SDEC working groups mobilised. • SAU has identified direct pathways which can be mobilised but requires agreement and operationalising • Medicine and elderly now putting on ambers for tomorrow and will be able to track improvement in discharges known by 16:00 for tomorrow			

• Approach to reconfiguring frailty and frailty pathways underway with NEECS and Medicine teams – this includes data capture and actions as a result	

Off track actions – and remediation for the same:

Virtual ward is captured in both Community and UEC – need to establish where it sits

Key points expected in next reporting period:

- Update on ambers known for tomorrow with a clear plan for improvement
- Communication with ward teams and mitigation since the Flo for Flow has ceased
- Ward led re-ablement update following cease of service and impact of ambers the day before
- Clinical response times to be relaunched which will support SDEC particularly around SAU

Top three risks	• IA and team capacity
	• Knowledge and engagement both clinically and operationally

Scheme name:	2b.Urgent & Emergency Care (IPS)		
SRO / Support	Mike Meers / Kate Taylor / Helena Wilson / Ben Page		
Period ending	31 July 2023		
	Baseline	**In month position**	**Year-end target**
Preventative: ED attendances (excluding UTC): patients aged 65 and over	April 2023: 2,209	July 2023: 2,365	TBC
Front door focus: admissions discharged on the day of attendance (move from 1/5 to 1/3)	19.5%	20.4%	33%
Flow: Virtual ward pathways are maximised to at least 80% capacity available	TBC	IPS:- REACT Frailty: 80% (8/10 patients) Respiratory: 29% (2/7 patients) Surgical: 20% (2/10 patients) HF: 0% (0/3 patients) *IV abx: 50% (10/20 patients)* Medical: 53% (8/15 patients) TOTAL CURRENT CAPACITY:- = 45 (excls 20 IV Abx) Avg utilisation per capacity: **44.4%** 10	ESNEFT:- 95 from Sep (+40 IV ABX) 117 from Dec (+40 IV ABX) (National expectation to achieve 80% of 117 by Dec) *Relies upon full funding release*
Improvement to percentage of total discharges known by 16:00 for tomorrow	Early Bird Workstream		TBC
In development - **:** ED attendances / admission reductions for patients with frailty score of 6+			
Key points from this reporting period: • Business case for UTC/ED model circulated to ECPB			

- UEC peer review conducted on both sites - Manchester Triage and Connex observations feeding through to ED screens - Process mapping session completed to draft clinical frailty process from front-door - SOP for discharge lounge completed - Dashboard being created with BI to present patient discharge pathways - LOS work: 7 day patient focus prior to moving to 14 and 21	
Off track actions – and remediation for the same:	
Key points expected in next reporting period: - NHS-E SDEC visit in October at IES - Extension of services to support type 3 activity up to midnight	
Top three risks	IA and team capacity
	EPR and clinical documentation
	Virtual wards – consultant confidence in utilising the pathways
	Finance/ funding stream for UTC/ED workforce

	Baseline	In month position	Year-end target
Scheme name:	**03. Quality Improvement**		
SRO / Support	**Dr Angela Tillett / Sally Barber / Marie Elliott**		
Period ending	**31 July 2023**		
Measure 1: End of Life care - time to discharge	Patients discharged to own home – 7 days Patients discharged to care home – 10.2 days	Patients discharged to own home: Colchester Hospital - 4.5 days Ipswich Hospital - 6.7 days Patients discharged to care home: Colchester Hospital - 9.9 days Ipswich hospital – 9.1 days	Patients discharged to own home – 5.5 days Patients discharged to care home – 8.5 days
Measure 2: Inequalities Tobacco Treatment Number of patients taking up support Number of patients referred	$\frac{63}{90}$ 70%	76%	85%

Key points from this reporting period:

Measure 1: This data is provided for each acute hospital site. Data has been aligned recently, so that each site produces the same data input template for the month.

Measure 2:
The tobacco Treatment Programme has been embedded across both sites, supporting patients to access care equitably and closer to home and allowing them to stay well during longer waiting times for procedures. Community Pharmacy pathway established using Pharmaoutcomes.

Off track actions – and remediation for the same:

Measure 1: Difficult set of data to refine, but reporting is now robust. Site specific reporting will always be necessary with this data, due to practical differences at each site. Rolling averages are being collated to identify themes.

Measure 2 – OneLife Suffolk community contract ends 30th September. This could mean that patients in Ipswich hospital do not receive follow up support when leaving hospital and therefore quit rates will drop. Working with Suffolk County Council to understand offer that is currently being developed. Working with IES Alliance to establish whether Ipswich referrals can go into Welcome Home team

Key points expected in next reporting period:

Measure 1: Frailty and discharge project nurses seconded from St Helena, in liaison with North East Essex alliance, to support OPS in anticipatory care planning and discharge.

Measure 2: Improvement expected quarter or quarter. Finalise Tobacco Dependency Advisor staff role and recruit – cross-site role.	
Top three risks	Measure 1: EoL project depends on small team – therefore affected by staff absences. Differences in practice across sites (due to external providers etc.), mean that data nuances can make comparison difficult.
	Measure 1: Time to discharge is affected by exterior issues (e.g. care home capacity and social care packages), therefore can be outside of the Trusts' sphere of control.
	Measure 2 – OneLife Suffolk community contract ends 30th September. This could mean that patients in Ipswich hospital do not receive follow up support when leaving hospital and therefore quit rates will drop.

Scheme name:	04. Quality Priorities		
SRO / Support	**Giles Thorpe / Anne Rutland / Marie Elliott**		
Period ending	**31 July 2023**		
	Baseline	**Current position**	**Year-end target**
Measure 1: Has the MUST screening score been repeated after one week of screening? The patient should have been reweighed and compared to previous weight and any change under any three of the MUST steps noted.	Trust average = 84%	86%	>90%
Measure 2: Dementia – use of 'This is Me' booklet for all patients with Dementia and Delirium.	<20%	Colchester Q1 -14% Ipswich Q1 – 15%	50%
Key points from this reporting period: Measure 1: Although the Trust average looks close to target, some wards have consistently low compliance or mark N/A for all 10 patients in the audit. This skews the averaged results. Of note, these audits are completed by ward staff, they are not peer reviewed. There are also differences between the acute sites documentation. Measure 2: Research within specialty shows that use of 'This is Me' booklet reduces length of bed stay. 'This is Me' booklet is for Dementia as well as Delirium, however it is not as widely used for Delirious patients.			
Off track actions – and remediation for the same: Measure 1: Follow up of persistent low compliance/N/A's needs targeted intervention from Divisional level. Marie Elliott to ensure that specific low scores are alerted to Divisions and that actions to support are reported back – agreed by Nutrition Steering Group leads. Measure 2: Small teams at both acute sites – this has impacted auditing capability. Industrial action and ward staffing pressures have also negatively impacted audit completion. Ward 'buy-in' is not widespread as yet. Potential for Clinical Outcome and Improvement team to support collection of audit data collection.			
Key points expected in next reporting period: Measure 1: Specific highlighting of low compliance to divisions, to begin. Measure 2: Potential for Clinical Outcome and Improvement team to support auditing to be explored.			
Top three risks	Measure 1: Data artefact - MUST score looks reasonably strong, however this doesn't seem to translate into practical findings. As other parts of the MUST audit are tracked on the AF, we need to ensure this question (which is not on AF) is robustly answered by wards, and results are acted on appropriately.		
	Measure 2: Small team means robust data is not always possible.		
	Measure 2: Potential to not meet target due to lack of uptake of booklet and need for Care Homes to provide similar data for patients when admitted to hospital.		

Scheme name:	**05. Financial Sustainability**		
SRO / Support	**Adrian Marr / James Rowe**		
Period ending	**31 July 2023**		
	Baseline	**In month position**	**Year-end target**
Local cost per WAU	107.8 (Mar 23)	131.18 (June 23)	102.8 (3% CIP+ 2% productivity improvement)
Recurrent CIP	n/a	£11.7m	£25.4m

Key points from this reporting period:
- Local cost per WAU variation (31.2) driven by spend (28.5) not case mix (2.7)
- £13.8m recurrent CIP shortfall

Off track actions – and remediation for the same:
- Analysis needs to be undertaken to understand main drivers in local cost per WAU spend position
- Financial Sustainability Group (FSG) established to identify and deliver recurrent CIP

Key points expected in next reporting period:
- Plan to address main drivers in local cost per WAU spend variance
- Additional recurrent CIP identified to value of shortfall – schemes not identified by end October are unlikely to start to be delivered within current financial year

Top three risks	Industrial action – impact on activity and therefore local cost per WAU
	Delayed discharges – drives up costs along emergency pathway
	ERF funding – current non-recurrent nature drives temporary recruitment and cannot be used as recurrent CIP

Scheme name:	06. Community Services (NEECS)		
SRO / Support	Alison Stace / Denise Peggs / Ben Page		
Period ending	31 July 2023		
	Baseline	**In month position**	**Year-end target**
Average EQ-5D (or equivalent) score post intervention (Patient reported outcome measure)	tbc	tbc	tbc
% acceptance rates for virtual wards and CURS:			
• Virtual Ward	77.45% (June 23)	85.44%	tbc
• UCRS (CLERIC)	85% (June 23) – highest in Region	84%	Cleric Acceptance Target requested from ICB
impact on ESNEFT Community Services staff in their perceived trust and confidence from acute members of staff via staff surveys.	tbc	Tbc	tbc

Key points from this reporting period:
- EQ5D BI report now quality assured and awaiting publication. Anticipate reporting to commence for August data
- Significant improvement in 2-hour UCRS response (87.43% - July 23), despite continuing to deliver the highest acceptance rate (84%) in the Region.
- Acute Engagement plan in place, focussed on improvement against 4 elements:
  - Knowledge; including discussion with Education Team regarding induction for all staff and circulation of 'simple guides'
  - Exposure; including shadowing in Community, joint MDTs
  - Ease of Access; including quick access via Community Gateway
  - Positive Response; including monitoring rejected referrals and providing enhanced training for Gateway staff
- Improvement in overall Virtual Ward Utilisation from 69.72% in June to 79% in July (Trust target 80%)

Off track actions – and remediation for the same:
- EQ5D – BI report will measure patients with a maintained or improved EQ5D score and the number of patients who have an EQ5D score recorded (both of which we intend to increase). These measures will be more relevant than an average EQ5D score which is a measure of acuity rather than patient outcome. Propose amend metric wording to "*Percentage of patients with a maintained or improved EQ5D score*"
- Virtual Ward acceptance – data provided. Further consideration to be given to whether "acceptance rates" rather than "utilisation rates" provides the best assurance of progress
- Acute Engagement - Proposed alternative to metric wording to "*improved understanding and trust of ESNEFT Acute staff in Community Services*". Propose baseline through Survey of targeted Acute colleagues in September and repeated at end of Q4

Key points expected in next reporting period:
- Confirmation of publication date for EQ5D report, and progress of work with Integrated Pathways to develop as a joint AF metric
- Progress with development of Acute staff survey, for September roll out

Top three risks	

Scheme name:	**07. Workforce**		
SRO / Support	**Kate Read / Debbie O'Hara**		
Period ending	**31 July 2023**		
	Baseline	**In month position**	**Year-end target**
Vacancy Rate	5.2%	5.16%	<4%
Sickness Rate	3.9%	515 staff absent as at 25.07.23	<4%
Attended leadership development	12.6%	TBC	70%

Key points from this reporting period:

There was an increase in the number of establishment (60.2 WTE) in June which increased vacancies to 5.2%. The Trust continues to have more starters than leavers overall in the majority of clinical groups and remains 63 WTE ahead of plan in respect of our workforce trajectory. 1 Newly qualified nurses still to be placed. Consultant and SAS vacancies are reducing (33WTE).

Sickness absence target achieved. The total number of employees who have been absent for 3-6 months and over 6 months continues to decrease which is due to the on-going targeted work by the ER and OH teams

Off track actions – and remediation for the same:

- **Vacancies** - Time to Hire remains at 11.3 days which is significantly less than the national average. Head of Retention in post and currently recruiting 3 WTE Retention Partner posts. New Recruitment & Selection Process to be rolled out shortly. Continued focus on hard to recruit consultant vacancies and utilising ACP/AHPs for some roles.

- **Sickness Absence** - Bitesize training sessions focussed on absence are continuing and the sickness review group continues to meet on a monthly basis and is making good progress and focus on those who have been absent over 3 months as well as complex cases. The Absence Policy is under review.

- **Leadership Development** – Discussions underway with NHS Elect and Kings Fund to increase capacity on these programmes.

Key points expected in next reporting period:
In the next month we will recruiting our retention partners and establishing a retention programme for the next year.

Top three risks	Increase in medical agency spend for divisions to cover vacancies in hard to recruit posts.
	Leadership Development - Releasing staff over the seasonal variation period to complete the programmes.

Scheme name:	**08. Digital**		
SRO / Support	**Mike Meers / Andrea Craven**		
Period ending	**31 July 2023**		
	Baseline	**In month position**	**Year-end target**
Measure 1 – EPR Business Case and Tender	Strategic Outline Case approved Oct 21 Outline Business Case approved Mar 23 Tender publication and Evaluation April to Sept 23	Tender evaluation continues – July is focused on supplier demonstrations	Full Business Case approved by all reviewing bodies (internal and external) – Jan 2024 Contract awarded – Feb 2024
Measure 2 - Delivery of Patient Engagement Portal	N/A	0% patients engaged to use Patient Engagement Portal 51% of GP Patients 13+ registered for NHS App	60% of patients engaged to use Patient Engagement Portal 68% of GP Patients 13+ registered for NHS App
Measure 3 – ESNEFT Domain Migration	N/A	**Corporate Application Users** **Revised** **%** Already on ESNEFT domain 318 24.61% Additional migrations 974 75.39% Require remediation 0 0.00% **Total** **1292** **Clinical Application Users** Already on ESNEFT domain 834 7.81% Additional migrations 0 0.00% Require remediation 9848 92.19% **Total** **10682** **Total number of users** **11974** **Total ESNEFT users migrated** **2126** 17.76% **Applications** 32 of 55 applications remediated (58%)	75% of all users migrated by March 2024 100% of all users and applications migrated to ESNEFT domain by June 2024 100% applications remediated by Dec 2023

Key points from this reporting period:
Measure 1 – EPR - Completed Technical Question evaluation phase in June. Focus on supplier demonstrations in July, with 36 sessions hosted live over teams, totalling almost 50 hours, attended by over 300 stakeholders. Demonstration evaluation scores to be submitted by 1st August. Planning for site visits during August with agreed TOR.

Measure 2 – Patient Engagement Portal - Configuration of servers complete. Testing of HL7 messages. Receipt of Regional PEP funding to support patient communications and engagement. **Measure 3 – ESNEFT Domain -** Profiling of Clinical services.Technical preparation for Clinical migrations**.** Batch/process remaining Corporate Migrations. Refine user communications**.** Finalise full service app dependency matrix**.** Agree clinical profiling strategy/ timetable.	
Off track actions – **and remediation for the same:** None to report this period	
Key points expected in next reporting period: **Measure 1 – EPR** Site visits completed. Review key documents with wider audience received in the tender (i.e. resource profile, benefits profile etc.). Completing of Social Value scoring. Review costed modules in financial submissions vs non-costed. **Measure 2 – Patient Engagement Portal** Integration feed testing to complete. Test document to be delivered. **Measure 3 – ESNEFT Domain** Clinical profiling (insular services). Site surveys re hardware. Communications campaign.	

Top three risks	**Measure 1** - Delay in site visits due to industrial action may impact tender evaluation timeline.
	Measure 2 – None this period
	Measure 3 - Specific high risk apps added to itemised risk register. Digitisation input via system analysts and project managers agreed. (Bighand/Evolve/Agfa PACS highest risks)

Scheme name:	**09. Logistics**		
SRO / Support	**Michael Fuller / Harry Nyantakyi / Simon McCarthy**		
Period ending	**31 July 2023**		
	Baseline	**In month position**	**Year-end target**
Percentage of trust total floor space covered by roll out.			The analysis is taking place due to the specific targeted areas and will be available for reporting next period
Current utilisation in *monitored* space.	50%	35% (IPS) 50% (COL)	50% (IPS) 60% (COL)
Progress towards elimination of "ghost bookings". Target = zero ghost bookings by 31 March 2024	15,986	15,986	0

Key points from this reporting period:
1. Approval has been obtained from e-Health Board to transition to the e-Referral RAS for all service within ESNEFT, which will eliminate the requirement of an ALLCAS referral registration. The project structure to support roll out are in development as soon as approval is obtained from EMC.
2. The OccupEye space utilisation percentages are based on a fixed survey period and therefore doesn't take into consideration part-time workers which account for the majority of Digital Records staff. Our internally developed reporting goes some way to improving the utilisation accuracy by allowing desk or room sensors to be individually attributed to typical working days (in hours).
3. Next steps are to obtain approval from EMC prior to engaging into a roll out plan.
4. Utilisation likely to be affected due to the Ipswich Digital Records team relocated from Unit 15 to Unit 1 at IP-City on 31st July, so the new office space will need to be surveyed and a CAD plan produced before sensors are transferred to occupied workstations.

Off track actions – and remediation for the same:
1. Room Booking – The roll out to Education department has been delayed due to migration of the third-party (BookWise data) however this is now to be completed by August first week to go live the following week.

Key points expected in next reporting period:

Top three risks	1. Non approval from EMC to transition to the RAS
	2. Administrative time to review ALLCAS referrals
	3. The perception of staff & actions in regard to the Sensor technology

Scheme name:	**11. Building for Better Care** (schemes in scope: Clacton Podiatry & Endoscopy COL acute site Villa 4 & EOC IPS acute site Child Heath & ED/UTC/Theatres)		
SRO / Support	**Dr Shane Gordon / Cara Gosbell**		
Period ending	**30 June 2023**		
	Baseline	**In month position**	**Year-end target**
1. % schemes on time	N/A	67% (4 from 6)	80%
2. % schemes on budget	N/A	83% (5 from 6)	80%
3. % schemes on spec	N/A	100% (6 from 6)	100% (6 from 6)

Key points from this reporting period:
- **Clacton** - Podiatry - Wall, floor and ceilings completed. On-track to complete by 31 August 2023. Endoscopy - Exterior foundations and walls completed for new build.
- **Colchester** – Villa 4 - Strip out of building complete. Courtyard Steels and slab complete. Loft hatch access design agreed and safety Boards laid. EOC - Updated construction management programme provided by MTX. Ground slab and drainage works nearing completion. Basement plant room works ongoing. Work commenced on HV & Energy Centre slab (generator and substation). Final phase due to start on time (12 July).
- **Ipswich** – Child Health Centre - Cladding to walls and floor finishes complete in existing area. Groundworks complete (excepting external staircase). ED/UTC Theatres - Plant room services and Group 2 & 3 fix completed. Phase 2 completed and handed over

Off track actions – and remediation for the same:
- IPS - Child Health Centre – Nine weeks behind. The delays have been related to stoppages to work caused by theatre disruption and construction teams cannot work outside of hours due to cost / close proximity to inpatient wards
- COL – EOC. Damaged UKPN power cables following installation of for crane pads. Detailed RAMS (risk assessments & method statements) including business continuity and contingency planning urgently required from MTX.
- COL – EOC Delay in delivery of material supplies. Ongoing monitoring of MTX control over supplies and sub-contractors.
- IPS – ED/UTC/Theatres. Overspend. ED/ UTC/ Theatres financial position will be fully understood once the signed off for CCN is achieved for the additional works including Theatres and POCU Ongoing management within contingencies will continue. Delays from theatres stoppages, additional design work and added extras (such as POCU) where a number of enabling works were delivered at risk to avoid abortive works

Key points expected in next reporting period:
  Clacton - Podiatry - Phase 1a ventilation works. Endoscopy – Roofing commencing
- **Colchester** – Villa 4 - Mechanical and Electrical due to complete. Bricking up the front of the building due to complete. EOC - Final phase (152 modules) due to complete 31 July 2023. MTX to provide updated proposal to remove concrete pads surrounding UKPN HV cables.
- **Ipswich** – Child Health Centre - Erection of partition walls. Removal of rubber crumb from playground area. M&E works (second fix existing area, first fix for extension). Screed prep in extension area. Roof finishing. ED/UTC/Theatres – Phase 3 (ED/UTC) underway.

| Top three risks | IPS acute site ED/UTC/Theatres | | | | | | |

Top three risks

IPS acute site ED/UTC/Theatres

NO.	RISK	RAG	MITIGATION – ACTION REQUIRED	Mitigated RAG	PROGRESS TO DATE	STATUS
123	Delay to the completion of Phase 3	20	Project plan to be merged with other workstreams to identify any further delays.	20	Likely that there will be further issues arising that will delay the project further Scoring: Consequence is a 4 based on uncertain delivery of key objective Likelihood is a 5 as phase 2 is behind schedule which will have a knock-on impact.	Open

IPS – Child Health Centre

CATEGORY	RISK	CURRENT RAG	MITIGATION – ACTION REQUIRED	TARGET RISK	STATUS
Business Case/ Viability	Contingency insufficient	20	Financial report to be reviewed at each Project Board. Ongoing. Design freeze to be implemented.	4	OPEN 24.05.22

COL – EOC

CATEGORY	RISK	CURRENT RAG	MITIGATION – ACTION REQUIRED	TARGET RISK	STATUS
Construction	Damage to UKPN power cables following concrete surround being installed for two crane pads	15	Detailed RAMS including business continuity and contingency planning requested from MTX prior to any remedial work being allowed to commence	2	Open

Scheme name:	12. Clinical Services Integration		
SRO / Support	Dr Shane Gordon / Andy Higby		
Period ending	31 July 2023		
	Baseline	Current position	Year-end target
Measure 1: **Shared initiatives** - the number of shared initiatives supported through CSI projects i.e. developments in a service on both acute / community sites	0	2 • disease modifying treatments in neurology on both acute sites being developed. • Advice and Guidance/Referral Pathway	6
Measure 2: **Scalable initiatives** - the number of scalable initiatives supported through CSI projects i.e. developments in a service that have benefits in projects within the programme as well as those outwith CSI.	0	1 – clinic letter automation (pre-population from PAS)	3

Key points from this reporting period:
- Kick off events for three service areas – Breast, Renal and Neurology
- Steering group and governance approach agreed. Initial membership agreed.
- TOR and programme-level charter drafted.
- Two projects given interim authorisation to begin work (pending formal approval at programme-level Steering Group)
- Initial renal project meeting

Off track actions – and remediation for the same:
None at this stage

Key points expected in next reporting period:
- Initial steering group meeting
- Review TOR and programme-level charter; with TOR going to EMC for ratification
- Review charter for first two projects – to provide formal authorisation to proceed.
- Initial steering group for Neurology
- Consideration of inclusion of Vascular project into programme of CSI work.
- Recruitment of additional 0.6WTE into Transformation team to support this work

Top three risks	Programme capacity – the resource available to support services with their integration projects may be insufficient compared with the demand from services for support.