

Trust Board in Public Report Summary

Date of meeting: Thursday 7 th March 2024	
Title of Document: Strategic Plan reporting – Update for Trust Board of Directors	
To be presented by: Dr Shane Gordon Director of Strategy, Research & Innovation	Author: Andy Higby Acting Strategy Programme Director
1. Status: For Approval/Discussion/ <u>Assurance</u> /Noting/ <u>Information</u>	
2. Purpose: This report is being presented to Trust Board members to provide assurance on progress with the schemes that comprise the Strategic Plan	
Relates to:	
Strategic Objective	This report covers twelve director-led programmes which deliver across the Trusts Strategic Objectives: <ul style="list-style-type: none"> • Keep people in control of their health; • Lead the integration of care; • Develop our centres of excellence; • Support and develop our staff; • Drive technology enabled care
Operational performance	The report references elements of operational performance e.g., schemes 01 - Elective, 02a – Urgent & Emergency Care (COL) and 02b – Urgent & Emergency Care (IPS)
Quality	The report includes elements of the Quality Strategy e.g., schemes 03 – Quality Improvement and 04 – Quality Priorities.
Legal, Regulatory, Audit	N/A
Finance	This report includes finance elements i.e., scheme 05 – Financial Sustainability
Governance	This report provides the Trust Board of Directors with assurance of progress across all schemes – with measures identified at baseline and quarter end; as well as target for year-end
NHS policy/public consultation	N/A
Accreditation/ Inspection	Scheme updates are not subject to review by an accreditation body; or by the Trust’s Internal Audit provider
Anchor institutions	N/A
ICS/ICB/Alliance	N/A
Board Assurance Framework (BAF) Risk	This report does not provide material additional assurance in relation to BAF risks. However, scheme updates are included for: <ul style="list-style-type: none"> • 05 – Financial Sustainability (BAF2 Financial performance – value and sustainability). • 07 – Workforce (BAF5 Workforce – recruitment and retention) • 01 – Elective (BAF6 Sustainable delivery of elective

	<p>performance.),</p> <ul style="list-style-type: none"> • 02a – U&EC (COL) and 02b – U&EC (IPS) (BAF6a - Sustainable delivery of emergency care performance targets.), • 11 – Building for Better Care (BAF7 - Estates development and capital equipment • 08 – Digital (BAF8 - Digital maturity and major disruptive outage)
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Other	N/A
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3. Summary:

This report provides a summary for Board members on the progress across the twelve schemes that make up the Strategic Plan.



4. Recommendations / Actions

The Board is invited to consider the update reports below, seek any clarification required; and recommend the report to the March Board meeting.

Scheme name:	Elective Care		
SRO / Support	Karen Lough / Carolyn Tester & Bobby Jones		
Period ending	31 December 2023		
Intended change to be delivered by scheme: -			
<ul style="list-style-type: none"> • Reduction in overall Waiting List size • Upper quartile delivery against the national GIRFT / High Volume, Low Complexity (HVLC) standards • Delivery of an 107% activity against 19/20 activity to receive maximum Elective Recovery Funding (ERF) 			
Measure	Baseline	End Quarter position	Year-end target
Reduction in overall waiting list size <i>(Excluding Oaks RES)</i>	83,074	84,335 <i>(Oct. 85,614 exc. RES) - As of 7th Feb</i>	78,317
Reduction in polling times – no. of clinics polling 65+ weeks	12	5 (4 Ipswich based, 1 Colchester based) - <i>As of 7th Feb</i>	0
Total patients waiting over 65 weeks. <i>(PowerBI RTT PTL rpt)</i>	1171	817 - <i>As of 7th Feb,</i>	0
Theatre Utilisation	76%	75% - <i>December 23</i>	85%
Nationally agreed ERF £ target <i>(Power BI, ERF Financial and</i>	98.3%	104.0% - <i>Cumulative to December</i>	Pre-IA – 105.8% Current post-IA (April only) 103.8%

activity achievement)			
% of long wait treatments (65+ weeks) compared with total treatments. (from Sean W emailed)	1.6% - Q1 22/23	3.1% - <i>December average</i>	0
GIRFT Best practice pathways, (inch High Volume, Low Complexity) – No. pathways achieving	0	40	Total no. best practice pathways; 47 surgical and 13 medicine, both sites
BADS day case rates	77% - <i>March 23</i>	84% - <i>October 23</i>	85%

Key points from this reporting period:

- Continued improvements in trust wide PIFU - from 2.99% (April to July average), 4.02% (August to October average) to 4.75% in November and 5.28% in December, exceeding the national target of 5%.
 - T&O – April to June average 1.27%, July to October average 3.31% November and December average 9.18%.
 - Ophthalmology – April to June average 0.81%, July to October average 1.25% November and December average 1.87%, (Unratified January at 3.19%).
 - General Surgery (Ipswich) - April to August average 3.00%, September to December average 10.55%.
 - Colorectal (Colchester) - April to August average 5.98%, September to December average 12.10%.
- Increased Consultant use of Electronic Outcomes in Colorectal/General Surgery at Ipswich.
- Agreement from clinical and operational colleagues for e-RS Referral Assessment Service (RAS) system to be piloted, referral form to be simplified from 14 forms into 1, changes to triage processes in Gynae Colchester.
- Dietetics clinic established at Barracks Lane Medical Centre to see approx. 800 additional patients per annum.

- Efficiency interventions implemented in Ipswich X-ray area 1 have seen a reduction in average wait times per patient by 26 minutes, improving patient and staff experience and clinic flow/efficiency.
- Engagement work with gastro around using call round system, time in motion studies completed around self-check in and clinic observations.
- Pre-op assessment clinic embedded and has successfully seen 100+ patients at Clacton since opening 3rd October.
- Data component of Colorectal FDS audit completed, to be ratified with operational colleagues.
- Stakeholder analysis completed, initial benefits and pathway costings calculations completed, established core working group, contact with Royal Osteoporotic Society and action plan identified for implementation of Colchester Fracture Liaison Service.
- Further Faster workbooks – initial plan identified, extensive scoping exercise completed to identify priority specialities, discussions have started with some specialities.
- Theatres, MSK and SS have been auditing consultant utilisation figures throughout Q3 resulting in 4 consultants agreeing to add 1 extra patient onto some of their lists. Improvements will be evidenced throughout February and March utilisation and productivity figures.
- GIRFT HVLC - Good practice continues with ESNEFT BADS day case rates currently within top quartile achieving 84% (latest data available from MOH) against the benchmark of 85%.
 - General surgery - 70% of Laparoscopic cholecystectomies against the national target of 71%.
 - Uroscopies - 81% achieved meeting the national target of 75%.
 - Adult Tonsillectomy - 84% achieved, against the national target of 90%.
 - Paediatric Tonsillectomy- 91% achieved meeting the national target of 90%
 - Gynae - 83% patients undergoing a vaginal hysterectomy had a length of stay of < 2 days exceeding the national target of 70%.
 - Urology - 21% of all TURBT cases exceeding the national target of 44%.
- **Right Procedure Right Place** – YTD 82 x 4-hour theatre sessions have been released and 3 pathways are in progress.


Scheme name:	02a. U&EC – Colchester																					
SRO / Support	Alison Stace (support: Shume Begum)																					
Period ending	31 December 2023																					
Intended change to be delivered by scheme.																						
<ol style="list-style-type: none"> 1. Patients are seen, treated and discharged from our Emergency Departments within 4 hours. 2. Maximum 92% Bed occupancy at all times, (<i>i.e.</i>, maximum 92% of 'available' beds occupied at any one time) 3. Average LOS per specialty, (<i>per patient, per specialty</i>) 																						
Measures	Baseline	End quarter position		Year-end target																		
Preventative: ED attendances (excluding UTC): patients aged 65 and over.	April 2023: 2,518	January 2024: 2,703 (+7.3%) – <i>Data source: PowerBI</i>		TBC																		
Front door focus: admissions discharged on the day of attendance (move from 1/5 to 1/3)	April 2023: 29.4%	January 2024: 46.8% – <i>Data source: PowerBI</i>		33%																		
Flow: Virtual ward pathways are maximised to at least 80% capacity available.	April 2023: 61.9%	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">COLCHESTER</th> <th style="text-align: center;">January 2024</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Frailty % utilisation</td> <td style="text-align: center;">92.9%</td> </tr> <tr> <td style="text-align: center;">Heart Failure % utilisation</td> <td style="text-align: center;">52.3%</td> </tr> <tr> <td style="text-align: center;">Surgical % utilisation</td> <td style="text-align: center;">36.4%</td> </tr> <tr> <td style="text-align: center;">IV abx % utilisation</td> <td style="text-align: center;">100.2%</td> </tr> <tr> <td style="text-align: center;">Respiratory % utilisation</td> <td style="text-align: center;">68.2%</td> </tr> <tr> <td style="text-align: center;">Medical % utilisation</td> <td style="text-align: center;">125.0%</td> </tr> <tr> <td style="text-align: center;">TOTAL PATIENTS ON VW</td> <td style="text-align: center;">1261</td> </tr> <tr> <td style="text-align: center;">% CAPACITY USED</td> <td style="text-align: center;">84.3%</td> </tr> </tbody> </table>		COLCHESTER	January 2024	Frailty % utilisation	92.9%	Heart Failure % utilisation	52.3%	Surgical % utilisation	36.4%	IV abx % utilisation	100.2%	Respiratory % utilisation	68.2%	Medical % utilisation	125.0%	TOTAL PATIENTS ON VW	1261	% CAPACITY USED	84.3%	ESNEFT:- 95 from Sep (+40 IV ABX) 117 from Dec (+40 IV ABX) (National expectation to achieve 80% of 117 by Dec) <i>Relies upon full funding release</i>
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– Data source: VW Sitrep

Key points from this reporting period:

Key service changes in preparation for Q4 underpinned by frequent MADE events:

- Ambulatory Emergency Care – the move of patients and resource out of ED with pathway development. This has increased our discharges as patients are admitted to AEC and then most discharged on the day
- Community at the Front Door launched mid-December. Early benefits show:
 - 134% increase in screenings
 - 32% rise in discharges from ED
 - 169% reduction in patients staying over 72 hours
- Frailty relaunched with increased visibility at the front door
 - Discharge Lounge in place
 - Increased capacity within the Unscheduled Care coordination Hub and the Urgent Community Response team to support the turnaround at the front door
- Patient Safety Tactical now in place for Q4 focusing on the “5 must dos” for Colchester:
 1. Diagnostics delays ED
 2. Surgical response to ED within 30 minutes
 3. AEC – maximise opportunity develop surgical pathways
 4. C@FD – maximise opportunity
 5. Frailty – roving model – maximise opportunity

Scheme name:	02b. Urgent & Emergency Care (IPS)				
SRO / Support	Mike Meers / John Tobin & Helena Wilson				
Period ending	31 December 2023				
Intended change to be delivered by scheme					
<ul style="list-style-type: none"> • Patients are seen, treated and discharged from our Emergency Departments within 4 hours • Maximum 92% Bed occupancy at all times, (<i>i.e. maximum 92% of 'available' beds occupied at any one time</i>) • Average LOS per specialty, (<i>per patient, per specialty</i>) 					
Measures	Baseline	End quarter position		Year-end target	
Preventative: ED attendances (excluding UTC): patients aged 65 and over	April 2023: 2,209	Oct - Dec:		TBC	
		Month	No. Patients		% diff to base line
		October	2440		10.46%
		November	2305		4.35%
		December	2428		9.91%
Front door focus: admissions discharged on the day of attendance (move from 1/5 to 1/3)	April 2023: 19.5%	Oct - Dec 2023 = 2249 / 25.25% 		33%	
Flow: Virtual ward pathways are maximised to at least 80% capacity available	TBC	IPS:-		ESNEFT:- 95 from Sep (+40 IV ABX) 117 from Dec (+40 IV ABX) (National expectation to achieve 80% of 117 by Dec) <i>Relies upon full funding release</i>	

<ul style="list-style-type: none"> Improvement to percentage of total discharges known by 16:00 for tomorrow 	<p>Early Bird Workstream</p>	<p>Awaiting data source</p>	<p>80% of all discharges known by 16:00 for tomorrow</p>
<p>Key points from this reporting period:</p> <ul style="list-style-type: none"> Tactical meetings in place, but needs increased organisational commitment New Front door pathways to SDEC being produced Business case for UTC/ED model presented to EMC and approved in principle awaiting SNEE approval Geriatrician at the front door to increase frailty visibility in ED and early identification of patients to FAB – IP to provide rota from February Increase resilience of Front door Frailty through recruitment of ACPs as Seasonal Variation Scheme, Pathway developed. Increase in GP streaming numbers Improvements for GP heralded patients coming via ED, based on evidence of Audit in October Baseline data of current SDEC being analysed to identify what good looks like. Teswt two ED SDEC pathways in February SOP being written with EEAST to facilitate SDEC referrals via UCCH Low risk transfer process implemented for medical patients embedded and surgical patients planned 			

Scheme name:	03. Quality Improvement		
SRO / Support	Angela Tillett & Sally Barber / Marie Elliott		
Period ending	31 December 2023		
Intended change to be delivered by scheme			
<ul style="list-style-type: none"> End of Life Care - To improve the care of patients who are in the last days or weeks of life and those close to them, wherever they are cared for in the Trust, including rapidly deteriorating patients reaching their preferred place of care, in a timely manner. Inequalities - Tobacco Treatment. NHS Long Term Plan – by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. 			
Measures	Baseline	End quarter position	Year-end target
<ul style="list-style-type: none"> End of Life Care - Fast Track time to discharge. Data to end September 2023. 	Patients discharged to own home – 7 days Patients discharged to care home – 10.2 days	<u>Patients discharged to own home:</u> Colchester Hospital – 4.4 days Ipswich Hospital – 6.1 days <u>Patients discharged to care home:</u> Colchester Hospital – 10.5 days Ipswich hospital – 7.8 days	<u>Patients discharged to own home</u> – 5.5 days <u>Patients discharged to care home</u> – 8.5 days
<ul style="list-style-type: none"> Tobacco treatment <u>Number of patients taking up support</u> Number of patients referred 	63 90 70%	Q3 data <u>98 took up support</u> 148 referred 66% December data not complete 322 patients have quit to date - 49%	80%
Key points from this reporting period:			
<ul style="list-style-type: none"> <u>End of Life Care - Fast Track time to discharge:</u> Data has been aligned recently, so that each site produces the same monthly data template for the month, however Site-specific reporting remains necessary, due to practical differences at each site. Rolling averages are being collated to identify themes. EoL steering group oversee reporting and actions. EOL Project lead role now filled - cross-site post. Recent visit to EoL service - NHS EoE Director of Nursing for Leadership and Quality emailed to congratulate the team on the service – some parts of which were judged to be exemplary. <u>Inequalities - Tobacco Treatment:</u> The Tobacco Treatment Programme has been embedded across both sites, delivering a 6-day service. Seeing an increase in referrals month on month. A new Tobacco Dependency Advisor has recently started to support staff, as well as parents/carers of paediatric patients. Community Pharmacy pathway established using Pharmaoutcomes. Contract with Provide & Morelife to be extended for one further year. 			

Scheme name:	04. Quality Priorities		
SRO / Support	Darren Darby & Anne Rutland / Marie Elliott		
Period ending	31 December 2023.		
Intended change to be delivered by scheme			
<ul style="list-style-type: none"> • Nutrition - Effective management and increased awareness regarding importance of nutrition, ensuring all patients receive appropriate nutrition or nutritional intervention • Dementia - To improve the care and management of patients who have Dementia, their families and their carers, wherever they are cared for in the Trust 			
Measures	Baseline	End quarter position	Year-end target
<ul style="list-style-type: none"> • MUST (Malnutrition Universal Screening Tool).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%	96%	>90%
<ul style="list-style-type: none"> • Dementia – use of ‘This is Me’ booklet for all patients with Dementia and Delirium. 	<20%	27%	50%
Key points from this reporting period:			
<ul style="list-style-type: none"> • <u>Measure 1</u> - Although the Trust average looks close to target, a small number of wards have consistently low compliance or mark N/A for the audit. Buddy auditing by wards is due to commence by April, which should provide a more representative data set and the upcoming Care Accreditation process will also encourage greater focus on nutritional care at ward level. Follow up of any low compliance/N/A scores to receive targeted intervention from nutrition steering group/division and actions to support to be reported back – agreed by Nutrition Steering Group leads. Link to divisional audits of compliance with MUST and nutrition policies, in progress. • <u>Measure 2</u>: 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. Essex University Research Team Service Improvement project ‘Dementia: Fundamentals of Care in Acute Hospital Settings’, meetings have occurred, and joint working is beginning. Colchester and Ipswich are now using aligned Audit tool. Every ward audited quarterly, and OPS wards will be audited monthly. Once information has been collated feedback will be provided directly to ward matrons/sisters. 			

Scheme name:	05. Financial Sustainability		
SRO / Support	Adrian Marr / James Rowe		
Period ending	31 December 2023		
Intended improvement to be delivered by scheme:			
<ul style="list-style-type: none"> • Financial sustainability comprises a combination of long-term planning, annual planning and in-year monitoring • The Trust submitted an initial Medium Term Financial Plan, as presented to Committee, in October 23 and this will be further iterated as national information becomes available and submission checkpoints are reached, en-route to submitting the ESNEFT 24/25 plan • Development of 24/25 plans are to be worked up and included in the Trust business planning 24/25 cycle. This ensuring reference to the Trust Strategy and Time Matters philosophy, whilst looking to align patient activity, workforce and financial elements to form the Trust business plan – first round of business planning undertaken, with second round scheduled in mid-February • Financial Sustainability Group has been established looking to review current plans and explore wider opportunities, with a focus of providing enhanced oversight of progress in relation to scheme delivery, and enablement of recurrent CIP schemes 			
Measures	Baseline	End quarter position	Year-end target
• Local Cost per WAU	107.8 (Mar 23)	113.74 (Trust November 23 Index)	102.8 (3.2% CIP + 2% productivity improvement)
• Recurrent CIP	N/A	£16m 23/24 forecast outturn (63%), and £12.5m full year effect forecast (49%) as at month 9 – further ideas generated as part of 24/25 planning	£25.4m
Key points from this reporting period:			
<ul style="list-style-type: none"> • 23/24 re-planning / H2 reset confirmation documentation submitted • Medium Term Financial Plan first version submitted • Business planning cycle documentation circulated, and first round of business planning (clinical and corporate) completed • Key themes for 24/25 business planning being; consolidation (building on successes already achieved, and also ensuring that investments that the Trust has already committed to - are as good as they can be), working smarter (maximising the return on resources expended), and financial sustainability • FSG meetings in place, with focus to date on review of tracker performance, presentation and discussion of Trust wide supporting and developed tools, and presentation of the Trust Transformational activities (current and future) - further topics planned • Indicative 24/25 CIP planning documentation and refreshed Opportunity pack circulated • To note and as emphasised in planning guidance (during 20/21 and 21/22), systems were also established as the key unit for financial allocations. In 23/24 and in to 24/25 this approach will continue to support greater collaboration and collective responsibility for financial performance. The WSFT position therefore presents additional risk to the achievement of system balance • Awaiting 24/25 national planning guidance 			

Scheme name:	06. Clinical Services Integration		
SRO / Support	Dr Shane Gordon / Andy Higby		
Period ending	31 January 2024		
Intended change to be delivered by scheme <ul style="list-style-type: none"> • Support the integration and quality improvement of services in order to drive improved clinical outcomes for patients; including contributing to reduction in inequalities in health outcomes wherever practical. • Support the reduction in unwarranted variation in care and ensure there is equitable access to high quality ENT services across the Trust's population. • Increase the sustainability of services through standardisation of patient pathways and processes. 			
Measures	Baseline	End quarter position	Year-end target
Shared initiatives - the number of shared initiatives supported through CSI projects i.e. developments in a service on both acute / community sites	0	3 <ul style="list-style-type: none"> • Repatriation of disease modifying treatments in neurology for patients from both sites being developed. • Standardisation of three tiered on-call, improved induction / training materials and shared on-call SOP for ENT • ICB-wide audiology referral 	6
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 Admin process robotic automation	3
Key points from this reporting period: <ul style="list-style-type: none"> • Projects underway with Renal and Neurology, ENT and Vascular services. • Breast service project in development. 			

Scheme name:	07. Workforce		
SRO / Support	Kate Read / Sam Thorne		
Period ending	31 December 2023		
Intended improvement to be delivered by scheme			
<p>Vacancies – The Trust has maintained a 13-15 day Time to Hire which is within our target of 15 days we are significantly performing well in this area. Dedicated recruitment campaigns for hard to fill roles, increased apprenticeships, increase talent pool will support the maintenance of low vacancy rate and time to hire. Continuing improved applicant communications and review of pre-employment processes will also assist with maintaining time to hire.</p> <ul style="list-style-type: none"> • Sickness Absence – Continued focus on bitesize training sessions to support managers dealing with short- and long-term sickness absence. Ongoing sickness review groups held on a monthly basis to focus on staff who have been absent over 3 months which includes complex cases. Absence Policy has been reviewed and strengthened to provide a more robust clearer framework for managing short term and long-term absence. • Leadership Development - <ul style="list-style-type: none"> ○ The Trust continues to offer its three-tiered Leadership programme to staff; Emerging Leader – delivered by our internal facilitation team, Engaging Leader – currently delivered in partnership with NHS Elect, and Visible Leader – currently delivered in partnership with The Kings Fund. These programmes will continue to run with Engaging Leader being brought in house towards the beginning of the summer. In addition, we have developed a suite of Management Masterclasses to support new and existing managers to develop skills in areas such as conflict resolution, managing high performing teams, supporting psychologically safe working environments, etc. These are due to start delivery at the end of February 2024. Alongside this we are working with department specialists to develop a programme of bitesize sessions to support managerial functionality for systems and processes, for example: Finance for non-finance Managers, ESR, Healthroster, H&S etc. All of these programmes are designed to equip new and existing staff with the practical and theoretical skills required of leaders within a busy NHS environment. ○ In 2024 we will be launching our 360 Supportive Leader review programme, which will complement all the work that we have achieved during 2023, this has been designed using the results from our 2022 cultural audit combined with our 2022 staff survey. Feedback facilitators will be trained to provide feedback and learning to our leaders which will be instrumental in continuing our commitment to developing them and in turn shaping our culture to be one that fully embraces the NHS People Promise. ○ My Career Matters, our talent management programme, will be piloted in some key areas of the Trust where we recognise, we need to strengthen our succession planning and improve the career prospects of our future leaders. In turn this will be rolled out across the Trust providing staff with clear career pathways they can follow, whether they wish to become a leader of people or a specialist leader in the future. 			
Measures	Baseline	End quarter position	Year-end target
• Vacancy Rate	5.2%	3.0%	<4%
• Sickness Rate	3.9%	5.4%	<4%

• Attended leadership development	12.6%	48.49%	70%
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Key points from this reporting period:

- Time to Hire remains low at 15.6 days which is significantly less than the national average 78.3 days . Establishment increased by 5.8 WTE in December to 11,065.4 WTE with a headcount of 12,412. The Trust continues to have significantly more starters than leavers overall in the majority of clinical groups and is 159 WTE ahead of plan in respect of our workforce trajectory. 19 International nurses commenced during January. Consultant and SAS vacancies have remained at 37 WTE and there is continued focus on hard to recruit consultant vacancies and utilising ACP/AHPs for some roles. We are continuing to expand the Retention Team with 1 new retention partner joining the team in January. The team is now establishing a retention programme for the whole of SNEE.

- Sickness absence remains just above target and has slightly increased compared to the previous month and remains just above target. There was an increase in Cold, Cough, Flu in month with an increase from 1.13% (November) to 1.33%. Stress, Anxiety and Depression has consistently been one of the main reason for absence and the December figure represents 1.13% of the workforce, but sign show this is now reducing - this cohort is offered support from the Wellbeing Hub. The ER, Wellbeing and O/H teams are continuing to support divisions with sickness absence. Signposting continuing by the Wellbeing Hub for staff experiencing financial hardship. Bite size training sessions focussed on sickness absence are continuing and the sickness review group continues to meet on a monthly basis and is making good progress with a focus on staff who have been absent over 3 months as well as complex cases. The Absence Policy has been reviewed and is progressing through the approval process.

- Of our 1318 managers, 642 (48.49%) have completed the leadership programmes and 101 (7.6%) are currently on the programmes. There is a further 163 currently on the waiting list. Cohorts 7 & 8 of Visible Leader are due to complete in February. Procurement for a new programme has started with a prospective provider being invited to present on Friday 2nd February. The Emerging Leader programme has been approved by CPD (Certified Professional Development) which allows the Trust to provide completion certificate to all delegates. The first cohort of this new improved programme started on 23rd January. Management Masterclasses have been opened up for bookings with the first delivery due at the end of February.

Scheme name:	08. Digital						
SRO / Support	Mike Meers / Andrea Craven						
Period ending	31 January 2024						
Intended change to be delivered by scheme							
<ul style="list-style-type: none"> The EPR is first and foremost about improving patient safety and quality of care and provides visibility of all the information and tools we need, in one place, to care for our patients in real time. ESNEFT wide Patient Portal gives people greater control and supporting improved patient outcomes and patient satisfaction. Phase 1: view appointment letters, integration with NHS App. Phase 2 – ability to book, cancel, rebook appointments, notifications and alerts, questionnaires and the ability to view all outcome letters. ESNEFT Domain brings all IT objects hosted on the RDE.local and IPSWICHHOSPITAL domains to be migrated to ESNEFT and legacy domains to be retired. This will affect every single ESNEFT staff member as it involves migrating users, workstations, applications and servers. 							
Measures	Baseline	End quarter position	Year-end target				
EPR Business Case and Tender	Strategic Outline Case approved Oct 21 Outline Business Case approved Mar 23 Tender Evaluation April to Sept 23 Full Business Case approval Dec 23 Contract finalisation Feb/Mar 24	Full Business Case received conditional support by EPRIB on 20 th December. Trust board supported the negotiated contract position on 1 st Feb, authorising delegated authority for contract signature to the DoF, pending letter from auditors. Anticipating contract award in Feb/Mar 24.	Full Business Case approved by all reviewing bodies (internal and external) – Jan 2024 Contract awarded – Feb 2024/March 2024				
Delivery of Patient Engagement Portal	N/A	0% patients engaged to use Patient Engagement Portal 51% of GP Patients 13+ registered for NHS App 76% specialties outpatient letters sent via Synertec <i>This is an increase from 63% in Oct and 70% in Nov</i>	60% of patients engaged to use Patient Engagement Portal – <i>This will not be achieved by Year End due to additional development work required. Expected to be achieved in Spring 2024</i> 68% of GP Patients 13+ registered for NHS App 100% of specialties outpatient letters sent via Synertec				
ESNEFT Domain Migration	N/A	<u>Corporate Application Users</u> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Already on ESNEFT domain</td> <td style="width: 10%; text-align: center;">318</td> <td style="width: 10%; text-align: center;">21.31%</td> <td style="width: 10%; text-align: center;">%</td> </tr> </table>	Already on ESNEFT domain	318	21.31%	%	75% of all users migrated by March 2024
Already on ESNEFT domain	318	21.31%	%				

		Additional migrations	1003	67.23%	100% of all users and applications migrated to ESNEFT domain by June 2024
		Require remediation	171	11.46%	
		Total	1492		
		<u>Clinical Application Users</u>			100% applications remediated by Dec 2023
		Already on ESNEFT domain	668	6.25%	
		Additional migrations	1463	13.70%	
		Require remediation	8385	78.50%	
		Total	10682		
		Total ESNEFT users migrated	3452	28.36%	
		Total ESNEFT users	12174		
		<u>Applications</u>			
		Applications remediated (92%)	53	98.15%	
		Total Applications	54		

Key points from this reporting period:

Measure 1 – EPR

Presentation of EPR FBC to EPRIB on 20th December was well received – conditional approval given. Conditions of approval set by EPRIB are being worked through. They were centred around the following areas to be satisfied by Feb/Mar: Hosting arrangements, Benefits Realisation Plans, Contractual, Finance, Hosting and roadmap to cloud.

New Programme board governance received EMC support.

Contract finalisation in due in Feb/March pending receipt of Auditor letter.

Reviewing measures in place for Epic's "Phase 0 checklist"

Staff engagement re allocation of roles nearing completion.

Recruitment to key roles – on going, in particular to CPIO post and technical Hosting team

Programme team training cycle planning for May to June (5 week cycle). This commences the clock to support Oct 25 go live.

Measure 2 – Patient Engagement Portal

Further onboarding of specialities to Synertec. Currently at 76%

The development required to address the issue of 2 PAS ID's has been delayed until end of February (from January).

HL7 integration testing planned for next period.

Configuration of surveys on PEP is under review
PEP patient support team to be established in 2024

Measure 3 – ESNEFT Domain

Final migrations of 2023 completed – Critical Care CH & IH

Accelerated deployment/ 'big bang' strategy approved in principle by Project Steering Board – pending support by ELT/EMC in Feb 24.

Provisionally scheduled for w/c 11th and 18th March

Big bang comms in preparation ready for issuing. Support team arrangements being finalised (floorwalkers recruited/trained). Collaboration with key clinical services to tailor migration plan and mitigate risks.

* Please note completed migration figures for Dec 23 include 219 clinical staff for both sites (critical care).

Scheme name:	09. Logistics		
SRO / Support	Michael Fuller / Harry Nyantakyi / Simon McCarthy		
Period ending	31 December 2023		
Intended improvement to be delivered by scheme:			
<ul style="list-style-type: none"> • ALLCAS (Ipswich) reduction: A switch to RAS (Referral Assessment Service) to eliminate the ALLCAS referral process thus reducing data quality errors. • Workplace Management Solution: Improved space utilisation of hot-desks and rooms throughout the Trust via sensor monitoring equipment. • Synertec: Transition letter communication to patients from in-house postage & franking to Synertec resulting in a reduction in costs of postage and franking across the Trust. • Netcall Data Analysis: To inform the Trust on the levels of abandoned phone calls (baseline to be determined). 			
Measures	Baseline	End quarter position	Year-end target
1. Progress towards elimination of “ghost bookings”. Target = zero ghost bookings by 31 March 2024.	17,042	16,199	0
2. Percentage utilisation of monitored Trust space.	50%	Ipswich = 20.2% Colchester = 27.0% Clacton = 26.6% Harwich = 24.7%	Ipswich = 50% & Colchester = 60%
3. Transition from in-house postage/franking to Synertec.		Ipswich = 49.7% Colchester = 40.0%	TBD
4. Netcall data analysis to identify areas of the Trust where abandoned calls are most prevalent.	TBD	Ipswich = 15.9% Colchester = 28.3%	TBD
Key points from this reporting period:			
<ul style="list-style-type: none"> • ALLCAS (Ipswich) reduction: - RAS pilot scheme planned for Trust-wide rollout Q4 2024. Testing to commence with systems and identified services for pilot, with continuation of rollout planned for service-by-service delivery. • Workplace Management Solution: - <ol style="list-style-type: none"> a. We have learnt how to programme our own sensors – FM Systems have confirmed that further training will be provided at Allington House on 20th February 2024. Further Administrator training will also be provided by FM Systems to Steering Board members, so we can upload our site plans to the system. Once the second batch of sensor training is complete, we will have further capability to roll out our own sensors to more community sites including Hartismere, Bluebird Lodge, Felixstowe Hospital and Aldeburgh Hospital. b. We’ve yet to roll-out Outpatient areas for both Ipswich and Colchester (Phase 3 of project plan), however, this will be scheduled once training is complete. c. We are in the process of adopting Service Desk support for BAU. d. There are several sensors that are currently off-line, which are being investigated by FM Systems. e. Further work is ongoing to move across all those using Outlook calendars to the room/hot desk booking platform. 			

- **Synertec:** To transition our letter communication to patients from in-house postage & franking to Synertec resulting in a reduction in costs of postage and franking across the Trust. Currently in the gathering stage of templates, clinical communication, and additional leaflets from clinics not using Synertec – 74% complete.
- **Netcall Data Analysis:** To determine the levels of abandoned phone calls to improve the experience of patients/relatives when communicating with the Trust (baseline to be determined).

Scheme name:	10. IPS&ES Community Services		
SRO / Support	Paul Little/Rebecca Walker		
Period ending	January 2024		
Intended improvement to be delivered by scheme.			
<ul style="list-style-type: none"> • Provide responsive support to patients in a timely fashion, allowing them to receive care in their own home, promoting admission avoidance. • Ensuring that patients receive preventative, enabling, and holistic care, to reduce demands on services due to avoidable admissions and future system demand. • Ensuring that patients at community hospitals receive reablement care which maximises their opportunity to return home where able. 			
Measures	Baseline	End quarter position	Year-end target
5. Virtual Ward - % of accepted referrals	NA	100% (all referrals currently accepted, 78 in December 2023)	100%
6. UCR - % of referrals receiving a 2-hour response	70% (national target)	90.14% (December 23)	70% (national target), 90% (aspirational target)
7. Cleric - % of accepted referrals	NA	71% accepted (178 out of 249 referrals)	90%
Key points from this reporting period:			
<ul style="list-style-type: none"> • 100% of patients at our community hospitals had a Barthel score on admission and discharge with 96% showing an improvement in their score, and therefore an improvement in their ability to perform activities of daily living. 62 of the 70 patients showing an improvement were able to return home following discharge. • Virtual Ward acceptance rates have maintained at 100% with appropriate referrals being moved onto the Virtual wards. The Frailty Virtual Ward in Ipswich East Suffolk accepted 32 new referrals in December 2023, with an average LOS of 7.6 days and 243 saved bed day (in December 2023) • REACT responded to 416 UCR referrals in December 2023 with 375 being seen within the 2-hour target (90%). REACT have consistently met, and exceeded, the 70% target throughout the year. • REACT have continued to support the Cleric initiative, seeing 178 ambulance referrals being responded to by the REACT multi-agency UCR team, achieving a 71% acceptance rate. REACT achieved a 77% non-conveyance rate with these calls. 			

Scheme name:	11. Community Services (NEECS)
SRO / Support	Alison Stace / Denise Peggs
Period ending	31 December 2023

Intended change to be delivered by scheme

- Increase support to people to stay healthy without the need of community services, focussing our efforts to tackle health inequalities and increasing resource to the areas that need it most.
- Ensuring that patients receive preventative, enabling and holistic care, to reduce severity of frailty and reduce demands on services due to avoidable admissions.

Measures	Baseline	End quarter position	Year-end target
• Percentage of patients with a maintained or improved EQ5D score	82% (2022/23)	84.5%	85%
• % utilisation rates for Virtual Ward	65% (Apr 23)	89.4% (Q3)	80%
• % acceptance rates for UCRS (CLERIC)	87% (Apr 23)	82%	90%

Key points from this reporting period:

- The Division is focussed on not only increasing the percentage of patients with a maintained or improved EQ5D score, but also ensuring that this score is collected for an increasing number of patients. Whilst the percentage of patients with a maintained or improved EQ5D score fell slightly from the end of Q3 (88% to 84.5%), the number of patients for whom a score has been recorded has increased significantly (a 70% increase between Sep 23 and Dec 23).
- Overall utilisation rates for the NEECS Virtual Wards has exceeded the year-end target and includes 117% utilisation of the Frailty Virtual Ward in Q3.
- URCS (Cleric) acceptance rates remained stable at 82% in December, retaining position as second highest in the region, despite the number of referrals received being the highest so far this year. Performance against the 2-hour response standard continued to exceed the 70% target, seeing over 90% of patients within 2 hours. On average across the 3 quarters of this year, acceptance rates have remained relatively static (85.8% Q1; 88.93% Q2; 87.78% Q3), although the number of accepted referrals has increased significantly (145 Q1; 257 Q2; 352 Q3).
- Between April and December 2023, the NEECS Admission Avoidance Services (including C@FD, UCRS, Frailty & Virtual Ward) collectively avoided an estimated 5500 admissions. These services are essential in supporting system flow however core funding for each service is small and their impact in 2023/24 has been reliant on additional, non-recurrent funding. Whilst business cases are being submitted, no additional funding has yet been confirmed for 2024/25.

Scheme name:	12. Building for Better Care Schemes in scope: Clacton Hospital – Podiatry & Endoscopy; Colchester Acute Site – Villa 4 & Elective Orthopaedic Centre (DCMB); Ipswich Acute Site – Child Health & ED / UTC / Theatres / POCU		
SRO / Support	Nick Sammons / Mark Johnston-Wood		
Period ending	31 December 2023		
Intended change to be delivered by scheme <ul style="list-style-type: none"> • Clacton Hospital <ul style="list-style-type: none"> ○ Relocation of the Podiatry service from the Reckitt Lodge Building at Clacton Hospital into compliant clinical accommodation ○ Two-room endoscopy facility to compliment the Clacton CDC. • Colchester Hospital <ul style="list-style-type: none"> ○ Refurbish Villa 4 to roll out the Electronic Patient Record Project (EPR), first floor will be a lecture style training facility and the ground floor will be used for scenario training in clinic rooms ○ New Elective Orthopaedic Centre (Dame Clare Marx Building) including eight theatres and three wards (72 beds) • Ipswich Hospital <ul style="list-style-type: none"> ○ The redevelopment of the Children’s Department including the remodel/ refurbishment of existing areas, as well as the construction of a new glazed entrance to the ward, and an extension to infill of an external courtyard for service expansion ○ New UTC department, refurbishment of existing areas to create new ED, first floor fit out for three new laparoscopic theatres including the creation of POCU in existing Lavender Theatre 			
Measures	Baseline	End quarter position	Year-end target
% schemes on time	N/A	75% (6 from 8)	80%
% schemes on budget	N/A	88% (7 from 8)	80%
% schemes on specification	N/A	100% (8 from 8)	100% (8 from 8)
Key points from this reporting period:			

Colchester

- EOC – Construction programme due to be complete 29th April 2024. Working through commissioning and transition programme. UKPN Cable to be resolved in January with no impact to the hospital site
- Elmstead Enabling Works – Rear link corridor, staff welfare and admin office due for completion 9th February. Phase 2 including Endoscopy demolition and EOC drop off area due to be completed by EOC opening on 5th August
- Villa 4 – Due for completion and handover on 29th January 2024.
- Endoscopy – Contractor appointed and due to start on site 4th March.

Ipswich

- ED/UTC Theatres – Theatre and POCU fit out well progressed. Delay in programme due to changes to fire and ventilation strategy. Mitigating impact by proposed early handback of Coral Theatre subject to IPC approval in April.
- Child Health Centre – Phase 2 complete and operational on 19th December. Phase 3 due to commence in early January

Clacton

- Podiatry handed over and operational.
- Endoscopy complete, handed over. Due to go live in January 2024.
- Access & Car Park Improvement – Reckitt's Lodge demolition commenced before Christmas.