

Trust Board

Thursday, 3rd November 2022

Report Title:	Strategy implementation programme update
Executive/NED Lead:	Dr Shane Gordon, Director of Strategy
Report author(s):	Dr Shane Gordon
Previously considered by:	EMC

Approval Discussion Information Assurance

BAF Risks: (4) Transformation, (7) COVID recovery

Executive summary

Key points to note are:

a. Strategy

- Strategies in development
 - i. clinical strategy: Q4 2022/23. Board workshop, including DMT members, today.
 - ii. quality strategy refresh: Q3 2022/23
 - iii. ICT strategy refresh: Q4 2022/23

b. Integrated Care System (ICS)

- i. Development of ICS 5-year strategy and 5-year Joint Forward Plan (JFP) underway. Expected completion in Q4.

c. Provider collaboration

- Following the recommendations from our Board-to-Board on 6th October, the first collaborative Board paper is included in both the ESNEFT and WSFT public Boards this month.
- Our urology service has been approached by NHSE to undertake some specialised cancer treatments on behalf of MSE.

d. Community Diagnostic Centres (CDC)

- Ipswich CDC – financial option appraisal is under way. Presentation of the hybrid OBC / FBC is anticipated in December.
- It would be helpful to review the OBC/FBC with the non-executive subgroup prior to the December Board.

e. Building for Better Care programme (BFBC)

- **Emergency care (Stream 1) – ED at Colchester**
 - i. Construction delays are reported. Completion date now estimated as Q4 2022/23.
- **Elective care (Stream 2) – Dame Clare Marx Building**
 - i. The contract with MTX was signed on 26th October.
- **TIF funded laparoscopic theatres at Ipswich**
 - i. Legal advice has been received regarding the extension of the existing ED/UTC construction contract to encompass building these theatres. This is necessary to avoid lengthy delay in construction but is a substantial contract value. The advice is that we are able to include this work as a contract variation.
 - ii. This approach does not remove the risk of legal challenge from other construction companies. The Board should note this risk.
- **Project completions**
 - i. Ipswich Ophthalmology - live
 - ii. Colchester Children's ED – go-live 7th November
 - iii. Ipswich Breast Care – go-live 3rd Jan (screening) / 6th Feb

f. Quarterly strategy briefing

- The briefing was circulated this month.

g. Matters for escalation to Board / Committee

- Note the legal advice and risk of challenge associated with the contract extension to the ED/UTC works to include the laparoscopic theatres.
- Re-date Colchester ED completion as Q4.

Appendices

1. Strategy implementation programme highlight report – for information

Action Required of the Board/Committee
<p>The Board are recommended to:</p> <ol style="list-style-type: none"> 1. note the progress of these strategic plans and matters for escalation 2. agree the review of the Ipswich CDC business case by the non-executive subgroup towards the end of November

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

Risk Implications for the Trust (including any clinical and financial consequences)	<p>Delays to the approval timetable would push back the delivery of benefits, particularly elective waiting times.</p> <p>Direct awards and contract extensions may attract procurement challenges from other contractors.</p>
Trust Risk Appetite	<p>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.</p>

Legal and regulatory implications (including links to CQC outcomes, Monitor, inspections, audits, etc)	The design will need to comply with new infection prevention and control requirements.
Financial Implications	Development of the EOC and day-surgery at Colchester Hospital are one of two streams

	supported by £69.3m central capital funding. The total programme is currently estimated at c£91m and there are commitments from the Trust capital programme over the next 4 years.
Equality and Diversity	Equality impact assessment is undertaken for each scheme separately. There are no plans in this programme that will impinge on the rights of staff of patients / carers under current legislation.

Appendix 1 – Strategy implementation programme highlight report

Milestone status

Recent and near-term milestones

Theme	Milestone	Due date	BRAG
Strategy development	Trust strategy approved by board	March 2019	Completed
	Quality strategy approved by board	August 2019	Completed
	Estates strategy approved by board	October 2019	Completed
	Communications strategy approved by board	November 2019	Completed
	R&I strategy approved by board	November 2019	Completed
	ICT strategy approved by board	December 2019	Completed
	People strategy approved by board	Q4 2019-20	Completed
	Informatics strategy approved by board	Q4 2019-20	Completed
	Strategy refresh	Q3 2020-21	Completed
	Strategic plan & success measures	Q3 2020-21	Completed
	Clinical strategy framework	Q1 2021-22	Completed
	Clinical strategy	Q4 2022-23	On track
	Quality strategy refresh	Q3 2022-23	On track
	Diagnostic strategy	Q3 2021-22	Completed
Building for better care	Stream 1 SOC (revised) to Trust board	June 2019	Completed
	Stream 1 SOC approved by NHSI/E	October 2019	Completed
	Stream 1 MRI OBC/FBC to Trust board	June 2019	Completed
	Stream 1 Emergency Care OBC to Trust board	July 2019	Completed
	Stream 1 revised OBC MRI approved by NHSI/E	Q1 2020-21	Completed
	Stream 1 revised OBC Emergency Care approved by NHSI/E	Q1 2020-21	Completed
	Stream 1 FBC to Trust board	Q4 2020-21	Completed
	Stream 1 opening of new ED / Assessment Units at Colchester	Q3 2022-23 Phase 1 completed Oct 2022	At risk ¹
	Stream 1 opening of new ED at Ipswich	Q1 2024-25	On track
	Stream 1 opening of new UTC at Ipswich	Q3 2023-24	On track
	Stream 2 pre-consultation business case approved by Trust board	Q3 2019-20	Completed
	Stream 2 public consultation	Q4 2019-20	Completed
	Stream 2 OBC to Trust board	Q2 2021-22	Completed
	Stream 2 OBC approved by NHSEI	Q2 2021-22	Completed
	Stream 2 FBC to Trust board	Q4 2021-22	Completed
Stream 2 FBC approved by NHSEI	Q4 2021-22	Completed	

TIF DCMB additional ward / theatres approved by NHSEI	Q1 2022-23	Completed
TIF laparoscopic theatres approved by NHSEI	Q1 2022-23	Completed
DCMB contract signed with MTX	Q3 2022-23	Completed
DCMB building completed	Q1/Q2 2024-25	On track
Ipswich laparoscopic theatres (above UTC)	Q4 2023-24	On track
Ipswich Child Health development	Q4 2023-24	On track
Ipswich Breast Care development	Q3 2022-23	On track
Ipswich ophthalmology development	Q2 2022-23	Completed
Acquisition of Clacton Hospital NHSPS property	Q4 2022-23	On track

Notes

1. Now estimated as Q4.

Key activities since last report

The following key activities have taken place since the last report:

Programme governance & engagement

- Building for Better Care programme board is meeting monthly.
- The elective care working group is meeting weekly.
- BFBC stream 1 is overseen by the Urgent Care programme board and stream 2 by the Elective Care programme board.

Building for Better Care business cases (STP capital)

- Construction of the Dame Clare Marx Building is progressing to the revised timetable.

Next activities

- Quality Strategy – redated to Q3 2022/23.
- ICT strategy – Q4 2022/23

Current issues

- Delays to capital projects as detailed above.

Change requests

- None

Programme risks

New and changed risks

The following emerging risks were identified:

None

The following risks were closed:

None

The following risk scores were revised:

None

Risks likely to change:

None

Current moderate-to-high risks

Risk or Issue Description	Current risk score	Potential or Actual Impact to Programme
Risk (SPMO9): Estates developments from the STP capital investment could detract from transformation	8 (14xL2)	If Staff solely focus on the developments of the STP capital estates developments to deliver change then it will result in less attention of staff being applied to the transformation of clinical services, and the need to work differently now and in the intervening periods before the new builds are complete with the impact of not delivering clinical service performance improvements and quality of care.
Risk (SPMO10): Comms & engagement risk	6 (13XL2)	If ESNEFT Operational teams cannot create capacity to deliver transformational change, with a commitment to engagement and public consultation activities then this lack of capacity to engage in projects in a timely manner will become a barrier to effective delivery of the Trust Strategy, which would impact the Trust's ability to deliver its objectives in the planned timescales.
Risk (SPMO14): Failure to implement a combined strategy for integration with alliance partners (Datix ID 616)	8 (14XL2)	"Overarching programme risk on Datix: If we fail to implement a combined strategy for integration with alliance partners, then we will not deliver the ICS ambitions to limit growth in acute activity and this fail to deliver ESNEFT strategic objectives"
Risk (TBC): capital planning	16 (14xL4)	Due to late approval of capital bids and slippage of existing projects, capital plans for 2023-24 currently exceed available capital allocations. Review of the capital programme from 2023-24 to 2025-26 is required.