<table>
<thead>
<tr>
<th>Turnaround Board Update</th>
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<tr>
<td>Keogh Programme</td>
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<td>Retrospective Review Programme</td>
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<tr>
<td>Emergency Care Programme</td>
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<tr>
<td>Referral to Treatment (&quot;RTT&quot;) Programme</td>
<td>8</td>
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<tr>
<td>Cost Improvement Programme (&quot;CIP&quot;) Summary</td>
<td>9 - 10</td>
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<tr>
<td>Individual CIP Programme updates</td>
<td>11 - 14</td>
</tr>
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</table>
Key Points

- The Turnaround Programme has continued to progress through weekly Programme Steering Groups (PSGs) and Turnaround Board meetings.
- The CIP steering group has been disbanded, with governance over CIP programmes going through the Turnaround Programme Board. A rota has been created for programmes to present in detail to Turnaround Board on their progress through development and current estimates for FY15 (and FY16) delivery, allowing the Board to get assurance over progress.
- 14 “large” CIP schemes have been identified, each of which now has programme teams, and many of which have individual steering groups attended by the PMO.
- CIP schemes are submitting plans for review and if sufficiently complete are being progressed to QIA review. A launch event is currently being planned as well as a communications strategy.
- The Trust is working towards completion of the Financial Recovery Plan for submission to Monitor. This will include the developed CIP plans.
- PMO assessment of progress of individual CIPs (detailed later in this report) will start in the w/c 9/6/14 on a similar basis to the quality workstreams.
- There remain two PMO support roles which need to be substantively recruited (or failing this filled with interim resource having unsuccessfully been to market twice for these positions.

Turnaround Programme assessment

1. **Keogh improves to Amber**. Dates have been revised following approval by Executive Leads, however Steering Groups have not been quorate in recent weeks and there remains a concern that revised completion dates might become out-dated and actions turn red or amber, again.

2. **Cancer Services remains rated Amber**. The Steering Group and PMO are currently reviewing the status of every action, to ensure all are appropriately rated (using BRAG scale), and also sufficiently evidenced where required. There has been positive feedback on peer reviews (all rated green), with one outstanding to be scheduled.

3. **Cancer Retrospective remains rated Amber**. The revised date for completion of the retrospective review has been signed off by IMT Gold. There are concerns remain in securing extensions of auditors and external consultants, which could impact on delivery against the revised timeline. Further, the PSG does not have clarity yet on the expected time which will be required for future audits, and therefore is unable to present a trajectory to work forwards.

4. **Emergency Care is Red rated**. Steering Groups have been moved to fortnightly, and it has been agreed that the steering group will now include the Length of Stay CIP programme. There are concerns over how well this is working, and also assurance required to ensure that items do not fall through gaps, given the merging of a quality and CIP workstream, being led by a CIP focused project manager.

5. **Referral to Treatment is Amber rated**. Reference Groups have been set up and all have met to progress actions. Steering Groups have been moved to fortnightly, however the past two Steering Groups have been cancelled due to lack of attendance. Having said this, the Turnaround Programme has received assurance over progress through separate meetings. It was agreed at the last Steering Group that RTT will encompass responsibility for the Outpatients CIP, and assurance is required as to how this will function going forward.

6. **Living within our Means (CIPs) is Red rated**. CIP development is progressing, with half of the “large” 14 programmes submitting plans for review. However, five required re-working, and have been sent back to programme teams. Remaining plans are expected over the course of the next week. A kick-off event is being planned for mid-June, to ensure Trust wide buy-in to schemes, as well as encouraging ownership and maintaining momentum.

Programme self assessment (as reflected in the pages that follow)

<table>
<thead>
<tr>
<th>Programme</th>
<th>Plan Development</th>
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<td></td>
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<td></td>
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<td>Stakeholders engaged / managed</td>
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<td>Emergency Care</td>
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<td>A</td>
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<tr>
<td>Referral To Treatment</td>
<td>12</td>
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</table>

Key:
- Blue: Item complete
- Red: Not commenced, limited progress made or at risk
- Amber: Some progress or some issues experience (but in hand). Some slippage but within tolerable variance.
- Green: Item on track for delivery within timescales

NOTE: The BRAG rating is based on an assessment of the overall development and delivery progress for the programme as a whole.
Position of action plans compared to prior month
Progress

- The programme has an overall rating of **Amber**
- The objective of the Keogh Programme is to implement the actions of the Rapid Response Review
- The plan action due dates have been refreshed to reflect the Executive owners revised timelines, and greater detail has been added to the supporting actions to add granularity and deliverability more transparent
- The NHS Choices Keogh update has been amended to include greater transparency on what has been delivered to date and the BRAG status has been reviewed and amended by the new CEO to reflect her level of confidence on delivery to date
- The new CEO will be reviewing with the Monitor Improvement Director, the Trust Board and the CCG the approach to be taken to moving to a single improvement plan. Work to restructure the plan has therefore been suspended until the agreement is reached on the way forward

Risks / Issues

- Project milestones and deadlines have been updated, noting that some are no longer relevant due to greater clarity and understanding of issues since the original Keogh visit in 2013 and some should move to standard operating procedures

Next steps

- Maintain progress and reporting against current plan until such time as an agreed approach to moving to a Trust single improvement plan
- Continue to add granular detail to the plan’s supporting actions, ensuring they align (where necessary) with the refreshed timescales to ensure delivery
Progress

- The programme has an overall rating of Amber.
- Brain/Central Nervous System pathway revisited 20 May – pathway assured (Green rating).
- Lead Cancer Nurse post re-advertised, closing date 6 June – interview date 30 June.
- Review of Cancer Services workload. The Clinical Nurse Specialist case load work programme has been developed and is in draft form, support from Strategic Clinical Network and Cancer Action Plan Project Manager to deliver this work stream over 12 weeks from beginning of June. The work relating to medical workforce is being considered with support from Royal Marsden – completion deadline to be revised.
- Trust Cancer Access Policy – trust wide access policy is with PDAC, Cancer section to be reviewed to ensure reflects national policy and Cancer Waiting Times Guidance.
- Protocols written for MDT Co-ordinators – timetable slipped as a result of lack of administrative support.
- Phase 2 Somerset Implementation Plan – presented to Cancer Board. 4 specialities implemented (Breast MDT, Head & Neck MDT, Brain/CNS MDT, Gynae MDT).
- Continuous Quality Improvement Programme presented to Cancer Board – May 14. Consultant Gynaecology post became vacant on 31 May due to retirement, locum cover agreed for the immediate future.

Risks / Issues

- Failure to appoint Lead Cancer Nurse – impact on work programme relating to this role.
- Consultant Dermatology, Specialist Registrar and Clinical Nurse Specialist posts are out for recruitment, no suitable applicants from previous advert.
- Support for Head and Neck – single-handed Clinician.
- Clinical capacity in Gastroenterology and Dermatology.
- Administrative capacity in Cancer Hub.

Performance – total actions 334 (*334 last month)

Left column: Prior month (faded colour)  Right column: Current month (block colour)

Next steps

- Lead Cancer Nurse – interview date 30 June.
- Skin peer review revisit, date of visit yet to be confirmed.
- 2ww referral forms being finalised – expected to be on Trust website mid June.
- MDT Co-ordinator/Data clerk e-learning module – options for delivery being explored.
- Written Protocols for MDT Co-ordinators – requires dedicated admin support to work with MDTC/Data Clerk team.
- Review of MDT coordinator’s work load – linked to development of written protocols above – additional 5.26 wte.
- MDT Co-ordinator/Data Clerk’s recruited and in post. Only vacant post is Band 5 Team Leader.
- MDTs planned for Somerset implementation during June: Lower GI MDT, Cancer Unknown Primary MDT, Sarcoma MDT.
- Failsafe process for Endoscopy (patients who DNA, cancel or test failure) to be developed with Cancer Hub (similar to Radiology process).

* Incorrectly reported last month as 330 actions.
Progress

- The programme is rated **Amber** as TPB, the Assurance Panel and Gold have agreed to new milestones including case note review completed - 30 August; external review - 8 September; and final report - 20-27 October
- A communications meeting with stakeholders and a Trust editorial board is being arranged to agree a way forward on publication of the final report
- **CWT Error Rate audit** completed and report drafted
  - Assurance Panel review on 10 May concluded no case warranted referral to police against agreed criteria
  - Trust actions arising include updated policies in CXR reporting and anaesthetic assessment, letter written to GP and referral for SI. Other relevant actions in cancer action plan.
  - The Marsden external CWT expert has completed review of 10% sample and report awaited
- **Long Wait Audit (patients waiting over 91 days)** – 238 of 246 case notes reviewed of which 15 (of 30) have had clinician input
  - Clinical time of 2PAs/week secured and another 1PA potentially on offer; all MDT leads emailed by Medical Director to ask for support with response from surgery (completed), breast and haematology
  - 2 cases referred for SI
- **Delayed diagnosis audit** involves patients where one pathway was stopped and patient readmitted on another within 90 days - 11 of 334 cases reviewed

Risks / Issues

- Consider the consequence of extending time lines (e.g. resource etc.)
- Assurance panel requests for additional analysis post case review
- Outcome of each audit, including external review, may necessitate further lines of enquiry

Next steps

- Identify the impact of extending deadlines and monitor the revised trajectory
- Secure the team and two nurses on light duties for the extended period
- Identify and recommend corrective action where required on CWT and clinical pathways
- Continue to secure clinician input as required e.g. from urologists for remaining audits
- Complete process for developing upper GI and urology templates and pilot
- Complete protocol for audit of improvement in error rate
- Plan for comms. meetings and establish editorial board
- Complete report on the CWT error rate and start draft on long waits
Progress

• The programme has an overall rating of Amber
• Changes in EC Programme Plan to make it more focused and embedded into the organisation. This proposal has been agreed by the Turnaround Board and has now been implemented. Working groups have started meeting and reporting to EC Steering Group.
• Achieved the ED target (95.02%) in May 2014
• An Emergency Care Programme web page has been set up to inform Trust staff of programme progress and min developments
• Procedure for Monitoring of DTOC’s has been approved and uploaded in Trust Intranet. This allows the Trust to be compliant with National Guidance
• Choice of Accommodation Policy has been approved and uploaded in Trust Intranet. This will allow the Trust to move patients from acute beds when they do no longer need acute care, to an interim placements if the patient’s preferred choice is not available
• Criteria led Discharge has been approved and uploaded in Trust Intranet. This will allow senior nurses and AHP’s to discharge patients based on a clinical criteria set by the consultant
• A training and support programme on discharge planning for ward teams has been developed and will start rolling out on the week starting 9 June 2014. This programme will be delivered by CHUFT and Essex County Council in partnership
• Care Bundles: COPD is ready to launch; Community Acquired Pneumonia is in development; UTI - no progress to date
• CHUFT attended a half day workshop on the 22 May led by NEECCG and Essex County Council regarding the planning for 7 days working. will inform the 7 day planning in the Trust
• Work is progressing on medical cover for the hospital out of hours. This work is being led by Dr Ian Gooding and will report to EC Steering Group by middle of June 2014
• First draft of Acute Care Strategy has been presented to EC Steering Group on the 29th May 2014. To be discussed in Divisions and to re-present to ECST on 12 June

Risks / Issues

• Lack of management capacity to deliver actions in view of conflicting priorities
• ED Nursing Establishment - insufficient nursing staff to meet patient demand
• Lack of Consultant engagement in the implementation of the SAFER Flow Bundle
• Loss of momentum in the programme delivery due to delays in agreeing leadership for working groups

Next steps

• Embed the new programme structure and provide working groups with required support to deliver actions and monitor outcomes
• Integration with CIP work stream/s in particular Length of Stay
• To start the full implementation of SAFER Flow Bundle in Darcy, Nayland and Aldham Wards
• To implement the recommendations of Health Assessment Team Review
• To start the integration of the Health Assessment Team and Hospital Social Services Team
• To progress the work on 7 days working and care out of hours
• To start delivering the Training Programme on Discharge Planning to the wards
• To progress the review of Continuing Health Care Pathways
• To finalise Acute Care Strategy

Performance – total actions 153 (149 last month)
Progress

- The programme has an overall rating of Amber
- Access policy reviewed and approved by PDAC
- RTT training plan completed, training started on 05 June and will run until July
- All reference groups are working on their actions and updating on progress. Access reference group will be moving onto the operational process changes required to support RTT from June
- CCG representation remains consistent and issues are addressed. GP engagement needs prioritised within the programme during June. Training offered to the community service
- RTT trajectories have been updated for Q2, Q3 and 4 will be addressed by end of Q1
- Capacity and Demand toolkits are on track to be delivered for all specialties by end of Q1
- Standard operating procedures completed for the contact centre/Paeds/Gynae and the reminder are on track to be delivered as per plan

Risks / Issues

- Lack of resources to facilitate the work required within RTT
- On-going capacity issues remain a challenge within surgery and medicine - plans in place and being monitored weekly
- Clinical Portal issues/risks on RTT management and reporting identified

Next steps

- Access Policy and RTT training to start in June – sessions are booked up and additional sessions offered to the community services and the Clacton and Halstead sites
- Specialty specific process mapping for Neurology/Urology and ENT underway and clinical meetings held or in the diary
- PCI audits required to demonstrate where improvements need to be made to outcome of clinics and data capture
- Diagnostics and the Endoscopy reference group have met and have agreed actions required

Performance – total actions 170 (last month 136)

Left column: Prior month (faded colour)  Right column: Current month (block colour)
Progress

- The risk to Planning and Development is rated Red, the risk to Delivery of CIPs is currently Red
- Seven plans were submitted to deadline on the 30 May 2014
- Two plans (Theatres and Operational Support) were assessed as fit to continue for QIA review (with some additions). The remaining five all require significant further work
- Steering Groups for individual work streams are being set up
- CIP/PMO team providing intensive support to progress plans
- Additional management support to Medical Productivity, Theatres and Length of Stay have started within the Trust
- PwC support to workstreams as agreed and are progressing
- Workstreams to report to the Turnaround Board
- Specific schemes expecting to progress now total £11m, including individual divisional schemes

Risks / Issues

- Divisional and Executive capacity to deliver projects
- Divisional and Clinical buy-in to projects
- Reliance upon temporary staff

Next steps

- Development plans to be finalised and implementation to continue/begin
- Establish robust governance via the Programme Steering Group structure
- Amber and Red RAG rated schemes to be progressed to Green/Amber ratings
- Divisional accountability to be worked through
- Further ideas identification required
- Realisation of benefits identified
- Delivery of robust Financial Recovery Plan to Monitor by 30 June
- Key messages summary to be provided to Divisional Directors on a weekly basis
# CIP Programme Dashboard

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<th>Programme Director</th>
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Colchester Hospital University  
NHS Foundation Trust

**Cost Improvement (“CIPs”) Programme**

### Estates Optimisation – Ian O’Connor

**Progress**
- The PID has been approved by TPB
- Implementation has commenced to plan so far
- Regular progress meetings being held
- QIA and plan developed awaiting approval by TPB.

**Risks / Issues**
- Energy price increases
- Lack of buy-in to reduce energy consumption
- Slippage on transfer of services from ECH

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<th>Milestones</th>
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<td>2) Fully resourced team?</td>
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<td>8) PwC Support?</td>
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### Next Steps
- CIP development plan to be reworked and resubmitted

### Facilities Optimisation – Ian O’Connor

**Progress**
- The PID has been approved by TPB
- Regular progress meetings being held
- QIA and plan developed awaiting approval by TPB.
- Housekeeping host service reviews commenced
- FM contracts and retail catering reviews commenced

**Risks / Issues**
- Lack of Clinical support for FM initiatives
- Falling Standards of cleanliness
- Higher rates of infection
- Lack of FM staff engagement
- Increase in staff car parking impact
- Restaurant opening hours impact
- Portering response times
- Temporary staff costs

### Next Steps
- CIP development plan to be reworked and resubmitted
- Consultation on changes
- 1/2 year audit scores
- HICCC will record incidences
- Consultation on changes/processes
- Staff informed of increase and date agreed to take affect
- Business case approval

### Procurement & Supply Chain Transformation – Ian O’Connor

**Progress**
- Team is in place
- 41 projects identified
- Spend analytics in progress
- 19 projects reported in savings tracker
- To date £0.3m full year delivered savings reported with full year forecast £1.25m
- Core & steering groups established

**Risks / Issues**
- Divisional buy-in to projects
- Duplication of reported savings
- Delay in National contract awards
- Process delays for internal sign off on projects
- Implementation lead times could effect outcome

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<td>8) PwC Support?</td>
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### Next Steps
- CIP development plan to be reworked with more project milestones detail
- Plan to be completed and submitted for sign off by w/e 7 June

### Pharmacy Procurement – Gillian Urwin

**Progress**
- External review has been undertaken
- Original 8 schemes have been condensed to 7 (VAT saving scheme removed) until feedback from the external review assessed
- Efficiency savings (relating to the Transformation project £104k) have been achieved in M1

**Risks / Issues**
- Initial feedback from external review indicates there are few expected opportunities for further drug cost savings
- Divisional capacity to maintain project paperwork
- Delays in ECH wards transfer will have impact on savings from bottled medical gases

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<td>8) PwC Support?</td>
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</table>
Recent holidays have limited attendances
Scope of project may push out delivery

**Senior Clinical attendance (surgery)**

**Divisional and Executive capacity to deliver projects**

Divisional buy-in to projects – seeking to change name to increase buy-in.

**Original scoping unlikely to deliver savings**

**Clinical engagement/re-engagement**

**Current meeting with relevant operational and clinical parties**

**Looking at merging Emergency Care and Length of Stay into one project**

**The plan is in the engagement and scoping phase and a draft should be delivered by 13 June but this will only contain the key themes and will not have been validated by the key stake holders. A full, detailed plan including owners, dates, risks, financials and QIA will follow**

**Have identified key project workstreams**

**Establish robust governance via the Programme Steering Group structure**

**Workbook to be commenced**

**Further length of stay data analysis to HRG level to highlight specific bed saving opportunity areas**

**Cost Improvement (“CIPs”) Programme**

**Medical Productivity – Sean MacDonnell**

**Progress**
- The original bid is being refined to remove duplication with other programmes.
- Discussions held with PWC to understand potential variances in scoping document. Based on outputs further/alternative opportunities will be identified.
- Project manager commenced and working through opportunities.

**Risks / Issues**
- Divisional capacity to deliver projects
- Divisional buy-in to projects – seeking to change name to increase buy-in.
- Original scoping unlikely to deliver savings suggested – alternative opportunities being worked up.

**Next Steps**
- PIDS to be refined in line with steering group identified opportunities – change request to TPB when developed.
- Baseline audit of available data to be undertaken to identify variances and quick wins.
- Work plan to be populated based on agreed work streams.

**Theatres Efficiency – Evelyn Barker**

**Progress**
- 6 Sub-Streams have been identified and initial plans created to report into the Steering Group
- Sub-Stream KPIs identified
- Sub-Stream owners have been identified but require final Senior stakeholder sign-off.
- QIA written and is out for review with clinical leads
- Initial plan submission was good, some minor amendments required.

**Risks / Issues**
- Divisional and Executive capacity to deliver projects
- Senior Clinical attendance (surgery)
- Recent holidays have limited attendances

**Next Steps**
- CIP development plan to be tweaked and resubmitted.
- Final Senior Stakeholder signoff for Sub-streams and their owners.
- Run first Sub-Stream meetings
- Agree Sub-Stream TORs
- Agree Sub-Stream membership
- Agree Sub-Stream milestones and dates
- Establish robust governance via the Programme Steering Group structure

**Other Clinical Productivity – Dee Hackett**

**Progress**
- Initial outline planning documentation prepared by external third party
- Work-stream meetings in place
- Initial pilot staff groups have been identified

**Risks / Issues**
- Programme Support resource has left
- Scale of change and deployment of new practices across nursing and AHP’s

**Next Steps**
- Develop messaging and prepare format and tools for pilot workshops for initial staff group
- Agree pilot workshop dates for end June/early July
- Prepare detailed action plan
- Develop QIA

**Therapeutic Efficiency – Aidan Gwizdala**

**Progress**
- 6 Sub-Streams have been identified and initial plans created to report into the Steering Group
- Sub-Stream KPIs identified
- Sub-Stream owners have been identified but require final Senior stakeholder sign-off.
- QIA written and is out for review with clinical leads
- Initial plan submission was good, some minor amendments required.

**Risks / Issues**
- Divisional and Executive capacity to deliver projects
- Senior Clinical attendance (surgery)
- Recent holidays have limited attendances

**Next Steps**
- CIP development plan to be tweaked and resubmitted.
- Final Senior Stakeholder signoff for Sub-streams and their owners.
- Run first Sub-Stream meetings
- Agree Sub-Stream TORs
- Agree Sub-Stream membership
- Agree Sub-Stream milestones and dates
- Establish robust governance via the Programme Steering Group structure

**Length of Stay – Evelyn Barker**

**Progress**
- Currently meeting with relevant operational and clinical parties
- Looking at merging Emergency Care and Length of Stay into one project
- The plan is in the engagement and scoping phase and a draft should be delivered by 13 June but this will only contain the key themes and will not have been validated by the key stake holders. A full, detailed plan including owners, dates, risks, financials and QIA will follow
- Have identified key project workstreams

**Risks / Issues**
- Clinical engagement/re-engagement
- Divisional buy-in to projects
- Cultural and management changes in approach
- Scope of project may push out delivery times

**Next Steps**
- Development plans to be progressed
- Establish robust governance via the Programme Steering Group structure
- Set up new workstreams under one project banner (merging EC and LOS)
- Workbook to be commenced
- Engagement work to continue
- Further length of stay data analysis to HRG level to highlight specific bed saving opportunity areas

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**Outpatients – Evelyn Barker**

**Progress**
- Steering group has not met since agreeing to incorporate in RTT programme. However, the CIP team has met once, as part of the steering group set up.
- Roll out of IST toolkit and clinic template validation underway.
- Full action plan being reviewed and developed with PwC support
- Financial models for tracking benefits under development, e.g. for DNA's,
- Early opportunities being identified

**Risks / Issues**
- Delays to delivery of tools and training
- Current data quality poor or inconsistent
- Impact of the Clinical Portal go-live

**Next Steps**
- CIP development plan to be reworked and resubmitted
- Detail action plan steps to specialty analysis
- Identify further opportunities not currently within the RTT plans
- Fully integrate CIP plans into RTT programme

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**Operational Support – Evelyn Barker**

**Progress**
- Action plan approved by the steering group.
- Work-streams established and working with PwC to prepare high operating model proposals
- Currently detailing existing structure and activities
- Identification of early quick wins
- Initial plan submission was good, some minor amendments required.

**Risks / Issues**
- Clinical Portal Implementation and impact on transition plans
- ECH move and impact on support services
- Staff Engagement across all staffing cohorts
- Risk of missing quick wins whilst pursing future transformational opportunities
- Lack of basic technology training will slow down delivery of technology opportunities

**Other Income opportunities – Ian O’Connor**

**Next Steps**
- Development plans to be finalised, implementation to be progressed
- Establish robust governance via the Programme Steering Group structure
- QIA to be agreed and signed off
- Continued identification
- Agree level of support required from EPS
- Divisional accountability to be worked through

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**Other Cost Efficiencies – Ian O’Connor**

**UPDATE NOT RECEIVED**
## Back office transformation – Ian O’Connor

### Progress
- ICT & Finance kick off meetings have been held - as-is structures, skill mix & spans of control have been reviewed
- HR & Corporate Nursing scheduled for early w/c 9 June
- Best practice organisational structures have been obtained for the corporate functions
- Spans of control analysis has commenced for ICT & Finance

### Risks / Issues
- CIP work didn’t commence until w/c 2nd June
- Internal sign off for CIP plans within tight timescales

### Next Steps
- Hold HR & Corporate Nursing kick off meetings
- Share potential efficiencies identified through best practice analysis
- Complete draft implementation plan
- Confirm agreed CIPs for each of the Corporate Functions – and adjust implementation plan accordingly

### Temporary Spend – Ian O’Connor

### Progress
- Weekly Steering Group in place
- Plans being developed for 6th June of key work-stream activity
- Spend analytics in progress
- Implementation stages identified, specifically for Medical locums
- £1.5 m run rate saving identified

### Next Steps
- Appointment of capacity resources
- Implementation plan for medical locum outsource – start date 1/9
- Divisional recruitment plans and monthly trajectory plans
- Divisional local plans to reduce spend by CC
- Review of NHSP contract and performance
- Action to reduce Reed spend

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### Risks / Issues
- Lack of e rostering capacity
- Lack of recruitment capacity to deliver
- Lack of PM capacity in HR to delivery
- Lack of divisional ownership
- Increase in vacancies of c170

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