

Research and Making Time Matter programme

Annual Report 2023-24

Foreword

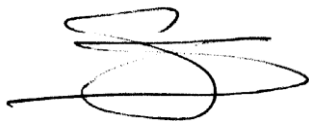
I am pleased to present the annual report for Research and Development and the Making Time Matter programme, on behalf of myself and our Chief Medical Officer, Dr Angela Tillett.

We are achieving important milestones in delivering our research and development strategy, including record numbers of patients benefitting from involvement in research, increasing numbers of non-medical researchers, growing in-house research and successful grant applications and the establishment of a physical centre for research at our Colchester Hospital site.

The Making Time Matter programme brings together teams supporting continuous improvement and major change under a single programme of work, to deliver a Trust-wide approach and implement the national NHS Impact programme. There have been important projects delivered within the Trust and working in partnership with other organisations in our ICS and beyond. These bring new capabilities, improve quality and patient experience and increase the productivity of our work.

These programmes of work are essential to maintaining momentum in delivering our strategy and our ambition to offer the best care and experience, and to increase equality in health outcomes.

I hope that you will enjoy reading the many exciting and impressive achievements in this report.

A handwritten signature in black ink, appearing to be 'Shane Gordon', is located below the text. The signature is stylized with loops and a horizontal line extending to the left.

Dr Shane Gordon
Director of Strategy, Research and Innovation

July 2024

Executive Summary

This report brings together our Research and Making Time Matter annual reports.

Research

Research has seen a significant growth in the number of patients recruited this year. Involvement in research is beneficial to patients and improves clinical outcomes. Our strategic objectives for research include involving as many patients as possible in research and this trend has continued, with a threefold increase since 2018/19.

Commercial and academic research have also performed strongly this year, in line with our strategy to diversify our research activities beyond the NIHR portfolio (which also performed strongly). We are leading the way regionally on patient involvement in the design of research studies and in addressing inequalities in access to research for people from diverse backgrounds.

Some of our studies have achieved notable milestones, including being among the top-recruiting sites in England for a number of cancer studies.

We have produced 192 conference abstracts and peer-reviewed publications in high-quality academic journals.

Of our 138 principal investigators, 19% (26 colleagues) are nurses, midwives and AHPs in line with our strategy to increase the number of non-medical researchers.

124 home-grown research ideas were received resulting in 23 grant applications, 10 of which have been successful.

526 patients participated in our research experience survey, nearly three times the response rate last year. 97% said they would participate in research again.

The development of a research centre, including the Synapse Centre for Neurodevelopment, at Colchester Hospital is a major milestone for research in the Trust.

Making Time Matter

Making Time Matter is our Trust-wide continuous improvement and major change programme. It is aligned to NHS Impact, the new, single, shared NHS improvement approach¹. NHS Impact's five components underpin a systematic approach that includes:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building improvement capability and capacity
- Embedding improvement into management systems and processes

¹ [NHS England » The five components of NHS IMPACT](#)

Making Time Matter brings together the work of several teams including Strategy, Transformation, Innovation, Quality Improvement, Clinical Outcomes and Clinical Effectiveness. These teams work closely together, supporting staff to find the best way to take forward their ideas for improvement.

Highlights of the programme last year include:

Strategy

- Delivery of the Trust Strategic Plan, the major change programmes led by Directors including our electronic patient record (EPR), planned care and emergency care programmes.
- The Clinical Services Integration Programme, bringing departments together across our sites to offer more consistent care and sustainable services.
- The Suffolk and North Essex Provider Collaborative, with West Suffolk NHS Foundation Trust.

Innovation

- Implementation of digital histopathology
- Artificial Intelligence. Three new AI tools in implementation supporting detection of bone fractures, assisting self-care for patients with Parkinson's disease and detection of lung abnormalities on chest Xray.
- Robotic Assisted Surgery including The Institute for Excellence in Robotic Surgery (TIERS) in partnership with Anglia Ruskin University and the award of a prestigious national fellowship.
- The first cohort of staff completing their ESNEFT Innovation Fellowships and our New Ideas programme.

Education and training

- Over 1,100 young people engaged in career activities through our Talent for Care programme, including work experience, careers fairs, internships and extended work placements. We introduced a new employment pathway for adults with learning disabilities and autism, working with Essex Cares Ltd.
- Our training academies have supported 50 local people with work readiness, helping 20 into new jobs and 28 into further education and training.
- Continued expansion of our Apprenticeship programme, with 423 staff on Apprenticeships and over £1.5 million of Levy invested in staff development.
- Our advanced clinical skills and simulation programme expanded to include cadaveric training, with a new Human Tissue Authority license, and more specialties such as ENT and Stroke Medicine.

Transformation

- Improving patient initiated follow up (PIFU) to reach the national target of 5%.
- Delivering new services closer-to-home including community Dietetics, varicose vein treatments and pre-operative assessment.

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- Significantly increasing outpatient procedures, freeing up 165 theatre sessions.
 - 'Super clinics' to reduce waiting times for outpatients.
 - Day case procedures at our highest ever rate and theatre utilisation rising to 80%.
 - Urgent care improvements including our Community at the Front Door service, unscheduled care co-ordination hub, ward-led enablement and 7-day therapy service model

Quality Improvement and Clinical Outcomes

- QI training delivered to staff: 187 bronze, 119 silver
- 333 improvement ideas generated, with 21 projects completed in-year
- Improvements in neonatal care including deferred cord-clamping rates and hypothermia in pre-term infants
- Improved staff confidence in nail care on Easthorpe Ward
- Improved documentation for patients with chest pain
- Audits of compliance with standards including local safety standards for invasive procedures, appropriateness of radiotherapy referrals and early management of patients with community acquired pneumonia.

Clinical effectiveness

- Continued development of 7 day services
- Implementing shared decision-making in inpatient and outpatient settings with compliance over 96% in audited services
- Implementing Getting It Right First Time (GIRFT) recommendations including Further Faster to reduce outpatient waiting times. Receiving praise from the national GIRFT team for collaborative work with colleagues at West Suffolk NHS Foundation Trust.

Population health management

- Supporting ICSs in the East of England to implement PHM and develop skills
- Conducted a skills mapping exercise for the region
- Supporting improvements in Diabetes care and the health inequalities programme

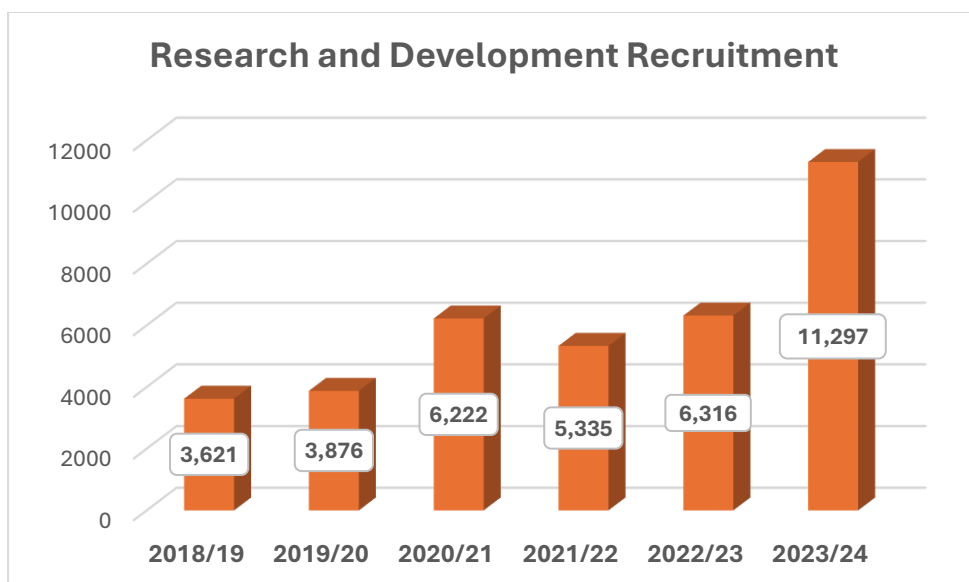
Research and development

Clinical research is vital for providing the evidence needed to deliver high-quality and cost-effective healthcare services, to improve outcomes and services for patients both locally and nationally

We are fully committed to developing and supporting research, which improves the quality and experience of care for local people, as well as making our contribution to wider health improvements. Strong delivery of our research and development strategy is central to securing our future as a leading clinical research centre for specialist care in the UK.

We continue to work with many different organisations nationally and internationally so that our patients can access new medicines, devices or treatments as part of clinical studies. As an example, in November our Trust opened our first **artificial intelligence (AI) software research study to help detect abnormalities on chest X-rays** [Research study uses AI to ‘read’ chest x-rays - East Suffolk & North Essex NHS Foundation Trust \(esneft.nhs.uk\)](#) In March, we were delighted to recruit the first patient in the UK into an oncology study, looking at early breast cancer in patients with an Increased risk of recurrence.

The past year has been busy for the research unit. As of the end of March 2024 11,297 patients, carers, colleagues, and healthy volunteers took part in 115 clinical studies, across 30 clinical units, including those to reduce symptoms, increase survival times, improve quality of life and contribute chest x-ray data for our AI study. The top five areas of highest research activity by participation were Cancer 6,462 (5,599 have taken part in our AI study), paediatrics including neonatal 1,627, Diabetes 1,158, General Surgery 553, Anaesthesia/perioperative medicine 237.



Recruitment growth at ESNEFT over the last six years

We continuously exceed recruitment targets for our studies and are often within the top recruiting sites in England. Examples include Correct MRD a colorectal cancer

study, a paediatric study Pic Bone, FoxTROT 3, a study looking at preoperative chemotherapy for colon cancer, PIVOTALboost a radiotherapy study, ANTHEM looking at an alternative to mastectomy for the treatment of breast cancer and the Sunflower study, relating to gallstone surgery [ESNEFT recruitment blossoming in Sunflower Study - East Suffolk & North Essex NHS Foundation Trust](#)

Boosting our capacity for research

We are developing our first dedicated research centre to enable the expansion of research studies for our patients. The centre will also incorporate [The Synapse Centre for Neurodevelopment ESNEFT](#). A sensory room and clinic space will be created for research, as well as a dedicated training facilities for adults and children.



Two of four research clinic rooms in our new research centre

This year we have successfully been increasing the opportunities for our patients living in distant areas to participate in research around our local Tendring area by taking the research to them. We have made available four research studies and there are more in the pipeline. Being able to take part locally has removed the geographical barrier and also gives researchers more confidence that the findings are representative of the population we serve.



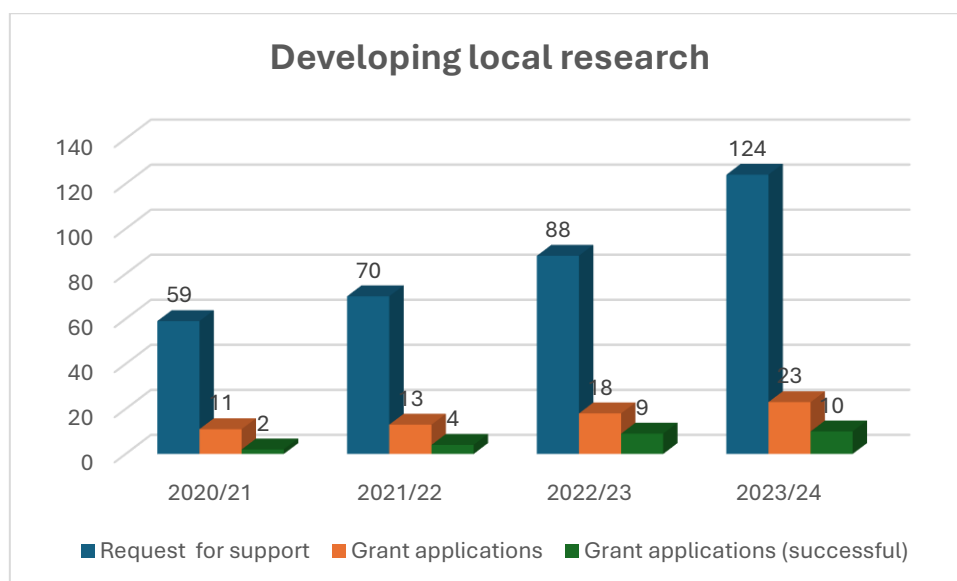
Research is now available to our patients at Clacton hospital

Over the past 12 months, our employees have demonstrated the vibrancy and

innovative practice of a research active organisation by producing a total of 192 conference abstracts and publications in high quality academic journals. These examples demonstrate that a commitment to clinical research, leads to better treatments for patients.

We are committed to engaging with our patients, carers, participants and colleagues to explore ideas and help shape our research portfolio, including our own locally developed research. Highlights include:

- In 2023/24, of our dedicated 142 researchers, we had 116 clinicians and 26 allied health professionals (AHPs), nurses, practitioners and midwives, acting as principal investigators, who lead on research. We currently have 16 ESNEFT staff on the National Institute for Health and Care Research (NIHR) associate principal investigators scheme, training to lead clinical studies and one NIHR greenshoot award to support new entry principal investigators. This is in line with our strategy to expand our range and reach across the Trust, to embed research into core business.
- Our researchers from across the Trust have the support and the infrastructure to help them enable patients to benefit from participating in research. We have supported 124 requests for support from our locally developed team, and successfully been awarded 10 grant awards.



Requests for support for locally developed research and successful grant outcomes by year

- We strive for inclusion for our patients and community. We strongly believe that patients should provide feedback on our research, so that within the NHS research is developed with them, this is of huge benefit. We actively encourage participation in designing and running studies. This year we had an additional six new patient and public involvement groups with 33 people attending to help shape our research studies. Examples include perinatal mental health, stroke, parkinsons and involving people with learning disabilities in research.
- Participation in our research experience survey this year from a sample of 526

(an increase of 190% from 2022/2023) gave favourable results. However, we need to work with sponsors to ensure our participants receive the results of the research.

- 97% said the information they received prepared them for their experience on the study
 - 99% said research staff have always treated them with courtesy and respect
 - 31% of respondents did not know how to receive the results of the research
 - 97% said that they would consider taking part in research again.
- Research awards - The rheumatology research team were announced as joint winners of the inclusive working award at the regional 2023 NIHR Clinical Research Network conference. Our team was recognised for ensuring their research is delivered with equality, diversity and inclusivity.
 - Our Synapse Centre [The Synapse Centre for Neurodevelopment ESNEFT](#) continues to expand. We continue to collaborate with the university of Essex. We have two full time PHD students working within the area of touch perception in babies and child-caregiver interactions for child development. Our synapse clinical academic research practitioners are also working on PhDs as well as working clinically, using their knowledge and skills to support families while finding out more about how healthcare can provide a better service for children with sensory and communication development needs. Our first sponsored study FAMILY looking at gut bacteria of children with autism and their siblings who do not have autism, has fully recruited, the results are expected in June 2024. We are also setting up a registry of children with neurodevelopmental conditions which will provide a basic understanding of the level of need to serve this local population. No such database currently exists in England. As well as offering research opportunities the database will also be fundamental in planning and commissioning services.
 - As part of our strategy we continue to strengthen careers for our staff. We have funded two of the team to undertake clinical trial MSc courses and our teams are undertaking post-doctoral and PHDs across the Trust, two of the team have been awarded NIHR educational grants and we had an advanced clinical practitioner join us under the NIHR short placement intern scheme. The Trust is part of the NIHR and supports research of national and international importance. We have a sizable and varied portfolio of complex non-commercial and commercial clinical studies. Currently we are supporting commercial studies in the fields of oncology, gynaecology, dermatology, diabetes, ophthalmology, neurology, spine surgery, general surgery, dermatology, cardiovascular, hepatology, obesity and paediatrics. Commercial companies return again and again to our sites, due to our teams exceeding recruitment targets and excellent record of data management.
 - We continue to explore and aim to increase our research portfolio, supporting

research naïve departments across our sites. We opened our first palliative end of life study, a study called CHElsea II.

In 2024/25 R&D will focus on growth and development. We aim to maintain and further grow the breadth and depth of our research capability and capacity, continuing to support and develop researchers at ESNEFT and increase the availability of research opportunities for our ESNEFT community. We are eagerly awaiting the opening of one of the largest elective orthopaedic centres in Europe at our Colchester site. This will enable us to expand our musculoskeletal research service and offer many more opportunities for our patients to benefit from taking part in research. The vision and support for research and development from the Trust board continues, we are excited to be part of the development of our new electronic patient record (EPR) system Epic, which will include an embedded research module to help speed up research delivery for the benefit of our teams and patients.

The Making Time Matter programme

ESNEFT wants to provide the best care for our patients delivered by the best people, processes, and systems. Growing pressures across the NHS and a changing population becoming older and living with multimorbidity means that to do this, the services provided by the Trust (and how they are provided) need to continually improve to meet the requirements of our patients. To see associated beneficial change, we will need to focus improvement on our patients' outcomes and what matters most to the communities we serve.



We want all 12,000+ staff across ESNEFT to be involved in continuous improvement and support the Trust's philosophy of Time Matters. While improvement can be delivered through large programmes overseen by dedicated teams in the trust, it can also be delivered through several, smaller day-to-day changes by any member of staff. We therefore want to fully embed a culture of continuous improvement throughout ESNEFT.

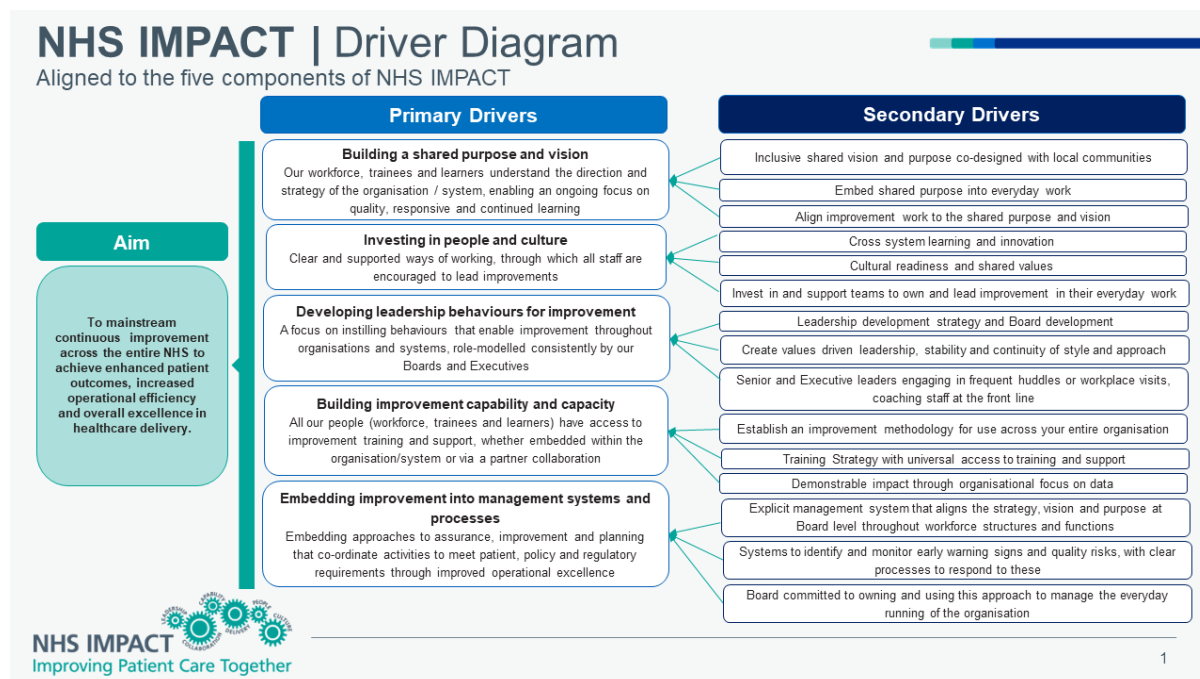
Making Time Matter was established in 2023 with the purpose of promoting, enabling, and delivering continuous improvement at all levels in the Trust. We are bringing together all the teams across ESNEFT working on improvement under Making Time Matter, collating their expertise, projects, achievements, and resultant benefits. We will continue to collectively develop Making Time Matter in 2024/25 with a focus on what matters most to our patients and staff, the specific needs of the Trust.

Making Time Matter is aligned to NHS Impact, supporting NHS organisations to have the skills and techniques to delivery continuous improvement. NHS Impact has five components that underpin a systematic approach:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building improvement capability and capacity
- Embedding improvement into management systems and processes

The driver diagram below shows the relationship between NHS IMPACT's aims and

the routes to achieving them:



We have already made a number of developments to build on, including:

- Agreeing our core improvement methodology (the Model for Improvement) for use in the Trust - this provides a shared language and approach to support all staff to be involved across all types of change and improvement activities
- An agreed priority to develop the skills needed to support change amongst staff
- An agreed priority to create a Trust-wide “one stop shop” for a single source of technical support

The achievements of the individual teams under Making Time Matter are highlighted below, including:

- The Trust Strategic Plan
- Innovation
- Education and Training
- Transformation
- Quality Improvement and Clinical Outcomes
- Clinical Effectiveness

Strategic Plan

The Trust Strategic Plan comprises 12 director-led programmes that immediately underpin and help deliver on the Clinical Strategy.



The Strategic plan covers: Elective, Urgent & Emergency Care, Quality, Financial Sustainability. Clinical Services Integration. Workforce, Digital, Logistics, Community Services, and the Building for Better Care capital development programme. These programmes collectively drive the high-level improvement and sustainability work to better serve our patients and their families; whether it be more than 30% reduction in the number of patients waiting longer than 65 weeks for elective procedures, improvements to Urgent & Emergency care resulting in more patients being able to be discharged on the day of admission (up from c.29% to c.47% at Colchester and up from c. 20% to more than 25% at Ipswich). Additionally fewer patients attending our Emergency Departments are experiencing longer waits because of improved joint working by community staff and ED teams (Community at the Front Door), and providing care closer to a patient’s home through Virtual Ward pathways, providing new and improved facilities for our patients through delivery of major estates development projects, or the work on reducing the impact of inequalities for our more challenged communities; with considerable progress made with supporting healthier choices for our patients from those communities – for example 70% of patients referred now take up tobacco treatment. In relation to workforce our staff vacancy rate remains very low (c.3%) and the time taken to recruit to vacancies averages just under 16 days which is significantly less than the (national average 78.3 days) – which means we are better placed to care for our patients; through appropriate staffing.

Clinical Services Integration

This programme provides further support to the delivery of the intended clinical outcomes of the trust across the sites following interruption of the COVID-19 pandemic response.

Clinical divisions nominate services to come into the programme of Clinical Services Integration for intensive support to standardise patient pathways and drive single purpose of working across both district general hospital sites, and community sites. The current roster of services is Breast, Neurology, Renal, ENT and Vascular.

These schemes provide significant improvements for patients:

- In line with the clinical strategy objective to keep patients in control of their health we have introduced Patient Initiated Follow-Up (PIFU) in the ESNEFT Neurology service, giving patients greater influence over, and engagement with, their care and treatment.
- The Clinical Services Integration programme is working with colleagues at Addenbrookes Hospital and local commissioners to provide highly effective biologic treatments more locally for our patients with Multiple Sclerosis – which,

when deployed will remove the need for local patients to travel to Cambridge to receive specialist infusions.

- Primary care colleagues are being supported by a schedule of training being provided, for GPs, by the Trust's specialist staff in both Renal and Neurology services. These training sessions will aim to educate/upskill colleagues working in Primary Care, with the intention that this will improve the appropriacy of referrals into secondary care and reduce waiting times due to better management in Primary Care, The Trusts' specialist staff will be trialling supporting GPs to help them identify, refer, manage certain patient groups in a Primary Care setting more efficiently. Improved working relationships between general and specialist teams will support improved pathways of care and treatment for patients.
- We are supporting the development of a specialist Chronic Kidney Disease outreach nurse role, who will help support those patients most at risk by considering their additional healthcare needs working with colleagues in GP Surgeries. Many of these patients will also have healthcare needs associated with diabetes and/or cardio-vascular disease. The outreach nurse will form the basis of ongoing work to provide patients with advice and specialist care across these different needs, supporting integrated and coordinated care for the individuals.
- Through the Vascular service project, we have shortened the wait for patients requiring tunnel lines by making more ad-hoc theatre sessions available as well as providing specialist care closer to home through the provision of regular outpatient venous procedure clinics at the Clacton Community Diagnostic Centre.
- The ENT service is developing a revised standard operating procedure, specifically to address patient experience of longer waits in Emergency Departments. This work is occurring across both acute hospital sites to ensure that patients receive the same fundamentals of care whichever site they attend; and is supported by education and training for the teams working in ED.

Suffolk and North Essex Provider Collaborative

ESNEFT is a very active member of the Provider Collaborative with the West Suffolk NHS Foundation Trust, covering both acute and community services activity. Provider Collaboratives are part of the response to the national expectation that healthcare organisations will work together more closely to improve outcomes for our populations.

The collaborative activity supports and coordinate joint planning across Suffolk & North East Essex, as well as supporting projects ranging from the Essex & Suffolk Elective Orthopaedic Centre (ESEOC) to the improvement in waiting times, which has been supported by 'mutual aid' between the two acute provider organisations. These improvements mean that patients living at any part of Suffolk & NE Essex have access to very similar waiting times for services, including increased diagnostic performance.

The provider collaborative supports the Getting It Right First Time (GIRFT) programme for Suffolk & NE Essex. Significant achievements to date include:

- Decreased length of stay for primary hip replacement and open abdominal hysterectomy

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- Delivered increased performance of procedures as day cases, including:
 - Discussions with Urology team led to a new process agreed to book all resections of bladder tumours less than 3cm in size as day cases; enabling patients to go home sooner.
 - Listing order of patients on the theatre lists and or those patients transferred from the Day Unit to an elective ward, implementation of standardised discharge criteria.
 - A reminder was included for patients that they would need to ensure they had arranged to be collected following procedure, as part of the telephone call to patients 2 days prior to surgery.
 - For paediatric tonsillectomy, all cases were booked as requiring a bed, therefore intended management was an overnight stay, changed to day case management where clinically appropriate as per GIRFT recommendations.
 - Adoption of GIRFT best practice pathways (including high volume low complexity interventions) has led to increased rates of 'minimal access' surgical interventions including Laparoscopic cholecystectomy - a minimally invasive surgical procedure for removal of a diseased gallbladder) above 70%, and rates of day case surgery for Tonsillectomy (adult and paediatric) exceeding and Uteroscopy all exceeding 90%
 - Implementation of the high-flow cataract guidance has led to an increased number of patients per list for cataract surgery, reducing waiting times.

The Collaborative also supports considerable joint procurement work; work on improving digital infrastructure and service improvement projects – such as Paediatric Urology, and consolidation of chemotherapy production – all of which bring notable patient benefits. For example, consolidation of chemotherapy production will reduce the number of treatments requiring cancellation related to delays with manufacturing.

Innovation

Innovation is the successful implementation of new ideas. These do not need to be new to the World, if they are new to the Trust and have a positive impact on ESNEFT, its patients and its staff then they should be welcomed. Innovation can be technologically driven but it has a much broader remit than just technology, covering how ESNEFT works, its processes, the equipment ESNEFT chooses to use, and how ESNEFT develops and utilises the skills of its staff. Benefits include improved health outcomes for patients, increased productivity for the Trust, financial gains and better recruitment and retention of staff because of the environment and culture they work in.

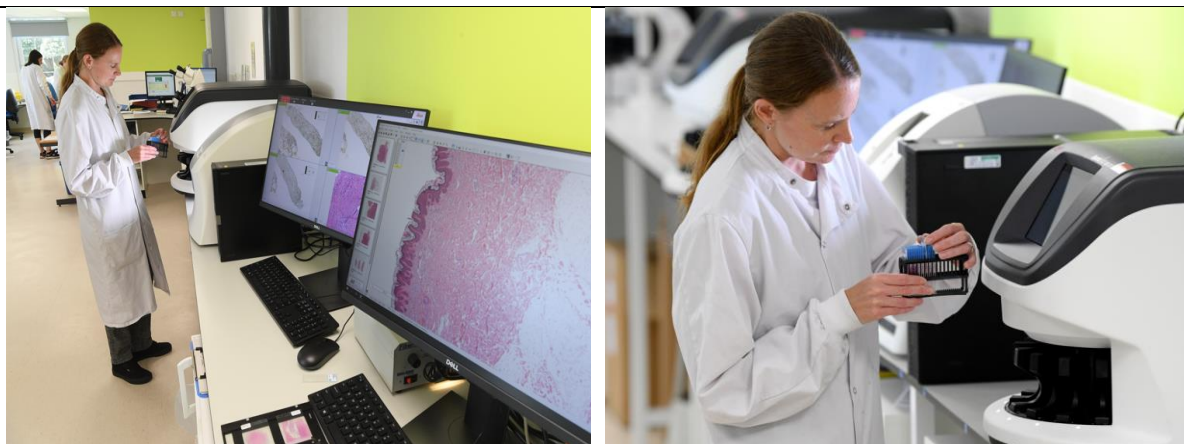
The innovation team is an enabling function to support staff, teams, and departments within ESNEFT to implement new ideas and ways of working throughout the Trust. This past year, innovation has made a vital contribution towards improving care for patients and communities served by the Trust. ESNEFT has a unique position in the SNEE (Suffolk and North East Essex) Integrated Care System (ICS), providing care which spans community and acute hospital settings. The SNEE ICS includes mental health, social care, primary care, and voluntary sector partners. The innovation team have contributed to improving patient care across the whole patient journey. Evidence of this can be seen in the evolution of services across the Trust as teams identify opportunities for beneficial change; the following sections provide a summary of the innovation team's achievements during 2023-24.

Supporting the evaluation and introduction of new technologies

Digital Histopathology – working with Cancer and Diagnostics

Working in partnership with West Suffolk Hospital (WSH) and the Norfolk and Norwich University Hospital (NNUH), ESNEFT secured capital investment of £2,651,000.00 from NHS&I to purchase a digital reporting solution, across the three Trusts. The system will connect ESNEFT with WSH and the NNUH enabling the three Histopathology Services to seek faster second opinions, share best practice and enable closer working between the three Trusts. This work has enabled ESNEFT to put in place the infrastructure needed to deliver the training to its staff as mentioned below during 2024-25.

The benefits include faster turnaround times for results, this includes gaining second opinions as cases can be immediately digitally transferred between the Trusts. MDTs will see an immediate benefit as all patient slides will be scanned and available on the system to be viewed ahead of MDTs. The system will go live in July 2024, with consultants commencing their training on the system. By July 2025, the service will be fully digitalised, with all consultants using it to report cases.



The digital histopathology system is an enabler for introducing AI to the service. AI technology for Histopathology is advancing quickly. As a network, the three Trusts are in the process of procuring a prostate AI solution. When a case is highlighted as prostate, it will be sent through the digital system where the AI platform will analyse the slide to highlight areas of interest on the slide. Histopathology is subjective, AI solutions will support the pathologists by highlighting areas of interest and supporting measurements this will make diagnosis less subjective and has the potential to be more accurate, faster and provide improvements in efficiency.

Artificial Intelligence (AI)

Over the past 12 months, groundwork commenced to understand and coordinate the use of AI technology across ESNEFT. Dr James Hathorn, Consultant Radiologist was appointed as the Clinical Lead for AI and an AI working group was established bringing together colleagues from across ESNEFT. The AI working group is closely aligned to the new ICT governance structure. This has created a structure which enables the AI working to support AI development and integration of new technologies across the Trust, as can be seen in the examples below:



Pictured: Dr James Hathorn.

AI: LungIMPACT Study – working with Cancer and Diagnostics

As a result of its introduction radiologists are now using revolutionary AI software to help detect abnormalities on chest x-rays as part of a new research study at Ipswich Hospital. The LungIMPACT study is in partnership with Qure.AI and is funded through the SRBI Cancer Programme. As part of the LungIMPACT study, chest x-rays are now assessed by consultant radiologists for any abnormalities as well as being reviewed by the AI software. All chest x-rays taken at Ipswich Hospital which follow a GP referral will go through the LungIMPACT study, however Patients can opt-out if they wish to.

Dr Hathorn is the principal investigator for the study at ESNEFT, he said: “This is a fantastic support tool in addition to radiologists viewing x-rays. The final decision will still always be taken by the radiologist. The main point of the study is to show that AI could help prioritise which x-rays to report first, leaving the normal ones for later and letting the investigation of potential cancers happen more quickly.”

AI: NeuHealth – working with the Parkinson’s Team

ESNEFT commenced a 6-month service evaluation for up to 90 patients with Parkinson’s disease, to assess the benefits of this platform. The evaluation will assess impact on the patients’ quality of life, patient experience, appointment times and clinical decision making. The evaluation will run until the first quarter of 2024-25. The Neu Health digital platform has been developed for people with Parkinson’s disease, to help them gain better control of their condition. The app uses both AI and machine learning to provide clinicians with a tool to support clinical decision making and through the app, it helps to put patients in control of their condition.

Using the app, patients will log their symptoms, complete digital tests as well as access information tailored for them about their condition.

The information inputted into the app is then automatically available for the clinical teams at ESNEFT via a dashboard who can use the data to help shape the best treatment and care for the patient.



Pictured: Patient Jane Coiley with her husband Stephen.

Jane Coiley was diagnosed with Parkinson’s at the age of 63. She knew something was wrong when she noticed the left side of her body didn't seem to be functioning properly. The now 71-year-old from north Essex said the app has been a fantastic

support, particularly with her medication.

Jane said: “I use the app all the time and it’s helped control when I need to take my tablets – I have to take several a day. It’s like having someone watch over my shoulder. I also like logging my symptoms and have done several of the tests on the app.

“When I met with Sheeba my nurse, having all the data I’d put in was great – a real time saver in our appointment.”

AI: Boneview – working with Diagnostics and the Emergency Departments/Diagnostic Centre
Work has been completed to introduce Boneview to Ipswich, Colchester, and Clacton hospitals on a 12 month pilot to support with reading x-rays. Boneview is an AI tool for the detection of limbs and pelvic fractures, dislocations, focal bone lesions, knees, hips, and elbow effusions on trauma X-rays. Boneview will integrate with the PACs system and provide a second read of x-rays to the level of a junior radiologist supporting non-specialist clinicians to identify and diagnose x-ray results. The pilot will commence in during the first quarter of 2024-25.

What impact will this have on patient health outcomes?

- A reduction in missed diagnoses from x-rays, therefore patients are getting the right treatment in a timely fashion
- Reduction in delays from diagnosis from radiologist level, especially felt over a weekend
- Reduction in backlogs from radiology for both A&E and radiology due to the second reading being completed by tested radiology AI
- Quicker treatment and discharge from A&E for patients
- Reduction in waiting times in A&E.

Supporting the development of services

Robotic Assisted Surgery

ESNEFT is the fastest growing Trust for robotic surgery in the UK. Colchester Hospital is the first in the UK, Ireland, and Europe to offer a fully robotic service for all patients undergoing elective colorectal procedures following successful completion of training all six colorectal surgeons last year.

ACPGBI Fellowship Site - Colchester

In February 2024, Colchester Hospital was selected to become one of two host centres by The Association of Coloproctology of Great Britain and Ireland (ACPGBI) to offer robotic surgery fellowships. The other centre is in Glasgow, Scotland. To be the first site in England to be awarded this funded fellowship is an endorsement from the national body of their confidence in the quality of ESNEFT robotics journey and the value ESNEFT places in training and education.



The Institute of Excellence in Robotic Surgery (TIERS)

In partnership with Anglia Ruskin University through the TIERS collaboration, approval has been given for the delivery of a brand new MSc course in robotic surgery. This will commence during the second quarter of 2024-25.

Weight Management Services - Tier 4 bariatric/metabolic surgery

In collaboration with clinical teams, a comprehensive business case has been developed proposing the introduction of tier 4 bariatric/metabolic surgery to the Trust. This has been identified as an opportunity to improve access to services within the ESNEFT Clinical Strategy.

Currently there is a lack of local provision for weight management services for patients within the SNEE footprint. The ICB commissions weight management services from Luton, London, and Portsmouth, which involve patients having to make a 160 - 200 mile round trip to access these services. Obesity is strongly correlated with deprivation and is a strong contributor to inequality in health outcomes. Many patients cannot afford this travel or commit to the time involvement. Far more never hear about the treatment option due to the lack of local awareness.

The above constraints means that currently only 50 patients per year in SNEE receive treatment – the lowest level nationally, representing poor quality care for the population as a whole. Furthermore, ESNEFT has an ever-growing demand locally for these services, the SNEE population with Class 2 or 3 obesity disease (BMI over 35 with multiple obesity related morbidities) alone is reported to be 8,333.

Subject to approval and commissioning, through the introduction of a tier 4 bariatric/metabolic surgery service at ESNEFT, the Trust will improve obesity disease treatment to patients within SNEE by:

- providing a local and accessible service
- enhancing community and hospital-wide awareness
- providing timely assessment and treatment for these patients
- developing the ESNEFT workforce and increasing the level of expertise in this increasingly important area.

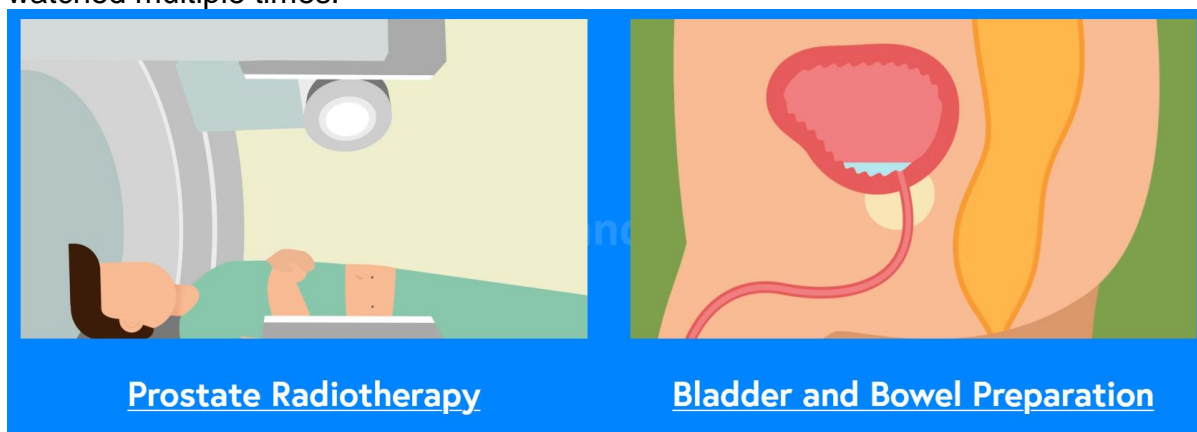
The business case to introduce tier 4 bariatric/metabolic surgery to ESNEFT has been

through various internal governance groups and it is expected that final approval will be given during the first quarter of 2024-25. Engagement with the local ICB has been held to align with their approval processes and to enable ESNEFT to commence this service during the third quarter of 2024-25, with a view to introducing Tier 3 obesity services soon after then.

Patient Information through Digital Animations

The ESNEFT radiotherapy team became the first team nationally to introduce a series of animated short information videos for patients to support the consent and information giving to cancer patients prior to them commencing their treatment. 2 animations were created focusing on prostate cancer. 1 video focuses on informed consent and the procedure; the second video focuses on bowel and bladder preparation, showing patients exactly what they need to do. Prostate patients have to undergo a rigorous amount of bowel and bladder preparation prior to treatment and many struggle to comprehend and comply. Current compliance for treatment preparation is 50%. This impacts on their health outcomes and can lead to delays in their treatment as well as delays to the clinics and other patients.

The animations were launched in December 2023 and they are having a notable difference on patients and their families, staff, and clinics. The animations are accessible via a QR code or URL, they are internet-free video books and can be watched multiple times.



This project was funded by ESNEFT Charities and will be delivered as a 2 year pilot. The initial findings have been so positive, the team are looking to develop a further two animations focusing on lung cancer patients and breast cancer patients. For many lung cancer patients, radiotherapy is their primary treatment with no surgical options and some may be very symptomatic. Breast cancer has a high number of patients, therefore will have a big impact. These animations will be developed following an impact evaluation of the prostate cancer animations.

Supporting the ideas of staff

In addition to working with teams and departments to deliver Trust-wide innovation, the innovation team has a package of support for individual members of staff. This support is facilitated through the New Ideas Programme, which is open to all staff who wish to disclose an innovation.

The New Ideas Programme

The New Ideas Programme has continued to provide ESNEFT staff access to bespoke support facilitated by the Trust's innovation team, this has included:

- Project support
- Intellectual Property advice and guidance
- Access to £5k innovation vouchers (funded by Trust Charities)
- Development of applications to secure external and internal funding
- Identifying and securing industry partnerships
- Securing MOUs with industry and education institutions
- Navigating internal governance structures.

In 2023-24 11 new ideas were disclosed (this included 8 ideas from the Innovation Fellowships Programme). In February 2024, ESNEFT licensed its first intellectual property since the merger of Colchester and Ipswich hospitals. The Trust reached an agreement with a local manufacturing company granting them the rights to sell the ESNEFT developed Bedhead Tidy innovation within the UK and Ireland. The Bedhead Tidy keeps tubing, cables and other medical device consumables & accessories stored safely around the patient beds. The design supports patient safety, reduces risk of contamination and wastage. It is available in 3 different designs to be used in acute hospital and community care settings, including social care.



Pictured: left, an untidy ward bedhead with entangled tubing. Right, a neat and tidy ward bedhead area with the Bedhead Tidy innovation installed.

In March 2024, the innovation team received funding approval from the ESNEFT Charities to support with the development of an innovation created by one of the Trust's members of staff. This funding will support works to develop a proof of concept prototype and an application for external grant funding in the third quarter of 2024-25.

Innovation Fellowships Programme

In the autumn of 2023, ESNEFT launched an exciting new developmental opportunity for its staff, titled: The Innovation Fellowships Programme. The Programme is open to

all members of staff at ESNEFT and provides them with protected time away from their day job to commit to driving change and innovation within the Trust.

Delivered in collaboration with the University of Suffolk, this Programme provides class-based training to develop the entrepreneurial mind-set, confidence and skills of participating Innovation Fellows, this training covers:

- methods to innovate and identify new ways of working
- the basics of intellectual property
- market analysis
- business planning
- pitching of their innovative ideas.

The Trust's innovation team works alongside the Innovation Fellows to help provide them the structure and support to implement their ideas within ESNEFT.

The Programme will run for 3 years, and each year there will be a new cohort of up to 10 Innovation Fellows undertaking the 9-month Programme.

The first cohort of Innovation Fellows will complete their programme in the first quarter of 2024-25 and during this past year (2023-24), 8 potential innovations have been disclosed via this Programme. The Trust's innovation team is working alongside the Innovation Fellows to further explore and develop these ideas for implementation within the Trust.



Pictured: Innovation Fellow, Becky Henton-Rose, Pharmacy Assistant Technical Officer.

Education and Training

Talent for Care – Outreach programmes with schools, colleges and the community

The Trust's work to encourage and help support people into employment at ESNEFT has seen huge growth over recent years and is now recognised regionally and nationally as an example of excellence.

Organised around academic years rather than financial years, key performance indicators for the 2022/2023 academic year were achieved, with previous baselines easily surpassed: 1104 students engaged in ESNEFT specific careers activities – previous best 252

- 577 students undertook work experience across the Trust in a much broader range of specialties and work areas – previous best 265
- 64 further education students undertook work placements – not offered at ESNEFT before

New activities offered in the year included:

- Clacton school visits to the Community Diagnostic Centre,
- an inaugural ESNEFT Careers Fair, showcasing of non-clinical careers at Market Field SEN school,
- an SEN Internship programme at Ipswich Hospital,
- a Kids in the City weekend in Colchester city centre, and
- plans for the launch of the NextMedic programme in September 2023 supporting children from disadvantaged backgrounds interested in becoming a doctor.

The whole programme has been expanded to ensure that all schools serving areas of socio-economic disadvantage are fully engaged in our activities for the benefit of their students. Relationships with both county councils were developed in order to plan for activities to support looked after children and care leavers in 2024/2025. The existing MoUs with both of our further education colleges, Colchester Institute and Suffolk New College, have led to continued collaboration and expansion to generate interest in healthcare science careers at the Trust.

An outstanding year for the Talent for Care team.

Community Training Academies

Our work with our nationally recognised training academies continued, with the latest flagship academy at Ipswich Hospital completing in March 2024. For this academy, we had 50 participants, with 20 going on to secure jobs locally (9 at ESNEFT), and a further 28 participants referred to further learning courses, in a bid to increase their employability and future career growth.

Inclusive Employment Practices for People with Learning Disabilities

Following a funding award from NHS England's Workforce Disability and Equality Standard Fund, in Q4 we implemented a new pathway for adults with learning disabilities and Autism to apply for jobs at ESNEFT, recognising that the "traditional" recruitment pathway may not always be accessible, and access to existing reasonable adjustments can be confusing for those unfamiliar with the Trust.

Following consultation with the Trust’s disability network, equality leads, recruitment team and the ICB, we have partnered with ECL (Essex Cares Ltd) – an organisation in Essex dedicated to helping people with learning disabilities and Autism gain paid employment. As a result of this partnership, we had after the first 3 months of the project:

- adjusted our recruitment processes to support candidates with this background
- secured employment for 2 such candidates, with further interviews and shortlisting imminent
- developed drafts of an MoU with ECL, to be signed in April 2024, outlining our respective commitments to the collaboration, and aspirations around numbers of successful job candidates from those with learning disabilities and Autism who ECL supports.

Apprenticeships

The Trust’s use of Apprenticeships has increased considerably over recent years, with 2023/2024 seeing growth on all key performance indicators. This reflects a significant investment in the training and development of our staff, across all specialisms and levels of seniority.

In 2023/2024 –

- £1,528,996 of Apprenticeship Levy was invested in the training of ESNEFT staff undertaking Apprenticeships – an increase of 40% on 2022/2023
- £151,711 of this was used as Levy Share to support Apprenticeships in other health and care organisations in the ICS – an increase of 120% on 2022/2023
- 100 ESNEFT staff successfully completed their Apprenticeships – an increase of 11% on 2022/2023
- 423 ESNEFT staff were undertaking Apprenticeships as of 31/03/2024 – an increase of 22% on 2022/2023
- 106 of our apprentices were being trained by our internal Apprenticeship Delivery Team – an increase of 41% on 2022/2023

These are all forecast to increase further in 2024/2025 with the growth expected through initiatives such as the launch of the Medical Doctor Degree Apprenticeship, the Healthcare Support Worker Apprenticeship Training Academy, and the expansion of Nursing Associate Apprenticeships.

Advanced Clinical Skills & Simulation Training

ICENI Centre Highlights for 2023-24

ICENI Centre Footfall:

2021-2022	2714
2022-2023	6026
2023-2024	7775

Room usage:

2021-2022	36%
2022-2023	66%
2023-2024	74%

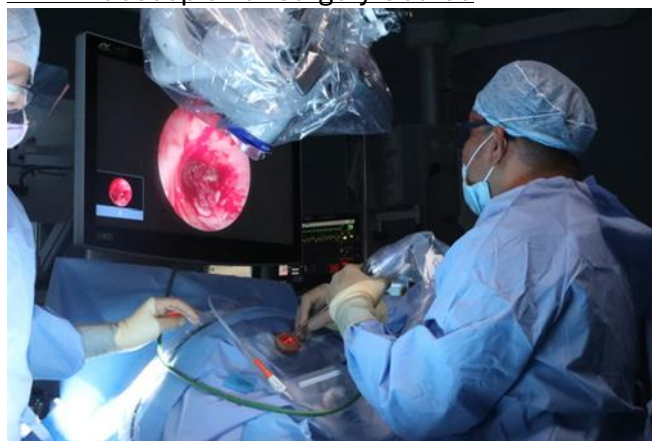
The 2023/2024 curriculum saw a number of new exciting additions including:

Human Tissue Authority (HTA) Licence



In July 2023 ESNEFT was awarded an additional Human Tissue Authority (HTA) Licence, which means that the Trust is now authorized to provide cadaveric courses at the ICENI Centre at Colchester Hospital. The first cadaveric course Vascular Lower Limb Cadaver & Mentic Simulation was held for 10 delegates, led by Consultant Vascular Surgeon Mr Adam Howard in December 2023.

ENT Endoscopic Ear Surgery Course



Ipswich Hospital's ENT Consultant Mr. Sachin Patil joined forces with Queens Hospital ENT Consultant Mr. Gaurav Kansal to coordinate an Endoscopic Ear Surgery course. This was a first for ESNEFT combining lectures, the livestreaming of surgery and dissection in this intensive 2 day course. 10 delegates attended in person with over 40 from across the World joining us online.

Stroke Emergency Medicine



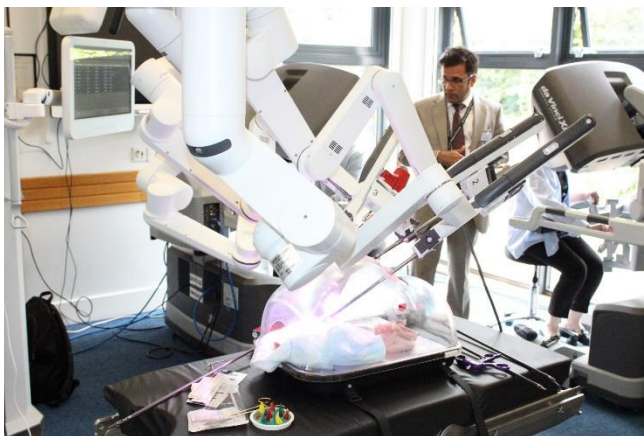
This hands-on course was also a first for the ICENI Centre this year, delivered by Mr Aktham Elrekaby a Stroke Specialist. 10 delegates learnt more about the different stroke pathways and practices by undertaking simulated stroke scenarios with the above SIM Man.

Introduction to Assisting in Robotics



In July 2023 ESNEFT ran its first Introduction to Assisting in Robotics Surgery course for 6 delegates. This two day course run in collaboration with Intuitive looked at how robotics has developed, the integrated table motion, the practicing of draping, docking and undocking, how to maintain and manage the instruments, port placement and human factors.

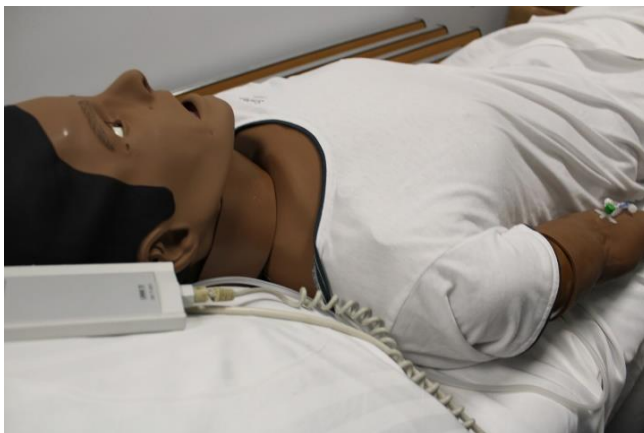
Introduction to Robotics



In July 2023 ESNEFT ran its second Introduction to Robotics surgery course with Mr Subash Vasudevan. Delegates learnt about port placement, docking and emergency undocking, with the aid of simulation and virtual skills assessments at the beginning and end of the course.

Introducing Robotic Surgery to Schools

In July 2023 Mr Subash Vasudevan also delivered an introduction to robotic surgery for schools. 43 students attended from schools across north Essex, enjoying time on the robotic system, learning laparoscopic skills and undertaking virtual reality scenarios.



The curriculum has benefitted from investment in simulation equipment, including our new SIM Man and SIM Mom manikins which have already proved invaluable in helping learners on our Stroke, ACCP and PROMPT sessions held at the ICENI Centre.

ICENI Centre International Fellowship Programme

2023/2024 also saw 5 ICENI Centre Fellows complete their fellowships in:

- Simulation
- Orthopaedics
- General Surgery (x2)
- Robotics

Quotes from Fellows:

'I had a great experience in Colchester Hospital. It made me feel more confident in robotic colorectal surgery. Also, I was able to be familiar with how to work in the UK. I would like to thank everyone who kindly supported me. On top of that, I would like to emphasise that Mr Tutton is the best supervisor I have ever seen. I will never forget my fellowship in Colchester.'

Rikiya Sato – Robotics

'Words are not enough for a big thank you to all ICENI staff and trainers. Especially I will like to thank Miss Warnaar, Miss Thompson-Reil, Mr Halahakoon, and Mr Paily for the education and training. As part of Colchester family I will always continue to promote the training centre at an international level. It has been a fantastic 12 months of training which I will never forget.'

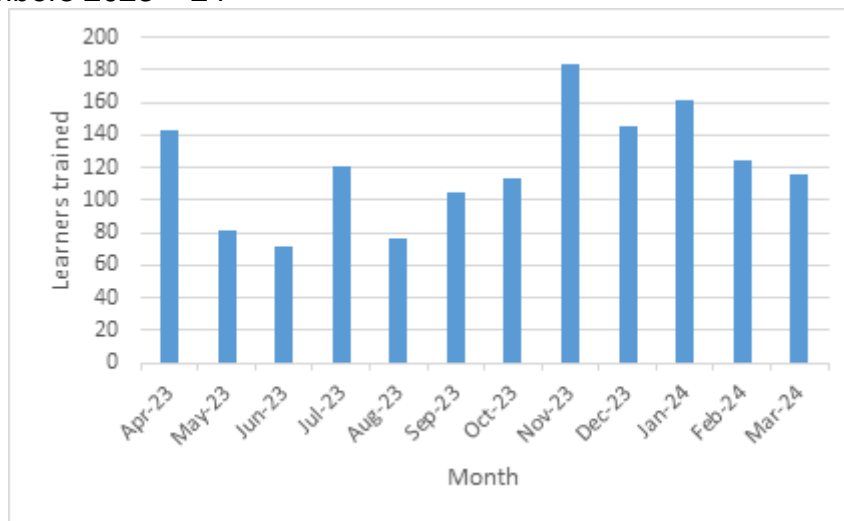
Ayodele Odusote – General Surgery

East Anglian Simulation and Training Centre

Learner numbers have grown this year with the continuation of mandatory simulation training for medical students and foundation doctors, as well as IMT training. New training courses for international cohorts of staff have recommenced with simulation training aimed at building on knowledge learnt during OSCEs. Training for preceptorship nurses also continues with the proposed expansion of this programme to enhance skills in different departments.

A new deterioration of the surgical patient has been run this year with nurses from both sites learning together. The expanded multidisciplinary faculty plans to include all bandings of staff working in surgical clinical areas, rather than just nursing colleagues.

Learner numbers 2023 – 24



The number of training sessions per month varies from 18 to 36. These can vary in length from 3 hours to 8 hours depending on the training undertaken. The curriculum at the centre has expanded this year. This has included the Advanced Clinical Practitioner team utilising the centre and its simulation facilities to further the training for the trainee ACPs, with more sessions arranged focusing on different aspects of patient care.



A new course added to the curriculum has been the ESNEFT Emergency Ultrasound course, facilitated by Dr Amer and Dr Das (Emergency Medicine consultants). This is a 1 day core emergency ultrasound course to gain a foundation in both knowledge and skills required in emergency medicine point of care ultrasonography. This will potentially be a 2 day course going forward run twice yearly with the aim for this to become an accredited course which can be offered out nationally.

The centre is now also able to offer enhanced training for ED and critical care, possessing the ability to make wounds/burns/bruising look more realistic, and being able to make the simulation more immersive and real.



There was also further investment in simulation manikins, so there is now a Sim Mom on both sites enhancing maternity training and embedding the diverse nature of our patients and workforce in the learning.

As a result of collaboration with community colleagues – a new training programme has been set up aimed at the different disciplines working in community settings. Scenarios have been based on real incidents so the learning is rich and meaningful. These sessions encourage the varying colleagues that would visit a patient in their surroundings to work together and problem solve with an aim to decide if the patient requires admission to hospital or not.



The team also represented the trust in the ESNEFT tent at the Suffolk show. As shown, it proved popular whilst showcasing to the public the training that occurs within the centre.



Transformation

For FY23/24 – FY24/25, in setting out our focus areas for transformation, comprehensive ‘Medium Term Plans’ were developed with the transformation team and clinical divisions for Elective, Cancer and Diagnostics Care, Urgent and Emergency Care and Community Care, setting out our 2 year vision, strategic objectives, projects, work streams and success measures across all areas, linking to the clinical strategy, divisional business plans and national planning priorities.

From the work performed as described in the medium term plans, a summary of some of the achievements in 23/24 are set out below:

Outpatients

6 key specialties were the focus for transformation support, (mainly based on longest wait times at the beginning of 23/24). These were ophthalmology, gastroenterology, T&O, general surgery, plastics and gynaecology. Via a series of ‘time and motion studies’ and rapid improvement work on process and system improvements: -

- Wait times to be seen for initial outpatient appointments have significantly reduced across the financial year, with number of patients waiting over 52 weeks decreased by over 60%, those waiting over 65 weeks decreased by over 44% and 78 weeks decreased by 90%.
- Implementation of Patient Initiated Follow Up (PIFU); trust-wide PIFU performance increased from 2.7% in April 2023 to reach the national target of 5% for the first time, trust-wide in December 2023. The impact of the increase achieved across the year enables the potential to re-purpose an additional 9964 outpatient follow up appointments per year to either convert to new appointments or accelerate backlog clearance. (Highest impact seen in T&O, with an increase from 1.2% in March '23 to 10.9% in February '24).
- Delivering care closer to home to help address health inequalities:
 - Dietician clinics established from Barrack Lane GP Practice (highest area of deprivation in Ipswich), supporting our long-waiting patients via joint working between primary and secondary care; expecting to manage circa 800 patients per annum.
 - Implementation of the Pre-op Assessment (POA) Clinic at Clacton which has recorded over 340 patient contacts since implementation in October 2023.

Patients offered pre-op clinics closer to home



Patients living in the Tendring area will be able to have their pre-operative assessment closer to home with the launch of a new clinic at Clacton Hospital.

The nurse-led clinics are now running for patients who are due to have general surgery or urological procedures. Usually patients would have to travel to Colchester Hospital for their pre-operative assessment, but the clinics mean they can be seen nearer to their home. Reginald (pictured with pre-op nurse Helen Morgan) was one of the first patients at the clinics last week. [Full story on our website.](#)

- As part of the 'right procedure, right place' work, 165 four-hour theatre sessions have been released across the year to enable additional activity by moving more minor operations out from theatres into outpatient settings. An example of this is pictured below, with a patient having undergone varicose vein treatment in a clinic at Clacton.



New hospital clinic offers vein therapy on the coast

CLACTON residents are now able to receive varicose vein treatment closer to home as a new clinic has been set up.

Patients will not have to travel to Colchester for the treatment anymore, as an additional clinic has been set up at Clacton Hospital.

With the new addition, the main theatres at Colchester Hospital can prioritise more complex operations, as the treatment no longer involves stripping the veins out.

With a new minimally-invasive method called endovenous ablation, most patients can be treated in a clinic room, rather than an operating theatre.

Clacton resident Margaret Collinson, 85, needed treatment in her left leg at the end of last year and was one of the first to receive the treatment in Clacton.

By NATALIE HENSEL

She said: "The operation went fine - I didn't feel a thing. It took about an hour and was much easier being in Clacton than travelling to Colchester."

"I had a nip of tea afterwards and went home."

Sohail Chokoy is one of the vascular surgeon consultants performing the procedure alongside the outpatient team at the new clinic.

He said: "A lot of our patients live in Clacton or the surrounding area, so this is providing care where they need it. It also means it's cost-effective and efficient."

"Varicose veins can work against 'good' veins and cause aching or throbbing for patients, so being able to offer the care they need quickly is beneficial in a

nice environment. It also means theatre space isn't being taken up for bigger operations needed by other patients."

Patient Jan Tobley, 54, said he had lived with "unbearable pain" for most of the last year following an ankle injury resulting in a leg ulcer.

Scans revealed he had a defective vein needing treatment.

He said: "This operation has completely changed my life. The pain was beyond bearable in my left leg."

"With the clinic opening, I was able to get the operation done quickly and I'm so relieved. I work as a manager for a sports club so I'm on my feet a lot."

"It was so much easier having it done in the clinic and the team looked after me. They were all amazing - unbelievable. I'm so grateful."

■ team - Sohail Chokoy with Donna Garland, Hannah Sines and Marissa Triantafyllou

- T&O 'super clinics' established in our upper limb service; with one Saturday clinic in March seeing 58 patients, with 40% going onto PIFU and overall, positively reducing the wait times to be seen by 5 weeks.



- Through process changes and clinical validations, trust-wide 'day case' rates in accordance with the 'British Association of Day Surgery (BADs)', have improved from 82.2% to across the year, 84.4% against a national target of 85%. The outcome of this delivers improved patient experience in safely supporting our patients home on their day of surgery, whilst releasing overnight bed capacity to support bed flow throughout the organisation.
- Through significant work performed via time and motion studies, theatre observations, process changes and clinical / operational engagement, our utilisation of theatres at ESNEFT has increased from 77% in February 2023 to 80% in March 2024; ensuring that we are maximising our use of theatres to support treating as many patients as possible in a safe and timely manner.

Urgent and Emergency Care

Workforce, systems and process have been a key part of transformation's agenda for the new Urgent and Emergency Care Centre (UECC) planned for completion later this year on our Ipswich hospital site. This follows several years of design, planning, construction, service model planned changes and workforce integration, in preparation for opening the new co-located Urgent Treatment Centre and Emergency Department; (UECC).

Community at the front door

Implementation of Community At the Front Door (CAFD) at Colchester which has seen a 98% increase in patients discharged from ED with community support from November 2023 to January 2024 when compared to the previous model. A total of 1643 patients were screened in ED by CAFD in February, leading to 581 discharges being facilitated by the team from ED and a further 525 discharges after a short stay in EAU (under 3 days).



UCCH (Unscheduled Care Co-ordination Hub)

The UCCH is a system-wide service that plays a key role in delivering the vision of SNEE's emergency and urgent care community ethos – 'People receive the right care, in the right place, first time, every time.' The UCCH's primary purpose is to improve the timeliness of care and support to patients waiting who have contacted EEAST and are awaiting category C3-C5 Ambulances. By doing so, unnecessary conveyance to hospital can be avoided.

Planning commenced in January '23 following a visit to Leicester where the capability was already live. A 'Proof of concept' project launched in SNEE on 12 April 2023 with the aim of trying something different and to understand its impact locally.

Since Jan '24, the UCCH has operated 12 hrs a day (0800-2000hrs), 7 days a week. SNEE wide to date, 4335 Ambulance have been re-directed to alternative, more clinically appropriate providers.



Health Service Journal (HSJ) Digital Awards. East of England Ambulance Service Trust (EEAST), NHS England – East of England and the East of England Urgent Community Response providers – won the Improving Urgent and Emergency Care through Digital Award for their Access to the Stack programme and the use of the cleric digital portal.

Ward Led Enablement

Introduction of the Ward Led Enablement model on Older Peoples Services wards at Colchester has enabled a length of stay reduction by 2 days per month, per ward. This has meant that patients are more likely to be discharged with care support in their own home as opposed to requiring transfer to a community hospital or care home setting.



7-day Therapy model

Successful award of £198k of funding to deliver an enabling therapies service at Colchester which will enable 7-day therapy provision and reduce hospital associated deconditioning.

UEC outcomes

Cost improvement, productivity enablers and 'time release' has been identified through the work completed across the year through system and process improvements. This information has been shared with divisional teams to help identify, quantify and 'realise' the benefits associated across their areas; i.e. circa £6m and 12,000 hours have been identified overall in relation to potential productivity gains. The approach established for calculating this has been shared with a couple of other trusts nationally and will be a key focus for work planned in 24/25, to enable successful realisation of the gains.

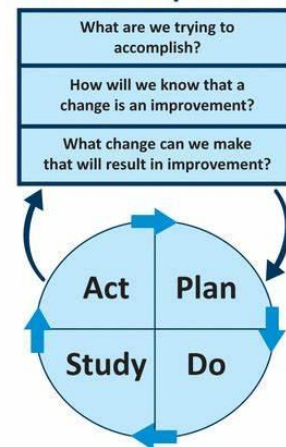
Quality improvement and Clinical Outcomes

Background

The Quality Improvement team and the Clinical Outcome team (formerly known as the Clinical Audit team) have been brought together under one umbrella this year, with the aim of aligning improvement with audit outcomes and streamlining the improvement journey for Divisions to support focusing on improving patient outcomes and providing patients and their families with a better experience.

The Quality Improvement (QI) Team is a central resource to support staff in driving improvement using a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. The QI strategy aligns with the Trust's Time Matters philosophy as it aims to embed an organisational improvement mind-set which links to the Trust's strategic objectives. The team functions as a wraparound service, aligning with NHS Impact and focussing on building improvement capability and capacity through a training & coaching support offer. They have adopted the NHS Model for Improvement which forms part of the core improvement methodology for use across the Trust.

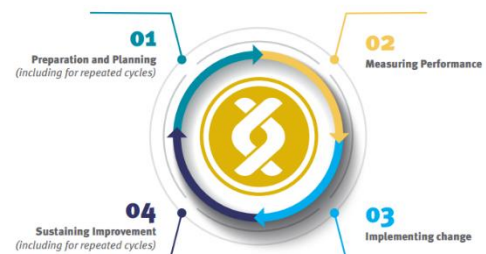
Model for Improvement



The Clinical Outcome (CO) Team is a central resource to support Divisions to meet mandatory & statutory requirements that form the contract between commissioners and providers of NHS services. They support the Divisions to deliver on the following National NHS Requirements:

- National Clinical Audit & Patient Outcome Programme (NCAPOP)
- National Confidential Enquiry into Patient Outcome & Death (NCEPOD)
- National Institute for Health and Care Excellence (NICE) Guidance
- Clinical Audit in line with Healthcare Quality Improvement Partnership (HQIP) Guidance

The team are moving towards the HQIP Best practice which includes 4 stages in a cyclical model.



Achievements

QI team achievements

Delivery of Bronze QI training:

Online externally hosted training package to summarise basic QI methodology. Issued Certificate of completion.

Bronze QI training uptake from April 2023 to Mar 2024 was **187** which represents **29%** of the overall total (639) since 2018.

Delivery of Silver QI training:

4 hour face to face or virtual workshop to teach methodology and apply to workplace idea. Will leave with drafted plan of project.

Silver QI training uptake from April 2023 to Mar 2024 was **119** staff which represents **32%** of the overall total (375) since 2018.

The team also tailored training to meet the needs of various groups, internally and externally to ESNEFT:

- 105 FY1's & FY2's induction into ESNEFT
- 60 Newly qualified ESNEFT Dr's on new induction programme
- 20 Newly qualified ESNEFT Dr's at follow up session
- 120 Essex University Nursing Degree students
- 50 Band 6 nurses from Integrated Pathways Division
- 12 members of the ESNEFT Transformation Team
- 8 colleagues from the ICB

QI Coaching begins well before a Quality Improvement Project (QIP) reaches formal registration stage. During this time, training on QI methods, tools and techniques is delivered. Staff are supported to identify the data they need to measure and how to analyse it enabling evidenced based decision making within their project. The development of a SMART aim for each project is also supported. Coaching in this stage of a QIP centres on the '3 questions' of the Model for Improvement. Staff who take up Silver QI training and then go on to register a QIP is currently 20%. The number of QI projects where the staff have received silver training as well as go on to complete a QIP is 50%.

During 2023/24 of the 333 improvement ideas generated:

- 21 (6%) completed a QIP (a further 28 projects were also completed in 2023/24 where the QIP was registered in previous years)
- 58 (17%) are active in the PDSA stage of Model for Improvement (Active pre-reg stage)
- 129 (39%) are still active in the '3 questions' stage of Model for Improvement (Registered QIP stage)
- 125 (38%) either did not get off the ground or was registered but did not complete (during pre-reg &/or registered QIP stages)

The QI team provide staff with guidance in writing up their QIPs so they can be showcased and shared to sustain & spread across other areas in ESNEFT or beyond. Examples of QIPs completed and subsequent improvements for patients in 2023/24 include:

- Improving deferred cord clamping rates in preterm babies under 34 weeks at Ipswich and a continuing decrease in rates of admission hypothermia in preterm infants
- Improving nursing staff confidence on Easthorpe Ward at Colchester to safely clean and cut patients' finger and toe nails to improve the care for those most at risk of self-neglect through development of a SOP and training package
- Improving the checking of ECG and documentation of findings for patients identified with chest pain on the Emergency Assessment Unit and Acute Medicine Same Day Emergency Care Unit at Colchester

CO team achievements

During the 2023/24 reporting period 33 National Clinical Audits reports have been published that were relevant to ESNEFT and have been reported on or are currently being reviewed. Out of these audits, numerous actions have been identified as opportunities for improvement or change and have led to various quality improvement initiatives across the Trust, including:

- National Audit of Inpatient Falls (NAIF) Annual report 2022: Working together to improve inpatient falls prevention
- SSNAP Annual Report 2023
- NLCA - State of the Nations Report 2023
- NCEPOD - The Inbetweeners 2023
- NPDA: Report on hospital admissions of children and young people with diabetes, 2015-2020
- Dementia Care in General Hospitals 2022-2023 Round 5 Audit Report National Audit of Dementia.
- 15 Years of Quality Improvement - The 2023 Nation Hip Fracture Database 2022

The team have also supported many local clinical audits across the Divisions in 2023/24 such as (among a host of others):

- Fascia Iliaca Compartment Block for Neck of Femur Fractures
- Local Safety Standard for Invasive Procedures (LocSSIPs)
- Appropriateness of radiotherapy referrals under IR(ME)R
- Perioperative Quality Improvement Programme' for paediatric anxiety management
- Improving Bone Protection medication post hip fracture
- 'Informed choice' for pregnant women who request a 'Birth outside of Guidance' pathway
- Compliance with provision of ward snacks
- Early management of patients with community acquired pneumonia (CAP)

Collective achievements

The QI and CO teams have begun to work more closely in line with the new model of working and have 25 projects that they are working collaboratively on. Senior colleagues have engaged across Divisions at Senior Management level to communicate the new model of working, with key messages built around the HQIP

best practice, and the vision has been agreed with Divisional leadership teams.



The teams have worked closely with divisional colleagues to review and plan NICE, National Audit, Clinical audit, QI projects and plan projects around divisional priorities, divisional risk and GIRFT where applicable as well as developing the Annual Audit and Improvement Plans.

There is a new initiative underway to coach Junior Doctors at Colchester Hospital in audit practice, with 55 allocated a NICE Quality Standard to audit as part of their introduction to Quality Improvement which also satisfies their Annual Review of Competency Progression (ARCP). The project has been led by the Deputy Associate Director of Clinical Effectiveness and supported by the ESNEFT Education Team, with coaching carried out by Clinical Outcome & Improvement Managers. If successful, this trial will be spread across the Ipswich cohort of Junior Doctors in the 2024/25 intake.

2024/25 plans

Key objectives include:

- Continuing to develop internal team relationships and work collaboratively on projects between QI, Clinical Outcomes & Health Inequalities teams.
- Play a central role in the development of the Making Time Matter programme by better alignment with Change teams across the Trust and embedding the NHS Impact principles of quality improvement in support of providing the best care for our patients delivered in the best place, by the best people, processes, and systems
- Develop relationships and work collaboratively on projects with the Patient Safety team and support ESNEFT Divisions to drive QI informed from patient safety events or themes.
- Support Divisions to meet mandatory & statutory requirements that form the contract between commissioners and providers of NHS services through NCAPOP, NCEPOD, NICE guidance and clinical audit.
- Support Divisions to drive Quality Improvement projects informed from NCAPOP, NCEPOD, NICE guidance and clinical audit.
- Further develop and improve the project to support FY1's with audit using NICE quality standards coached by the Clinical Outcome Team and working collaboratively with education teams

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- Train ESNEFT Education facilitators in QI enabling them to support delivery of QI as part of the Trust's Leadership programmes
 - Develop Gold level QI training in collaboration with other change teams to support ESNEFT and further develop the culture of continuous improvement
 - Develop relationship with West Suffolk Hospital QI team and the ICB
 - Drive risk-based audit & QI through the divisional Audit and QI Plans

Clinical Effectiveness

7 Day Services (7DS)

7DS is a national programme that sets out the clinical standards that patients should expect to receive. It was initiated in 2017, and revised in 2022, and the ESNEFT journey with the 7DS work provides an excellent example of how longitudinal projects need to flex and adapt to continue to have impact.

The 10 clinical standards include, Shared Decision Making with patients, time to first consultant review, MDT review for complex needs, structured handovers, access to key diagnostics, access to key interventions, Mental Health assessment for inpatients, standards for consultant review, access to support services, and involvement of staff in reviewing patient outcomes to generate learning.

The clinical effectiveness team had previously worked to complete audit projects to demonstrate compliance with standards such as time to first consultant review, but whilst some of these provided good data, some of these were time consuming and services found the individual audits difficult to complete in a timely manner. There are many sources of variation in some of these standards, e.g., time of year, staffing gaps, service models, patient acuity, and therefore data needed to be collected frequently to be useful.

The clinical effectiveness team started a new approach this year, reconsidering the project fully and applying the Model for Improvement.

We reconsidered what we were trying to achieve, by gathering the previous information and examining the resources available nationally. We felt that we needed more accurate data to be able to identify if a change was an improvement, and also to identify more clearly where support could be targeted. We have worked with Business Informatics team, and we are now utilising some of the patient level data that is now available, for example admission time, length of stay per day admitted, to generate a report that gives a picture of the care across 7 days. We have also worked with patient safety to triangulate outcomes from incidents or complaints that overlap with the standards.

Shared Decision Making

As a Trust we recognise Shared Decision Making (SDM) as a key component to effective clinical care, as such the clinical effectiveness team are now leading on the

delivery of the SDM project. This project sits in the Trust Quality Programme which ensures CMO and CNO oversight of delivery, it will also be a Quality account priority for the Trust in 2024/25.

In a nutshell, SDM is the process by which a patient and healthcare staff collaborate to make the best decision for that patient. It involves accurate information being delivered which includes giving advice based on the evidence and experience of the health care professional, but also active listening to what matters most to the patient, and planning care together.

Our Approach:

We are utilising the model for improvement tools in this project delivery. As our Trust is a complex system, a single Trust wide programme may lack impact, as it will likely be too broad in its deliverables or not specific enough to the needs of the individual services. As such we have taken an approach which will first utilise contemporaneous data collection to identify areas requiring support, before then supporting the delivery of any necessary improvements - specific to the areas and led by the staff in those areas. It is hoped this is an approach minimising unnecessary work but maximising impact where it is most required, and empowering staff to make changes they feel are most beneficial.

Recognising the two main areas for delivery of SDM are within inpatient and outpatient care we recognise there may be a need for slightly different approaches for each.

- Inpatient:
 - The Trust is soon to roll out a Ward Accreditation scheme which we have aligned with to include SDM as part of the ward assessment.
 - This will ensure all inpatient areas are assessed on an annual basis and where specific SDM improvements are required local projects will monitor improvements as required.
 - To risk stratify areas potentially most in need we also utilised the adult inpatient survey (Q24-26) to identify any potential areas requiring immediate attention but saw no obvious patterns around underperformance.
- Outpatient:
 - We are now actively auditing outpatient areas using the Collaborate, and results in this report show our performance so far.
 - Initial focus has been on the high flow areas of outpatient activity: Maternity, Vascular, Ophthalmology. This has been done to maximise and refine the approach with the biggest impact.
 - We are also capitalising on the patient pathway redesigns in our Orthopaedic services to ensure that a digital data collection tool will be implemented into new patient pathways in the elective orthopaedic centre.

Improvement Support

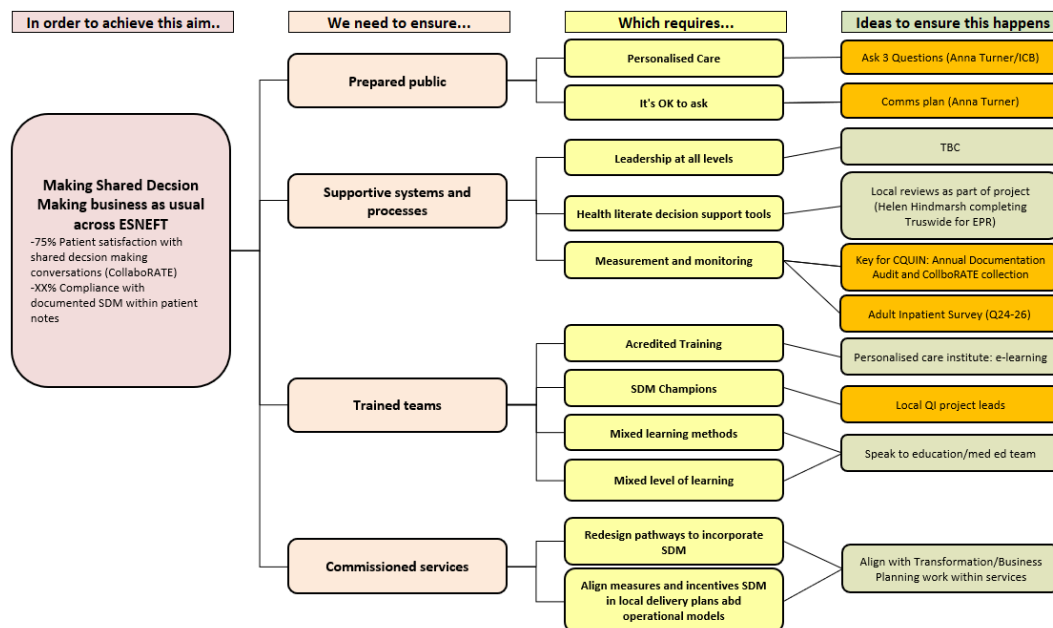
Once areas requiring improvements are identified we will take a structured approach to support them. To structure this we have used the NHS England shared decision making implementation framework in the figure below: (Shared Decision Making Summary Guide, NHS England, and NHS Improvement, 2019).

Figure 1: NHS England shared decision making Implementation Framework



To make this operational we have adapted the framework into an improvement driver diagram that can be managed by individual services as local QI projects (figure 2). The clinical effectiveness and QI teams will support application of the framework but led by the service area through delivery of the driver diagram ensuring a focus on local priorities. The driver diagram below is an example of this and shows a more Trust wide approach to the framework delivery.

ESNEFT Shared Decision Making Delivery QI Template



Measurement to date

We have used the Collaborate internationally validated patient questionnaire to measure our delivery of SDM, as recommended by the CQUIN indicator specifications.

- Numerator – Sum of scores for each question asked by each patient.
- Denominator – Number of responses on included pathways multiplied by maximum score for each patient.

Clinic	Service	Date of Collection	Numerator	Denominator	%
Twin Clinic	Maternity	02/02/2024	81	84	96%
Twin Clinic	Maternity	09/02/2024	36	36	100%
Antenatal	Maternity	08/02/2024	47	48	98%
Preterm Prevention	Maternity	21/02/2024	60	60	100%
Ophthalmology	Ophthalmology	07/03/2024	239	240	99.5%
Vascular	Vascular	21/03/2024	117	120	97.5%
Total			580	588	98.6%

Data to date evidences a good level of SDM engagement/performance from clinics observed. It is hoped that this trend is repeated as data collection continues across the Trust, but as above we are well placed to adapt and support areas that require improvements.

Getting it Right First Time (GIRFT)

GIRFT is a collection of programmes of work spanning nearly every aspect of care that Trusts such as ESNEFT provide. There is a duality to GIRFT, namely work that is focused on single services, and then cross cutting themes that draw on system wide activity, such as reducing long waits for outpatients.

This duality is reflected in the structuring of GIRFT work in ESNEFT. The larger scale projects are managed by the Transformation Team, and examples of this are the Best Practice Pathways, or Theatre Utilisation. The Clinical Effectiveness team manages the single services work. This involves practicalities such as pulling together visits, action plans, and reports. The two teams work together especially where actions or opportunities dovetail; an example is in the Further Faster work, a programme of speciality focused support to reduce outpatient waiting time, which is clearly a Transformation opportunity but also requires a service level implementation. The upcoming Peer Reviews in 2024 from GIRFT for SNEE (Gynaecology and Peri-operative Medicine) are already planned to include data and opportunities from the Further Faster guidance.

In 2023 there were supportive reviews in Diabetes, High Volume Low Complexity, Head and Neck Cancer, and the Virtual Wards, and the observation reports are the basis for action plans that the divisions can use to drive improvements, often focused on productivity, efficiency, and patient experience.

ESNEFT has been praised for the way it has worked with colleagues from West

Suffolk to host reviews that encompass all of SNEE, and we are passionate about continuing this approach as of course our challenges are often mirrored across ESNEFT and West Suffolk Hospital and working together has also increased the learning opportunities.

Population health management

The aim of the team is to help organisations in the East of England with the delivery of population health management and associated enablers to improve local population health and wellbeing and address health and healthcare inequalities. We work across six ICSs in the region and have carried out several activities to support this aim during the past year:

- We continued to develop as a technical hub for PHM for ICSs and their organisations to access and provide leadership through partnerships across regional organisations and teams including:
 - translating national strategy
 - holding a cross-ICS workshop to share experiences
 - collaboratively reviewing PHM capabilities in each ICS to identify areas of good practice and development, and requirements for regional support.
- We carried out population health intelligence skills mapping with ICSs and held a cross-ICS workshop with regional intelligence colleagues to review the findings and identify analytical workforce development themes and challenges to follow up.
- We continued to develop the regional PHM network to bring together the workforce involved with PHM across settings and ICSs, supporting their development of skills. This included sharing resources, developing resources where none were available such as on the use of Theographs², a visual representation of healthcare activity over a period of time, providing good practice examples, building on an online information library and delivering six webinars.
- We are a member of Suffolk and North East Essex ICS diabetes committee and provide technical input into identifying priorities through presenting and interpreting diabetes population health and health inequalities data. We are building on this by working with ESNEFT colleagues on a project reviewing taking a PHM approach to inform targeting of clinical approaches to reduce the frequency of complications resulting from diabetes.
- We are a member of ESNEFT's health inequalities board and provided technical input into development of the strategy on the background and relevant policy guidance.

We have successfully recruited to the team a trainee health psychologist in workforce redesign, who is working within ESNEFT on behalf of the region. This is a trailblazing new national programme, providing a funded training opportunity for health psychology for each region in England. The programme will involve local projects looking at where behaviour change is vital to introduce new ways of working and how to support the workforce. An example of this is addressing health

² [How to use Theographs to better understand individual stories and improve patient care - Imperial College Health Partners](#)

inequalities and embedding this in day-to-day work, developing and conducting research projects and delivering training to the workforce.