NHS
East Suffolk and North Essex
NHS Foundation Trust

Trust Board

Report Summary

Date of meeting: Thursday 15 May 2025	
Title of Document: ESNEFT Delivery Plan – Update for Trust Board of Directors	
To be presented by: Dr Shane Gordon Director of Strategy, Research & Innovation, Sustainability & Transformation	**Author:** Andy Higby Strategy Programme Director
1. Status: For Approval/Discussion/**Assurance**/Noting/**Information**	
2. Purpose: This report is being presented to Trust Board members to provide assurance on progress with the schemes that comprise the ESNEFT Delivery Plan (formerly the Strategic Plan).	
Relates to:	
Strategic Objective	This report covers all the director-led programmes which deliver across the Trust's Strategic Objectives: • Keep people in control of their health; • Lead the integration of care; • Develop our centres of excellence; • Support and develop our staff; • Drive technology enabled care
Operational performance	The report references elements of operational performance e.g., schemes 01 - Elective, 02a – Urgent & Emergency Care (COL) and 02b – Urgent & Emergency Care (IPS)
Quality and equality impact	The report includes elements of the Quality Strategy e.g., schemes 03 – Quality Improvement and 04 – Quality Priorities.
Legal, Regulatory, Audit	N/A
Finance	This report includes finance elements i.e., scheme 05 – Financial Sustainability
Governance	This report provides the Trust Board of Directors with assurance of progress across all schemes – with measures identified at baseline and quarter end; as well as target for year-end
NHS policy/public consultation	N/A
Accreditation/ Inspection	Scheme updates are not subject to review by an accreditation body; or by the Trust's Internal Audit provider
Anchor institutions	N/A

ICS/ICB/Alliance	N/A
Board Assurance Framework (BAF) Risk	This report does not provide material additional assurance in relation to BAF risks. However, scheme updates are included for: • Financial Sustainability (BAF2 Financial performance – value and sustainability). • Workforce (BAF5 Workforce – recruitment and retention) • Elective (BAF6 Sustainable delivery of elective performance.), • U&EC (COL) and U&EC (IPS) (BAF6a - Sustainable delivery of emergency care performance targets.), • Building for Better Care (BAF7 - Estates development and capital equipment • Digital (BAF8 - Digital maturity and major disruptive outage)
Other	N/A

3. **Summary:**

This report provides a summary for Board members on the progress across the range of programmes that make up the ESNEFT Delivery Plan.

4. Recommendations / Actions

Trust Board members are invited to note the update reports below, and seek any clarification required.

Scheme name:	**Elective Care**		
SRO / Support	**Karen Lough / Carolyn Tester, Bobby Jones & Alex Pacey**		
Period ending	**31 March 2025**		

Intended change to be delivered by scheme: -

- Reduction in overall Waiting List size
- Reduction in the number of patients waiting 65+ weeks
- Deliver against overall DM01 performance trajectory
- Increase Theatre productivity
- Implement Transformative change to increase uptake of PIFU and A&G

Measure	**Baseline (as at 31st March)**	**In month position (as at 31st March '25)**	**Year-end target**
Total waiting list size	84,740	90,845 *(Improved from 92,023 in Dec)*	80,503 *(5% reduction)*
Total patients waiting 65+ weeks	535	15*(Improved from 22 in Dec)*	0
DM01 Overall Performance against trajectory	8.4%	5.3% *(Improved from 14.5% in Dec)*	5%
Theatre Productivity: Average cases per list	2.4	2.2 *(Same as Dec)*	2.5
Theatre Productivity: Lists used; as percentage of total lists available	89.7%	98.6% *(Improved from 82.8% in Dec)*	85%
Theatre Productivity: In-session usage	78.7%	72% *(Improved from 70% in Dec)*	85%
Outpatient Transformation: PIFU against 5% target	3.5% *(Including SUS data e.g. Oaks etc)*	4.6% *(Including SUS data e.g. Oaks etc)* *(Deteriorated from 4.8% in Dec)*	5%
Outpatient Transformation: Advice & Guidance against 16% target	19.8%	20.5% *(Improved from 19.6% in Dec)*	16%

Key points from this reporting period:

65+ weeks – Reduction achieved, to 15 patients at end March, (from 22 in Dec '24)

Theatre utilisation:-

- Further detailed call taken place with South Tees and Walsall hospitals. Learnings shared, key focus on importance of clinical engagement
- Commenced senior team requirement to spend 5 hours each week in theatre setting and feedback at weekly senior utilisation meetings
- First patient of the day admitted to recovery space at ESNEFT allowing prompt starts
- ENT - HVLC, super week completed in March at Colchester. Patients, day case ASA 1&2 and over 5 years old, tonsillectomies, adenoids & grommets. Additional capacity included 9 Adults and 22 Paediatrics patients, second super week at the end of April, additional 6 Adults and 16 Paediatric patients
- Completed wholescale training sessions with theatre and service teams on data entry, validation and measurement, to improve recording and reporting

ESEOC:-

Elective activity summary for 11th November 24 – 31st March 25:

Site	Completed Cases	Lists	Cases per List
ESNEFT	1588	565	2.8
WSH	220	74	3.0
Total	**1808**	**639**	**2.8**

- Extended Recovery now fully functional
- Average inpatient LOS currently 1.83 days. (Note:-this has increased from previous report due to the introduction of Extended Recovery patients).

Green surgical hub:-

- Largest proportion of activity is Upper GI, where Laparoscopic Cholecystectomies and Hernia procedures combined, contributes to over 20% of all hub activity

	Upper GI	Breast	Urology	Colorectal	Oral	Plastic	ENT	Vascular	Gen Surg	Other
Number of elective procedures	325	295	205	119	90	75	71	71	53	22

- Pilot commenced March ‘25, increasing number of Laparoscopic Cholecystectomy procedures by one case per list, on specific surgeon lists, prior to wider roll out
- Increased number of procedures on Robotic lists from February 25, focusing on Cholecystectomy and Hernia repairs - Enabling 4-5 cases compared to 1 Robotic Cancer case or enabling additional cases after the 1 Robotic Cancer case.

Outpatients:-

- Overall GIRFT Further Faster metrics for outpatients reflects an improved position across the year, supporting the reduction achieved in 65+ and 52+ week waits. Key workstreams contributing to this include Advice & Guidance, PIFU, Follow up Percentages and Text Campaigns, *(as below)*:-
  - New patients text campaign for patients having waited 40+ weeks on the Patient Tracking List (PTL) for first appointment. 539 patients confirmed they wish to be discharged from the waiting list
  - Overdue follow up text campaign for patients overdue a follow up appointment 6 months +. 486 patients confirmed they wish to be discharged from the waiting list.

PIFU

Work continues to meet the national target (5%). Progress by speciality (March 2024 to February 2025) is shown immediately below; with comparator data to WSFT for information. 12 specialties have improved, one has remained the same and two have declined slightly.

East Suffolk and North Essex NHS Foundation Trust

PIFU%	ESNEFT Mar 24	ESNEFT Feb 25	WSFT Mar 24	WSFT Feb 25
Trust Total	3.5	4.8	3.1	3.6
Cardiology	1.2	1.7	0.8	0.9
Dermatology	7.3	11.1	0.7	2.5
Diabetic medicine	No data	No data	No data	No data
Endocrinology	0.2	0.2	No data	No data
ENT	7.0	9.8	3.9	6.4
Gastro	1.0	1.9	1.9	4.9
General Surgery	1.6	1.3	1.2	1.3
Geriatric Medicine	No data	No data	9.1	14.3
Gynaecology	2.1	2.7	3.0	2.2
Neurology	4.6	5.8	No data	0.3
Ophthalmology	1.8	3.6	3.4	3.6
Orthopaedics	10.1	10.1	22.7	25.1
Respiratory	3.5	11.7	2.8	3.7
Rheumatology	4.1	4.6	3.0	3.6
Spinal	18.7	17.6	No data	No data
Urology	0.5	3.7	1.7	No data

Data source	National dashboard (EROC)
	Improved from baseline (Mar24)
	Down to baseline (Mar24)

DM01:-

- Radiology Modality March position was 97.6% (exceeding DM01)
- Overall trust March position 94.7% against a 95% target.

Examples of key focus areas over the next period include:

- Theatres key focus to fully utilise all lists and embed 6-4-2 booking process
- Implement learning gained from collaboration with Gloucestershire regarding speciality theatre meetings, linking with WSH colleagues for SNEE-wide learnings
- Project started to have a standby list for ENT procedures.
- First cohort of MSE patients into ESEOC
- Launch of App to monitor theatre start times across both sites, reviewing actions daily and discussion of learning at huddle each morning.

Scheme name:	**Urgent & Emergency Care (COL)**
SRO / Support	**Alison Stace/ Shume Begum/ Ben Page**
Period ending	**31 March 2025**

Intended improvement to be delivered by scheme

- Patients are seen, treated and discharged from our Emergency Departments within 4 hours.
- Maximum 92% Bed occupancy at all times, (i.e., maximum 92% of 'available' beds occupied at any one time)
- Average LOS per specialty, (per patient, per specialty)

<table>
<tr><th>Measures (from EMC reporting)</th><th>Baseline</th><th>End quarter position</th><th>Year-end target</th></tr>
<tr><td>Preventative: ED attendances (excluding UTC): patients aged 65 and over.</td><td>April 2023: 2,518</td><td>Mar 25: 2,662</td><td></td></tr>
<tr><td>Front door focus: admissions discharged on the day of attendance (move from 1/5 to 1/3)</td><td>April 2023: 29.4%</td><td>Mar 25: 62%</td><td>33%</td></tr>
<tr><td>Flow: Virtual ward pathways are maximised to at least 80% capacity available.</td><td>April 2023: 61.9%</td><td>Mar 25:
<table>
<tr><th>Organisation Name</th><th>Service</th><th>Available</th><th>Occupied</th><th>Capacity Utilised %</th></tr>
<tr><td rowspan="5">North East Essex Virtual Wards</td><td>Total</td><td>1178</td><td>1217</td><td>103.31</td></tr>
<tr><td>Acute Frailty</td><td>558</td><td>568</td><td>101.79</td></tr>
<tr><td>Acute Medical</td><td>310</td><td>279</td><td>90</td></tr>
<tr><td>Community Heart Failure</td><td>186</td><td>169</td><td>90.86</td></tr>
<tr><td>Acute Respiratory</td><td>124</td><td>101</td><td>81.45</td></tr>
</table>
</td><td>95%
(Q1 80%, Q2 85%, Q3 90%)</td></tr>
</table>

Key points from this reporting period:

- March had intense focus on Type 1 performance, this was Colchester achieve the 78% target, with Type 1 performance at 52.52% and economy (Type 1 + Type 3) achieving 80.73%.
- March also saw the launch of 'Be The Change', engineered by the UEC CDG it has aimed to galvanise all teams from across Gen Med and Care of the Elderly. Since this launch there has been marked improvement in a number of metrics, observed below.

W/C	T1 attendance	T1 %	T1% NA	Nurse 15min asses	Dr. 60 min wait for treatment	T1 breaches	12 hour waits	AECU - pts	AMSDEC - pts	EAU - discharges	EAU LoS	UTC% - 2hrs
10th Feb	1439	48.2%	50.5%	90.1%	65%	751	264	322	205	58	1.53	54%
17th Feb	1500	49.8%	53.2%	88.9%	65%	752	286	297	203	67		
24th Feb	1516	51.3%	58.2%	72.6%	62.6%	822	339	310	201	56		
3rd March	1479	45.0%	47.1%	86.4%	65%	737	389	285	226	47	1.15	56%
10th March	1498	49.2%	54.2%	85.0%	66.5%	768	269	300	219	57	1.29	56%
Be The Change Launch												
17th March	1522	54.9%	64.6%	89.2%	69.6%	687	186	298	194	74	1.34	53.2%
24th March	1460	62.2%	72.9%	90.7%	79.54%	555	214	291	233	53	1.49	
31st March	1457	54.8%	64.8%	88.9%	73.72%	673	244	233	172	60/63	1.25	
7th April	1428	62.3%	73.5%	91.6%	79.06%	534	156	231	212	59/88	1.02	63.81%
14th April	1447	60.72%	74.1%	93.4%	79.44%	567	173	286	240	69	1.10	
21st April	1431	56.6%	66.4%	91.6%	75.3%	620	265	283	240	69	1.21	
28th April	1408	55.89%	69%	91.5%	80.2%	621	218	335	221	70	1.31	

- Due to 78% target being met last FY, CGH were awarded £250,000 of capital to make improvements to the UTC Foyer. The works were successfully completed and there have been lots of positive comments from staff and visitors with regard to the space. As there are now assessment spaces at the front door this will support the roll out of Epic and Computer On Wheels.

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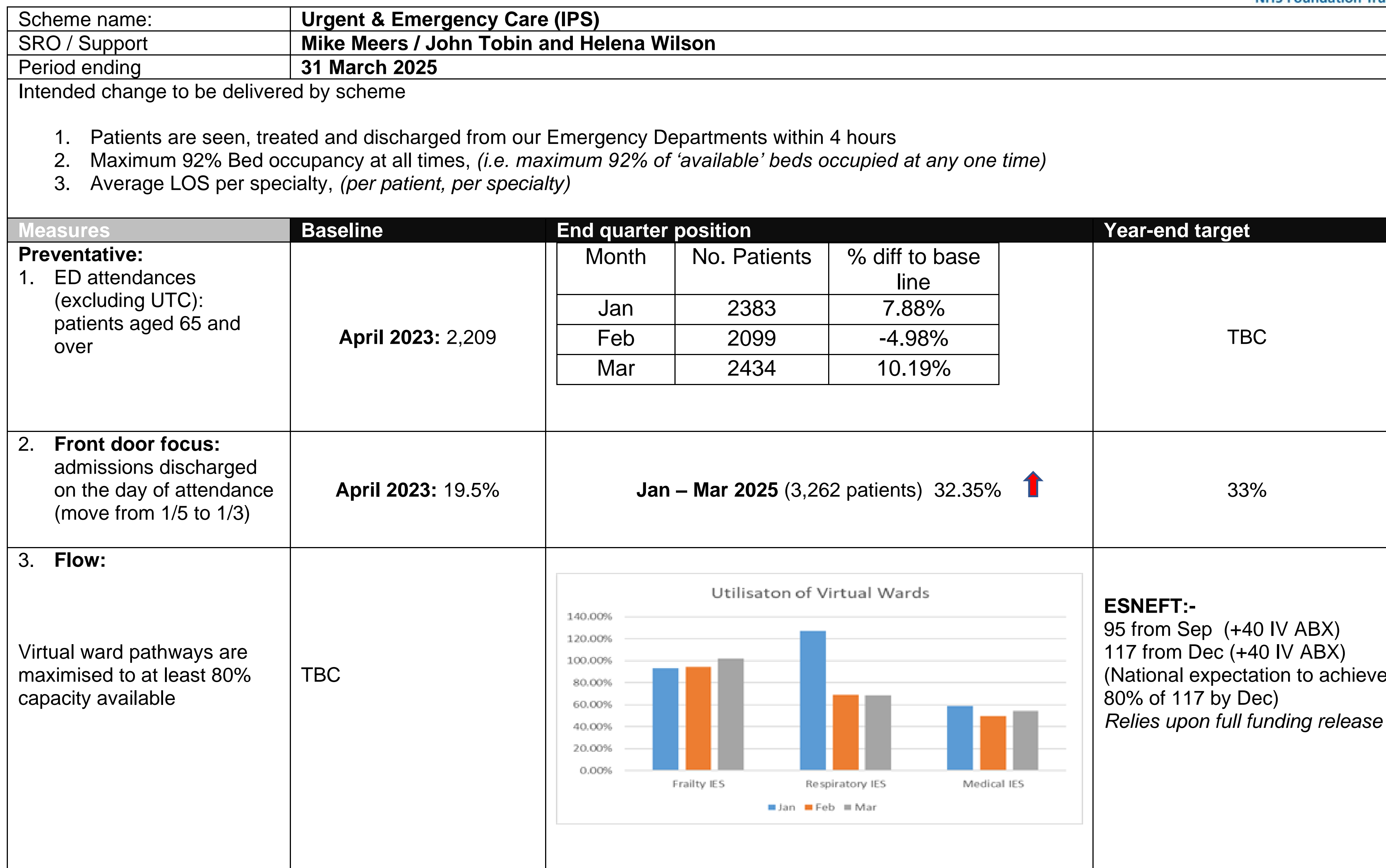
WELCOME TO
COLCHESTER
HOSPITAL
URGENT AND
EMERGENCY
CARE DEPARTMENT
Fire
exit
Dyna-Form



Scheme name:	**Urgent & Emergency Care (IPS)**
SRO / Support	**Mike Meers / John Tobin and Helena Wilson**
Period ending	**31 March 2025**

Intended change to be delivered by scheme

1. Patients are seen, treated and discharged from our Emergency Departments within 4 hours
2. Maximum 92% Bed occupancy at all times, *(i.e. maximum 92% of 'available' beds occupied at any one time)*
3. Average LOS per specialty, *(per patient, per specialty)*

Measures	Baseline	End quarter position	Year-end target
Preventative: 1. ED attendances (excluding UTC): patients aged 65 and over	**April 2023:** 2,209	Month / No. Patients / % diff to base line Jan / 2383 / 7.88% Feb / 2099 / -4.98% Mar / 2434 / 10.19%	TBC
2. **Front door focus:** admissions discharged on the day of attendance (move from 1/5 to 1/3)	**April 2023:** 19.5%	**Jan – Mar 2025** (3,262 patients) 32.35%	33%
3. **Flow:** Virtual ward pathways are maximised to at least 80% capacity available	TBC	Utilisaton of Virtual Wards 140.00%, 120.00%, 100.00%, 80.00%, 60.00%, 40.00%, 20.00%, 0.00% Frailty IES, Respiratory IES, Medical IES Jan, Feb, Mar	**ESNEFT:-** 95 from Sep (+40 IV ABX) 117 from Dec (+40 IV ABX) (National expectation to achieve 80% of 117 by Dec) *Relies upon full funding release*

Improvement to percentage of total discharges known by 16:00 for tomorrow		**Awaiting Data source** (detail accessed via RDT on a daily basis	TBC

Key points from this reporting period:

- Transfer of the UTC service on 12th Feb 2025 from Suffolk GP Federation to ESNEFT, initial Go Live intended to be 1st April 2025, however Suffolk GP Fed contract terminated on 12th February 2025. Due to minimal TUPE of staff, a remodel of the workforce is underway. UTC staffed with GP 0900 – 00.00 maintaining same volume of patients previously seen although these remain below trajectory of 85 patients per day. Workforce being increased to provide both ACP and GP cover 0900-00.00 7 days per week.
- There was a significant focus on achieving the four hour standard in March 2025. The trust achieving this overall. Additional resources with transfer team in place, late opening of the discharge lounge and senior late cover put in place to support decision making and flow out fo the department.
- Implementation of the Front Door Assessment Team (FDAT) and the Ambulatory Emergency Care Unit (AECU) in January has improved time to treatment and de-crowding the main waiting room.
- RAT process for ambulance patients improving the time to 1st clinical assessment is working effectively, however delay for inpatient beds has impacted flow
- Increased provision of Frailty service with good effect
- Standard RAG criteria implemented over the weekend improving our weekend discharges, changes agreed to RDT to highlight constraints
- Action led Joint Site Ops / Ed Huddles to focus on flow and take proactive steps to maintain offloads
- Corridor enacted when demand required, impacted at times through staff availability
- Data set to encourage awareness of LoS shifts by specialty shared with medical consultants (LoS increased by 0.5 days)

Scheme name:	**Quality Improvement**
SRO / Support	**Angela Tillett and Sally Barber / Marie Elliott**
Period ending	**31 March 2025**

Intended change to be delivered by scheme

- End of Life Care - To improve the care of patients who are in the last days or weeks of life and those close to them, wherever they are cared for in the Trust, including rapidly deteriorating patients reaching their preferred place of care, in a timely manner.
- Inequalities - Tobacco Treatment. NHS Long Term Plan – by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

Measures	Baseline	End quarter position	Year-end target
1. End of Life Care - Fast Track time to discharge – data covers last 12 months	Patients discharged to own home – 7 days Patients discharged to care home – 10.2 days	Patients discharged to own home: Colchester Hospital – 4.4 days Ipswich Hospital – 5.0 days Patients discharged to care home: Colchester Hospital – 9.3 days Ipswich hospital – 7.7 days	Patients discharged to own home – 5 days Patients discharged to care home – 8.5 days
2. Tobacco treatment Number of patients taking up support Number of patients referred	70% 63 90	Q4 data – 62% 93 took up support 152 referred Q3 data - 60% Q2 data - 68%	80%

Key points from this reporting period:

End of Life Care - Fast Track time to discharge: Average days to discharge end of life patients to all destinations continue to decrease, although fluctuations relating to time of year and acuity are apparent. Both Colchester and Ipswich sites exceed the target for discharging patients to their own home (4.4 days Colchester average, 5.0 days Ipswich average - compared to a 5.0 day target). Ipswich exceeds the target for discharging patients to care home (7.7 day average, compared to an 8.5 days target). Capacity challenges with data collation have caused delays, particularly with Colchester data. Data tool has been refined from April 2025. Rolling averages are being collated to identify themes. Collaborative working continues with palliative and end of life teams, working with: North East Essex, Ipswich and East Suffolk, Integrated Care Boads, Primary Care, Compassionate Community UK, Hospices and East of England on national and regional projects.

A project promoting “so sick they might die”, has commenced. Epic build priorities are to be agreed. Communication skills training is to be aligned on both sites.

Inequalities - Tobacco Treatment: Tobacco treatment has now had over 1700 referrals to the service and the staff support service has over 120 referrals. Smoke free site communications continue. Staffing level reduced on Ipswich site, recruitment to commence. New TDA’s commenced in both Emergency Departments in January/February. TDAs brought in-house with effect from 01/04/25. New Service Ops Co in place. Deep dive of service to commence in Q1.

Referrals into Feel Good Suffolk now underway, with Pharmacy to GO also supporting.

Funding for the Tobacco Treatment Service agreed for Ipswich site only by Public Health, Suffolk, leaving risk of no service at Colchester site. Escalated to ICB and working with Essex Public Health to explore any opportunities of delivery supported by existing community service.

Scheme name:	**Quality Priorities**		
SRO / Support	**Catherine Morgan, Anne Rutland / Marie Elliott**		
Period ending	**Data to end March 2025**		

Intended change to be delivered by scheme

- Mental Health - To improve clinical outcomes for patients with mental health conditions and transform Mental Health provision across ESNEFT
- Dementia - To improve the care and management of patients who have Dementia, their families and their carers, wherever they are cared for in the Trust.

Measures	Baseline	End quarter position	Year-end target
1. Mental Health Reduce the use of security observations through increasing use of clinical assessment and therapeutic interventions. This will include use of Bures Ward staff to undertake therapeutic observations and a reduction in the unnecessary use of 1:1 observations.	5399 hours per month average October 2024 – March 2025	**New measure for 2025**	10% reduction in the use of security observations in the first 6 months
2. Dementia – use of 'This is Me' booklet for all patients with Dementia and Delirium.	<20%	**Q4 = 22%** Colchester 30% Ipswich 14% 2024-2025 annual average = 36% 2023-24 annual average = 22%	50%

Key points from this reporting period:

- Measure 1 – Bures Ward became operational at the end of March 2025. Processes are in place to support assessment of patients referred for 1:1 care; the demand (particularly in Colchester) exceeds capacity within the complex health team due to LD nurse vacancy, lack of adult MH specialism and limited capacity of single Dementia specialist. Bures ward is supporting greater buy-in by teams to improve ETOC (Enhanced Therapeutic Observation and Care); training and interventions in relation to this are ongoing.

- Measure 2: Data for 2024-25 is above Trust average for previous year. Small teams at both acute sites impacts auditing capability and there were challenges completing the Q4 audits due to staffing issues. This audit process is being refined in April to ensure it is realistic and enables consistency. Difficulty meeting target due to lack of uptake of booklet, which is an external document produced by The Alzheimer's Society and Royal College of Nursing, for patients and carers to choose to complete. Essex University Research Team Service Improvement project 'Dementia: Fundamentals of Care in Acute Hospital Settings', joint working is ongoing. The Accrediting Care at ESNEFT (ACE) and Quality audit process encourages greater focus on dementia and delirium care at ward level.

Scheme name:	**Financial Sustainability**
SRO / Support	**Adrian Marr / James Rowe**
Period ending	**31 March 2025**

Intended improvement to be delivered by scheme:

- Financial sustainability comprises a combination of long term planning, annual planning and in-year monitoring
- Trust 24/25 financial plan (as part of the Trust plan) submitted as £250k surplus, as part of ICB system plan
- 2024/25 plans developed at Divisional level and included in the Trust business plan as part of the 24/25 cycle - key themes of consolidation, working smarter and financial sustainability
- This ensuring reference to the Trust Strategy and Time Matters philosophy, whilst looking to align patient activity, workforce and financial elements to form the Trust business plan

Measures (from EMC reporting)	Baseline	End quarter position	Year-end target
4. Local Cost per WAU	107.8 (Mar 23)	95.7 (Trust February 25 Index)	102.8 (3.2% CIP + 2% productivity improvement)
5. Recurrent CIP	N/A	24/25, £22.7m actual vs £25.1m target (with £12.7m recurrent related)	£25.1m

Key points from this reporting period:

- Trust 2024/25 surplus of £3.5m (including additional £3.2m ICB allocation), compared to £0.25m plan
- CIP performance of £22.7m in 2024/25. Moving into 2025/26;
  - revised CIP target of £43.9m; built from Brought forward divisional surplus / deficit, 3% new CIP, and EPIC benefit realisation
  - implied productivity compared to 2019/20 at -3.5% based on new national methodology (-6.9% old methodology)
  - implied productivity growth = Output growth (cost-weighted activity) to input growth (expenditure costs), against the 19/20 baseline period
- Business planning completed and external plan submitted
- Divisional plans identifying Productivity and CIP plans to date. Further enhanced idea generation required, looking to maximise existing or additional concepts, and explore wider opportunities
- Concurrently a continued focus on CIP PIDs for validation and QIA approval continues via established Divisional Accountability Meetings and internal reporting. Focus on delivery of schemes via DAM reporting, acknowledging concurrent material developments progressing such as ESEOC, Clinical reconfiguration, EpicEPR
- SNEE system sustainability review nearing conclusion, and final report under consideration
- Medium Term Financial Plan currently and continually under review for refresh. Recent NHSE publication noting increasing importance in 25/26 with a requirement for plans to be developed in summer 2025
- To note and as emphasised in previous planning guidance, ICS systems were also established as the key unit for financial allocations. In to 25/26 this approach continuing in relation to collaboration and collective responsibility for financial performance - the WSFT financial position and FRP

therefore continues to present additional risk to the achievement of system balance. This being monitored as part of System-wide groups (the WSFT double lock process continues in place)

Programme title:	**Workforce**		
SRO / Support	**Kate Read / Sam Thorne**		
Period ending	**31 March 2025**		
Measures	**Baseline**	**In month position**	**Year-end target**
• Vacancy Rate	3%	5.2%	<3.5%
• Sickness Rate	4.23%	4.17%	<4%
• Attended Leadership Development	53.26%	53.86 %	70%

Intended improvement to be delivered by scheme

- **Vacancies –** To reduce vacancy rate to below 3.5%. The Trust has maintained a 13-15 day Time to Hire which is within our target of 15 days we are significantly performing well in this area. Dedicated recruitment campaigns for hard to fill roles, increased apprenticeships, increase talent pool will support the maintenance of low vacancy rate and time to hire. Continuing improved applicant communications and review of pre-employment processes will also assist with maintaining time to hire.

- **Sickness Absence –** To reduce absence rate to under 4%. Continued focus on bitesize training sessions to support managers dealing with short and long term sickness absence. Ongoing sickness review groups held on a monthly basis to focus on staff who have been absent over 3 months which includes complex cases. Absence Policy has been reviewed and strengthened to provide a more robust clearer framework for managing short term and long term absence.

- **Leadership Development -**
    - The Trust continues to offer its three tiered Leadership programme to staff; Emerging Leader – delivered by our internal facilitation team, Engaging Leader – currently delivered in partnership with NHS Elect, and Visible Leader – currently delivered in partnership with The Kings Fund. These programmes will continue to run with Engaging Leader being brought in house towards the beginning of the summer. In addition, we have developed a suite of Management Masterclasses to support new and existing managers to develop skills in areas such as conflict resolution, managing high performing teams, supporting psychologically safe working environments, etc. Alongside this we are working with department specialists to develop a programme of bitesize sessions to support managerial functionality for systems and processes, for example: Finance for non-finance Managers, ESR, Healthroster, H&S etc. All of these programmes are designed to equip new and existing staff with the practical and theoretical skills required of leaders within an NHS environment.
    - In 2024 we will be launching our 360 Supportive Leader review programme, which will complement all the work that we have achieved during 2023, this has been designed using the results from our 2022 cultural audit combined with our 2022 staff survey. Feedback facilitators will be trained to provide feedback and learning to our leaders which will be instrumental in continuing our commitment to developing them and in turn shaping our culture to be one that fully embraces the NHS People Promise.

- My Career Matters, our talent management programme, will be piloted in some key areas of the Trust where we recognise we need to strengthen our succession planning and improve the career prospects of our future leaders. In turn this will be rolled out across the Trust providing staff with clear career pathways they can follow, whether they wish to become a leader of people or a specialist leader in the future.

Key points from this reporting period:

Vacancies

- Vacancy rate has marginally decreased this quarter to 5.2% (March) from 5.3% in December.

Workforce Metrics	Target	Oct 24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Vacancy (excluding Agency)	-	3.7%	5.0%	5.5%	5.3%	4.7%	5.2%

- Consultant vacancies are currently 35.7 WTE. 18 consultants are going through on-boarding with appointments to Obstetrics & Gynaecology, Emergency Medicine, Histopathology, Renal, Geriatric Medicine & Plastic Surgery. AAC's set up for Emergency Medicine, Geriatric Medicine, Intensive Care Medicine & Urology.

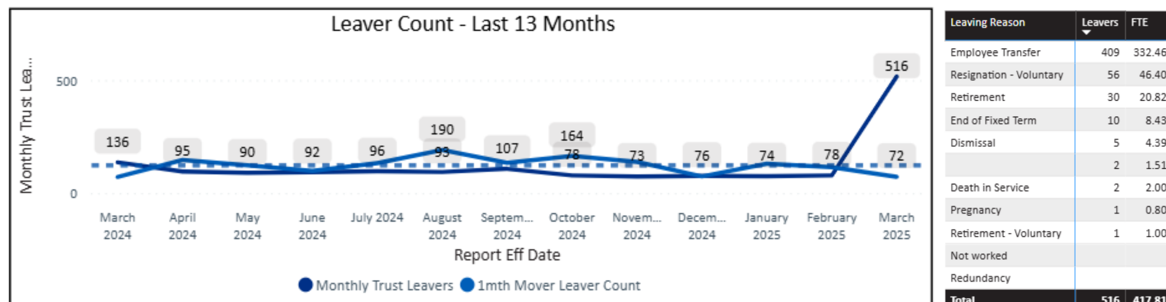
- Dedicated recruitment campaigns for hard to fill roles, including use of social media campaign; and highly targeted advertising (e.g. Royal College of Pathologist of Australasia). This work is augmented by some agreed incentives as well as increased apprenticeships, increase talent pool will support the maintenance of low vacancy rate and time to hire.

- Time to Hire remains low at 13.93 days which is a decrease from previous quarter (14.77 days in December). Continuing improved applicant communications and review of pre-employment processes will also assist with maintaining time to hire.

- Establishment increased by 164.6 WTE in quarter to 12,041.6 WTE with a headcount of 11,413.1 WTE. The increase in budget is due to an increase in budget within ICT (EPR), FoE and MSK.

- The Trust continues to have significantly more starters than leavers overall, however is 107 WTE behind of plan in respect of our workforce trajectory due to the recent TUPE.

- Voluntary turnover (rolling 12 months) decreased this quarter to 6.1% (March 2025) from 6.5% (December 2024). The Retention team are continuing to raise the profile of flexible working and its economic value in improving work life balance and retaining staff. Launch of 'itchy feet' campaign commenced in January 2025, offering a career conversation with the retention team to discuss how to improve work life balance or access career development opportunities.



Leaving Reason	Leavers	FTE
Employee Transfer	409	332.46
Resignation - Voluntary	56	46.40
Retirement	30	20.82
End of Fixed Term	10	8.43
Dismissal	5	4.39
	2	1.51
Death in Service	2	2.00
Pregnancy	1	0.80
Retirement - Voluntary	1	1.00
Not worked		
Redundancy		
Total	**516**	**417.81**

National Staff Survey 2024

- Three areas of focus have been agreed following the results of the 2024 staff survey. **Advocacy** – patient care being the Trust top priority, recommending the Trust as a place to work and be treated. We have a voice that counts – **raising concerns**, whilst staff generally feel able to raise a concern, we need them to feel more assured their concerns will be dealt with. We are always learning – **appraisals.** Setting appropriate actions plans and measures for the three areas of focus for the staff survey.

Leadership Development

- The Trust continues to offer its three-tiered Leadership programme to staff; Emerging Leader – delivered by our internal facilitation team, Engaging Leader, and Visible Leader along with a suite of Management Masterclasses to support new and existing managers to develop skills in areas such as conflict resolution, managing high performing teams, supporting psychologically safe working environments, etc.
    - 1,627 have completed the leadership programmes and 316 are currently on the programmes. 1,912 employees have attended the management bitesize training courses provided.

- 360 Supportive Leader reviews - The Women's and Children project has been extended to the end of April, we have 110 leaders from across the division who are taking part and will receive individualised feedback about their leadership. Once this project ends we will begin cohort 2 for the same division. We have also launched a project for the Executive team and some of the corporate nursing team. Train the trainer facilitator training commences in May for two members of staff so they can become in-house trainers for future facilitators, which will enable us to approach the training of fresh cohorts more flexibly, it will also be a cost saving over time.

Scheme name:	**Digital**
SRO / Support	**Mike Meers / Andrea Craven**
Period ending:	**30 April 2025**

Intended improvement to be delivered by schemes:

- Epic EPR is first and foremost about improving patient safety and quality of care and provides visibility of all the information and tools we need, in one place, to care for our patients in real time.
- ESNEFT wide Patient Portal (via Epic MyChart) gives people greater control and supporting improved patient outcomes and patient satisfaction. Phase 1: view appointment letters, integration with NHS App. Phase 2 – ability to book, cancel, rebook appointments, notifications and alerts, questionnaires and the ability to view all outcome letters.
- Voice Recognition will deliver a means for clinicians to interact directly with Epic to maximize clinical document production, which in turn helps increase productivity, saves time and ultimately improve the patient experience.

Measures (from EMC reporting)	Baseline	End quarter position	Year-end target
6. **Epic EPR Phase 1**	Implementation Readiness and Phase 0 – Pre-work complete	In the March Report, the programme reported a status of **'watch'**. The status is receiving additional Executive oversight. Off track areas are Medication validation, Oncology Protocol Validation and Credentialed Trainer recruitment. Development (Test/readiness) phase continues - focus on content configuration, application testing. Excellent start to the build of the staff training environment. Significant achievement in appointing 99 doctor trainers (33% above the minimum) ahead of training in May. End user testing began at the end of March which will be followed by submission and patient management testing. This will allow users to validate workflows configured during the build phase alongside migrated data. Clinical template build commenced – whereby admin teams work with the analysts to complete build of clinician schedules. End user training schedule published on time on 22nd April.	**2024** Apr- June: Project Team Training and certification - complete Jul – Dec: Workflow Walkthrough & Configuration - complete **2025** Jan – Jun: User & System Readiness - in progress Jul - Sept: End User Training Oct: Go Live Nov onwards: Post go live support and optimisation.

7.	**Delivery of Patient Engagement Portal (PEP) via Epic MyChart**	100% specialities OP letters configured to be sent via Synertec Epic MyChart implementation as part of Epic Go Live Oct 25 53% of GP Patients 13+ registered for NHS App	Confirmation the NHS App will be integrated with Epic in 2025. ESNEFT will be taking the Epic build to support this in Q4 (Jan – Apr 26). This will support the NHS England timeline of integrating our PEP with the NHS App by April 26. KPIs to be agreed at EPR programme Board. For context Epic Good Install principles expect a 30% uptake of MyChart within 3 months. Guys and St Thomas achieved a 40% uptake within 1st year of using MyChart. Given the news re NHS App integration, proposing a target a 60% update of MyChart by the end of the 1st year. MyChart RDG had a refresh of membership in February. Key decisions made with respect to MyChart activation, proxy access, pathology and radiology results release, clinical review, open notes and ACPs. MyChart Communications campaign in progress. MyChart Application test scripts to be validated to reflect RDG decisions. Currently 57% of GP Patients 13+ registered for NHS App (1% increase on last reporting period)	Oct 25 – Go Live of MyChart Dec 25 – 30% uptake Mar 26 – 40% uptake Jun 26 – 50% uptake Sept 26 – 60% uptake Dashboards will be in place to monitor and report on uptake including method of uptake Note: **KPI's for MyChart uptake to be agreed via EPR Programme Board and tracked post Oct 25.** 68% of GP Patients 13+ registered for NHS App - in progress
8.	**Voice Recognition Procurement (VR)**	N/A	Testing with Evolve progressing well. This enables the P1 early adopter roll out to commence in April. Development of voice commences will continue. Epic workflow discovery underway in readiness for implementation and system acceptance testing of integration with Epic.	Aug: Revised ITT published Sep: Deadline for responses Oct: Tender evaluation complete Nov: Contracting competes Dec: Contract starts / environment set up Jan: Implementation commences Mar: Training to commence Apr: Early adopters roll out commences Jul: Epic system testing to complete
Key points from this reporting period:				

Measure 1 – EPR

- Epic ambassadors now fully recruited with over 12,000 briefed on their role in the programme.
- Transformation colleagues have been onboard to support the Organisational Readiness activities
- 1st Go Live Readiness Assessment (GLRA) takes place in early May
- Lesson learnt from Epic community by support go lives at Northern Ireland (and Birmingham Women's in May) – being factored into the programme.

Measure 2 – PEP (MyChart)

- NHS England and Epic have agreed on an integration route, and we are evaluating this to meet with our programme timescale. Proposal for integration will be shared via the Epic Programme Group governance.
- MyChart communications - animation and pull-up banner design completed. Story about MyChart in spring ESNEFT Life magazine.
- Showcase of MyChart at Suffolk Show on 28/29 May and Tendring Show on 12 July.
- Build progressing yet some tasks outstanding – Overdue items are largely messaging and proxy related, which are pending final review in May.
- Key milestone decision re Accessible Information Standards, questionnaires, care companion, eCheck-In, self-referral and patient notifications to made in May.

Measure 3 – Voice Recognition

- DPIA complete
- Train the Trainer and supporting training delivered
- Early adopter communications issued.

Scheme name:	**Logistics**
SRO / Support	**Michael Fuller / Harry Nyantakyi**
Period ending	**31 March 2025**

Intended improvement to be delivered by scheme

- **ALLCAS (Ipswich) reduction**: A switch to RAS (Referral Assessment Service) to eliminate the ALLCAS referral process thus reducing data quality errors.
- **Workplace Management Solution**: Project on space optimisation has transferred to Estates and Facilities, however, the room booking element remains with Logistics.
- **Synertec**: Transition our letter communication to patients from in-house postage & franking to Synertec resulting in a reduction in costs of postage and franking across the Trust.

Measures (from EMC reporting)	Baseline	End quarter position	Year-end target
9. Progress towards elimination of “ghost bookings”. Target = zero ghost bookings by 31 March 2024.	17,042	19,780	0
10. Percentage utilisation of monitored Trust space.	Data no longer being collated by Logistics for space optimisation but room booking element of project continues.		
11. Synertec and Inhouse Franking – reduction in postage costs.	Cost saving projections are under development in order to monitor the reduction in postage expenditure on a monthly basis.		

Key points from this reporting period:

ALLCAS (Ipswich) reduction:-

- **RAS automation (Ipswich)** – Lorenzo LBM update has significantly impacted go live planning for Ipswich roll out. Project Team have agreed to continue development within e-referral, Evolve and Lorenzo in preparation that LBM update will be agreed for May 2025 launch. Automation testing within the system is complete, one issue raised on RTT status at referral registration has been escalated to Dedlus for resolution. Once resolved, Dermatology & Breast services are aligned for pilot testing, with remaining services scheduled for June and July go live.
- **Continuation of RAS roll out at Colchester** – 12 speciality services are now live, with 4 remaining services set for go live completion in May and June
- **Overview of project** – Project is at risk of full delivery if automation access to Lorenzo cannot register the correct RTT status. Changes to project manager caused significant delays to the rollout programme. ESNEFT will unfortunately have a carryover of ALLCAS referrals into Epic, due to delays in the LBM update and delays caused to project meaning zero status will not be achievable. This RAS will remain a key transitional change in readiness for Epic.

Workplace Management Solution:-

- **Current sensor stock** – we have extensive stock stored at IP-City which is yet to be deployed. A meeting has been held with FM:Systems to ascertain if the value of the stock could have been released as a cost saving, however FM:Systems have confirmed that the sensors, routers, and hosts are all leased and will be collected in due course.
- **Programming of Sensors and Placement** – Estates have now taken over this part of the project. The sensors that we currently have in place around the Trust could be redeployed and used to monitor areas of interest to Estates.
- **Current Project Plan** – Phase 3 has yet to be implemented. This involved monitoring rooms in outpatients and further community sites. Due to previous programme support. Hopefully, this will be achieved now that Estates have taken over this part of the project.
- The current FMsystems contract for room booking will cease on the 31st December 2025 and our intention is not to renew the contract and replace with an in-house solution, developed by the Trust's Data Automation and Integration Team. It is anticipated that this solution will be developed in two phases, initially to incorporate the outpatient generic clinic areas, and then room and hot desk booking across the Trust.

Synertec:-

- Transitioning our letter communication to patients from in-house postage & franking to Synertec is ongoing. This will result in a reduction of postage and franking costs across the Trust.
- The full benefits realisation of Epic's MyChart will only be achieved when MyChart goes Live in October this year and will be dependent upon the take-up of this.
- The Trust is working closely with Synertec and Epic in line with EpicEPR project timescales in readiness for go Live in October 2025.
- Weekly Epic/Synertec/ESNEFT meetings are being held to ensure we are aligned with Go Live in October 2025.
- Regular Contract Review Meetings have been established (monthly), the first of which occurred at the beginning of November, proved extremely constructive in terms of managing expectations of delivering the postal service, which includes regular monitoring of contractual KPIs.
- Further onboarding work with specialities continues to take place.

In-House Franking

- In-house franking is under review in terms of onboarding to Synertec to make use of their 20% discount across all postal classes.
- Communications have been disseminated across the Trust to encourage the use of 2nd class postage wherever possible to reduce in house spend and this has resulted in some enquires from departments looking to onboard their postal requirements with Synertec.
- The red 1st class post bags have now been removed from all locations on the Colchester site, including Clacton, Harwich, and Kennedy House. A SOP has been written to describe a new process for post to be sent 2nd class by default with a robust authorisation procedure for exemptions (eg. cancer 2-week wait patients).

Scheme name:	IPS & ES Community Services (IP)
SRO / Support	Paul Little / Rebecca Walker
Period ending	31 March 2025

Intended improvement to be delivered by scheme

- Provide responsive support to patients in a timely fashion, allowing them to receive care in their own home, promoting admission avoidance.
- Ensuring that patients receive preventative, enabling, and holistic care, to reduce demands on services due to avoidable admissions and future system demand.
- Ensuring that patients at community hospitals receive reablement care which maximises their opportunity to return home where able.

Measures (from EMC reporting)	**Baseline**	**End quarter position**	**Year-end target**
12. % utilisation rates for Virtual Ward	Q4 23/24 Frailty = 73.6% Respiratory = 76.55%	Q4 24/25 Frailty = 95.78 Respiratory = 73.47%	92%
13. Virtual Ward Length of Stay	Frailty = 6.73 days Respiratory = 3.63 days COPD = 3.73 days	Frailty = 6.47 days Respiratory = 11.2 days (one outlier patient) COPD = 4.1 days	(Step up VW) (step down VW) (Step up and down VW)
14. UCRS - % of calls receiving a 2-hour response	70%	79%	70%
15. % acceptance rates for UCRS (CLERIC)	485/604 = 80%	675/786 = 86%	70%

Key points from this reporting period:

It remains a priority for Integrated pathways to deliver care closer to home. The following have contributed to our community offer:

- Improved utilisation within Frailty VW, predominantly step up patients from REACT UCR and cleric referrals. The length of stay within the frailty virtual ward has also reduced when compared to the same period last year, providing additional capacity.

- UCRS (**Cleric**) acceptance rate for the quarter increased to 86%, with 675 patients being accepted in Q4, compared with 485 patients for the same period last year.

- The respiratory VW continues to track below expected utilisation and discussions are ongoing around step up/step down criteria to try to determine if it can be extended to maximise utilisation. Currently step up is only for COPD patients, not extended respiratory conditions. The team are IV antibiotic trained, and the ops team are exploring if bronchiectasis patients could receive their IV's on the VW. These discussions will need to recognise that this patient group will also require basic chest physio.

- In December, Integrated pathways launched the silver phone initiative which now allows EEAST crews in the community to speak to a geriatrician to discuss the option to safely leave frail older patients in the community, as an alternative to conveyance. In addition, frailty therapists have joined the FIT/FAB team in ED to support admission avoidance at the front door. From April, an ACP/Geriatrician is working in ED and identifying patients who would benefit from a Comprehensive Geriatric Assessment in the Frailty Assessment Base, rather than staying In ED. In June a Frailty nurse consultant will also join the team, further enhancing the frailty options.

Scheme name:	**NE Essex Community Services (NEECS)**
SRO / Support	**Alison Stace / Tom Booth**
Period ending	**31 March 2025**

Intended improvement to be delivered by scheme:

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

Measures (from EMC reporting)	Baseline	End quarter position	Year-end target
16. % utilisation rates for Virtual Ward	83% (2023/24)	93.49% (Q4)	92%
17. Virtual Ward Length of Stay	8.1 days (Apr 23)	5.8 days (Q4)	tbc
18. UCRS - % of calls receiving a 2-hour response	55.01% (Apr 23)	94.99% (Q4)	90%
19. % acceptance rates for UCRS (CLERIC)	87% (Apr 23)	92.86% (Q4)	90%

Key points from this reporting period:

Work has concluded with Integrated Pathways to ensure consistent reporting of strategic measures across the 2 Community Divisions. Measures for Q3 have therefore been adjusted accordingly to provide 2 additional measures (Virtual Ward Length of Stay & UCRS 2-hour response).

The Divisional priority to enhance the Community Offer, such that it supports Future (Left) Shift, providing patients with effective services closer to home (including alternatives to admission and attendance), is gaining pace, including:

- Work continues with the Proactive Frailty Care Programme. Clinics continue with Ranworth PCN in Clacton targeting harder to reach patients and work with Clacton PCn has commenced in the last reporting period. An evaluation of the last 12 months is underway, measuring impact on primary and secondary care with the results expected to be shared in the next quarter.
- UCRS (Cleric) Acceptance Rate for the quarter at 92.86%, against a regional average of 71.61%. The overall number of referrals increased slightly in Q4 to 995 (+5.4%). 2hr response times have also improved, with 94.99% of patients receiving a 2hr response in Q4. BCF non-recurrent funding for UCRS (£660k) has been approved for the service. This funding is lower than the previous year, so the service is now working on updated model which aligns staffing to average demand, reviews triage efficiency, targets catheter-related referrals, and uses natural attrition to improve cost efficiency while continuing to monitor performance closely.
- NEECS Virtual Ward utilisation overall for Q4 is at 93.49% (96.5% in March). LOS overall is at 5.8 days, much lower than the recommended 14days with longest stays on Respiratory (9.2) and Heart Failure (11.5), this is largely due to the high acuity of patients and limited consultant input.

- From April we will be working with Newton Europe on a Neighbourhood Diagnostic Approach to identify opportunities to improve outcomes by supporting residents to live more independent, connected lives. The work will build on existing partnerships to establish an evidence base for how neighbourhood-level delivery can sustainably reduce system-wide service costs. Outputs will include population segmentation to identify priority cohorts, insights to inform integrated neighbourhood team (INT) operating models, and a system-wide implementation approach to support preventative, joined-up care.

Scheme name:	**12. Building for Better Care** Schemes in scope: Clacton STAR; Colchester Acute Site – DCMB; Villa 10 Endoscopy; Thor 5; SSD Phase 2 Ipswich Acute Site – Ipswich CDC; Urology Investigation Suite; GAC ground floor refurbishment
SRO / Support	**Richard Daniel / Mark Hunter**
Period ending	**30 April 2025**

Intended change to be delivered by scheme.

- **Clacton Hospital**
  - Clacton STAR UTC and primary care.
- **Colchester Hospital**
  - New Elective Orthopaedic Centre (Dame Clare Marx Building) including eight theatres and three wards (72 beds).
  - New build modular Endoscopy building adjacent Villa 10
  - Thor 5 new electric infrastructure upgrade.
  - SSD Phase 2 capacity improvements to support DCMB.
- **Ipswich Hospital**
  - New town centre CDC on Museum Street.
  - Urology Investigation Suite transferred to larger space within internal transfer to old Rheumatology space.
  - Garrett Anderson Centre (GAC) ground floor refurbishment following vacation of temporary UTC.

Measures	Baseline	End quarter position	Year-end target
% schemes on time	N/A	40% (3 from 8)	80%
% schemes on budget	N/A	100% (8 from 8)	80%
% schemes on specification	N/A	100% (8 from 8)	100%

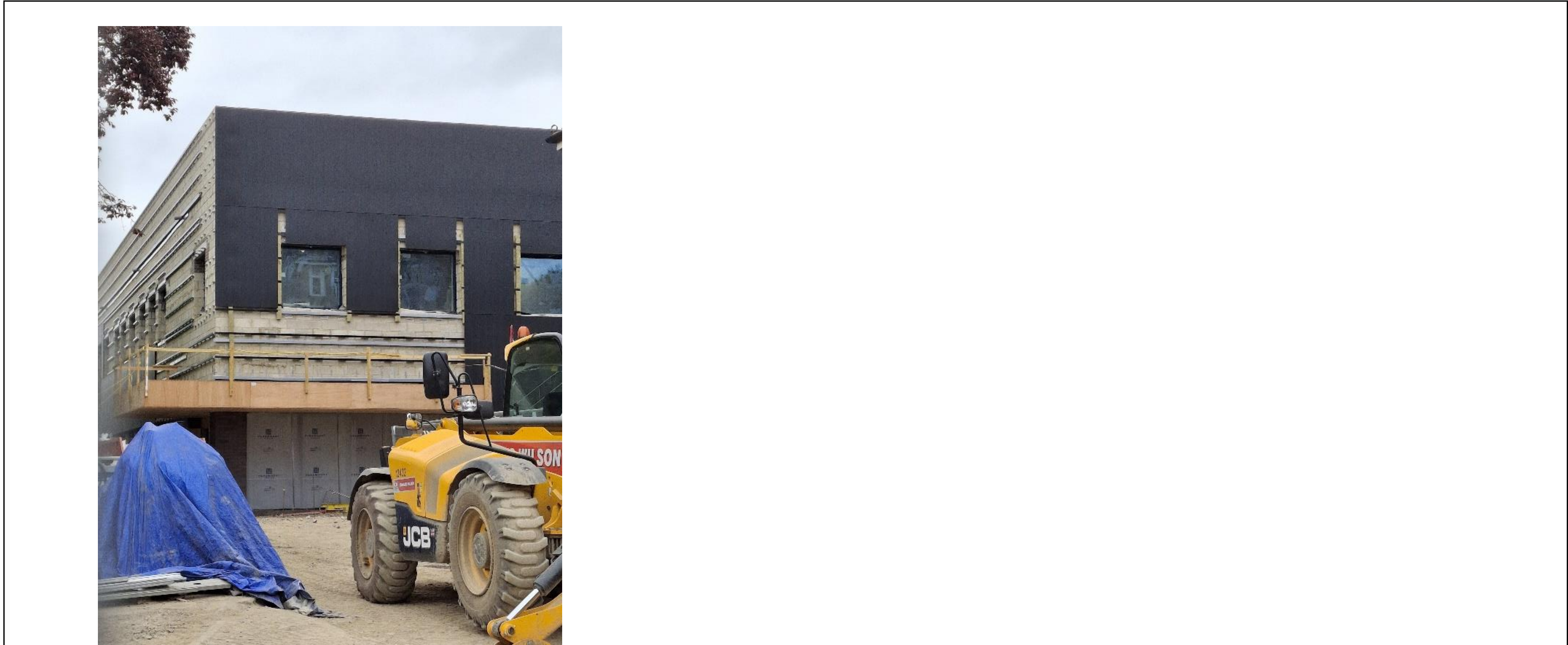
Key points from this reporting period:

Clacton

- Clacton Star - MTX are currently contracted to complete in December 2025 but are having discussions with the delivery team with regards several EOT (Asbestos) which may result in completion slippage to March 2026. Work planning is underway to review the impact on inpatient and ward availability for winter pressures.

Colchester

- Dame Clare Marx Building (EOC): The snagging process is still underway with the main contractor MTX working through them, (all priority 1 area snags are complete). To finish the car park, the design needs alteration to enable patient parking and amendments to access road.
- Endoscopy Works progress well with a change to on-site contractor management. Additionally, the project team is reviewing the design and contract implications for the first-floor office fit out with a business case to be presented to IG in May. Revised programme is overall on track for July delivery but is at risk. Contractor commissioning programme has just been received which requires review to tie into ESENFT mobilisation.
  Completion date is currently planned for 7th July 2025 (at risk) - mobilisation date September.
- Thor 5 Substation works are progressing, with main slab poured and all supply chain items have been ordered (including generator). No change.
  Works planned for completion on 18th July 2025.
- SSD Phase 2 The new build plant room, associated builders works and ERU / SSD equipment all underway. No change.
  Completion of all phase 2 works planned for 23rd May.


JCB

Endoscopy façade cladding underway. Endoscopy plant room fit out nearing completion.

Ipswich

- Ipswich CDC Concept design underway. Discussions around procurement route and contractor programme is progressing with colleagues from procurement. Detailed design development next stage in process with planned tender in late Summer.

  Completion date TBC following design development and procurement.
- UIS Project completion planned for July 2025, with occupation during August - following issues around asbestos and other contractor delays for which project team are investigating EOT claim validity. No change.

  Works planned for completion July 2025 (subject to EOT claim).

- GAC Ground floor refurbishment works underway with phase 3 of 7 in progress.

  Works planned to complete 12th September 2025.