East Suffolk and North Essex
NHS Foundation Trust

East Suffolk and North Essex NHS Foundation Trust

Quality Account

2024 / 25

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Front cover: Dale Fowler, radiotherapy treatment radiographer and a Team ESNEFT staff award winner from 2024

Part one – statement on quality

Chief Executive's commentary

Providing high-quality care for our community is our top priority.

We serve a population of nearly one million people living in east Suffolk and north Essex, plus patients who travel from further afield who use our services. Our aim is to ensure the care our patients receive in our hospitals, community or their home, is safe, compassionate and effective.

This report focusses on the quality of the care provided across all ESNEFT services over the last 12 months, including our key achievements and the improvements made in certain areas.

Our priorities for the year ahead are also outlined, including the areas we know need to be focused on to enable us to continue to improve our services for our patients. Work has already begun on the priorities for 2025/26 outlined below:

Patient safety priority: To improve the care and management of patients who have dementia, their families and their carers, wherever they are cared for in the Trust.

Clinical effectiveness priority: Continue to extend the health inequalities programme, as measured using the Making Every Contact Count (MECC).

Patient experience priority: Continue to improve our care to those at the end of their life via timely transfer to preferred place of care.

Our Trust Strategy supports the work planned for our areas of focus, and together with our Quality Strategy, it sets out our commitment to improving the quality of care for our patients over the coming years and how we will make this a reality. It is closely aligned with ESNEFT's ambition to offer the best care and experience, our strategic objectives and our Time Matters philosophy.

The current health and social care landscape is ever-changing and my role, as well as the role of all 12,500 colleagues at ESNEFT, is to be flexible so we can adapt to the needs of our diverse community without dropping the standards of the care they receive. As a Trust we know of the importance in moving forward and embracing change, whether through the introduction of new technologies or new approaches in how we plan to meet our goals.

Being held to account as a healthcare provider is vital, and our partners and stakeholders in health and social care have been given the Quality Account to ensure it is representative and accurate.

I would also like to take this opportunity to thank everyone who has been involved in producing this report.

Nick Hulme
Chief Executive
East Suffolk and North Essex NHS Foundation Trust

Part two – priorities for improvement and statements of assurance

Quality priorities for 2024/25

Progress against the priorities we set as a Trust

Clinical effectiveness priority:

Increase the number of patients actively involved in shared decision making.

Why was this a priority?

Patients and – where appropriate – their families and carers, must be actively involved in shared decision making. This should be supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and ongoing care that reflect what is important to them.

This joint process empowers people to make decisions about the care that is right for them at that time. The option of choosing to have no treatment, or not changing what they are currently doing, is always included.

What was our target?

Make sure that 80% of patients surveyed using CollaboRATE five point anchor scale report that “a lot of effort was made” with shared decision making in their experience of care.

What did we do to improve our performance?

- Completed shared decision making assessments across a number of high flow outpatient areas.
- Embedded shared decision making assessments into the ESNEFT ward accreditation scheme for inpatients.
- Supported all areas that do not meet the expected 80% target with structured recommendations designed to improve supporting systems and processes and staff training while also preparing the public.
- Rolled out “it’s OK to ask” across the Trust in February 2025 to help patients prepare themselves for their healthcare interactions.

How did we measure and monitor our performance?

All shared decision making assessments have used the CollaboRATE five point anchor scale to record patient experience of their interactions with ESNEFT’s healthcare professionals.

Did we achieve our target?

All of our data collection met the required standard in our outpatient services. Of the 10 inpatient wards assessed, four failed to meet the required 80%. Any area which did not meet the target is being supported with improvement plans and re-evaluation.

How and where was progress reported?

Regular reports and updates were provided to the Patient Experience Group, Community Engagement Group and the Quality and Patient Safety Committee.

Our key achievements

- Successful data collection across outpatient and inpatient areas.
- Roll out of “it’s ok to ask” to support patients
- Development of a targeted strategy to measure areas where healthcare inequalities may be present for 2025/26

Patient experience priority:

Continue to support patients by Making Every Contact Count (MECC).

Why was this a priority?

Making Every Contact Count (MECC) draws on behaviour change evidence and maximises the opportunity within routine health and care interactions for staff to have a brief or very brief discussion about health or wellbeing with their patients.

By increasing the number of MECC contacts which take place, we can ensure that patients have the best possible outcomes from their hospital visit and are as prepared as they can be for the next stage of their treatment or care. This will help them achieve and maintain the best possible quality of life.

What was our target?

Offer MECC support to more than 80% of patients through our outpatient clinics.

What did we do to improve our performance?

- Held monthly drop-in support meetings via Microsoft Teams for all MECC champions.
- Arranged bi-monthly face-to-face updates during outpatient department safety huddles in participating areas.

- Updated the senior nursing team on data trends, compliance and ways to increase offers, such as using meet and greet volunteers to introduce MECC while patients are waiting for their outpatient appointment.
- Commissioned an ESNEFT trainee psychologist to explore MECC compliance in main outpatient following a fall in participating clinics to try and understand staff motivation and logistical factors affecting compliance. The report is currently under development.

How did we measure and monitor our performance?

Through monthly submission provided by each clinic area detailing the date, clinic code, total patient numbers, number of MECC offers and referral numbers.

These returns are checked against referral information from the ESNEFT BI team each month.

Did we achieve our target?

The MECC offer rate for participating outpatient clinics between April 2024 and January 2025 was 75% (11,991 offers of support made to 15,998 patients attending appointments in participating clinics) compared with our target of 80%.

Performance is monitored on a monthly basis and shows that some areas regularly exceed the target, whilst others have struggled to maintain the offer rate. This is due to a number of factors, such as the percentage of patients on clinic lists and staffing levels. It should be noted that the KPI is for 'participating clinics,' which means an area could be achieving a lower rate but making significantly higher offers than areas which are only using this approach in a small number of clinics.

How and where was progress reported?

Regular reports and updates were provided to the Patient Experience Group, Community Engagement Group and the Quality and Patient Safety Committee.

Our key achievements

- Expansion beyond outpatient department to additional teams and job roles, including emergency department doctors, urgent treatment centre practitioners, Essex and Suffolk Elective Orthopaedic Centre physios and ward teams and the 'waiting well' occupational therapy practitioner
- ESNEFT case study included in NHS England's 'Guide to MECC in Acute Settings'
- Training module developed and MECC awareness training delivered to 237 members of staff since August 2024
- Relationships with external providers strengthened with regular meetings
- MECC KPI dashboard under construction that will allow for easy, accurate updating of MECC data to reflect diversity of MECC activity and compliance

Patient safety priority:

Improve the care and management of patients who have dementia, as well as their families and carers, wherever they are care for in the Trust.

Why was this a priority?

'This is me' is a simple leaflet for anyone who living with dementia or experiencing delirium or other communication difficulties who is receiving professional care. It helps health and social care staff to better understand who the person really is, in turn enabling them to deliver care that is tailored to the person's needs. It can therefore help to reduce distress for people with dementia and their carers. 'This is me' can also help to overcome problems with communication and prevent more serious conditions such as malnutrition and dehydration.

Research within the specialty also shows that use of the booklet reduces length of stay.

What was our target?

Ensure that 50% of patients with dementia or delirium have a 'This is me' booklet.

What did we do to improve our performance?

- Provided training in inpatient settings to encourage and support use of 'This is me'.
- Carried out audits to check on completion of the document.
- Worked with ICB colleagues to encourage use of 'This is me' across care homes.
- Encouraged our volunteers to support families to complete 'This is me'.
- Worked with the Alzheimer's Society to introduce dementia advisor workers at Colchester Hospital, who have also supported completion of 'This is me'.

How did we measure and monitor our performance?

- Carried out a monthly audit to measure the number of booklets completed.
- Shared the results with ward sisters, matrons and through the Dementia and Delirium Steering Group.

Did we achieve our target?

We achieved the target during two quarters at Colchester Hospital but have not met the target at Ipswich Hospital. This is due to changes and vacancies within the dementia service at Ipswich, while the volunteers were also introduced slightly later in Ipswich.

How and where was progress reported?

Regular reports and updates were provided to the Nutrition Steering Group, Clinical Effectiveness Group and Quality and Patient Safety Committee.

Our key achievements

- Provided support to help teams recognise and respond effectively to delirium. The introduction of specific paperwork to support clinical improvements is now in place across the Trust.
- Worked with mental health specialists to support improvements in practice when patients with dementia require enhanced therapeutic observations and care.
- Created activity trolleys that patients can access resources which may help reduce factors such as boredom, distress and frustration.
- Supported the roll out the use of 'magic tables' and similar technology to provide mental and physical stimulation for people with dementia as well as opportunity for social interaction.
- Supported research carried out by the University of Essex to better understand the fundamentals of care for people with dementia.

A 'magic table' at Aldeburgh Community Hospital

Our quality priorities for 2025/26

We have engaged with stakeholders to agree the following priorities for 2025/26.

Patient safety priority:

Continue to improve the care we deliver in our inpatient care settings supported by and demonstrated through improvements in our Accrediting Care at ESNEFT (ACE) programme.

Why is this a priority?

We are aware that there is unwarranted variation in the quality of care our patients receive across our inpatient settings as demonstrated through our safety and experience metrics. Nursing, midwifery and care staff, as part of their everyday practice, are well-placed to identify opportunities for transformational change that will support delivery of better outcomes and experiences of those who use our services

Local accreditation provides us with the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. Experience shows accreditation programmes can drive continuous improvement in patient outcomes, as well as increase patient satisfaction and staff experience at ward and unit level.

What is our target?

Demonstrate improvement from baseline in the rating of inpatient settings as assessed through the ACE programme.

What will we do to improve our performance?

Develop of a set of standards so that areas for improvement can be identified and areas of excellence celebrated.

How and where will progress be reported?

Patient Experience and Carer's Council, Community Engagement Group, Nursing, Midwifery and Allied Health Professionals Council, Quality and Patient Safety Committee.

Patient experience priority:

Continue to improve our care to those at the end of their life via timely transfer to preferred place of care –<5.5 days to the patient's home or <8.5 days to a care home.

Why is this a priority?

There is only one chance to get end of life care right. Compassionate, high quality care enables us to make a loved one's final weeks or days as comfortable as possible by offering the person at end of life, and those identified as important to them, choice around decisions concerning their treatment and care. This includes creating an individual plan of care tailored to the needs, wishes and preferences of the dying person which is agreed, coordinated and delivered with compassion.

What is our target?

Timely transfer to preferred place of care –<5.5 days to a patient's home or <8.5 days to a care home.

What will we do to improve our performance?

Discuss the wishes of patients and their loved ones.

How and where will progress be reported?

Patient Experience and Carer's Council, Community Engagement Group, and Quality and Patient Safety Committee.

Clinical effectiveness priority:

Continue to extend the health inequalities programme, as measured using the Making Every Contact Count (MECC) initiative (offer of support in participating outpatient department clinics) >=80%.

Why is this a priority?

To ensure that patients have the best possible outcomes from their hospital visit and are as prepared as they can be for the next stage of their treatment or care and to help them achieve and maintain the best possible quality of life.

Drawing on behaviour change evidence, MECC maximises the opportunity for a brief or very brief discussion on health or wellbeing factors to take place within routine health and care interactions.

What is our target?

Offer support through our outpatient clinics to more than 80% of patients.

What will we do to improve our performance?

Carry out staff training via e-learning and offer regular support and face-to-face catch ups. MECC will also be embedded more widely across ESNEFT by increasing the number of clinics using the MECC approach, with a focus on paediatrics, community hospitals, AHPS and areas of high deprivation.

How and where will progress be reported?

Patient Experience and Carer's Council, Community Engagement Group, and Quality and Patient Safety Committee.

The outpatients department at Colchester Hospital

Provided and sub-contracted services

During 2024/25, the Trust has continued to be commissioned to deliver acute and community healthcare services. Sub-contracts are in place as appropriate to support the delivery of relevant health services.

These services are overseen and reviewed by appropriate commissioners and regulators by meetings, data submissions and information reporting in relation to patient safety, patient experience and operational performance.

The Trust's commissioners are NHS Suffolk and North East Essex Integrated Care Board, together with a number of associate commissioners and NHS England for specialised, local area and armed forces healthcare commissioning. Additional services are provided in relationships with other organisations, including West Suffolk NHS Foundation Trust, Essex Partnership University NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust, Allied Health Professionals Suffolk CIC, Suffolk GP Federation CIC, Nuffield Health, Ramsay Healthcare Ltd, Diaverum (UK) Ltd and Alliance Medical Ltd.

The income generated by the relevant health services reviewed in 2024/25 represents 99% of the total income generated from the provision of relevant health services by the Trust for the year.

Participation in clinical audit

During 2024/25, 58 national clinical audits and 12 national confidential enquiries covered relevant health services that ESNEFT provides.

We took part in all of the national clinical audits and national confidential enquiries for which we were eligible during the year. They were:

National clinical audits				
	Programme name	**Workstream / topic name**	**Relevant**	**Participating**
1	BAUS Data and Audit Programme	Environmental Lessons Learned and Applied to the Bladder Cancer Pathway (ELLA) Audit	✓	✓
2	British Hernia Society Registry		✓	✓
3	Care of Older People (COP)		✓	✓
4	Case Mix Programme (CMP)		✓	✓
5	Kidney Audits	UK Renal Registry Chronic Kidney Disease Audit	✓	✓
6	Kidney Audits	UK Renal Registry National Acute Kidney Injury Audit	✓	✓
7	Learning disability and autism Programme	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	✓	✓
8	National Audit of Cardiac Rehabilitation (NACR)		✓	✓
9	National Audit of Care at the End of Life		✓	✓
10	National Audit of Dementia		✓	✓
11	National Cancer Audit Collaborating Centre (NATCAN)	Breast Cancer, Metastatic (NAoMe)	✓	✓
12	National Cancer Audit Collaborating Centre (NATCAN)	Breast Cancer, Primary (NAoPri)	✓	✓
13	National Cancer Audit Collaborating Centre (NATCAN)	Kidney Cancer (NKCA)	✓	✓
14	National Cancer Audit Collaborating Centre (NATCAN)	National Lung Cancer Audit (NLCA)	✓	✓
15	National Cancer Audit Collaborating Centre (NATCAN)	National Prostate Cancer Audit (NPCA)	✓	✓
16	National Cancer Audit Collaborating Centre (NATCAN)	Non-Hodgkin Lymphoma (NNHLA)	✓	✓

17	National Cancer Audit Collaborating Centre (NATCAN)	Ovarian Cancer (NOCA)	✓	✓
18	National Cancer Audit Collaborating Centre (NATCAN)	Pancreatic Cancer (NPaCA)	✓	✓
19	National Cardiac Arrest Audit (NCAA)		✓	✓
20	National Cardiac Audit Programme	Myocardial Ischaemia National Audit Programme	✓	✓
21	National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	✓	✓
22	National Cardiac Audit Programme	National Audit of Percutaneous Coronary Interventions	✓	✓
23	National Cardiac Audit Programme	National Heart Failure Audit	✓	✓
24	National Child Mortality Database (NCMD) Programme		✓	✓
25	National Clinical Audit of Seizures and Epilepsies for Children and Young People		✓	✓
26	National Comparative Audit of Blood Transfusion	Audit of NICE Quality Standard QS138	✓	✓
27	National Comparative Audit of Blood Transfusion	Bedside Transfusion Audit	✓	✓
28	National Diabetes Audit (adults)	National Gestational Diabetes Audit	✓	✓
29	National Diabetes Audit (adults)	NDA Integrated Specialist Survey	✓	✓
30	National Diabetes Audit (adults)	Diabetes Prevention Programme (DPP) Audit	✓	✓
31	National Diabetes Audit (adults)	National Core Diabetes Audit	✓	✓
32	National Diabetes Audit (adults)	National Diabetes Foot Care Audit (NDFA)	✓	✓
33	National Diabetes Audit (adults)	National Diabetes Inpatient Safety Audit (NDISA)	✓	✓
34	National Diabetes Audit (adults)	National Pregnancy in Diabetes Audit (NPID)	✓	✓
35	National Diabetes Audit (adults)	Transition (Adolescents and Young Adults) and Young Type 2 Audit	✓	✓
36	National Early Inflammatory Arthritis Audit		✓	✓
37	National Emergency Laparotomy Audit	Laparotomy (Lap)	✓	✓

38	National Falls & Fragility Fracture Audit Programme	Fracture Liaison Service Database	✓	✓
39	National Falls & Fragility Fracture Audit Programme	National Audit of Inpatient Falls	✓	✓
40	National Falls & Fragility Fracture Audit Programme	National Hip Fracture Database	✓	✓
41	National Joint Registry		✓	✓
42	National Major Trauma Registry Network		✓	✓
43	National Maternity and Perinatal Audit		✓	✓
44	National Neonatal Audit Programme		✓	✓
45	National Ophthalmology Database (NOD) Audit	Age-related Macular Degeneration (AMD) Audit	✓	✓
46	National Ophthalmology Database (NOD) Audit	Cataract Audit	✓	✓
47	National Paediatric Diabetes Audit		✓	✓
48	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	Asthma Secondary Care	✓	✓
49	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	Children and Young People Asthma	✓	✓
50	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	COPD Secondary Care	✓	✓
51	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	Pulmonary Rehabilitation	✓	✓
52	National Vascular Registry		✓	✓
53	Perinatal Mortality Review Tool		✓	✓
54	Perioperative Quality Improvement Programme (PQIP)		✓	✓
55	Sentinel Stroke National Audit Programme		✓	✓

56	Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme		✓	✓
57	Society for Acute Medicine Benchmarking Audit (SAMBA)		✓	✓
58	Time Critical Medications (TCM)		✓	✓

Confidential enquiries				
	Programme name	**Workstream / topic name**	**Relevant**	**Participating**
1	Child Health Clinical Outcome Review Programme	Emergency surgery in children and young people	✓	✓
2	Child Health Clinical Outcome Review Programme	Juvenile Idiopathic Arthritis	✓	✓
3	Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	✓	✓
4	Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality confidential enquiries	✓	✓
5	Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality surveillance	✓	✓
6	Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal mortality and serious morbidity confidential enquiry	✓	✓
7	Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance	✓	✓
8	Medical and Surgical Clinical Outcome Review Programme	Acute Limb Ischaemia	✓	✓
9	Medical and Surgical Clinical Outcome Review Programme	Blood Sodium Study	✓	✓
10	Medical and Surgical Clinical Outcome Review Programme	End of Life Care	✓	✓
11	Medical and Surgical Clinical Outcome Review Programme	Managing acute illness people with learning disability	✓	✓
12	Medical and Surgical Clinical Outcome Review Programme	Rehabilitation following critical illness	✓	✓

The national clinical audits and national confidential enquiries that ESNEFT participated in, and for which data collection was completed during 2024/25, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audits			
	Programme name	**Workstream / topic name**	**Submission rate %**
1	BAUS Data and Audit Programme	Environmental Lessons Learned and Applied to the Bladder Cancer Pathway (ELLA) Audit	Curent Submission
2	British Hernia Society Registry		Ongoing
3	Care of Older People (COP)		Not yet commenced
4	Case Mix Programme (CMP)		Ongoing
5	Kidney Audits	UK Renal Registry Chronic Kidney Disease Audit	100%
6	Kidney Audits	UK Renal Registry National Acute Kidney Injury Audit	Ongoing
7	Learning disability and autism Programme	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	100%
8	National Audit of Cardiac Rehabilitation (NACR)		Ongoing
9	National Audit of Care at the End of Life		Ongoing
10	National Audit of Dementia		100%
11	National Cancer Audit Collaborating Centre (NATCAN)	Breast Cancer, Metastatic (NAoMe)	Continuous submission
12	National Cancer Audit Collaborating Centre (NATCAN)	Breast Cancer, Primary (NAoPri)	Continuous submission
13	National Cancer Audit Collaborating Centre (NATCAN)	Kidney Cancer (NKCA)	Continuous submission
14	National Cancer Audit Collaborating Centre (NATCAN)	National Lung Cancer Audit (NLCA)	Continuous submission
15	National Cancer Audit Collaborating Centre (NATCAN)	National Prostate Cancer Audit (NPCA)	Continuous submission
16	National Cancer Audit Collaborating Centre (NATCAN)	Non-Hodgkin Lymphoma (NNHLA)	No collection
17	National Cancer Audit Collaborating Centre (NATCAN)	Ovarian Cancer (NOCA)	Ongoing

18	National Cancer Audit Collaborating Centre (NATCAN)	Pancreatic Cancer (NPaCA)	100%
19	National Cardiac Arrest Audit (NCAA)		Ongoing
20	National Cardiac Audit Programme	Myocardial Ischaemia National Audit Programme	Ongoing
21	National Cardiac Audit Programme	National Audit of Cardiac Rhythm Management	Ongoing
22	National Cardiac Audit Programme	National Audit of Percutaneous Coronary Interventions	Ongoing
23	National Cardiac Audit Programme	National Heart Failure Audit	Ongoing
24	National Child Mortality Database (NCMD) Programme		Ongoing
25	National Clinical Audit of Seizures and Epilepsies for Children and Young People		Ongoing
26	National Comparative Audit of Blood Transfusion	Audit of NICE Quality Standard QS138	Ongoing
27	National Comparative Audit of Blood Transfusion	Bedside Transfusion Audit	Submitted
28	National Diabetes Audit (adults)	National Gestational Diabetes Audit	Continuous submission
29	National Diabetes Audit (adults)	NDA Integrated Specialist Survey	Submitted
30	National Diabetes Audit (adults)	Diabetes Prevention Programme (DPP) Audit	Ongoing
31	National Diabetes Audit (adults)	National Core Diabetes Audit	Ongoing
32	National Diabetes Audit (adults)	National Diabetes Foot Care Audit (NDFA)	Ongoing
33	National Diabetes Audit (adults)	National Diabetes Inpatient Safety Audit (NDISA)	Continuous submission
34	National Diabetes Audit (adults)	National Pregnancy in Diabetes Audit (NPID)	Ongoing
35	National Diabetes Audit (adults)	Transition (Adolescents and Young Adults) and Young Type 2 Audit	Part of core data submission
36	National Early Inflammatory Arthritis Audit		Ongoing
37	National Emergency Laparotomy Audit	Laparotomy (Lap)	Ongoing
38	National Falls & Fragility Fracture Audit Programme	Fracture Liaison Service Database	Ongoing

39	National Falls & Fragility Fracture Audit Programme	National Audit of Inpatient Falls	Ongoing
40	National Falls & Fragility Fracture Audit Programme	National Hip Fracture Database	Ongoing
41	National Joint Registry		Ongoing
42	National Major Trauma Registry Network [Note: Previously he Trauma Audit & Research Network (TARN)]		Ongoing
43	National Maternity and Perinatal Audit		100%
44	National Neonatal Audit Programme		Ongoing
45	National Ophthalmology Database (NOD) Audit	Age-related Macular Degeneration (AMD) Audit	Ongoing
46	National Ophthalmology Database (NOD) Audit	Cataract Audit	Ongoing
47	National Paediatric Diabetes Audit		Ongoing
48	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	Asthma Secondary Care	Ongoing - quarterly submissions
49	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	Children and Young People Asthma	Ongoing - quarterly submissions
50	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	COPD Secondary Care	Ongoing - quarterly submissions
51	National Respiratory Audit Programme (was National Asthma and COPD Audit Programme)	Pulmonary Rehabilitation	Ongoing - quarterly submissions
52	National Vascular Registry		Ongoing
53	Perinatal Mortality Review Tool		Continuous submission & review
54	Perioperative Quality Improvement Programme (PQIP)		Ongoing

55	Sentinel Stroke National Audit Programme		Ongoing - quarterly data-locking deadlines
56	Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme		Ongoing
57	Society for Acute Medicine Benchmarking Audit (SAMBA)		Submitted
58	Time Critical Medications (TCM)		Not yet commenced

Confidential enquiries			
	Programme name	**Workstream / topic name**	**Submission rate %**
1	Child Health Clinical Outcome Review Programme	Emergency surgery in children and young people	65%
2	Child Health Clinical Outcome Review Programme	Juvenile Idiopathic Arthritis	100%
3	Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity	100%
4	Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality confidential enquiries	Continuous data collection
5	Maternal, Newborn and Infant Clinical Outcome Review Programme	Maternal mortality surveillance	Continuous data collection
6	Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal mortality and serious morbidity confidential enquiry	100%
7	Maternal, Newborn and Infant Clinical Outcome Review Programme	Perinatal Mortality Surveillance	Continuous data collection
8	Medical and Surgical Clinical Outcome Review Programme	Acute Limb Ischaemia	Current submission
9	Medical and Surgical Clinical Outcome Review Programme	Blood Sodium Study	Current submission
10	Medical and Surgical Clinical Outcome Review Programme	End of Life Care	92%
11	Medical and Surgical Clinical Outcome Review Programme	Managing acute illness people with learning disability	Not started yet

12	Medical and Surgical Clinical Outcome Review Programme	Rehabilitation following critical illness	Not started yet

During 2024/25, 36 national clinical audits reports have been published that were relevant to ESNEFT and have been reported on or are currently being reviewed. The following are examples of the work done to improve the healthcare provided:

National clinical audit	Recommendation and action
National Child Mortality Database – Learning from deaths: Children with a learning disability and autistic children **Published:** 11/07/2024	**Recommendation:** Ensure reasonable adjustments are discussed with and provided for all children with a learning disability or autism and, where necessary, their families and carers, and that the details of these needs are appropriately captured in the "reasonable adjustments digital flag" in their clinical record. **Actions:** Inpatient reasonable adjustment tool is in place, completed in partnership with the patient, carer and family for all inpatients flagged with a learning difficulty and kept in their notes. Adult and paediatric tools have been put in place, along with a pathway tool for maternity and a sticker implemented for the emergency department. A Power BI system is in place which alerts staff of patients in the hospital with learning difficulties. The inpatient tool audited and consistently around the 80% compliance mark. The Trust will continue to develop these systems with the introduction of the Epic electronic patient record.
Children's asthma – National Respiratory Audit Programme – Breathing Well: an assessment of respiratory care in England and Wales 2022/23 (children and young people) **Published:** 11/07/2024	**Recommendation:** Integrated care boards and local health boards should ensure that they achieve 100% service participation and that services achieve a minimum 50% case ascertainment in NRAP audits by May 2026. This will require all hospitals having named NRAP clinical leadership and dedicated audit support. **Actions:** Colchester has had very limited data entry over the last three to four years. A plan is being developed to correct this. The asthma proforma used in CAU and the wards has included NRAP questions to simplify data collection since November. Senior trainees and the clinical nurse specialist are involved in collecting the data.

<table>
<tr>
<td></td>
<td>Two junior doctors are currently registered to enter data. We are looking to recruit more and juniors will move into these roles as they rotate through.

An outpatient proforma will also collects NRAP data.</td>
</tr>
<tr>
<td>National Paediatric Diabetes Audit (NPDA) – Report on care and outcomes 2022/23

Published: 18/04/2024</td>
<td>Recommendation: Young people with diabetic retinopathy recorded in their previous annual screen should be invited for annual re-screening. Paediatric diabetes teams should be aware of which patients have retinopathy and encourage them and their family to attend screening appointments when offered so that diabetes management advice can be appropriately tailored.

Colchester actions: Diabetes eye screening results are always discussed in annual review clinic appointments. Patients who have missed appointments are encouraged to attend these by explaining why it is important to do so. Those with abnormal results are advised and helped to improve diabetes management.

All children need referral to a diabetes eye screening programme after their 12th birthday. Their GP is also reminded to refer to the screening programme.</td>
</tr>
<tr>
<td>National Audit of Cardiac Rhythm Management (CRM) – summary report 2024

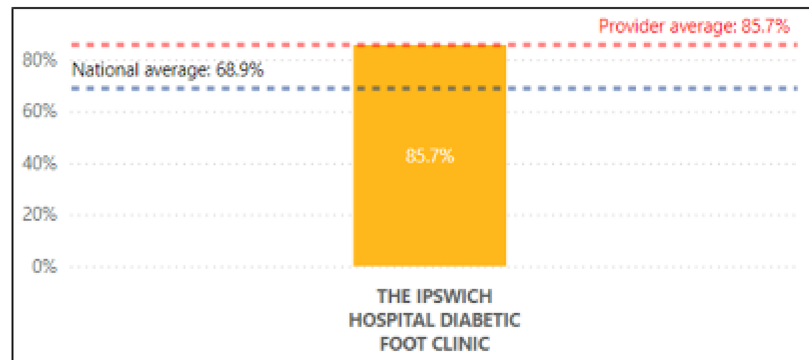
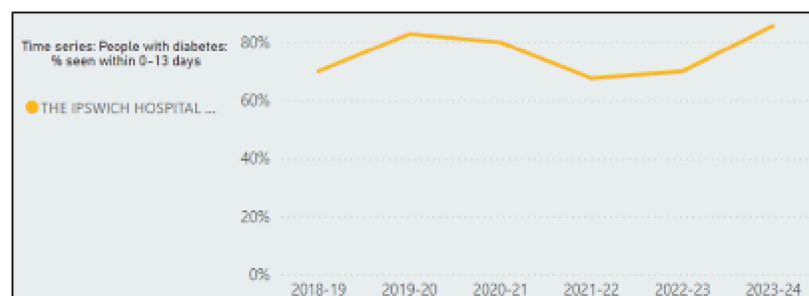
Published: April 2024</td>
<td>Recommendation: The number of CRM cases has gradually risen since the pandemic but is still below pre-pandemic levels for most procedures. Hospitals should assess if this is because demand is falling or results from a lack of capacity and rising waiting lists.

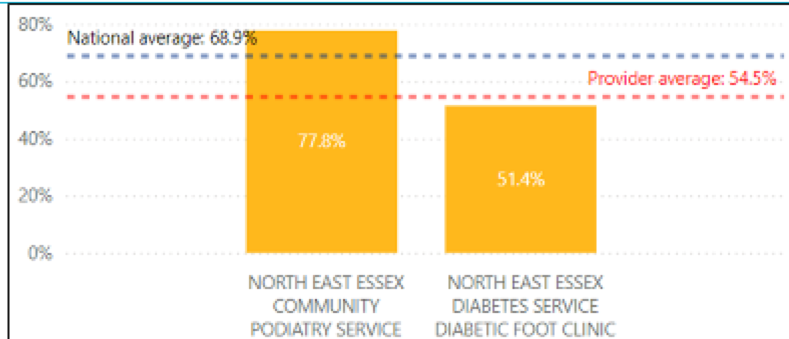
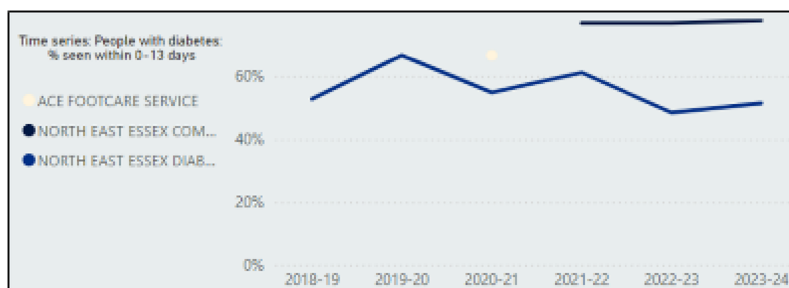
The ambition is for reports to be updated in real-time in future. To support this, hospitals will need to provide audit data in a timelier fashion.

Actions: Ipswich has bucked this trend, with its post-COVID data up on 2019/20:

<table>
<tr><th></th><th>2019/20</th><th>2022/23</th></tr>
<tr><td>First implants</td><td>355</td><td>374</td></tr>
<tr><td>Box changes</td><td>83</td><td>97</td></tr>
<tr><td>Total</td><td>476</td><td>490</td></tr>
</table>

The Trust’s ambition would be to support real-time updates, which may be achieved with the introduction of the Epic electronic patient record.</td>
</tr>
</table>

National Diabetes Foot Care Audit (NDFA) – interval review: July 2014 to March 2021 **Published:** 9 May 2024	**Recommendation:** Ensure that early expert assessments of all new foot ulcer episodes are arranged. This is because the NDFA has shown that faster referral to the specialist foot care service leads to fewer severe ulcers and better 12-week outcomes. **Ipswich actions:** Existing referral pathways from the community podiatry clinic run by the GP Federation often utilise integrated referral on SystmOne, which is manned on weekdays. Urgent problems over weekend can only be seen via the acute medical unit and will be picked up by the MDT foot team within 24-48 hours. This standard largely sits in primary care with the community podiatry teams, and particularly the foot ulcer prevention teams for known high risk patients. The GP Federation provides training to GP surgeries across Suffolk and diabetes specialist nurses run an outreach training programme for all nurses. Action is currently taking place to streamline the pathway between community podiatry services and Ipswich Hospital's diabetic foot clinic. Good lines of communication are in place, however the process through SystmOne could be improved. A plan in place to address this with mutual consent.   **Colchester actions:** The Trust has a dedicated multi disciplinary footcare service to support early assessment. There is some concern expressed at the consistency of the data being submitted, and as such a request is being made to the NFDA for further training.

	 
NOGCA Annual Report 2023 National Oesophago-Gastric Cancer Audit – state of the nation report, 2020-2022 patient cohort **Published:** January 2024	**Recommendations**: 1. Cancer alliances and the Wales Cancer Network should review patient pathways in their region to identify opportunities to intervene, and reduce high and variable rates of diagnosis following emergency admission and late stage diagnosis. 2. Review oesophago-gastric (OG) cancer care pathways against best practice guidance to identify ways to reduce the proportion of patients with OG cancer waiting more than 62 days from urgent referral to first treatment. 3. Explore reasons for non-completion of palliative chemotherapy regimens, including review of patients with OG cancer who died within 90 days of starting treatment, and review patient selection for palliative chemotherapy where appropriate. 4. In cancer alliances with low rates of active treatment for high-grade dysplasia (HGD), review reasons for non-treatment and determine if more patients with HGD could be eligible for endoscopic therapy. **Compliance and actions**: 1. Fully compliant. No further action required. 2. Not compliant. A larger endoscopy unit is required and same day access to CT scan on the day of endoscopic diagnosis of upper GI cancer. This is being discussed by the division. 3. Fully compliant. Patients are reviewed by consultants every two or three cycles and mortality and morbidity meetings take place every month where patients are reviewed.

	4. Fully compliant. All patients receive treatment unless they decline. Treatment plan for low-grade dysplasia is also in place.
COPD: National Respiratory Audit Programme – Breathing Well: an assessment of respiratory care in England and Wales 2022/23 **Published:** 11/07/2024	**Recommendation:** All patients requiring pulmonary rehabilitation should have timely access to the intervention, in line with recommendations from NICE and the British Thoracic Society's clinical statement on pulmonary rehabilitation. Where that's not achieved, services should work towards a target of 70% of patients starting a pulmonary rehabilitation programme within 90 days of referral, and 70% of patients with acute exacerbation of COPD starting within 30 days of referral, by May 2026. **Ipswich actions:** **Stable COPD** – The team is working towards a target of 70% of patients starting a programme within 90 days. A vacant post has been recruited to and ICB funding has been received to purchase additional equipment and allow venue hire, in turn increasing capacity and reducing waiting times. The service is operating above the national average of 32.3%. The national audit asks for the date when the patient first attended clinic not when they were first offered an appointment. The first appointment is often rearranged due to holidays or illness. This information is captured separately. **Acute exacerbation** – The is working towards a target of 70% of patients starting a pulmonary rehabilitation programme within 30 days by May 2026. The team is investigating the referral process as it isn't always clear that the patient has been referred post-acute exacerbation. In addition, although offered, acute exacerbation patients aren't always able to start pulmonary rehabilitation within 30 days of referral.
Myocardial Ischaemia National Audit Project (MINAP) – summary report 2024 **Published:** April 2024	**Recommendation:** Hospitals not meeting the standard for prescribing secondary prevention medication before discharge following heart attack should assess the quality of their data and, if suboptimal performance is confirmed, consider the use of discharge proforma or checklists, direct involvement of specialist cardiac pharmacists and nurse specialists. **Colchester actions:** The percentage of all eligible heart attack patients receiving secondary prevention medication at Colchester is 87.97% against a target of 90%

	The percentage of eligible heart attack patients receiving aldosterone antagonists at Colchester is 85.71% against a target of 90% Pharmacy has had staffing issues which has meant that reduced support from the cardiology ward. There has also been a high turnover of discharges that has resulted in some errors on discharge medication. Safe staffing on the cardiac unit has not been maintained and this is now currently being reviewed and addressed.
National Hip Fracture Database – A broken hip – three steps to recovery. **Published:** 12 September 2024	**Recommendation:** Ensure that all hospitals provide both prompt surgery and optimal peri-operative care so patients can start getting back on their feet as soon as possible. **Actions:** KPI 4 – Prompt mobilisation – patient mobilised and out of bed (standing or hoisted) by the day after hip fracture operation. Ipswich Hospital's performance is 79.2% compared with a national average of 81% The team has completed a quality improvement project working with therapies and education to get patients up and moving. The next quality improvement cycle will look at pain and delirium. A research trial is taking place and will fund additional band four and five therapists for one year.

Local clinical audits

During 2024/25, our divisions started 100 clinical audits, of which 62 had been completed and 38 were in progress at 31 March.

The number of audits started against the number proposed was 53% at 31 March 2025. At the end of 2024/25 there were 35 planned priority audits that will be taken forward for a risk review. This work will begin in April.

Divisional audits	Proposed	In progress	Overdue	Complete with actions	Complete	On hold/ abandoned
Priority audits	52	38	28	1	21	7

Audits which have not yet started are under review by clinical and operational leadership within the divisions to ensure appropriate action is taken.

During the year, 65 planned (priority) clinical audits were completed across the divisions, as follows:

Division	Number
Medicine (Colchester)	4
Medicine (Ipswich)	2
Cancer and diagnostics	18
MSK and specialist surgery	12
Women's and children's	13
Integrated pathways	7
General surgery and anaesthetics	8
North East Essex Community Services	1
Total	**65**

It is important to note that although plans are an important element of the strategic framework, they can be subject to change based on ESNEFT's priorities. Allowing clinical staff to undertake their primary remit of ensuring our patients receive the best possible care and treatment will always remain at the forefront.

As a result, periods of significant clinical pressure have led to important decisions on prioritisation. Divisions have used their governance structures to ensure resources are focussed on maintaining the best patient care and levels of safety. Incomplete audits are therefore being reviewed by each division's clinical and operational leadership to ensure appropriate action is taken.

Ad hoc audits

There were 212 additional ad hoc (unplanned) audits in 2024/55. These audits are not planned at the start of the annual planning cycle and occur in response to particular risks or issues, or because they are an area of particular interest for individual staff.

The number of ad hoc audits completed with or without actions and in progress for each division between April 2024 and March 2025 was:

Division	Number
Medicine (Colchester)	9
Medicine (Ipswich)	13
Cancer and diagnostics	48
MSK and specialist surgery	24
Women's and children's	37
Integrated pathways	21
General surgery and anaesthetics	49
North East Essex Community Services	11
Total	**212**

Examples of completed audits from 2024/25

Medicine (Colchester) – discharge letter audit

This audit reviewed 50 patients discharged after acute kidney injury (AKI) from Colchester Hospital to see whether they had a clinical review within three months, or sooner if they are at higher risk of poor outcomes. It highlighted a need to improve protocols for monitoring and following up AKI patients after discharge.

Actions taken as a result include modifying the AKI bundle, educating staff and patients and producing an AKI poster.

Cancer and diagnostics – MRI breast tumour sizing vs histopathology sizing in invasive lobular breast carcinomas

This audit was designed to help improve surgical outcomes in patients by assessing the correlation between tumour size reported on breast MRI and pathological size with an acceptable 45% concordance.

It found that breast sensitivity in invasive lobular carcinoma is above the standards (92% against set 85%). The MRI vs pathology concordance was also marginally above the set standards (68% against the set standard of 60%).

The data will be re-audited and discussions will take place among radiologists to further improve performance.

Women's and children's – did not attends (DNAs) in maternity

This audit examined clinical data taken from 60 appointments over a three-month period to review the Trust's response to did not attends. It showed that Colchester was failing to meet all five targets:

- all DNAs must be acknowledged/ recorded on Careflow (target 90%, actual 80%)
- contact must be attempted if an appointment is missed (target 90%, actual 65%)
- a new appointment booked and woman notified by phone/ text/ letter (target 90%, actual 75)
- if safeguarding concerns are present, direct contact must be expedited, for example through a home visit if there is no response on the phone (target 90%, actual 45%)
- if any woman misses three appointments, consider discussing with safeguarding team (target 90%, actual 85.7%)

Actions to improve include:

- ensuring there is a robust process for contacting the woman and arranging follow-up care
- reminding staff to cancel all appointments if a woman has left the area.
- introduce a text reminder service for patients

General surgery and anaesthetics – NCEPOD audit of pancreatitis management

This audit's focus was increasing the proportion of pancreatitis patients receiving a standard nutritional assessment from 20% to 80% while ensuring 100% of patients with alcohol-related pancreatitis are referred to alcohol liaison services.

Initial results showed two key areas for improvement: nurses conducting standard nutritional assessments and referring patients with alcoholic pancreatitis to alcohol liaison services. The second audit cycle showed significant progress in nutritional assessments, with 77.78% of patients assessed compared to 20% previously. However, referrals to alcohol liaison services declined from 66% in the initial audit to just 30% in the second cycle.

Actions which will be taken include:

- continue recording information on acute pancreatitis checklist forms
- educate nursing staff
- discuss the introduction of a more effective referral system with alcohol services
- re-audit (due March 2025)

General surgery and anaesthetics – Paediatric peri-arrest and cardiac arrest simulations

This audit used a questionnaire to ask anaesthetics staff how comfortable they felt when faced with a paediatric emergency situation such as a peri-arrest or cardiac arrest.

It showed 34% of anaesthetists (30% return on survey) had an up-to-date RCUK or equivalent accredited paediatric advanced life support course. However, 68.5% had not undertaken a simulation in the last three years, which could impact their ability to respond effectively.

As a result, teaching sessions, including simulations, now take place regularly to increase awareness and preparedness among theatre staff.

Participation in clinical research

Recruitment into studies

During 2024/25, ESNEFT delivered relevant research benefits to 9,362 (11,297 in 2023/24) participants on clinical trials, including trials to reduce symptoms, increase survival times and improve quality of life and contribute data to AI studies.

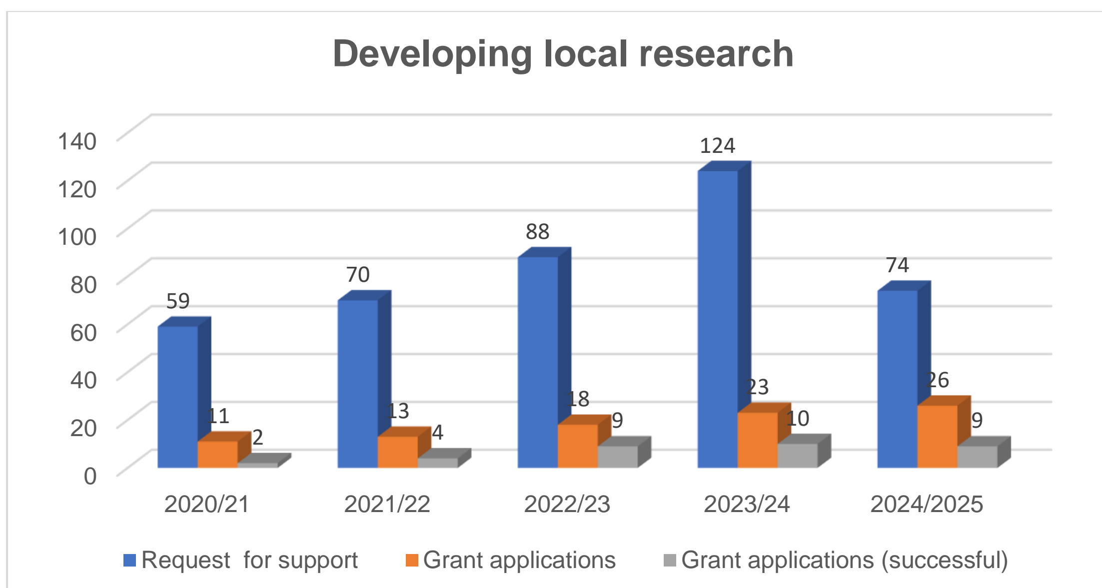
We remain dedicated to supporting clinical research in order to improve the quality and experience of care for local people as well as making our contribution to wider health improvements. We actively seek to attract high quality research and research staff to help develop our research portfolio. The number of staff involved within our research and development workforce continues to grow, and stood at 80 in 2024/25 (compared with 77 in 2023/24), while we had 149 principal investigators leading active research studies (142 in 2023/24). Our Trust was involved in 129 recruiting clinical research studies during 2024.25 across 31 clinical units.

	Total	%
Commercial	1,004	10.72%
Non commercial	8,358	89.28%
Total	9,362	100%

Our Trust is a member of the NIHR Clinical Research Network: East of England (CRN EoE), which transitioned into the NIHR Regional Research Delivery Network East of England (RRDN EoE) on 1 October. The RRDN EoE is responsible for effectively delivering NIHR research in the east of England. The majority of funding for our research activity flows through RRDN EoE, with just over £2.5m allocated for research staff and supporting activity during 2024/25. This funding supports research posts and clinical support departments.

As well as increasing the opportunities for our service users to take part in NIHR portfolio research studies, we also have an ambitious strategy for research and development. This is aimed at hosting and developing locally developed research for the benefit of patients and the community surrounding ESNEFT. This ambition will be delivered by our research and development support team, which includes one allied health professional clinical academic research lead, a genetic counsellor, two paediatric clinical academic research practitioners and two joint clinical academic posts with the University of Suffolk and Anglian Ruskin University.

Evidence shows that trusts which carry out a lot of research activity provide a better quality of care to patients. As the table below shows, we have continued to grow our locally developed portfolio which will enable us to strengthen our patient involvement in early research planning. Our research teams ensure that our researchers have the support and the infrastructure to help them support patients to take part in research.



We also have a strong focus on those sectors of our community who are underrepresented or underserved in terms of their involvement and inclusion in clinical research, with a view to addressing the wide variations in health across our local and national populations. We are engaging with our military community and have opened up our research opportunities to our Clacton and Harwich sites to widen access and increase opportunities for participation in clinical research to better reflect our patient demographics.

Over the past 12 months, our staff have demonstrated the vibrancy and innovative practice of a research active organisation by producing 181 conference abstracts and publications in high quality academic journals. These examples demonstrate that a commitment to clinical research leads to better treatments for patients.

Patient and public involvement in research and development

We recognise the huge benefits which feedback from our patients can bring to research and development and actively encourage participation in designing and running studies.

This year we had an additional three new patient and public involvement groups with 26 people attending to help shape our studies. Our groups cover a varied portfolio including people with learning disabilities, stoke, parents of children with autism, cancer patients, patients with Parkinson’s and pregnant people.

We have also become one of the first NHS trusts to sign up to the Health Research Authority’s shared commitment to drive up the standards in health and social care research.

We appreciate the time our research participants spend feeding back their experience of taking part in research studies using the NIHR survey. During 2024/25 we received responses from 356 adults, and have summarised their feedback below.

Question	Response
The information that I received before taking part prepared me for my experience on the study	99%
I know how I will receive the results of the research	74%

Research staff have always treated me with courtesy and respect	99%
I would consider taking part in research again	97%

Paul Simpson was the first patient to receive the 'magic bullet' treatment at the nuclear medicine centre at Colchester Hospital. Pictured left to right are Kim Turner, Teresa Hurley, Mark Atthey and Mr Simpson

How healthcare is regulated

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It makes sure health and social care services provide people with safe, effective, compassionate, high quality care and encourages care providers to improve through monitoring and inspections.

East Suffolk and North Essex NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Our current registration status is full registration. We have no conditions on registration and no enforcement actions were taken against us in 2024/25.

The CQC regulates and regularly inspects healthcare service providers in England. Where there is a legal duty to do so, the CQC rates the quality of services against each key question as 'outstanding', 'good', 'requires improvement' or 'inadequate'. Healthcare service providers can be re-inspected at any time if services fail to meet the fundamental standards of quality and safety, or if any concerns are raised.

During 2024/25, we reviewed and revised our statement of purpose registered with the CQC. This statement describes what the Trust does, where it is done from and who it is done for. The main amendments to the statement were as a result of changes to the locations where some activity takes place. This included the removal of temporary locations which had been added to the statement during the COVID-19 pandemic, and removal of locations that were deemed to be satellites of the Trust's main hospital locations from which they are managed.

Inspections during the year

The Trust was inspected by the CQC on two occasions during the year:

1. An announced Ionising Radiation (Medical Exposure) Regulations inspection of the CT department at Ipswich Hospital on 1 August 2024.

2. An announced Ionising Radiation (Medical Exposure) Regulations inspection of the radiotherapy service at Colchester Hospital on 27 November 2024.

Reports were issued following both inspections. The inspection at Ipswich Hospital identified three areas for improvement which did not justify regulatory action. The Trust developed an action plan and the CQC noted progress of the actions during a review in December. The remainder of the plan will be monitored through to completion by the Trust.

No areas for improvement were identified as a result of the inspection at Colchester.

Reports completed in relation to Ionising Radiation (Medical Exposure) Regulations inspections are generally not published. More information about this is provided on the CQC website.

The CQC does not issue a rating following an Ionising Radiation (Medical Exposure) Regulations inspection and its findings do not change a provider's existing ratings.

CQC ratings for ESNEFT

Last rated 8 January 2020

Ratings	
Overall rating for this service	**Requires improvement**
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Good

Operational staff outside the new Dame Clare Marx building

Medical workforce

Medical workforce provides an inclusive service for all medical and dental staff across ESNEFT.

Medical staffing work closely with Health Education East of England and foundation schools for doctors in training, as well as with St Helen's and Knowsley for all of our GP trainees. We use software called TIS (Trainee Information System) to input information about all of the doctors in training who are due to rotate to us to ensure a smooth transition for both the Trust and the individual. During the last 12 months, we have continued to increase the number of doctors in training across a wide range of specialties, and who are also completing foundation training at ESNEFT.

Medical recruitment is responsible for recruiting consultants, SAS doctors, and LED (locally employed doctors) and work closely with the ICENI Centre to support ICENI fellow posts in ESNEFT. We are also continuing to work closely with the Royal Colleges to extend our medical training initiative scheme, which now operates in surgery, trauma and orthopaedics, medicine, obstetrics and gynaecology and anaesthetics. The team also successfully recruited new trauma and orthopaedic surgeons and anaesthetists for the Essex and Suffolk Orthopaedic Centre, which opened in November.

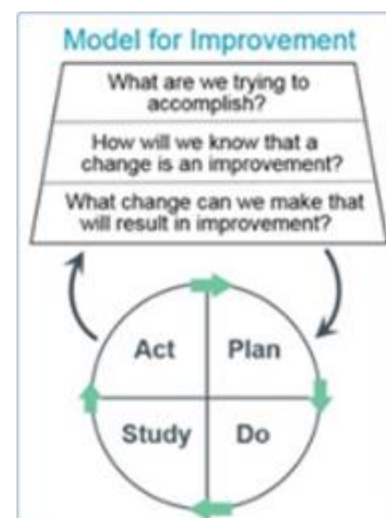
Medical engagement supports our guardians of safe working and ensures we have an engaged junior doctor workforce which takes part in monthly events, junior doctor forum meetings and safer working meetings on both sites. In addition, the team provides onboarding and continued compliance for the medical bank and our clinical attachment scheme. This gives overseas doctors with GMC registration an introduction to the NHS and the opportunity to complete an observership at the Trust. Several of our clinical attachments have gone onto secure an LED post with ESNEFT and have subsequently secured a training post. They have then returned to the Trust as their preferred placement.

Our revalidation team manages the annual appraisal and revalidation all doctors with a GMC connection. Medical revalidation is the process by which a doctor's licence to practice is renewed and is based on local appraisals and clinical governance, with the Trust reporting 93% compliance for the last cycle. In addition, the team manages annual job planning for all doctors and dentists, working closely with the divisions to ensure all plans are signed off. The team is also responsible for monitoring fee renewal and revalidation for all nursing and midwifery staff employed by ESNEFT.

Relationships between the Trust and our doctors are managed by the medical employee relations team, which ensures that all disciplinary matters are managed fairly and consistently. The team work closely with our GMC employment liaison advisor, the Director of Medical Education and Health Education East of England when concerns relate to junior doctors in training. The team also liaises closely with the health and wellbeing team to make sure that the wellbeing of our doctors is prioritised in all cases.

Quality improvement

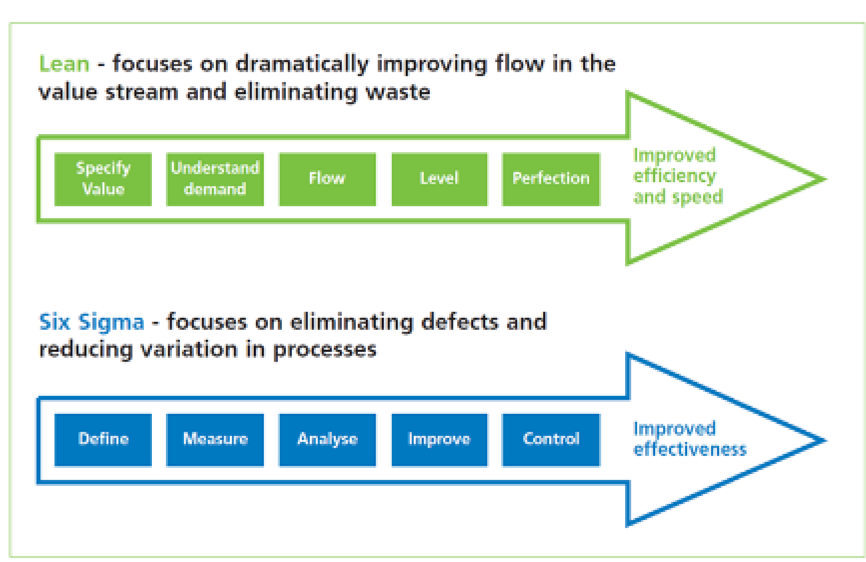
ESNEFT's Quality Improvement (QI) Faculty was set up in 2018 to support all staff to turn their ideas in to tangible improvements through access to training and coaching. Our strategy is to build improvement capability using a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem.



We have adopted the NHS Model for Improvement as our core approach to QI. This spans from when staff first contact the QI team with an idea, through training and coaching to registering a live project, completing the work and then writing up the findings.

The team provides support Trust wide and has also begun collaborating with other organisations to support to colleagues in the integrated care system.

We also support the use of the Lean and Six Sigma approaches:



By using these tools consistently, the QI team is able to engage both clinical and non-clinical staff, as well as patients and families, more deeply in identifying and testing ideas before using measurement to see if changes have led to improvement.

QI at ESNEFT

The QI team's goal is to improve QI capability and capacity across the Trust. Our approach supports the recently developed NHS Impact initiative for continuous improvement. The aim of this model is that "all NHS providers, working in partnership with ICSs, will embed a quality improvement method through five principles". These principles are:

- 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

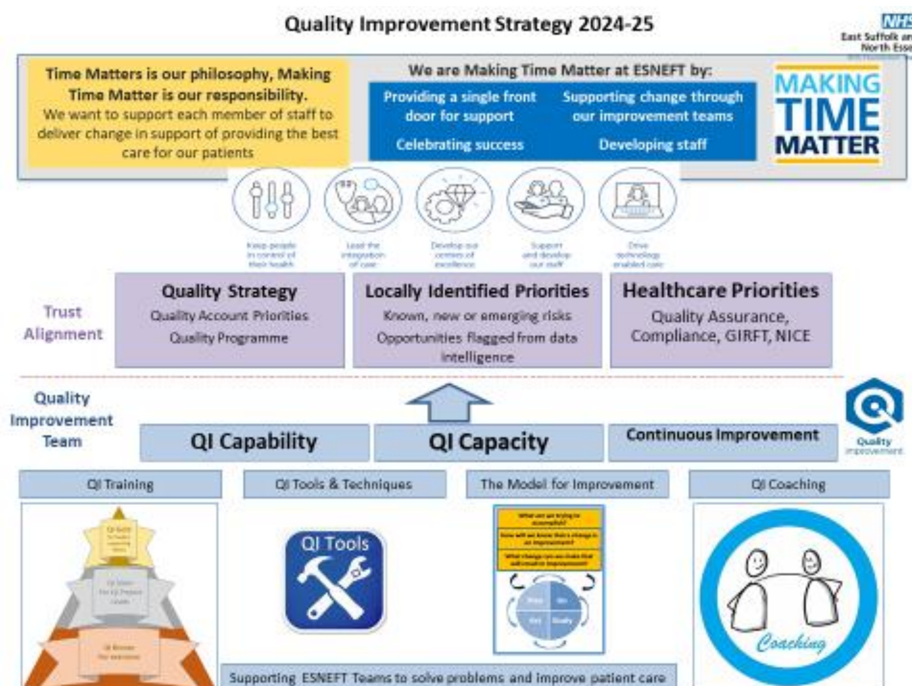
The QI and clinical outcome teams sit within the corporate division for nursing and quality. The Chief Medical Officer and Chief Nurse are the executive senior responsible officers of the two teams, which are led by the associate director of QI, clinical outcomes and health inequalities. The clinical outcome team work with the QI team to align improvement with audit outcomes and streamline the improvement journey for divisions. The teams report via the clinical governance framework to Clinical Effectiveness Group, Quality and Patient Safety and Executive Management Committee.

The clinical outcome team is a central resource to support divisions to meet mandatory and statutory requirements that form the contract between commissioners and providers. The team has embedded a model to support the divisions to deliver the following national NHS requirements:

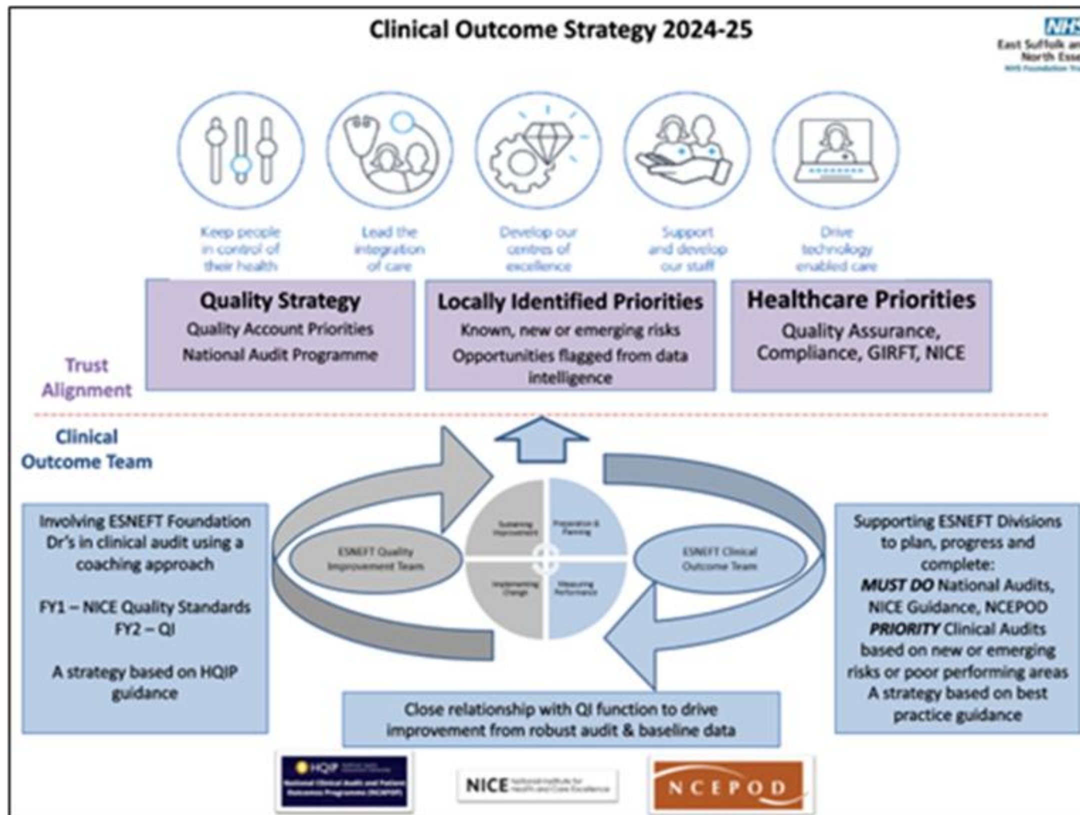
- National Clinical Audit & Patient Outcome Programme (NCAPOP)
- National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
- National Institute for Health and Care Excellence (NICE) guidance
- Clinical Audit in line with Healthcare Quality Improvement Partnership (HQIP) guidance

The QI team is a central resource which focuses on building improvement capability and capacity through a training and coaching support offer. The QI strategy has aligned with the Trust's Time Matters philosophy through 2024/25 as it aims to embed an organisational improvement mind-set which links to the Trust's strategic objectives.

Our existing QI one page strategy was updated in November to highlight some additional QI training at gold level while aligning it more clearly with the Trust's strategic objectives:



Our clinical outcome strategy on a page was created in November following a restructure of the team and introduction of a new working model:



Both teams are moving towards the HQIP Best Practice in Clinical Audit, which includes four stages in a cyclical model. This has been adopted as the guiding principles for how the audit and QI functions support ESNEFT improvements. The two teams ensure that all Trust colleagues involved in audit and/or QI receive the necessary support and guidance to conduct and conclude audits and plan, run and implement changes and improvements effectively. The objective is to uphold national and organisational guidelines and standards across all divisions through our services

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

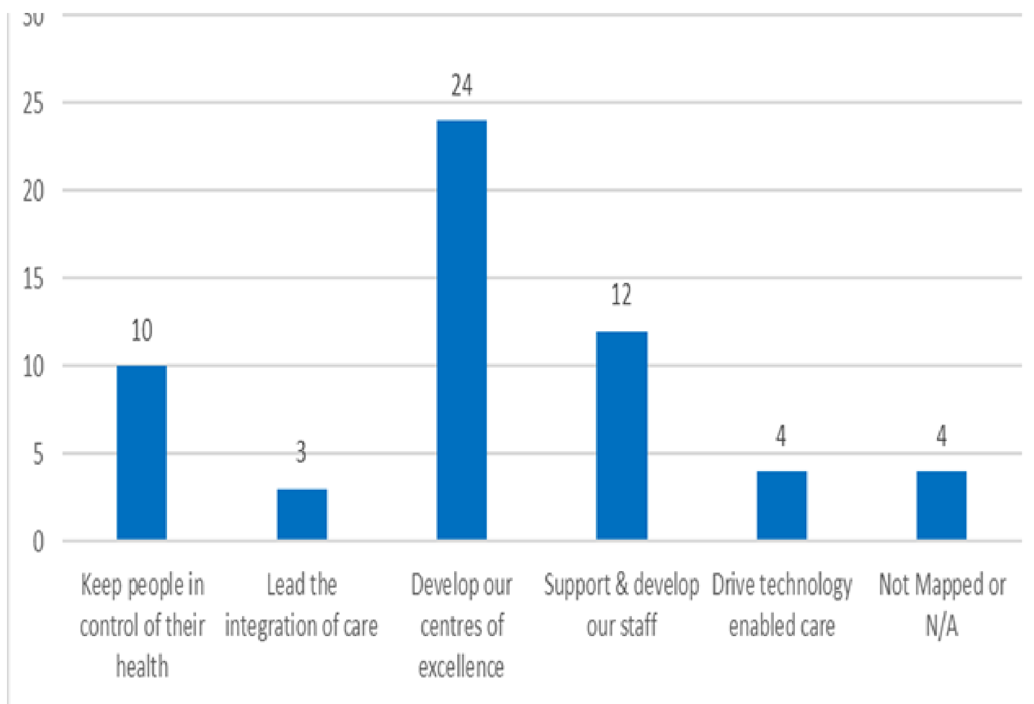
- 125 foundation doctor QI induction training
- 19 ESNEFT staff (other)
- 19 newly qualified ESNEFT doctors on new induction programme
- 60 Essex University nursing degree students
- 23 Essex University nursing associates
- 15 SNEE nursing fellowship trainees and GPs
- Three enhanced clinical practitioner apprentices

QI coaching begins well before a QI project reaches the formal registration stage. During this time, staff receive training on QI methods, tools and techniques. They are supported to identify the data they need to measure and are shown how to analyse it so that decisions

made during the project's life span are evidence based. SMART aims for each project are also developed.

Supporting ESNEFT's strategic objectives

The QI strategy at ESNEFT ensures all QI projects coached from within the central team link to the Trust's overall strategic objectives. Below is a summary of how the completed QI projects from April 2024 to March 2025 map to these objectives:



The quality programme

The team also leads the Trust-wide quality programme which focuses on key Trust priorities and projects over the year.

The quality priority projects are:

- falls
- nutrition
- dementia*
- mental health
- tissue viability
- continence
- medication safety

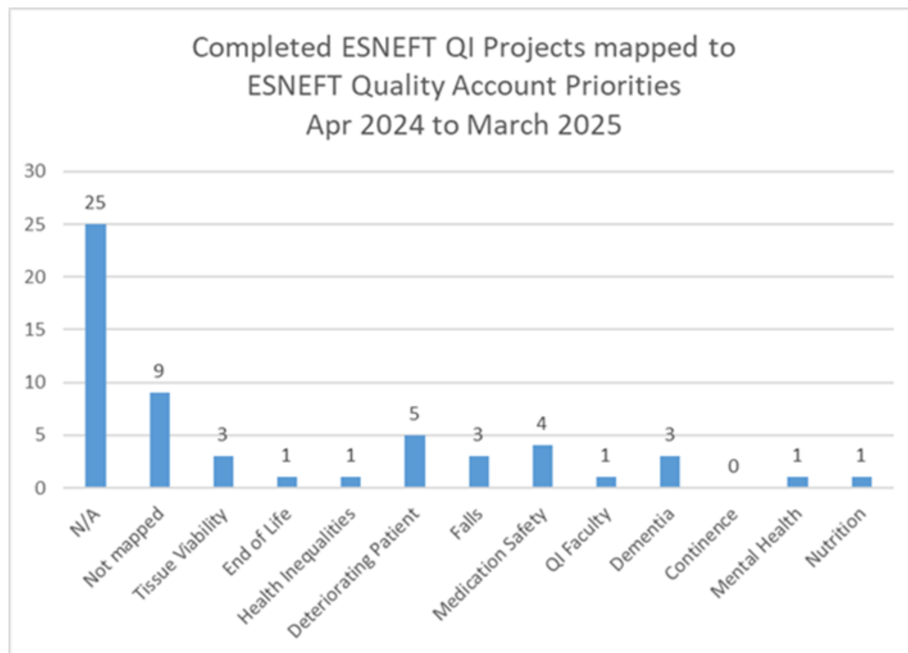
Our quality improvement projects are:

- Getting it Right First Time

- end of life
- deteriorating patient
- QI faculty
- health inequalities*
- shared decision making*

* Dementia, Making Every Contact Count (within health inequalities programme) and shared decision making were identified as the Trust's quality priorities for 2024/25

The chart below maps the completed QI projects across ESNEFT during 2024/25 to the Trust's quality priority projects and QI projects.



The QI and clinical outcome teams are beginning to work more closely together to ensure that QI projects are driven from robust audits that are based on standards, regulation and guidance. There are now 25 QI projects that are supported collaboratively by both teams.

Building QI capability through training

We offer bronze and silver QI training, while the QI team also developed and delivered gold training during the year.

- **Bronze QI:** This externally hosted online training package summarises basic QI methodology. During the year it was enhanced to reach a wider audience through face-to-face sessions and increase interaction and engagement. During the year, 448 staff received the training (the equivalent of 44% of the 1021 people trained since 2018).

- **Silver QI:** This four-hour workshop is held either virtually or face-to-face and teaches QI methodology and how to apply it to an idea. Participants leave with a draft project

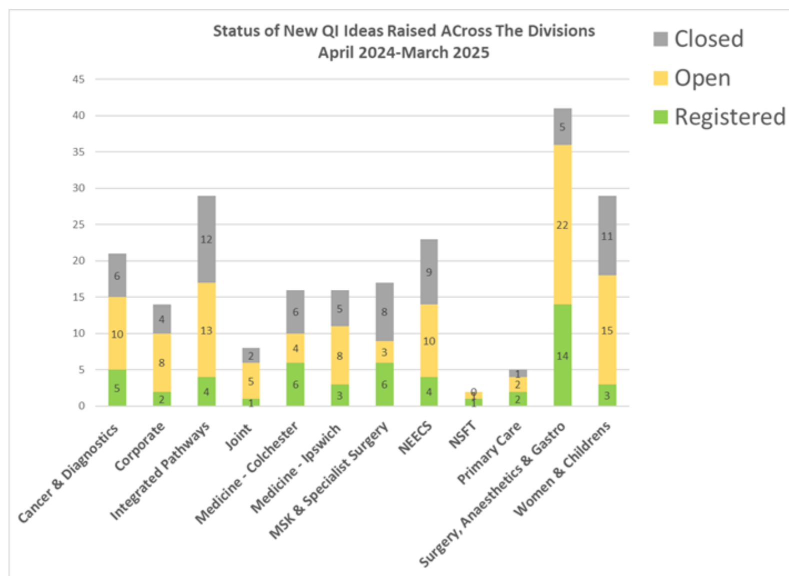
plan. A total of 181 staff completed the training during the year (43% of the 429 trained in total since 2018).

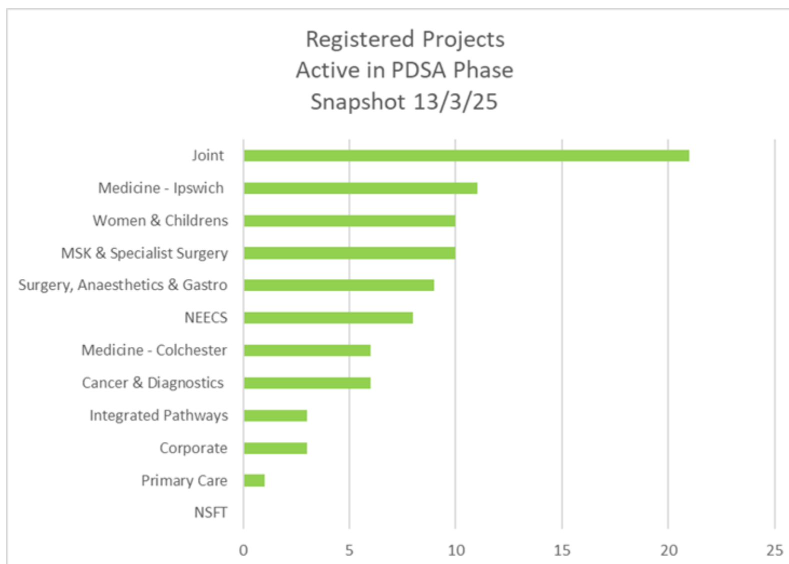
- **Gold QI:** This three-hour face-to-face workshop launched in December to help leaders understand their role in QI. A total of 69 staff were trained before March.

Improvement projects at ESNEFT

This year a variety of work has taken place across the Trust to improve patient care and staff experience. These change projects are promoted, shared and discussed internally and externally to make sure best practice is adopted as widely as possible.

The tables below show a breakdown of these QI project stages across ESNEFT divisions:





Examples of improvement projects during 2024/25 include:

- **Improving care for diabetes patients**

  Diabetes patients are now receiving more effective care in the community thanks to a QI project which has helped to optimise insulin use while safely reducing home visits carried out by district nursing teams.

  The initiative saw monthly meetings arranged with each district nursing team to review every patient and agree individualised glycaemic targets depending on frailty, life expectancy, hypo risk and cognition.

  As a result, insulin doses were stopped in 17 patients, reduced in 52 patients and increased in 51. Ensuring patients were on the correct dose led to 53% fewer hospital admissions, while district nurses also made 31% fewer home visits, in turn helping them to manage their increasing workload.

  The project is also estimated to have saved £1,848,698 through reduced visits, ambulance transfers and hospital stays.

- **Helping heart patients to kick the habit**

  The number of cardiology inpatients who are referred for support to help them stop smoking at Ipswich Hospital has more than doubled following a QI project.

  The initiative took place after figures showed that less than two thirds of patients on the Claydon Ward had their smoking status assessed, with just one fifth then offered support to quit.
  Several actions were taken to improve, including reminding all colleagues of the importance of documenting smoking status while educating them about how to refer to stop smoking services.

  As a result, the number of patients offered support to kick the habit increased from 20% to 50%. More work is now taking place to increase this figure further.

- **Increasing referrals into the respiratory virtual ward**

  The number of clinically appropriate patients referred to the virtual respiratory ward run by North East Essex Community Services increased significantly following a QI project designed to improve the flow of patients into and out of Colchester Hospital.

  Following work to boost education and increase awareness of the ward, the number of referrals received over six months increased eight-fold, to 128 in total. A virtual board round introduced on the Layer Marney Ward has continued, and acts as a reminder to consider the virtual ward as an option for suitable patients.

  The launch of Epic, our new electronic patient record, will bring the opportunity to automate these reminders, in turn helping to free up clinicians to spend caring for patients.

- **Boosting safety with better documentation**

  Patients on Stradbroke Ward at Ipswich Hospital area now receiving safer care following a QI project which has significantly increased the number of gastroenterology prescribers correctly completing drug charts.

  The initiative was launched after an audit showed nearly four out of five prescribers were not identifying themselves in the prescriber signature record section after the chart was updated. This could lead to delays, confusion and difficulties in identifying the prescriber should questions about a patient's medication arise.

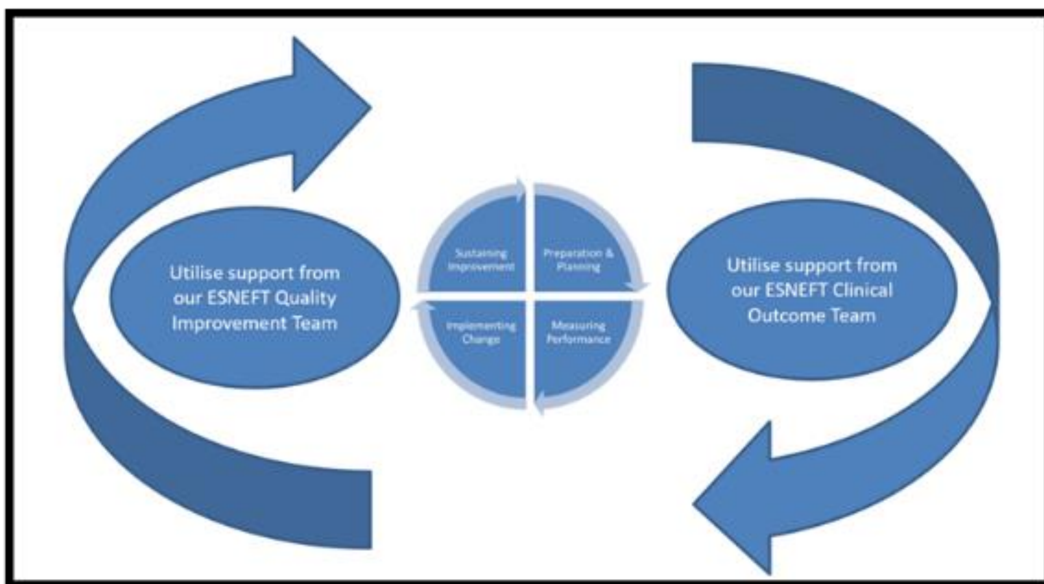
  The QI project took place in two phases, beginning with a series of teaching sessions to highlight the importance of completing the forms. A promotional poster was then created as a reminder to on-call doctors visiting patients out-of-hours. Nursing staff were also encouraged to double check prescription charts to act as a further safeguard during busy shifts.

  Compliance with the requirement increased significantly as a result, rising from 21.7% to 78% and surpassing the team's original target of 70%.

Clinical outcome

The audit function at ESNEFT now works differently following a restructure. Improvement has remained internal to the Trust with a central provision from a corporate team as an expert resource. Divisions are assisted with audit processes which helps to identify improvement opportunities, with support for those ideas then provided by the QI team.

The new model aims to enhance engagement with the divisions, both at senior and service level, to directly drive the improvement which comes from audit action plans. The clinical outcome and QI teams are now working closely to bridge the gap between audit and improvement and are working to HQIP, NHS Impact and NHS Model for Improvement approaches.



A trial to introduce junior doctors at Colchester into improvement work by carrying out an audit against NICE quality standards concluded in June. Its aims were to:

- establish an efficient audit allocation process for the foundation year one (FY1) doctors rotating into ESNEFT
- provide support to the FY1 doctors in carrying out the allocated audit
- ensure the FY1 doctors meet the requirements of the ARCP (Annual Review of Competence Progression)

During the programme:

- 48 audits were registered
- 27 audits were completed for the ARCP
- 15 participation letters were issued
- a total of 42 audits were completed

Learning from this pilot is being taken forward into the 2025/26 intake and will be extended across the Ipswich site as well as Colchester, with the above figures expected to double as a result.

The clinical outcome team is also working differently to support audit delivery. Training and development is enhancing its ability to support delivery of improvement using established methods. The team has worked closely with divisions to develop audit and QI plans for 2025/26.

Statements relating to the quality of relevant health service provided

NHS number and General Medical Practice Code validity

During 2023/24, ESNEFT submitted records to the Secondary Uses Service for inclusion in the latest published hospital episode statistics.

The percentage of records in the published data including a valid NHS number for patients seen are:

- 99.78% for admitted patient care
- 99.92% for outpatient care
- 99.22% for emergency care
- 99.82% for diagnostic imaging
- 99.95% for community care

The percentage of records in the published data including a valid General Medical Practice Code for patients seen are:

- 99.98% for admitted patient care
- 99.97% for outpatient care
- 99.27% for emergency care
- 100.00% for diagnostic imaging
- 100.00% for community care

Source: NHS and Social Care Information Centre data quality dashboards (April 2023 – March 2024 position as published July 2023 – June 2024).

Clinical coding

We are required to accurately code information relating to all diagnosis and procedures relevant to each individual episode of care experienced by a patient. The clinical coding team play a vital role in making sure we get paid for what we do.

Every procedure and diagnosis recorded in a patient's notes needs to be classified according to the ICD10 and OPCS coding framework. This is then put on PAS (Patient Administration Service) and the data can be used for our financial reporting.

Clinical coded data has a variety of uses and impacts on a number of areas, including planning health services and their delivery and healthcare statistics. It also supports:

- Health Resource Groups (HRGs) and the national tariff payment system
- financial costing and resource utilisation mapping
- standard one of the Data Security and Protection Toolkit

The Data Security and Protection Toolkit is a yearly audit that compares a trust's clinical coding data against national standards to assess accuracy. Regular individual staff audits

also take place, both of which help to ensure data quality and continuous improvement. The audit cycle is a crucial part of the assurance framework required for Payment by Results (PbR) and the Information Governance Toolkit (IG).

Data Security and Protection Toolkit – levels of attainment

	Standards met	Standards exceeded
Primary diagnosis	>=90%	>=95%
Secondary diagnosis	>=80%	>=90%
Primary procedure	>=90%	>=95%
Secondary procedure	>=80%	>=90%

ESNEFT's audit scores

Primary diagnosis	Secondary diagnosis	Primary procedure	Secondary procedure
94.0%	92.3%	97.4%	91.9%

The scores for three areas – secondary diagnosis, primary procedure and secondary procedure – all reach the 'standards exceeded' level of attainment. Primary diagnosis fell into the 'standards met' bracket.

East Suffolk and North Essex NHS Foundation Trust (including community services) Data Security and Protection Toolkit Assessment Report for 2023/24 was graded as 'standards not met: approaching standards', and an improvement plan has been agreed.

The results of this audit show a marked yearly improvement in the level of coding accuracy, which is linked to an ongoing internal training programme and mentorship which covers all aspects of coding. This includes ongoing engagement with clinicians and reinforcing issues identified by individual and Data Security and Protection audits, such as improving data extraction/ documentation, coding of mandatory co-morbidities (linked to depth of coding), signs and symptoms diagnosis and Charlson co-morbidity index score.

The Data Security and Protection Toolkit assessment for 2024/25 is currently in progress. The baseline was submitted in December 2024, with final completion due on 30 June 2025.

Data quality

During 2024/25, the Trust has taken the following actions to improve data quality:

Data quality indicator	Update
Valid NHS number and valid GP practice code	The data quality team continue to work with the supplier of our new electronic patient record (EPR) to identify the improvements we need to make to our current PAS data to allow for a successful migration to the new system. A data optimisation app has been created to provide detail of the key issues which need resolving. This includes the data

	optimisation dashboard which tracks total volumes and our progress to make sure we are on track to deliver before migration.
Valid NHS number and valid GP practice code	We have continued to work with the national team to enhance the quality of the data that we submit within our commissioning datasets. This has led to improvements in recording information, extracting data and identifying areas that need additional scrutiny.
Valid NHS number and valid GP practice code	The suite of Power BI reports available to us continues to be enhanced and developed to allow more data quality issues to be visible to the Trust. The data quality team also add additional checks and validations into its standard processes to further enhance the quality of our data.
Valid NHS number and valid GP practice code	The data quality team continue to perform weekly checks of our whole electronic patient master index against the National Spine. This flags discrepancies in key patient demographics (such as NHS number and GP registration) for the team to investigate and correct.
Valid NHS number and valid GP practice code	The data quality team has designated additional resource to de-duplicate hospital records and ensure that each patient has a single record and is appropriately traced with an NHS number.
Valid NHS number and valid GP practice code	The ESNEFT Data Quality Forum has moved from meeting quarterly to a monthly basis. It includes representatives from both operational and corporate areas and enables colleagues to discuss current data quality performance and areas of concern or improvement. The move to monthly meetings aims to focus attention on data quality that will impact our successful migration to the new EPR. It also provides an opportunity for departments to feedback on their progress and current challenges.

Learning from deaths

During 2024/25, 3,418 of ESNEFT's patients died (including deaths in ED and community hospitals).

Period	Deaths	Reviews	% avoidable deaths
Quarter one	816	124	2.4%
Quarter two	762	109	1.8%
Quarter three	893	119	1.7%
Quarter four	947	31	3.2%
Total	**3,413**	**383**	**2.1%**

Of those patient deaths reviewed during the reporting period, 2.1% were judged to be more likely than not to have been due to problems in the care provided to the patient. These were all subject to a detailed incident review to ensure all aspects of learning were captured and addressed.

These numbers were estimated using the summary of care information from the Royal College of Physicians' structured judgement review and the national perinatal mortality review tool. In other reviews, factors were identified that could have possibly contributed to patient death. These learning points have been shared both within teams and across the Trust and have been discussed at the Learning from Deaths Group.

Summary learning and actions

- A diagnosis of small bowel obstruction was missed in an 85-year-old patient as the wrong diagnostic investigation was used. Learning was shared with the team with regard to the correct use of imaging and ensuring senior review prior to discharge.

- There was a failure to monitor signs of deterioration in accordance with Trust protocols and issues with delivery of IV fluids and antibiotics*. Local learning was shared with clinical staff.

- Early management of sepsis may have prevented a patient's death. The patient required early recognition of gas gangrene and escalation to specialist teams, including diabetes foot specialists and vascular surgery*.

* The Trust has a proactive deteriorating patient team that uses information from monthly audits and 'deep dives' across all patient types to deliver bespoke training to individuals and teams. A number of wards have changed to 'live' auditing to ensure follow-up actions are completed within given timeframes. Teams have worked hard to maintain high surveillance standards.

All admitted patients have an allocated nurse responsible for acting on signs of deterioration. In addition, all patients at risk of deterioration have a treatment escalation plan which helps support appropriate and timely escalation should the patient become more unwell.

The Trust is one of the early implementer sites for NHS England's Martha's Rule. This is an additional protocol to trigger a timely response to deterioration whereby any patient, visitor or staff member can call the critical care outreach team 24/7 if they are concerned. We are also a patient wellness questionnaire which asks the patient or those who know them well to

identify from a scale how they are feeling or seem compared to usual and how this compares to the previous day. These responses are then scored and, if required, a clinical assessment is undertaken based on these ‘soft signs’.

- In a case concerning a perinatal death, there were monitoring issues and the cardio-tocography (CTG) was not commenced on pain increase. Learning was shared immediately as a maternity ‘hot topic’:
    - completed CTGs require refreshing with the current fetal surveillance guidance and, if required, a fresh-eyes analysis should be undertaken;
    - medication and clinical tasks should not be verbally prescribed by a doctor and must be documented within the notes;
    - all outstanding actions must be documented in order that the new team can visualise the plan of care; and
    - antenatal patients admitted for observation must have a fetal monitoring plan documented in the notes.

- A review concluded that a tubogram (procedure using contrast to determine if a drain/tube is blocked) introduced bacteria into a patient’s abdominal cavity resulted in spontaneous bacterial peritonitis, sepsis and death. In hindsight, the drain should have been removed and a new drain inserted rather than being flushed.

Since the introduction of medical examiners, we have maintained a 100% record of medical examiner scrutiny of all (non-coronial) deaths in ESNEFT hospitals. The role has been key in improving communication with the bereaved by providing an opportunity to ask questions and resolve issues.

This year, staff have worked with local GP surgeries to ensure a seamless transition to include all community as well as hospital deaths from September 2024. This has helped support learning across the health economy.

The team continues to identify cases requiring a mortality review or patient safety investigation and provides useful thematic learning which is shared at the Learning from Deaths Group. In addition to this independent scrutiny, every death is assessed each month to determine if a mortality review is needed in accordance with the (NHS England) National Quality Board Learning from Deaths Guidance. Consultants carry out reviews of care using a template called a structured judgement review. This is a validated methodology in which senior staff critically review medical records and comment on and score phases of care through the patient journey to determine if there were any problems with the care delivered. In such cases, the patient safety team will facilitate further review to identify further areas for learning with the division’s support, and will take action to improve patient care. In addition to this, a regular senior structured judgement review panel reviews complex cases and provides feedback to teams.

Learning identified during mortality reviews and patient safety investigations is shared at a local level in after action reviews, at learning from deaths and deteriorating patient meetings and thereafter through Clinical Effectiveness/ Patient Safety Group meetings and onto the Board via the quality and patient safety meeting. In addition, key learning is shared at divisional governance meetings, grand rounds, specialty morbidity and mortality meetings, in the chief medical officer’s newsletter and a bulletin called ‘Quality, Safety and Experience Matters,’ which is printed and distributed to clinical areas.

The Trust has a robust quality improvement programme where staff are encouraged to take the lead on projects to improve patient safety and experience, thereby improving the quality

of care delivered. In addition, the health inequalities team is working closely with community partners and patients to promote wellness, improve health education and facilitate access to services.

The Trust has a proactive learning disabilities team which supports a large community of patients with learning disabilities and autism. In 2024, the team was awarded an HQIP clinical audit heroes award in the healthcare inequalities section for outstanding work on the identification and treatment of constipation, a common condition which if left untreated can prove fatal.

The Trust is fully compliant with all elements of the national learning from deaths process. We also take part in many external mortality review programmes such as the Child Death Review Programme, MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries), PMRT (Perinatal Mortality Review Tool) and the LeDeR (Learning Disabilities Mortality Review) programme.

MBRRACE – UK perinatal mortality surveillance

MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) is a requirement of each trust nationally and forms part of the Maternity Incentive Scheme (MIS) safety standards. Each stillbirth, fetal loss >22 weeks gestation and neonatal death must be reported within seven working days. Qualifying babies are then required to have a thorough MDT review through the perinatal mortality review tool. The MIS has released standards for the last five years and ESNEFT is proud to have met the finer requirements for this standard every year, demonstrating full compliance and improved care for our service users.

The perinatal mortality review tool (PMRT) was launched in early 2018 and has since been used to conduct over 23,000 reviews into perinatal deaths in the UK. At ESNEFT, our process is overseen by the maternity services governance team and utilises a multidisciplinary team approach to allow for objective and encompassing evaluations to take place. The PMRT supports us to conduct objective, robust and standardised local reviews of care. We aim to provide answers for bereaved parents and their families around the care that they and their baby received. The tool helps us to identify if any different care may have changed the outcome, and guides improvements and try to prevent future baby deaths. The Trust has standardised reporting in place to ensure the executive team receives a quarterly report on the number of reviews undertaken, the outcomes, themes, and action taken.

Reviews in 2023 and 2024 identified that more than 85% of stillbirths had no care issues identified that were felt to make a difference to the outcome for the baby. This is an improvement on previous years. The local MBRRACE report for 2023 showed a reduction in growth concerns being attributed to the death. Management of reduced fetal movements (RFM) as a contributory cause has seen a further reduction for the second year running and there was only one case where management of RFM was raised as a concern. This is evidence that the shared learning is making a positive contribution to patient care.

In the most recent benchmarked data provided by MBRRACE in February 2025 for the 2023 calendar year, all ESNEFT metrics were average compared to similar trusts and health boards. The exception was stabilised and adjusted neonatal mortality rate excluding deaths due to congenital anomalies, which was lower than average compared to similar organisations.

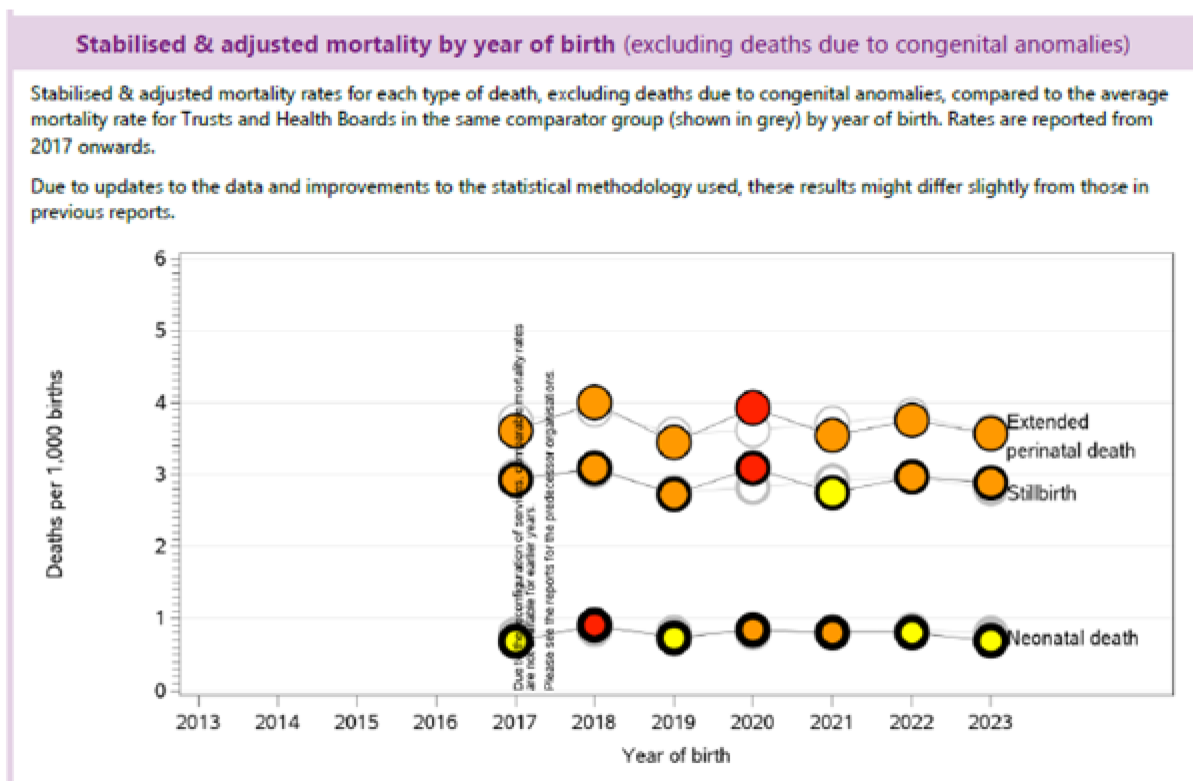
Detail for all deaths – stabilised and adjusted data

- The stillbirth rate was 3.08 per 1,000 total births. This was around the average for similar trusts and health boards.
- The neonatal mortality rate was 0.98 per 1,000 live births. This was around the average for similar trusts and health boards.
- The extended perinatal mortality rate was 4.05 per 1,000 total births. This was around the average for similar trusts and health boards.

Detail excluding deaths due to congenital anomalies – stabilised and adjusted data

- The stillbirth rate excluding deaths due to congenital anomalies was 2.89 per 1,000 total births. This was around the average for similar trusts and health boards.
- The neonatal mortality rate excluding deaths due to congenital anomalies was 0.69 per 1,000 live births. This was lower than the average for similar trusts and health boards.
- The extended perinatal mortality rate excluding deaths due to congenital anomalies was 3.57 per 1,000 total births. This was around the average for similar trusts and health boards.

MBRACE 2023



- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

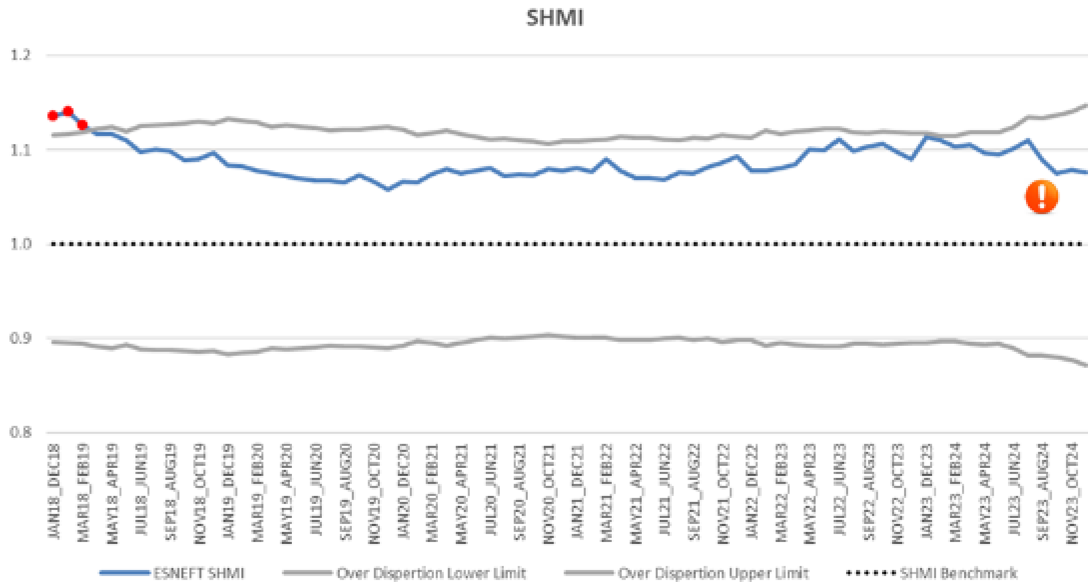
Artwork in the critical care unit at Ipswich Hospital

Core quality indicators

<table>
<tr><th colspan="7">Indicator: Summary hospital-level mortality indicator (SHMI)</th></tr>
<tr><td colspan="7">SHMI is a hospital-level indicator which measures whether mortality associated with a stay in hospital was in line with expectations. SHMI is the ratio of observed deaths in a trust over a period of time divided by the expected number given the characteristics of patients treated by the trust. SHMI is not an absolute measure of quality, but is a useful indicator to help trusts understand mortality rates across every service provided during the reporting period.</td></tr>
<tr><td>The data made available to the Trust by NHS Digital with regard to:</td><td>Reporting period</td><td>ESNEFT</td><td>National average</td><td>Highest score</td><td>Lowest score</td><td>Banding</td></tr>
<tr><td rowspan="3">The value and banding of the SHMI for the Trust for the reporting period</td><td>Dec 2021 – Nov 2022</td><td>1.0931</td><td>1.000</td><td>1.2219</td><td>0.7173</td><td>2</td></tr>
<tr><td>Dec 2022 – Nov 2023</td><td>1.0898</td><td>1.000</td><td>1.2564</td><td>0.7195</td><td>2</td></tr>
<tr><td>Dec 2023 – Nov 2024</td><td>1.0761</td><td>1.000</td><td>1.2849</td><td>0.7016</td><td>2</td></tr>
<tr><td rowspan="3">The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period (the palliative care % is a contextual indicator)</td><td>Dec 2021 – Nov 2022</td><td>39%</td><td>40%</td><td>66%</td><td>13%</td><td></td></tr>
<tr><td>Dec 2022 – Nov 2023</td><td>41%</td><td>42%</td><td>66%</td><td>16%</td><td></td></tr>
<tr><td>Dec 2023 – Nov 2024</td><td>40%</td><td>44%</td><td>66%</td><td>17%</td><td></td></tr>
</table>

ESNEFT considers that this data is as described for the following reasons:

- The Trust has high standards of clinical coding and a robust mortality review process.
- The Trust is rated as SHMI band two (‘as expected’) which means that based on factors such as the patient case mix, admitting diagnosis and previous medical history, the number of patients dying in hospital or within 30 days of admission is ‘as expected’.
- A number of trusts are now submitting same day emergency care data to the emergency care data set rather than the admitted patient care dataset. The SHMI is calculated using admitted patient care data. Inclusion of same day emergency care activity from the admitted patient



care data may impact a trust's SHMI value and may decrease it. In 2024/5, it was not possible to update ESNEFT patient administration systems to exclude same day emergency care activity from the SHMI data submission.

The following actions have been taken to improve the quality of services and further reduce SHMI:

- Ensuring that high clinical coding standards are maintained through regular audit, both locally and against the data security and protection toolkit and data quality standard.
- Investigating alerts issued by external providers to ensure that care has been delivered to a high standard. For example, the SHMI VLAD (variable life-adjusted display) charts are a type of statistical process control chart which make a visual comparison between an expected outcome and its associated observed outcome. There are 10 VLAD diagnosis group charts, chosen owing to high patient activity with proven risk-modelling.
- Continuing the work of medical examiners who provide additional scrutiny by assessing the quality of care as described in the health record for all deceased patients and through discussion with the bereaved.
- Continuing to promote good documentation which includes clear care plans.
- Encouraging staff to reflect on care delivered at multiple touchpoints, including mortality and morbidity meetings, where actions and learning can be shared in an open and honest way without apportioning blame.
- Continuing to learn from feedback given by patients, families and carers.
- Celebrating and sharing good practice while learning from mistakes, in turn improving both clinical and organisational processes.
- Sharing learning at ward, divisional and Trust level through mortality and morbidity meetings, ward governance meetings, divisional governance meetings and the Learning from Deaths Group, where staff from clinical areas come together to discuss themes and case studies. Staff from the therapies teams who work across all clinical areas are an integral part of the presentation schedule and have provided invaluable insight into care, both for inpatients and those supported in the community.

- Delivering training as part of the mandatory programme as well as new initiatives promoted by bodies such as Royal Colleges and NICE, such as clinical skills and human factors training.
- Continuing with the quality improvement programme which encourages staff to think about local small-scale improvements.
- Working across the health community to identify and begin to reduce health inequalities by helping patients to a healthier life while ensuring everyone has equitable access to health and care services.

See note above about the inclusion of same day emergency care data.

Indicator: PROMS

PROMs measure health-related quality of life from the patient's perspective using a questionnaire completed by patients before and after particular surgical procedures. The questionnaires are important as they capture the extent of the patient's improvement following surgery.

The latest available data relates to the 2023/24 financial year and shows the number of patients who noted an improved outcome as follows:

Procedure	Percentage
Hip replacement	76.4%
Hip replacement primary	97.6%
Hip replacement revision	85.7%

Indicator: Patient recommendation (Friends and Family Test)

The data made available to the Trust from Envoy with regard to:	Reporting period	ESNEFT score	National average	Highest score	Lowest score
All acute providers of adult NHS-funded care, covering services for inpatients and patients discharged from A&E (types one and two)	2019/20 (inpatients) *	96.60%	95.60%	100%	82%
	2021/22 (inpatients) **	92.47%	94.56%	100%	77%
	2022/23 (inpatients) ***	92.03%	94.56%	100%	66%
	2023/24 (inpatients) #	93.16%	94.07%	100%	78%
	2024/25 (inpatients) ##	92.05%	94.69%	100%	72%
	2019/20 (A&E) *	84.10%	84.40%	100%	40%

	2021/22 (A&E) **	80.29%	77.48%	100%	29%
	2022/23 (A&E) ***	79.56%	79.67%	95%	38%
	2023/24 (A&E) #	79.17%	77.14%	94%	58%
	2024/25 (A&E) ##	93.10%	83.92%	97.41%	56%

* 2019/20 YTD (April 2019 – Feb 2020) with highest A&E (types one and two) and lowest score based on Feb 2020 report

No scores for 2020/21 due to COVID-19 suspension

** 2021/22 YTD (Apr 2021 – Feb 2022) with highest and lowest score based on Feb 2022 report

*** 2022/23 YTD (Apr 2022 – Feb 2023) with highest and lowest score based on Feb 2023 report

2023/24 YTD (Apr 2023 – Feb 2024) with highest and lowest score based on Feb 2024 report

2024/25 YTD (Apr 2024 – Mar 2025) with highest and lowest score based on January 2025 report

Indicator: C. difficile healthcare acquired infection rate 2024/25 (per 100,000 occupied bed days)												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
ESNEFT	28.02	43.38	39.22	37.96	32.54	33.62	35.25	30.82	27.11	46.09	24.01	29.82
East of England average	33.06	34.39	32.51	38.14	40.12	34.61	35.01	32.66	34.09	32.64	27.48	30.76

Part three – other information

Infection prevention and control (IP&C)

Methicillin resistant Staphylococcus aureus (MRSA)

Staphylococcus aureus (S. aureus) is a bacterium that commonly colonises human skin and mucosa without causing any problems. However, it can also cause disease – particularly if there is an opportunity for the bacteria to enter the body, for example through broken skin or a medical procedure.

Most strains of S. aureus are sensitive to the more commonly used antibiotics, which means that infections can be effectively treated. However, some S. aureus bacteria are more resistant. Those resistant to the antibiotic methicillin are termed methicillin resistant Staphylococcus aureus (MRSA) and often require different types of antibiotic to treat them. Those that are sensitive to methicillin are termed methicillin susceptible Staphylococcus aureus (MSSA). There is no real difference between MRSA and MSSA, other than their degree of antibiotic resistance.

At ESNEFT, we have a zero tolerance approach to MRSA bacteraemia/ bloodstream infections. As no formal threshold is set by NHSE, we strive to have no avoidable cases.

For the 2024/25 financial year, five cases have been categorised as per the table below.

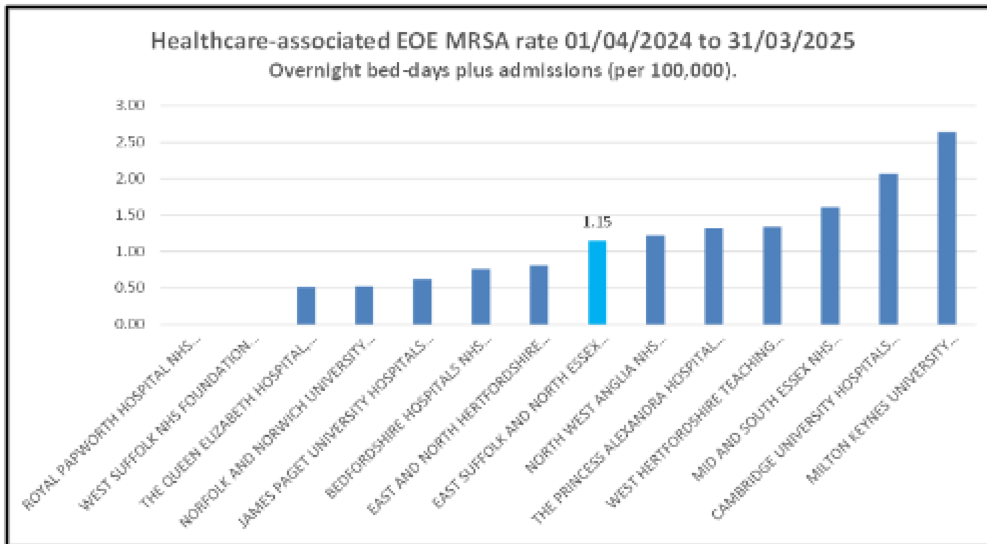
Cases	Total	Objective
Four HOHA cases One COHA case	Five	None

There were four hospital-onset, healthcare associated (HOHA) cases, where a specimen is taken on the third day of admission onwards (i.e. ≥ day three when day of admission is day one).

There was one community-onset healthcare-associated (COHA) case where the patient was discharged within 28 days prior to the current specimen date (where date of discharge is day one).

Learning from these cases relates to compliance with the MRSA screening and standards related to vascular access device management, practice and documentation. Feedback and learning is shared with clinical teams and actions to improve standards are monitored by the Trust's IP&C Committee.

ESNEFT's performance in rates of MRSA bacteraemia to 31/03/2025 compared with other hospitals in the east of England is shown in the chart.

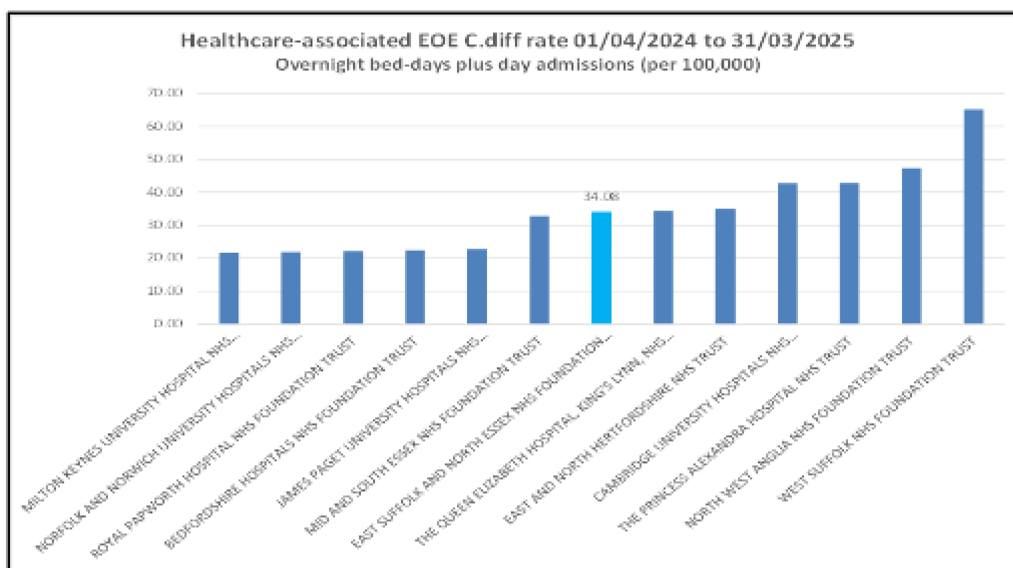


Clostridioides difficile (C. diff)

Clostridioides difficile (C. diff) is an unpleasant and potentially severe or fatal infection that occurs mainly in the elderly or other vulnerable groups, especially those who have been exposed to antibiotic treatments.

Under the NHS Standard Contract 2023/24, trusts are required to minimise rates of C. difficile infections so that they are no higher than the threshold levels set by NHS England. Two categories are apportioned to trusts:

- Hospital-onset, healthcare associated (HOHA) cases, where a specimen is taken on the third day of admission onwards (i.e. ≥ day three when day of admission is day one).
- Community-onset healthcare-associated (COHA) cases where the patient was discharged within 28 days prior to the current specimen date (where date of discharge is day one).



Each case apportioned to the Trust is reviewed so that lessons learnt and any themes which arise can be shared with clinical teams. Case reviews from 2024/25 have highlighted the following themes:

- delays in – and ability to – isolate patients on suspicion of infective diarrhoea due to high capacity/ demand
- delays in sending specimens
- compliance with Trust antimicrobial prescribing guidelines
- patients presenting with co-morbidities that put them at high risk
- use and review of laxatives and proton pump inhibitors
- inconstant environmental and cleaning standards

A thematic review of all c diff cases had been carried out and shared within the organisation and with partners. Key findings are shaping our plans to manage and prevent C diff during the coming year.

During the year, we have:

- Carried out deep cleaning in wards/ departments with high prevalence of infection.
- Reviewed the post infection review process using the Patient Safety Incident Response Framework (PSIRF).
- Restricted the use of some antibiotics (meropenem).
- Carried out antibiotic audits in high prevalence areas.
- Designed a snapshot audit tool to give prompt feedback on infection prevention and control issues to clinical areas.
- Supported site operational teams to make sure isolation/ single rooms are used effectively to aid prompt isolation.
- Used snapshot audit data to identify three main themes for focus, including the importance of cleaning of shared clinical equipment such as commodes.
- Provided advice on capital building projects and ward improvement programmes.
- Provided support frequency of cleaning standards.

Carbapenum producing enterobacterales (CPE)

During the year, cases of CPE have increase at ESNEFT and across the region. In response, we have updated our Trust policy and raised awareness of the importance of screening, isolation and IPC practices.

Work with UKHSA national colleagues around specific typing has taken place and the ICB's IPC team has liaised with regional and local colleagues to raise awareness and support community management, including at GP practice and care homes.

Measures introduced to control and reduce CPE cases within the Trust include:

- restricting the use of meropenem on microbiology advice
- carrying out additional cleaning and using hydrogen peroxide vapor when cases detected
- reviewing and introducing a new screening regime for both elective and emergency admissions
- raising awareness and educating colleagues
- updating the Trust's policy

Patient safety incidents, duty of candour, adverse events and never events

Patient safety incidents

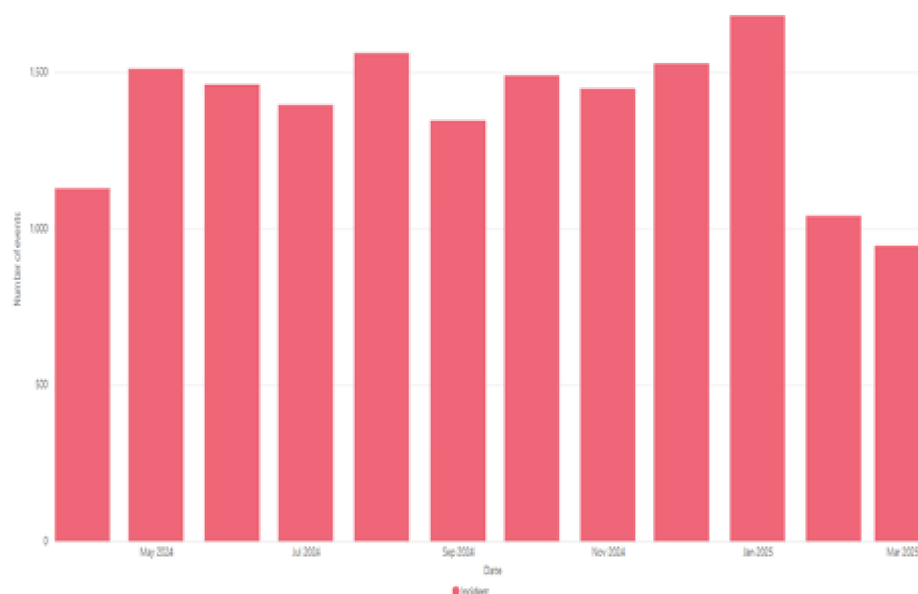
Patient safety incidents are unintended or unexpected events that could have, or did, result in harm to one or more patients. These incidents can have significant consequences, making it vital that all parties involved are appropriately supported and that a just, transparent approach is taken.

At ESNEFT, we prioritise the reduction of harm and the continuous improvement of patient safety. Reporting incidents and learning from them is crucial for enhancing care quality, meeting regulatory requirements and fostering a culture of openness and accountability. A key development in 2024/25 was the transition to the Learn from Patient Safety Events (LFPSE) system and the upgrade to DatixCloudIQ (DCIQ), enabling enhanced incident reporting and management.

We went live with LFPSE reporting on 1 April 2024, marking a significant milestone in the modernisation of incident reporting. At the same time, we upgraded our incident management system from DatixWeb to DatixCloudIQ (DCIQ) which has allowed staff to manage, analyse and report patient safety incidents. This supports real-time tracking and reporting of incidents from the reporting phase through to the final approval.

During the year, 17,971 patient safety incidents were reported by staff, ranging from near misses and low-harm events to moderate harm, severe harm and death. Although this is a reduction in reported incidents from previous years, this is primarily due to a revision of the criteria for what constitutes a patient safety incident. LFPSE wants NHS trusts to report all patient safety incidents, including those where patients were harmed or could have been, where there was a poor outcome, and where future risks have been identified, but also encourages reporting of good care that can be learned from.

Figure one – number of incidents reported by ESNEFT to LFPSE from 1 April 2024 to 31 March 2025

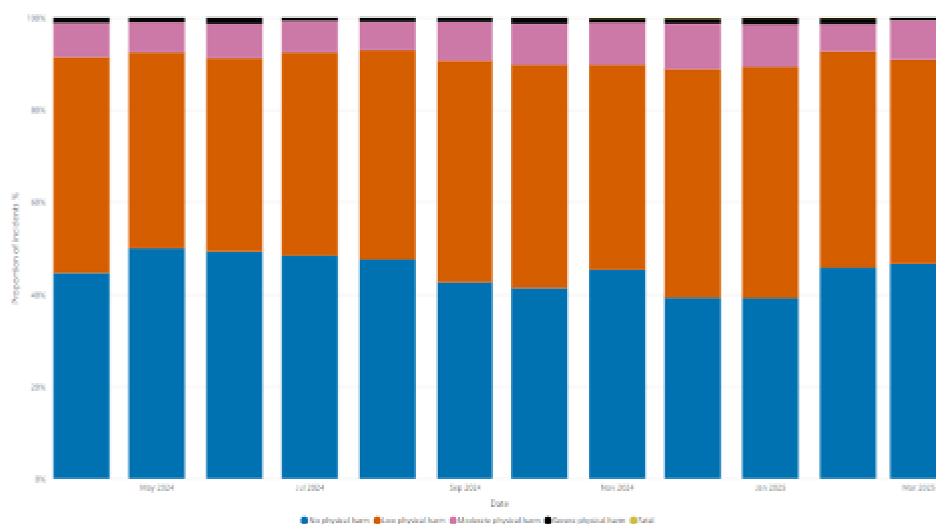


To optimise incident reporting, we have adopted a targeted approach, triggering LFPSE reporting based on specific patient categories and subcategories. This ensures that reporting remains aligned with our key safety priorities.

In February, we stopped reporting ‘present-on-admission’ pressure ulcers to LFPSE in accordance with updated national guidance. This change reflects ongoing efforts to ensure that incident reporting remains relevant and meaningful, aligning with best practices in patient safety reporting.

All reported incidents continue to be reviewed by the patient safety team to assess and validate the level of harm associated with each event. For incidents classified as moderate harm or above, our patient safety managers apply clinical judgment, considering subjective criteria to ensure consistent and accurate reporting. This process ensures that all incidents are appropriately classified and investigated.

Figure two – proportion of incidents by level of physical harm



Every reported incident, regardless of the level of harm, undergoes a thorough investigation. The aim is to ensure that lessons are learned and safety improvements are implemented across the Trust. This includes analysing incident trends and ensuring that improvements are integrated into clinical practice and operational processes.

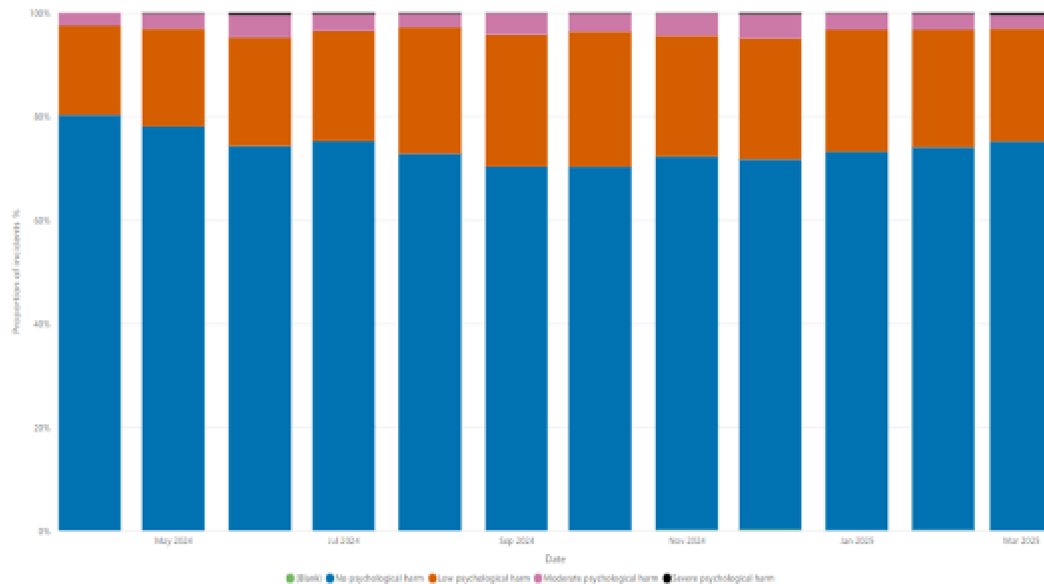
Pressure ulcers and falls remained among the top three patient safety incidents reported by the Trust during 2024/25. In response, we introduced a mini care gap assessment and a full care gap analysis specifically for falls and pressure ulcers.

A care gap analysis involves examining various aspects of healthcare delivery to pinpoint areas where services fall short of established best practices or patient needs. Its aim is to ensure that Trust and regulatory compliance requirements are being met. Additionally, it helps identify areas where resources can be better utilised, reducing the amount of staff time spent investigating incidents — a crucial factor given ongoing staffing challenges across the Trust.

The mini care gap assessment allows staff to investigate falls and pressure ulcer incidents more quickly, ensuring compassionate engagement by having face-to-face communication involving patients and their families in line with the PSIRF principles. It also supports

divisional teams to develop targeted strategies to bridge gaps, ultimately improving the quality of care and patient outcomes.

Figure three – proportion of incidents by level of psychological harm



We remain committed to enhancing patient safety through continuous learning and system improvements. Moving forward, our focus will be on strengthening the link between incident investigations and quality improvement initiatives, further optimising incident reporting systems and ensuring that staff continue to receive the necessary support and training to engage in open, transparent reporting.

The Trust will also continue to evaluate the effectiveness of the changes to reporting criteria and ensure compliance with all national reporting frameworks.

Improving our performance in 2025/26

To further improve our performance in 2025/26, we aim to:

- develop our positive safety culture to increase reporting
- ensure learning from incidents is embedded in practice

Safety is at the heart of everything we do. We will therefore continue to develop our strategy by embedding learning from incidents into all aspects of our clinical and non-clinical practice.

Duty of candour

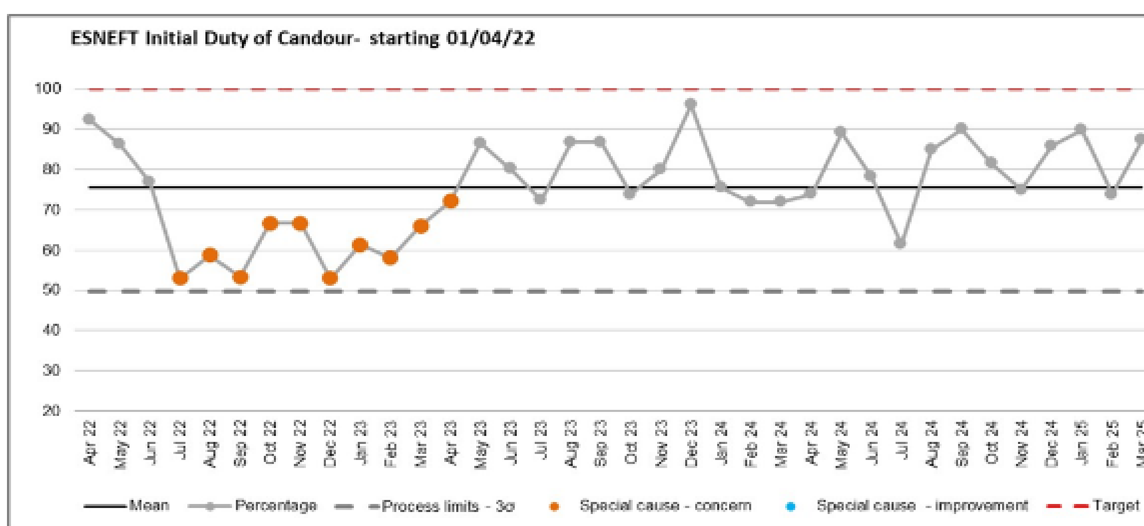
Duty of candour is a legal requirement that means healthcare staff must be open and honest with patients and their families when things go wrong. It applies when a patient has suffered moderate or severe harm (or has died) as a result of their care or treatment, even if the harm was unintended.

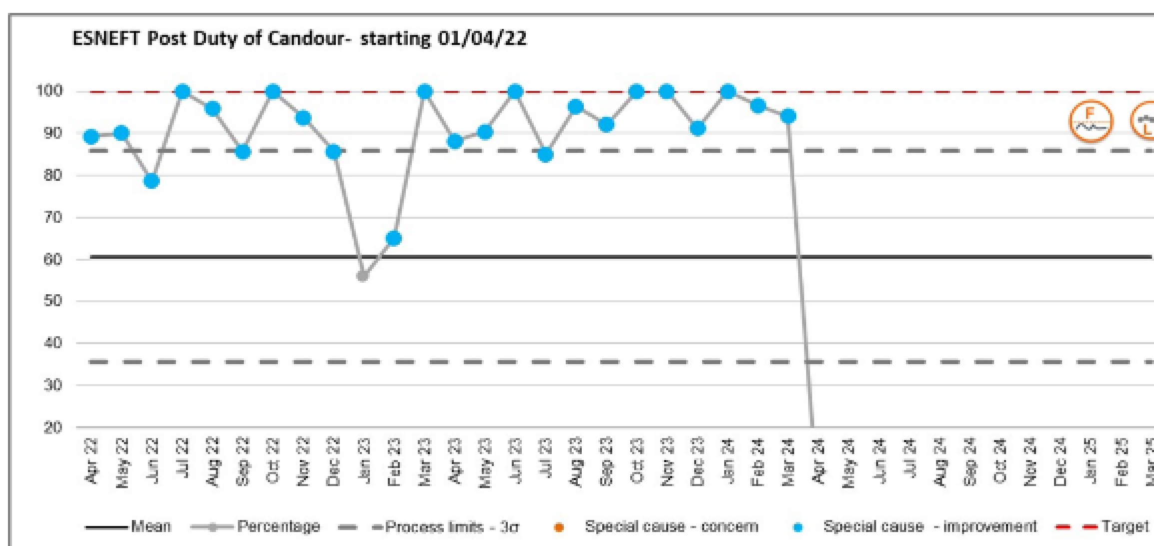
Our compliance with duty of candour regulations is monitored by the patient safety team and reported through the Integrated Patient Safety, Experience and Quality Committee.

The Trust has not yet fully aligned its duty of candour processes with the updated CQC guidance, which removes the arbitrary 10 and 15 working day targets in favour of completing the duty of candour process "as soon as reasonably practicable". However, we have focused on improving the quality of the duty of candour process, linking it to the compassionate engagement principles outlined in the Patient Safety Incident Response Framework.

Between 1 April 2024 and 31 March 2025, the Trust demonstrated over 87% compliance with all elements of the duty of candour.

Duty of candour compliance during 2024/25





We continue to monitor compliance with all elements of the statutory duty of candour until there is clear evidence that all requirements have been fully met.

Patient safety incidents reported to Learn from Patient Safety Events (LFPSE)

During 2024/25, the following types of patient safety incidents (categorised as low harm to fatal) were reported via the Datix DCIQ risk management system.

Note: The figures below exclude 'no harm' events, present on admission (POA) pressure ulcers and moisture-associated skin damage (MASDs).

Type of patient safety incidents reported to LFPSE (low harm to fatal)	Total
Abusive, violent, disruptive or self-harming behaviour	68
Access, appointment, admission, transfer, discharge	83
Anaesthesia	47
Consent, confidentiality or communication	66
Diagnosis, treatment, delays in care	599
Falls	805
Infection related	56
Infrastructure or resources (staffing, facilities, environment)	71
Laboratory specimens	40
Labour or delivery	350
Medical device/ equipment	35
Medication	222
Other	13
Other patient injury	671
Patient records, documents, test results, scans	14
Pressure ulcers and moisture associated skin damage (acquired)	4,973
Radiation	149
Transfusion (blood and blood products)	20
Total	**8,282**

Never events

Never events are serious, wholly preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

The nationally agreed list of never events for 2024/25 was:

1. Wrong site surgery
2. Wrong implant/ prosthesis
3. Retained foreign object post-procedure
4. Mis-selection of a strong potassium solution
5. Administration of medication by the wrong route
6. Overdose of insulin due to abbreviations or incorrect device
7. Overdose of methotrexate for non-cancer treatment
8. Mis-selection of high strength midazolam during conscious sedation
9. Failure to install functional collapsible shower or curtain rails
10. Falls from poorly restricted windows
11. Chest or neck entrapment in bedrails

12. Transfusion or transplantation of ABO-incompatible blood components or organs
13. Misplaced naso- or oro-gastric tubes and feed administered
14. Scalding of patients
15. Unintentional connection of a patient requiring oxygen to an air flowmeter

There are exclusions to each never event.

Never events at ESNEFT

2021/22	2022/23	2023/24	2024/25
6	3	8	5

The list below shows a breakdown of the five incidents which were reported as never events having met the definition of a never event.

Incident date	Reported	Never event category	Trust category	Trust sub category
18/03/2024		Retained foreign object post-procedure	Anaesthetics/ clinical management	Clinical management – procedure intervention – other
26/03/2024	26/03/2024	Retained foreign object post-procedure	Anaesthetics/ clinical management	Clinical management – procedure intervention – other
18/05/2024	20/05/2024	Retained foreign object post-procedure	Anaesthetics/ clinical management	Clinical management – procedure intervention – other
23/10/2024	23/10/2024	Retained foreign object post-procedure	Anaesthetics/ clinical management	Clinical management – general care/ management – other
18/03/2025	19/03/2025	Patient incident	Diagnosis/ treatment	Failed/ omitted procedure

Learning from never events

Thorough early learning reviews, structured judgment reviews, patient safety reviews and patient safety incident investigations have taken place. The following actions have been taken to prevent recurrence:

- The Trust has standardised specific safety-critical steps in place that are common across all procedures covered in our local policy, as outlined in the NatSSIPs2 invasive procedure guidance.
- Education has been provided to all staff regarding their responsibilities in both pre and post procedure checking/ counting, completion of the LocSSIP, and documentation as per policy.
- Regular spot checking/ auditing of LocSSIP compliance takes place.
- Count boards have been introduced.

- The same staff members perform all counts required during surgery and document that the count is correct.
- A process for planned break times for long procedures is being implemented.

Pressure ulcers

Reducing pressure ulcers acquired at our Trust remains a priority and is a key element of keeping patients safe and free from harm during their journey through the healthcare system. As such, we strive to reduce the risk of harm to patients through the prevention of pressure damage.

Following an independent review of the tissue viability service in 2023, the team have continued to make a number of changes based on national recommendations and the needs of the Trust:

1. **Embedding a single risk assessment to ensure we have a standardised approach to measuring the risk of developing pressure damage.**

   ESNEFT was using the Waterlow risk assessment and Braden risk assessment across different sites to identify a patient's risk of developing pressure damage. We recognised that a single risk assessment was needed across the Trust.

   A decision was made to trial the PURPOSE-T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) assessment tool, which is an evidence-based pressure ulcer risk assessment instrument that was developed using robust research methods. PURPOSE-T identifies adults at risk of developing a pressure ulcer and supports nurse decision-making to reduce that risk, which is known as primary prevention, as well as identifying those with existing and previous pressure ulcers which need secondary prevention and treatment.

   Following a successful trial in maternity and older people's services, PURPOSE T has now been included in our new ESNEFT integrated patient record, which was released in July. Training has taken place and is ongoing where required. The use of PURPOSE T is now audited as part of our nursing standards audit plan, with the Trust currently achieving 91% against a target of 95%.

2. **Embedding recommendations from the national Wound Care Strategy Programme to improve the prevention and care of pressure ulcers, leg and foot ulcers and surgical wounds.**

   During 2023, the programme recommended removing two categories of pressure damage:

   - deep tissue injury (DTI) – a purple/maroon area of discoloured intact skin or blood-filled blister, which indicates damage to underlying soft tissue from pressure and/or shear
   - unstageable pressure damage – full thickness tissue loss

   These two categories were removed from our reporting systems in February 2024. We now recognise DTI under category one and unstageable damage under category three. We made the decision to capture these ulcers under categories so that we

could recognise the pressure damage and offer the most appropriate support to promote healing. These changes have now been embedded and the focus for the next financial year will be to implement the next national change to pressure ulcer categorisation. These relate to the removal of categorisation and introduction of superficial and deep categorised wounds. Our tissue viability teams are preparing for this change and the training which will be required.

3. **Increasing the number of staff trained to validate category one and two pressure damage to prevent delays in care and promote healing.**

   Ongoing staff validation training continues to take place. All category three and four damage, as well as complex wounds, continue to be referred to tissue viability for specialist input and support.

4. **Continuing to review pressure damage resulting in moderate and serious harm.**

   Moderate and serious harm pressure damage continues to be reviewed at expert panels and, if required, the Harm Free Care Panel. This is part of the Patient Safety Incident Response Framework, which focusses on learning from incidents at ward level.

   A mini care gap assessment and full care gap analysis are now in use across the Trust. The new process is working well with learning being identified at an earlier stage of the investigation process. We continue to adapt the tools as required and as we learn more from the clinical divisions.

5. **Joint quality improvement project with the tissue viability nurses and continence nurse.**

   A successful quality improvement project took place which reduced incidences of hospital-acquired incontinence-associated dermatitis by 31% through the introduction of Contiplan cleansing cloths. The product was trialled on five wards across our acute sites and is now successfully used across all wards in both acute and community settings.

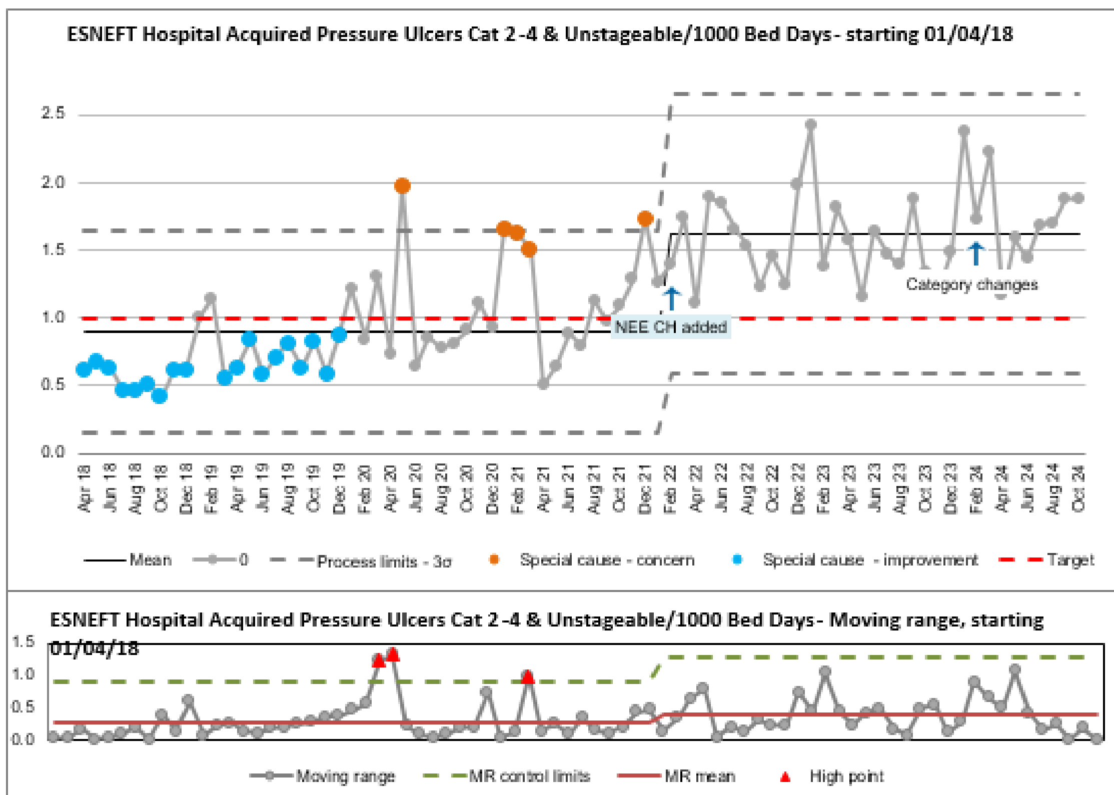
ESNEFT hospital-acquired pressure ulcers category two to four / 1,000 bed days

The incidence of hospital-acquired pressure ulcers per 1,000 bed days has remained at around 1.6 on average. There has been a fluctuation throughout the year, with higher rates of pressure ulcers during winter months where there is a greater demand from our older person's services. This group is more at risk of developing pressure damage due to frailty. We also saw a rise around the time we made changes to our category reporting which is to be expected.

The following actions are being taken:

- We have introduced an incontinence-associated dermatitis pathway to protect the skin barrier and prevent deterioration.

- An extensive training package has been rolled out across acute and community for all staff, which includes all elements of tissue viability.
- Leaflets have been given to ward staff to help them make decisions regarding mattress selection and ensure the correct ones are being provided.
- We have updated our pressure ulcer care plans to ensure staff have all the information needed to support care.
- Ongoing quality improvement projects are taking place focusing on pressure ulcer prevention in both acute and community settings.



Falls prevention

Reducing inpatient falls remains a patient safety priority, both for ESNEFT and nationally, and is a key element in keeping patients safe and free from harm during their admission. We are continuing to work to reduce the incidence and severity of falls taking place across all our wards, both in our acute and community hospitals.

Our aim is to make sure that falls risk assessments, care and actions take place with every patient as appropriate to minimise the risk that they will fall during their admission, in turn reducing the severity and level of harm.

During 2024/25, specific education around falls prevention on wards continued and was supported by the wider harm free care team. There continued to be a focus on ensuring timely multi-factorial falls risk assessments are carried out, as well as preventative actions to minimise falls risk. Wards have continued to seek advice from the falls team when caring for patients with complex needs who are at an increased risk of falling. Education around the

use of assistive technology and safe use of bed rails has also continued to ensure patients are individually risk assessed and an appropriate care plan put in place. Elsewhere, cohort care has continued and remains an effective tool in reducing inpatient falls, although this has not been consistent.

There were 2,690 inpatient falls across the Trust in 2024/25, which is a 0.8% increase on the previous year (2,670). However, it should be noted that occupancy increased by 0.8% in 2024/25, so the falls per 1,000 bed days remained at 5.7. This is 0.7 above the Trust's target of 5.0 falls per 1,000 bed days.

Falls resulting in serious harm continue to be reviewed via the Harm Free Panel or during after action reviews as part of the Patient Safety Incident Response Framework (PSIRF), which focuses on learning from incidents at ward level. We have also embedded a care gap analysis for falls, which is a two-part process for investigating incidents which includes a mini care gap analysis as part of DCIQ. Any gaps in care identified at this stage require a full care gap analysis and discussion at expert panel. This aims to enhance learning and identify opportunities for changes or improvements.

During 2024/25, the falls team has also:

- Included an updated multi-factorial falls assessment and bed rail assessment in the new ESNEFT integrated patient record which launched in July 2024.
- Updated the falls prevention policy and the bed rail policy to reflect national guidance.
- Introduced a post-fall medication review form and post-fall 'review of risk increasing drugs' sticker.
- Updated the 'patient status at a glance' boards to help reduce the risk of deconditioning by removing barriers to staff mobilising patients.
- Raised awareness of falls at the end of life at the Learning for Deaths Group.
- Relaunched harm free care study days, cohort care lanyards and posters.
- Supported a quality improvement project regarding inpatient fall simulation for resident doctors. Monthly training is now in place as a result.
- Led a quality improvement project with musculoskeletal and special surgery.
- Trialled a harm free care support worker role in reducing falls and level of harm on the ward. As a result, we are now looking at potentially introducing this role into the harm free care team.

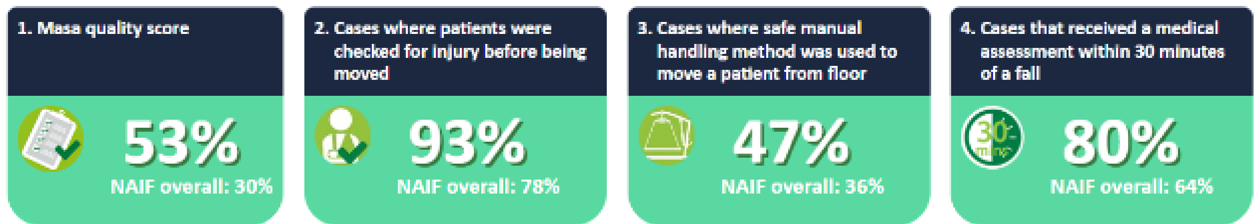
We continue to take part in the national audit of inpatient falls for fractured neck of femurs, and saw a decrease in performance in 2024 compared to the previous year, as shown below:

This prompted changes to local induction training and the introduction of the simulation training for foundation doctors, while information on safe patient retrieval was added to the 'Quality Matters' newsletter. As a result, our most recent data shows improvements in all

four domains:

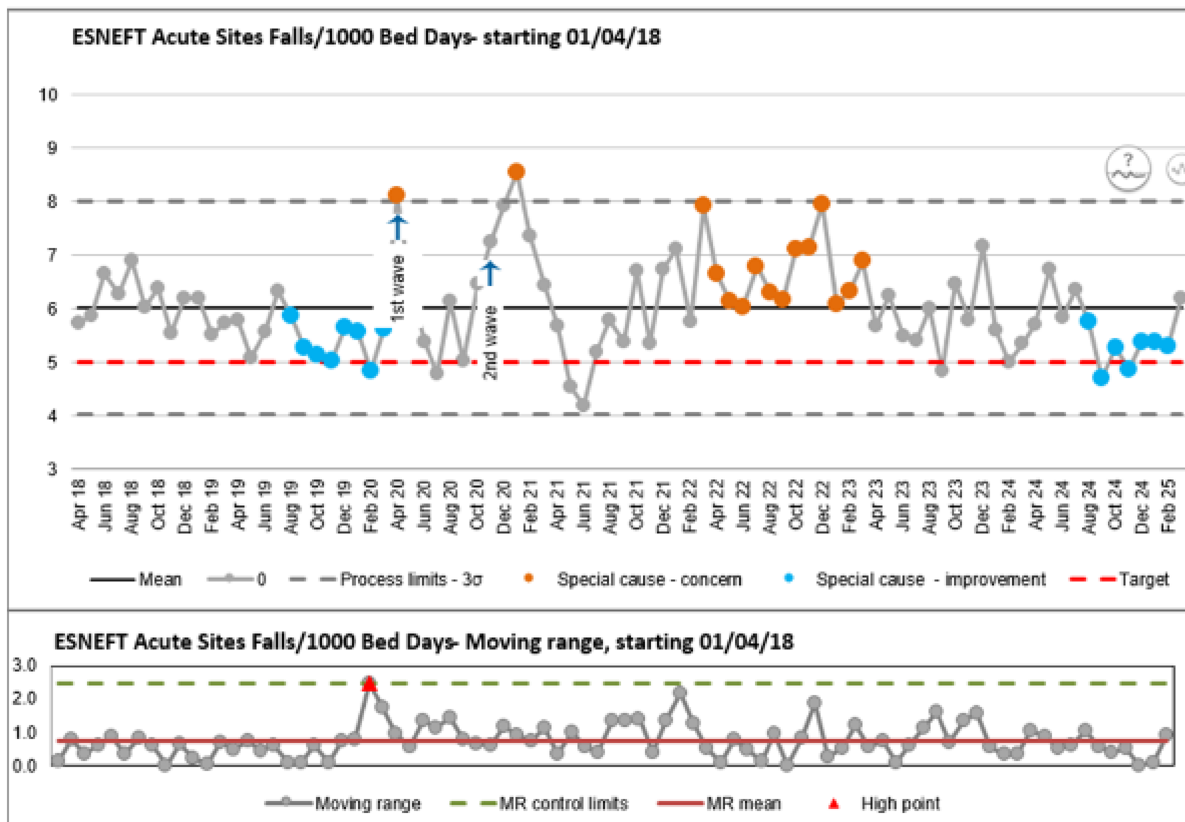
KPI Dashboard: RDET. East Suffolk and North Essex NHS Foundation Trust

Annualised values based on 15 cases averaged over 12 months to the end of February 2025.
ND=No Data entered by this Trust for this period



From 2025, the audit has expanded to include all fractures and serious head injuries. We have not opted to take part as present due to the increased non-clinical workload it would generate.

ESNEFT acute site falls per 1,000 bed days from April 2018 to March 2024



The chart above shows that the increase in falls per 1,000 bed days seen towards the end of 2022 has now returned to normal Trust levels. In fact, during 2024/25, the falls per 1,000 bed days were below the five year mean for nine out of twelve months.

We continue to have a stretch target for acute inpatient falls of five or fewer falls per 1,000 bed days, which we achieved twice during 2024/25. However, we achieved the national target of 6.63 or fewer falls per 1,000 bed days in eleven out of twelve months.

Falls/ 1,000 bed days	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Acute falls	5.7	6.7	5.8	6.4	5.8	4.7	5.3	4.9	5.4	5.4	5.3	6.2
Internal benchmark ≤ 5.0	X	X	X	X	X	✓	X	✓	X	X	X	X
National benchmark ≤ 6.6	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

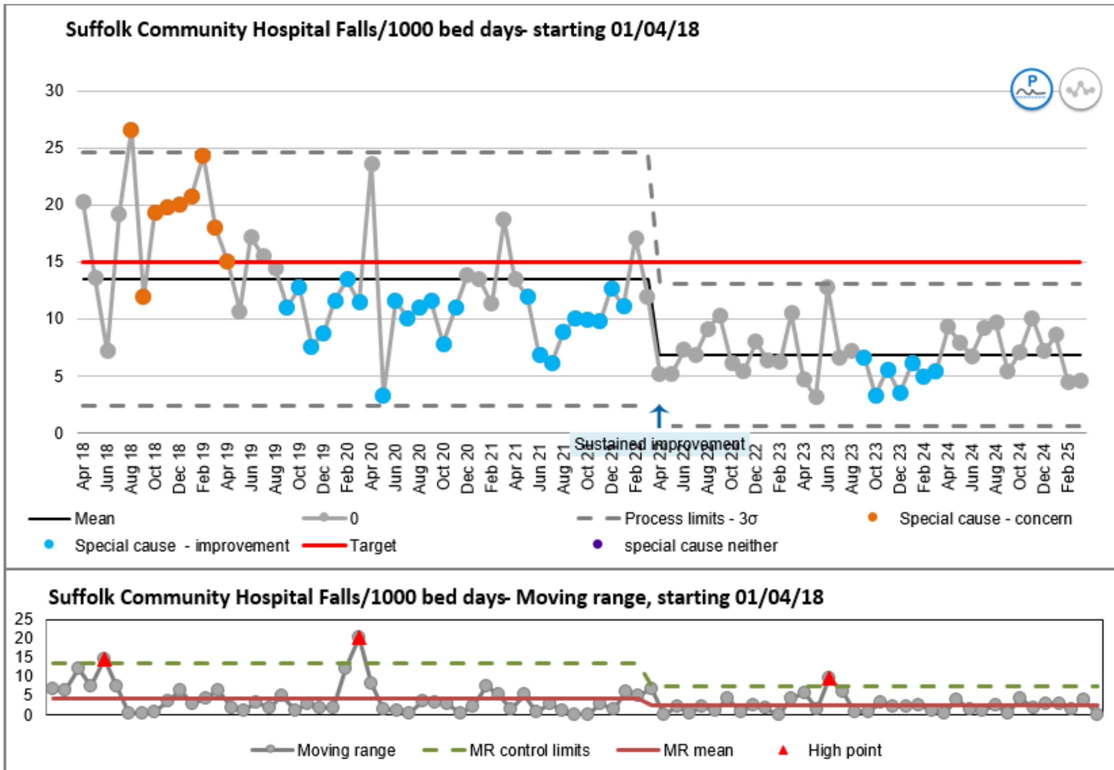
Falls in community hospitals

A higher benchmark of 15 falls per 1,000 bed days has been set for our community hospitals. This is because of the patient profile and the fact that this is a rehabilitation setting where falls are more likely as a result of increased mobilisation and the focus on maximising patient independence with activities of daily living.

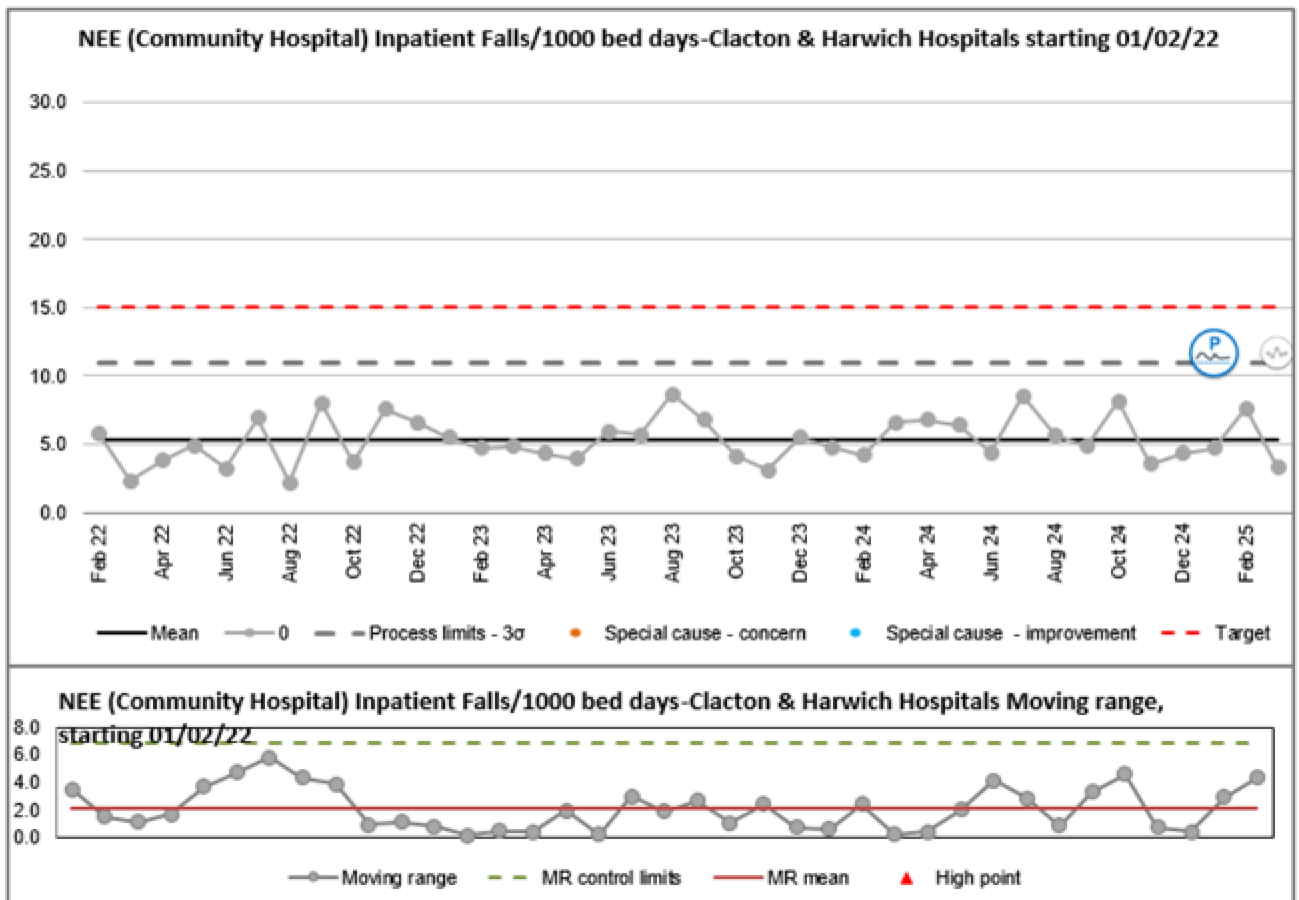
However, we have found that the focus on rehab and therapy-led interventions has significantly reduced falls and deconditioning with our community hospitals. It should also be noted that the fact that patients are clinically more stable, and not acutely unwell, reduces their risk of falls. Our community hospitals continue to work hard to support those patients rehabilitating alongside a diagnosis of delirium.

Falls prevention practitioners have worked with staff in community hospitals during the year to minimise the risk of falls.

In Suffolk, this has resulted in 7.2 falls/1,000 bed days compared with the local benchmark of 15.



In our Essex community hospitals, the average number of falls/1,000 bed days for 2024/25 was 5.7.



Looking ahead

During the next 12 months, we plan to:

- create a cohorted care standard operation procedure
- create a staff education cohorted care video and 'how to' videos to support the new documentation

We will also lead quality improvement projects which will focus on:

- reducing sedation use in patients at high risk of falling
- improving postural hypotension with the use of thigh high anti-embolism stockings
- offering decaf drinks to reduce incontinence and falls relating from incontinence.

Health inequalities

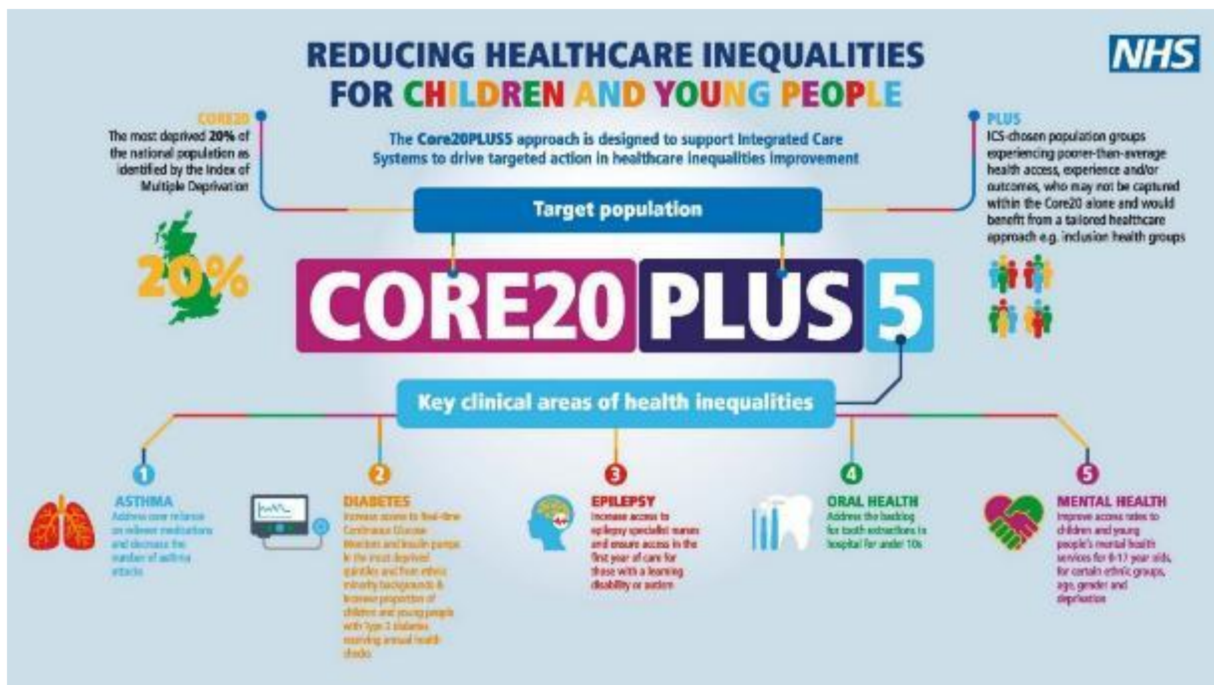
Health inequalities are the "preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies" (NHS England).

What are we doing to tackle health inequalities?

In January 2023, we launched a four-year health inequalities strategy which aims to improve the health of local people and equity of access to our services. It is supported by four key objectives:

- get everyone involved in equity;
- identify and monitor health and healthcare inequalities using data;
- understand the causes of inequities and barriers resulting in them; and
- create change together with our partners and communities and measure its impact.

A programme has been developed to tackle health inequalities, aligning with the national CORE20Plus5 approach.



Some of our key achievements so far include:

- The development of a tobacco treatment service for inpatients that is delivering a 52% quit rate, with the highest level of referrals coming from our areas of deprivation. The service has further evolved to include support for parents, carers and staff, while all ESNEFT sites are now smoke free.

- Rolled out the Making Every Contact Count initiative across more than 300 outpatient clinics, medical imaging, lung health and community hospitals. The approach offers health and holistic support to patients via a very brief intervention. More than 44,000 offers of support have been made to patients so far, translating into over 7,000 referrals to community wellbeing services.

- Worked with local authorities to secure a reduction in fares for patients using Colchester's park and ride to help reduce did not attends.
- Developed a business case for an additional hospital hopper bus which has received agreement in principle via the health inequalities charitable fund.
- Rolled out inpatient pictorial menus across our acute sites, along with a mealtime volunteer role.
- Recruited an asthma outreach nurse to focus on asthma review uptake in our deprived areas, working in collaboration with Ranworth Surgery.
- Completed 'Nourish', a 20-week healthy eating programme for children and young people in Ipswich, following the success of a pilot in Clacton.
- Organised community outreach events to promote screening and vaccinations and provide health information in our areas of deprivation. A total of 91% of those who attended the latest event said they felt it has positively impacted their decision making around vaccinations and screening.

Over the coming year we plan to build further on the programme. Key activities include:

- Holding further outreach events and collaborating with local businesses to promote a range of disease prevention awareness within our most deprived postcodes.
- Working with community partners to develop a weight management service for children.
- Running education and training events in schools to support families to better manage asthma in children and young people.
- Increasing the number of areas across the Trust which use Making Every Contact Count.
- Working with local mental health charities to promote the use of neurodiversity passports in our hospitals.
- Reducing did not attends from our most deprived areas by taking care closer to home where possible and appropriate.

Key performance indicators have been developed across the programme to measure its impact while evidencing outcomes. We have adopted QI approaches to drive projects forward and ensure continuous improvement. We will also gather feedback to ensure our patients can help shape future plans for tackling health inequalities.

Accessible information

Information is an important part of the patient journey and a key element in the overall quality of patient and carer experience of the NHS. It plays a significant part in providing patients and carers with the information they need to make informed decisions about healthcare and give informed consent. ESNEFT is committed to providing clear, meaningful and accurate patient information which can be provided in the format which the individual patient finds most accessible.

We aim to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the provisions of the Equality Act 2010 and promote equal opportunities for all.

We aim to satisfy the requirements of the Accessible Information Standard (AIS), which ensures that people who have a disability or sensory loss, such as hearing impairment, visual impairment, cognitive impairment, speech difficulty or learning disability, receive information that they can access and understand.

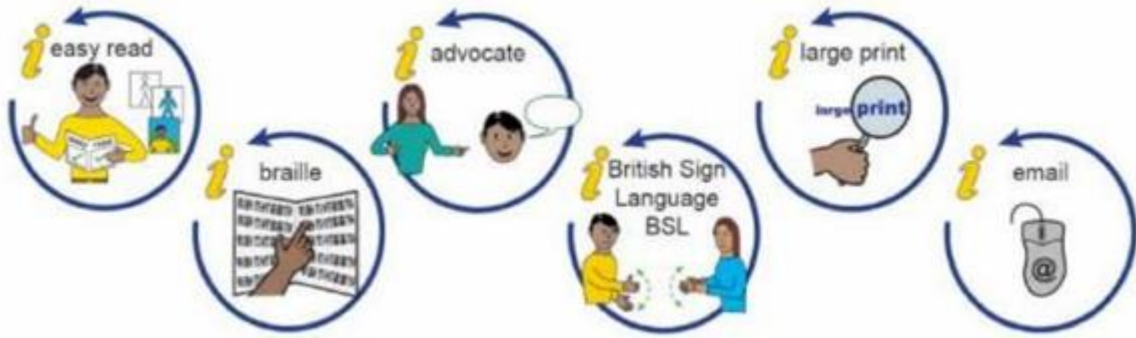
We are committed to ensuring that ESNEFT, as an organisation which provides NHS care and/or publicly-funded adult social care, will follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. It is important, therefore, that information is presented in an accessible way, and – where appropriate – in a range of languages and formats that are easily used and understood.

We believe that providing accessible information will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care. For staff, the provision of accessible information will aid communication with service users, while also supporting choice and reducing inequalities and barriers to good health.

By law (Section 250 of the Health and Social Care Act 2012), all organisations which provide NHS care or adult social care must follow the standard in full. In 2017, NHS England published a revised version of the standard, which requires organisations to:

- Ask people if they have any information or communication needs and find out how to meet those needs.
- Record that the question has been asked, even when it is answered with a negative.
- Record those needs clearly and in a set way.
- Highlight or flag the person's file or notes so it is clear they have information or communication needs and how to meet those needs.
- Share people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

This may also include providing information and correspondence in formats patients and carers can read and understand, for example in audio, braille, Easy Read or large print. Posters have been displayed throughout the organisation offering support to patients whose first language is not English, while all documents are provided in Easy Read.



The Trust currently uses multiple systems to access and manage patient information, which can be frustrating for patients, relatives and staff. However, we are due to move to a single system later this year with the launch of the new Epic electronic patient record (EpicEPR). A patient application and website called MyChart will help patients to access their appointments and information. MyChart uses translation if English is not the patient's first language, as well as supporting screen readers and allowing the patient to use zoom functions and colour contrast settings. Although this is an electronic system, patients will still be able to access letters and information through the post should they need to.

Our patient website is being developed to meet the Government's WCAG (Web Content Accessibility Guidelines) 2.2 regulations. Its design and layout will be changed in future to comply with all aspects of WCAG regulations to ensure accessibility for all patients, whether they have an impairment, learning difficulty or are neurodiverse. We are also working together as an organisation to produce accessible digital documents for download from the website to replace non-accessible print PDFs, which will function well with third party software to ensure that all information is accessible.

Patient representatives have been involved from the beginning of the process and used their experience of how they would want the system to work for the benefit of all involved. Further patient user testing is due to take place in spring 2025 and will include representatives from across the area we serve to ensure we hear from all communities.

Maternity services

ESNEFT provides maternity services at Colchester, Ipswich and Clacton hospitals. We offer a range of consultant and midwifery-led services at all of our sites and deliver approximately 7,000 babies a year.

At Colchester, the delivery suite is made up of eight birthing rooms with two fully equipped co-located obstetric theatres to support consultant-led care. We also offer a four-bed midwifery-led birthing unit. The maternity ward has 26 beds and accommodates both antenatal and postnatal women and birthing people.

Ipswich Hospital has a slightly different configuration with services located in the maternity tower. It also has a consultant-led maternity unit offering six birthing rooms, while the obstetrics theatres and midwifery-led birthing unit are also located within the tower but on separate floors. The maternity ward has 24 beds and accommodates both antenatal and postnatal women and pregnant people. There is also an induction of labour suite which is made up of a four-bedded bay, one single room and an area for mobilisation.

Clacton Maternity Unit is a satellite maternity hub which offers antenatal clinic services for local people. Alongside this, there is also a stand-alone midwifery-led birthing unit with two birthing rooms. Immediate postnatal care is offered within this facility, with women and birthing people transferred to the maternity ward at Colchester if ongoing care and support is required. The unit is being fully refurbished and moved to a different part of the hospital as part of the Clacton redevelopment plans, and is due to open at the end of April 2025.

We provide specialist antenatal clinics in all three locations for anyone who needs enhanced support, such as pregnant people with diabetes or perinatal mental illness, or those who require enhanced fetal surveillance. Ultrasound scanning is also available at Ipswich and Colchester and includes fetal medicine specialist services.

We are committed to improving quality and outcomes for the pregnant people and babies who use our services. To help us to better understand where we need to make further improvements, we have developed our Maternity and Neonatal Improvement Board, which is chaired by a non-executive director who is also one of our maternity safety champions. This board focuses on delivering improvements identified by our staff, service users and through external reviews. Progress is monitored through the Trust Board.

ESNEFT's maternity service is also part of the Maternity Safety Support Programme led by NHSE England, to help guide the continuous improvement of our services and development of our leadership team.

Three-year delivery plan for maternity and neonatal services

Our three-year delivery action plan for maternity and neonatal services runs from 2023 to 2026 and adopts the themes and actions that were identified by NHS England during the development of the national plan. This followed engagement with women and families who have used maternity and neonatal services, maternity and neonatal staff, the leaders and commissioners of services, NHS systems and regional teams and representatives from royal colleges, charities and other organisations.

The national plan sets out how we will make maternity and neonatal care safer, more personalised and more equitable for women, babies and families. It concentrates on four themes:

1. Listening to and working with women and families, with compassion.
2. Growing, retaining and supporting our workforce.
3. Developing and sustaining a culture of safety, learning and support.
4. The standards and structures that underpin safer, more personalised and more equitable care.

We are currently working towards full implementation of this plan and are on track to deliver this within the specified timescales.

Focus on theme three – Developing and sustaining a culture of safety, learning and support

This theme focuses on cultural issues identified in the Kirkup report, which include team working, professionalism and compassion, listening and learning from feedback and incidents.

NHS England's has developed the perinatal culture leadership programme as part of the NHS's three year delivery plan to improve safety and quality of care within maternity and neonatal services. It focuses on understanding how staff perceive the organisation's current culture and how to implement a collective leadership strategy which will create a compassionate and inclusive working environment where all colleagues can thrive.

Measures of success include retention of staff, reduced workplace-related sickness and reductions in safety incidents that are communication based. At ESNEFT, an implementation plan is being created using staff feedback from the SCORE survey and will be developed further over the next 12 months.

Theme three has a strong focus on shared learning from both incidents and examples of good practice which are embedded the Patient Safety Incident Response Framework (PSIRF). The framework supports understanding of how incidents happen and uses a system-based approach for learning creating a positive safety culture. Quality and safety are constantly measured to ensure care is delivered in an effective and compassionate way and takes demographics, reducing inequalities and emphasis on personalised care planning into consideration. Incidents are also regularly reviewed so that themes can be acted upon.

The three-year delivery plan for maternity and neonatal services recognises that listening and responding to all women, birthing people and families with compassion is an essential part of safe and high quality care. As well as improving safety and experience, it can also help address health inequalities. Our maternity and neonatal teams are committed to ensuring service user voices are at the heart of decision-making. Collaborating with colleagues from the Maternity and Newborn Voices Partnership (MNVP) in a supportive and inclusive way will be the strategy for improving outcomes and experience for all. Several workstreams are already in place looking at service user involvement and how patient experience and outcomes may be improved. These include iMatter, preterm birth prevention, induction of labour and the 15 steps programme, all of which are in collaboration with the MNVP.

Maternity Safety Support Programme

An unannounced visit from the Care Quality Commission in April 2021 resulted in an overall 'requires improvement' rating for the maternity service. This prompted an invitation to join the Maternity Safety Support Programme, which the Trust accepted.

An improvement plan was agreed which focused on leadership, maternity triage, workforce and culture. The improvements made so far, alongside national transformation priorities, have been monitored through the Every Birth, Every Day Programme Board.

Exit criteria has been agreed and the Trust has recently moved from the improvement phase to the sustainability phase of the programme, with exit anticipated late summer 2025.

Maternity Incentive Scheme – year six

The Maternity Incentive Scheme (MIS) supports the delivery of safer maternity care by providing incentive contributions to the Clinical Negligence Scheme for Trusts (CNST). This rewards trusts which meet the 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services.

At the end of March 2025, we were informed that following external verification process, we had been successful in meeting all 10 safety actions.

Local Maternity and Neonatal System (LMNS)

LMNSs were created in 2016 following recommendations made in the Better Births report. The Suffolk and North East Essex LMNS brings together people who use maternity services, maternity staff, health visitors, neonatal staff, public health, county councils and voluntary and charity organisations with those who commission services. The partnerships are used to develop plans, learn and share together and improve outcomes and experiences for those we care for.

Our LMNS works collaboratively with others to improve the safety of care for all. Maternity and neonatal data is used to identify quality improvement initiatives. Wherever possible, the service is designed around the needs of women and pregnant people. The MNVP lead and iMatter have been instrumental in ensuring that what matters to women is truly reflected in any new service we provide.

Nationally, it is recognised that women and pregnant people who come from deprived and different ethnic groups have poorest outcomes when having a baby. At ESNEFT, we work in partnership within the Suffolk and North East Essex ICS to improve outcomes for these women and pregnant people. An example of this is work which has taken place reduce smoking in pregnancy. We are now recognised as having one of the best outcomes nationally and were a finalist at the 2024 HSJ awards.

During the year, we have also:

- seen our work with six voluntary, community, faith and social enterprise organisations to offer a social prescribing model to our families recognised nationally
- carried out maternity-specific outreach work through the Be Well Bus
- launched a new website/ information hub for parents

- developed targeted antenatal education and 17 antenatal education films for our vulnerable and diverse families
- focused on pre-term birth reduction by working alongside service users to create a suite of parent information
- participated in a system-wide project to introduce ICON, which aims to reduce abusive head trauma in infants
- seen our work showcased by the Royal College of Gynaecologists, including our voluntary, community, faith and social enterprise model within their health inequalities films

Recruitment, leadership and training

During the year, the majority of our senior midwifery staff in bands seven and above have attended the Trust's 'engaging leader' training programme. Bands two to six are encouraged to attend the 'emerging leader' training. We also promote the Trust's mentoring and coaching apprenticeship, while ensuring that our leaders have attended HR bitesize training sessions with our employee relations advisory team.

We are continuing the roll out of civility and respect and EDI training to all staff, including consultants, to further improve our divisional culture, which has led to a low rate of formal bullying and harassment complaints.

We continue to prioritise areas where our exit interview and patient complaint data shows poor behaviour by our leaders. This year, we also relaunched our maternity retention cafes, which focus on promoting retention initiatives such as flexible working, the wellbeing hub and Freedom to Speak Up support. As a result, our maternity voluntary staff turnover rate has continued to decrease, and currently stands at 6.3% against the Trust's 6.6% compliance rate.

As part of the Trust's transformation plans, we want to further strengthen our organisational culture by developing leadership behaviours that are aligned to our Trust's OAK values. The Trust has been working to develop a values-based leadership 360 assessment to support and guide our leaders to develop their behaviours to help cultivate a culture that is optimistic, appreciative and kind, and aligned to the NHS People Promise. We began rolling out the 360 leadership assessment programme during January and have prioritised new and existing leaders who would most benefit from the assessment.

The 2024 NHS Staff Survey has seen not only a divisional increase in staff engagement to a 50% response rate, but a marked increase in maternity team response rates. We know we have more work to do, particularly to engage our midwifery teams cross-site, and will launch local action plans in late 2024/25.

During the year, we also appointed to a new deputy director of midwifery post and a quality safety and governance lead midwife to help strengthen our leadership.

Education

Over the last 12 months, our practice development midwives have developed a new training plan in line with requirements relating to Saving Babies Lives version three, the Clinical Negligence Scheme for Trusts (CNST) year six and the Core Competency Framework

version two. The2024/25 training programme was well received by the midwifery and obstetric workforce, with around 500 staff receiving the mandatory training.

Our education team has successfully achieved more than 90% compliance of training all staff groups for CNST requirements, which include multi-disciplinary emergency skills and drills training, Saving Babies Lives training and fetal monitoring training. This has been a challenge, but has been achieved to a high standard as a result of good communication with the senior leadership team and meticulous planning and organisation. The team is now working closely to develop our maternity training plan for 2025/26.

Following a workforce review, we are focusing on appointing a practice development midwife for governance at each site, which will close the gap between learning from incidents and education. This new role will strengthen cross-site working between the governance team and education team while helping to share learning and support the delivery of training.

Working alongside NHS Suffolk and North East Essex Integrated Commissioning Board, we have successfully appointed a preterm birth lead midwife across the system. The postholder will be the expert in preterm birth and will support our trusts to introduce element five of Saving Babies Lives, which focuses on reducing preterm birth and optimising perinatal care. They will also support service users that are accessing the preterm birth prevention pathway, offering support and guidance for those having been identified as being at risk of potentially labouring prematurely.

We are also in the process off recruiting a lead professional midwifery advocate, who will work closely with the governance and education teams to ensure that members of our workforce that require pastoral support relating to or effecting their wellbeing within the workplace, are able to readily access this when required.

Saving Babies Lives care bundle delivery

Work continues across ESNEFT to implement the Saving Babies Lives care bundle version three. Progress is regularly monitored through audit and evidence is submitted to the LMNS to provide assurance of compliance.

The most recent evidence submission highlighted areas for improvement, and action plans and quality improvement projects are in place to increase compliance with the requirements. This includes CO monitoring compliance at both sites, monitoring women and babies at risk of fetal growth restriction in Colchester and reducing preterm birth. However, improvement is expected following the appointment of the preterm birth lead midwife.

Community midwifery

This service provides a named midwife to coordinate care for throughout pregnancy, birth and the postnatal period.

Midwives at ESNEFT have an annual caseload of 96:1WTE. They provide continuity in antenatal and postnatal period and support women and birthing people who chose to give birth at home. They liaise with the multi-disciplinary team to provide personalised care tailored to the needs of the family, referring to appropriate services, and work closely with health visiting services to enable a smooth transition at discharge from maternity services. Midwives are part of a geographical team and take a third of a full caseload to give them the time and flexibility to provide bespoke care to vulnerable families.

Part of the enhanced community model is the delivery of smoking cessation support, which has been extremely successful during the year.

Around 73% of women engage with the service during their pregnancy along with 33% of partners/family members. The smoking status at time of delivery (SATOD) rate has reduced to an LMNS average of 4.6% and has been under the 6% national target for six of the last 10 months. At the end of December 2024, the SATOD rate for ESNEFT was 3.7% with a rolling annual percentage of 5.6%.

Other notable successes include:

- In the first three months of 2024/25, our SATOD rate dropped to the second lowest in the UK.
- We have been involved in the national smoke-free pregnancy incentive scheme (managed by NHS England).
- As a result of our interventions, we are seeing improved birth outcomes, fewer complications and better overall health for both mothers and babies.

Our community midwifery staff also offer:

- An infant feeding team, which works alongside community staff to enhance feeding support where necessary
- A perinatal mental health team, which facilitates care plans for pregnancy, birth and postnatal period
- A safeguarding midwife, who works alongside community midwives to ensure safety for families with complex social needs and provides quarterly safeguarding supervision to all case loading midwives
- An antenatal and newborn screening team, which provides advice and support to families with screen positive results and works with the named midwife to ensure care pathways are followed
- A Roma advocate, who helps the Roma population of Ipswich to engage with services and provides support at appointments for this vulnerable group

Neonatal services

Both Ipswich and Colchester hospitals run neonatal units which are part of the East of England Neonatal Operational Delivery Service and can care for babies greater than 28 weeks gestation.

We have made a series of improvements this year after listening to the voices of our service users and collaborating across sites. Both units also remain part of the national neonatal audit programme, with results being regularly shared with the neonatal teams, divisional management team and neonatal operational delivery network. In 2024, Ipswich Hospital also became part of the SurfON trial, which is a multi-centre, open label, randomised controlled trial trying to find out how best to treat babies born two to six weeks early with breathing problems. Staff have recruited five babies to the study so far.

Other notable achievements during the year include:

- We have continued to promote a culture of openness and learning which was supported by the creation of a cross-site band seven neonatal patient nurse role in July.

- We have standardised our neonatal resuscitation trollies, neonatal guidelines, observation charts, neonatal care pathways, prescription charts and the neonatal prescription record for intensive care medicines after learning from incidents.

- We successfully achieved stage one accreditation with the Baby Friendly Initiative during the year.

- Ipswich Hospital achieved both silver and gold Bliss Baby Charter Accreditation, which aims to help improve experiences and outcomes for babies and their families. Colchester has previously achieved bronze has is due to submit its silver application in early 2025/26.

- Received approval for an infant feeding lead and family integrated care lead roles, which will support both the Bliss and Baby Friendly Initiative accreditation.

- Improved the family experience by listening to service users' feedback and providing new breastfeeding chairs on both sites and additional breast pumps.

- Redecorated the Ipswich unit after working with our service users to choose colours and designs.

Emergency care

Ipswich Hospital

During the year, the urgent and emergency care teams at Ipswich Hospital have introduced several initiatives to help address increases in demand. This has included running two focus days looking at pathways, processes and escalation triggers to identify opportunities to improve patient safety, timely assessment, patient experience and performance.

The nursing team also responded to extended waiting times and overcrowding in the waiting room by allocating a healthcare assistant to work alongside the triage nurse to:

- provide enhanced care in the waiting room by monitoring vital signs and offering pain relief
- improve communication with patients and relatives
- recognise and intervene early should patients deteriorate
- provide refreshments
- improve rounding of patients receiving ‘corridor care’ while awaiting admission

The initiative has been well-received and feedback has been positive.

Ipswich’s new urgent and emergency care centre (UECC) opened in September 2024, providing extra cubicle capacity and resuscitation spaces. However, we have seen overcrowding in the waiting room and delays for clinicians to access consulting rooms due to an increase in attendances. We are currently developing an ambulatory emergency care unit to help address this issue.

In addition, the team:

- Worked with system colleagues during October to develop a revised specification for the urgent treatment centre (UTC), which is currently delivered in partnership with Suffolk GP Federation. The specification was approved by Suffolk and North East Essex Integrated Care Board and a business case was rubber stamped in November. As a result, the UTC will be led by ESNEFT from April 2025.

- Took part in a national initiative during November called ‘release to respond’, which required organisations to put in place escalation process avoiding offload delays for ambulances. Known as HO45 (handover in 45 minutes), the initiative gave the East of England Ambulance Service a mandate to offload patients, even when there was no cubicle space, to release vehicles to respond to time critical cases in the community. A whole hospital approach delivered improved performance, with an increase in ambulances offloaded within 15 minutes of 5.83% and a 40% reduction in ambulances offloads greater than 60 minutes.

- Worked with regional colleagues to identify opportunities to manage patients not requiring emergency care by offering alternatives to ED. One of the initiatives currently being explored is Pharmacy First.

- Used the extra space in the UECC to test different processes, such as the rapid assessment team, which reduces the time to first assessment for ambulance patients while scheduling appropriate diagnostic tests.

- Has improved sepsis recognition and treatment and is consistently achieving the sepsis screening target of 96%.

During the coming year, focus will turn to developing a front door assessment team, a rapid assessment approach for ambulatory patients and launching the ambulatory emergency care unit.

Colchester Hospital

During 2024/25 Colchester's urgent and emergency care teams have been working together to balance emergency activity throughout its different departments. Unfortunately, we have seen an increase of speciality patients residing in the ED while waiting for hospital admission. As a result, staff have built on their initial assessment process to ensure all patients are assessed and treated as quickly as possible to maintain patient safety.

Throughout the year, we have seen excellent recognition of sepsis, showcasing our strong ability to identify our sickest patients. These patients have always been treated as quickly as possible, although our performance has fluctuated depending on activity.

We have seen an increased number of patients in the corridors of our ED during the year. To address this, we have focused on the fundamentals of care and designed a new role for a healthcare assistant to lead the support offered to patients. This includes carrying out regular observations, assisting with toileting and hygiene, providing pressure area care and supporting nutrition and hydration. This important role is already bringing benefits to patients who are experiencing an extended length of stay in the ED.

A review of violence and aggression has taken place during the year, and showed that incidents of staff abuse from patients was increasing, with many staff feeling unsafe whilst working in the department. We carried out a trial which saw security offices based in the ED between 4pm and 4am, which led to a decrease of incidents. Staff also reported feeling safe and protected whilst working. Permanent funding has now been secured for this initiative, which has boosted the emotional wellbeing of staff.

We have been working to permanently recruit staff to the ambulatory emergency care unit so that we can continue to increase the activity going through this unit and reduce pressure on the ED. Having substantive staff ensures our patients receive a good experience away from a busy emergency department.

A rejuvenation project has launched in the acute medical same day emergency care unit, which focuses on 10 steps to help us develop our unit and ensure the right patients are seen and discharged in a timely manner. The service will be further improved and developed over during 2025/26.

A new nursing proforma has also been introduced in the emergency assessment unit to make sure patients receive the right assessments. A small refurbishment programme has also taken place to reduce noise disturbance, improve the lighting and make the space brighter. Staff and patients have commented positively, while we have also recorded improvements in patient care and a reduction in complaints since the work took place.

ESNEFT performance over the last three years: four hours to discharge from type one and three emergency attendances against a target of 95%

	2022/23		2023/24		2024/25	
	ESNEFT	**National**	**ESNEFT**	**National**	**ESNEFT**	**National**
Apr	75%	75%	75.2%	66.5%	78.2%	74.0%
May	78%	76%	74.2%	65.9%	76.0%	73.5%
Jun	75%	75%	72.8%	73.3%	74.2%	74.1%
July	77%	74%	76.2%	73.9%	73.8%	74.7%
Aug	76%	74%	72.1%	72.9%	77.6%	75.9%
Sep	75%	74%	74.6%	71.6%	72.8%	73.7%
Oct	67%	72%	71.4%	70.2%	72.0%	72.5%
Nov	68%	72%	71.9%	69.7%	73.8%	71.6%
Dec	66%	69%	73.3%	69.4%	73.8%	70.6%
Jan	73%	75%	72.2%	70.3%	76.3%	72.5%
Feb	72%	72%	72.2%	70.9%	75.5%	72.9%
Mar	69%	72%	81.2%	74.2%	78.4%	74.5%
YTD	73%	74%	74.0%	70.2%	78.2%	74.0%

Our emergency performance over the last three years: type one and three activity

Financial year	ESNEFT attendances	ESNEFT four-hour performance	National four-hour performance
2022/23	250,238	73%	74%
2023/24	315,405	74%	70.2%
2024/25	324,053	74.17%	73.4%

Stroke care

Ipswich Hospital

Performance

The stroke team at Ipswich Hospital has sustained its SSNAP (Sentinel Stroke National Audit Programme) score of B since October 2023, despite facing challenges with staffing and front door capacity, as shown in the scoring summary below.

	Oct – Dec 2023	Jan – Mar 2024	Apr – Jun 2024	Jul – Sep 2024
SSNAP level	B	B	B	B
SSNAP score	73	77	70	78

Our ambition remains to strive for a SSNAP score of A and we are currently focusing on four key areas to help us achieve this:

- Further improving our multi-disciplinary team (MDT) working. We have now launched a twice weekly MDT clinic where patients can see a therapist, speech and language colleague, stroke nurse and consultant. The clinic began welcoming patients in May and is so far running very smoothly and having good patient outcomes.
- Improving speech and language therapy, which scored E for the last two quarters.
- Admitting more patients to the stroke unit within four hours of attending the hospital. We have scored a C on this domain for the last four quarters.

Innovation

During 2024/25:

- We have continued to run **CT perfusion scanning** between 9am and 5pm on weekdays and are exploring options to expand the service out of hours. All of our acute stroke nurses are now able to request CT scans which improves the timeliness of investigations for our patients.

- A draft business case to appoint a WTE **clinical psychologist** to work across both Ipswich and Colchester hospitals has been lodged with the Charitable Funds Committee. Our ambition is that the postholder will also support the MDT clinic as well as our inpatients and their families.

- We have continued work on our **purpose-built stroke rehabilitation gym**, which is expected to open in 2025/26.

- We have secured funding to appoint a **fourth consultant**. This will provide a stronger clinical presence at the front door while improving our door to needle time.

Therapies

The occupational therapy and physiotherapy teams at Ipswich have continued to meet the challenge set by the 2023 stroke guidelines regarding the responsiveness, intensity and frequency of treatment. This has been achieved with innovative group sessions, evidence-based upper limb programmes which include electrical stimulation and ward enablement.

The team has also shared and developed best practice through the regional rehabilitation improvement programme.

The teams also performed well compared with the national average in a range of relevant SSNAP key indicators.

Ipswich is also developing a follow-up stroke clinic to make sure all patients receive a bespoke review and are given advice for secondary prevention and life after stroke. The clinic is offered multi-professionally so that patients can access a wide range of expertise in a single visit.

During the year, both the occupational therapy and physiotherapy teams have been involved in national and international research trials, and have an active audit programme to maintain standards of care. Training has also taken place while staff are supported to attend national conferences and post-graduate education courses to enhance their expertise.

Over the next 12 months, the team's aim is secure improved rehabilitation facilities to help optimise patient outcomes and their experience of the post-stroke pathway.

Speech and language therapy has continued to support to patients with swallowing and communication difficulties. Although staffing challenges have meant patients are being seen for shorter sessions, they are seen on a higher percentage of days than the national target.

The team is continuing to review how best to meet demand and optimise efficiency. Its priorities for the coming year are to continue to improve SSNAP scores and the quality of the service it provides.

Colchester Hospital

Performance

Colchester's stroke team maintained a top level of performance (band A) in SSNAP, despite facing huge challenges at the front door and increasing demand. The site has continued to be one of the best performers both regionally and nationally since the audit was introduced in 2013.

The unit performed exceptionally well for mortality, with adjusted stroke mortality of 0.81. This was the lowest in the region and 19% below the national average, placing Colchester in the top 5% nationally. The team has maintained a below-national average mortality trend since 2016/17.

The SSNAP audit was revamped in October after 10 years with more challenging targets introduced. The team is exploring ways to respond to these challenges during 2025/26.

Innovation and research

Initiatives to take place during 2024/25 include:

- **Boosting motor therapy**

To meet the three-hour guideline of motor therapy post stroke, the team has introduced a circulate group and semi-supervised open gym session each week. Led by therapy assistants with support from a physiotherapist, the sessions provide a supportive environment for activity while increasing social and peer support and encouragement.

The team has also successfully secured funding for a new motor assisted therapy bike for upper limb and lower limb strengthening and cardiovascular training. This equipment can be used in therapy sessions, groups and semi-supervised sessions to efficiently promote increased activity, wellbeing and recovery post stroke.

- **Taking part in stroke research**
  The team take part in in various national and international trials and recruit patients for these studies to improve the evidence base for stroke.

- **Speech and language therapy (SLT) training**
  The SLT team has provided hostess and hotel training to highlight swallowing issues and specialist diets to improve care and food choice for patients with swallowing difficulties.

- **Improving communication**
  Posters with QR codes giving patients, relatives and staff easy access to a raft of information were introduced to reduce the use of paper.

- **Providing therapy**
  The SLT team continues to offer a range of individual and group therapy for stroke patients. Volunteers have also been trained to work with stroke patients to complement the therapy they receive while maintaining positive patient engagement. Therapy dogs also regularly visit the ward to support patient wellbeing.

- **Increasing rehabilitation**
  Therapy trolleys and other resources to facilitate self-directed and family/carer supported rehabilitation have been purchased during the year. The aim is to increase intensity of rehabilitation while reducing boredom and sedentary behaviours.

Education and training

During the year, staff from the stroke MDT have:

- Presented their work on to the UK Stroke Forum.
- Completed formal university certification courses to enhance their knowledge and skills, including modules in acute stroke care, consultation and assessment, diabetes and wound care.
- Attended stroke conferences in Liverpool and Newmarket to network and enhance their knowledge.
- Been supported to pursue postgraduate certificate in education and train as apprentice nursing associates.

Our ambition is to continue providing high quality stroke care while improving therapy provision and imaging and developing advanced clinical care role for nurses and AHPs.

Hospital standardised mortality ratio and summary hospital-level mortality indicator

What is the hospital standardised mortality ratio (HSMR)?

The hospital standardised mortality ratio (HSMR) is the ratio of observed deaths to expected deaths for a group of 41 common diagnoses responsible for high levels of mortality.

In November, our mortality provider, Telstra Health, revised the algorithm used to calculate mortality ratios. The new system, HSMR+, was retrospectively applied to all legacy data. We have worked with the clinical coding team to ensure that the new risk factors have been accommodated in the digitisation of care. It will be another year before these will be reflected in mortality ratios as the Trust uses paper-based patient records. Trusts with electronic patient records benefited from having all risk factors automatically coded and submitted.

Analysis provided by Telstra health indicates that the Trust submitted below average patient numbers for those elements where care is documented by nursing staff. Historically, this activity has not been captured by clinical coders. In addition, palliative care coding has been removed and replaced by a new frailty model; however, the new metric ignores frailty markers in patients aged under 75 years, who previously had coded palliative care. The net result has been an increase in HSMR.

What is the summary hospital-level mortality indicator (SHMI)?

The summary hospital-level mortality indicator (SHMI) is a ratio of the observed number of deaths to the expected number of deaths for a trust. The SHMI differs from some other measures of mortality by including both in-hospital deaths and deaths of patients occurring within 30 days of discharge from hospital. During the pandemic, any patient with a SHMI diagnosis was excluded by NHS Digital from national reporting.

How do they work?

Mortality indicators show whether the number of deaths linked to a particular hospital or diagnosis group is more or less than calculations would predict, and whether that difference is statistically significant.

Why are mortality ratios/indicators important?

In combination with other metrics, they are useful in providing an indication of where a problem might exist. They are a method of comparing mortality levels in different years, or for different sub-populations in the same year, while taking account of differences in case mix, such as patient age, deprivation and gender.

Results summary – HSMR and SHMI

In-hospital mortality/mortality within 30 days of discharge has been reviewed.

<table>
<tr><th>Metric</th><th colspan="4">Result</th></tr>
<tr><td>HSMR – 12 months to Dec 2024 (data published Apr 2025)</td><td colspan="4">112.5 – within the ‘higher than expected’ range</td></tr>
<tr><td>HSMR position vs. east of England peers</td><td colspan="4">The Trust is one of six in the regional peer group of 13 that sit within the ‘higher than expected’ range</td></tr>
<tr><td rowspan="9">HSMR diagnosis groups attracting higher than expected deaths</td><td colspan="4">There are seven HSMR outlying groups attracting significantly higher than expected deaths:</td></tr>
<tr><th>Group</th><th>Relative risk</th><th>Number of deaths</th><th>Number of ‘expected’ deaths</th></tr>
<tr><td>Pleurisy pneumothorax pulmonary collapse</td><td>201.1</td><td>31</td><td>15</td></tr>
<tr><td>Viral infection</td><td>152.9</td><td>61</td><td>40</td></tr>
<tr><td>Pneumonia</td><td>125.4</td><td>512</td><td>408</td></tr>
<tr><td>Fluid and electrolyte disorders</td><td>143.0</td><td>39</td><td>27</td></tr>
<tr><td>Acute bronchitis</td><td>133.1</td><td>58</td><td>44</td></tr>
<tr><td>Urinary tract infections</td><td>130.3</td><td>66</td><td>51</td></tr>
<tr><td>Acute and unspecified renal failure</td><td>122.3</td><td>105</td><td>86</td></tr>
<tr><td>HSMR weekday/weekend analysis</td><td colspan="4">Both weekday and weekend emergency HSMR is ‘higher than expected’.</td></tr>
<tr><td>SHMI (12 months to Nov 2024, published Apr 2025)</td><td colspan="4">Published SHMI = 1.0761 ‘as expected’ (band two)

The percentage of patient deaths with palliative care coded during their admission was 40% – NHS England 44%</td></tr>
</table>

As part of our drive to deliver good outcomes for our patients we closely monitor our mortality rates, undertaking peer comparison using HSMR and SHMI. The national benchmark for HSMR is set at 100 and SHMI is set at 1.0. Trusts with a relative risk/ mortality indicator below the benchmark are (statistically) performing better than other acute trusts in terms of lower mortality risk. Any condition identified with a ‘higher than expected’ mortality ratio undergoes a clinical coding review to better understand whether there are any issue with data quality. Subsequently, cases undergo a clinical review.

The Trust has continued to provide excellent care for patients admitted with acute cerebrovascular disease (strokes/TIAs). In the most recently published SSNAP (Sentinel Stroke National Audit Programme) data for 2022/23, it was ranked seventh in the country compared to like-sized units. This is testament to the team's strong quality improvement focus and expertise.

The SHMI for ESNEFT for the 12 months ending July 2024 was 1.1097 (band two), in the 'as expected' banding. NHS Digital states that 'a higher than expected' number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation. Similarly, an 'as expected' or 'lower than expected' SHMI should not immediately be interpreted as indicating satisfactory or good performance.

The HSMR for the 12 months to December 2024 was 112.5, 'higher than expected'. ESNEFT considers that this data is as described for the following reasons:

- It is drawn from nationally reported data.
- It was identified that a large number of records submitted to NHS England did not have complete clinical coding attached to the records. The source of the error was identified and corrected but data for February and March 2024 was received too late for inclusion. Data from clinical coding is used to identify patient mortality risk. HSMR relative risks require an admitting diagnosis to determine if the patient admission sits within the group of 41 diagnosis codes. In addition, without clinical coding, mortality algorithms will underestimate the number of expected deaths, thereby increasing mortality ratios.
- The Trust serves a large community of frail older people who are more susceptible to acute problems such as infections and falls which, when added to a host of chronic diseases, result in a higher mortality rate at certain times of year.

We are committed to eliminating avoidable harm and improving patient outcomes and have carried out the following actions to improve quality of our services, HSMR and SHMI.

The Trust is:

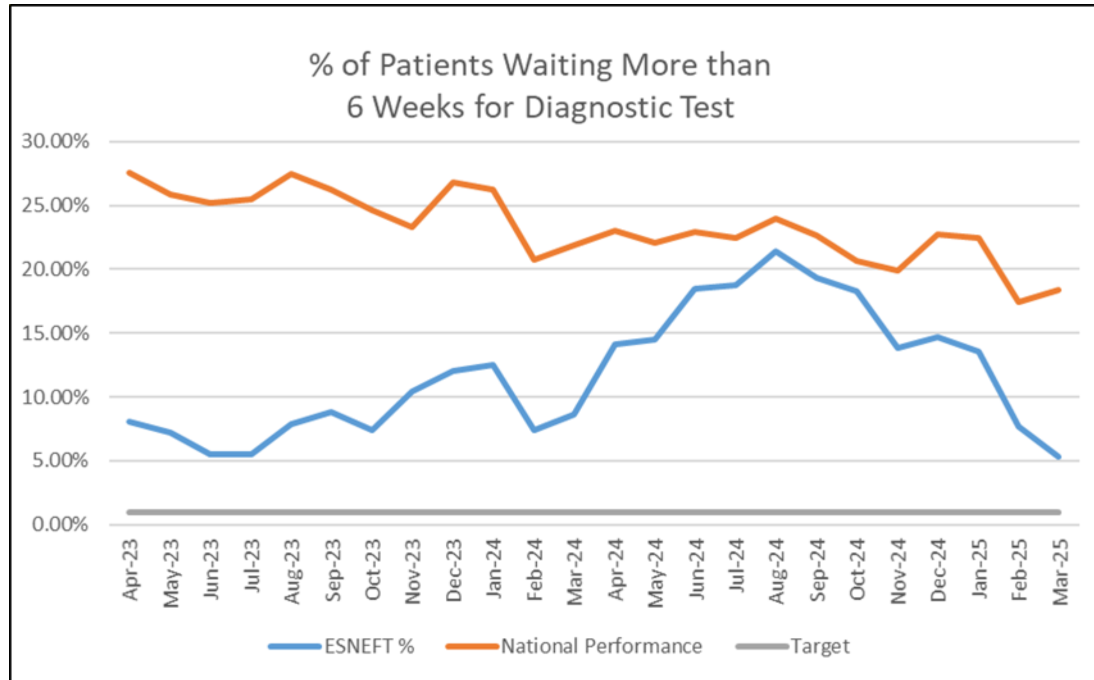
- Working across the health economy to promote equitable access to services.
- Promoting 'wellness' by facilitating smoking cessation, healthy eating, alcohol dependence support and encouraging patients to making positive changes to their physical and mental health and wellbeing through the 'Making Every Contact Count' programme.
- Working with community teams and partner organisations to ensure that patients are supported at home (if that is their preferred place of care), avoiding long stays in hospital which lead to hospital-acquired functional decline. This is also being achieved through the use of virtual wards and 'hospital at home'.
- Using a new escalation 'safety net' for outpatients attending clinics and being identified as requiring urgent triage and admission.
- Employing a number of care pathways for conditions such sepsis, acute kidney injury, pulmonary embolism and COPD so that patients are diagnosed and treated quickly.
- Following GIRFT (Getting it Right First Time) recommendations and learning to improve services and develop future pathways.
- Ensuring that patients at risk of deterioration are identified and escalated quickly.

- Ensuring that the information sent to external mortality bodies is accurate so that ‘alarms’ correctly identify potential causes for concern. This is achieved through audits of the clinical coding and the themed review of health records to ensure that documentation is representative of the care provided and of a high standard (NB this has been negatively impacted this year by data upload failures).
- Ensuring that incidents concerning patient care are fully investigated using the Patient Safety Incident Reporting Framework, including those identified during mortality reviews, and that the learning shared to improve patient safety and experience.
- Developing new interactive e-learning packages and simulation-based training to increase learning and engagement. In addition, in-house videos are being made accessible for staff to access learning at a time convenient to them.
- Continuing to measure performance against national benchmarks.

Ipswich businessman Charlie Baker, who regularly supports the Woolverstone Unit with donations and fundraising

Waiting times for diagnostics and procedures

Percentage of patients waiting more than six weeks for a diagnostic test at month end



Percentage of patients waiting more than six weeks for diagnostics tests by month, against a target of 1%

	2022		2023		2024	
	ESNEFT figures	National average	ESNEFT figures	National average	ESNEFT figures	National average
January	29.16	30.00	8.11	30.75	12.55	26.24
February	17.50	28.46	5.67	25.11	7.43	20.78
March	13.16	24.29	5.63	25.01	8.64	21.85
April	21.96	28.40	8.07	27.56	14.10	23.00
May	19.76	26.01	7.23	25.87	14.50	22.06
June	20.14	27.48	5.50	25.16	18.45	22.89
July	20.91	27.90	5.47	25.48	18.81	22.43
August	22.08	30.51	7.83	27.47	21.41	23.93
September	17.80	29.84	8.82	26.26	19.36	22.68
October	15.24	27.50	7.44	24.67	18.31	20.69
November	9.97	26.87	10.45	23.32	13.87	19.93
December	8.44	31.28	12.00	26.82	14.68	22.78
End of year position	**8.44**	**31.28**	**7.80**	**26.11**	**15.25**	**22.42**

Clinical standards for seven-day hospital services

The NHSE Seven-Day Services (7DS) Programme is designed to ensure that patients admitted as an emergency receive prompt, high quality, consistent care, whatever day and whatever time of day they are admitted to hospital.

The programme identifies 10 clinical standards, of which four are deemed high priority:

- Standard two – time to first consultant review (no longer than 14 hours)
- Standard five – access to diagnostic tests (within 24 hours, 12 hours or one hour, depending on need)
- Standard six – access to consultant-directed interventions
- Standard eight – ongoing review by a consultant (twice daily or daily depending on need)

There is also an aligned workstream on shared decision-making, which empowers patients to be equal partners in decisions relating to their care.

How we measured and monitored our performance

ESNEFT chose to concentrate on two standards this year – two and eight. In line with the Trust's strategy and findings from a risk-based incident analysis, our particular focus was improving emergency service consultant-directed assessments.

Standards two and eight

- We established the ESNEFT **'clinically ready to proceed (CRtP)' standard**. This sets out expectations for safe, timely transfer of patients from our emergency departments within 60 minutes of the decision being made for their onward transfer, for example to an assessment unit or ward.

  The standard is in place 24/7 and achievement is monitored daily, via a report which is circulated across all teams and discussed in operational bed meetings.

- Our **internal clinical standards** across emergency departments, assessment units and base wards relate to 'timeliness of response'. They include examples such as time expected for diagnostics to be performed and reported, initial consultant review, different specialty consultant review, procedures, therapy assessments, transport, portering and medications.

- We have set out realistic but ambitious expected timelines as a framework for each service to work to. It is not possible to track measurement against each individual standard using the current systems we have in place. However, setting and agreeing the standards has helped to foster a collective understanding across all teams of what is a reasonable time for a patient to wait for their next required element of care.

Standards five and six

- We assessed 7DS within ESNEFT using NHS England's Board Assurance Framework, which showed compliance with standards five and six.

Shared decision-making

- We have collected feedback across a range of inpatient and outpatient areas to assess our patient's perception of shared decision-making.

- Of 19 areas assessed, 15 met the standard required. Action plans are being drawn up for the four remaining areas to support changes to systems, process and training which are needed to deliver shared-decision making.

Our plan for 2025/26

The following action plan has been agreed by appropriate governance structures within the Trust:

- We will align with the electronic patient record transformation program to look into opportunities for measuring delivery and assurance against these standards in the long term.

- We will use a new data tool to examine length of stay associated with day of admission to identify areas that would benefit from support.

- We will work with services, divisional and clinical leads to review consultant-led board rounds and ensure service workplans match activity requirements.

- Our engagement team is leading an initiative called 'ask three questions' to encourage patient involvement in shared decision-making.

All activity and governance for seven-day services will be monitored by the Trust's Clinical Effectiveness Group.

End of life care

There is only one chance to get end of life care right. In the final stages of illness, care priorities shift with the focus often changing to palliative care for the relief of pain, symptoms and emotional distress. Compassionate, high quality care enables us to make a loved one's final weeks or days as comfortable as possible.

A national framework for action (Ambitions for Palliative and End of Life Care 2021 – 2026) identifies six key ambitions to optimise end of life care. These are:

- Each person is seen as an individual
- Each person gets fair access to care
- Comfort and wellbeing are maximised
- Care is coordinated
- All staff are prepared to care
- Each community is prepared to help

In the last year, we have been actively involved in Colchester gaining Compassionate City status. This initiative focused on ambition six: Each community is prepared to help, which aims to demystify death, dying and loss.

In addition to this, we have continued to support our community by being involved with the 'family administration of medications (FAM) at end of life' initiative across Suffolk and north east Essex. This approach trains family members and/ or other unpaid carers to administer injectable medication to control symptoms in the last days of life. As there is a long wait for this support from community services, FAM will improve symptom control for those dying at home (ambitions three and six).

ESNEFT has also partnered with Colchester & Ipswich Hospitals Charity to launch the Butterfly Appeal. This fundraising drive will support the development of the Butterfly Service and help draw up a business case for a Time Garden at Ipswich Hospital and fund other little things that make a difference when someone is dying.

During the year, an electronic palliative care coordination system for Suffolk was confirmed and will work alongside the 'my care choices' register, which has been successfully established in north east Essex for many years.

Over the past 12 months, we have continued to work collaboratively with our end of life alliance groups, the ICS group and the east of England end of life group. The ICS group has now been granted joint advisory group status with firmer governance structure, which will enable more seamless working across Suffolk and north east Essex.

Our chaplaincy service

Patient, family, carer and visitor support

ESNEFT's chaplains provide high quality pastoral, spiritual and religious care for all patients, families and carers, as well as visitors to our sites. They focus on offering person-centred, individualised care through active listening and being a non-judgemental, accepting presence on wards and in departments across the whole Trust. The chaplains also provide a 24-hour on-call service for all of ESNEFT's hospitals.

Our chaplaincy team is made up of the head of chaplaincy, six full-time Trust chaplains, a part-time chaplain, two bank chaplains, two Muslim honorary chaplains, a Humanist honorary chaplain, a Jewish honorary chaplain, two Church of England honorary chaplains and a growing number of chaplaincy volunteers. This year we have also recruited a lay Roman Catholic chaplain, and have continued to work towards the of recruitment of Hindu and Sikh honorary chaplains, along with an ordained honorary Roman Catholic chaplain.

Members of the chaplaincy team

To ensure they can offer the best possible standards of pastoral, spiritual and religious care, our chaplains take part in continuous professional development. This includes coaching apprenticeships, diplomas and the certificate in pastoral supervision. In addition, all our chaplains attend team training sessions on safeguarding and the care of patients after death, as well as an away day to further develop their skills and enhance their ability to lead rites and rituals.

At the request of patients, families, carers, and visitors, our chaplains provide:

- weekly Sunday services on our hospital radio stations
- Christmas carol services
- acts of remembrance, in partnership with the Trust's Armed Forces Network
- skilled active listening support and signposting to appropriate support services
- bedside meditation, prayer, holy communion and other rites and rituals
- audio cubes with faith or belief texts and music
- wooden comfort crosses and hearts
- non-religious and religious end-of-life support, ceremonies, services, baptism and blessings for babies, children and adults
- non-religious and religious funerals (mostly for babies but also some adults)
- support with calls or video calls to family, friends and faith or belief representatives
- livestreaming weddings or funerals at the bedside or in the chapels
- faith and belief texts and other pastoral, spiritual or religious resources
- emotional support with PALS and complaints cases
- emergency marriages, civil partnerships, renewal of vows and same sex blessings

The chaplains also work very closely with colleagues in palliative care, our Butterfly volunteers and the mortuary and bereavement team to ensure patients and their families receive the best possible care at the end of life. In line with ESNEFT's end of life strategy, they are available 24/7 to ensure the cultural, spiritual and religious needs of patients and their families and visitors are met. They also maximise the comfort and wellbeing or patients by providing emotional support, as outlined within the NHS's ambition for palliative and end of life care.

In addition, the team work with the bereavement midwives at Ipswich and Colchester hospitals to arrange ESNEFT's annual 'remembering precious babies' services. At the request of parents, this year's theme was 'forget me nots'. Parents and families find great comfort in these services and in remembering their baby with other people who have also experienced the pain of baby loss.

Remembering precious babies

During the year, the team also:

- Developed an information leaflet to raise awareness of the services chaplaincy offers. The text will be reviewed by our patient panel and distributed across our sites by summer 2025.

- Lead commemorations for the 80th anniversary of the D-Day landings in May 2024 by lighting lamp lights of peace at Colchester and Ipswich hospitals.

- Worked with the Friends of Clacton Hospital to refurbish the hospital chapel into an attractive, welcoming quiet space suitable for people of all faiths and beliefs.

- Helped develop a multi-faith room in the Essex and Suffolk Elective Orthopaedic Centre.

- Worked with senior nursing colleagues to support development of ESNEFT's fundamentals of care.

- Liaised with colleagues developing the Epic electronic patient record to ensure the new system will gather and record the necessary information to support the delivery of high-quality pastoral, spiritual and religious care.

Chaplaincy volunteers

Chaplaincy volunteers visit patients, their relatives, carers or visitors, in a designated ward or department for one or two sessions per week. They offer person-centred listening support to patients of all faiths and beliefs, engage patients in appropriate meaningful activities and raise awareness of the work of the chaplaincy service. Chaplaincy volunteers take part in conversation, listen to patient stories and are available to simply 'be there' as an accompanying presence. They also offer listening support to staff.

Our chaplaincy volunteers are recruited through the Trust's volunteer service, authorised by their faith or belief community and trained in basic pastoral, spiritual and religious care by the chaplains. They also abide by the UK Board of Health Chaplains Code of Conduct and receive ongoing supervision from the chaplains, with regular one-to-one and group reflection on practice sessions, along with an annual review.

There are currently 18 active volunteers supporting patients at Colchester, Ipswich and Felixstowe hospitals, with another cohort due to be trained in April and May. During the year, the volunteers have

- visited 5,115 patients
- supported 651 relatives and carers
- supported 24 members of staff
- spent 672.97 hours visiting patients and supporting relatives, carers and staff

Staff and volunteer support and education

Our chaplains provide significant support to volunteers, students and staff, which in turn contributes to improved patient experience.

The chaplains are trained in mental health first aid and psychological first aid, and when requested provide psychological first aid debriefs for individuals and teams who have experienced a traumatic incident at work. They also meet with all international nurses before their OSCE exams to provide pastoral support and encouragement.

During the year, chaplaincy hosted a number of students on placement from regional theological colleges, local parishes and from the PgCert in humanist chaplaincy studies run by the New School of Psychotherapy and Counselling.

The chaplains also take part in a range of courses and activities, including inductions, team and divisional away days, Butterfly volunteer training and cancer education programmes for HCAs and oncology nurses and sessions designed to support the fundamentals of care. This educational activity is designed to help staff feel more confident about caring for the pastoral, spiritual and religious needs of patients, and to better embed high quality pastoral, spiritual and religious care across the Trust.

Equality, diversity and inclusion

During interfaith week in November, the chaplains visited two local faith communities – Stavropegic Monastery of St John the Baptist in Essex and Guru Nanak Gurdwara in Ipswich. This enabled the chaplains to learn more about the needs of our Eastern Orthodox and Sikh patients.

Images from interfaith week in November

The chaplains, advised by the relevant honorary faith chaplains and faith representatives from the community, have also been working with the mortuary team to create boxes of faith and belief resources which aim to bring comfort to people when they spend time with their loved ones. So far, boxes have been created for people from Buddhist, Muslim, Christian, Jewish and Hindu communities. A box for people from the Sikh community will be ready for use by the end of 2025/26.

Summary statistics for 2024/25

Out of hours emergency call-outs:

- The chaplains responded to 134 out of hours call-outs during evenings and weekends

Patient and carer / family encounters:

- 8,238 patients visited and 2,675 hours of support provided
- 393 hours of support give to 3,506 carers/ family members

Staff encounters:

- 549 hours of support provided to 5,134 staff members
- 24 psychological first aid debriefs conducted

Funerals:

- 92 religious and non-religious baby funerals conducted
- 24 communal cremations for babies
- Five Trust-related adult funerals
- One staff funeral conducted
- 14 staff funerals livestreamed
- Four staff memorial events facilitated

Maternity and neonatal:

- Three emergency baptisms
- 19 religious and non-religious baby naming and blessing ceremonies at or after death
- 13 services of thanksgiving for the gift of a child

Emergency marriages, civil partnerships and relationship blessings:

- Seven emergency marriages facilitated
- Three relationship blessings conducted

Plaudits and thanks

During the year chaplaincy has received many messages of thanks which illustrate the range of work carried out by the team. Here is a selection:

- "As a grandparent, I just wanted to thank you for your care and compassion whilst conducting the service for little baby grandson, and your kindness to our daughter and son-in-law. It can never be easy for you to undertake a funeral service for anyone, but

you must have to draw on the strongest of strength when holding one for someone so tiny as our grandson. Thank you once again.” **From a relative – August 2024**

- “I wanted to say thank you so much for you service as a chaplain – we were so grateful for your presence. We knew mum was in her final hours and it was a huge comfort and help to have you praying with us. Your words of comfort and encouragement were so helpful in guiding us through a very difficult and bewildering time. Your gentle leadership helped us to be at peace and to be able to go home knowing everything that was needed had been done.” **From a relative – December 2024**

- “I want to thank you for the time and care you gave me whilst I was in hospital – you opened my eyes to spirituality and a higher power. I am grateful for the physical support you gave me and the prayer support. Thank you specifically for the times you prayed with me.” **From a patient – November 2024**

- “Thank you to you and your team for the beautiful service in remembrance of those we lost during COVID-19. It is now three years since I lost my dear mother to the disease, and the unresolved grief you mentioned has been a hard issue to cope with, even with my Christian faith. Not being able to be with her at the end of her life has been particularly difficult to process. Thank you again for this opportunity to remember.” **From a relative – April 2024**

Butterfly team members Debbie Farthing (left), Pam Talman and Amy Hilling, who work closely with the chaplaincy

Caring for people with dementia

During 2024/25, we have continued to reinforce the importance of using 'This is me' to ensure we consider what is important to people with dementia while helping them feel safe and more involved in their care. Training on how to use the document is provided by our dementia specialist nurses, who also audit its completion.

Teams have also been given support to help them recognise and respond to delirium when it is a clinical feature for people with a diagnosis of dementia. Delirium is more likely to affect older patients who are admitted to hospital, and more commonly patients with a diagnosis of dementia. It has the potential to increase their feelings of confusion and can result in longer admissions and increased risks in factors such as falls, which is why identification and diagnosis is so important. Again, our dementia specialist nurses have incorporated delirium into the teaching they provide and audits they carry out to help to improve practice. In the coming year, teams will also be trained to use dementia-friendly pain assessment tools so they can accurately assess pain when patients are not easily able to communicate, in turn helping us respond more quickly and effectively.

Our dementia specialist nurses have also collaborated with mental health specialists to support improvements in practice when patients require enhanced therapeutic observations and care. This work started in October when we joined a national collaborative project to improve care for patients who require one-to-one care where risks impact on the safety of the patient or others. Tools have been developed to help ward staff identify the clinical drivers which may increase risk factors for patients. Resources have also been developed to help staff engage with patients to reduce these risks and monitor clinical outcomes so that they are not subject to unnecessary or prolonged levels of restrictive interventions. This project will continue throughout the next year, and will incorporate several different threads to enhance understanding and care for people with dementia. This will include appropriate use of legal frameworks, least restrictive interventions, understanding behavioural and psychological symptoms of dementia and trauma informed practice.

During the year, activity trolleys have been created so that patients can access resources which may help reduce factors such as boredom, distress and frustration, all of which can impact on their experience and outcomes. Teams are also using 'magic tables' and similar technology to provide mental and physical stimulation for people with dementia as well as opportunity for social interaction.

In addition, we have supported research carried out by the University of Essex to better understand the fundamentals of care for people with dementia and factors which may support better experiences and outcomes. During the year, the Alzheimer's Society also received funding to provide in-reach and follow-up for patients with a diagnosis of dementia at Colchester Hospital. This work is currently being evaluated.

Work is also continuing to find ways to identify patients with a diagnosis of dementia through adaptations to their wristband so that staff can adapt their approaches to the patient's care and ensure reasonable adjustments are made where necessary.

Improving the patient and carer experience

People who use our services are central to everything we do. Every member of staff is responsible for ensuring each patient and their loved one has a positive and inclusive experience.

We strive to provide the best possible care and outcomes for the people we serve and believe that involving people who use our services in co-design and co-production is the right thing to do.

Patient experience means including patients, carers and their families in making decisions about their care. This leads to better health outcomes and an overall improvement in patient experience. While there are many different ways to achieve this, it is important we are able to evidence the steps we are taking to listen to what our patients tell us and act on their feedback to improve our services.

Throughout the year, we have continued to collaborate with our communities and respond to their feedback and concerns.

ESNEFT Friends and Family Test recommender scores 2024/25 (percentages)

	ED	Inpatient	Birth	Outpatient	Antenatal	Postnatal ward	Postnatal community
Apr	88.04	93.50	100	94.55	87.50	100	100
May	86.32	92.26	100	93.85	100	100	100
Jun	80.59	93.80	100	94.66	87.50	90.91	100
Jul	81.20	91.63	100	94.73	100	100	100
Aug	81.63	92.37	100	93.86	87.50	93.33	100
Sept	90.88	93.94	100	94.67	80.00	100	100
Oct	90.20	93.08	100	94.28	100	96.00	100
Nov	92.55	91.78	100	92.88	90.91	95.00	100
Dec	91.52	91.37	90.91	93.60	100	100	96.30
Jan	87.26	92.55	88.87	93.31	92.86	91.67	100
Feb	95.95	93.18	75.00	93.12	100	90.00	100
Mar	93.10	92.05	100	94.29	95.00	25.00	92.86

Our patient experience team

Some of the work that has been carried out by the patient experience team during 2024/25 includes:

- Continuing our successful 15 Steps programme. This sees patient representatives, complainants, governors and Board members visit different parts of the Trust and provide feedback, which is also shared at the Patient Experience Carers and Coproduction Council. For 2025, 15 Steps will be incorporated into care accreditation visits, which are detailed on the following page.
- Involving patient representatives in service improvements.
- Sharing patient stories, either in person or via video links, at every Board and Patient Experience Carers and Coproduction Council meeting.

- Working with our partners, Healthwatch and learning disability ambassadors to improve the patient experience.
- Holding recruitment drives to attract more people to attend our user groups so that we can listen and engage with patients and carers to embed improvement and change.
- Holding complaints training which looked at how we communicate with patients who provide feedback. A revised letter template has been produced as a result and divisions are making courtesy calls sooner to offer meetings to patients and their loved ones. This helps us provide immediate support while reducing the time it takes to complete an investigation.
- Working with the quality improvement team to explore potential projects to further improve the patient experience.
- Liaising with the Making Time Matters group to look at how patients and their loved ones can contact the Trust in a more timely manner.
- Supporting colleagues with the development of the Epic electronic patient record to improve patient information.

Accrediting Care at ESNEFT and the Fundamentals of Care Framework

We launched our Accrediting Care at ESNEFT (ACE) programme in May 2024 after months of research, planning and networking. The programme provides us with the tools to carry out a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care as relevant to us and our patients.

The ACE team has carried out 10 initial visits since its launch, including to four pilot wards. Two wards achieved 'working towards bronze', while six wards achieved bronze accreditation and two achieved silver. The team has also carried out three return visits for those areas working towards bronze and just achieving bronze. These three wards have remained at, or have now achieved, bronze accreditation after making changes.

It was recognised that the standards in the ACE programme and themes from the visits link closely with the fundamentals of care. The Fundamentals of Care Framework is a conceptual model used in healthcare to guide the delivery of high quality care. It emphasises the essential elements of care that should be consistently provided to all patients to ensure their wellbeing and promote positive outcomes. While specific components may vary slightly depending on the context, the fundamentals typically include:

- Respect and dignity
- Effective communication
- Safe and secure environment
- Holistic approach
- Personalised care plans
- Promotion of independence
- Continuity and coordination
- Safety and risk management
- Feedback improvement
- Ethical practice

The priority areas from a fundamentals of care survey that was completed by staff and patients/service users were dignity and respect, effective communication and the safe and secure environment.

Of the eight ACE visits that have taken place, dignity and respect, harm free care, nutrition and hydration and clinical governance standards have been rated as working towards bronze for many of the wards visited. The wealth of data and themes that are being collected and triangulated is stimulating and facilitating an unprecedented understanding of both the great work taking place, and the challenges at ward level. From this, we are gaining the opportunity to support, encourage and enable wards to achieve continuous improvement.

Our new-look children's department officially opens

Patient and public involvement and community engagement

Keeping patients and the public involved in their healthcare and how we run our services is vital. Without hearing the voices of those who use our hospitals and community services, we can't make the improvements we need to make sure we're providing the best care possible in the right way.

In the last year, we've been looking at a number of ways in which we can help patients to be more in control of their care.

Contacting us

We have made this year is to make it easier for our patients to get in touch with us during the year after our patients told us they sometimes found it difficult to contact some clinical services. As a result, we have added email addresses and telephone numbers for each department to our website.

Keeping patients in control of their care

We know that having treatment in the hospital or community can cause anxiety. We are therefore committed to making sure that patients have all the information available about their illness or condition to help them to manage their care.

We carried out a survey to ask our patients for their feedback about how comfortable they felt in appointments or talking to our clinical teams. Our governors spoke to patients in Ipswich and Colchester hospitals to find out their views and we also sent out the survey to our patient experience groups.

As a result we've developed 'it's OK to ask' posters and leaflets to encourage patients to ask questions during conversations about their care and write down any questions they may think of on a specially-designed leaflet. We're also working with our clinical teams to ask them to prompt patients to ask questions or repeat information if necessary.

Smoking on our sites

Although all of our sites are smoke-free, but some people still choose to smoke in the grounds.

We carried out a survey using social media and our website to ask whether the people using our sites felt we needed to do more to tackle this. The response was a resounding 'yes'. As a result, we have introduced new signage to remind people that we are run smoke-free sites while also creating more opportunities for people to talk to our stop smoking teams if they need help to quit.

Improving patient care

During the year, we used feedback to open a new building at each acute hospital site to help improve patient care and experience.

In September, the new urgent and emergency care centre (UECC) opened at Ipswich Hospital, providing a single front door for patients who need urgent or emergency care. It has helped us to change the way we treat our patients by making sure they receive the most appropriate care as quickly as possible while reducing the amount of time spent in our waiting rooms.

Patients are triaged at the front door by a senior clinician and then directed to the department that will provide them with the right care. This could be:

- the urgent treatment centre, where they will be seen by one of our GPs
- the emergency department

Patients referred by a GP can be assessed at the front door and then sent straight through to our surgical assessment unit or to the appropriate specialist team. Immediate triage also ensures patients who need observation can be seen there and then. All these measures mean patients in the greatest need are given the most appropriate care as quickly as possible.

In Colchester, we opened the Essex and Suffolk Elective Orthopaedic Centre in the new Dame Clare Marx building in November.

The centre will mean we can provide up to 10,000 procedures a year for patients across Suffolk and north east Essex who need planned surgery on bones, muscles and joints. It will also help us to reduce waiting lists and make sure patients are able to get back to a life without pain sooner rather than later. Extensive patient feedback was used to help shape and design the centre, in turn making sure it was built around the needs of patients themselves.

Patients from the area served by West Suffolk NHS Foundation Trust are also treated at the centre, with consultants from the hospital working alongside our teams to carry out procedures. This means we are able to standardise pathways of care throughout the centre and eradicate any variation in orthopaedic care across the county.

Suffolk and Tendring shows

One of our most successful ways of engaging with people who may use our hospitals is at the Suffolk and Tendring shows. At the events, we welcome people to our tent to showcase our work through fun, family-friendly interactive stands. We were proud to win the 'best in show' award at Tendring in 2024.

During 2025, our theme is 'our digital future', which will focus on showcasing how we use technology to improve care. We'll also demonstrate the new electronic patient record that we're introducing during 2025/26 to help us to provide more efficient care.

Working with Healthwatch

Healthwatch Suffolk and Essex are independent organisations that gather people's experiences of NHS care to help services to improve.

We work closely with both teams to help gather people's views and have this year provided support to find out the experiences of patients waiting for elective care, those with COPD or

who care for someone with the illness as well as patients who are receiving spinal care from our teams.

Chris Brammer and Lucy Toseland-Bolton from our communications team receive a highly commended rosette for ESNEFT'S marquee at the 2024 Tendring Show

Learning from complaints

Complaints and concerns can be written or verbal communications from patients and/ or relatives who are unhappy about an aspect of their interaction with our hospitals or community services. They are a valuable source of feedback and help us to identify trends, which enable us to further improve.

We are committed to providing a complaints service that is fair, effective and accessible to all. We undertake to be open and honest and – where necessary – make changes to improve the services we provide.

Complaints service

Complaints are always taken seriously as they highlight the times we have let down our patients and their families. Each complaint is treated as an opportunity to learn and improve. The Trust listens and responds to all concerns and complaints, which are treated confidentially and kept separately from the patient's medical records. Making a complaint does not harm or prejudice the care which is provided.

How complaints are managed within ESNEFT

Complaints are categorised in three ways, depending on their severity:

High level	Multiple issues relating to a longer period of care including an event resulting in serious harm.
Medium level	Several issues relating to a short period of care including, for example, failure to meet care needs, medical errors, incorrect treatment, attitude of staff or communication.
Low level	Simple, non-complex issues including, for example, delayed or cancelled appointments, cleanliness or transport problems.

Our target is to respond to 95% of complaints within 28 working days of receipt.

Between 1 April 2024 and 31 March 2025, we received 1,286 complaints compared to 1,574 during 2023/24. Of these, 95.7% were responded to within the 28-working day (or an agreed revised) timeframe.

Every effort is made to contact each complainant within three working days once the complaint has been logged. These courtesy calls are made by a divisional senior manager and are seen as an opportunity to:

- Take time to understand the exact nature of the complaint to help us respond thoroughly and in a meaningful way.
- Gain insight to understand the key issues that need to be resolved.
- Help build relationships with the complainant so that they feel part of the process while demonstrating that we take their concerns seriously.
- Explain the 28 working day timeframe for our response and establish the method in which the complainant would like to receive our feedback, for example by letter or a face-to-face meeting.

This year, 97.5% of courtesy calls were completed on time.

Following receipt, all complaints are assigned to a complaints coordinator who liaises with the complainant and ensures that the service or area responsible for investigating and responding to the complaint does so within the agreed time limits.

Once a medium or high level complaint investigation has been completed, it is checked by the complaints coordinator to ensure all questions have been answered before being passed to the chief executive, managing director or another executive director to review and sign the letter of response. Low level complaint responses are sent out directly by the divisional senior management team.

The top three subjects of complaints have been consistent for the last three years:

- Communication
- Access to treatment or drugs
- Patient care

Reopened complaints

During 2024/25, 12 complaints were formally reopened as the complaint felt the first reply had not correctly addressed their concerns.

Reopened complaints are generally resolved with either a face-to-face meeting or a further letter of response.

Complaint response training has been delivered to divisional senior managers throughout 2024/25 to ensure more robust investigations and responses are completed.

Complaints to the Parliamentary and Health Service Ombudsman (PHSO)

ESNEFT received a total of 30 contacts from the PHSO between 1 April 2024 and 31 March 2025. Of these, one was an enquiry only, 11 were assessed but not taken further into an investigation, four were requests for records and 14 are currently open and under investigation.

Learning from complaints

While information drawn from surveys and other forms of patient feedback is important, every complaint we receive indicates that for that patient or their family, they did not receive the high quality of care they rightly expect.

Complaints are an important method by which the Trust assesses the quality of the services it provides. We take all complaints seriously and have taken action in response to them to improve care. We are also working on improving the way we share learning and actions taken from complaints across the Trust.

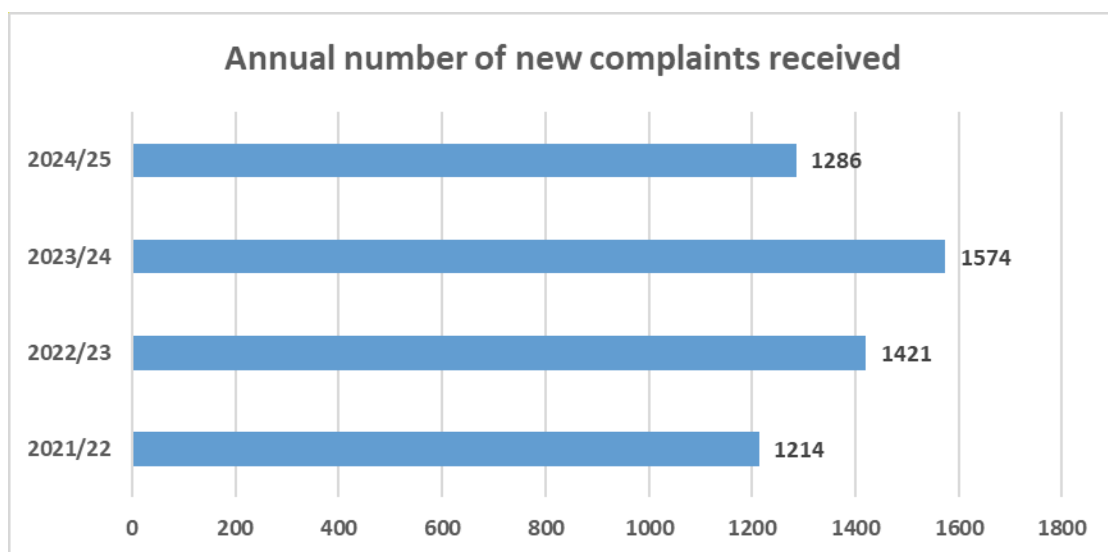
Lessons learned from complaints are identified and discussed at our Patient Experience, Co-Production and Carers Council meetings. Monthly dashboard reports are also available to support divisions to monitor outstanding actions.

Through the divisional accountability and performance framework, we expect to see clear evidence of learning from complaints in future.

Communication remains the most common subject of the PALS enquiries and complaints we receive. To support improvements across the Trust, the PALS and complaints team has:

- Created a new PALS QR code to encourage feedback on how enquiries are handled.
- Provided presentations at consultant and junior doctor inductions to explain our processes and staff involvement and help improve communication.
- Carried out targeted training to upskill staff in the PALS and complaints team so they can support all patients and their representatives. This has included EDI and neurodiversity training.
- Amended our website to support people who are using our services to make enquiries while displaying additional posters to provide information around car parking entitlements.
- Offered ad-hoc training to new staff joining the Trust or moving departments, and to anyone keen to complete work experience.
- Worked more effectively with divisional colleagues to improve the timeliness of our complaint replies and the standard of those replies.

Complaints received over the past four years



Patient Advice and Liaison Service (PALS)

The PALS team handles queries and concerns in a practical way, resolving and addressing issues at source to prevent matters from escalating. This is seen as a positive step towards taking more responsibility for issues as they arise.

PALS offers a range of services to patients, carers and visitors, including:

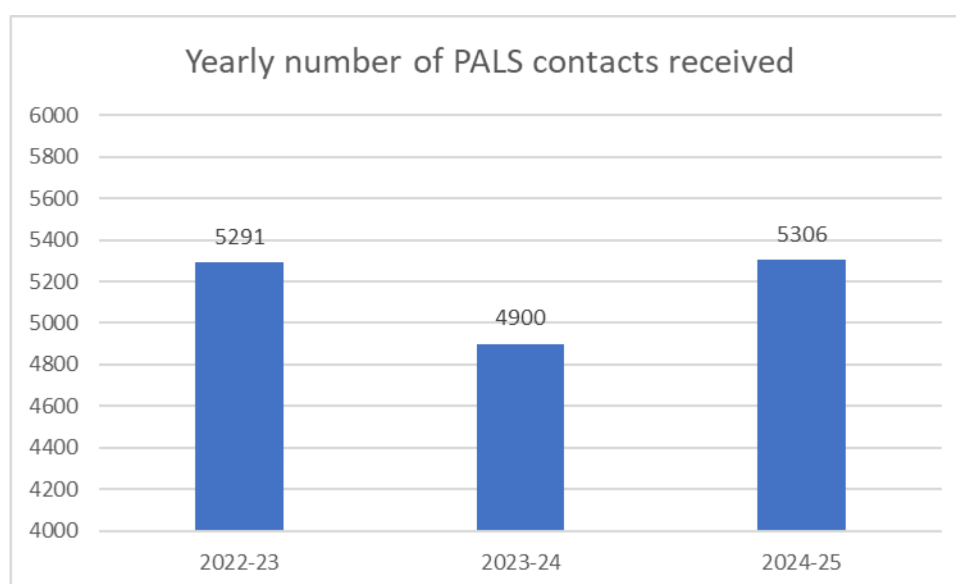
- Advice and signposting: helping to navigate the hospital and its services.
- Feedback: PALS can pass on ideas to improve services.
- Addressing non-complex issues informally, often preventing the need to raise a formal complaint.

PALS contacts are graded as either PALS one or PALS two:

- **PALS one:** Contacts which require straightforward information or signposting, for example ward visiting times, how a patient can obtain a copy of their medical records or providing information about GP services or the ambulance trust.

- **PALS two:** Contacts relating to a matter that needs to be resolved or addressed, for example ward-related issues for inpatients and their families, waiting list enquiries and appointment enquiries.

PALS queries received over the last three years



The number of PALS contacts in 2024/25 was 5,306 – an increase of 8.2% on the number received in 2023/24 (4,900).

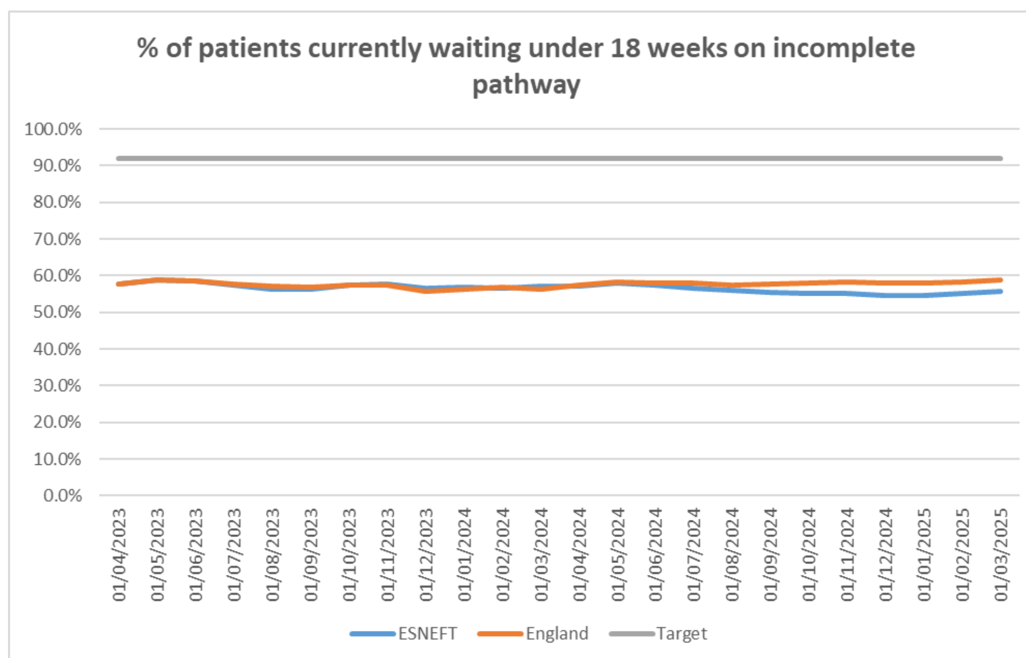
Compliments

The Trust received a total of 7,420 compliments between 1 April 2024 and 31 March 2025, of which 754 came via online feedback, letter or email and 6,666 were made direct to wards and clinics.

Compliments were received in several forms, including letters, cards, gifts, emails and through the local press. Where staff are named they are, where possible, informed to help boost morale and improve their experience at work.

Referral to treatment times (RTT)

Percentage of patients currently waiting under 18 weeks on incomplete pathway



Percentage of patients currently waiting under 18 weeks on an incomplete pathway against a target of 92% compared with the national average

	2022/23		2023/24		2024/25	
	ESNEFT	**National**	**ESNEFT**	**National**	**ESNEFT**	**National**
Apr	64.00	56.60	57.77	57.67	57.05	57.37
May	65.96	58.34	58.94	58.54	57.87	58.23
Jun	65.21	57.08	58.56	58.49	57.50	58.01
Jul	63.84	55.92	57.52	57.83	56.51	57.91
Aug	63.29	60.33	56.24	57.20	55.90	57.33
Sep	61.97	58.96	56.27	56.74	55.49	57.60
Oct	61.81	59.66	57.48	57.31	55.09	58.05
Nov	61.26	59.59	57.60	57.42	55.11	58.22
Dec	58.37	57.55	56.66	55.72	54.65	58.05
Jan	58.63	57.84	56.85	56.20	54.52	58.01
Feb	58.00	58.01	56.47	56.74	55.06	58.33
Mar	47.33	58.36	47.33	58.36	55.79	58.91

Cancer performance

Providing timely appointments, diagnostic tests and – where necessary – treatment for all patients referred to our hospitals on an urgent suspected cancer pathway remains a top priority for the Trust.

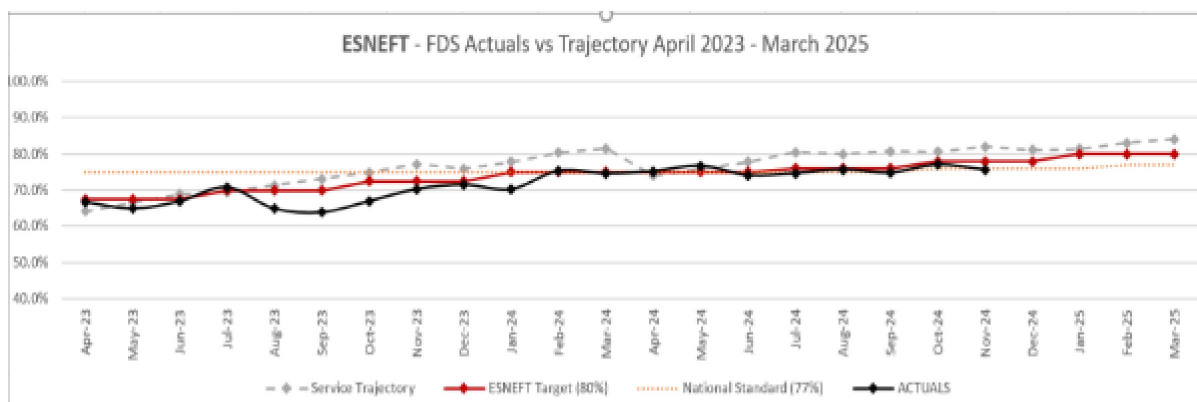
During the year, national cancer delivery priorities have continued to focus on reducing the backlog of patients waiting more than 62 days on a cancer pathway while increasing the number receiving a diagnosis or having cancer ruled out within 28 days. The cancer standard for 28 faster diagnosis (FDS) also increased from 75% to 80%, which all trusts were required to achieve no later than March 2025.

Referrals to an urgent suspected cancer pathway have increased by around 7% compared to the same period last year. More than 37,500 patients had a first appointment to exclude cancer in the first nine months of this financial year compared to 35,000 in the same period in 2023/24.

The specialties with the highest volume of urgent suspected cancer referrals remains consistent with previous years. More than 11,500 patients with suspected skin cancer were seen, which represents an increase in referrals of more than 20% compared with the previous year. We saw 6,800 colorectal and 5,500 breast patients, with referrals remaining at a similar level to 2023/24. Although referral numbers are much smaller for the head and neck cancer pathway, we still recorded an increase of almost 18%.

Despite these challenges, performance has continued to improve and the Trust met the national 80% standard in October, ahead of our agreed recovery trajectory. As a result, we have set a local target of 80%, which we remain on track to deliver by the end of March 2025.

Cancer performance – 28 (day) faster diagnosis standard (80%) – waits by month



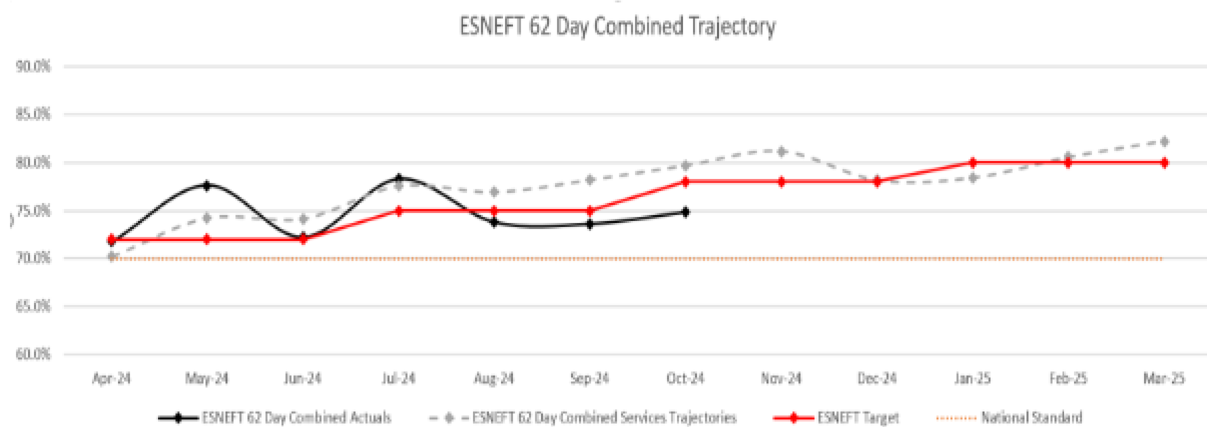
Whilst specialties including breast, head and neck and skin routinely achieve performance much higher than the national standard, our colorectal pathway has presented more of a challenge. Colchester and Ipswich hospitals receive a high number of colorectal referrals when compared to other trusts of a similar size. However, a robust triage process is in place, with around 80% of patients receiving a call from a specialist nurse within three days of referral. This sees the nurse will discuss symptoms with the patient and assess their suitability to proceed 'straight to test,' which in most cases would be a colonoscopy. Around 60% of all urgent suspected cancer colorectal referrals will have an endoscopic procedure.

During the year, significant investment has been made into the creation of a new purpose-built endoscopy facility on the Colchester site, which is due to open late spring. This has resulted in a small loss of capacity for the duration of the build, in turn leading to slightly longer waiting times for diagnostics. Although additional capacity is available in the Clacton Community Diagnostic Centre and Ravenswood Centre in Ipswich, patients are not always willing to travel and prefer to wait for an appointment closer to home. Although this has restricted our progress in achieving the required performance, we have put recovery plans in place to meet the 60% target by the end of March 2025.

We have worked strategically with our commissioners and local primary care services to significantly improve referral quality during the year. In colorectal, for example, more than 80% of patients now have a FIT test result available at time of referral compared to less than 50% a year ago.

Cancer waiting times adjustments to both the 31 day and 62 day standards came into play this year, which was the first significant change to waiting times in 11 years. The five previous 31 day standards merged into one reportable standard of 96%. From October 2023, all 62 day standard for GP urgent suspected cancer, upgrades and screening referrals merged to one reportable standard. For 2024/25, the previous 85% target was lowered to 80%.

This change means we have consistently met the 70% standard in year. However, given the significant reduction at a national level, we set a local target of 80% with a trajectory to meet this by the end of March 2025.



Recovery of the DM01 (diagnostics) standard and further reducing the referral to treatment backlog to below 65 weeks has, at times, meant that maintaining locally agreed turnaround times for cancer has been challenging. Yet despite this and the increase in referral numbers, we have maintained 62 day performance levels and remain one the five largest providers of primary treatments for cancer in England and the provider with the best and most consistent performance.

Highlights of 2024/25

During 2024/25, we made several key improvements made to our cancer services. These included:

- receiving cancer transformation funding for six colorectal 'straight to test' specialist nurses
- opening two endoscopy rooms at the Clacton Community Diagnostic Centre
- developing gynaecology post-menopausal bleed videos and which are now being used across the region
- developing a gynaecology 'one stop' post-menopausal bleed diagnostic pathway at Colchester
- securing funding for new CT scanner to support the roll out of the national targeted lung health check programme in the Ipswich area
- recruiting a cancer transformation lead
- recruiting an oncology late effects project lead
- improving our breast 28 faster diagnosis standard performance, which now consistently stands at above 90%

Experience of cancer care

The national cancer patient experience survey (CPES)

Of 829 invited and eligible ESNEFT patients, 56% completed the survey. Data published in July showed the Trust was above the expected range for 10 questions, while none were lower than expected.

Having a main point of contact, information about diagnostic tests, signposting to financial advice and support services, managing immediate side effects and information between treatment and follow up scored above the expected range. The work which has taken place to improve the communication of a sensitive diagnosis was reflected in a 7% improvement in this measure. We also showed improvements in areas such as waiting for diagnostic tests, pain control and access to the main contact person, which were highlighted for improvement in earlier surveys.

This year's survey showed room for improvement in the information provided before hormone therapy and immunotherapy. Specialty-specific actions plans have been developed as a result. During the year, a series of training events supported by the Cancer Alliance took place to upskill clinical nurse specialists in their understanding of targeted treatments, which feedback shows has helped clinical practice and boosted the support offered to patients.

A project to improve support for the late effects of pelvic radiotherapy has also taken place as a result of feedback gathered during previous surveys. A clinic has been set up for this specific group of patients, with work currently ongoing to create a sustainable service which could be scaled up as regional evidence grows.

Cancer Patient Panel

During the past year, new members have joined the panel to add different perspectives and experience. The group has championed communication training, with cancer services introducing 'Let's talk cancer' training produced by the Royal Free Hospital for all non-clinical and clinical staff working with cancer patients. Good compliance has been noted in the oncology wards and cancer day units. The training has also been offered to radiotherapy departments, clinical nurse specialists and key administrators, with wider roll out due to take place in the near future.

The group is planning a cancer patient and carers education and feedback event in spring 2025

with support from integrated care board colleagues and the patient experience team.

Prehabilitation and rehabilitation (prehab/rehab) service for cancer patients

Evidence has shown that prehab/rehab improves tolerance to treatment, reduces symptoms and adverse events, improves outcomes and reduces length of stay. At ESNEFT, suitable cancer patients are able to access prehab support either digitally or face-to-face, offering choice, equitable access and a personalised service.

More than 2,000 patients accessed our prehab/rehab services in 2024. We also introduced several new initiatives in key areas deprivation across Suffolk and Essex to ensure equitable access and care closer to home. These initiatives have had the following impact on experience and care:

- **Equity of access for all**
  - 53% patients reached in most deprived areas
  - 31,000+ patient miles and £7,040 travel expenses saved vs a weekly in-hospital prehab service
  - 38% patients without smartphones were still able to participate

- **Proactive remote care**
  - Early identification of significant clinical deterioration in 17% of patients resulted in potential admission avoidance
  - Access to specialists via chat message/video call within 48 hours

- **Promoting health and quality of life**
  - 100% increase in step count
  - 27% decrease in anxiety
  - 24.5% improvement in quality of life measures
  - 34% improvements in daily living scale

- **Cost savings**
  - Estimated savings to date of reduced use of health services are around £110,000
  - An estimated 200 bed days have been released which, for 1,000 patients equates to 1,000 bed days annually or an 11% increase in the capacity of one whole ward
  - Expenditure for prehab/rehab is approximately £170 per patient, saving ESNEFT an estimated £550 for each individual

Activity data and patient experience survey results from the service, along with case studies and feedback, are reported at the monthly personalised care oversight group and at Cancer Board. The programme won a Macmillan Excellence Award for Integration in 2023 and was a finalist in the digital solution category of the HSJ Awards. It is recognised as an exemplar across the UK and an ambassador for embedding personalised care in the cancer patient pathway.

Our continued to work towards national targets for person-centered follow up

We are delivering the mandated requirement from NHS England to introduce a digital solution to

support risk stratified cancer follow up and surveillance for suitable patients. PCFU was initially introduced in breast, colorectal and prostate, followed by endometrial and head and neck cancer in 2024. More than 5,000 patients are now registered, while the service is being further developed to include other cancer sites from 2025/26.

This represents a positive step towards keeping patients in control of their own health while making savings in both face-to-face and telephone follow up. It also releases clinical capacity to see other patients and reducing the financial impact associated with traditional follow up.

There is a strong drive to continue delivering high quality PCFU services and different ways of doing so are being explored in teams where financial challenges are unable to support the continuation of some short-term administrative roles.

The Hospital Hero Hike, which raises money for departments across ESNEFT

Community services

North East Essex Community Services (NEECS)

Dementia care

During 2024/25, North East Essex Community Services (NEECS) has continued to focus on improving the experience of those living with dementia. Initiatives which have taken place include:

- Applying the learning from a sun-downing project which took place on our older adult wards from 2023 to 2024. This sees distraction techniques, such as the use of music and art, used to support patients who are experiencing changes in behaviour at the end of the day with the aim of reducing the use of restrictive practices.
- Installing "magic tables" in seven older adult and community hospital wards following a successful charity bid. The equipment projects images onto any surface, such as a table, floor or bedsheet, so that patients can take part in interactive activities and games.
- Supporting the three-year DemFoCAS (Dementia – Fundamentals of Care in Acute Settings) research project which is being led by the University of Essex. The partnership aims to highlight areas of improvement for dementia services at ESNEFT. Staff, patients and carers have been involved in stakeholder events, in turn increasing awareness of the services available to support the patients with dementia.
- Continuing to use volunteers within hospital settings, who provide valuable time to support some of our patients with dementia.
- Fully refurbishing St Osyth Priory ward at Clacton Hospital in line with guidance to make the environment dementia-friendly. Areas have also been provided away from the clinical environment, including a bus stop and telephone box.

Staff with the phone box on the refurbished St Osyth Priory Ward

Other NEECS achievements

During the year, NEECS staff have also:

- Taken the views of patients into account during the refurbishment of the Podiatry Unit at Clacton Hospital. Five spacious clinic rooms, a more comfortable patient waiting area with chairs for a variety of heights have been introduced as a result.

- Launched milk-free weaning groups for babies with an allergy to cow's milk following feedback from staff. The group has been incredibly well-received, and has had positive feedback from everyone who attends.

- Introduced a new perinatal pelvic health service to which women can self-refer to prevent, identify or treat pelvic health dysfunction following childbirth. This is in line with feedback from service users and aligns with NICE guidelines.

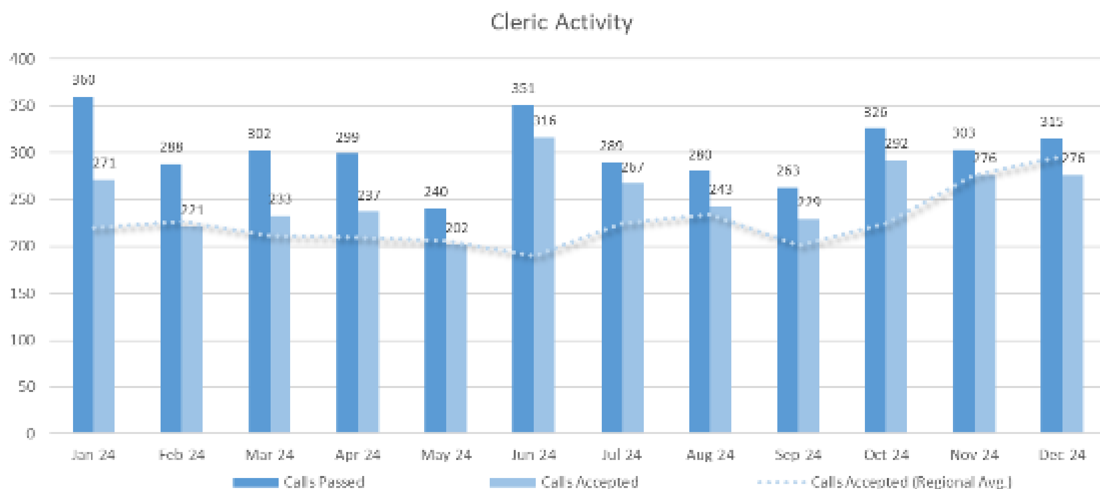
Preventing unnecessary admissions

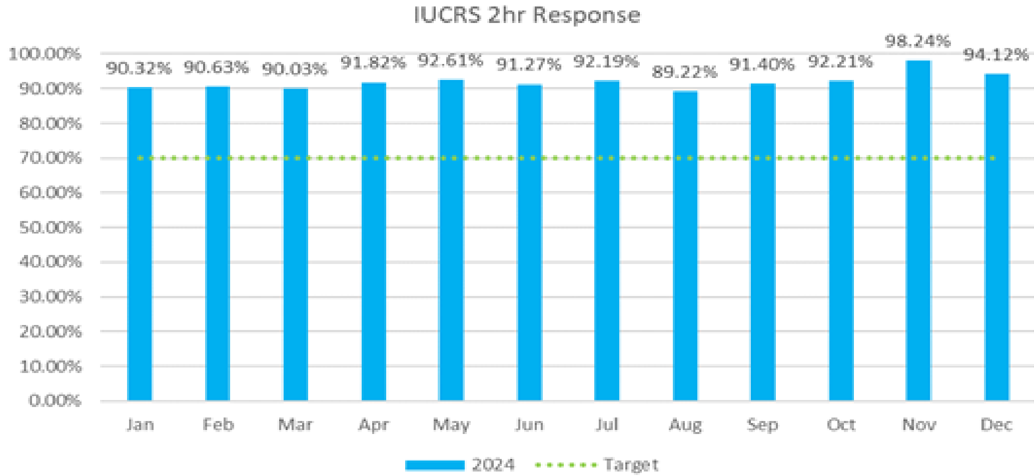
NEECS continues to provide services outside the hospital and at the ED to prevent unnecessary admission.

During 2024, the Urgent Community Response Team (UCRT) recorded 19,802 contacts, which was an increase of 640 from the year before. The number of patients seen within two hours has sat consistently at around 90% for the year and peaked at 98.24% in October. This compares with an average of 73% for 2023.

The UCRS acceptance rate from Cleric averaged 84.70% in 2024, 14% above the regional average of 71%.

The number of calls accepted to the service from Cleric was 3,063 (271 higher than the regional average).





Community at the Front Door

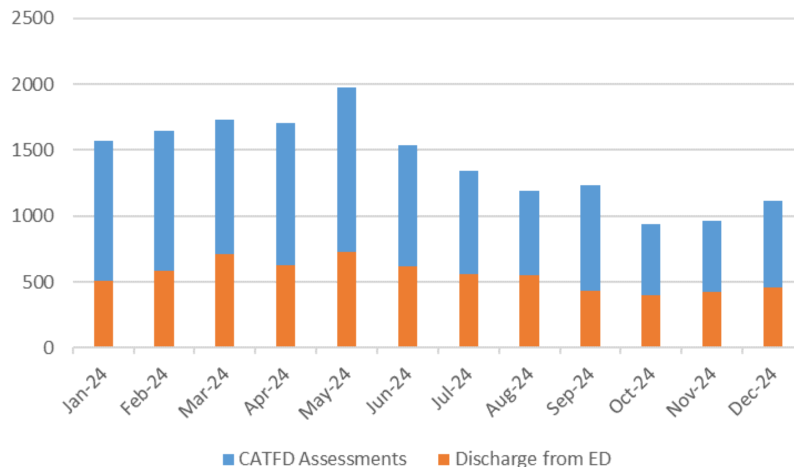
The Community at the Front Door service brings together a range of healthcare professionals including nurses, physiotherapists and occupational therapists, some of which have a specialist in frailty. They review admissions to the ED with the aim of discharging if there is no medical need for admission and the patient can get support from elsewhere.

The team was piloted in October 2023 and became business as usual during 2024. Since them, they have rolled out other services such as frailty returner's clinics and a rapid frailty assessment clinic in Clacton.

During the year, the team:

- screened 16,953 patients in ED (an average of 326 a week)
- inputted into 6,583 (39%) assessments which led to discharge
- had input into a further 27% of cases where patients were discharged following a short stay of 72 hours or less

The readmission rate for patients discharged with the team's input was 17.50%, which was 5% lower than overall emergency readmission rate of 22.77%.

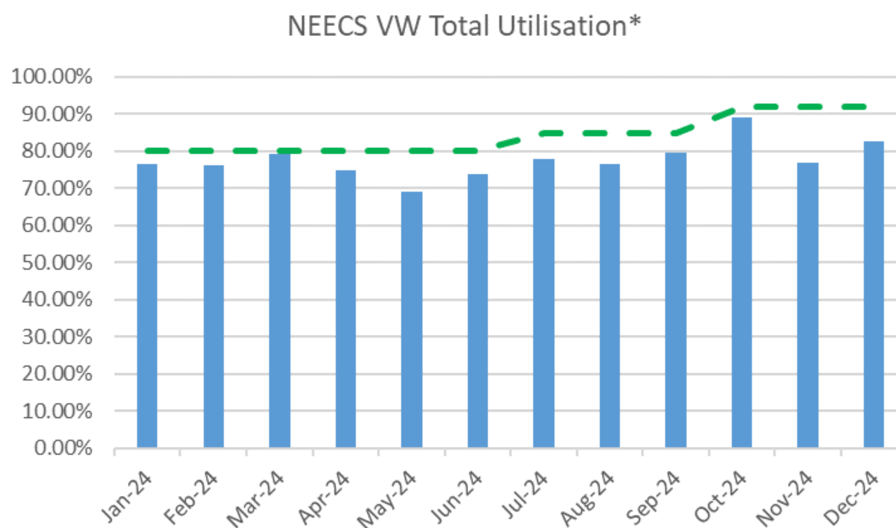


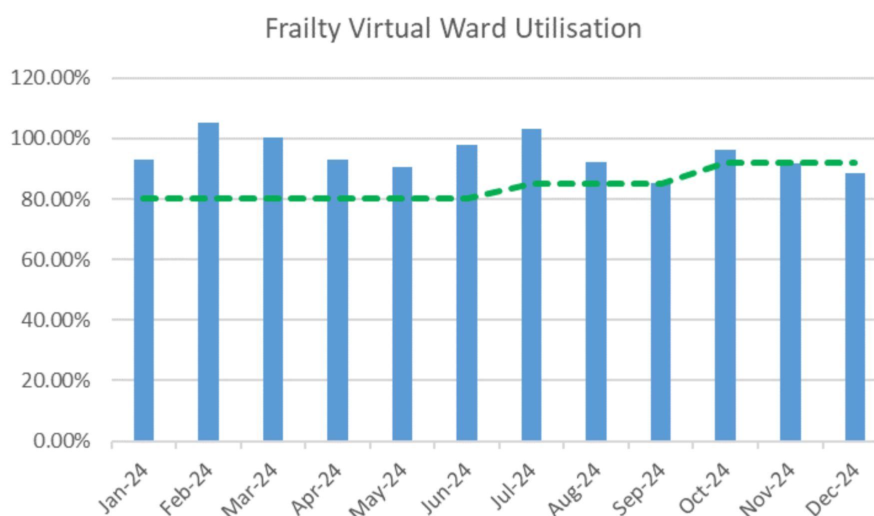
Virtual wards

Over the year, use of the virtual wards across north east Essex has recorded a slight upward trajectory, although there is still some work to reach the target of 92%. The virtual ward for frailty patients has been most widely used, averaging 94% during 2024. This comes after the frailty team spent time on the older adult wards, in turn increasing confidence in the frailty virtual ward which has led to more referrals,

The team has worked closely with primary care and other community colleagues to increase the number of patients ‘stepping up’ into a virtual ward, with community step up referrals rising slightly from 25% to 31%.

An action plan is in place to increase use of the respiratory and heart failure wards during 2025/26.





Please note that due to recording issues, some month’s data is taken from team data rather than Power BI dashboard.

Safeguarding

Our safeguarding families team support patients who are at risk of harm as a result of abuse and neglect. They do this directly by offering advice and guidance to patients, and by supporting colleagues with education, training and advice. As the team includes specialists in maternity, children and adult safeguarding, it is able to provide specialist support across all services. It also works closely with the complex health team, which is made up of specialists in mental health, learning disabilities and dementia, and is able to adopt an integrated approach to care and response for patients who may have a higher level of vulnerability as a result of health needs.

ESNEFT has several duties in relation to safeguarding, including:

- completion of investigations and scoping reviews when concerns are raised in relation to individuals and
- training and safeguarding supervision for staff and ensuring that ESNEFT policies and protocols support practice in line with statutory responsibilities.

In order to meet these duties, our team works closely with partners from across Suffolk and Essex including colleagues within the ICB, social care, police, ambulance service, schools and primary care. We have continued to maintain these relationships throughout 2024/25 to ensure that we communicate safely and effectively with partners to respond appropriately when a person is at risk of harm or abuse.

In the last year we have increased our focus on supporting staff to increase their skills and abilities to recognise domestic abuse. This has seen safeguarding staff undertake specialist training to support colleagues to having more confident conversations and assessments in relation to domestic abuse. Staff have also accessed national training which helps them to recognise and respond to domestic abuse.

In March, our safeguarding children’s and maternity team facilitated a focus on multi-agency communication to ensure colleagues were using national systems to appropriately when babies, children and young people are subject to safeguarding protections. Targeted work has also been carried out with both emergency departments to raise awareness of peer assaults between 16 and 17-year-olds and staff responsibilities when young people present to emergency care as a result of this. The safeguarding practitioners across both sites and in the community have continued to support teams to understand and appropriately use legal frameworks such as the Mental Capacity Act when patients may need additional support and advocacy to make decisions regarding their health and care.

Our learning disabilities nurses have led a quality improvement project across ESNEFT to promote better understanding and responses when treating constipation in patients with learning disabilities. This received national recognition when it received a Healthcare Quality Improvement Partnership award. In addition, we have worked closely with our learning disabilities and autism colleagues in the ICB to shape and participate in a pilot to roll out the national Oliver McGowan training. As a result, almost all Trust have staff completing e-learning training and a significant number have attended tier one and two training. We have also continued to develop training to increase staff awareness, promotion and use of health passports and reasonable adjustment tools. Training on the use pf restrictive interventions and the importance of patient centred approaches has also continued to help staff recognise and reduce distress for patients where this may arise as a result of complex health needs.

Freedom to Speak Up

We encourage our staff to raise concerns openly or anonymously if they prefer, safe in the knowledge they will be supported if they do. This helps us to make ESNEFT a positive and trustworthy place to work and receive care.

During the year, the Trust Board has re-endorsed the requirement for the Freedom to Speak Up (F2SU) guardian to appear before the Board every six months. It has also reinstated the requirement for the F2SU Steering Group to be re-established to provide strategic level input as the service develops. The self-assessment framework, designed to identify areas of good practice and address areas of concern, is also included in the Board programme for annual review.

Last year, an anonymous follow up survey was introduced and sent to everyone who raised a concern. Feedback provided by the survey has proved hugely useful in changing some of our practices and improving the way we deliver the service.

Our F2SU guardian continues to work closely with the equality, diversity and inclusion (EDI) team and is a member of the EDI Steering Group. During the year, assistant guardians have been appointed within the EMBRACE and ESNABLE networks, giving people from an ethnic or disabled background who might struggle to raise concerns a clear route to do so in a comfortable and safe setting. In addition, the Freedom to Speak Up guardian also regularly attends inductions for international staff to give a presentation which aims to address sensitivities among those who may find it difficult to raise a concern. Most importantly, the appointment of a deputy guardian has significantly improved reach and coverage within ESNEFT.

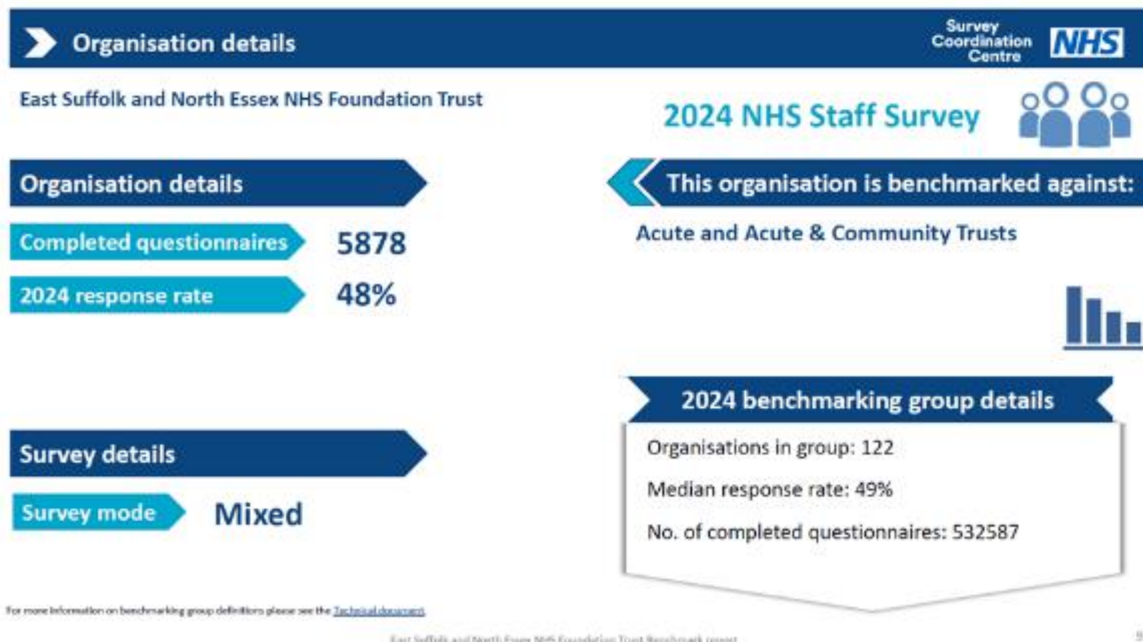
Much work has also taken place to support the East of England Freedom to Speak Up Network. Through a series of workshops, regional meetings and community of practice events, the Trust has ensured that it is working within national guidelines. The support offered to the guardian and deputy guardian has also been demonstrated through regular monthly meetings with executive team leads and non-executive directors.

Work will take place to further raise awareness of the importance of speaking up across the Trust during 2025/26.

NHS Staff Survey

The NHS Staff Survey took place between September and November 2022 was sent to 12,200 staff across ESNEFT. A total of 5,878 questionnaires were returned, which equates to a 48.1% response rate. This compares to 6,073 (51.8%) returns in 203/24 and 4,405 (38.8%) in 2022/23.

The sector scores throughout this report refer to 65 other acute and acute and community trusts that are also managed by IQVIA for purposes of the survey.



The NHS Staff Survey continues to align to the seven themes of the NHS People Promise and has done so since 2021. Results are benchmarked against previous years and used to support further improvements.

The People Promise is a unifying framework that creates a standardised way of measuring, understanding and improving employee experience across the NHS in England. It sets out, in the words of NHS staff, the things that would most improve their working experience.

The table below highlights our scores across each of the seven themes of the People Promise and where we have made improvements compared to the previous year. It also highlights the changes made across the sector.

People Promise/Theme/Question	2023 Score	Significance	2024 Score	Significance	Sector Score
Theme - Staff engagement	6.84	Not Significant	6.80	Significantly Worse	6.85
Theme - Morale	6.01	Not Significant	6.00	Significantly Better	5.93
People Promise 1 - We are compassionate and inclusive	7.26	Not Significant	7.23	Not Significant	7.22
People Promise 2 - We are recognised and rewarded	5.98	Not Significant	5.97	Significantly Better	5.90
People Promise 3 - We each have a voice that counts	6.69	Not Significant	6.65	Not Significant	6.68
People Promise 4 - We are safe and healthy	6.09	Not Significant	6.10	Not Significant	6.09
People Promise 5 - We are always learning	5.58	Not Significant	5.59	Significantly Worse	5.69
People Promise 6 - We work flexibly	6.28	Not Significant	6.29	Significantly Better	6.22
People Promise 7 - We are a team	6.76	Not Significant	6.76	Not Significant	6.74

Key highlights

- Several of our People Promise scores this year are in line with the sector scores for similar organisations surveyed by our independent staff survey coordinator IQVIA.

- Our scores for the following People Promise themes were significantly better than other organisations:
    - we are recognised and rewarded
    - we work flexibly are significantly

  For the theme 'we are always learning' the score is significantly worse.

- The staff engagement theme is significantly worse than the sector score, whereas morale is significantly better.

- Where comparable to the 2023 results, three question-level scores have declined although there have been five significant improvements. The declines include health and wellbeing and receiving respect at work.

Morale sub-scores

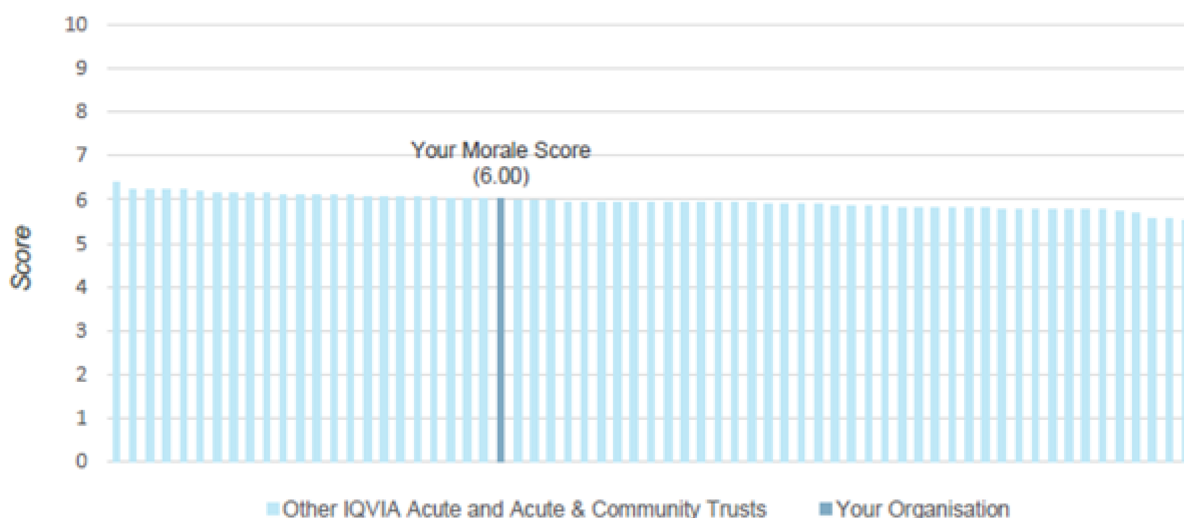
Morale is measured as an average across three sub-scores:

- thinking about leaving (the organisation).
- work pressure (staff having the resources to do their work)
- stressors (Health and Safety Executive Index, indicators of stress)

Morale scores fall between 0 and 10, where higher scores indicate higher morale among staff. Significant differences between the years have been indicated.

The table and graph below show the range of morale scores across the acute and acute and community sector in ranking order. ESNEFT's score is 6.00 and our position within the sector is marked with the darker stripe. The lighter blue bars represent the scores of other organisations within our sector.

	2024 Score	2023 Score	Diff	Sector Score	Diff
Thinking about leaving	6.19	6.24	-0.05 (Not Sig.)	6.06	+0.13 (Sig.)
Work pressure	5.41	5.36	+0.05 (Not Sig.)	5.36	+0.05 (Not Sig.)
Stressors (HSE index)	6.41	6.42	-0.01 (Not Sig.)	6.39	+0.02 (Not Sig.)
Morale	6.00	6.01	-0.01 (Not Sig.)	5.93	+0.07 (Sig.)



Engagement sub-scores

Staff engagement is measured as an average across three sub-scores:

- advocacy (staff recommending the organisation as a place to work or receive treatment)
- motivation (staff motivation at work)
- involvement (staff's ability to contribute towards improvement at work)

Staff engagement scores fall between 0 and 10, where higher scores indicate higher engagement among staff. Significant differences between the years have been indicated.

The table and graph below show the range of staff engagement scores across the acute and acute and community sector in ranking order. ESNEFT's score is 6.80 and our position within the sector is marked with the darker line. The lighter blue bars represent the scores of other organisations within our sector.

	2024 Score	2023 Score	Diff	Sector Score	Diff
Motivation	7.00	7.03	-0.03 (Not Sig.)	6.94	+0.06 (Sig.)
Involvement	6.83	6.85	-0.02 (Not Sig.)	6.81	+0.02 (Not Sig.)
Advocacy	6.56	6.64	-0.08 (Sig.)	6.80	-0.24 (Sig.)
Overall Staff Engagement	6.80	6.84	-0.04 (Not Sig.)	6.85	-0.05 (Sig.)

Significant differences in scores

The tables below shows where questions have shown statistically significant improvement or decline since the 2023 survey.

Our 2023 and 2024 scores are shown side by side, with the percentage difference between the two represented by the coloured bar to the right.

2024 score analysis	2023 score analysis
5% of questions have shown significant improvements since 2023	65% of questions answered have shown significant improvements since 2022
3% of questions have shown significant declines since 2023	1% of questions have shown a significant decline
93% of questions have shown no significant movements since 2023 or score is suppressed	34% of questions have shown no significant movement since, or the score is suppressed

Significantly better scores:

Question		2023	2024	Difference
6d	I can approach my immediate manager to talk openly about flexible working.	68.0%	69.8%	+1.7%
10b	I work additional PAID hours for this organisation, over and above my contracted hours.	38.7%	36.8%	-1.9%
14a	In the last 12 months, I have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public.	28.6%	26.4%	-2.3%
17a	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public.	10.2%	8.7%	-1.5%
24e	I am able to access the right learning and development opportunities when I need to.	56.6%	59.4%	+2.8%

Significantly worse scores:

Question		2023	2024	Difference
7c	I receive the respect I deserve from my colleagues at work.	73.2%	71.5%	-1.6%
11d	In the last three months I have come to work despite not feeling well enough to perform my duties.	53.4%	55.6%	+2.2%
25f	If I spoke up about something that concerned me I am confident my organisation would address my concern.	47.7%	45.7%	-2.0%

Top 10 scores

The top 10 scores for the Trust are shown below. They include the following questions that sit within the People Promise themes:

- 16a, 16b – diversity and equality – we are compassionate and inclusive
- 3b – autonomy and control – we have a voice that counts
- 13b, 13c, 14b – negative experiences – we are safe and healthy

Any question where a lower score is better is shaded in red.

Rank	Question	Description	Score
1	13b	In the last 12 months, I have personally experienced physical violence at work from managers.	0.9%
2	13c	In the last 12 months, I have personally experienced physical violence at work from other colleagues.	2.0%
3	16c04	Experienced discrimination on grounds of sexual orientation.	2.8%
4	17b	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from a manager / team leader or other colleagues.	3.4%
5	16c03	Experienced discrimination on grounds of religion.	4.6%
6	16c05	Experienced discrimination on grounds of disability.	7.8%
7	16b	In the last 12 months, I have personally experienced discrimination at work from a manager / team leader or other colleagues.	8.4%
8	17a	In the last 12 months, I have personally been the target of unwanted behaviour of a sexual nature in the workplace from patients / service users, their relatives or other members of the public.	8.7%
9	3b	I am trusted to do my job.	91.2%
10	16a	In the last 12 months, I have personally experienced discrimination at work from patients / service users, their relatives or other members of the public.	9.1%

Bottom 10 scores

The bottom 10 scores for the Trust are shown below. They include the following questions that sit within the People Promise themes:

- 4c – we are recognised and rewarded
- 3i, 5a – health and safety climate – we are safe and healthy
- 12a, 12e, 12c, 12b – burnout – we are safe and healthy
- 23b, 23d, 23c – appraisals – we are always learning

Any question where a lower score is better is shaded in red.

1	12e	I often / always feel worn out at the end of my working day / shift.	43.9%
2	12c	My work often / always frustrates me.	36.5%
3	12a	I often / always find my work emotionally exhausting.	34.7%
4	23b	The appraisal / review helped me to improve how I do my job.	24.3%
5	5a	I never / rarely have unrealistic time pressures.	25.7%
6	12b	I often / always feel burnt out because of my work.	31.5%
7	23d	The appraisal / review left me feeling that my work is valued by my organisation.	32.0%
8	3i	There are enough staff at this organisation for me to do my job properly.	32.2%
9	4c	I am satisfied with my level of pay.	32.2%
10	23c	The appraisal / review helped me agree clear objectives for my work.	33.5%

Next steps

In response to the results, we are:

- Continuing to focus on the five main priority areas identified in 2023/24. Whilst there is clear improvement in some areas, there remain others where greater change is needed:
    - appraisals – we are always learning
    - confidence in raising concerns
    - advocacy – staff engagement

- Supporting divisions to review their own results. HR business partners will work with divisions to consider what they can do to improve across the main themes.

- Sharing good practice and celebrating improvements for exemplar areas.

- Engaging with teams and areas where there was poor uptake of the survey to encourage a greater return next year. This will include exploring the barriers as to why they chose not to participate and what we can do to support and encourage them to take part in 2025.

Workforce health and wellbeing

Our Wellbeing Hub focuses on supporting the health and wellbeing of our staff. It is built around the provision of four key services:

- health and wellbeing
- emotional wellbeing
- occupational health
- raising concerns

The hub meets monthly with colleagues from chaplaincy, staff side, health and safety, patient safety, organisational development, retention and employee relations to better understand the factors which affect staff wellbeing.

This year, we also launched our health and wellbeing strategy which incorporates the NHS Health and Wellbeing Framework.

Health and wellbeing

Our health and wellbeing team aims to inspire and motivate everyone working for our Trust to try new things and get fitter, healthier and happier. During the year, they have visited teams with Brew Crews, held stands in the corridors, provided brief psychological support sessions for colleagues and delivering webinars. They have also provided support and signposting, attended inductions and provided psychological training sessions, sleep courses, ACT on wellbeing courses and mental health first aid courses.

The team has also:

- Worked closely with the Trust's smoking cessation officer to promote staff smoking cessation and raise awareness of ESNEFT's status as a smoke free site.

- Developed a new menopause information service and policy.

- Held two women's health fairs, a staff wellbeing day and workshops with the Royal Horticultural Society.

- Set up a working group to support neurodiverse staff and update the reasonable adjustments passport and supporting policy.

In response to the findings of the NHS Staff Survey, the team has also run bespoke training sessions for managers on supporting wellbeing. They also call all staff who are off work due to stress, anxiety or depression to check on their wellbeing and offer support.

Financial wellbeing has continued to be a significant concern for many staff this year and the monthly HSBC drop-in sessions on both main sites have continued to offer health checks and advice on savings, debt and budgeting. In addition, our employee assistance programme gives staff access to services such as financial and legal advice and counselling for issues not related to work.

The team has continued to use 40 wellbeing boards across our sites to provide information about topics such as physical health and financial wellbeing. The health and wellbeing

intranet page has also been updated during the year, with posters displayed on the doors in staff toilets to promote awareness of support available. A monthly wellbeing newsletter is also circulated to staff, while information is also included in Team ESNEFT News.

More than 100 wellbeing ambassadors have been recruited this year and two events have taken place to review our strategy and winter wellbeing.

Emotional wellbeing

Our staff psychology service offers individual psychological therapy and assessment for colleagues across ESNEFT. It also supports psychological debriefs, runs training around psychological wellbeing and offers team support.

This year we have received 1,000 referrals for individual psychological support. Evidence-based interventions have been offered to help staff manage areas such as work-related trauma, stress and HR issues. For non-work related issues, staff have either been able to access counselling through our employee assistance programme or been referred to the relevant services.

We have now trained more than 700 mental health first aiders (MHFAs) across the Trust, who provide emotional support within teams and signpost colleagues to relevant services. Our MHFA staff send regular newsletters to colleagues and are able to join monthly MHFA drop-in sessions to support the work they do.

Occupational health

Our occupational health (OH) service provides specialist occupational health advice to all ESNEFT staff as well as some of our colleagues from the integrated care board, local government, primary schools and academies, as well as medical students at university.

The team give advice and support to both employees and employers on an individual's ability to do their job and whether the job is having an impact on their health. It has continued to provide fast, effective and expert advice over the last 12 months on a number new potential health hazards that have had an impact on staff, including ionising radiation.

The service gives all staff the opportunity to self-refer daily and speak to an OH duty nurse without the need for an appointment. The duty nurse service also provides risk assessments for employees who have unfortunately had a sharps or splash injury, allowing them to report this injury and have it assessed promptly. Immunisation clinics are available three times a week on each site, but need to be booked in advance.

Senior members of team also provide advice to the Health and Safety, Infection Control and Safer Sharps committees. We have also worked alongside the infection control team to assess, test and treat staff who have been exposed to biological hazards in the workplace, such as blood and body fluids, viruses and bacteria. In addition, the team supports managers and individual employees to comply with health and safety and other legal responsibilities to keep all staff safe in the workplace.

The OH team delivered the 2024/25 seasonal flu vaccine to colleagues. The OH consultant also supports the Trust's wellbeing neurodiversity programme and attends the working group.

The service continues to recruit into training posts to ensure continuation of safe effective occupational health service.

Raising concerns

We recognise that some staff may feel anxious about raising concerns, which could in turn have a knock-on effect on their wellbeing. We want to make sure that anyone who wishes to can confidentially raise any concerns they may have.

Our Freedom to Speak Up guardian continues to be available to staff who want to raise concerns and is now supported by a deputy and 15 assistants.

Menopause support

Providing support during menopause is one of NHSE's five high impact actions to help retain nurses and midwives. As part of the Suffolk and North Essex Integrated Care System, ESNEFT is accredited as a menopause friendly organisation.

There are approximately 5,700 female staff aged over 46 at the Trust. A menopause café was set up five years ago to provide informal peer support, while a menopause information service has recently been launched. This offers confidential, 45-minute one-to-one appointments with a menopause facilitator who has completed a British menopause course for nurses. It aims to provide support, signposting and information to empower staff to feel more confident speaking to their healthcare provider about their menopause symptoms. A new menopause policy and intranet pages have also been launched to provide much-needed resources to support these staff at work.

In addition, sessions are being offered across ESNEFT to raise awareness of the impact of menopause in the workplace and simple reasonable adjustments which can be made to support staff.

Volunteering

Our volunteering service is coordinated in-house and covers all volunteering across ESNEFT.

The voluntary services team is made up of an associate director (0.2FTE) and business development manager (one FTE), who are both funded by Colchester & Ipswich Hospitals Charity. They work alongside two FTE volunteer coordinators and four voluntary services administrators (three FTE) employed ESNEFT. The team is also supported by a volunteer coordinator (0.8 FTE) covering the north east Essex community under a service level agreement with Community 360.

In the last 12 months we have continued to recruit new volunteers. Since April 2024, 649 people have made their time matter through volunteering within the Trust. We currently have 465 active volunteers.

Our volunteers have provided 69,183 hours of support in the last 12 months, which represents a 40% increase on the previous year. Although much of this support can be difficult to quantify, their contribution would amount to in excess of £790,000 (excluding on costs) if we were paying them the living wage of £11.44 an hour.

During the year, we have recorded a number of successes. We have:

- Worked with departments across the Trust to introduce 30 new voluntary roles this year, including a new welcoming service at Clacton Hospital and support roles on the wards, in administration and at community-based rehabilitation exercise classes.
- Registered volunteers with the Royal Horticultural Society to help maintain Colchester's new wellbeing garden.
- Continue to provide a team of mealtime support volunteers and 'This is me' volunteers, who help to make sure some of our most vulnerable patients are heard.
- Launched a bespoke student volunteering scheme for 16 and 17-year-olds to give them a meaningful experience with a reduced time commitment which fits in with their availability and our needs. Student volunteers receive a certificate of completion after 50 hours of volunteering, while we can also provide references when they have fulfilled their commitment.
- Contributed to new NHS England mandatory reporting, which measures volunteer impact nationally for the first time.
- Taken part in a pilot of the national NHS 'find and apply' website, where potential applicants can look for NHS volunteer roles, regardless of where they are in the UK.
- Delivered dementia awareness training to our volunteers to equip them with the knowledge and skills to increase their confidence in their interactions with our patients.
- Relaunched our long service awards during volunteers week in June.

Future plans

During the coming year, our plans include:

- Working with the Samaritans to introduce additional support for patients experiencing mental health challenges in our urgent and emergency care departments.
- Growing volunteer support across our wards, increasing the number of volunteers in our Ipswich emergency department as well as establishing a robust volunteer support

service at the Colchester ED.
- Strengthening our existing teams of volunteers in pharmacy services across the Trust.
- Restructuring our team to better support volunteers across Colchester and Ipswich hospitals.
- Exploring more effective ways to measure volunteer impact, such as the number of people helped.

Hospital Radio Ipswich is now available on an app. Pictured are chair Stephen Foster and Sally Boazman, from Radio 2, who lives in Suffolk

Education and training of staff

We are committed to providing a multi-professional learning environment to ensure our staff, volunteers, students and trainees receive high quality training.

We continue to support the development of our workforce to make sure we have appropriately trained and skilled staff to provide safe and effective care for our patients. We achieve this by working closely across organisational development, apprenticeships and clinical education to identify learning needs and look at the opportunities for delivery.

Apprenticeships

The Trust's use of apprenticeships has continued to increase, reflecting a significant investment in the training and development of our staff. In 2024/25:

- We invested £2,030,252 of apprenticeship levy in training ESNEFT staff completing apprenticeships (a 25% increase on 2023/24).
- £208,181 of this was used as levy share to support apprenticeships in other health and care organisations in the ICS and also as part of our 'Tendring 100' collaboration with Colchester Institute and Tendring District Council (a 37% increase on 2023/24).
- A total of 137 ESNEFT staff successfully completed an apprenticeships (a 37% increase on 2023/24).
- A total of 506 ESNEFT staff were working towards apprenticeships at 31 March 2025 (a 22% increase on 2023/24).
- 179 (35%) of our apprentices were being supported by our internal apprenticeship delivery team at 31 March 2025 (an increase of nearly 60% on 2023/24).

We also launched our medical doctor degree apprenticeship (MDDA), with 25 students enrolling. A further cohort is planned for 2025/26, while plans are also in place to expand the nursing associate apprenticeship.

Medical education

The Trust has around 1,500 medical students, postgraduate doctors and dentists in training in any academic year. This includes 189 foundation year training doctors, 197 locally employed doctors at all grades and around 450 core and higher specialist training grade "resident" doctors in all specialties across both our acute and community sites

The medical education department is responsible for providing and quality assuring the teaching, training, supervision and day-to-day support received by these groups. We offer dedicated simulation based (including virtual reality) and clinical skills labs on both acute sites, as well as clinical skills training ranging from simple skills-based training to advanced simulators in robotic and vascular surgery. We also partner Anglia Ruskin to provide a master's programme in robotic surgery

Undergraduate medical education

We host medical undergraduates from four higher education institutes, ranging from year one students from Anglia Ruskin University to year six Cambridge undergraduates.

There are dedicated administrative teams on both sites and clinical teaching fellows who support the delivery of education and the pastoral wellbeing of all students. In addition, we have close ties with the higher education institutes through our associate dean structure to ensure the quality of our undergraduate programmes.

The number of medical students on placement for the last academic year is shown in the table below. Please note that this shows the total numbers of students on placement rather than WTE numbers. Some placements are as short as two weeks. Figures shown in brackets are the total number of student days in the Trust.

	Ipswich Hospital	Colchester Hospital
University of East Anglia	**367 (4,293)**	**80 (1,116)**
University of Cambridge	**285 (6,810)**	**n/a**
Anglia Ruskin University	**n/a**	**152 (3,836)**
Barts and The London School of Medicine and Dentistry	**n/a**	**170 (4,446)**
Total	**1,054 (20,501)**	

Physician associate students

ESNEFT has up to six physician associate students from University of East Anglia and Anglia Ruskin University rotating through a number of our departments during the year to gain the competencies to complete their postgraduate course.

Dental students

Dental foundation training is a one-year vocational programme which takes place after dental school. We host two schemes at Ipswich Hospital, where there is a dedicated dental skills suite. Students attend courses online, at Cambridge and at Ipswich, with Ipswich providing hands-on teaching covering topics such as oral surgery and prosthetics.

We also train five core dental trainees each year. These trainees are in their first year of secondary care training following their foundation year and typically work with orthodontics and oral and maxillofacial surgery.

Clinical education

The clinical education team is responsible for the education of students and staff and continues to increase the education, training and pastoral support it offers. The team

supports not only pre- and post-registration learners, but also patient-facing staff in bands two to four roles and students from local colleges on healthcare programmes.

The team continues to evolve to meet the changing needs of the staff. Members are aligned to specific departments so that they can respond effectively to changes to their education requirements. During the year, they have also:

- Delivered bespoke training and support within departments, responding to specific learning needs to improve the service.
- Provided additional resources to support overseas nursing students taking exams.
- Developed resources that have been shared regionally, including a repository for supporting paramedics in out-of-ambulance placements.
- Further developed a placement management system to improve communication around planning of student placements across the Trust.
- Achieved the NHSE Interim Quality Award for the standard of nursing preceptorship it provides, developed a multi-professional programme and is preparing to apply for the allied health professional award when it launches.
- Continued to develop its course facilitators by ensuring they have all completed, or are studying towards, a teaching qualification.
- Continued to use a model for therapies to fairly distribute pre-registration learners across departments, in turn improving the experience for supervisors, assessors and learners.
- Supported regular ‘learner voice’ forums so that students can describe what is working well and how we can improve
- Offered additional courses for all pre-registration learners, including end of life care, clinical skills updates, BEACH (relating to deteriorating patients) and many other sessions in response to student requests.

Pre-registration education

Our clinical education team offer education and support for pre-registration learners in practice and the registered staff who supervise and assess them. They provide robust induction programmes for all nursing, midwifery and allied health professional students who complete the practice elements of their programme in the Trust. In addition, our practice education facilitators support students in practice, not only with clinical aspects but also by providing pastoral support and guidance as needed while liaising with universities to ensure a collaborative approach.

The team facilitates regular, classroom-based teaching sessions on a wide range of topics to improve the learning experience of the students. Students are actively encouraged to give feedback and raise any concerns so that action can be taken. To support this further, the team will soon launch a ‘purple flag’ early warning system to allow students to raise concerns about their experience or learning swiftly and confidentially.

Pre-registration students and placements April 2024 – March 2025

The tables below show the programmes provided during 2024/25 for practice learning opportunities and the number of pre-registration students who have been given placements. During the year, we supported 1,565 students through 2,971 placement episodes.

Student programme	Total number of placement episodes
Apprentice nursing associate	131
Career Start	13
Diagnostic radiography	53
Diagnostic radiography MSc	12
Dietetic apprentice	2
Dietetics	17
HCA practitioner apprenticeship	1
Health and social care	63
Health science	2
Midwifery	666
Midwifery (short)	45
Nursing (adult and mental health)	21
Nursing (adult)	928
Nursing (adult) MSc	29
Nursing (child and mental health)	11
Nursing (child)	181
Nursing (mental health)	45
Nursing degree apprentice	106
Nursing degree apprentice (child)	23
Occupational therapy	88
Occupational therapy apprentice	6
ODP	34
ODP apprentice	32
Orthoptics	8
Paramedic science	134
Physiotherapy	247
Physiotherapy apprentice	9
Speech and language therapy	31
Student nurse associate	11
Therapeutic radiography	22
Total	**2,971**

Student programme	Total number of students
Apprentice nursing associate	86
Career Start	13
Diagnostic radiography	53
Diagnostic radiography MSc	12
Dietetic apprentice	2
Dietetics	16
HCA practitioner apprenticeship	1
Health and social care	44
Health science	2
Midwifery	145
Midwifery (short)	10
Nursing (adult and mental health)	16
Nursing (adult)	486
Nursing (adult) MSc	14
Nursing (child and mental health)	9
Nursing (child)	89

Nursing (mental health)	44
Nursing degree apprentice	51
Nursing degree apprentice (child)	9
Occupational therapy	84
Occupational therapy apprentice	6
ODP	20
ODP apprentice	22
Orthoptics	8
Paramedic science	65
Physiotherapy	193
Physiotherapy apprentice	7
Speech and language therapy	31
Student nurse associate	5
Therapeutic radiography	22
Total	**1,565**

During the year, we worked with the following universities to support students on healthcare programmes:

- Anglia Ruskin University
- Colchester Institute
- Coventry University
- Kingston University, London
- Suffolk New College
- University College London
- University of Brighton
- University of East Anglia
- University of East London
- University of Essex
- University of Hertfordshire
- University of Manchester
- University of Sheffield
- University of Suffolk

Post-registration education

The clinical education team also provide education to post-registration learners. A team of practice education facilitators deliver classroom training and education, while also designing and delivering ongoing programmes such as preceptorship, clinical induction and OSCE preparation. In addition, the team offers clinical and pastoral support to non-medical clinical staff in response to individual needs.

Preceptorship programme

The multi-professional preceptorship programme for newly registered professionals is a combination of face-to-face, live virtual sessions and self-directed learning. The programme has moved to a new platform, Rise 360 on ESR, to give learners greater accessibility and

structure to navigate learning applicable to their profession. Bespoke programmes are now being developed to support specialties, such as elements for those who work in the emergency department.

This year we have also introduced career days to help staff develop their skills in writing personal statements and interview techniques to support their career journey. Between 500 and 600 staff are also enrolled onto the preceptorship programme at any one time and receive support from the clinical education team.

We completed a national accreditation process and gaining the quality mark for nursing in 2023/24. This year we have benchmarked against the new national allied health professional preceptorship framework and will apply for accreditation as soon as possible.

Nursing associates

The nursing associate role at ESNEFT has been evaluated to review current utilisation, staff and manager experience and comparison to the NMC framework. The review highlighted some areas of good practice as well as areas for improvement. A development group has been set up to prioritise key actions in response to the report findings.

A community is also being established so that apprentice and registered nursing associates can share good practice and provide peer support.

International recruitment

During the year, we recruited 59 international nurses from a variety of countries. We have also supported 20 healthcare support workers to convert their international registration into UK registration.

Non-registered clinical staff

Our practice education trainers support non-registered clinical colleagues in both the classroom and clinical settings to help them achieve their standards of care certificate and ensure they are aware of the fundamentals of nursing care. An accelerated version of the care certificate is now in place for existing staff which takes into account their current skills and experience.

We also offer additional learning opportunities for these staff, including career progression and training days such as BEACH, which relates to deteriorating patients.

Statutory and mandatory training

The Trust has a suite of statutory, mandatory and job-essential requirements that are mapped in a matrix across roles. Training is mainly delivered via e-learning, with face-to-face sessions as appropriate. Statutory and mandatory training is aligned to the NHS Core Skills

Training Framework and is monitored through our performance meetings. During the year, we also made part one of the new Oliver McGowan mandatory training on learning disability and autism e-learning a requirement for all staff.

Compliance for statutory and mandatory training has remained above the 90% target.

Corporate learning

We have continued to enhance our development pathway for all leaders at ESNEFT. This comprehensive pathway is made up of management and leadership apprenticeships, specialist programmes and a range of masterclasses developed to enhance understanding of specific areas of leadership.

During the year, we worked with The King's Fund to develop a co-delivered element of our 'visible leader' programme. In addition, we brought the delivery of 'engaging leader' in-house to run alongside 'emerging leader'. Both of these programmes have achieved CPD certification.

We are also creating a personal development catalogue which will be available on our intranet and will encompass all learning and development opportunities across the faculty's remit. Mentoring continues to be offered on a localised basis and we now have a full coaching offer within the Trust after introducing a coaching professional apprenticeship offered by our internal apprenticeship delivery team.

Our organisational development and culture team focuses on what it is like to work at the Trust with the aim of enhancing that experience. Our workforce engagement strategy directly links to this, which in turn impacts an individual's motivation about work and ultimately our ambition to deliver the very best possible care to our patients and their families.

To achieve this, we focus on:

- Volition (motivation and autonomy) – the extent to which an individual has choice / control over their tasks and is motivated to achieve agreed outcomes.
- Inclusion (belonging and contribution) – the extent to which an individual is included in decisions which affect their work and the extent of alignment between the individual's values and the organisation's values.
- Proficiency (expertise) – the degree of proficiency an individual feels about the tasks they are undertaking.

Organisational development

Our organisational development and culture team continues to work across the Trust, as well as with divisions, departments, teams and individuals, to develop staff to have the right skills, capability and approach to transform systems and align to our strategy. This year, we have focused on five key areas taken as priority themes from the 2023 NHS Staff Survey:

- We are compassionate and inclusive – compassionate culture and diversity and equality and inclusion.
- We have a voice that counts – reporting errors, near misses and incidents, covering human factors training.
- We are safe and healthy – negative experiences (poor behaviour from patients which is experienced by staff).
- We are always learning – appraisals.
- We are a team – cross matrix working through QI project work and Time Matters.

We continue to support teams with employee motivation, providing a sense of value through shaping and facilitating away days. We also hold listening events and use feedback as a developmental opportunity so that challenges are viewed positively as learning opportunity and chance to make a situation better.

This year, the Trust has also received funding to take part in the 'People Promise' exemplar programme. This will allow us to employ a dedicated manager to measure what we do as a Trust using a self-analysis toolkit against the seven People Promise themes.

Inclusive employment practices for people with learning disabilities

Last year, we were fortunate to be awarded funding from NHS England's Workforce Disability and Equality Standard Fund which we used to employ a full-time lead for inclusive employment practices. We also signed a memorandum of understanding with Essex Cares

Ltd, which specialises in supporting people with neurodiverse conditions such as autism, ADHD and learning disabilities into paid employment.

Through collaborative working with Essex Cares Ltd, we have cemented a robust pathway to support adults with learning disabilities and / or autism to apply for jobs at ESNEFT. This recognises that the “traditional” recruitment pathway may not always be accessible for this group, and that access to existing reasonable adjustments can be confusing for those unfamiliar with the Trust.

The project principles have now been embedded as business as usual within our recruitment processes and we have:

- Adjusted our recruitment processes and reasonable adjustments to better support candidates with neurodiverse conditions.
- Secured employment for four individuals, with a steady stream of candidates applying for roles at the Trust.
- Forged a positive working relationship with Essex Cares Ltd and regularly reviewed the number of successful applicants with learning disabilities and / or autism. Following appointment, onward support is provided to both the individual and their line manager by Essex Cares Ltd.

We have also supported Essex Cares Ltd to hold mock interviews at open days and plan to arrange innovation days for this cohort during 2025/26, which will include a tour of the acute hospital sites and support on the TRAC application system.

Professional advocacy

The professional advocacy programme is a level seven accredited training programme that equips nurses, midwives and allied health professionals with the skills to facilitate restorative clinical supervision, develop cultures of learning and support quality improvement initiatives.

The programme has been developed by NHSE and evolved from advocacy in midwifery (2017). It uses the A-EQUIP (Advocating for Education and Quality Improvement) model of clinical supervision to advocate for education and quality improvement.

The programme continues to be embedded across ESNEFT, with the Trust investing significantly in training of professional advocates to build resilience, enhance care and meet the recommended 1:20 professional advocate to clinical staff ratio.

Library services

Our libraries provide a comprehensive and proactive service to all ESNEFT staff and students on placement in line with NHS England’s vision for NHS libraries. The service is benchmarked and assessed via the Quality and Improvement Outcomes Framework. In addition, this year we also surveyed our users to make sure the service also meets local needs.

ESNEFT’s libraries are open for study 24/7 and give staff access to a wide range of physical and online resources, ensuring clinical and managerial decisions are based on the best

available evidence. Library staff provide expert evidence searches, training and document supply. We have also introduced a new laptop loan service, with loaning lockers installed at both hospital library sites so that learners can easily access equipment.

Our first Colour Run, which was arranged to raise money for our charity during summer 2024

Equality, diversity and inclusion (EDI)

As a Trust, we are committed to eliminating discrimination and harassment and reducing health inequalities by promoting equity of opportunity and dignity and respect for all our patients, their families, carers and our staff.

As one of the largest employers and providers of services in the east of England, we are responsible for:

- calling out inequity wherever we see it, together with any behaviours or processes may disadvantage certain cohorts
- taking the appropriate actions and mitigations
- proactively promoting inclusion and respectful interactions for everyone

We want to celebrate the diversity of our workforce and the community that we serve to not only improve our performance but also enable us to meet our commitment and passion to make a difference to their lives. We are committed to being a local, regional and national leader for our focus on equality, diversity and inclusion and making a difference to the lives of the diverse communities we serve.

Statutory reporting

We comply with statutory reporting under the Equality Act 2010 (specific duties) in terms of our Public Sector Equality Duty, which sees us provide workforce and service user data and show how we are implementing equality within our policies, processes and service provision.

We monitor the equality of our internal processes, including staff entering formal processes, recruitment and access to non-mandatory training, using the Workforce Race Equality Standard and Workforce Disability Equality Standard. In addition, our gender pay gap reporting provides a check and balance in terms of equal pay for both genders.

For each statutory report, an improvement action plan is co-produced with support from our EDI Operational Group. Oversight is provided by the EDI Strategic Reference Group, which is attended by both Board members and external stakeholders.

Equality, diversity and inclusion (EDI) work plan

During the year, we reviewed our EDI strategy to ensure that it aligns with the NHS Long Term Plan and EDI improvement plan. This also gave us the opportunity to make sure it includes the six high impact actions and assure ourselves that our EDI work plan remains fit for purpose.

We have continued to increase the visibility and focus of the Trust’s EDI agenda and work plan by:

- offering a portfolio of EDI training programmes and staff networks to enhance knowledge and understanding of protected characteristics;
- raising awareness of the importance of accepting everyone as an individual and acknowledging their needs to ensure they feel included, both from a patient and employee perspective;

- reviewing our recruitment processes from advertisement through to start date through the lens of EDI;
- introducing recruitment and selection training to make sure there is no bias and that all candidates are treated fairly and equitably;
- listening to feedback and providing supportive on-boarding programmes for our internationally recruited staff;
- supporting and expanding our staff networks to provide a safe space to raise concerns and feedback on our policies;
- engaging with staff with EDI initiatives and events; and
- continuing to establish, embed and increase the role of our cultural ambassadors.

We continue to work closely with external partners, including The OutHouse and Nottingham and Essex universities, on impactful training programmes. This includes three cohorts of reverse mentoring focusing on protected characteristics, LGBTQ+ awareness, and 'Talk and Transform' race conversations. 'Active Bystander' and disability and sexual safety awareness sessions have also taken place. The outputs from these sessions are reviewed annually to identify key themes for further improvement.

Staff development

We are committed to developing all of our staff, with more than 3,200 engaged in either our flagship leadership development programmes or management masterclasses. These development opportunities focus on individual commitments to EDI, the importance of leading by example with compassion and inclusion, encouraging a culture of speaking up, listening with the purpose of learning and recognising the power of what is said and unsaid in conversations which can have life-defining consequences.

Appraisals

Staff appraisals include an objective to enhance their knowledge of EDI and embed an inclusive culture at ESNEFT. The launch of our leadership 360 feedback opportunity for band 7+ leaders and talent management conversations with facilitators trained to support professional development is also supporting organisational culture change.

Our focus on civility and respect and our commitment to excellent customer service and communication skills for all members of staff has made an important contribution to improving behaviours and addressing any inequality across ESNEFT.

Supporting patient experience

We have been working with staff, patient groups and external experts such as The OutHouse to ensure our new Epic electronic patient record system considers all cohorts of patients and their protected characteristics. We have included functionalities that will support our more vulnerable patients with limiting capacity, learning difficulties and transgender pathways so that they feel both clinically and psychologically safe when using our services.

The OutHouse is also continuing to support our LGBTQ+ staff network to review policies and supply pronoun badges, which are further enhancing inclusivity for patients and staff.

Sexual Safety in Healthcare Charter

We signed up to the Sexual Safety in Healthcare Charter earlier this year to show our commitment to keeping our staff, patients and service users safe and, where possible, prevent acts of sexual harassment or assault at ESNEFT.

The 10 recommendations within the charter are being embedded as business as usual and include a sexual safety toolkit, which gives clear examples of sexual harassment and assault as well as guidance on how to report an incident and signposting to support available.

Sexual safety training for staff was also rolled out in the winter and has been well attended to date.

Staff networks

Our four staff networks play a key role in helping us understand the experiences of our staff and how some protected characteristics and circumstances may impact on that experience when working at ESNEFT. They also help to raise awareness and highlight issues so that the Trust can respond with initiatives that enhance intersectionality and inclusive cultures, ultimately improving the staff and patient experience.

The networks are:

- **ESNAble** – which supports ESNEFT to meet its objectives around disability and achieve relevant disability recognition.
- **LGBTQ+** – which celebrates all things LGBTQIA, promotes projects taking place at ESNEFT and shares learning.
- **EMBRace** – which celebrates equality, diversity and inclusion (EDI) whilst supporting the Trust to achieve its EDI strategy objectives.
- **Armed Forces Network** – which supports the armed forces community by celebrating key events and promoting equity of care for all.

Valuing our staff

ESNEFT staff commendations

At ESNEFT we value, recognise and congratulate our staff through a number of recognition schemes. These include our bi-annual staff awards ceremony, staff commendations, long service awards and peer-to-peer thank you messages.

Information about some of the colleagues who won a staff commendation during 2024/25 is included over the next two pages.

We said a special NHS thank you to Colchester Hospital's **Dr Jalal Weisuddin.**

Jalal was on paternity leave when he answered a call for help from a colleague to support an Afghan family with a newborn at the hospital. The family didn't speak English and the maternity team needed to explain some complex medical problems which meant the baby needed to go to another hospital for specialist care.

Jalal is from Afghanistan and went into the hospital when his own little one was only two days old to interpret and support the parents to understand what was happening.

Radiographer **Pride Mukungurutse** was presented with a commendation for inspiring people into NHS careers.

Thanks to her ground-breaking training academy for budding recruits, more than 100 local people are now working in NHS careers in radiography, on wards and in pathology laboratory roles.

The academy also offers interview skills training and a guaranteed interview for everyone who completes the course. It's proved such a success in Essex and Ipswich that a similar scheme is now being introduced in west Suffolk, once again under Pride's leadership.

Sharon Ward was given a commendation for caring for some of the tiniest and most unwell babies at Ipswich Hospital.

The long-serving neonatal nurse is a stalwart in the team and remembered by thousands of parents.

Recently, Sharon has also helped transform the neonatal ward by fundraising to turn clinical areas into homely spaces. These include an under-the-water style feeding room and woodland quiet room.

Vinu Retnamma is an advanced nurse practitioner in the urology team at Colchester Hospital. He showed what an NHS hero he is when colleague Renz Fuerte, became seriously ill and was taken to hospital in Cambridge for specialist intensive care.

Renz and his wife Angeli didn't have any other family nearby, so Vinu drove Angeli to Cambridge on his day off to visit Renz and went on to support her for the entire hospital stay.

Renz is now recovering and back at work with his good friend Vinu.

When associate practitioner **Cheenee De Leon** brought her unwell niece into Colchester Hospital on her day off, she hadn't planned to work a shift in the urgent treatment centre.

But when she saw how high the demand for care and treatment was, Cheenee didn't hesitate to step in to help her team in the emergency department, where she worked at the time.

After supporting her niece, Cheenee put on her scrubs and worked on her day off without expecting anything in return. She said she just wanted to help. Cheenee's efforts that day truly went above and beyond the call of duty.

A lift-share turned into a life-save for colleagues Jo Rockall and **Val Winter**. The pair were on their way to a shift at Clacton Hospital when receptionist Jo had a seizure behind the wheel, causing the vehicle to veer at speed across the country road.

Fortunately, nurse practitioner Val was in the passenger seat and grabbed the wheel to guide the car while keeping Jo's head up and her airway open. Jo has since made a full recovery and Val was presented with a commendation as a special thank you.

Statements from key stakeholders

Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that quality accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by East Suffolk and North Essex NHS Foundation Trust.

In this case, we have received limited feedback about services provided by the trust and so offer only the following comments on the ESNFT Quality Account:

- It is encouraging to see the success of the 'This is me' tool take up for those living with dementia. This focus on end of life and dementia has shown great impact. Although improvements have been made and the target reach is healthy, it is good to see that this remains a priority for 2025/26.
- ESNEFT is involved in a vast number of national and local clinical audits and clinical research programmes which is a positive way to ensure services are delivering good and consistent services and always looking to learn and develop.
- Although it is heartening to see that the Trust prioritises shared decision making and understands it's importance, it is disappointing to see that four out of 10 of the departments reviewed failed to meet the benchmark.
- It would be reassuring to see the CQC ratings for 'are services safe' and 'are services responsive to needs' move from requiring improvement to good in 2025/26.

Listening to the voice and lived experience of patients, service users, carers and the wider community is a vital component of providing good quality care. By working hard to evidence that lived experience we hope we can continue to support the encouraging work of East Suffolk and North Essex NHS Foundation Trust.

Samantha Glover
Chief Executive Officer
13 May 2025

Healthwatch Suffolk

healthwatch Suffolk

Healthwatch Suffolk (HWS) thank ESNEFT for the opportunity to comment on the Quality Account for 2024/25. We recognise this has been a period of ever-growing intensity for the Trust's staff, clinicians and volunteers, and as a local Healthwatch, we are also naturally also acutely aware of the heightened needs of the public during these past 12 months.

Patients and family carers sharing feedback with us about their experiences of the Trust have been largely positive. More than seven in 10 people rated their experience of an ESNEFT service (Ipswich Hospital and Bluebird Lodge) as either 4* or 5* (50% rated their experience as 5*). In 2023/24, six in 10 reflected on such positivity about ESNEFT's services in Suffolk.

The most reviewed department in Ipswich Hospital was cardiology. Cancer care and oncology was almost entirely positive, describing positive relationships with staff and prompt treatment and care. While most departments received more positive than negative comments, there were an equal number of positive and negative comments about A&E. Positive comments about A&E highlight good care navigation and treatment, whereas negative comments share experiences where patients felt that they weren't dealt with appropriately.

Patients were negative about parking at Ipswich Hospital (e.g. saying it is "confusing", "difficult", or "takes forever"). Seven of these were orthopaedics patients, who also described having to walk a long way or being late for appointments due to difficulty in parking. In addition, one person reflected that dropping patients off for orthopaedics has become more difficult and means patients are dropped off "in the middle of the road". Other departments associated with more positivity (over 50% positive) include maternity, stroke services, paediatrics and children's services.

A snapshot of what people told us during the year:

- Lived experiences of cancer-related care and treatment are excellent, covering breast, lung and prostate cancer.
- Lack of car parking spaces means that people are late to appointments and are having to phone from the car park to notify teams that they stuck in the car park. Teams then accommodate late patients.
- When someone makes a complaint, the response doesn't always address the issues raised.
- Paediatric care is very good, but community services can cause issues. Two families told us they had not been told about Emla cream, that can be purchased for children having bloods taken. Other hospitals apparently advise of the option.
- The learning disability liaison nurse is amazing, but families and hospital teams are often not aware of the role and support available.

We welcome ESNEFT's quality priorities for 2025/26 on patient safety (accrediting care programme), patient experience (end of their life care at home) and clinical effectiveness (Making Every Contact Count).

During 2024/25, 58 national clinical audits and 12 national confidential enquiries covered relevant health services that ESNEFT provides. Reported national audits included ‘hip fracture database’, ‘COPD: national respiratory audit programme’, ‘national diabetes foot care’, ‘national paediatric diabetes’, ‘children’s asthma: national respiratory audit programme’, and ‘national child mortality database’. We would like to bring to the attention of the Trust, two related reports by Healthwatch Suffolk, one on COPD and one on children and young people’s asthma.

Local and ad-hoc clinical audits included: ‘cancer and diagnostics’, ‘MSK and specialist surgery’, ‘women’s and children’s’, ‘integrated pathways’ and ‘general surgery and anaesthetics’. Linked to the MSK themed clinical audit is a project Healthwatch Suffolk was commissioned to undertake by the East of England Spinal Surgery and Spinal Cord Injury Delivery Network. The report was published on 21 May 2025 and can be found in the following two hyperlinks:

- https://healthwatchsuffolk.co.uk/news/spinalreport and https://healthwatchsuffolk.co.uk/news/spinalrecommendations

This spinal care project has been an excellent collaborative effort on the part of ESNEFT’s clinicians, nurses and staff. The clinical lead for the spinal service at ESNEFT, Rebecca Denwood, said: “Thank you to Healthwatch Suffolk for the opportunity to truly evaluate the spinal service across the entire pathway. The amount of time and effort that has been put into developing this report has been exceptional. As a clinical lead for the spinal service at ESNEFT, the results of this project are invaluable to allow us to develop our service with the service user at the heart of this. The findings of this report will allow us to educate and increase staff knowledge and skills, as well as offer wider training and support to our spoke hospitals. It will also support our endeavours to develop our outpatient spinal services for our spinal cord injured patients in the future.”

We acknowledge the diversity of themes in the Trust’s completed audits, which include; ‘trauma call in the emergency department’, ‘sickle cell audit’, ‘midwifery-led care’, ‘post-menopausal bleeding’, ‘Saving Babies Lives care’, ‘informed choice re-audit Ockendon’, ‘domestic abuse enquiries in pregnancy’ (Ipswich), ‘testicular ultrasound’, ‘constipation (in children)’, and ‘maternal sepsis (and sepsis deep dive)’.

This year ESNEFT had an additional three new patient and public involvement groups with 26 people attending to help shape its studies. We welcome the many subject areas covered by the groups and the people involved, including people with learning disabilities, stroke, parents of children with autism, cancer patients, patients with Parkinson’s and pregnant people. It is great to note that 97% of patients involved would consider taking part in research again.

There is no reference to CQUIN, which had resumed in 2023/24.

The Trust was inspected by the CQC on two occasions during the year (one in Ipswich): An announced Ionising Radiation (Medical Exposure) Regulations inspection of the CT department at Ipswich Hospital on 1 August 2024. Reports were issued following both inspections. The inspection at Ipswich Hospital identified three areas for improvement which did not justify regulatory action.

On the subject of ‘learning from deaths’; 2.1% were “judged to have been more likely than not due to problems in the care provided”. The percentage for 2023/24 was 3%. The Trust is one of the early implementer sites for NHS England’s Martha’s Rule, and since the

introduction of medical examiners, ESNEFT has maintained a 100% record of medical examiner scrutiny of all (non-coronial) deaths, which is excellent news.

Learning from never events and ‘patient safety incident investigations have led to changes such as “a process for planned break times for long procedures”.

Duty of candour was 87% compliant (compared to 90% in 2023/24). Three of the year’s five never events concerned the retention of a retained ‘foreign object post-procedure’. We note that reducing pressure ulcers understandably remains a priority, because they account for six in 10 of all adverse events. We do not yet know the extent to which falls have decreased as compared to 2023/24.

We welcome improvements in the Trust’s commitments and actions in meeting the statutory accessible information standard. In 2023 Healthwatch Suffolk locally led on a national campaign titled Your Care, Your Way. The Trust may wish to consider having a website hyperlink to our webpage as it highlights disabled people’s ‘five rights’, also offered in Easy Read and British Sign Language.

We note that the Trust is working with community teams and partner organisations to ensure that patients are supported at home (when that is their preferred place of care), thus avoiding long stays in hospital, which lead to hospital-acquired functional decline. This is also being achieved through the use of virtual wards and ‘hospital at home’. The virtual ward for frailty patients has been most widely used, averaging 94% during 2024, and an action plan is in place to increase use of the respiratory and heart failure wards during 2025/26.

Whilst Healthwatch Suffolk’s evaluation of virtual wards (2024) was focused on West Suffolk NHS Foundation Trust, we recommend that the findings and suggestions are noted by ESNEFT due to their transferable nature and the patient/carer experiences and feedback.

As a major birthing centre in the east of England, we welcome the continued use of the Trust’s ‘Every Birth, Every Day’ programme.

The Trust opened its urgent and emergency care centre at its Ipswich site in September 2024. Healthwatch Suffolk would like to offer the Trust the opportunity of welcoming our engagement and community team, in order to independently gauge what the public and staff make of this new asset.

The Trust has improved sepsis recognition and treatment in its ED and is consistently achieving the sepsis screening target of 96%.

We acknowledge that the stroke team at Ipswich Hospital has sustained its SSNAP (Sentinel Stroke National Audit Programme) score of B since October 2023, despite facing challenges with staffing and front door capacity. We look forward to the Trust bringing about a follow-up stroke clinic in Ipswich, to make sure all patients receive a bespoke review and are given advice for secondary prevention and life after stroke. We understand that the clinic would offer multi-professional provision so that patients can access a wide range of expertise in a single visit.

We note the NHSE Seven-Day Services (7DS) Programme was introduced in 2023/24, with a shared decision-making aspect, empowering patients to be equal partners in decisions relating to their care, akin to the skill and practice of health coaching. The Trust assessed 7DS using NHS England’s Board Assurance Framework, which showed compliance with standards five and six (‘access to diagnostic tests’ and ‘access to consultant-directed interventions’) of the 10 clinical standards that make up 7DS.

The Trust has continued to work collaboratively on end-of-life matters. We note that the ICS end of life group has now been granted joint advisory group status with a firmer governance structure that will enable more seamless working across Suffolk and north east Essex.

We welcome the ever-growing diversity of the Trust's chaplaincy offer to patients, their families and friends, and of course the Trust's workforce; inclusive of Church of England, Muslim, Humanist, Jewish, and in the future also Roman Catholic, Hindu and Sikh, in amongst a growing number of chaplaincy volunteers.

The approachable patient experience team continues to actively engage patients and other stakeholders such as local Healthwatch, on a wide range of objectives. Healthwatch Suffolk has a very well-established co-production training and development resource for system partners to use, as does Healthwatch Essex. ESNEFT is welcome to access such an independent and respected resource in order to further develop the patient experience team's skills set and ambitions.

ESNEFT has improved access to its clinical teams to the public and patients, by adding email addresses and telephone numbers for each department to its website. The Trust has also engaged the public on matters such as being encouraged to speak with its professionals, and on the smoke free sites it operates.

The Trust recognises some of the work with its two local Healthwatch organisations. "We work closely with both teams to help gather people's views and have this year provided support to find out the experiences of patients waiting for elective care, those with COPD or who care for someone with the illness as well as patients who are receiving spinal care from our teams." We have referenced the COPD and spinal reports earlier in our statement.

Unlike our positive experience of working collaboratively and to great effect with ESNEFT on the commissioned spinal care project, the approach taken by the Trust in support of our Suffolk-wide evaluation of waiting for elective care in 2024/25 led to a very small return in the way of completed patient surveys, as compared to the two other NHS acute trusts that took part.

The number of Patient Advice and Liaison Service (PALS) contacts in 2024/25 of 5,306 was an increase of 8.2% on the number received in 2023/24. Compliments are important for staff and clinicians to receive, and we note that there were 7,420 in 2024/25, which compares with a total of 8,137 in 2023/24.

We welcome news about several improvements made by the Trust to cancer services, such as the development of gynaecology post-menopausal bleed videos, which are now being used across the region. In respect of the national cancer patient experience survey (CPES), 829 eligible patients were invited to take part, with 56% completing the survey. Data published last summer showed the Trust was above the expected range for 10 questions, while none were lower than expected.

New members joined the Cancer Patient Panel to add new perspectives and experience. The panel has championed communication training, which from our knowledge about complaints at any NHS trust, is a key priority. More than 2,000 patients accessed the prehab/rehab services in 2024, which because of the importance of such a service, is excellent news.

A little under half of the Trust's workforce completed the NHS Staff Survey in 2024. "We are compassionate and inclusive" scored an impressive 7.23, which from a local Healthwatch perspective is very good to know. Themes in which ESNEFT does well

according to its workforce, in comparison to other acute trusts, centre around morale, recognition and reward and working flexibly. Areas the Trust does less well as compared to other acute trusts are staff engagement and being a learning organisation.

The health and wellbeing team and The Hub have worked on several projects in the year e.g. working with the Trust's smoking cessation officer to promote staff smoking cessation, developing a new menopause information service and policy, holding two women's health fairs and setting up a working group to support neurodiverse staff and update the reasonable adjustments passport and supporting policy. We compliment the Trust on having now trained more than 700 mental health first aiders.

ESNEFT now has 465 active volunteers (up from 440 in the previous year) and the volunteers provided an astonishing 69,183 hours of support in 2024/25, which represents a 40% increase on the previous year.

Overall, the Trust has achieved much considering the challenges it, and its partners, have faced during 2024/25 as described in its draft Quality Account. We have previously invited the Trust to focus more on analysis and outcomes, rather than description and inputs. This year's report reflects a continued such shift, and we are appreciative of this.

Andy Yacoub
Chief Executive
28 May 2025

Wendy Herber
Independent Chair
28 May 2025

NHS Suffolk and North East Essex Integrated Care Board

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that ESNEFT has consulted and invited comment regarding the annual Quality Account for 2024/25. This has been submitted within the agreed timeframe and SNEE ICB is satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB has reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12-month period.

SNEE ICB look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation. This Quality Account demonstrates the commitment of ESNEFT to provide a high quality service.

Lisa Nobes
Chief Nursing Officer
30 May 2025

Suffolk Health Scrutiny Committee

Suffolk County Council

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS quality accounts for 2024/25. This should in no way be taken as a negative response. The committee acknowledges the ongoing engagement and contributions made by the NHS to the work of the committee and wishes to place on record our thanks for everything being done to maintain NHS services for the people of Suffolk.

Cllr Jessica Fleming
Chairman
14 May 2025

Glossary

Bed days: The number of days that a patient occupies a hospital bed as part of their treatment.

Care Quality Commission (CQC): The regulatory body for all health and social care organisations in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations and aims to make sure better care is provided for everyone in hospitals, care homes and people's own homes.

Clinical coding: The translation of medical terminology as written in a patient's medical records to describe a problem, diagnosis and treatment of a medical problem into a coded format.

Clinical delivery group (CDG): Sub-groups of the Trust's three clinical divisions. Each CDG is accountable to its Divisional Governance Board for all aspects of performance, including patient safety, patient and carer experience, operational standards, financial performance and staff engagement.

Clostridioides difficile (formerly clostridium difficile) or C. diff: A spore-forming bacterium present as one of the normal bacteria in the gut. C. difficile diarrhoea occurs when the normal gut flora is altered, allowing C. difficile bacteria to flourish and produce a toxin which causes watery diarrhoea.

Datix: A Trust-wide computer system used to record and aid analysis of all incidents, claims, complaints and PALS enquiries.

Dementia: A set of symptoms which include loss of memory, mood changes and problems with communication and reasoning.

Division: The way the Trust's services are divided. Clinical divisions include medicine, women's and children's, cancer and diagnostics, musculoskeletal and special surgery, integrated pathways, surgery, gastroenterology and anaesthetics and north east Essex community services. There is an additional division which manages corporate functions such as governance, education, operations, human resources, finance, performance and information. Each Divisional Board is chaired by a consultant together with nursing and operational leads.

DNACPR (do not attempt cardio-pulmonary resuscitation): A formal decision made when it is not in the best interests of the patient to be resuscitated in certain circumstances.

Emergency department (ED): Also known as A&E or accident and emergency.

Harm-free care: National patient safety initiative targeted at high impact areas such as pressure ulcers, catheter care, VTE and falls.

Quality and Patient Safety Committee: The Trust Board sub-committee responsible for overseeing quality within ESNEFT.

Healthwatch: An organisation which champions the views of local people to achieve excellent health and social care services.

Hospital standardised mortality rate (HMSR): An indicator of healthcare quality that

measures whether a hospital's death rate is higher or lower than expected.

MDT: Multi-disciplinary team.

Methicillin resistant Staphylococcus aureus (MRSA): An antibiotic-resistant form of the common bacterium Staphylococcus aureus, which grows harmlessly on the skin in the nose of around one in three people in the UK. MRSA bacteraemia is the presence of MRSA in the blood.

National early warning score (NEWS): A system of recording vital signs observations which gives early warning of a deteriorating patient.

Modified early obstetric warning score (MEOWS): A system of recording vital signs observations which gives early warning of a deteriorating obstetric patient.

Morbidity and mortality meetings: Held in each clinical delivery group to gain knowledge and insight from surgical error adverse events. The meetings explore what happened and why, how the issue could have been prevented or better managed and key learning points.

Never events: Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Patient Advice and Liaison Service (PALS): A service which answers all enquiries to the hospital such as cost of parking, ward visiting times and how to change an appointment etc.

PEWS: Paediatric early warning score.

Root cause analysis (RCA): A structured investigation of an incident to ensure effective learning to prevent a similar event from happening again.

Suffolk and North East Essex Integrated Care Board (SNEE ICB): The commissioners of services provided by ESNEFT.

Summary hospital-level mortality indicator (SHMI): An indicator for mortality which covers all deaths of patients admitted to hospital and those that die up to 30 days after discharge from hospital.

Secondary Uses Service: Provides anonymous patient-based information for purposes other than direct clinical care such as healthcare planning, public health, commissioning, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

Venous thromboembolism (VTE): A complication of immobility and surgery which is also known as a blood clot.

How to provide feedback on the Quality Account

If you would like to provide feedback on the Quality Account or would like to make suggestions for content for future accounts, please email info@esneft.nhs.uk

Alternatively, you can write to:

Trust Offices
Colchester Hospital
Turner Road
Colchester
Essex CO4 5JL

Thank you

We would like to thank everyone involved with East Suffolk and North Essex NHS Foundation Trust. This includes our fantastic staff and volunteers, all of our patients and visitors, our valuable fundraisers, local media organisations, our local members of Parliament and health colleagues across the east of England.

Thank you for all that you do to make this a Trust we can all be proud to be part of.