

Appendix 6: Provider Capability – Self Assessment Template

Domain: **Access and delivery of services**

Lead Committee: Performance and Finance Committee (Criteria 1) / Quality and Patient Safety Committee (Criteria 2 and 3)

Exec lead: Karen Lough / Mike Meers / Alison Stace / Angela Tillett

Self-assessment criteria <i>'The Board is satisfied that...'</i>	Indicative evidence or lines of enquiry	Trust response
<p>1. Plans are in place to improve performance against the relevant access and waiting times standards</p>	<ul style="list-style-type: none"> Is the trust meeting those national standards in the NHS planning guidance that are relevant to it? If not, is the trust taking all possible steps towards meeting them, involving system partners as necessary? 	<p>The Trust is not currently meeting all national standards within the planning guidance relevant to it, however it is taking steps to meet them, involving system partners as necessary, as outlined below.</p> <p>The Trust 2025/26 business plan sets out plans to meet relevant access and waiting time standards; approved at Trust Board May 2025.</p> <p>The Trust is progressing towards the Cancer and RTT standards required by March 2026, and is upper quartile nationally for Diagnostic waiting standards (DM01), and individual specialty plans have been submitted to NHSE.</p> <p>UEC access standards are not delivering to national requirements or local plans. Detailed recovery plans are in place on both sites including improvement trajectories. Current performance and improvement trajectories are discussed and monitored through site based Urgent Care Recovery Boards, Emergency Care Board, Performance and Finance Committee (PFC) and with partners through the SNEE UEC Group and Alliance Operational groups.</p> <p>We have developed, together with system partners, an Urgent and Emergency Care Seasonal Variation Plan which sets out recovery plans for both Colchester and Ipswich hospitals, alongside the internal and system wide governance.</p>

Ward, Emma
31/10/2025 14:22:35

Self-assessment criteria <i>'The Board is satisfied that...'</i>	Indicative evidence or lines of enquiry	Trust response
	<ul style="list-style-type: none"> Where waiting time standards are not being met or will not be met in the financial year, is the board aware of the factors behind this? Is there a plan to deliver improvement? 	<p>Yes: The Board and both its Executive Management Committee (EMC) and Performance and Finance Committee (PFC) receive standing items detailing performance, as referenced above. In addition to detailing current performance, these also refer to the underlying factors impacting performance and the actions being taken to address these. The Board reviews performance data each month using the integrated performance report</p> <p>Operational Performance Targets – national and Trust standards are monitored through our Divisional Accountability Framework – which is an oversight and escalation model the Trust has developed as its primary performance management regime. This is monitored through monthly Divisional Accountability Meetings (DAMs) supported by Executive Director, finance and performance teams, with concerns escalated through EMC and PFC as appropriate.</p> <p>Performance against our business plan and improvement trajectories are monitored through performance reporting to PFC:</p> <ul style="list-style-type: none"> Acute operational performance report standing item at (PFC). Reported to Board via CKI. Community operational performance report (PFC). Reported to Board via CKI. <p>Detailed debate and constructive challenge takes place at each of the PFC meetings, and a CKI report summarising this is provided to the Board.</p> <p>The Board reviews performance data each month using the integrated performance report (IPR). The IPR outlines the Trust's key performance indicators for Quality, Operational, Finance and Workforce domains.</p>
		<p>Performance related risks (BAF6, 6A and 6B) are recorded on the BAF which reports to the Performance and Finance committee as a standing item and to the Trust Board 3 times per year.</p>

Ward, Emma
31/10/2025 14:22:35

Self-assessment criteria 'The Board is satisfied that...'	Indicative evidence or lines of enquiry	Trust response
<p>2. The trust can identify and address inequalities in access/waiting times to NHS services across its patients</p>	<ul style="list-style-type: none"> The board can track and minimise any unwarranted variations in access to and delivery of services across the trust's patients/population and plans to address variation are in place 	<p>Yes: 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:</p> <ul style="list-style-type: none"> 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. <p>Key performance indicators have been developed across the programme to measure its impact while evidencing outcomes. Close working with systems partners and reporting to SNEE HI Prevention Committee and SNEE HI Operational Group.</p> <p>Board Annual key deliverables set out within annual report, reported to QPS and then on to Board with a 6 monthly update report provided to QPS and then to Board via CKI. Examples include:</p> <ul style="list-style-type: none"> Data review of patients who Do Not Attend appointments and barriers to care. Transport recognised as a barrier for communities in deprived areas- agreement reached with county council to provide reduced rates for fees for park and ride facilities, Hopper bus approved to support coastal and Tendring area in NEE Waiting lists and ethnicity regularly reviewed by elective programme board and HI group – no substantial variation shown currently although data capture of ethnicity requires improvement. Asthma Outreach Project – to support emergency care planning for children and young people in areas of deprivation by providing bespoke support including home visits, linking with education and local support Making Every Contact Count programme to improve access to care by addressing the non-medical determinants of health. Based across many outpatient services with direct referral to community provider/social prescriber to support holistic needs.
<p>3. Appropriate population health targets have been agreed with the ICB</p>	<ul style="list-style-type: none"> Is there a clear link between specific population health measures and the internal operations of the trust? 	<p>Yes: Population health data produced by the ICB used as baseline for projects within the Health Inequities Strategy and yearly Programme Plan. EDI Strategy, Health inequalities Strategy.</p>

Self-assessment criteria <i>'The Board is satisfied that...'</i>	Indicative evidence or lines of enquiry	Trust response
	<ul style="list-style-type: none"> Do teams across the trust understand how their work is improving the wider health and wellbeing of people across the system? 	<p>Yes: Health Inequalities Awareness sessions delivered Trustwide to Divisions via Team/Divisional meetings and away days. Population data shown and potential improvement identified with teams.</p> <p>Making Every Contact Count training delivered, either as a bolt on to the above, or separately, highlighting holistic, patient centred approach to health and care. MECC lead presents data to teams that are running MECC to highlight outcomes and impact. ie, top 3 most used support services, weight management, physical activity and Mental Health. Similarly tobacco treatment programme has been widely supported by staff caring for inpatients and has helped to raise the importance of considering equity of access to care across all services.</p> <p>Divisional packs being produced by the Health Inequalities Team with BI to give overview of Health Inequalities metrics, to include DNA rates, Waiting Times, vulnerable groups, LD etc. Will be launched in October 2025</p> <p>Anchor institution quarterly update report to Board.</p>

Ward, Emma
31/10/2025 14:22:35