

Appendix 7- Provider Capability – Self Assessment Template

Domain: **Productivity and value for money**

Lead Committee: Performance and Finance Committee

Exec lead: Adrian Marr

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 deliver productivity improvements as referenced in the NHS Model Health System guidance, the Insightful board and other guidance as relevant</p>	<ul style="list-style-type: none"> • Board uses all available and relevant benchmarking data, as updated from time to time by NHS England, to: <ul style="list-style-type: none"> ○ review its performance against peers ○ identify and understand any unwarranted variations ○ put programmes in place to reduce unwarranted negative variation 	<p>The Trust, via national cascade and information flows, reviews information and comparatives in relation to Elective, Emergency, Diagnostic and Corporate information. This information is then used to support the development of productivity improvements which are then presented at appropriate sub-committees.</p> <p>The Trust has developed an iterated approach in 25/26 to reviewing external productivity information and identifying savings opportunities. Activity and cost are a core part of the overall business planning process. Alongside the existing approach to progress efficiency schemes within divisional delegation, there is an additional focus on developing and identifying saving opportunities and to support Trust-wide identification. This approach focuses on productivity and processes information, supporting divisions, specifically working through relevant benchmarking data (such as productivity benchmarking packs, national guidance / feedback, One NHS Finance, NRST, etc) and using national tools such as Model Health System, GIRFT, and commercial tools such as Advise Inc.</p> <p>Overall performance is tracked using the Trust Accountability Framework (AF) which enables reporting and measurement. This informs and is discussed within Divisional Accountability Meetings (DAMs).</p> <p>In relation to GIRFT, all peer reviews and visits are led by the clinical/operational teams supported by the Clinical Effectiveness Team (CE Team). The reports from the national team provide recommendations to the services which are then owned by the services and action plans are put in place to deliver these priorities. The CE Team monitor the completion of these.</p> <p>The Business Informatics Team now produces a risk-based breakdown of our model hospital performance by service (and site). This enables us to do deep dives into services and localities in relation to productivity and alignment with model hospital peers. This is reported to the Divisions by the CE team alongside risk stratified areas for improvement.</p>

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Self-assessment criteria <i>'The Board is satisfied that...'</i>	Indicative evidence or lines of enquiry	Trust response
<p style="text-align: right; font-size: small; color: gray;">Ward, Emma 31/10/2025 14:22:36</p>		<p>In terms of transformation, the Trust's focus and current resource is all committed to supporting the EpicEPR implementation programme. The Trust's new patient administration system goes live in October 25 and is considered the most important strategic initiative the Trust has embarked on in several years. Its success will support the Trust to deliver further transformational change over the medium to long term.</p> <p>The Elective Care Programme Board ensure programme and project deliverables linked to productivity and transformation identified are correct, and where appropriate follow best practice e.g. GIRFT. In addition, monitoring and ensuring these are achieved in accordance with agreed timeframes and standards of care, measured by agreed key performance indicators.</p> <p>In January 2025, the Chief Medical Officer, Chief Nurse and Director of People and Organisational Development presented an assessment of compliance against the workforce safeguards toolkit to the People and Organisational Development Committee. This demonstrated continued progress to triangulate all the data available, supporting a clearer view on determining whether all areas of the workforce are achieving maximum productivity and efficiency (included from initial draft slide).</p> <p>Additionally, to the internal approach, as part of an ICB system piece, the Trust actively participated in the SNEE sustainability review, undertaken with McKinsey & Co. This work has led to actions including the formation of the Joint Productivity Board with WSFT.</p> <p>In relation to cost, the Trust is enhancing controls principally in relation to substantive pay, temporary staffing measures, and implementation of non-pay control / non-pay oversight group, alongside enhanced training within the organisation.</p> <p>The Trust monitors activity productivity and produces monthly 'Local Cost per Weighted Activity Unit' analysis for its specialties. This is reported through the monthly Accountability Framework meetings. The Trust also reports on the utilisation of its new major orthopaedic centre (ESEOC) regularly and analyses performance.</p> <p>The standard of the Trust's clinical coding is high, with good depth of coding, low uncoded rates and compliant audit scores (complying / exceeding standards in all areas).</p> <p>Despite the importance the Trust places on productivity improvements and all the good work in this area, the Trust was disappointed to see that in the Q1 NHS Oversight Framework (NOF) the Trust was highlighted as one of the poorer performers in terms of productivity. Based on Implied Productivity (new methodology) of 24/25 vs 23/24, the Trust scored -1.7%. This has largely been driven by an increase in costs, which can in part be explained by the significant investment the Trust has made in major strategic developments: notably a new EPR (Epic) that will go live in October 2025, and additional physical capacity such as the new orthopaedic centre in Colchester (ESEOC) and elective surgical centre (GSH) in Ipswich.</p> <p>EpicEPR is the single most transformative project the Trust has ever undertaken and will ultimately underpin future efficient working, however it has come at an unavoidable cost. Both new surgical centres are now open, offering wonderful facilities and experience for patients, but introducing additional stepped costs into the Trust that are not immediately be offset with savings and benefits.</p>

Self-assessment criteria <i>'The Board is satisfied that...'</i>	Indicative evidence or lines of enquiry	Trust response
		The Trust is confident that in the longer term this investment will secure higher levels of productivity for organisation. However, to address any non-EPR cost increases, the Trust is enhancing controls principally in relation to substantive pay, temporary staffing measures, and non-pay. Governance is being tightened in all of these areas.
	<ul style="list-style-type: none"> The Trust is able to demonstrate delivery of Value for Money 	<p>The External annual audit report for 24/25 included a VFM audit which found that ESNEFT had no significant weaknesses identified and the report states that the Trust had proper arrangements in place in 2024/25 to enable it to use information about its costs and performance to improve the way it manages and delivers its services.</p> <p>Value for money assessments have been a key element of the business cases that the Trust has recently developed, had approved and implemented in relation to major strategic developments (such as an orthopaedic centre in Colchester and elective surgical hub in Ipswich).</p>

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