East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Report Summary

Date of meeting: 2 July 2026	
Title of Document: Continuous Improvement Board Update	
To be presented by: Mike Meers Managing Director	**Author:** Mike Meers Managing Director
1. Status: For Assurance	
2. Purpose: To provide assurance to the Board of Directors that a coherent and sustainable Continuous Improvement framework is being established across the Trust, including the introduction of the Continuous Improvement Board and Service Improvement Unit, to strengthen governance, align improvement activity, and ensure delivery of measurable benefits against strategic priorities.	
Relates to: Strategy and Transformation Delivery	
Strategic Objective	• **Improving health:** not just treating illness, moving from treatment to prevention. • **Joined up care:** integration and community-based delivery. • **Excellent care:** improved outcomes, increasing personalisation and co-production. • **Developing staff:** supporting our teams and building for the future. • **Using technology to improve care:** digital, technology and innovation – shifting from analogue to digital care.
Operational performance	The establishment of the Continuous Improvement Board and Service Improvement Unit will strengthen oversight and delivery of operational improvement initiatives across the Trust. This includes improved prioritisation of programmes, reduction in duplication, and systematic tracking of performance improvements aligned to medium-term plans and productivity objectives. The approach will support more consistent delivery of operational targets and sustainable service improvements.
Quality and equality impact	The proposed model enhances the Trust's ability to deliver high-quality, equitable care by embedding continuous improvement capability at the frontline. By aligning Quality Improvement (QI) methodologies with service and digital transformation, the approach supports improved patient outcomes, reduced variation, and increased personalisation of care, while ensuring equality considerations are incorporated into improvement design and delivery.

Legal, Regulatory, Audit	The strengthened governance framework, through the Continuous Improvement Board, supports compliance with regulatory expectations for robust oversight, assurance, and delivery of transformation programmes. Clear accountability, structured reporting, and benefits realisation tracking will enhance auditability and provide assurance to regulators regarding the effective management of large-scale change.
Finance	The integration of improvement functions within the Service Improvement Unit will support the identification and delivery of productivity and efficiency gains, including cash-releasing savings aligned to the Trust's Cost Improvement Programme (CIP). Improved prioritisation and benefits tracking will ensure that financial improvements are measurable, sustainable, and aligned to strategic objectives.
Governance	The Continuous Improvement Board will provide strategic oversight of the Trust's improvement portfolio, reporting to the Executive Management Committee. It will ensure alignment across all major programmes, support prioritisation of resources, monitor delivery and benefits realisation, and act as an escalation route for risks and delivery challenges, strengthening overall governance arrangements.
NHS policy/public consultation	The proposed approach aligns with NHS policy direction on continuous improvement, productivity, digital transformation, and system integration. It supports national priorities to embed improvement capability within organisations and maximise the benefits of digital investments such as Electronic Patient Records (EPR).
Accreditation/Inspection	The strengthened improvement and governance framework will support readiness for external inspection and accreditation by demonstrating a systematic, organisation-wide approach to improvement, clear leadership oversight, and robust evidence of delivery against quality and operational objectives.
Anchor institutions	
ICS/ICB/Alliance	The model supports improved collaboration across the ICS by aligning Trust improvement activity with system priorities and enabling more effective partnership working. It provides a framework through which programmes can be coordinated across organisational boundaries, supporting integrated care delivery.
Board Assurance Framework (BAF) Risk	The establishment of a structured Continuous Improvement framework and governance model mitigates risks associated with fragmented transformation delivery, lack of oversight, and failure to realise benefits from major programmes. It provides assurance that strategic risks relating to delivery, quality, and financial sustainability are being actively managed.

Other	This approach represents a cultural shift from episodic transformation to embedded continuous improvement, supporting the ambition to make improvement “everyone’s business” and building long-term organisational capability.

3. **Summary:**

The Trust has made significant progress in transformation but now needs to embed a more coordinated, sustainable approach to improvement. The establishment of the Continuous Improvement Board and Service Improvement Unit provides a clear governance and delivery framework, aligning improvement activity, strengthening oversight, and enabling frontline-led change. Together, these arrangements will support delivery of strategic objectives, improve patient outcomes, and ensure measurable and sustained benefits.

4. Recommendations / Actions

The Board is asked to:

- **Note** the progress made in establishing the Continuous Improvement Board and Service Improvement Unit
- **Support** the proposed governance framework for overseeing improvement activity across the Trust
- **Endorse** the transition to a coordinated, continuous improvement model aligned to strategic priorities
- **Receive assurance** that arrangements are in place to monitor delivery, benefits realisation, and associated risks

1. Introduction

The Trust has made significant progress in delivering large scale transformation, most notably through the successful implementation of Epic. However, learning from this experience has highlighted the need to move beyond fragmented, programme-based change towards a more coherent, sustainable model of continuous improvement. Historically, improvement activity has been characterised by siloed teams, duplication of effort, competing priorities, and inconsistent governance, with changes often failing to fully embed and deliver recurrent benefits.

To address these challenges, the organisation is establishing a more integrated improvement system, bringing together Quality Improvement (QI) capability and the Service Improvement Unit (SIU). This approach aims to create a single, aligned framework with clear governance, shared methodologies, and a common language for improvement, ensuring that transformation activity is better coordinated and delivers measurable impact aligned to Trust priorities

Central to this model is the recognition that the most effective and sustainable improvement is led by frontline teams, who are closest to patient care and best placed to identify opportunities for change. The role of corporate functions is therefore evolving from leading change to enabling it providing the tools, structure and assurance required to support safe, effective, and value-driven improvement at scale.

2. Continuous Improvement Board

The Continuous Improvement Board is being established as a key component of this governance framework, reporting to the Executive Management Committee. It will provide strategic oversight of the Trust's improvement portfolio, ensuring alignment across its Quality Improvement Plan and the six major programmes of work, prioritisation of resources, and robust tracking of benefits realisation. In doing so, it will support the transition from episodic transformation to a culture of continuous improvement, embedding capability across the organisation and ensuring that improvement becomes "everyone's business."

The ESNEFT Continuous Improvement Board reporting to the Executive Management Committee to give assurance that the Trust is fulfilling its responsibilities by overseeing and ensuring strategic alignment of the delivery of major programmes of work including (but not limited to):

- The Trust clinical strategic medium term plan
- Provide a structured and transparent approach for identifying, prioritising and tracking improvement opportunities.
- Enable teams to monitor progress on improvement actions and ensure accountability for delivery
- Monitor and review agreed quality, operational and service improvement projects relating to all programmes of work based on the suite of 2 year medium term plans and trust strategy
- Act as an escalation point for programme blocks, providing direction to resolve as appropriate
- Provide executive support and assurance to Trust board that improvement programmes are delivering intended clinical outcomes and benefits realisation

The first formal meetings will commence in July with Chair being undertake by the Trusts CMO , CNO and Managing Director.

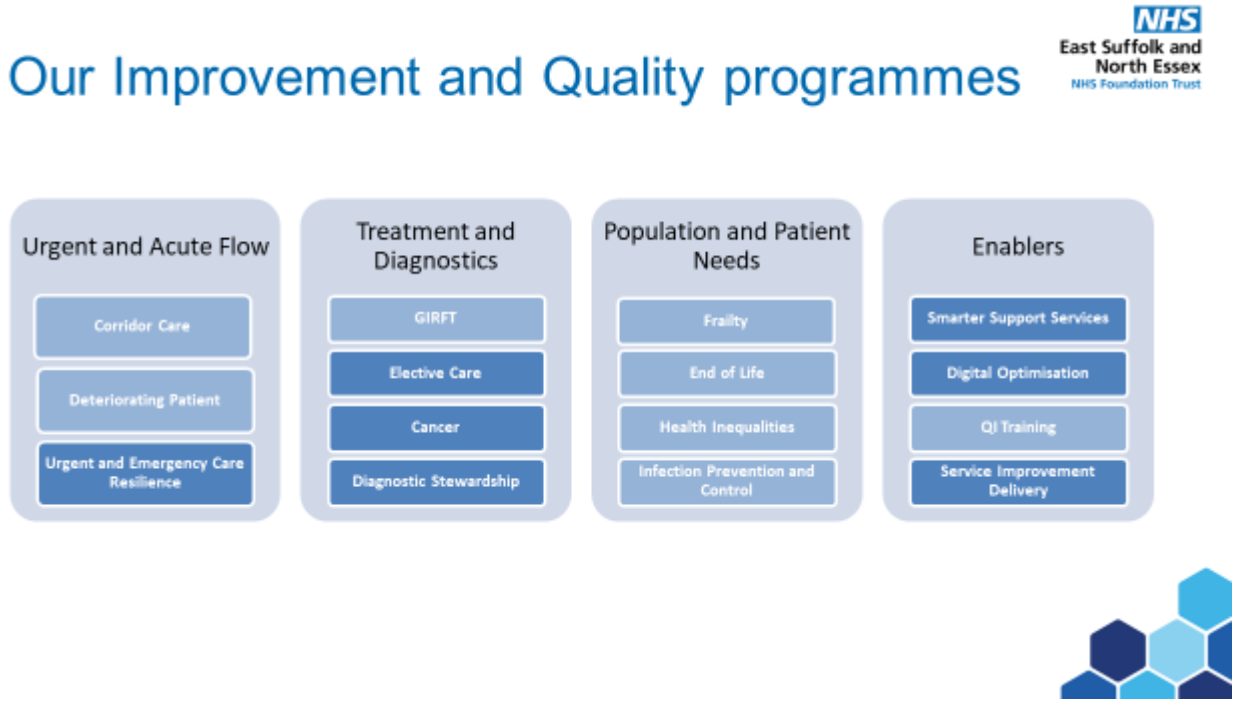

Fig 1- Combined Improvement and Quality Programmes

3. Service Improvement Unit

The Service Improvement Unit (SIU) has been established to create the organisational infrastructure required to support a sustained shift from episodic transformation to continuous improvement. It brings together previously fragmented functions including Transformation and Digital PMO into a single, coherent unit, reducing duplication, aligning priorities and providing a consistent approach to improvement delivery. This consolidation addresses historic challenges of siloed working and fragmented governance, enabling a more coordinated and effective system for delivering change across the Trust.

The SIU is designed to operate as an enabling function, working alongside frontline teams rather than directing change centrally. Its role is to provide the tools, methodologies, governance and capacity required to support locally led improvement, ensuring that initiatives are aligned to strategic priorities and deliver measurable benefits. By integrating closely with Quality Improvement (QI) capability, the SIU helps establish a shared language and standardised approach to improvement, strengthening organisational capability and ensuring that change is embedded and sustained over time.

Through its support to six major programme areas and the establishment of consistent programme management and governance processes, the SIU provides the backbone for scaling improvement across the organisation. It enables prioritisation of work, effective use of limited resources, and systematic tracking of benefits aligned to productivity and cost improvement goals. In doing so, the SIU creates the conditions for continuous improvement to flourish—linking frontline innovation to Trust-wide objectives and underpinning the work of the Continuous Improvement Board in delivering strategic oversight and assurance.

To maximise the impact of improvement activity across ESNEFT, the SIU will work in close alignment with the Clinical Informaticists, Chief Information Officers (CIO's) and the Trust's Quality Improvement (QI) teams through a strengthened matrix model. This ensures that service

improvement, productivity and digital optimisation programmes are systematically connected to clinically led quality improvement efforts.

By consolidating specialist skills, including service redesign, digital optimisation, data driven improvement, and robust programme governance, the unit will strengthen the organisation's ability to deliver complex change at pace and scale.

This new model ensures that system and process improvements are informed by clinical and operational best practice, supported by high quality- digital solutions, and governed through a mature PMO framework. The SIU will act as a centre of excellence, offering consistent methodologies, expert resource, and a clear line of sight from strategic priorities to operational delivery.

Through this integration, the organisation will gain a fully functional, future-ready delivery capability that supports the organisation to deliver:

- Implementation of national Best Practice pathways across services to deliver sustainable service improvements across the organisation
- Maximises the benefits of EpicEPR through clear evidenced benefits realisation
- Substantial efficiencies and productivity / cash releasing changes to support the organisation's productivity and CIP programme.

4. Benefits Realisation

Benefits realisation tracking for the Service Improvement Programme will build on learning from the delivery of the Epic EPR business case, where the importance of clear baselines, defined benefit ownership, and robust tracking mechanisms became evident. The approach will establish a systematic framework linking each improvement initiative to quantified productivity, quality, and financial benefits, with named executive and operational accountability aligned through the Trust's Accountability Framework. Benefits will be defined at the outset, with clear metrics, trajectories, and timescales, and monitored through a structured governance process that integrates with Productivity and Cost Improvement Programme (CIP) oversight. This will ensure that benefits are not only identified but actively managed, validated, and sustained, with regular reporting through the Continuous Improvement Board to provide transparency, enable early intervention where delivery is at risk, and ensure that realised gains contribute demonstrably to operational performance, financial sustainability, and improved patient outcomes.

Example – Elective Care Programme Fast Pass

Fast Pass in Epic is a functionality designed to proactively offer patients earlier appointment slots when gaps become available, typically due to cancellations or rescheduled bookings.

How it works

- Patients on a waiting list (or booked into a future appointment) can opt in to Fast Pass (often via MyChart or SMS/email).
- When an earlier slot becomes available, the system automatically:
    - Identifies suitable patients based on criteria (clinic, specialty, timing, etc.)
    - Sends an automated offer to those patients
- Patients can then accept or decline electronically, and the slot is filled without manual intervention from staff.

What it achieves

- Improves access: patients are seen sooner
- Reduces DNA risk: short-notice slots are actively filled
- Increases utilisation: fewer empty clinic slots
- Reduces admin workload replaces manual calling and rebooking

Following work within the Service Improvement Unit, the Elective Care Programme and Clinical Divisions we have commence scaling the use of Fast Pass across clinic templates within the Trust. In June we have seen:

Patient Benefits
Patients are being offered appointments significantly sooner, with an average of 19.28 days saved per patient and a total of over 3 days of clinic time (3d 2h 25m) filled that might otherwise have gone unused. This translates into faster access to care, reduced waiting times, and improved patient experience, particularly for those able to take up late availability at short notice. That's over 10,141 days saved in waiting time across 526 patients.

Administrative Time Savings
By proactively filling gaps and managing cancellations digitally, the system reduces the need for staff to individually contact patients, manage waiting lists manually, or reallocate slots. 526 offers were accepted; the automation of the wider offer process significantly reduces administrative burden and supports more efficient use of staff saving 2 WTE Administrative workers.
Financial and Productivity Impact
Filling otherwise unused capacity (3+ days of clinical time) directly improves productivity and reduces wasted resource, supporting better utilisation of clinical sessions. This contributes to improved income capture where activity is delivered, reduces the cost of underutilised clinics, and supports delivery of Cost Improvement Programme (CIP) efficiencies. Additionally, maximising throughput earlier helps reduce backlog pressures, avoiding future escalation costs and supporting overall financial sustainability.

In summary: the June Fast Past progress shows a strong productivity gain (better slot utilisation), meaningful patient benefit (faster access), and administrative efficiency (automation at scale), even with relatively modest acceptance rates indicating further upside potential as optimisation continues.

5. Conclusion

The establishment of the Continuous Improvement Board and closer working of the Quality Improvement Teams and Service Improvement Unit represents a step forward in strengthening the Trust's ability to deliver sustained, organisation wide improvement.

However, as the model matures, continued Board oversight and progressive assurance will be critical. It is therefore recommended that future Board updates provide a more structured view of delivery and impact across the breadth of Continuous Improvement Board activity. This should include:

- Regular reporting of a core improvement dashboard, including key metrics on quality, operational performance, workforce, and financial benefits
- Programme-level deep dives on a rotational basis, providing insight into delivery progress, risks, and realised outcomes across the six major programme areas

- Benefits realisation tracking, demonstrating both forecast and delivered benefits, including validation of recurrent gains and contribution to CIP and productivity targets
- Risk and issue escalation reporting, ensuring clear visibility of delivery challenges and the effectiveness of mitigation actions
- Workforce and capability measures, tracking the spread and embedding of improvement skills and methodologies across frontline teams
- System and ICS alignment, evidencing how Trust-led improvement supports wider system priorities and partnership working