

Ambition / SO	Theme	Success Measure Description	SRO	2020 Performance / Benchmark	2020/21		2021/22		2022/23		Data Dictionary (Definition of how the measure will be calculated / sourced)	Data Owner
					Target	Date	Target	Date	Target	Date		
Ambition to deliver the best care and experience	Patient Safety	Reduction in harm caused in our care: ★Care more than likely to have contributed to the patients death as identified through mortality reviews (SJRs) ★Nosocomial C-Diff ★Pressure ulcers developed in our care Number of Inpatient Falls	Angela Tillett	Mortality Reviews: Data not currently captured consistently and through a standardised approach. Baseline audit to be completed to establish trajectory for improvement TBC by PHE (Nosocomial) 1.2% (Pressure Ulcers) 5 falls per 1000 bed days	RCP report 3%, target TBC TBC by PHE (<annual C-Diff Target) 1.1% (Pressure Ulcers) <5 falls per 1000 bed days	Mar-21	RCP report 3%, target TBC TBC by PHE (<annual C-Diff Target) 1.0% (Pressure Ulcers) <5 falls per 1000 bed days	Mar-22	RCP report 3%, target TBC TBC by PHE (<annual C-Diff Target) <1.0% (Pressure Ulcers) <5 falls per 1000 bed days	Mar-23	★Structured Judgement (mortality) Reviews where issues were identified in healthcare that probably/ strong evidence/definitely contributed to/ caused the patient's death. Numerator is review where harm is identified and denominator is total number of reviews. ★Nosocomial infections (C.diff only) to declare less than the annual target (Healthcare onset, Healthcare acquired) ★Number of grade 2-4 pressure ulcers developed in our care. National average is 4.7%, ESNEFT Target of less than 1.0% -National Benchmark for inpatient falls (acute hospitals is 5.5 falls per 1000 bed days, ESNEFT target to consistently report less than 5 falls per 1000 bed days	
	End of Life Care	% of inpatients with frailty score of 7 and above who have been offered Advance Care Planning in hospital (or documentation that previous ACP has been viewed)	Angela Tillett	Data not currently captured for patients in last year of life Trust wide. MCCR can be used for NEE patients	Baseline audit conducted to bridge gap where EPaCCS system not available in IES locality. Further scoping to establish where we would want patients offered ACP.	Mar-21	20%	Mar-22	30%	Mar-23	Year 1 - Baseline audit Year 2 - denominator - number of people admitted to COTE with frailty score >7- numerator - number of people admitted to COTE with frailty score >7 who are offered ACP. Year 3 - Denominator - number of COTE & Ortho patients admitted with frailty score >7 - numerator - number of patients admitted with frailty score >7 to COTE & Ortho who are offered ACP. There is currently no way of measuring this metric and therefore would need to be measured by audits.	Julia Thompson
	Quality Improvement	Number of staff trained in QI (Silver Level+)	Angela Tillett	120	150	Mar-21	350	Mar-22	600	Mar-23	Cumulative totals over the 3 year period of staff that have attended a Silver (or higher) level of QI training delivered by the ESNEFT QI team	Tom Horsted
		% who go on to deliver a QI project	Angela Tillett	Not measured	25%	Mar-21	35%	Mar-22	50%	Mar-23	Calculated on the % of staff within the financial year that have gone on to register and complete a QI Project after attending silver (or higher) QI training at ESNEFT	Tom Horsted
Equality & Diversity	Improvement of 1% of BAME staff at B5 and above year-on-year	Leigh Howlett	N/A	Establish the baseline	Mar-21	Improvement from 20/21 TBD	Mar-22	Improvement from 21/22 TBD	Mar-23	In WRES action plan, needs further analysis to set the baseline. Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	HR Director	

		100% of services have cultural adaptations for access	Leigh Howlett	Zero	15%	Mar-21	35%	Mar-22	70%	Mar-23	Manual report of number of services with specific cultural engagement, communications or targeted adaptations to access	Workforce
SO1: Keep people in control of their health	Empowering self care	Annual Survey - % of patients responding with highest level of empowerment on a standardised measure e.g. patient activation.	Rebecca Driver	N/A	First year will be baseline	Mar-21	10% improvement on 2021	Mar-22	10% improvement on 2022	Mar-23	<i>Patient activation</i> emphasizes patients' willingness and ability to take independent actions to manage their health and care. This definition equates patient activation with understanding one's role in the care process and having the knowledge, skill, and confidence to manage one's health and health care. 1 Activation differs from compliance, in which the emphasis is on getting patients to follow medical advice. Potentially do as an alliance/system approach with pulse surveys, perhaps once or twice a year. We could usefully possibly commission both the Healthwatches to do this work on behalf of ourselves, the CCG and social care.	Communications
	Transforming outpatients	% of follow-ups as non-F2F follow up	Karen Lough	28.10%	28.5	Mar-21	30%	Mar-22	33%	Mar-23	Non-F2F / total attendances (as recorded on Lorenzo/Medway) Excludes community services, and other services recorded on Systm1. Benchmark, Jan 2020 to Sep 2020 as at 21/10/2020	TBC
		Average number of outpatient appointments per Pathway (aim is one-stop services)	Karen Lough	Baseline data being determined.	Reduction on baseline TBC	Mar-21	Reduction from 20/21	Mar-22	Reduction from 21/22	Mar-23	Reducing the need for multiple appointments in a pathway. Baseline is being determined, once confirmed, annual targets will be set.	TBC
	Long Term Conditions	% reduction in unplanned hospital admissions for people with the two most common conditions, Cardiac/Heart Failure and Respiratory	Alison Power	N/A	Establish the baseline	Mar-21	Reduction from 20/21	Mar-22	Reduction from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	TBC
	Frailty care	% reduction in Frailty care	Alison Power	N/A	Establish the baseline	Mar-21	Reduction from 20/21	Mar-22	Reduction from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	TBC
SO2: Lead the integration of Care	Transforming Urgent care	% or non-elective patients who receive same day emergency care (AMSDEC)	Alison Power	13.20%	20%	Mar-21	28%	Mar-22	33%	Mar-23	AMSDEC Dashboard	GM for Emergency Care
		Average time for all patients to gain access to specialist advice, from point of request (Time from ED to specialist review for admission; Time from internal referral to inpatient being seen)	Karen Lough	Baseline data being determined.	Reduction on baseline TBC	Mar-21	Reduction from 20/21	Mar-22	Reduction from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	TBC
		Reduce system cost of long term care as measured by "Fewer people need unplanned care and support (reduction in crisis situations)"	Paul Little	N/A	Establish the baseline	Mar-21	Reduction from 20/21	Mar-22	Reduction from 21/22	Mar-23	See Note 1 below	Paul Little

	Improving Mental Health care	All patients assessed in ED within 4 hour standard	Crawford Jamieson	Need to audit baseline	Include a mental health plan in every department's business plan	Mar-21	10% increase per service baseline line from 20/21	Mar-22	50% increase per service line from baseline	Mar-23	Each department to include mental health plan within their business plan. Design a data field to record on patient electronic record. % increase from baseline per service.	
	One Public Estates	Reduction of overall Estate footprint	Paul Fenton	ZERO	Review of Estate rationalisation options and MDCP completion	Mar-21	5% reduction	Mar-22	10% reduction	Mar-23	% of GIA for each site	Estates and Facilities
SO3: Develop our centres of excellence	Cancer care	Number of patients recruited into clinical trials	Crawford Jamieson	442	497	Mar-21	551	Mar-22	607	Mar-23	Number of research participates, recruited into NIHR portfolio clinical trials at ESNEFT as published by the Clinical Research Network Eastern , plus non NIHR portfolio clinical trial recruitment as recorded by R&D – ESNEFT	Frances Farnworth
	Stroke care	Stroke audit (SSNAP) performance vs England	Alison Power	92	91	Mar-21	92	Mar-22	94	Mar-23	Data will be sourced from the National Stroke Audit data source (SSNAP)	General Manager for Service/Stroke Clinical Lead
	Providing services to the ICS	Number of corporate services shared across the ICS	Mike Meers						25%	Sep-22	% of Core Corporate Services Estates, Finance, HR, ICT where ESNEFT either provides the service of shares the service of another SNEE partner.	Mike Meers
SO4: Support and develop our staff	Education, training and career development	100% of levy used at entry level	Leigh Howlett	N/A	Establish the baseline	Mar-21	Increase from 20/21	Mar-22	Increase from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	Talent for Care Team
		25% of B5 and above posts filled through internal candidates	Leigh Howlett	N/A	Establish the baseline	Mar-21	Increase from 20/21	Mar-22	Increase from 21/22	Mar-23	Data dictionary will be confirmed as baselined established. Once baseline known, targets for subsequent years will be set.	Debbie O'Hara
	Staff Wellbeing	Staff survey for quality of appraisal is in top quartile by 2024 staff survey	Leigh Howlett	Bottom Quartile	Bottom Quartile	Mar-21	Mid Quartile	Mar-22	Top Quartile	Mar-23	Data dictionary will be confirmed	Sharon Wyatt
		30% of staff regularly work from home from 2021	Leigh Howlett	20%	30%	Mar-21					Percentage of staff logging on remotely for greater than 50% of their working week.	ICT with Workforce
		Anxiety /Stress / Depression is not the main cause of sickness (ASD as a percentge of total sickness.)	Leigh Howlett	24.50%	20%	Mar-21	18%	Mar-22	16%	Mar-23	ASD is the primary cause of sickness across the NHS, this is a significant ambition to not have it as the main cause Data dictionary to be defined.	Simon Oliver, Workforce
	Leadership development	80% of B7 and above leadership staff who have completed a competency framework and received 360-degree feedback	Leigh Howlett	0%	15%	Mar-21	45%	Mar-22	80%	Mar-23	Data dictionary to be defined.	Sharon Wyatt
		The staff survey leadership KPIs are all in the top quartile by 2024 staff survey	Leigh Howlett	Bottom Quartile	Bottom Quartile	Mar-21	Mid Quartile	Mar-22	Top Quartile	Mar-23	Data dictionary to be defined.	Sharon Wyatt
EPR & integrated clinical record	Evolve medical records in all specialties at Colchester	Mike Meers	Zero Specialities as at 1 August 2020	All specialities live	Aug-21						All specialities live with scan on demand services. Current Live Specialities Ophthalmology , ENT , Oral and Paediatrics.	Brett Hughes
	Integrated PAS across ESNEFT	Mike Meers			Mar-21	OBC FBC	Aug-21 Mar-22				Approval of business case at each stage by Trust Board.	Andrea Craven

SO5: Drive technology enabled care	WinPath fully implemented	Mike Meers	Business Case Approval Nov 20			All Disciplines live	Dec-21			All pathology disciplines live on WinPath Enterprise across both LABS Ipswich and Colchester	Andrea Craven	
	AI in clinical care	Number of clinical services using AI to support care	Shane Gordon	Zero	0	NA	1	Mar-22	3	Mar-23	Manual report of implemented AI tools in clinical care	Innovation team
	Paperless working	% of transactions captured on the day on system	Mike Meers	Needs to be Established through BI	Increase on baseline TBC	Mar-21	Increase from 20/21	Mar-22	Increase from 21/22	Mar-23	Once baseline know, targets for subsequent years will be set. Real-Time ED Attendance , Admission , Discharge , Transfer date time stamped within 15 minutes transaction entry date time.	Andrea Craven

Note 1

The delivery of our aspiration to be more effective in the delivery of long terms care involves ESNEFT working with the whole system as part of the East Suffolk and North Essex Alliances. It is a complex matter involving a range of Alliance partners. The Integrated Neighbourhood Teams (INTs) in Ipswich and East Suffolk (INTs are specifically community health and social care teams working as one at a neighbourhood level) and the wider Connect programme – the linkage of the INTs with primary care, mental health services, social prescribing, community development and other key partners, is the partnership structure/mechanism through which long term care is delivered, as system. The are eight connect areas in East Suffolk each serving a population of around 50k and each of those areas have combined leadership teams involving all these partners, Those leadership teams are currently developing local plans for each of those eight areas, a key outcome of which is that, “Fewer people need unplanned care and support (reduction in crisis situations)”. That outcome points to activity that is both focused on prevention and reablement activity so that people’s levels of independence from long term care is maximised. It is suggested that the board adopt this broad outcome and that through ESNEFT’s work with the INTs, baselines are established and a means of measuring that outcome is developed over the next 6 months, with specific monitoring and targets agreed through that process and put in place from the start 21/22.

We already have a measure of the level of crisis response currently needed through our REACT service, the details of which are reported to the IAC. In August REACT received 874 referrals from various sources and on a daily basis during August successfully intervened and thereby avoided admission to acute services at an average rate of 24 per day. This gives us some baseline on the need for crisis intervention, however it should be noted that there are a number of variable that play into these figures.

Further work will be needed with other partners in NEE to provide a clear plan for developing a similar approach across the whole East Suffolk and North Essex area.

Royal College of Physicians (2016)

Most people who die in hospital have had good care, but research shows that around 3% of deaths might have been avoided.