

East Suffolk and North Essex NHS Foundation Trust

ESNEFT Clinical Strategy 2024/29

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Foreword

Our Trust is five years old. These have been amazing, challenging and tumultuous years. We set our ambition high, to offer the best care and experience. We have kept our focus on this ambition, even through the turmoil and tragedy of the COVID-19 pandemic.

Through the energy and dedication of our teams, we have delivered most of the goals of our 2019-2024 strategy. Although the standards set out in the NHS Constitution remain difficult to achieve, we have consistently outperformed national and regional benchmarks for access to services.

Through delivery of our strategic ambition, we have demonstrated our strength as an integrated Trust and a system partner, continuing to innovate in the delivery of high quality, sustainable and increasingly integrated care. During this time, we have also played our part in managing the COVID-19 pandemic, the greatest public health emergency since the 1918 Spanish influenza. Since March 2020, we have been dealing with the direct impact of this pandemic and its consequences. The ageing of our population, combined with the interruption of routine care for two years, means that the needs of many of our patients are significantly more complex now.

The sustainability of our services is challenged by the number of people needing diagnosis and treatment, the complexity of their needs as well as the scarcity of skilled staff in key specialities and the increasing cost of specialised equipment and accommodation. Our philosophy that time matters is key to making the most of our resources, releasing time for staff to care and reducing unnecessary stress for our patients.

We can only meet the needs of our communities by working with our patients and partners in the integrated care system and beyond. This means providing information and technology support to our patients and their carers, integration with community services, co-ordination of care with GP and other primary care providers and the creation of services at larger scale within our integrated care system and region.

The next five years offer exciting opportunities. We have significant new facilities opening, which will increase our capacity for emergency care and elective surgery. A new electronic patient record will support improvements to the quality, safety, and consistency of care. Our offer to staff through education, training and leadership development will continue to grow. We will deepen our collaboration with partners in the ICS and the region.

Our clinical strategy sets out clear priorities and objectives to realise our ambition, and we look forward to supporting our teams to deliver it.

Nick Hulme, Chief Executive Officer

Helen Taylor, Chair

Executive summary

Our clinical strategy sets a clear and exciting direction for our services over the next five years.

Our ambition is to offer the best care and experience, and to increase equality in health outcomes.

This ambition, whilst challenging to achieve consistently, is worth striving for.

Our values of optimism, appreciation and kindness underpin this ambition, and our philosophy that time matters, keeps our focus on what matters most to people, while reducing unnecessary stress.

We have worked with our staff, partner organisations and representatives of our communities, analysing the changing needs of our diverse population to guide our clinical strategy. The strategy is closely aligned to national and Integrated Care System strategies, recognising that we are part of a complex system of health and wellbeing services. We have a key role in this system, to ensure that people receive joined-up care.

There are significant challenges for our communities, and the health and care system:

- Our population is growing fast, with the fastest growth in the oldest age groups.
- In some communities, particularly Ipswich and Tendring, there are high numbers of people living in areas with the highest levels of deprivation. This is linked to higher levels of co-morbidities, barriers to accessing services and worse health outcomes.
- The ageing population and deprivation, added to the disruption of services during the COVID-19 pandemic, have resulted in a significant increase in the complexity of needs for people using our services.
- This complexity has increased the length of time people spend in our services and hospital beds, creating extremely high bed occupancy and delays to emergency care flow.
- There are high numbers of people waiting for planned care and being referred with suspected cancer.

Our approach to meeting these challenges and delivering our ambition is supported by five strategic objectives:

- Keep people in control of their health.
- Lead the integration of care.
- Develop our centres of excellence.
- Support and develop our staff.
- Drive technology enabled care.

To deliver these strategic objectives we have key initiatives that focus on personalising care and empowering people to care for themselves, increasing the integration and standardisation of our services and across our integrated care system, organising our services to offer sustainably excellent care, developing a greater skill-mix of staff, and making the most of technology opportunities.

By delivering our strategic objectives over the next five years, we will make sure that we continue to meet the needs of the people we serve with high quality services and good use of resources.

Context for our clinical strategy

Our Trust

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides integrated hospital and community health care. We serve a large geographical area with a population approaching 800,000 residents. We deliver our services from two main hospitals in Colchester and Ipswich, six community hospitals, high street clinics and in people's homes. We have nearly 12,000 staff and an annual budget of £1bn. We are among the largest NHS organisations in England.

Our Trust was created five years ago and we have delivered well against our previous strategy, in a period dominated by the COVID-19 pandemic.

Our values

Our values are to be optimistic, appreciative and kind. These values are central to how we work:

Optimistic: We will work together positively to make time matter for all our patients and staff.

Appreciative: We understand and value the role we all have in delivering better patient care every day.

Kind: We will value diversity and provide a caring and listening environment for all our patients and staff.

Our time matters philosophy

We believe that time matters.

Dealing with health issues can be stressful, both for the individual affected and for those caring for them. There is the necessary stress of the health need and the emotional effort of caring. However, too often the complexity of the health and care system adds unnecessary stress. At the heart of this is time. Time is important to everyone whether as patients, as family or carers, or as staff delivering care. Our philosophy is that time matters. We will improve services to make every moment count.

We consider that time matters in all aspects of the way we do our job: from the way we plan clinical models of care, the way we interact with patients, the way we provide digital infrastructure, through to how we manage staff recruitment or the procurement of goods and services.

Our integrated care system

Suffolk and North East Essex integrated care system (SNEE ICS) has nearly one million residents in two counties. There are three areas within the ICS, called Alliances, in which health and care organisations work together to join up care for our communities. The ICS has three acute hospitals, eight community hospitals, 104

GP practices in 25 primary care networks, two mental health trusts and an NHS budget of £2.083bn.

National and ICS strategy

Our strategy reflects national and local strategies and recognizes our role as a major partner in the complex system of health, care and wellbeing services. By implementing it, we will offer services that meet national standards and best practice, such as the Getting It Right First Time (GIRFT) programme and national institute for health and care excellence (NICE) standards. It will deliver our organisation's contribution to the NHS Long Term Plan, the Suffolk and North East Essex Integrated Care System joint forward plan and Health and Wellbeing plans in Essex and Suffolk.

Our communities

There are several important trends in the demographics and needs in our communities.

Population growth

Most communities in the East of England region are growing. Some of our communities are among the fastest growing in recent years and are projected to continue increasing quickly over the next twenty years. In particular, Colchester is the fastest growing local authority area in England. With Tendring district also among the fastest growing areas, our population in northeast Essex will grow substantially more quickly than our other communities.

Deprivation and health outcomes

Deprivation is the lack of positive factors which support health and wellbeing. These are sometimes referred to as the wider determinants of health, including living and working conditions, social and community networks, and genetic and lifestyle factors.

Some of our communities have very high levels of deprivation, particularly in Ipswich and Tendring; there are 45,000 residents in each of these communities living in areas with the highest levels of deprivation.

Deprivation has a strong effect on health outcomes, through complex interactions with social, psychological, and physiological factors. For example, there are disparities in life expectancy and preventable deaths in our communities, which are worsening particularly in Tendring and Ipswich.

Our older population is increasing

On average, our communities have a higher proportion of older residents than the England average. Over the next five years, the greatest growth in our population will be in the very oldest age groups, with the over 85's age group growing around 15 percent.

Multiple long-term conditions

People in our community living longer is a cause for celebration. Naturally, as we age, we tend to develop more long-term medical conditions that need to be managed, and which make providing health and care services more complex.

Dementia, mental ill-health and obesity

Dementia, mental ill-health, and obesity contribute strongly to complexity of health and care needs. There is a higher-than-average proportion of people (and their families) living with dementia in our communities, especially in East Suffolk and Tendring.

The prevalence of long-term mental health conditions is higher than the England average in North East Essex and Ipswich and East Suffolk populations.

Compared to the England average, there are a high proportion of adults who are overweight or obese, especially in Ipswich, Tendring and Colchester.

Challenges and opportunities

We are committed to providing high quality, sustainable health services for our communities. To do this we must meet a number of challenges and make the most of our opportunities.

Challenges

- The population we serve is growing quickly. In North East Essex it will be growing at one of the fastest rates in England over the next 20 years. Positively, people in our communities are living longer. These factors combine to increase the number of people needing health and care services.
- Some of our communities have significant numbers of people living in areas of high deprivation. This has a detrimental impact in health outcomes.
- The complexity of needs for people accessing our services has increased significantly. In particular, there are higher rates of mental ill-health, dementia and obesity. The proportion of people with multiple long-term conditions and frailty is increasing.
- Patients with primarily mental health needs are spending significantly longer in our emergency departments, particularly at Colchester Hospital, waiting for appropriate services.
- Our in-patient bed base is under significant pressure at both acute hospitals, with emergency patients having significantly more complex care needs and staying longer in beds than ever before.
- The numbers of people waiting for elective and cancer care has risen significantly following the COVID-19 pandemic.
- Whilst we have done well in recruitment overall, it remains difficult to recruit staff in some key disciplines. There are further opportunities to develop skill mix in some teams.
- Achieving and maintaining national standards for timely access to care remains challenging in many areas.
- We have achieved financial balance since the creation of the new Trust, and continuing to achieve this requires constant focus, notably the need to delivery cost improvements recurrently is becoming harder and there is now added risk with system-level assessment of revenue and capital performance.

Opportunities

- We have significant scale in many of our services, with several of them treating among the highest numbers of patients nationally.
- We are increasing our diagnostic capacity, which must be used effectively to speed up diagnosis and treatment, especially in cancer services.
- We have increased the number of patients receiving elective and cancer treatment. New capacity for elective care (theatres and wards) is being created and must be used effectively.

- We provide integrated acute and community services for our communities. We have a strong track record of partnership working with other health and care agencies.
- Our Faculty of Education co-ordinates education and training, including apprenticeships, for all our staff. We are highly regarded in research, robotic surgery and advanced skills training, with an international presence in some disciplines.

Capacity challenges

Community: Demand for home-based care has risen significantly post-pandemic.

Outpatient capacity: We are delivering up to 110% of pre-pandemic first outpatient appointments. Despite this, the number of patients waiting for treatment continues to grow.

Diagnostic capacity: We have been very successful in reducing long waits for diagnostic tests, particularly complex imaging. Further capacity is required in Endoscopy, and MRI.

Beds: We are consistently using in the region of 120 escalation beds (90 at Colchester, 30 at Ipswich), the equivalent of over four extra wards. Our substantive staffing model does not include these additional beds.

Theatres: Theatre utilisation is significantly higher than pre-pandemic levels but is not yet consistently at the 85% national goal. Further theatre and post-operative capacity will support reduction in long waits for treatment. There is further opportunity to increase the proportion of procedures carried out in outpatient clinics and as day-cases.

We have secured investment in capacity to meet some of these challenges, which we must use effectively. This includes our new emergency department, urgent treatment centre and elective surgery hub at Ipswich Hospital, and the Essex and Suffolk elective orthopaedic centre in the new Dame Clare Marx building at Colchester Hospital, and new endoscopy facilities. We must also continue to innovate and to adapt our model of care to meet the needs of our population, including collaboration with partner organisations in our Integrated Care System and beyond.

Developments in technology and workforce

We are making good use of technology innovation in many areas of care, including new diagnostic techniques, apps to help patients to care for themselves more effectively, artificial intelligence to support diagnosis and treatment, robotic surgery and genomics. Our new strategy extends our ambition in the use of technology to improve the quality and experience of care, and to improve the sustainability of our services.

Improvements in recruitment and retention give us a firm foundation to develop our workforce. Our leadership development programmes are providing hundreds of leaders at all levels with the skills and relationships to support our ambition. Further focus on equality, diversity and inclusion, and on new assistant, advanced practice, and non-medical consultant roles will give every member of our team the opportunity to give their best.

Our Making Time Matter programme

Our new Trust-wide continuous improvement programme, Making Time Matter, will improve outcomes and experience of care for patients and families. The programme includes our strategic change projects and will offer support, training and co-ordination for our services and departments to make quality improvements. Making Time Matter will engage with ICS and NHS-wide continuous improvement programmes.

Our clinical strategy

Our five-year clinical strategy sets out why, how, and what we will do to respond to the priorities and challenges facing our Trust and embrace our role in our Integrated Care System.

In the sections above we have considered:

- The national priorities, particularly urgent and emergency care, cancer and planned care.
- Local context, including changing demographic and health needs, health inequalities, our local government and ICS strategies.
- The strengths, weaknesses, opportunities and threats facing our Trust.

In the following sections we will review:

Why: Our ambition to offer the best care and experience.

How: Our values and time matters philosophy which define the way we approach achieving our ambition.

What: Our strategic objectives which are the main approaches we will take to achieve our ambition and key initiatives to deliver each strategic objective.

Enablers: Supporting strategies and initiatives which help to deliver our Trust clinical strategy.

Success measures: How we will know if we have succeeded.

Our ambition and strategic objectives

Our ambition is to offer the best care and experience and to increase equality in health outcomes.

The NHS priorities, measured by the three key access standards (emergency care, cancer care and planned care) remain our focus and will be the benchmark against which our ambition to offer the best care and experience and increase equality in health outcomes is judged.

To achieve our ambition, we have five strategic objectives:

- Keep people in control of their health.
- Lead the integration of care.
- Develop our centres of excellence.
- Support and develop our staff.
- Drive technology enabled care.

Our model of care

In recent years an increasing national and local focus on developing integrated models of care has been coupled with a strong emphasis on delivering more care in

the community. The focus on integrated care involves hospitals working collaboratively with one another and with community services, social services and general practice to deliver joined up care. Regional and ICS-wide provider collaboratives provide further opportunities.

Our model of care is focussed on improving:

Clinical outcomes: Reductions in mortality/ morbidity, standardisation of care (the ESNEFT way).

Patient and staff experience: Reduced waiting times and risk of cancellation; reduced staff turnover.

Clinical sustainability: recruitment/ retention/ resilience of staff and/or services.

Environmental sustainability: Reduction in carbon footprint and plastic waste.

Equality of access across SNEE ICS: Support for out-of-hospital care and shorter waiting times.

Efficiency: Reduction of waste from duplication, and reliance on temporary staff.

Access to the latest treatments: Research, clinical trials and healthcare innovation.

The importance of co-production

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

Our model of care continues to be shaped through listening to our patients, communities, our staff and partner agencies, including Healthwatch and our patient experience network. In particular, the extensive involvement of the public in developing our ICS strategy has informed the development of our model of care and the strategy as a whole.

Principles of our model of care

Our model of care is underpinned by principles which guide the development of our services and the partnerships with our communities:

Strategic objective 1 principles: Keep people in control of their health
Help me to care for myself:

- Information and education about my condition and treatment choices
- Make every contact count to promote prevention and healthy behaviour
- Link me to community and local government support

Keep me out of hospital unless I absolutely must be there (in outpatients):

- Offer advice and guidance.
- Use non-face-to-face consultation (phone or video) where possible.
- Use patient-initiated follow up (PIFU) as the default.
- Provide our services as close as we can to populations with higher needs.

Keep me out of hospital unless I absolutely must be there (In emergency and in-patient care):

- Assess-to-admit, rather than admit-to-assess.
- Offer rapid-access outpatient assessment and diagnostic tests rather than admission.
- Use virtual wards and discharge to assess.

Adjust our services to reduce inequalities in health outcomes:

- Analyse activity to look for subgroups with worse outcomes.
- Work with community partners to understand how we could improve access and quality of care.

Strategic objective 2 principles: Lead the integration of care
Standardise care for our population:

- Standardise clinical pathways and governance for our services, the ESNEFT way.
- Work with system partners to offer joined-up care and equitable access.

Integrate clinical services with system partners.

Use population health data to plan care in partnership with other services.

Co-ordinate corporate services with our system partners including ICT, estates, workforce, communications and finance.

Strategic objective 3 principles: Develop our centres of excellence

Organise services at a scale to offer sustainable high-quality care, including:

- A skilled workforce (specialisation and skill mix).
- Subspecialisation and specialised services.
- Bed and theatre capacity.

- Modern equipment and estates.
- Education, research and innovation.

Strategic objective 4 principles: Support and develop our staff
Invest in staff development.

Diversify our skill mix.

Promote and support staff wellbeing.

Strategic objective 5 principles: Drive technology enabled care
Transform care around our electronic patient record:

- Support standardised care
- Improve safety through better access to clinical information and data analysis

Adopt innovative technology to improve quality, safety and efficiency of care.

Strategic Objective 1

Keep people in control of their health

Most people have significant influence over their own wellbeing and health status, through lifestyle choices, decisions about treatment and active involvement in ongoing care. We will support, encourage and empower people to keep control of their health and wellbeing.

There are significant differences in the health outcomes experienced by people living in the communities we serve. Much of this is caused by social and economic factors; we will influence these as a large local employer and purchaser of services – an anchor institution. We will also shape our services to improve the equality of outcomes.

People tell us that they want to be more involved in their own health wellbeing and have more control over decisions about their treatment. We will offer information, advice and support to enable informed choices about treatment and care. Working with partners, we will offer increased support for health lifestyle choices and to connect people to support in their community.

“Help me to care for myself”

To support our patients and local residents to manage their own health and wellbeing, we will:

- Make information about medical conditions and treatment more accessible, meeting with accessible information standards and improving the range and quality of our written, online and video information.
- Support people to make informed choices about their treatment and care, supporting universal personalised care including shared decision-making and patient involvement in our clinical services.
- Offer personalised information about community and voluntary services which can support patients and their families, working with our system partners to offer social prescribing.
- Make more information about my planned care available through the NHS App, including details of my appointments, clinic letters and test results where appropriate.
- Make every contact count to promote a healthy lifestyle and offer preventative care such as support to stop smoking, be more physically active and eat healthily.
- Ensure that we offer inclusive, compassionate care to all our patients, making reasonable adjustments for their needs and respectful of their personal preferences.

“Keep me out of hospital unless I absolutely must be there”

In outpatient care, we will:

- Respond to requests for advice and guidance to GPs and other referrers, to allow more people to be cared for safely in primary care.
- Offer patients a choice of non-face-to-face consultations – including phone and video, where this is suitable, as well as traditional consultations.
- Arrange patient-initiated follow up (PIFU), unless there is an exceptional need to see the patient in a set time-period.
- Provide our services as close as we can to our population’s higher needs, including making best use of our community hospitals and our community diagnostic centres.

In emergency care, we will:

- Offer seven-day frailty assessment and integrated frailty services to avoid admission.
- Front-load therapies assessment for emergency admissions, to speed up discharge.
- Provide specialty assessment prior to admission, rather than admitting for speciality assessment. For example, assessment of frail patients in the emergency department by a geriatrician helps to avoid admission for some patients and streamline planning for those that do need to come in.
- Offer alternatives to admission including rapid-access outpatient clinics and next-day diagnostic tests.

“Involve me in designing services to reduce inequalities in health outcomes”
 We are committed to the NHS inequalities strategy ‘Core20plus5’ and to our ICS inequalities strategy. These are focussed on identifying people and communities who are most likely to experience inequalities in health outcomes, and to adapt our services to increase health equality.

NHS Core 20 plus 5: Reducing health inequalities

The Core 20 plus 5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement.

Target population Core 20: The most deprived 20 percent of the national population as identified by the Index of Multiple Deprivation.

Target population Plus: ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core 20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups.

Key clinical areas of health inequalities:

Maternity: Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups.

Severe Mental Illness (SMI): Ensure annual Physical Health Checks for people with SMI to at least, nationally set targets.

Chronic respiratory disease: A clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

Early cancer diagnosis: 75 percent of cases diagnosed at stage one or two by 2028.

Hypertension case-finding: And optimal management and lipid optimal management.

Smoking cessation: Positively impacts all five key clinical areas.

We will implement the delivery plan based on our 2023 health inequalities strategy, with leadership by our health inequalities working group. The ambition of our health inequalities work is to ensure equitable access to our services and improve health outcomes for all our patients. Key areas of focus will include:

Risk factors and health behaviours: We will work with our partners in the ICS to proactively reduce risks to future health including tobacco use, healthy eating for children and young people and asthma management for children and young people.

Equality of access to our services: We will use advanced analytical techniques to review the equality of our services including cancer access, 'did not attend' (DNA) rates for planned care, access for people with learning disabilities and autism and access for people living in areas with the highest levels of social and economic deprivation.

Making every contact count: Offering our patients support with health promotion and wellbeing services including smoking cessation, weight management, mental wellbeing services and financial advice.

Key initiatives

- Involvement of patients and carers in the co-design of our services.
- Work with community groups to support appropriate use of primary care services by people from all cultural backgrounds
- Continued development of our patient portal app within the NHS app giving patients access to clinical information and treatment plans, appointment cancellation and re-booking options.
- Make every contact count (MECC) with health promotion advice and social prescribing.
- 'Waiting well' support for those awaiting diagnosis or treatment.
- Virtual wards to help people stay in their home or get back home sooner.

- Making best use of our community hospitals.
- Community Diagnostic Centres (CDC).
- Developing advanced analysis of our services and population needs.

Measuring our progress

We will know we are succeeding when:

- Everyone who wants to can access information about their appointments and care via the NHS app.
- Our patients have flexible access to outpatient care.
- We can assure ourselves that access to our services and treatment is becoming more equitable for the Core 20 plus 5 groups.
- We can offer healthy lifestyle advice (smoking cessation, alcohol services, diet and exercise) and information on community support through our outpatient services.
- We can provide specialty assessment for most patients who may need admission.

Strategic Objective 2: Lead the integration of care

People tell us that they want their care to be consistent and well co-ordinated, so that they only tell their story once and have a clear understanding of what is happening to them.

Delivering the best health and care often needs multiple organisations to co-ordinate their services around people's individual and often complex needs. Integrating care means sharing information easily, working together to standardise care and avoid duplication.

Standardise care for our population: the ESNEFT way

We will reduce the variation in the way we provide care. This is essential to offering safe, high-quality care. We will achieve this through standardising our clinical pathways, guidelines and standard operating procedures and ensuring joint governance of our services across the Trust and across the ICS where needed. We will also standardise medical equipment and ICT systems. This is the ESNEFT way.

Integrate clinical services with system partners

Primary Care, Mental Health and Community services, and VCSE partners

We will continue our support to the development of established integrated neighbourhood teams (INT) in Suffolk. In North East Essex we will support the new INTs as they develop. This includes integrating our services more closely with primary care (GP, pharmacy and optometry) and mental health services. We will seek opportunities to support our community partners through our community estates, ICT and education services.

We will continue to work closely with our Voluntary, Community and Social Enterprise (VCSE) partners to increase personalisation of care and support patient needs, for example through waiting well and discharge support initiatives.

Our integrated community services in Suffolk and the north east Essex community services (NEECS) will continue to improve support and care closer-to-home.

We will develop community hubs with our community and social care partners to provide integrated support for admission avoidance. We will continue to develop our urgent care response services (UCRS) to provide rapid alternatives to ambulance conveyance; our UCRS services are already among the best performing in the NHS.

Our transfer of care hubs will continue to work in partnership with social care to ensure people are as independent as possible following discharge. We will expand case management across all our clinical divisions to support the appropriate discharge pathways.

We will continue to develop our virtual wards to help patients get the care they need at home rather than being in hospital. We aim to have over 100 virtual ward beds available by Q3 2023-24. We will develop the governance and services in

collaboration with partners in our ICS, particularly West Suffolk NHS Foundation Trust.

Hospital-based services

Many of our services need scarce resources, such as highly skilled staff or high-cost equipment. These can be hard to sustain unless they are used to support a large population. Our ICS, serving 1 million residents, is large enough to sustain a wide range of complex services if we join together as a system. Following the COVID-19 pandemic we have worked collaboratively with West Suffolk NHS Foundation Trust to speed up the treatment of patients who have waited longer than they should for treatment. This includes orthopaedics, ENT, gynaecology, urology and ophthalmology. We will continue to develop and strengthen this collaborative working through a shared transformation / project management team and collaborative oversight by our Trust Boards.

Integrated frailty services

Increasing numbers of people have multiple long-term conditions and complex care needs. Frailty describes the vulnerability of patients to dramatic changes in their physical and mental wellbeing after an apparently minor health event such as a minor illness or new medication. Our integrated frailty services offer comprehensive assessment of needs and a wide range of support aimed at maintaining frail patients in their highest state of independence and in their preferred place of residence. This will include medical assessment, medication review to reduce polypharmacy, therapies and support from community and voluntary sector partner organisations.

Diagnostic services networks

We are part of the new regional diagnostic networks for pathology (the East Coast Pathology Network) and imaging (Eastern Diagnostic Imaging Network). We will participate fully in these networks to ensure cost-effective investment in new diagnostic technologies (digital histopathology), interoperability tools and at-scale procurement (radiology systems and data storage). This will help us to provide sustainable diagnostic services for the future and to increase the availability of specialist diagnostic advice for patient care.

Use population health data to plan care in partnership with other services

Population health management (PHM) is the use of data about the health and wellbeing needs of our communities to improve the planning of services, improve health outcomes and reduce inequalities. We will work with partners in our ICS to integrate and analyse data together, sharing insight to deliver more responsive services. We will use our advanced analytical capability to support system capacity and demand planning and the health inequalities programme.

Co-ordinate corporate services with our system partners

There are many opportunities for us to work collaboratively with other organisations in our ICS. In our corporate services, including digital and logistics, finance, estates, communications and workforce we have opportunities to use our collective expertise to increase the efficiency and effectiveness of these services to support our clinical services. Co-ordinating our services will also increase their resilience and ability to develop greater expertise in key areas.

Our role as an anchor institution

NHS Trusts are anchor institutions, with longstanding presence in the community and significant opportunity to create social value. We are active as an 'anchor institution' in line with our ICS anchor institutions strategy.

Our anchor institution programme sets out how we actively work with our community as an employer, purchaser, land and buildings owner and in our stewardship of the environment. Our support to the armed forces community is a key element of this work.

Key initiatives

- Urgent Community Response Service.
- Supporting the development of our integrated neighbourhood teams (INTs).
- Integrated frailty services.
- Standardising care in ESNEFT services
- Developing services collaboratively with WSFT encompassing clinical and corporate services.
- Collaboration with other specialised service providers in the region to improve access to specialised care.
- Pathology and imaging regional networks.
- Support population health management (PHM) in our ICS and work collaboratively to support the system intelligence function.
- Work with community and local government partners to improve access to our services, including 'one public estate' and transport.
- Deliver our anchor institution programme, including our commitment to the Armed Forces Covenant.

Measuring our progress

We will know we are succeeding when:

- Our virtual wards are able to support over 100 patients who would otherwise have been in hospital.

- We routinely use population health data to optimise the effectiveness of our services and the equality of outcomes.
- Hospital and community services are developed collaboratively with ICS partners
- We are working and investing collaboratively in diagnostic services.
- Benchmarking our anchor institution programme against the Health Anchors Learning Network.
- Achieve and sustain Gold Award status in the Armed Forces Covenant employer recognition scheme.

Strategic Objective 3: Develop our centres of excellence

Excellence means good access to services, high-quality clinical care and the ability to deliver the latest advice and treatment.

Organising services for excellence

We will organise our services at scale to achieve this excellence in a sustainable way. This may mean that more aspects of services are offered only on one of our sites, or that services are provided collaboratively with other organisations in our ICS and beyond. We will benchmark our services using quality measures, national clinical registries and productivity measures, including the NHS model health system.

Our centres of excellence set a high standard for treatment and care. To achieve this, they will:

- attract and retain a highly skilled workforce with the right skill mix to enable appropriate specialisation.
- undertake sufficient activity to sustain enough specialists to cover on-call and seven-day service rotas which are not overly onerous.
- plan sufficient diagnostic, bed and theatre capacity; this capacity must be used efficiently including organising services to offer high-volume, low-complexity care and other recommendations from national improvement programmes.
- ensure that modern equipment and estates are available; duplication of such investment must be avoided where possible.
- support care closer-to-home where possible, including telecare / telemedicine, remote consultation, virtual wards and integration with community services.

Centres of excellence will also be active in education, research and innovation. Our new Essex and Suffolk Elective Orthopaedic Centre (ESEOC), housed in the purpose-built Dame Clare Marx building, will be a centre of excellence for major joint replacement and revision surgery. We will further enhance our centre of excellence for robotic abdominopelvic surgery.

We will create modern high-quality endoscopy capacity to meet the growing demand for this service over the next five years.

Education

We will support undergraduate, postgraduate and multi-disciplinary education, and practice supervision through our Faculty of Education. Our focus on the development of diverse skill mix will include partnership with local universities and higher education institutions to develop assistant practitioner, advanced practice and nurse/allied health professional consultant roles.

We will maximise the use of our apprenticeship levy to offer on-the-job education and training to all groups of staff. Where possible we will also support partner organisations in our ICS through levy sharing.

We will strengthen our support for professional and post-graduate education, improving the quality and availability of educational supervision, practice education and the uptake of continuing professional development opportunities.

We will continue to develop our outstanding high-fidelity simulation training, for trainees and experienced clinicians through the Icen Centre and East Anglian Simulation and Training Centre.

This includes virtual reality, augmented reality, manikin-based, procedure-based and cadaveric training.

Research

A growing number of patients will benefit from involvement in research as we expand the range of research-active specialties and the number of principal investigators we support. We will work with our services and staff to support National Institute for Health Research (NIHR), academic and commercial research. We will support the development of a diverse range of staff to undertake research, building on our success in allied health professional (AHP) and nurse-led research.

Our university partnerships will continue to expand our academic research, including joint appointments of professors, postgraduate researchers (PhD and Masters) and research assistants.

Innovation

We will support our staff and services to identify and implement changes in clinical care and new technology to improve patient experience and outcomes. Key areas of innovation include workforce development such as advanced practice and assistant practitioner roles, the introduction of AI into clinical practice and the use of robots in clinical care. The Institute for Excellence in Robotic Surgery (TIERS), our partnership with Anglia Ruskin University will continue to innovate in the development of robotic surgery expertise, research and industry partnership.

Key initiatives

- The Dame Clare Marx building for elective orthopaedic surgery, including designation as a joint revision specialist centre.
- Develop new endoscopy capacity to meet growing demand.
- Develop post-operative care units (POCU).
- Digital critical care records and centralised patient monitoring.
- Repatriate bone marrow transplants.

- Develop our high-quality education and training through our Faculty of Education.
- The Institute for Excellence in Robotic Surgery (TIERS) with Anglia Ruskin University.
- Grow our research activity and academic presence.
- Expand the use of AI to support clinical care.

Measuring our progress

We will know we are succeeding when:

- We have the right capacity for diagnostic, emergency and planned care activity, so that we can provide timely access.
- Our service and treatment outcomes are among the best nationally.
- Our learners provide positive feedback on our education and training.
- We are attracting highly skilled staff to work in our services.
- Increasing numbers of patients benefit from involvement in research and our profile as a research-active Trust is increased through academic activity.
- We are leading the way on the use of AI in clinical care, to improve clinical efficiency and outcomes.
- Our estates are maintained and developed to support sustainable, high quality care.

Strategic Objective 4: Support and develop our staff

Every day our talented, passionate and dedicated workforce deliver excellent services. They are key to delivering the ambition set out in this strategy.

We will support and empower all our staff. We will involve them in decision making and listen to their ideas as we change services for the better. We will do all we can to create high levels of job satisfaction and motivation so the Trust is 'a great place to work'.

We will equip our workforce with the skills and resources to deliver high quality care. We will support them to improve their own health and wellbeing. We will recognise them for the important contribution they all make every day.

Workforce planning

We will plan our workforce based on our clinical activity and in response to the current national and international context of workforce availability. We will create workforce plans which are transformative and innovative through the creation of new roles such as associate practitioners, advanced practitioners and non-medical consultants.

We welcome people who share our values. We recognise everyone's contribution to our work and the changing expectations of work for people of all ages and backgrounds.

We will explore innovative ways to attract and retain people to work with us including students, apprentices and graduates. We will work with our partners in health, care and education to address the imbalance of people applying and working in our services who come from disadvantaged backgrounds; for example the Health and Care Academy and our Diagnostic Training Academies.

We will support colleagues to continue working with us, even when they have personal difficulties or just need a change. This includes our wellbeing hub services, as well as flexible working arrangements and retire-and-return.

Staff experience and support

We will include the NHS and our Trust values in our recruitment processes and advertising, and ensure that we are recruiting colleagues who share our values.

We will set clear goals for personal development and work performance with all our staff, through high quality appraisals. Regular one-to-one meetings with line managers will include conversations around individual health and wellbeing, personal development and objective setting.

We will celebrate diversity and promote equality and inclusion through our staff networks, cultural ambassadors and celebrations of festivals and national days. We want to be an effective anti-racist organisation, which is free from any discrimination; we will continue to grow our reciprocal mentoring scheme and to encourage the development of leaders from diverse backgrounds.

Our wellbeing hub will provide a varied programme of wellbeing sessions from yoga to sleep clinics, fast access to professional support including physiotherapy, occupational health, psychology services and a 24-hour employee assistance helpline.

We will continue to develop our team of mental health first aiders, who are trained to recognise and provide initial support / signposting to colleagues when they need help. Our Schwartz rounds and after-action reviews will provide important opportunities for reflection and sharing of emotional experience of our often-challenging work.

Learn and grow

We will offer a learning environment which attracts and retains high-calibre staff for our patients and enhances the capability of our leaders to deliver our strategic objectives. Our supportive appraisal process and the wide range of development opportunities we offer will support our staff to progress in their careers within the Trust.

We will provide a statutory and mandatory training framework and learning tools that ensure patient and staff safety, as well as organisational compliance.

We will develop and expand our apprenticeship programme for all staff, with a focus on Agenda for Change Bands 2-4 staff. We expect to fully utilise the annual apprenticeship levy including levy sharing to partners in our ICS and beyond, to ensure that we are delivering maximum benefit to staff and patients.

Our multidisciplinary faculty of education brings together all our learning, education and organisational development training for every staff group. We will build on our reputation as a respected training provider, recognised locally and internationally as a centre of excellence.

To deliver the best possible care for our patients we need compassionate, optimistic, appreciative and kind leadership. We will continue to roll out our development programmes for leaders at all levels, from bite-sized introductory learning to extended programmes for senior leaders.

ICS engagement

We are committed to supporting workforce development across the Integrated Care System and through this we aim to attract, retain and develop our current and future workforce.

We will focus our recruitment from local communities that are furthest from economic security, to create meaningful employment, education and career progression. This is part of our duty as an anchor organisation and will help to increase health equality.

We will work with partners to facilitate staff delivering care across organisational boundaries. We will improve our workforce systems and onboarding processes, including a mandatory training 'passport'. This will also facilitate rotational

placements to maximise opportunities for staff to gain a wide variety of skills and experience. We will play a strong role in system leadership for education, wellbeing and workforce planning.

Key initiatives

- Be an active partner in our ICS to ensure that we are growing and developing our local workforce.
- Expand opportunities to join us, learn and grow with us through our school engagement, work experience and apprenticeship programmes.
- Develop the skill mix within our services including advanced practitioners, assistant practitioners and physician associates.
- Support partner organisations training programmes through apprenticeships and levy transfer.
- Increase the quality and consistency of education and training opportunities through our Faculty of Education.
- Expand our reverse mentoring programme.
- Develop our wellbeing services.
- Develop our leaders through our comprehensive leadership programmes.
- Ensure that staff from all backgrounds have access to the development and support needed to progress in their careers.

Measuring our progress

We will know we are succeeding when:

- Our vacancy rates are among the lowest in the NHS.
- Our turnover rates are among the lowest in the NHS.
- Our staff report high satisfaction with development opportunities.
- We have an increasingly diverse skill mix in our services.
- There is diverse representation in leadership at all levels.

Strategic Objective 5: Drive technology enabled care

Technology has allowed new options for people to access our services and transformed the delivery of care. We will continue to embrace new developments which offer improved access to our services, safer care or better experience of care.

We recognise that not everyone will want or be able to access our services through technology and the vast majority of our care remains face-to-face.

Our new digital and data strategy will set the framework for digitally-enabled clinical transformation over the next five years. Effective cyber security will ensure the resilience and confidentiality of our systems.

Integrating health and care information

NHS England's strategy for digital transformation aims to have all hospitals in England adopt electronic patient records by 2025. We will implement our new electronic patient record (EPR) in 2024/25, which will bring together key clinical information in one place to improve patient care. This will replace a number of separate clinical systems and paper records. The EPR will help us to standardise care across our Trust and to allow patients to have elements of their treatment anywhere in our services, with all the relevant information available. It will also improve our ability to share appropriate clinical information with other partners in the ICS, including GPs, mental health and social care partners. This will improve safety through better access to clinical information. It will also help us to optimise the way we provide care through data analysis, research and the use of artificial intelligence (AI) tools.

Adopt innovative technology

We will use innovative technology to improve quality, safety and efficiency of care. We will continue our productive partnerships with industry, local universities and the eastern academic health science network (EAHSN).

For clinical information systems, in addition to our new EPR, we will:

- Modernise our laboratory information systems (LIMS) to join up all our lab services.
- Implement digital histopathology, creating opportunities for specialist review and AI tool development within the East Coast Pathology Network.
- Implement image sharing and reporting within the Eastern Diagnostic Imaging Network (EDIN) and contribute to AI tool development.

We will continue to develop the use of high-fidelity simulation, virtual reality, remote presence and augmented reality tools to improve training and education.

We will continue to build on our growing expertise in robotic surgery. This includes:

- Ensuring that our surgical robots are fully utilised for major surgery, and that we have sufficient fully trained surgeons to offer the benefit of these techniques to as many patients as possible.

- Continuing to enhance our training programme for specialists and specialist trainees, including simulation, dry-lab and cadaveric training, and in-practice training.
- Continuing our commitment to The Institute for Excellence in Robotic Surgery (TIERS) in partnership with Anglia Ruskin University.

We will continue to evaluate and implement AI tools which offer opportunities to improve the safety, quality or access to care, building on our experience in diagnostic imaging, dermatology, stroke medicine / neurology and cardiology.

App-based self-care services will enhance the ability of patients to manage their own health and wellbeing, including long-term conditions management and therapies (for example rehabilitation and equipment ordering).

Our corporate services will continue to innovate through technology including:

- Ensuring modern, responsive ICT infrastructure, devices and software, and that these provide high levels of cyber security.
- Management information systems to improve our awareness of the quality, safety and efficiency of our services.
- Advanced analytical tools to help us identify and act on opportunities to improve care and increase equality of outcomes.
- Workforce systems to help us recruit, develop and support the wellbeing of our staff.
- Estate and asset management systems to help us optimise the use of our physical resources and stock.
- Financial systems to improve financial planning and governance.

Key initiatives

- Patient facing apps and wearable devices e.g. continuous glucose monitoring (CGM).
- Implement our new electronic patient record system.
- Implement unified information systems for our laboratories and imaging services.
- Implement a unified radiology system.
- Implement digital histopathology.
- Increase use of rapid molecular diagnostic tests for infectious diseases.
- Make the most of the new regional networks in imaging and pathology services
- Maximise alternatives to endoscopy: FIT testing, cytosponge (for OGD) and CT colonography.
- Automation to increase productivity.
- Maximise the use of our clinical and office space through room booking and occupancy sensors.
- Develop our new digital and data strategy, including cyber security strategy.

Measuring our progress

We will know we are succeeding when:

- We have successfully implemented our new electronic patient record system.
- We are using digital devices (clinical devices, apps and wearable devices) to collect clinical data in real-time.
- We have one laboratory information management system (LIMS) and one picture archiving communication system (PACS) for ESNEFT.
- Digital histopathology is the default approach.
- The majority of our adult patients are registered for our patient portal (via the NHS app).
- Room booking and occupancy sensors are in use in the majority of suitable areas.

Divisional priorities and supporting developments

The priorities below have been identified by our clinical Divisions as essential or important to their contribution to achieving the Trust ambition to offer the best care and experience and increase equality in health outcomes. These service developments will increase the sustainability of our services and improve access for our communities.

Priorities for service development

Sustainability through clinical service integration

There are opportunities to integrate our clinical services within ESNEFT, across our ICS and beyond to improve clinical sustainability. Sustainability is improved by shared workforce development, shared (and standardised) clinical pathways and waiting lists.

Key opportunities identified by our Divisions include:

Orthopaedics: Elective inpatients at the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) on a single site in new Dame Clare Marx Building with outreach periprosthetic fracture service.

Urology: Potential for combined on-call, sub-specialisation and repatriation of complex activity.

Renal: Development of shared transplant follow-up, home therapies and moving to a single provider for dialysis services.

Neurology: Potential for standardisation of clinical pathways, access to neuro-rehabilitation and support for local provision of biological therapies for multiple sclerosis and other neurological conditions.

Breast surgery: Potential for standardisation of clinical pathways and expansion of self-referral service.

ERCP: Potential for the creation of an ICS-wide ERCP service.

Dermatology and plastic surgery: Potential for development of ICS-wide Dermatology and Plastic Surgery service.

Paediatric Orthopaedics: Opportunity to offer ICS-wide paediatric orthopaedic surgery.

Improving access to services

There are opportunities to improve access to complex and specialised services, through enhancements to existing services and in collaboration with other providers.

ESNEFT is a member of the East of England Specialised Provider Collaborative, whose vision is to 'achieve the best outcomes for the population of the East of

England by delivering integrated, preventative, high-quality specialised care closer to home’.

Opportunities include:

Endometriosis: Continue to develop the accredited endometriosis centre based at Colchester Hospital with an opportunity for an ICS-wide service.

Community Tier 3 Weight Loss Management Services: Convenient local access to multidisciplinary weight loss management services in the community is particularly important in view of the priority afforded by SNEE ICS to dealing with obesity.

Tier 4 Metabolic Day Surgery (Bariatric): Opportunity to offer laparoscopic metabolic surgery, potentially in collaboration with another Trust.

Neuro-rehabilitation: There is known shortage of rehabilitation beds to support the ongoing rehabilitation of stroke, neuro and spinal patients when they no longer need to be in the acute setting but are not fit enough to return home. The provision of 6-8 Level 3 stroke/neuro-rehabilitation beds.

Urology: Complex (robot-assisted) cancer surgery is now offered at Colchester Hospital as part of the Southend SMDT. Potential to extend the service over time with an SMDT covering SNEE ICS.

Haematology. Opportunity to repatriate Autologous Stem Cell Transplant (BMT) services for acute myeloid leukaemia (AML). This proposal has the support of the team at Addenbrookes and would remove the need for multiple visits to Cambridge for patients (often young adults) and their relatives.

Cardiology PCI and complex devices: Extension of the existing urgent PCI service at Ipswich Hospital to serve patients at Colchester Hospital and repatriation of complex device implantation from tertiary centres will reduce waiting times for treatment.

Ophthalmology with Minimally invasive Glaucoma Surgery (MiGS): Grow our expertise in these new and rapidly developing techniques.

Nutrition and dietetic services: Improved access to dietetic support (including snacks and supplements), within 24 hours of admission, to reduce deconditioning and malnutrition for inpatients, especially frail patients.

Supporting Developments

A range of supporting service developments will improve our ability to offer sustainable, high quality services, including:

Direct access diagnostics: Via new Community Diagnostic Centres (CDCs) and new diagnostic ‘one-stop-shops’.

Electronic Patient Record: Standardisation of clinical pathways and clinical records accessible at all sites.

Dame Clare Marx Building (DCMB): Completion of this 'world-class' facility for the Essex and Suffolk Elective Orthopaedic Centre (ESEOC) in 2024 and its designation as a specialist revision centre for knees and, in due course, for hips will allow elective orthopaedic surgery to be a defining service for ESNEFT.

'Green' Surgical Centres: National funding for 'Green' surgical hubs has extended the capacity of the Dame Clare Marx Building at Colchester Hospital and funded the new Laparoscopic theatres at Ipswich Hospital, both due to be completed in 2024. These offer ring-fenced elective surgical capacity, designed to keep running even in the event of another pandemic.

The Institute for Excellence in Robotic Surgery (TIERS): Our significant investment in robotic surgery is already demonstrating notable clinical outcomes. TIERS is our partnership with Anglia Ruskin University to create a centre of excellence in education, training and research into robotic surgery.

Regional diagnostic networks (Imaging and Pathology): Collaborative networks involving all the Trusts in East of England, supporting training, innovation and quality.

SNEE ICS Endoscopy Programme

National capital funding has been received for additional endoscopes and a new CT scanner at Ipswich to provide CT Colonoscopy (CTC) for the over 75s. Funding has been secured for a four-room, Elective Endoscopy and Training Facility at Colchester and a capital bid to expand and upgrade the endoscopy facilities at Ipswich will follow.

Opportunities are being explored for a SNEE endoscopy network.

SNEE ICS Acute Provider Collaborative

The shared vision adopted by ESNEFT and WSFT for acute collaboration is:

'As integrated Acute and Community Trusts and anchor organisations, we are uniquely positioned to improve the health and care of our communities. Working together and learning from each other we will offer the highest quality and access to care for the people of Suffolk and north-east Essex. We will work collaboratively to reduce variation in the services available to our communities and to improve the wider determinants of health.'

The shared principles also adopted for acute collaboration are:

- We will work together to deliver the best quality and access to care.
- We will challenge and hold each other to account for the delivery of our vision.
- We will make shared decisions where this supports positive transformation, improves sustainability of services for our communities and reduces variation in quality. We recognise and respect our separate duties and accountabilities, acknowledging that we will need to act separately in other matters.

- We will support and empower our staff to work together, for the benefit our patients and communities, through standardising care and reducing variation in quality.
- We recognise the importance of clinical leadership and governance in all our work, and the vital role of operational leadership in delivering high-quality, sustainable services.
- We will actively involve our staff, patients, partner organisations and communities in our work.
- We will take shared responsibility for delivering agreed priorities and managing risks.

Areas of focus for collaboration are likely to include elective orthopaedic surgery, urology, paediatric subspecialties, plastic surgery, dermatology and ENT.

East of England Specialist Provider Collaborative

We are part of a region-wide specialist provider collaborative, looking to improve the access to specialist services, and their sustainability. Priorities identified to date are:

Priorities that are strategically significant

- Develop and implement a shared vision for key services to improve outcomes across the region.
- Conduct world-leading research and innovation (eg BRC, CRN).
- Work with ICBs and NHSE to prepare for delegation of specific communication and influence the national agenda.

Specialty areas for this: Children's, Cancer, Neuro, and Cardio –respiratory (including heart failure and asthma).

Priorities that are tactical

- Increase workforce resilience and reduce vacancy rates through collaboration e.g. in cancer and cardiology.
- Increase access to specialised services across the region e.g. thrombectomy, dentistry.

Specialty areas for this: Cardio –respiratory (including heart failure and asthma) and Dentistry.

Priorities that are system level

- Make care more preventative and closer to home, working closely with primary care e.g. in children's and adult's asthma.
- Share back office resources across trusts.
- Enhance digital capabilities across organisations.

Specialty areas for this: Heart failure and Asthma.

Enablers for these priorities

- Build relationships with partners in the East of England (including providers, Integrated Care Systems, networks).
- Set up governance for the East of England, SPC, with close links to regional specific communications and Integrated Care Boards, and including strong clinical leadership.
- Secure access to BI capabilities and data to support our work.
- Agree resourcing model to support priorities.

A number of specialised services are likely to be delegated from national to ICS commissioning. There are some areas of service which might be suitable for more local provision through development

of our services or in collaboration with other providers.

Quality Improvement, Getting It Right First Time, and National Institute for Health and Care Excellence

Standardisation and integration of services: to offer consistent high quality; to deliver seven-day services; to support sustainable sub-specialisation; and to maximise the benefit of the new EPR.

NHS Impact is a whole-NHS continuous improvement methodology, overseen by a new Improvement Board. Our Making Time Matter programme will engage with our ICS continuous improvement programme and NHS Impact.

Measuring success

To provide assurance that we are effective in delivering our strategy, we will monitor the progress of our delivery programme (the strategic plan) and our key success measures.

Our strategic plan

To support the delivery of this strategy, we will refresh our strategic plan. This is the collection of director-led programmes which include the key initiatives listed above, and other Trust-wide or system wide projects. The status of the strategic plan will be reported quarterly to our Trust Board, as part of the Making Time Matter programme.

Key measures of success

We will know we are successfully delivering our strategy by measuring key outcomes:

Patient outcomes

Outcome: We support patients' needs and improve outcomes wherever possible.

Measure one: CQC safe and effective domains with our goal of a Good or outstanding rating.

Measure two: Mortality with our goal being standardised hospital mortality indicator (SHMI) within expected range.

Measure three: Morbidity with our goal being reducing inpatient falls to less than five per 1000 bed days.

Measure four: Delayed discharges, patients without criteria to reside. With our goal to sustain top quintile nationally.

Patient experience

Outcome: We will improve the experience of patients, their families and carers.

Measure one: CQC care domain is a good or outstanding rating.

Measure two: National patient survey, overall satisfaction with a goal to be the top quartile by 2029.

Measure three: Friends and family test (FFT), in-patient recommenders, be the top quartile nationally by 2029.

Sustainable clinical services

Outcome one: We will ensure sustainability of clinical services and support delivery of seven day services.

Measure one: CQC responsive domain with a goal of a good or outstanding rating.

Measure two: National access standards for emergency care, cancer and planned care. The goal is to exceed national access goals each year.

Measure three: Clinical outcomes for early stage (one and two) cancer diagnosis. Our goal is to sustain top quartile nationally.

Measure four: Compliance with accreditation standards. With our goal to meet compliance with JAG and SSNAP.

Measure five: Seven day services for emergency care. Our goal is to exceed standard for first consultant review.

Outcome two: We will ensure that patients benefit from the opportunities of research.

Measure: Research activity with the goal to increase the number of patients benefiting from participation in research to 10,000 by 2029. Sustain top quartile in research delivery network (RDN) recruiting trusts.

Workforce sustainability

Outcome: We will improve workforce sustainability, retaining and attracting the best healthcare professionals to support the delivery of safe, high quality services.

Measure one: CQC use of resources domain. With a goal of good or outstanding rating.

Measure two: National staff survey recommenders. With the goal to be the top quartile by 2029.

Measure three: Vacancy factor and staff turnover. With a goal for vacancy factor to be less than six percent.

Financial sustainability

Outcome: We will contribute to a financially stable Integrated Care System.

Measure one: CQC use of resources domain. With a goal of a good or outstanding rating.

Measure two: ESNEFT control total with a goal of achievement of annual control total.

Measure three: Corporate costs with a goal of best quartile by 2029.

Measure four: Agency staff use, with our goal being the achievement of agency costs ceiling.

Alignment and strategic fit

Outcome: Our plans will align with the ICS strategy and joint forward plan. We will support the delivery of the NHS long term plan.

Measure one: CQC well led domain with our goal being a good or outstanding rating.

Measure two: Delivery of ICS joint forward plan milestones with our goal being ICS milestones met.

Execution risk

Outcome: Our plans will help us to maintain effective performance management and meet regulatory requirements.

Measure: No legal or regulatory action. With the goal being zero actions.

End of paper.