

# 2019/24 ESNEFT Strategy

A draft for comment for  
staff and stakeholders



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\*An executive summary will also be included in the final strategy document.

# Introduction

**This strategy sets out our ambition and long-term (strategic) objectives. This will guide our approach to delivery between 2019/20 and 2023/24.**

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides hospital and community health care<sup>1</sup>. We serve a wide geographical area with a population approaching 800,000 residents. We deliver care services from two main hospitals in Colchester and Ipswich, six community hospitals, high street clinics and in patients' own homes. We have nearly 10,000 staff, with an annual budget of over £650 million. We are the largest NHS organisation in the east of England.

**The merger of Colchester and Ipswich hospital Trusts in 2018 brought together two vibrant NHS organisations. We have excellent specialised services established as networks between the hospitals over the last decade.**

Our strategy will help us to sustain and improve the quality and access to services for local residents and maintain financial control. The strategy builds on engagement during the merger and incorporates views from patients, local people, clinicians and partners in our health and care system.

## Context for the 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 programme<sup>2</sup>. It will deliver our organisation's contribution to the NHS Long Term Plan<sup>3</sup>, the Suffolk and North East Essex STP plan<sup>4</sup> and Health and Wellbeing plans in Essex and Suffolk.

### Working with other organisations

In April 2019, Suffolk and North East Essex STP becomes an Integrated Care System (ICS), hosting three alliances<sup>5</sup> of provider organisations. These alliances are committed to working together to integrate care and to create one clinical community which will have significant scale: 953,000 residents in two counties (seven districts and boroughs); three acute hospitals, eight community hospitals; 104 GP practices; two mental health Trusts; and c £2,400,000,000 (2.4bn) public service turnover annually (2016). The ICS will be designed to deliver system plans to integrate care and deliver a seamless experience and better outcomes for patients.

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<sup>1</sup> Community services are provided in Ipswich and East Suffolk; some services, including breast screening, radiotherapy and sexual health services are provided across a wider area.

<sup>2</sup> [www.gettingitrightfirsttime.co.uk](http://www.gettingitrightfirsttime.co.uk)

<sup>3</sup> NHS England, The NHS Long Term Plan, January 2019

<sup>4</sup> Suffolk and North East Essex STP plan, November 2016

<sup>5</sup> The strategy takes account of the 'place-based' model of care that defines planning and service delivery levels based on population size: The King's Fund, Place-based systems of care – a way forward for the NHS in England, 2015

# Challenges and opportunities

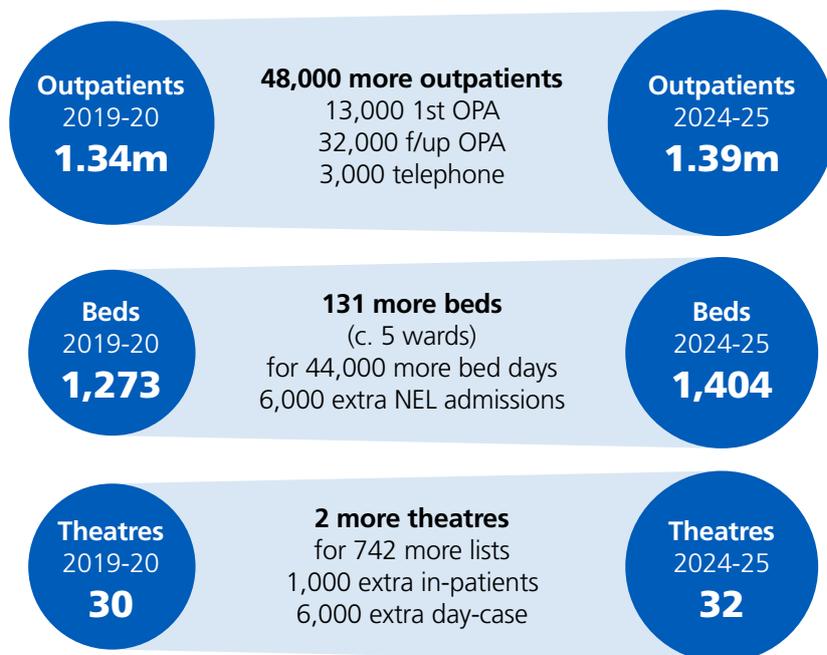
We are committed to delivering high quality, sustainable health services for our communities. To do this we must meet a number of challenges and make the most of the opportunities.

Challenges
The population we serve is growing at one of the fastest rates in England. Favourably, people are also living longer. These factors both increase the number of people needing health care services.
It is difficult to recruit staff across a range of key disciplines. In some teams, the mix of skills and staff roles could be developed further.
Like many other Trusts we are in financial deficit, despite good progress in cost improvement over the last few years.
National standards for clinical service quality continue to rise and maintaining compliance is challenging in some areas.

Opportunities
We have significant scale in many of our clinical services, with six specialties among the ten largest in England (by number of people treated)
We have a range of new skills and roles being introduced into our services
We provide community services (in Suffolk) offering good integration of services
We have a track record of strong partnership working with other health and care agencies
We have been allocated £69.3m of capital investment to ensure the sustainability of emergency and elective (planned) care services
We have strong education and research teams, with an international presence in some disciplines

## Growth in activity

If we continue to offer our services in the same way we do now, there will be significant growth in the numbers of staff, wards and theatres required:

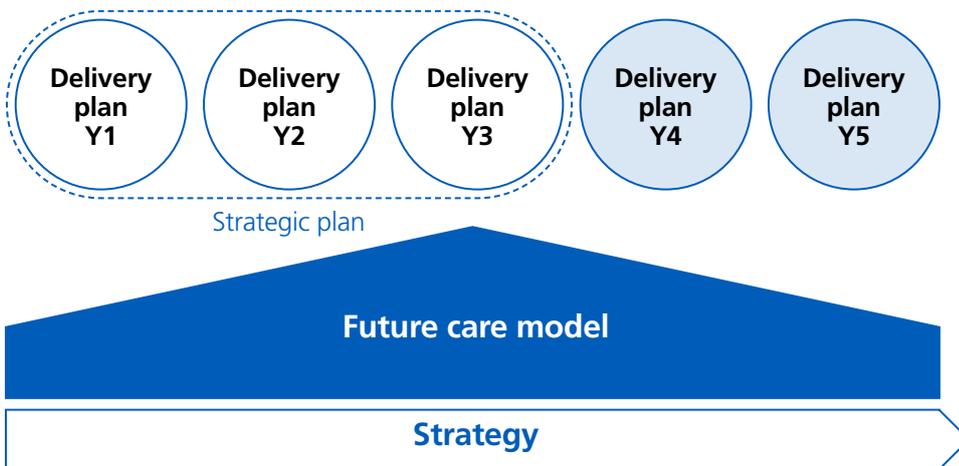


Due to the challenges in recruitment of staff and finance, it will not be possible to simply build more wards and theatres to cater for this activity. Instead, we have to continue to innovate and adapt our model of care to meet the needs of our population.

### Developments in technology

Health care and medical technology are advancing at an unprecedented rate. This strategy sets out our approach to innovation and the need for services to adapt quickly to new opportunities in order to deliver the best care. At the same time, many people have taken advantage of technology opportunities in their everyday life such as the use of apps to organise their finances, travel and wellbeing. Our strategy sets out how we need to offer people similar levels of control and independence for health services.

# The role of the Trust strategy



This strategy sets out our organisation's ambition, our philosophy, and our strategic objectives. These set the priorities for planning and decision making, for example to guide our investment decisions. Two other key documents provide further detail [these documents will be finalised at the end of March 2019]:

1. The **future care model** describes a model for service delivery that will achieve the strategy. This is how we expect to deliver services in five years, recognising that there are significant changes required to do this.
2. A **strategic plan**, refreshed each year but typically covering a three-year period, will set specific objectives for annual delivery plans, to achieve the strategy.

In essence, the strategy describes what we want to do; the future care model and strategic plan describe how and when we will do it.

A range of enabling strategies will follow, including quality, workforce, ICT and estates. We will publish these during 2019-20.

# Our 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 IT infrastructure, through to how we manage staff recruitment or the procurement of goods and services.**

# Our ambition and strategic objectives

Our ambition is simple: to offer the best care and experience.

To achieve this 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

# Strategic objective 1

## Keep people in control of their health

People play the leading role in staying healthy, recovery from ill health and living well with long-term illness. We will support, encourage and enable people to keep control of their health and wellbeing.

We recognise that not everyone will choose, or be able to use technology to manage their own health and wellbeing. However, for those who can use these technologies we will make them available. This will also free up time for our staff to support others.

### We will prioritise:

#### Self-care

We will support patients to manage their own care through clear advice, personalised care planning, education and networks of support.

Self-care technology (e.g. wearable health devices and apps) will offer further options for those people who are able to use it.

#### Self-service care

We will enable patients to have control of their appointments, health information and to access advice and follow-up care online.

#### Health promotion

We will work in partnership with our wider community to maximise health promotion, with support for physical and mental wellbeing.

#### Prevention

In our clinical practice, we will make every contact count, to take every opportunity to prevent disease or its adverse effects. We will extend the scope of community-based specialist services supporting patients with long-term conditions.

We will work with our system partners in the ICS to offer health and wellbeing interventions to all people admitted to hospital, such as smoking cessation.

#### Equality in health

There are significant health inequalities in the communities we serve, which lead to poorer outcomes and shorter life expectancy. We will work with our system partners to understand and address the causes of health inequality.

#### End of life care

Planning for care at the end of life has improved significantly. We know that more people can be given the chance to set their own goals and make choices about the end of their life. We will work with our system partners, such as our GPs and hospices, to ensure that more people are supported to make these important choices.



## Keep people in control of their health

### We will:

Enable patients to manage their own health and wellbeing

Enable patients to have control of their health information and appointments

Maximise health promotion and prevention of ill health

### We will know we have succeeded if:

People are able to book and rebook their own appointments and view key elements of their health information online

More people use medical technology which talks to our systems

People can, where appropriate, opt for follow-up care online, by phone or video call

Rates of face-to-face follow-up are reduced significantly

Rates of admission for exacerbations of long-term conditions are comparable to the best in England

## Key benefits from meeting this objective

- People are actively engaged in their health and wellbeing, staying well or recovering better through:
  - access to their information
  - control of their care
  - trusted advice when they need it
  - a joined-up approach to prevention of ill health.
- Better communication and access to information reduces stress for everyone.
- Risk is managed jointly between the patient and clinician:
  - people with chronic conditions and low risk care are monitored remotely
  - follow-up is by exception only, with other means used to ensure that the person is progressing as planned
  - unnecessary travel for people to receive their care will be reduced.
- Opportunities for prevention and health promotion are acted upon.

### Patient portal

Our patient portal is an on-line application that will offer a new way for people to interact with our services. It will give people access to their own health information and control over their appointments. Over time, it will support online interactions with clinicians and be able to share data from other health applications and wearable devices.

Not everyone will be able or will choose to use our online services. Our existing ways of supporting patients, such as face-to-face and telephone contacts will continue to be available.

# Strategic objective 2

## Lead the integration of care

People tell us that they want to receive co-ordinated care, support and advice from one system as close to home as possible, and to tell their story only once. Delivering the best health and care requires multiple organisations to co-ordinate their services around people's individual and often complex needs. Integration means our local residents should experience seamless services: we avoid duplication, we share information easily<sup>6</sup> and services work together to ensure that we value people's time and reduce avoidable stress.

### Integrated teams in the community

We will build on the success of our integrated teams in the community, working closely with GPs and social care services in our neighbourhood areas. This will include specialist teams to support people with long-term conditions, frail patients and those at the end of their life.

### Mental health

In partnership with mental health providers, we will train and support our staff to manage the mental wellbeing needs of their patients and colleagues. We will become a 'mentally healthy organisation', creating a working environment and culture that reduces stress and mental health issues experienced by our staff. We will work closely with mental health community teams and support the ICS 'higher ambition' to achieve zero suicides.

### Home first

If someone does need to be admitted to hospital, we want them to be able to go home as soon as they are fit to do so. When they are well enough to be discharged, we will use a home-first approach. With our system partners, we will offer appropriate home support, so that planning for long-term needs can be done after discharge, rather than in hospital. This will reduce unnecessary delays to getting home.

### Frail and older patients

Over the last few years, many more frail and older people have needed admission. They often have mental health needs as well as physical needs and the number of people requiring support is increasing. There is strong evidence that admitting frail and older people to hospital is not the best way to care for them<sup>7</sup>. We need to meet their clinical, emotional and physical needs in community settings, including at home, wherever possible.

We will work with our system partners, including care homes and social care services, to transform the models of care for our frail and older patients. We will focus on avoiding people getting into crisis, anticipating deterioration and intervening earlier in the community or in outpatient reviews.

<sup>6</sup> Information sharing and online services will comply with national legislation and NHS standards relating to privacy and confidentiality

<sup>7</sup> The King's Fund, Making our health and care systems fit for an ageing population, 2014



## Integration of care

### We will:

Provide services co-ordinated around each person's individual needs, through:

Integrated neighbourhood teams

Mentally healthy services

Shared information across the ICS

One clinical community with pathways end-to-end across the system

Urgent care integration

Home-first approach to post-treatment care

### We will know we have succeeded when:

Health and care information, from all the organisations involved, is available to the patient and to staff when they need it

Staff in every service have training and feel able to support the mental wellbeing needs of patients and colleagues

Patients are only admitted to hospital because their medical need requires it

### Key benefits from meeting this objective

People experience seamless care:

- information is available at the right time and right place
- people know what should happen next and when
- handovers of care are minimised (we get it right first time)
- multi-disciplinary care is the standard way of working
- no-one comes to hospital, or stays in hospital except for medical needs.

#### **Mentally healthy services**

Mental wellbeing is as important as physical health. For many of our patients, their physical illness is made worse by mental health problems, from anxiety to serious mental illness.

It is also important that our staff have good mental wellbeing to be able to offer consistent care and compassion. We will develop our culture and environment to reduce stress, and to identify and support staff with mental health issues.

# 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 treatments. That includes services in hospital and in the community.

### Supporting care close to home

Building on the excellent service developments in Suffolk (see the box below) we will continue to provide specialist services based in the community to meet people's needs close to their homes, even in a crisis.

These services are in place in Suffolk, where our organisation runs the community services. We will work with our system partners to ensure equal access to similar services in north east Essex.

### High quality hospital care

High quality clinical care requires the right level of clinical expertise, modernised facilities, and safe systems and processes. Seven-day access to specialist care is important to ensure that timely advice and treatment are available for all patients. Procedures which are only performed in small numbers should be undertaken in one location to ensure consistency of care.

The number of people treated in elective services will increase to meet the changing needs of the local population. We will need to consider changes to the way we provide some services or procedures to achieve a consistently high number of people treated throughout the year.

We will review the provision of services for children and young people, including eating disorders and elective surgery. We will continue to improve the support for young people as they transition into adult services.

We will invest in new facilities and equipment to allow more people to receive the best care. Active involvement of specialties in clinical research and innovation, as well as the development of our staff are important factors in providing the latest treatments locally.



## Centres of excellence

### We will:

Ensure good access

Standardised pathways

Direct access diagnostics

Access to specialist advice

Deliver the best clinical quality

Safe care, good outcomes and experience are achieved by:

Compliance with national standards

7-day specialist input

Getting It Right First Time best practice

Shared information Offer the latest treatments

Investment in facilities and equipment

Increase the number of patients and staff involved in research and innovation

### We will know we have succeeded when:

Clinical outcomes are among the best in England

Waiting times for elective care are among the best in England

We meet the system standard for emergency care consistently

### Excellence in emergency care

We will implement the NHS Long Term Plan and the national urgent care model, including urgent treatment centres and integration of clinical pathways with our system partners.

We will strengthen our existing community service models to ensure that more people can avoid admission to hospital in a crisis.

Investing in new facilities will offer patients a better, faster and safer experience of care. We will use part of the £69m additional NHS money (for capital schemes) to redesign our emergency department facilities at Ipswich and Colchester hospitals to improve access to specialist assessment and diagnostic imaging.

We will develop an organisation-wide approach to optimising complex emergency specialist care.

### Excellence in elective care

Our services will meet and exceed national service standards.

We will implement the recommendations of the national Getting It Right First Time (GIRFT) reviews.

We will move toward a model of outpatients as a 'consulting and diagnosis' service; increasingly face-to-face follow-up care will become the exception, with patients able to opt for online monitoring (via the patient portal), telephone or video. Improved use of the 'advice and guidance' tool will allow GPs and other members of our integrated neighbourhood teams to seek advice from specialists without needing to make a referral.

Working with our system partners, we will increase access to diagnostic services for our integrated neighbourhood teams, including GPs. This will enable them to meet the needs of a greater number of patients without referral. With our system partners, we will review the requirements for diagnostic capacity (especially CT, MRI and endoscopy). This is particularly important for the early diagnosis of cancer.

We will develop 23-hour-stay day surgery units at both sites to ensure that as many patients as possible can benefit from short-stay surgery.

We will move to a model of care offering seven-day consultant-led elective services.

With our commissioners, we will review our complex elective specialist care to ensure that we offer the best clinical outcomes and most efficient models of working; this will include reviewing the access for our population to, for example:

- robotic surgery
- bariatric services
- complex cardiac devices
- primary angioplasty services
- bone marrow transplant
- hypofractionated radiotherapy
- the most modern interventions for stroke, including thrombectomy.

## Emergency care

Co-location of UTCs with EDs on both sites

Integration with community teams to support care outside hospital

Improved local access to complex emergency specialist care

Reduced waits for emergency care  
Elective care

Efficient co-ordination through the Logistics department

Direct access diagnostics, supported by advice and guidance

AI-supported diagnostics and digital pathology

Reduced waits for elective care

Excellent clinical outcomes

Robotic surgery

Bariatric services

### **Key benefits from meeting this objective**

- Improved and consistent quality of care
- Improved workforce sustainability
- Improved access to services.
- Repatriation and retention of activity that would otherwise mean people travelling to distant centres for their care.

### **Elective and emergency services in the community**

We have a range of specialist services based in the community to meet people's needs close to their homes, even in a crisis. We will strengthen these services and increase the support available in community settings.

This will include:

- rapid response, multi-disciplinary services for people needing support within two hours
- rehabilitation and reablement in the community, including our community hospitals
- comprehensive assessment and support for frail and older patients
- specialist community teams supporting patients with long-term conditions to stay well
- home first or discharge-to-assess arrangements to ensure that people get home from hospital as soon as possible after their treatment is finished.

# 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.

### A great place to work

We will be recognised for:

- the opportunities for all our staff. They will be developed, engaged, fulfilled and want to stay within the organisation
- our clear values and behaviours. These will shape the way we work together. We will live up to our philosophy that time matters for our staff and our patients
- a diverse and representative workforce
- a great place to work. We will have more applicants than jobs available. We will recruit based on values. The result will be low numbers of vacancies, low use of agency staff and reductions in turnover
- the competence and capability of our senior leaders. They will lead and support organisational and cultural change. We will make the most of the skills and qualities of our leaders and their teams
- highly engaged individuals and teams. They will be effective and solve problems at a local level when issues arise. Our devolved decision making and Accountability Framework will support this
- people feeling safe to raise concerns, with zero tolerance of bullying and harassment
- our care and respect for staff. We will prioritise their mental and physical health and wellbeing. We will be an employer of choice
- our strong service improvement and organisational development. We will ensure good involvement of, and communication to our staff
- using technology well. This will support individuals and improve their day to day work
- our great opportunities for training, education, research and innovation



## Support and develop staff

### We will:

Be a great place to work with fulfilling roles and exciting opportunities

Value and embrace diversity in our workforce

Engage, listen and develop all our staff

Create a healthy and positive working environment

We will know we have succeeded when:

Our staff satisfaction is among the best in England

Our vacancy rate is among the lowest in England

We are able to award higher qualifications in our own right

### **Exciting opportunities for all staff**

We will develop a flexible and multi-skilled workforce that provides the staffing needed for the future. Our teams will be able to adapt to the changing needs of patients and work together to deliver our ambition. We will invest in our staff, nurture their talent and develop high performing teams.

We will build a strong, multi-disciplinary Faculty of Education, Research and Innovation. We will become a Recognised Body (by the Office for Students), awarding higher education qualifications at degree level. This will give all our staff the opportunity to develop their clinical and leadership skills and competencies. It will build on our centres of excellence for advanced clinical and simulation training. We will offer these as a regional resource.

By increasing academic and clinical partnerships with universities, we will increase our research output and work with industry to develop innovative care. We will make posts across the organisation more attractive through increased involvement in research and innovation.

We will exploit the apprenticeship levy through nationally recognised apprenticeships and training programmes developed in partnership with the universities.

### **Creating a healthy and positive working environment**

We want our staff to enjoy working in the organisation and to feel valued and respected. We will ensure equality for all by implementing and supporting schemes such as the workforce race and equality standard. We will embrace and support talented people, providing opportunities for those who wish to progress their careers and achieve their full potential. We will expand and develop our programmes that offer leadership skills and team development.

We will ensure that we match skills and competencies with manageable workloads at individual and team level and create a realistic work life balance that enables our workforce to be their best.

### **Key benefits from meeting this objective**

- We are an exciting and rewarding place to work and develop your career
- Staff feel engaged and valued in their roles and understand what is expected of them
- We enhance skills and create new roles
- We recruit and keep the best staff.

#### **Education, research and innovation**

We have vibrant programmes of education and training (from schoolchildren to post-graduates), research and innovation. Building on these strengths, we will establish a Faculty of Health Science and Education, which will link closely with our academic, training and industry partners. In time, this will become accredited to award higher qualifications in its own right. The faculty will link closely to local workforce planning to develop a skilled and sustainable workforce.

We will embed research and innovation partners, building a strong culture of collaborative development for the benefit of our current and future population.

For example, our Icen Centre has developed a reputation for excellence in advanced skills training. This has resulted in a steady stream of applicants to undertake clinical fellowships at the Trust, with some of these becoming permanent members of staff in due course.

# Strategic objective 5

## Drive technology enabled care

Technology has dramatically transformed the way people access many services at home, from banking to leisure, and yet little has changed in the NHS. People increasingly want to engage with us in a different way. We will extend the use of technology for clinical and administrative processes to enable us to deliver the best care.

### Transformational medical technology

We will embrace new clinical technologies where they offer faster, safer and less invasive care. This will include increased use of wearable devices and health apps enabling a move away from routine face-to-face appointments to patients accessing care when they need it. We will also increase the number of patients who can benefit from participation in research to offer the latest medical technology. This will include partnerships with universities and industry across the world.

Artificial intelligence (AI) support tools, particularly in diagnostic imaging, are maturing rapidly. They will offer the opportunity to speed up some processes of care and, in some cases, to reduce errors. As these become ready for use in mainstream care, we will integrate them into our clinical processes.

### Integrated health and care information

We will increase the integration of information and connectivity between IT systems, including the use of 'virtual workers' (software robots) to undertake routine tasks. This will reduce the repetitive questioning of patients and improve the information available to clinicians as they make decisions with their patients. As the ICS matures, we will use information from local health and care organisations to improve the planning of care services (population health management) and predict when and for whom there are better opportunities to prevent ill health.

The automated collection of information, for example through 'smart' devices and sensors, will free up staff time and give real-time information to manage services more safely and efficiently.

New technology can revolutionise the quality, speed and experience of care. We will support our teams to drive the introduction of new diagnostic, treatment and information technology, to offer the best care and experience.

We will look to standardise our main clinical and administrative information systems so that information is collected, stored and can be shared more easily. This includes our patient administration systems, prescribing and order communication systems.

### Key benefits from meeting this objective

- Pathways of care are shorter and with better outcomes
- Interaction with services is simpler and more reliable
- Care is safer because information is more complete and easily available.



## Technology enabled care

**We will prioritise:**  
Clinical technology

Partnership with universities and industry to speed up care, improve safety and support clinical decision making

Integrated information  
Joined up information across the ICS will enable:

Better information for clinicians and service management

Population health management

Prediction of problems before they occur

Improved inventory management, ensuring the right supplies at the right time

**We will know we have succeeded if:**

We offer a safer service, with fewer serious incidents

Reduce the time it takes to let people know if there is a fault with a medical implant

We reduce wastage of out-of-date stock

We can plan more efficient care services based on real-time information

# Delivering the strategy

Delivering the strategy will depend on all parts of the organisation working together toward a set of common objectives. There are two key documents which support this: the future care model and the strategic plan:

1. The future care model forms an essential link between the strategy and the annual operational delivery plans. It describes how the organisation will work once it has delivered the strategy. The future care model illustrates how the model of care will be delivered and the key enablers to making the organisation work – governance, workforce, technology, and business information.
2. The strategic plan sets out what needs to be achieved each year, in order to deliver the strategy. These high-level milestones will give clear direction on when key elements of the future care model will be delivered. These will then be included in the annual delivery plans for each department. The strategic plan is refreshed annually and typically covers a three-year period.

Some elements of delivering sustainable services in the long term are dependent on the board and the corporate functions putting in place trust-wide systems processes and facilities that enable clinical staff to work more efficiently and effectively to deliver care.

## Measuring success

The key success measures for the strategy are consistent with those set out in the formation of ESNEFT. These are:

Criteria	Description	Indicator/measure	Target
<b>Patient outcomes</b>	Plans support the patient's clinical needs and deliver improved outcomes wherever possible.	CQC Safe and CQC Effective domain ratings	CQC Safe and CQC Effective: Good or Outstanding
		Mortality (SHMI)	SHMI within expected range from end of 2019/20 with a reduction over 3-5 years
		Morbidity (Sepsis)	Effective sepsis screening and time to intravenous antibiotics for red flag patients - 90% within 1 hour by end of 2019/20
		Delayed Transfer of Care (DToC)	NHS DToC <1.0% by end of 2020/21
<b>Patient experience</b>	Plans improve the experience of patients, their families and carers matching capacity to demand at their preferred location(s) for care where practicable.	CQC Caring domain rating	CQC Caring: Good or Outstanding
		Time matters – composite patient time loss indicator	Patient time lost indicator – under development
		National Patient Survey	Top 20% for Patient Survey by 2023/24
		Friends and Family Test (FFT)	FFT recommended by 97% of patients by Q2 2021/22

Criteria	Description	Indicator/measure	Target
<b>Clinical sustainability</b>	Plans improve clinical sustainability and support the delivery of acute and emergency services across 7-days. Moreover, plans should ideally contribute to innovation, research, education and training and provide regional competition for the delivery of excellent healthcare thereby helping the new trust to retain and attract the best healthcare professionals.	CQC Responsive domain rating	CQC Safe and CQC Effective: Good or Outstanding
		Time matters – composite staff time lost indicator	Staff time lost indicator – under development
		National Access Standards	Exceed national access standards by 2023/4
		Compliance with accreditation standards	Ongoing compliance
		7-Day Services Standards	Deliver key four 7-day standards by end of 2019/20 Deliver all 7-day standards by end of 2020/21
		Research	Increase the number of patients benefitting from enrolment in NIHR portfolio and other research by 50% by end of 2020/21 Top quartile of Clinical Research Network (CRN) recruiting trusts by end of 2020/21
<b>Workforce sustainability</b>	Plans improve workforce sustainability and support the delivery of acute and emergency services across 7-days. Plans should contribute to the delivery of excellent healthcare thereby helping the new trust to retain and attract the best healthcare professionals.	CQC Use of Resources domain rating	CQC Use of Resources: Good or Outstanding
		National Staff Survey	Top 25% for National Staff Survey by end 2023/24
		Vacancy factor and staff turnover	Vacancy factor of less than 6% by end of 2021/22 Staff turnover less than 8% by end of 2021/22
<b>Alignment/ strategic fit</b>	Plans align with the STP's clinical vision and has the support of commissioners. Plans are compatible with national policy, particularly the NHS Long Term Plan 2019.	CQC Well-Led domain rating	CQC Well-Led: Good or Outstanding
		Delivery of relevant milestones in the STP Plan	STP milestones met on time
<b>Execution risk</b>	Plans must be assessed for likelihood of organisation being able to maintain effective performance management and meet all regulatory and statutory requirements.	Achieve and maintain Segment 2 (or better) of NHSI Single Oversight Framework.	SOF Segment 2 by Q1 of 2020/21
		No legal or regulatory action.	Zero actions at Q3 of 2019/20

