



**East Suffolk and
North Essex**
NHS Foundation Trust

ESNEFT 2021/22 Business Plan

Version 1.0 June 2021



East Suffolk and North Essex NHS Foundation Trust (ESNEFT) provides acute hospital and community services, serving a wide geographic area with a population approaching 800,000 residents.

Services are provided from the two main hospital sites in Ipswich and Colchester, six community hospitals, high street clinics and in patients' own homes.



Time is important to everyone whether as patients, as family or carers, or as staff delivering care. Together the Trust and its staff will improve services to make every moment count.

As a Trust we have a simple ambition: to offer the best care and experience.

To achieve this ambition, the Trust has five strategic objectives:

1. **Keep people in control of their health**
 - Support 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
2. **Lead the integration of care**
 - 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
3. **Develop our centres of excellence**
 - Standardised pathways
 - Direct access diagnostics
 - Access to specialist advice
 - Involvement of people in their health and care
4. **Support and develop our staff**
 - Create fulfilling and stimulating opportunities for staff
 - Support our teams and recognise good work
 - Create a great working environment
5. **Drive technology enabled care**
 - Clinical technology
 - Patient-centred technology
 - Integrated information

While CV-19 has impacted on the way we work, our ambition and objectives remain as before.

National priorities:

National planning guidance was issued in March setting out the six priorities for the service, along with notification of continuation of the block funding arrangements until the end Sept 21 (H1).

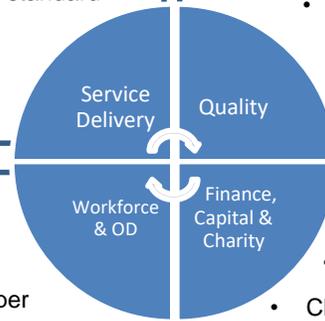
The six priorities are:

- A. Supporting staff health and wellbeing and taking action on recruitment and retention
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate ED attendances, improve timely admission for ED patients, and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities

The Trust has developed its business plan by bringing together these national priorities and our strategic objectives.

- Deliver 120% 19/20 elective activity across the ICS by September 2021
 - BAAGS - Blue card discharge, advice and guidance, 25% virtual consultations, "Good News" letter, straight to test
 - Implement high volume low complexity and GIRFT pathways
- Integrate North Essex Community Services
- Integrated Neighbourhood Teams and "Connect" project
- Develop a Community Diagnostic Hub, and diagnostic and pathology network
- New front door model, including psychiatric liaison, and new ED standards
- Maintain improvements in long length of stay and flow
- Restore 62 day cancer standards and meet new 28 day faster diagnosis standard
- Review high dependency provision
- Winter and surge resilience preparations

- Sepsis – rollout RESPECT tool and increase Sepsis 6 bundle to 90%
- Falls – reduce to less than 5 per 1,000 bed days
- Nutrition – all patients to have a risk assessment
- Infection Control – zero tolerance for all avoidable nosocomial infections
- Interventional safety – reduce Never Events
- GIRFT – implement top 3 recommendations and best practice pathways
- End of life – patients to reach preferred place of care in timely manner
- Dementia – use of "This is Me" documentation increased to 50%
- Maternity – implement Ockenden, CNST standards and Continuity of Carer
 - Health Inequalities – launch programmes for healthy eating, asthma and tobacco. Improve capture of ethnicity data in ED
 - Develop population health management capability within the ICS



- Staff Wellbeing: Wellbeing conversations and early warning system; 500 Mental Health First Aiders and Oasis gardens
- Implement workforce safeguarding and controls – SafeCare, position per post; Locum on Duty and direct engagement; eRostering
- Job planning for consultants, CNS and AHPs; consultant revalidation
- Workforce and recruitment plan – reduce vacancy rate to 2.4%
- On-boarding NICS staff
- Develop EDI strategy
- Develop Faculty of Education and Innovation
- 90% appraisal and mandatory training, 350 staff trained in QI methodology
- 75% apprenticeship levy spend, 50 new staff from most deprived communities, 25 Kickstart roles
- Develop advanced practitioner roles (10% increase) and rotational placements
- Middle and Senior leadership development programme and talent conversations

- Deliver FIT of £31.8m and CIP of £24.0m
- Building Better Care projects: Elective Orthopaedic Centre and UTC
 - Child Health and Ophthalmology redevelopments
- IRCA, LAMP, Aseptic and Pharmacy Manufacturing Units, Breast Care Centre
- Harmonise Estates and Facilities services across sites, including car parking and transfer of ownership of Community Hospitals
- Implement SMARTCare
- Procure new ESNEFT EPR
- Single ESNEFT systems for PACS, ICE requests and reporting, Critical Care, Clinical Photography, QPulse, Datix Cloud and EVOLVE
- Network upgrade, unified telephony/switchboard, cyber security and transfer of NE Essex community sites
- New intranet, and technology and estate changes for remote working
- Patient portal developments and HIE shared care records

National planning guidance requires the Trust to transform community and urgent and emergency care to prevent inappropriate ED attendances, improve timely admission for ED patients, and reduce length of stay:

Community Care:

- **Integrate North Essex Community Services:** ESNEFT, as a full member of the NEE Alliance, is well placed to lead the transformation of current services in conjunction with fellow Alliance colleagues, as well as develop innovative new partnerships with local communities. Recognising that the NEE population, whilst diverse and vibrant, has several areas of extreme deprivation, high levels of long term complex health conditions, increased levels of mental ill health and low educational attainment. Staff will TUPE transfer from 1st July and the process of transforming community services across organisational boundaries, and integrating pathways across primary, community and secondary care, will begin.
- **IES Integrated Neighbourhood Teams:** Work with Alliance partners to implement “Connect” principles of integrated care, including delivery of 2 hours crisis response.

Urgent and Emergency Care:

- **New front door models at both acute sites:** Change workforce models and transition to UTC within current budget. Decant services to commence new UTC/ED build. Detailed pathways and SOPs drafted ready for 22/23 go live. Embed the use of clinical frailty score in ED
- **Same Day Emergency Care models:** Embed SDEC models including hot clinics at both sites. Reconfigure Ipswich SAU and increase numbers through SDEC(s). Release beds from efficiencies made from SAU reconfiguration. Sustain elective activity throughout winter period along with bed occupancy and stranded patient metrics. Evaluate Clacton AMSDEC.
- **Delivery of new UEC standards:** Signed SOP for ‘clinically ready to proceed’ with all specialties / ED, ready for 1st July. Respond to requirements from NHSE in relation to new standards.
- **Patient Flow – Bed model, ward reconfiguration:** Seasonal variation plan for both sites and confirmed plan & funding for outstanding ward reconfigurations. Release emergency bed capacity to accelerate elective delivery. Embed ‘criteria to reside’ / discharge policy on both sites. Deliver ECIST Alliance 16 actions. Ward reconfiguration delivered as per FBC. Explore expansion of Rushmere Day Unit 7/7 and respiratory ambulatory model. Achieve 92% occupancy and stranded patient metrics.
- **Resilience:** Winter and surge resilience preparations. Review critical care and respiratory high dependency provision.
- **Mental Health:** Work with system partners to facilitate more timely pathways for patients

National planning guidance requires the Trust to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. In addition the Trust has agreed to be an accelerator site and deliver additional elective activity to help restore elective waiting times:

Elective activity plan:

The Trust has committed to delivering 120% of re-baselined 19/20 elective activity from the end of September. The trajectory over the first half of the year is:

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Elective inpatients	71.6%	93.2%	94.6%	99.4%	107.6%	116.1%
Elective day cases	80.0%	94.9%	100.6%	102.2%	110.7%	118.0%
First outpatients	73.9%	77.5%	95.7%	96.2%	103.8%	110.4%
Follow-up outpatients	77.1%	80.0%	97.4%	97.3%	104.1%	111.1%

Elective care:

- **Accelerator and ERF:** Deliver 120% of ICS elective activity by September 2021. Work through the productivity and transformation opportunities which include: mapping theatre constraints, delivering Advice & Guidance, Patient Initiated Follow-Up and Good News letters across ESNEFT in all relevant specialties. Implement best practice for 29 GIRFT pathways and delivery the high volume low complexity (HVLC) pathways, unblock key constraints in theatre processes to improve productivity.
- **Support delivery of EOC plan:** Agree model of care and workforce plan. Final sign-off of Full Business Case, decanting and initiate build.
- **Community diagnostic Hub:** Submission of first wave application for a CDHG in Clacton. Links to health inequalities analysis showing later referral patterns due to constrained primary care capacity.
- **Cancer:** Support to deliver 28 days faster diagnostics. Community based RDS in place; site-specific pathways identified as most impacted by COVID-19. MDT Cancer Meetings review. Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments. Meet Faster Diagnosis Standard of 28 days - initially at a level of 75%. Achieve number of people waiting for longer than 62 days to the level in February 2020. Agree risk stratified follow-up pathways in 3 additional cancer types.

COVID infection remains a risk to our patients and our staff:

- Social distancing measures and infection prevention and control have impacted on physical capacity
- Mitigation has been provided through the use of screens and curtains between beds
- Pathways have been developed which minimise the likelihood of a patient having COVID during treatment
- Appropriate use of PPE will continue where necessary
- Testing will also be in place for patients and staff

Our Quality priorities are:

- **Sepsis:** Rollout RESPECT tool and deliver Increase in Sepsis 6 bundle to 90%
- **Falls:** Education & training plans developed for wards of concern. Reduce falls to less than 5 per 1,000 bed days (acute)
- **Nutrition:** Undertake baseline audits and develop work plan. All patient to have a risk assessment
- **Infection control:** 100% of c-diff cases to receive post infection review
- **Interventional Safety:** Human Factors on-line training launched to deliver reduce Never Events
- **GIRFT (Getting It Right First Time):** Introduce GIRFT dashboard and focus on delivery of top 3 recommendations. Review litigation claims for four 'level 4' specialties to identify issues and ensure lessons learned.
- **End of Life:** Improved individual care planning for patients at EoL by increased and sustained use of the Individual Care Record for End of Life. Patients to reach their preferred place of care in a timely manner.
- **Dementia:** Usage of "This is Me" documentation increased to 50%
- **Mental Health:** Redesign pathways with system partners to ensure no waits over 6 hours for mental health patients in ED. Review children and young people services to integrate with eating disorders and suicide prevention.
- **Maternity:** Implementation of Ockenden response and CNST Maternity Incentive Scheme. Delivery of Continuity of Carer model and reduction of health inequalities in maternity services. Increased number of vaginal births follow C-section
- **Health inequalities:** Initiate project groups in healthy eating, tobacco treatment, and asthma management.
- **Population health management:**

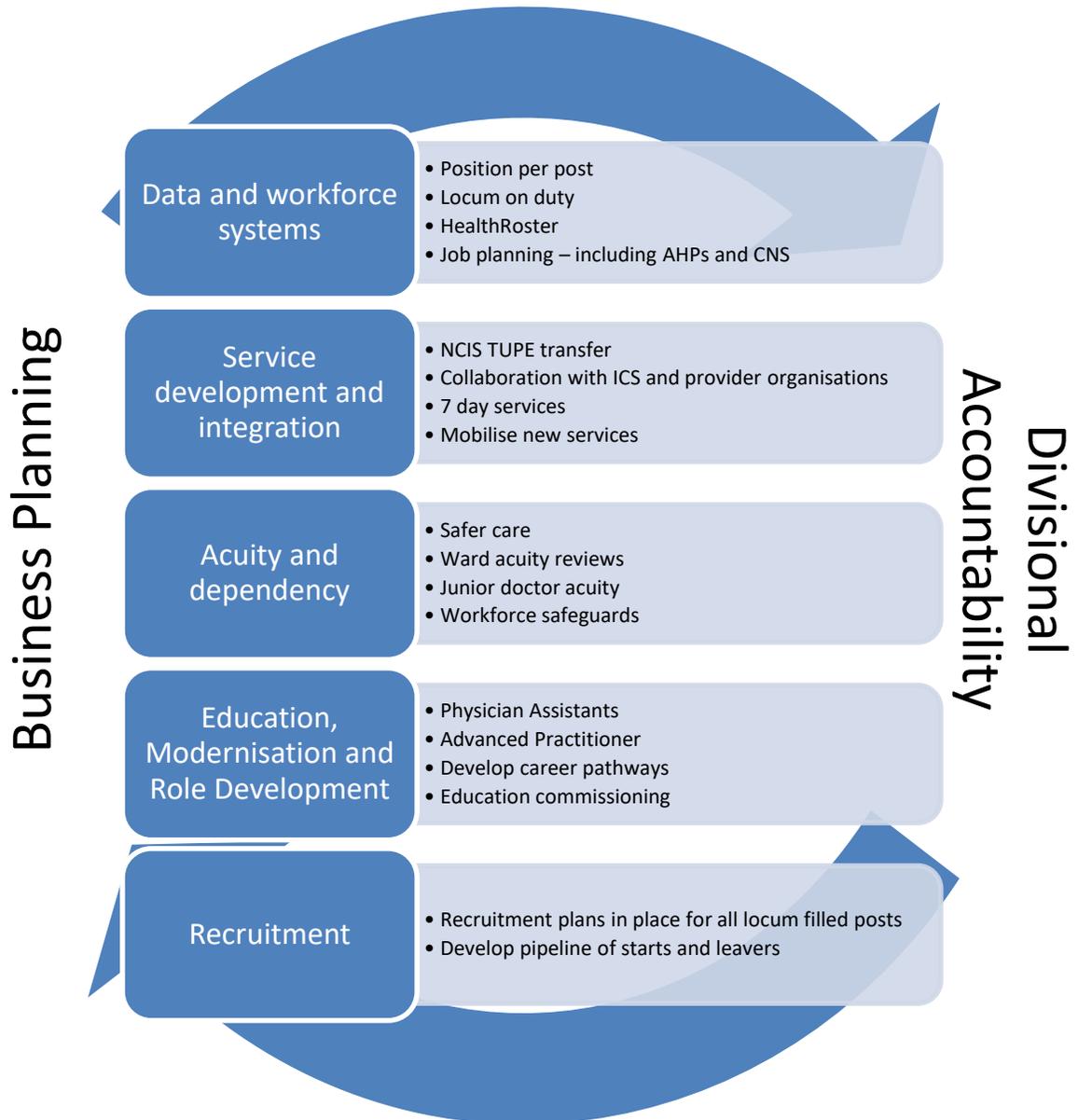
The Trust identified the need to improve our workforce planning capability across all roles at ESNEFT.

A considerable amount of work was achieved during the merger to improve the systems and controls around the management of vacancies, reduce time to hire and increase visibility of gaps through ESR.

The implementation of establishment control through use of position numbers and greater use of HealthRoster/Safe Care will optimise staff deployment, based on acuity led demand thus improving patient safety. There is further scope to enhance workforce wellbeing and reduce agency usage.

However, we have not fully exploited available workforce data to create an effective baseline. The introduction of a dynamic workforce planning process with appropriate oversight and governance creates greater visibility of our current staffing position and future projected demand.

Through this process we will be able to better forecast our workforce demand, shape our education, training/CPD, flex our recruitment efforts and workforce design in order to respond to predicted staffing needs both in terms of numbers and skill mix.



Workforce

To ensure we have the right number of staff in the right place at the right time with the right skills

This year we will:

Develop a systematic approach to workforce planning which will enable us to focus on our hard to recruit roles, reducing reliance on contingent staffing spend, and focussing on retaining our existing workforce through innovative opportunities

- Improve workforce tools including e-rostering, job planning and position per post
- Improve and embed workforce planning and supporting policies
- Reduce our vacancy rate to less than 2.4% by reducing our leavers and turnover and improving recruitment
- Introduce 25 Kickstart roles by August 21, recruit 50 staff from most deprived communities, increase volunteers
- 20% reduction in agency spend
- Improve our staff survey results

Education and Development

To create a learning environment which attracts and retains high calibre staff for our patients

Increase educational opportunities for staff through leadership development, apprenticeships, career conversations, succession planning and talent management. Develop and commence our senior leadership team development programme:

- Spend 75% of Apprenticeship levy and apprentices to make up 2.4% of headcount
- 90% appraisal, mandatory training and probation compliance, and 10% increase in staff accessing development
- Establish a succession pipeline - 80% B8A+ to have had talent conversations, 80% key roles to have succession plans
- 25% of B5+ roles to be filled internally following delivery of leadership programme
- 10% increase of staff with protected characteristics in B6+
- Values embedded in leadership development and appraisal conversations
- Improve NSS/GMC and staff survey results
- Develop a Faculty of Education

To enhance the capability and capacity of our Leaders to deliver our strategic objectives

Staff Experience

To ensure our staff feel valued and supported and are able to contribute to the development of their role and the services they provide for the benefit of our patients

Improve and enhance the experience of all staff to feel valued by enhancing our health and well being offering and ensure all staff are welcomed and valued as unique individuals through our EDI and Just and Fair Culture Programme

- All staff to have received a wellbeing conversation, reduce sickness absence due to stress and anxiety, increase number of trained Mental Health First Aiders
- To embed a just and fair culture across the trust and appoint 10 cultural ambassadors and FTSU Associate Guardians
- Review our EDI strategy ensuring compliance with PSED, and re-igniting our staff networks

These objectives are underpinned by our 4th strategic objective to improve access to employment and training opportunities for staff from across the ICS

The financial architecture for H1 only has been released, and therefore income and planning returns only cover to the end of September.

Internally a capital programme and divisional budget have been set for the full year to give divisions a level of certainty for planning.

Changes between internal planning assumptions and final external agreements will be managed centrally where possible to minimise divisional impact.

H1 financial plan

The summary plan submitted for the first half of the year shows a break-even position:

1 April to 30 Sept 21	£000s
Income from patient care	415,135
Other operating income	25,678
Pay costs	-269,949
Non-pay costs	-154,425
EBITDA	16,439
ITDA	-16,331
Capital donations/grants impact	-108
Adjusted financial performance	0

Within these figures the following risks and mitigations have been identified:

- Risk: Trust delivers over-performance but does not receive associated ERF funding to meet costs due to aggregate system activity position
- Offset to benefit: costs incurred to deliver activity
- Risk: CIP delivery frustrated when attempting to recover activity
- Risk: Another wave of COVID-19 and impact on services
- Mitigation: Funding shortfall to be bridged by commissioners
- Benefit: Trust is able to deliver additional activity and earn more ERF
- Mitigation: Review of costs and delivery of other services
- Mitigation: Curtailment of planned activity below baseline / growth in waiting times

Approved ESNEFT Capital Programme 2021/22

All £000	Internal 2021/22	External 2021/22	Plan 2021/22
Expenditure slipped from 2020/21			
Molecular Lab (Project 3000)	1,588	-	1,588
Interventional Radiology	231	-	231
Community Data Warehouse	200	-	200
St Clements	120	-	120
OP Ophthalmic Space	1,000	-	1,000
Energy Schemes	342	-	342
Critical Infrastructure	311	-	311
Clinical Photography	90	-	90
Total slipped from 2020/21	3,882	-	3,882
Expenditure as per 5 Year Plan			
Medical Equipment	3,500	-	3,500
Estates Backlog Capital	2,500	-	2,500
IT Infrastructure & Developmt	700	-	700
Endoscopy Equipt Replacement	200	-	200
PFI Lifecycle Costs	1,161	-	1,161
Endoscopy Managed Service Equipment	50	-	50
Interventional Radiology	4,980	-	4,980
Breast Unit	2,200	-	2,200
Breast Unit	-	1,250	1,250
Child Health Dept Redevelopment	2,186	-	2,186
STP Development (Trust funded)	3,500	-	3,500
Emergency Reconfiguration	-	18,043	18,043
Elective Reconfiguration	-	-	-
HDR Brachtherapy (Building & Equipment)	-	-	-
Critical Care System	834	-	834
Contingency	-	-	-
Total Existing 5 Year Plan	21,811	19,293	41,104
Total Capital Programme	25,693	19,293	44,986

The summary to the right shows the total of additional funds allocated to divisional budgets.

Set against this is an in-year CIP requirement of £15.7m

This currently excludes:

- Ockenden costs
- Community Diagnostic Hubs (separate bid currently submitted)

These cover full year budgets except for COVID and elective recovery where only half year allocation have been made

		Uplift	Total
Application of funds	<ul style="list-style-type: none"> • Funds for inflation and reserves • Reviewed by F&P deep dive 	£30.1m	£30.1m
Business case top slice	<ul style="list-style-type: none"> • £4.6m funding for approved cases • ODG scrutinise for offsetting benefits 	£2.6m	£32.7m
Corporate top slice	<ul style="list-style-type: none"> • ODG review three scenarios £0-£753k • Corporate scrutinise bids/ODG approve 	£0.4m	£33.1m
Divisional allocation	<ul style="list-style-type: none"> • Allocate pro-rata to control totals • Approved by ODG 	£3.4m	£36.5m
COVID (H1)	<ul style="list-style-type: none"> • Funding outside COVID envelope £10.9m • Funding inside COVID envelope £13.8m 	£15.7m	£52.2m
Elective Recovery (H1)	<ul style="list-style-type: none"> • ERF funds • Provisional allocation based activity plans 	£14.5m	£66.7m
Accelerator	<ul style="list-style-type: none"> • Share of £10m funding for SNEE • Plus £2.5m additional capital funding 	£4.1m in bid	£70.8m