East Suffolk and North Essex NHS Foundation Trust

25/26 business planning - summary

Council of Governors

25 June 2025

Overview – priorities and operational planning guidance (30 Jan 25)

- The priorities and operational planning guidance is a strategic document that is issued annually by NHS England. It establishes the priorities and operational expectations for the NHS.
- Lord Darzi's 2024 investigation found that despite the commitment and dedication of the NHS workforce, the health system in England is struggling to meet the growing demands of an ageing population, with a greater number of people living in poor health and facing delays in receiving care. The priorities for 25/26 have been set to drive essential reforms and tackle these challenges.
- NHS England has **reduced the number of national priorities for 2025/26** (see the next slides for a summary of these priorities), giving local systems greater control and flexibility over how local funding is deployed to best meet the needs of their local population.
- Systems are encouraged to shift their focus from inputs to outcomes for patients and local communities, supported by **changes to the financial framework**.
- NHS England will move towards **a devolved system and increase local autonomy** by transferring a **higher proportion of funding directly to local systems** and **minimising funding ring fences.**
- Systems need to agree and deliver plans within the resources allocated that **maximise productivity** and start to implement the reforms needed to improve services for patients, shifting the **system from hospital to community, analogue to digital, and sickness to prevention**.
- NHS organisations will need to **reduce their cost base by at least 1%** and achieve a **4% improvement in productivity**, in order to deal with demand growth, as well as addressing new local cost pressures and 24/25 non-recurrent savings. This represents a step change across all services.
- ICBs and providers will need to **review their spend on non-frontline staff again** for 2025/26 to prioritise frontline care.
- A **new performance, regulatory and improvement framework** will link with the NHS Improvement and Assessment Framework and set out NHS England's approach to supporting delivery.
- The guidance emphasises the need to focus on improvement to deliver services for patients who need them today taking into account that all parts of the NHS must now live within their means.

Key national priorities to improve patient outcomes in 25/26

- **Reduce the time people wait for elective care:**
  - **Improve the percentage of patients waiting no longer than 18 weeks for elective treatment to 65%** nationally by March 2026, with every trust expected to **deliver a minimum 5% point improvement** **(for ESNEFT, this means a plan target of 60.1%).**
  - Improve the percentage of patients waiting no longer than **18 weeks for a first appointment to 72%** by March 26 with all Trusts **delivering a minimum 5% improvement** against November 24 **(for ESNEFT, this means a plan target of 68.2%).**
  - Reduce the proportion of **people waiting >52 weeks for treatment to less than 1%** of the total waiting list by March 26 **(the ESNEFT plan is to achieve the national target).**
  - Systems are expected to continue to **improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80%** respectively by March 2026 **(the ESNEFT plan is to exceed the national targets at 81.2% and 83.5% respectively).**
- **Improve A&E waiting times and ambulance response times:**
  - Reach a **minimum of 78% of patients seen within 4 hours in March 2026** **(the ESNEFT plan is to exceed the national target at 78.4%).**
  - Compared to 2024/25, there should be a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 **(ESNEFT plan 50% improvement).**
  - **Category 2 ambulance response times** should **average no more than 30 minutes** across 2025/26.
- **Improve patients access to general practice and improve access to urgent dental care:**
  - Improving patient experience.
  - Providing 700,000 additional urgent dental appointments.
- **Improve patient flow through mental health crisis and acute pathways and improve access to children and young people's (CYP) mental health services:**
  - Reducing average length of stay in adult acute beds.
  - to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019

Key national priorities to improve patient outcomes in 25/26

To achieve these priorities, ICBs and providers must work together, with the support of NHS England, to:

- **Drive the reform that will support delivery of the immediate priorities and ensure the NHS is fit for the future focusing on:**
  - Reducing demand through developing Neighbourhood Health Service models, with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care.
  - Making full use of digital tools to drive the shift from analogue to digital.
  - Addressing inequalities and shift towards secondary prevention
- **Live within the budget allocated, reducing waste and improving productivity:**
  - Plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity **(the ESNEFT revenue plan for 25/26 is breakeven).**
  - Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems. **(a reduction of 30% is included in the ESNEFT plan).**
  - Close the activity / WTE gap to pre-COVID levels (adjusted for casemix) **(ESNEFT to take forward with a new efficiency team to review, monitor and act on this target).**
- **Implement reforms to support the immediate priorities and prepare the NHS for the future.**
  - Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.
  - Increase the % of patients with hypertension tested according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance.
- **Maintain collective focus on the overall quality and safety of services:**
  - With particular attention to challenged and fragile services including maternity and neonatal services, delivering the key actions of ‘Three year delivery plan’, and continue to address variation in access, experience and outcomes. **(the ESNEFT plan addresses these requirements).**

Trust objectives 2025/26 - Plan on a page

As in previous years and part of the Trusts annual business plan, key objectives have been summarised as a ‘plan on a page’ grouped into four categories:

(1) Service delivery

(2) Quality

(3) Workforce and organisational development

(4) Finance, capital and charity.

The expectation is that 2025/26 will focus on similar activities and commitments to 2024/25 with the intention to stretch performance further to support overarching ambitions as detailed on the following slide. Progress on 2025/26 plans has been reported to the Performance and Finance committee at the end of each quarter.

The following slide details the Trust ambitions for 2025/26 which have been worked through at an executive level with relevant SROs leading. National guidance and a number of current national documents, have been reviewed to establish the proposed 25/26 priorities for the Trust. All plans have clear measures to ensure they are SMART’ to support accurate reporting in the new financial year and provide assurance on delivery.

.

Trust objectives 2025/26 - Plan on a page

- Meet national ED four-hour performance standard – 78% (March 25)
- 50% improvement on patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25.
- Reduce avoidable ambulance conveyances and handover delays - Work towards delivering hospital handovers within 15 minutes, with joint working arrangements that ensure that no handover takes longer than 45 minutes.
- Improve the percentage of patients waiting <18 weeks for treatment to 65% by March 26.
- Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026.
- Reduce the proportion of people waiting >52 weeks for treatment to less than 1% of the total waiting list by March 2026.
- Improve performance against 62-day cancer standard to 75% by March 2026.
- Improve performance against 28-day cancer Faster Diagnostic Standard to 80% by March 26.

- Clinical outcomes - Oversight of top 3 highest priority outcomes for each clinical service.
- Continue to implement the Maternity single delivery plan released in 23/24; to be measured via action to ensure care is provided in line with best clinical practice via local outcome date. Progress to sustainability and exit from the Maternity safety support programme (MSSP).
- Continue to extend the health inequalities programme; measured via the making every contact count initiative (offer of support in participating OPD clinics) ->=80% and develop plans to extend to inpatient settings.
- Continue to improve the care we deliver in our inpatient care settings supported by and demonstrated through improvements in our Accrediting Care at ESNEFT programme. Stepwise improvement from the Ward accreditation programme. To be reviewed quarterly.
- Embed the use of TEP and ReSPECT tool.
- Reduction of restrictive practise. Evidence through reduction of use of security, 1 to 1 care and ETOC.

Continue to improve our care to those at the end of their life via timely transfer to preferred place of care –<5.5 days to patients' home or <8.5 days to care home.

- Increase productivity by fully utilising existing staff and introducing new roles; monitored through voluntary turnover - <=7%.
- Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending
- Reduce bank use, the Trust is expected to deliver a minimum 10% reduction.
- Continue to grow and develop our health and wellbeing programme; to be monitored via staff absence - <=4%
- Improve staff engagement; to be monitored via staff survey - <=50% response rate
- Continue to maximise student / trainee / HEE and ethical international recruitment including apprentices; to be monitored via apprentices in post - >=500.
- Continue to improve percentage of BAME staff in post band 6 + - >=22%.
- Appraisal and mandatory training compliance to be >= 90%
- Continue to improve vacancy rate - <=3.5%

- Deliver break-even revenue position; monitored via external plan
- Deliver recurrent cost improvements of £43.9m (this includes £4.8m of EPR benefits) – 90% of plan by Q1.
- Increase productivity; noncash releasing productivity to be measured via cost improvement team – 2% of turnover.
- Remain within CDEL capital plan; monitored via external plan
- To embed new developments & ensure agreed financial objectives are delivered; to be measured via the financial contribution to the organisation
- Maintain EPR Go-Live Timeline, to be monitored via go-live readiness and post go-live optimisation and benefit realisation.
- Maintain adequate cash to ensure business continuity; to be monitored via external plan
- To deliver charitable funding to the Trust in 2025/26 >£3m
- Development of the new Trust Estates and Property Strategy; Risk prioritised backlog maintenance plans.

Finance - statement of comprehensive income and key assumptions

The table below and overleaf summarises the Trust's statement of comprehensive income (SOCI) for 25/26. Once adjusted for those elements that are not included in the overall assessment of performance ('adjusted performance' - such as revenue movements associated with charitable funding or costs), it shows the delivery of an overall breakeven position. The SNEE integrated care system, of which the Trust is a part, is also planning to achieve a balanced revenue position in 25/26.

Key assumptions that have informed the revenue modelling

-The start point for 25/26 modelling was the Trust's full year effect budgets as at month 10 24/25 (January 25).

-Funding is based on values advised by commissioners where available (please note that at the time of writing this report, a contract offer was still to be received from Mid and South Essex ICB). Commissioner values were based on the national payment scheme cost uplift factor (this included a 2% efficiency adjustment) for price, and national growth assumptions.

-Elective Recovery Funding (ERF) has in part been informed by the activity levels / associated income included in the supporting business cases for the Trust's major strategic developments that will be open for a full year for the first time (Essex and Suffolk Elective Orthopaedic Centre in Colchester and the Green Surgical Hub in Ipswich for example).

2025/26 SOCI SUMMARY All in £000s	Plan 25/26
NHS clinical income	1,127,680
Non-NHS clinical income	6,980
Other Operating income	56,192
Total Operating Income	**1,190,852**
Pay	(707,594)
Non Pay (incl depn)	(461,465)
Total Operating Expenditure	**(1,169,058)**
EBITDA	**21,794**
Non Operating (excl depn)	(18,213)
Surplus/(Deficit)	**3,581**
Adjusted performance	(3,581)
Adjusted net Surplus/(Deficit)	**(0)**

-Projected expenditure (pay and non-pay) has also been informed by the price assumptions that underpin the cost uplift factor. Pay inflation of 4.72% (£32m) has been included. This comprises: 2.8% pay award, 0.1% of incremental drift and 1.82% of 'other' (this has been confirmed as including NI employer contribution increases). Non-pay inflation of 3.51% (£7.6m) is incorporated, along with 0.83% respectively for both tariff and non-tariff drugs.

-Significant growth in CNST costs (£2.5m) has been modelled based on actual advised prices from NHS Resolution, though this has in part been mitigated by the discount the Trust has secured because of its strong performance in relation to Maternity Level 3 Standards.

-A new CIP of 3% has been assumed for 25/26 (based on the M10 24/25 full year effect budgets, excluding high cost drugs and other pass through costs where the Trust is unable to influence expenditure). In addition, any CIP undelivered in 24/25 has been assumed to be 'made good' in 25/26 and projected savings from the Trust's EpicEPR project (due to go live in October 25) have also been assumed. In total, CIP is £43.9m for 25/26.

Workforce - key objectives 2025/26

Employee Relations

- **Redeployment Policy and Manager Training.** Launch a comprehensive redeployment policy supported by tailored bitesize training sessions for managers, ensuring a structured and supportive approach to redeployment processes.
- **Promoting a Just and Learning Culture.** Deepen the integration of Just and Learning principles within all Employee Relations (ER) processes, including the rollout of the *STOP, REFLECT, DECIDE* initiative. Focus on informal resolution, continuous learning, and professional development wherever possible.
- **Streamlining Formal Processes.** Establish an Investigator Pool to reduce the timescales of formal processes. Develop and implement a recruitment and training plan for investigators, with measurable targets to enhance efficiency.
- **Short-Term Sickness Reduction.** Support managers in effectively managing short-term sickness through early intervention and initiation of formal monitoring processes when necessary, reducing overall absence rates.
- **Enhancing Workplace Sexual Safety.** Partner with the EDI team to raise awareness of workplace sexual safety, delivering targeted training sessions for staff and managers to create safer and more inclusive environments.

Organisational Development

- **Redesign of Staff Resources.** Update and redesign the staff pages on the Trust's public website to include new learning content and resources as part of the People Promise Exemplar programme legacy.
- **Civility and Respect Training.** Support HR Business Partners in rolling out the *Civility and Respect* training programme Trust-wide by building an independent learning platform with virtual training tools as an alternative to in-person sessions.
- **Confidence in Conversations.** Deliver training for the EPIC programme team and RDG representatives to strengthen their confidence in having challenging conversations and managing conflict effectively.
- **Responding to Staff Survey Insights.** Address priority areas identified in the staff survey by implementing targeted improvement strategies. Focus on enhancing employee engagement, satisfaction, and well-being, with efforts to maintain or improve performance across key themes and subthemes.
- **Leadership Charter Revamp.** Update the Trust Leadership Charter to align competencies with the national Management and Leadership Development (MaLD) programme and the Supportive 360 Leadership Review. Aim to equip leaders with the skills to drive improvements in patient care, staff engagement, productivity, and public confidence in NHS leadership.
- **Regional Development and Appraisal Tools**. Explore adopting the regional development and appraisal app used successfully by Hertfordshire Partnership University to streamline and enhance development processes.

Resourcing

- **Vacancy Rate Management.** Maintain a Trust-wide vacancy rate of below 3.5% by implementing proactive and targeted recruitment strategies.
- **Diverse Talent Attraction.** Continue to attract diverse talent pools, leveraging international recruitment to meet workforce demands while promoting equity in hiring processes.
- **Local Recruitment Events.** Host specialised recruitment events for the local community to provide equitable access to employment opportunities, fostering workforce diversity and community engagement.
- **Reducing Bank and Agency Reliance.** Transition from reliance on bank and agency workers to NHS contracts, reducing costs and fostering workforce stability while improving continuity of care.
- **Financial Oversight.** Implement stricter controls on vatable spend, ensuring financial accountability and cost efficiency.
- **Medical Workforce Planning.** Collaborate with Medical Staffing to optimize processes for medical rostering and the use of temporary medical resources, ensuring better resource allocation and cost control.
- **Community Engagement for Recruitment and Retention**
- Strengthen relationships with the wider community and key stakeholders through collaborative events across the ICB to enhance recruitment and retention efforts

Workforce – headline plans

As part of 25/26 planning, the Trust has been required to detail how both its 'staff in post' (SIP - actual headcount) and 'establishment' (funded headcount) will change between March 25 and March 26.

A key element in the Trust's workforce plans for 25/26 is the impact of the transfer of staff to Sodexo as part of the Trust's decision to contract out its Soft FM services across all sites. This has ultimately resulted in a reduction to both measures (and indeed is the primary driver of the overall reductions that are modelled for each measure) of staffing in 25/26 as set out in the summary below:

Staff in Post changes (total reduction of c.269 between March 25 and March 26)

Explained by

Increases in SIP

- Apprenticeships (145 WTE)
- International Recruitment (100 WTE)
- Newly Qualified Students (121 WTE)
- Retention Improvements (12 WTE)

Reduction in SIP

- Infrastructure staff reduction due to contracting out Soft FM (-393 WTE)

Establishment changes (total reduction of c.480 between March 25 and March 26)

Explained by

Increases in Establishment

- Junior Doctor Rotas (43 WTE)
- Acuity Reviews (28 WTE)
- Capacity (68 WTE)
- ERF (48 WTE)
- Other (63 WTE)

Reductions in Establishment

- Soft FM Budget (-433 WTE)
- CIP (-47 WTE)

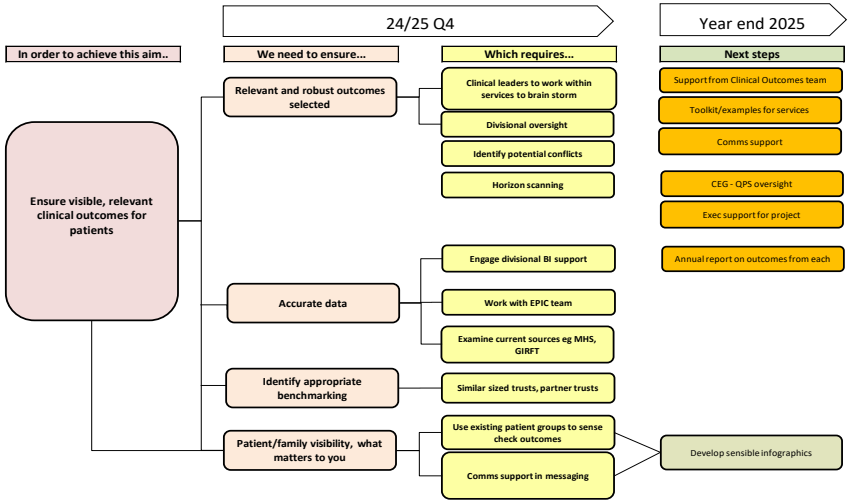
The national requirement in 25/26 for bank spend to be reduced by 10% and agency spend to be reduced by 30%, has also been incorporated in the Trust's workforce modelling.

Quality – key objectives 2025/26

- **Clinical outcomes.** Oversight of top 3 highest priority outcomes for each clinical service.
  For each of our 34 services the following process is being followed:

  ✓Map outcomes that matter to patients and staff
  ✓Identify or design data sources
  ✓Sense check against current service priorities – is this outcome collected elsewhere, or in opposition to any current work, is it a top priority
  ✓Define the top 3 outcomes and share
  ✓Report against that outcome internally and externally (patients)

  Timescale:



- **Continue to implement the Maternity single delivery plan released in 23/24;** to be measured via action to ensure care is provided in line with best clinical practice via local outcome date. Progress to sustainability and exit from the Maternity safety support programme (MSSP).

- **Continue to extend the health inequalities programme**; measured via the making every contact count initiative (offer of support in participating OPD clinics) ->=80% and develop plans to extend to inpatient settings.

- **Continue to improve the care we deliver in our inpatient care settings** supported by and demonstrated through improvements in our Accrediting Care at ESNEFT programme. Stepwise improvement from the Ward accreditation programme.

	Ward	Haughley	EAU	Peldon	Washbrook	Martlesham	Brightlingsea	West Bergholt	Shotley	Stanway	Waveney	Stowupland	Layer Marney
Standards	Individualised Care	Bronze	Bronze	Silver	Silver	Silver	Working towards Bronze	Silver	Gold	Silver	Bronze	Silver	Bronze
	Dignity and Respect	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Working towards Bronze	Silver	Silver	Bronze	Working towards Bronze	Bronze	Working towards Bronze
	Safeguarding, Complex Health and Consent	Silver	Gold	Silver	Silver	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Gold	Gold
	Leadership , Education and People	Silver	Bronze	Silver	Silver	Silver	Working towards Bronze	Bronze	Silver	Bronze	Working towards Bronze	Bronze	Silver
	Harm Free Care	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze	Working towards Bronze	Working towards Bronze	Bronze
	Delivering Safe Care	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Working towards Bronze
	Nutrition and Hydration	Gold	Working towards Bronze	Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze	Working towards Bronze	Bronze	Working towards Bronze
	Clinical Governance	Silver	Working towards Bronze	Working towards Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver	Bronze	Bronze	Silver
	Infection Prevention and Control & Environment Safety	Silver	Silver	Bronze	Bronze	Silver	Silver	Gold	Silver	Bronze	Bronze	Working towards Bronze	Bronze
	Overall	Silver	Bronze	Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Silver	Bronze	Working towards Bronze	Bronze	Bronze

Primary measure and ambition for 25/26. Percentage of wards with baseline visits scoring Bronze and above. Target 85% (currently 10 wards bronze and above, 2 wards working towards bronze. Overall 83%).

Secondary measure and ambition for 25/26. All wards will be revisited if graded 'Working towards Bronze' or low 'Bronze' – revisits expected to show improvement from baseline.

- **Embed the use of TEP and ReSPECT tool**. **TEP 25/26** target 80% (24/25 in year performance Dec 84.8% January 86%). **ReSPECT 25/26** for deceased patients with a ReSPECT form 80% (24/25 in year performance - Sept 59%, Oct 72%. Nov, 78%, Dec 80%).

- **Reduction of restrictive practise.** Evidence through reduction of use of security, 1 to 1 care and ETOC.

- **Continue to improve our care to those at the end of their life** via timely transfer to preferred place of care –<5.5 days to patients' home or <8.5 days to care home.