Strategy update
(including MTP trajectory report)

Trust Board in public session

Thursday 07 May 2026

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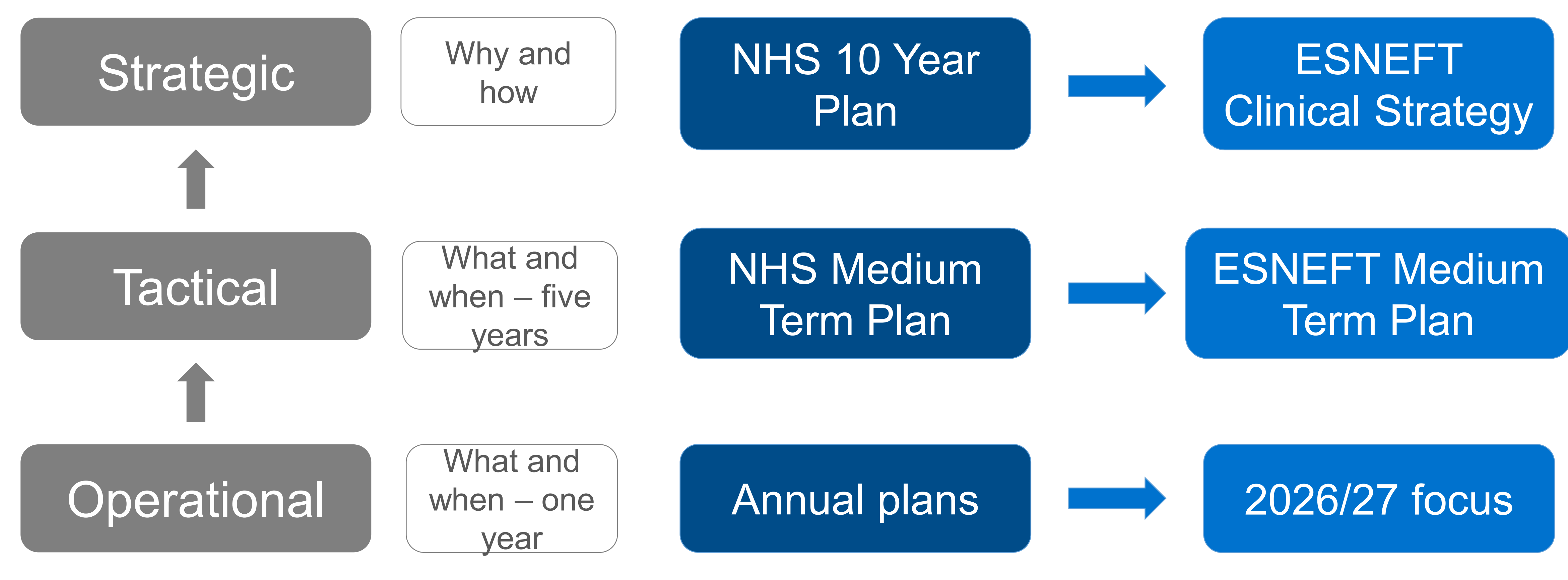
Our strategic approach 2026/2027 and beyond

Strategy and implementation alignment



National, sub-regional and local context

- NHSE/ DHSC will merge from 2027/28

- New ICB boundaries and commissioning
  - Suffolk & Norfolk are our host commissioner
  - Essex ICB has a legitimate interest in how we deliver services

- Local government reform: from ~2027/28
  - In Essex we may have ten neighbourhoods to work with in the NEE unitary authority
  - In Suffolk, there are proposed to be unitary areas covering West Suffolk, Central & Eastern Suffolk, and Ipswich & Southern Suffolk. It's not yet clear how existing neighbourhoods fit with proposed unitary areas.
  - There may be both risks and opportunities to these proposals – around the commissioning of social care and budgeting to support local population health decisions

The 10-year plan for the NHS

Key developments

Three major shifts in care delivery:

- Acute to community (left shift)
- Analogue to digital
- Treatment to prevention

A new approach to local management of the NHS, introducing Advanced Foundation Trusts and then Integrated Healthcare Providers.

Our strategic ambition and updated goals

Ambition
to provide excellent care and equity in health outcomes for our patients and communities

Outcome
Improving health for the populations we serve

1. Improved health

- Not just treating illness, moving from treatment to prevention

2. Joined up care

- Integration and community-based delivery

3. Excellent care

- Improved outcomes, increasing personalization and co-production

4. Developing staff

- Supporting our teams and building for the future

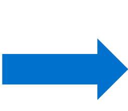
5. Using technology to improve care

- Digital, technology and innovation – shifting from analogue to digital care

The medium-term plan

Step 1
Working towards Advanced Foundation Trust

Step 2
Hold an Integrated Health Organisation contract



Outcome
Improving health for the populations we serve

What do we need to get there?

NOF Level 2 or better by the end of this financial year.

What will this give us?

Ability to drive greater integration of healthcare services potentially across primary, community and secondary care

Delivered through a fixed budget for all healthcare for a designated population

This will require the continued development of excellent local relationships and partnerships

Advanced Foundation Trust status

- National direction of travel
- Subject to Board approval; a considerable programme of work

- Ensure quality improvements happen – this will enable us to demonstrate good services (metrics associated to this are additional for AFT)
- Meet our performance targets (constitutional standards)
- Delivering value for money within this financial year (NOF)
- Have excellent leadership (provider capability assessment)

Our priorities for this financial year

1. **Urgent and Emergency Care** improving our performance against national standards, improving patient flow by supporting discharge

2. **Planned care** improving our performance against national standards, access to diagnostic testing, etc

3. **Fundamentals of care** responding to our recent CQC reports, reviewing nursing capacity, focusing on clinical effectiveness, QI and learning

4. **Smarter Support Services** progressing the standardisation, centralisation or automation of our processes, particularly those that provide administrative support

5. **Financial stability** consolidate, make the most of previous investments, deliver CIP, expenditure control

Aligning senior leaders

Closer working with Managing Director and senior team to provide greater clarity, drive greater consistency and make the most of our expertise:

- Director of Operations (NEE)
- Director of Operations (IES)
- Strategy Programme Director
- Head of Transformation

Supporting improvement to provide better healthcare for patients through new organisational forms outlined in NHS 10-year plan

Engaging ESNEFT leaders to…

Attend upcoming 'deep dive' sessions on each of the priority programmes of work, even if they don't feel like they involve you directly.

Consider the focus areas in all that you do and plan for in the coming year, in particular the need to achieve financial balance

Cascade this information to your teams - discuss the focus areas with your colleagues and work with their leaders to articulate how they apply to your teams in context

Involve the people who may need to change the way they work to help us achieve our vision

Partnerships and Collaborative work

Partnership working

- Outreaching to partners across both systems to understand how they'd like us to work alongside them in the future.

- Clinical partnership e.g. ESNEFT/MSE work on stroke pathways
- Research partnership e.g. ESNEFT/EPUT dementia trial
- Ops management partnership e.g. Outpatient redesign with PAH
- Commissioner partnerships e.g. response to Sir Jim Mackey’s letter on next steps on planning and priorities for 2026/27

Collaborative working

- East of England Specialised Provider Collaborative
  - Disease Modifying Therapies for Ipswich catchment MS patients
  - Aseptic manufacturing
  - Fragile services review
- Suffolk acute/community Provider Collaborative
  - Community Services
  - Severe Asthma (preventative)
  - Stroke

Left shift

- National Neighbourhood Health Implementation programme (NNHIP) x 2
- Care Management Service for Suffolk
- Suffolk INT Summit
- Joint ESNEFT/ASC work in Tendring
- Virtual hub model - Harwich
- Potential Neighbourhood Health Centre - Clacton Hospital
- Museum St. CDC, and Clacton CDC developments

MTP trajectory report

MTP – Executive summary

The East Suffolk and North Essex NHS Foundation Trust (ESNEFT) five year plan sets out our ambition to provide safe and excellent care & experience; and to improve equity in health outcomes across the communities we serve. Since 2018, we have had a proud track record of high ambition matched with financial stability. The Trust has progressed significant developments in recent years, for the benefit of our patients (and the wider system). We will embed the gains of these new developments, reduce associated costs and increase patient repatriation, and maximise benefits in relation to EpicEPR, whilst also containing and reducing the cost base more widely.

To progress our plan in the highly constrained operating environment; we will focus on balancing priorities for delivery of core standards. The beginning of our plan period will be one of stabilisation, consolidation, and maximising the benefits from previous investments, seeking continued productivity improvement; alongside containment of base costs to recover the underlying position. As such the five-year narrative plan has been developed alongside, and is aligned with, the Trust's numerical plans.

We will work on improving overall health; including an upstream focus on moving from treatment of illness to a preventative approach, where we can. We will increasingly deliver healthcare services through partnerships; to help integrate the complex system of health and care services. As part of our work on partnerships we will be working to shift care out of acute hospital settings to provide care closer to home; in community environments.

Through these changes our commitment to excellent care will remain consistent; we will support and develop our staff; enabling improved care through technology and innovation. Through the plan period we will increasingly focus on productivity increases and efficiency, as well as maintaining cost controls in relation to both pay and non-pay areas. The Trust is well placed for the medium term challenges after successfully implementing EpicEPR and has significant additional elective capacity to reduce waiting times for patients. Our approach will be supported through the maximum use of comprehensive and accessible data available to us internally (such as EpicEPR and BI/Analytics) and externally (MHS, Advise Inc., etc.).

The plan has been shaped by work with our staff, partner organisations and representatives of our communities; and by analysing the needs of our changing population. In line with the updated national policy set out in the NHS 10-year plan, our plan includes steps to deliver the three shifts from treatment to prevention, from hospital to community and from analogue to digital. This five year plan has deliberately been developed in parallel with the revised Trust clinical strategy and is closely aligned to national and ICB strategies, recognising that we are an anchor institution in the complex system of health and care services. We have a crucial role in this system, to help to ensure that people receive joined-up care.

The plan will deliver our organisation's contributions to the NHS 10-Year Plan, our contributions to the immediate to medium-term national NHS operational priorities, as well as contributing to the delivery of the Integrated Care Systems Population Health Improvement Plans, Joint Forward Plans and Health & Wellbeing plans for the Essex and the Norfolk & Suffolk Systems. Our ambition is to provide excellent care and equity in health outcomes for our patients and communities. To achieve our ambition, we have five strategic objectives:

- **Improving health**: not just treating illness, moving from treatment to prevention.
- **Excellent care**: improved outcomes, increasing personalisation and co-production.
- **Joined up care**: integration and community-based delivery.
- **Developing staff**: supporting our teams and building for the future.
- **Using technology to improve care**: digital, technology and innovation; shifting from analogue to digital care.

Improving health, providing excellent care, and the joining-up of care (through our focus on partnership and integration) are significantly boosted with our new electronic patient record; EpicEPR; which gives improved sight of clinical risks, enables greater clinical productivity and, through the MyChart function, promotes greater opportunities than ever before for patients (including young people) to engage with, and shape their care and treatment.

MTP – Executive summary

This five-year narrative plan (2026–2031) sets out East Suffolk and North Essex NHS Foundation Trust's (ESNEFT) ambition to deliver excellent, safe and equitable care, improve population health outcomes and remain financially and operationally sustainable in a highly constrained NHS environment. Building on a strong track record since the Trust's formation in 2018, ESNEFT has delivered major investments in clinical capacity, digital infrastructure and service redesign, including new elective and emergency facilities, expanded diagnostics and the implementation of EpicEPR in October 2025.

The early years of this plan focus on stabilisation and consolidation – embedding these investments, maximising productivity and benefits realisation, improving core performance standards and containing the underlying cost base. The plan aligns closely with the NHS 10-Year Plan, NHS Planning Instructions and the Medium-Term Planning Framework, and with Integrated Care System strategies across Essex and Norfolk & Suffolk.

As an integrated acute and community provider operating across two ICSs, ESNEFT has a critical role in supporting system integration and delivering joined-up care. The strategy is built around five objectives:

- **Improving health**: not just treating illness, moving from treatment to prevention.
- **Excellent care**: improved outcomes, increasing personalisation and co-production.
- **Joined up care**: integration and community-based delivery.
- **Developing staff**: supporting our teams and building for the future.
- **Using technology to improve care**: digital, technology and innovation; shifting from analogue to digital care.

These objectives support national priorities to shift care from hospital to community, from analogue to digital and from treatment to prevention. Over the plan period, ESNEFT will redesign models of care to deliver more services closer to home through neighbourhood working, outpatient transformation, Advice and Guidance, virtual consultations and expanded use of virtual wards. The Trust will strengthen prevention, admission avoidance and timely discharge, working in partnership with primary care, mental health, social care and the voluntary sector, while sustaining high-quality specialist and hospital-based services at appropriate scale.

EpicEPR is a central enabler of transformation, supporting safer care, improved productivity, better patient experience and stronger population health analytics, alongside wider adoption of digital innovation including AI, genomics, robotics and advanced diagnostics.

Quality improvement, standardisation and tackling health inequalities are embedded throughout the plan. The workforce strategy aligns staffing, skill-mix and leadership development to future models of care, with a strong focus on staff experience, wellbeing, productivity and reducing reliance on temporary staffing. Financially, the Trust will prioritise long-term sustainability, delivering recurrent productivity improvements of at least 2% per year, maximising returns from existing investments and maintaining strict pay and non-pay cost control. Through this plan, ESNEFT will strengthen its role as an anchor institution, improving outcomes for patients and communities while ensuring resilient, sustainable services for the future.

Service Delivery objectives

Elective Care

- 18 week RTT performance - minimum 7% improvement, or 65%+ compliance (whichever is greater)
- Cancer 28-day faster diagnosis standard - 80%+ performance
- Cancer 31-day treatment standard - 94%+ performance
- Cancer 62-day treatment standard - 80%+ performance
- DM01 diagnostic waits - minimum 3% improvement, or 20%+ performance (whichever is greater)

Urgent & Emergency care

- 4-hour A&E performance - Improve to, or maintain 82%+ compliance
- 12-hour A&E performance - Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27, compared to 2025/26
- Category 2 response times - average response time of, or within 25 minutes

Community Health services

- Community waits within 18 weeks - minimum 78% performance

Quality and Patient Safety objectives

- Improvement in timely quality discharge
- Extend the health inequalities programme; Extend offers for tobacco treatment support to non inpatient areas
- Use Accrediting Care at ESNEFT (ACE) programme as a key tool to support improvement in quality of care (measured by % of wards achieving Bronze grading and above)
- Embed the use of the Treatment Escalation Plan (TEP) and ReSPECT tool
- Increase use of ETOC (for appropriate patient cohort) from 25/26, concurrently reduce use of security and scale up Bures ward model
- Infection Prevention & Control – improve rates of healthcare-associated infections (for mandatory surveillance infections)
- Sustain EPR excellence via biannual releases in each year and maximise use of patient care apps

Workforce and Organisational Development

- Reduce temporary staffing spend, to be within the following ceiling amounts:
  - Agency spend limit £7.375m – reduction of more than 30% from 2025/26
  - Bank spend limit £45.403m – reduction of around 10% from 2025/26
- Reduce voluntary turnover (<=7% in 2026/27) through fully utilising existing staff, and also improve vacancy rate (<=3% in 2026/27)
- Develop health and wellbeing, to be monitored via staff absence (<=4.3% in 2026/27) and improve staff engagement, monitored via staff survey response rate (>=53% in 2026/27)
- Appraisal and mandatory training compliance to be >= 90%
- Maximise use of student / trainee / HEE and ethical international recruitment, including apprentices
- Ensure that 95% of medical job plans are signed-off in line with the business cycle, underpinned by service level demand and capacity planning

Finance, Capital and Charity objectives

Finance

- Deliver break-even revenue position, in line with external plan
- Deliver recurrent cost improvements, in line with external plan
- Increase productivity; non-cash releasing productivity to be measured via cost improvement team – 2% of turnover
- Embed new developments and ensure agreed financial objectives are delivered

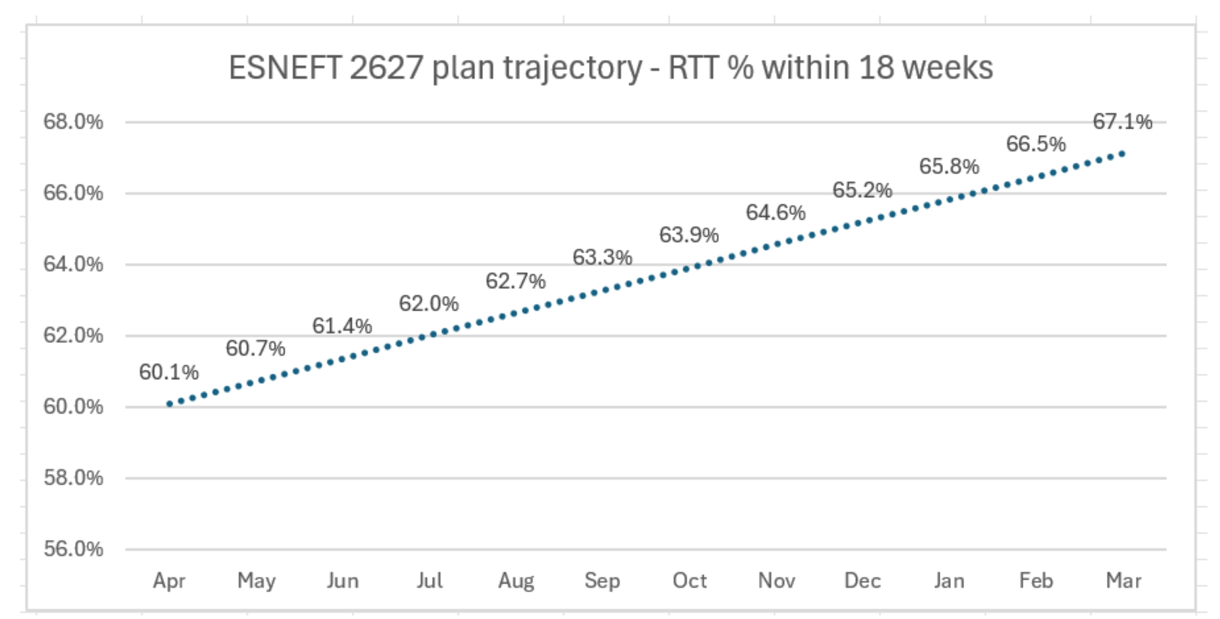
Capital, ICT and Estates

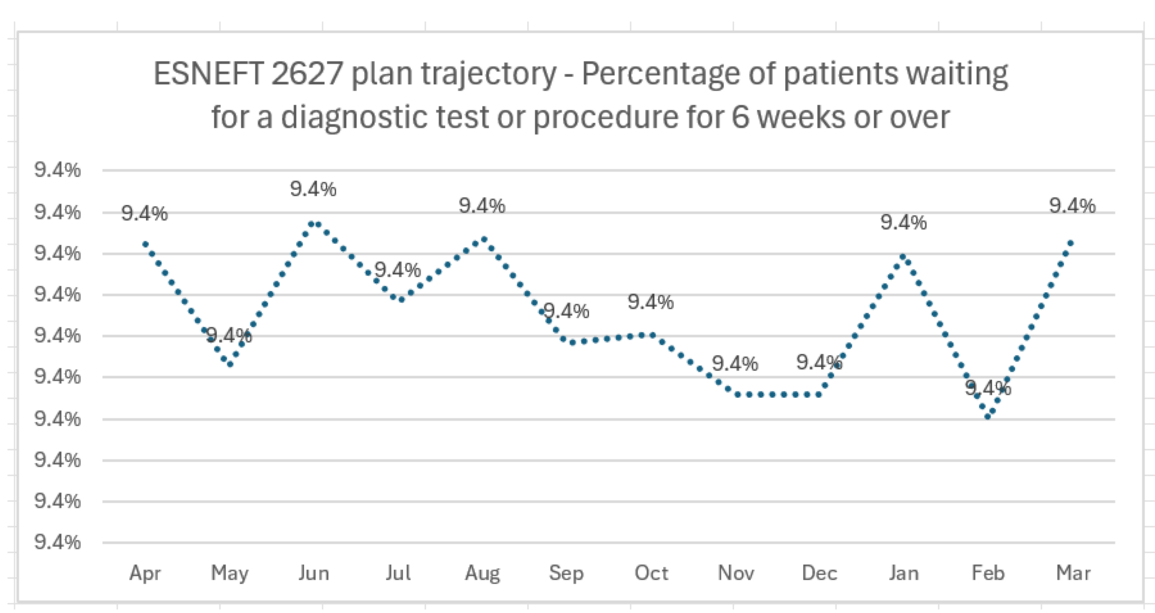
- Remain within CDEL capital plan, in line with external plan
- Realise Benefits through data driven monitoring as per the ESNEFT EPR business case
- Accelerate generative AI integration within Epic EPR to enhance clinical and operational efficiency
- Delivery of a safe, functional, sustainable and value for money estate, in line with clinical and digital strategies and the NHS Long Term plan 3 big shifts of ‘hospital to community’, ‘analogue to digital’, and ‘sickness to prevention’

Charity

- To deliver charitable funding to the Trust in 2026/27 >£3.522m

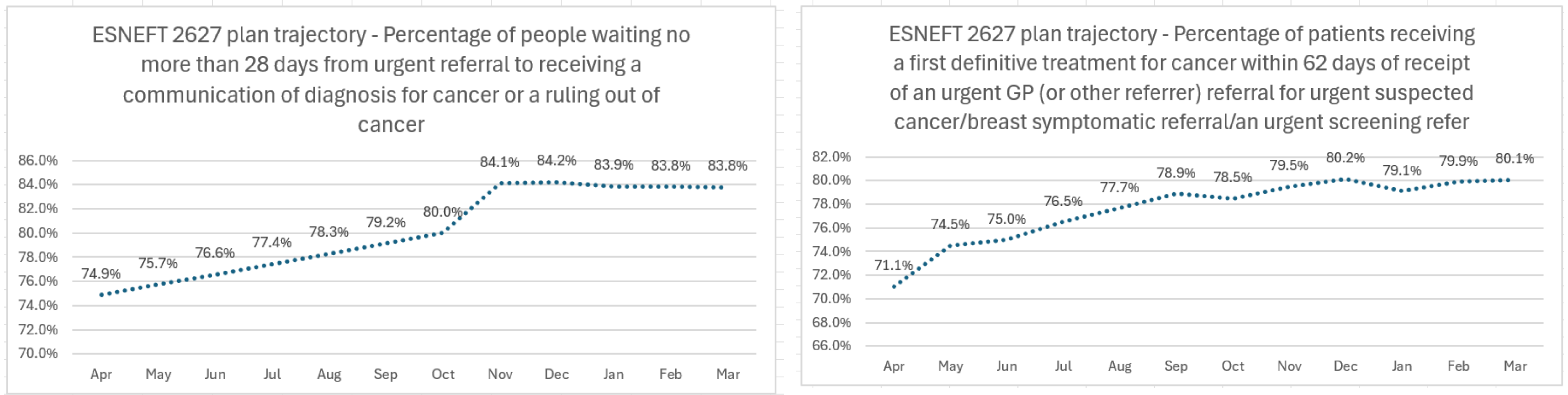
MTP – Trajectory reporting – RTT 18 weeks & DM01





Amendment to update Medium Term Plan - including national priorities and drivers in place to meet these - ***Approved through EMC 16.04.26***
Agreement of internal stretch targets through EMC and included within Medium Term Plan. Stretch targets have been set to move delivery dates forward in order to ensure delivery of national target by March 2027. ***Approved through EMC 16.04.26***
Model created for all clinical services to understand demand and capacity requirements in order to meet national priorities and internal stretch targets - ***Due to Divisions 01.05.26***
Model above will form part of updated highlight reports for ECPB to monitor any slippage of Divisions against plans.
Amendment to ECPB process and ToR to support divisional lead updates against drivers to deliver National Priorities. Chaired by Chief Operating Officer of Elective and Cancer Care.
Continuation of regular centrally lead PTL meetings to support monitoring of service position against targets, supporting escalations. Regularity based around gap from plan.
Ongoing reporting through Divisional DAMS through to Finance and Performance Committee.
Support from external provider in terms of Gynaecology Endometriosis pathway, noted as a key risk area.
ESNEFT remains compliant on DM01 in terms of National Priorities. Monitoring and improvement work continues.

MTP – Trajectory reporting – Cancer



28-FDS performance - 80% standard Significant improvement has already been seen in several tumour sites. Our overall position recovered fairly quickly, particularly in those specialties that were already delivering against national standards prior to Epic Go Live . Performance initially dipped in some areas reflecting the decision to proceed more cautiously with data collection pre and post Epic go live, assuring the detail was correct rather than doing it at speed was our priority. We are now back to BAU

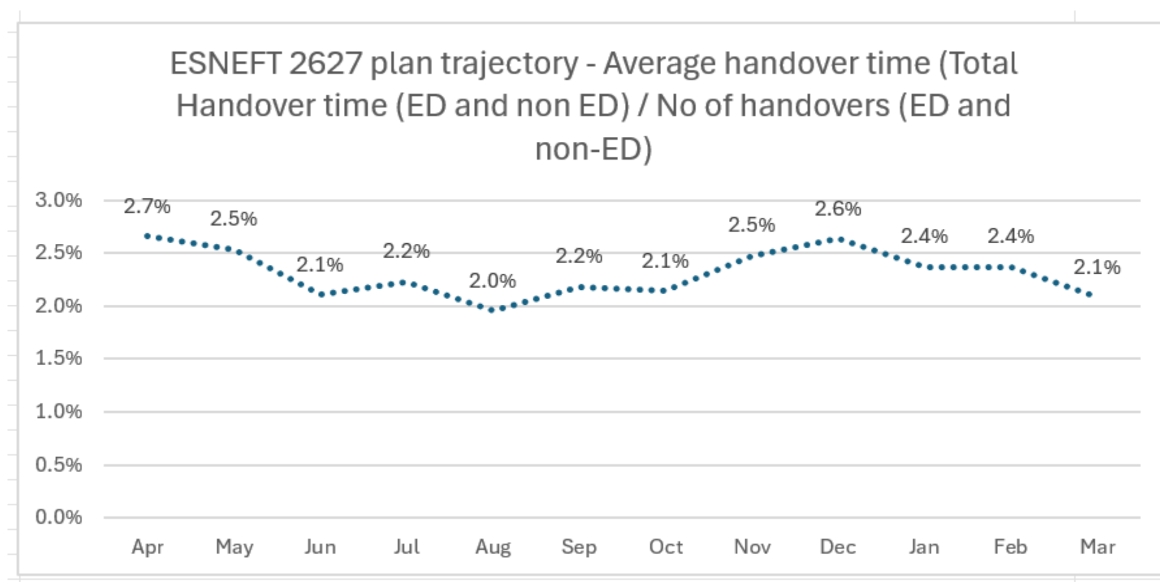
31-day standard - 94% performance – Performance dropped due to significant issues with how Epic was counting 31-day performance which once identified (in Nov 25) took 3 months to resolve. February's performance was 93.1%

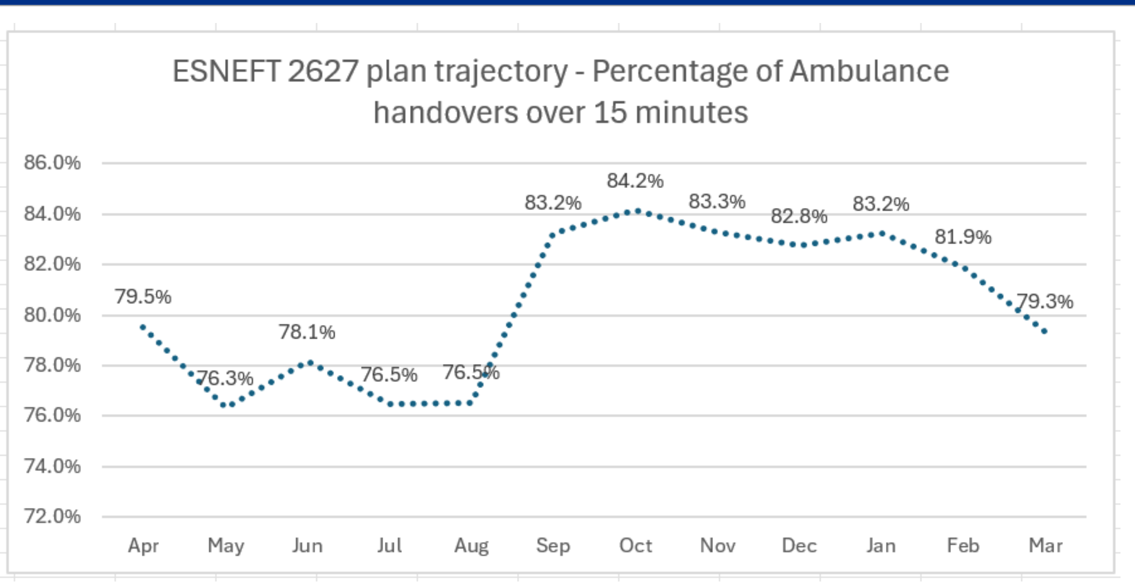
62-day standard - 80% performance. Performance last summer due to capacity issues in breast at Colchester and Skin (plastics pathway) at Ipswich. Without Breast and Skin numbers remaining high (>85%), it is extremely challenging to hit national standard or our local trajectories. This period of lower performance went into the Epic Go Live phase, when both started to recover, it was affected within other data qualities issues.

For Q4 lower performance for 62 day (all) treatments has been planned for February, March and April. This is because of the high number of patients on the cancer PTL that were already in a breach position. The more we treat the lower our performance.

The positive is the reduction in our PTL backlog position which was at 21% (of total PTL size) in December and down to 9% at the end of March (optimum is 3-5%).Performance will remain low in April due to both residual long waiters still to be booked, the impact patient choice and leave over the Easter period. Resident doctors strike had minimal impact of cancer. True recovery will commence in May - performance is likely to sit around 72-75% until we have improved performance in both colorectal and urology. We may need to consider lung recovery as well due the increasing waits for specific lung diagnostics.

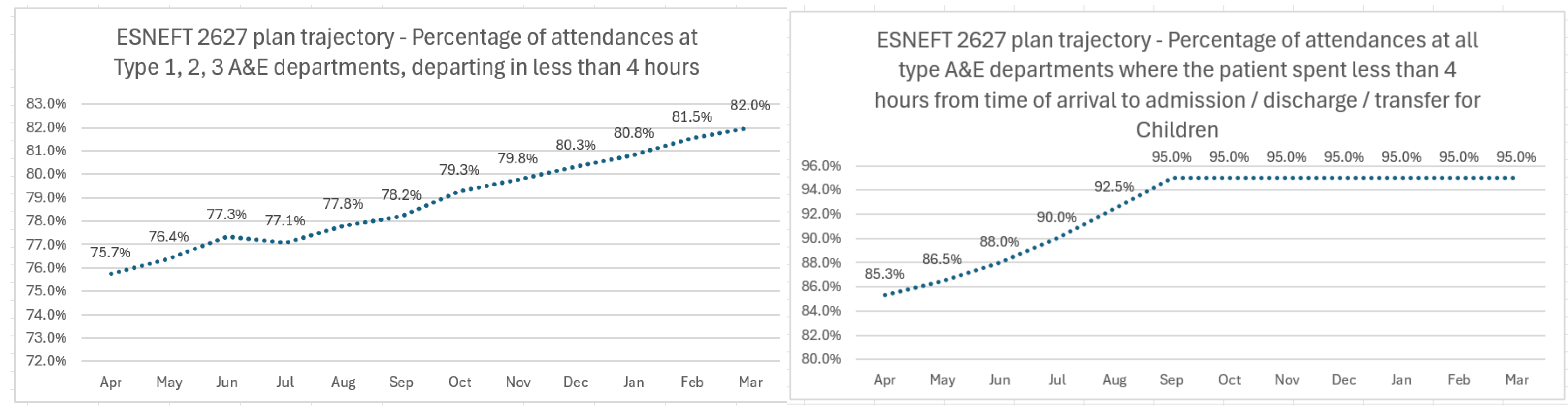
MTP – Trajectory reporting – Urgent & Emergency Care





Ipswich actions Extended Emergency Medicine Ambulatory Care Model - First 72 hours of care – Review pathways and estates to ensure timely discharge to the appropriate assessment unit. This will see increased capacity for ambulatory patients preventing exit block from EEMAC/AECU. This will provide capacity for GP heralded patients.
Criteria to Admit audit - NHSE supported to reduce acute admission. The outcome will require a change in practice and pathways for specialty assessment process.
Complete the review of paediatric assessment pathways with W&C to improve safety, patient experience and optimise performance
Review the Front Door Assessment Team model (FDAT) increasing the seniority of decision makers - registrars/ACP staff to ensure early senior decision making.
Following completion of the ED model hospital self-assessment, look at the gap analysis and devise a project plan for full mobilisation of EEMAC.
UTC demand and capacity review to align workforce to actual demand and schedule resources to match peaks in demand.
Optimisation of the virtual ward model, facilitating admission avoidance and early step down from the acute bed base.
Maximise Urgent Community Response Service (UCRS) community function, integrating the INT's into the 2-hour response to provide additional capacity efficiently.
Focus on flow and LOS to enable timely movement to speciality from ED, reducing 12-hour waits.

MTP – Trajectory reporting – Urgent & Emergency Care



Colchester actions.

UCRS Performance- maintain over 85% on 2 hour response, continue close collaboration with EEAST taking ambulances off the stack via Cleric

Increase hospital at home utilisation especially step up to keep patients in the community

Proactive Frailty work with Primary care and developing this into Neighbourhoods

Delivering the Neighbourhood model for NEE

Working with ASC on Discharge to Assess to increase number of P1-3 discharges

Community waiting times performance 18weeks over 85%

Continue to reduce deferred visits in community nursing to below 5%

Use of community hospitals to step up patients and avoid acute bed use

MTP – Trajectory reporting – Temp Workforce spend

Success Measure	2026/27 national target
Reduce use of bank and agency staffing	Agency limit (£k) 7,375 Bank limits (£k) 45,403

- Divisions have been instructed to submit clear, deliverable agency and bank reduction action plans to EMC in June for review, challenge and assurance.
- Agency and bank performance is reviewed regularly at CDG and DMT level, with clear ownership and recovery actions where spend is off track.
- Bank usage is being controlled to ensure value for money, and to prevent bank acting as a displacement for agency or unfilled establishment.
- High-cost agency lines and repeat bookings are being targeted first, reflecting the scale of the 2026/27 reduction required.
- A targeted benchmarking review of North West Anglia's approach is underway, following their significant reduction in bank and agency spend, This review is identifying which high-impact actions have not yet been implemented locally and how these can be operationalised at ESNEFT.
- Fully implement the Bures Ward model across Colchester and Ipswich on the planned phased basis which should materially reduce bank usage Modelling being undertaken to show expected impact.
- Delivery is monitored monthly through Bank and Agency Review meetings, with early escalation of risks, slippage or emerging pressures while maintaining patient safety.