East Suffolk and North Essex NHS Foundation Trust

Trust Board of Directors Meeting

Report Summary

Date of Meeting: Thursday 2 November 2023	
Title of Document: Trust Clinical Strategy 2024-29	
To be presented by: Dr Shane Gordon, Director of Strategy, Research & Innovation	**Author:** Dr Shane Gordon; Neil Gerry, Strategic Analyst; Mark Burgess, Head of Strategic Finance & Planning; Judith Ruth, Finance Manager – Strategic Reporting; Sean Whatling, Associate Director of Finance (Analytics); Luke Mussett, Senior Engagement Officer
1. Status: For Approval	
2. Purpose: The Trust clinical strategy presented today has been developed over the last nine months with extensive engagement of our staff and stakeholders, and a detailed analytical approach to our current and future requirements.	
Relates to:	
Strategic Objective	SO1 Keep people in control of their health SO2 Lead the integration of care SO3 Develop our centres of excellence SO4 Support and develop our staff SO4 Drive technology enabled care
Operational performance	
Quality	
Legal/Regulatory/Audit	The CQC well led domain requires a clear strategy for the Trust, which is shared and understood by the organisation.
Finance	Key initiatives identified within the strategy are subject to individual investment decisions.
Governance	
NHS policy/public consultation	
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	Quality: The Board has a cautious view of risk when it comes to patient safety, patient experience or clinical outcomes and places the principle of 'no harm' at the heart of every decision it takes. It is prepared to accept some risk if, on balance, the benefits are justifiable and the potential for mitigation actions is strong. When taking decisions involving choices between a range of outcomes, it will prioritise the option resulting in the greatest benefit for the most patients. AND Workforce: The Board has a flexible view to Workforce and is prepared to take decisions that would have an effect on staff

	morale if there are compelling arguments supporting change, including some decisions with a high inherent risk if there is potential for higher reward. AND Compliance / Regulatory: The Board has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of staff and public, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so and the gain will outweigh the adverse consequences. AND Financial: The Trust has a flexible view of financial risk when making medium to long-term business decisions with transformative potential and is prepared to make bold, but not reckless decisions, minimising the potential for financial loss by managing risks to a tolerable level. For other financial decisions, the Trust takes a cautious position, with VFM as the primary concern. However, the Trust is willing to consider other benefits or constraints and will consider value and benefits, not just the cheapest price. Resources are allocated in order to capitalise on opportunities. AND Innovation: The Board has an open view of innovation that supports quality, patient safety and operation effectiveness. This means that it is eager to pursue innovation and challenge current working practices, and views new technologies as a key enabler of operational delivery. However, decision making authority will be carefully managed to ensure that prioritization and focus on the identification and delivery of innovations with transformative potential and will only be devolved on the basis of earned autonomy. AND Infrastructure: The Board will take a cautious approach when investing in building and equipment maintenance and replacement, based on informed analysis and assessment of risk but may take informed risks if there are identifiable mitigations that can provide reasonable alternative protection. AND Reputation: The Board's view over the management of the Trust's reputation is open and is willing to take high to significant risks and is willing to take decisions that are likely to bring scrutiny to the organisation where the potential benefits outweigh the risks and sees new ideas as potentially enhancing the reputation of the organisation. AND Commercial: The Board has a flexible view of commercial risk. It is willing to pursue business opportunities with the

	potential for high returns alongside commercial activities of a more established nature, taking a balanced view of risk and reward and on the basis of earned autonomy.
Other	EDI and increasing equity of outcomes are central to the strategy, for our patients and our staff. Key initiatives identified within the strategy are subject to individual equality impact assessment.

The document attached today is the final version of the strategy.

Key points

- **Strategic context**. The strategic priorities for the NHS remain the recovery of emergency care, cancer care and planned care. Our ICS priorities are more nuanced, and our strategy is well adapted to these.
- **Our communities** are growing and ageing. Population growth in North East Essex is extreme and will require more adaptation in this part of our catchment.
- **Deprivation and inequalities**. There is significant deprivation in our communities, particularly Ipswich town and Tendring district with more than 90,000 residents living in the most deprived neighbourhoods. Deprivation drives inequality in health outcomes including stark differences life expectancy and cancer outcomes. We must address the wider determinants of health as well as direct clinical need to achieve our ambition to offer the best care and experience.
- **Our Trust**. We are a *very large* NHS organisation with over 12,000 staff. We provide *millions* of episodes of care each year and many of our services are in the top 20 (by patients treated) nationally. We must increase the integration of our services across ESNEFT and with our system partners to make the most of this scale, to ensure we can sustainably offer high-quality care.
- **Our workforce** is changing along with the population. There is a higher proportion of older staff and there will be fewer young people entering work over the next 5 to 10 years. Increasing the skill mix and range of roles in our workforce is essential. Inclusion and embracing diversity in our workforce is vital to enable all our staff to give their best every day.
- **Bed occupancy**. This is the single most significant challenge to our strategic ambition. Both acute hospitals are experiencing continued bed occupancy above the 92% threshold, with Colchester hospital under the most extreme pressure. This creates significant quality, safety and workforce challenges, and consumes the attention and energy of our leaders to the detriment of continuous improvement. It also stifles inpatient elective activity. Whilst bed capacity is not the only part of the solution, it must be considered, particularly at Colchester hospital.
- **Urgent & emergency care (UEC)**. There is good evidence that increased patient complexity (frailty, co-morbidity and deterioration in secondary prevention) is the main driver of increased length of stay (and so of increased bed occupancy). Admissions have not increased, nor has overall UEC activity despite the provision of additional points of delivery (urgent treatment centres and short-stay assessment units).
- **Cancer care**. There has been a three-fold increase in suspected cancer referrals since 2015, concentrate mainly in Skin, Lower GI and Breast tumour sites. The number of cancers diagnosed per quarter has doubled along with this suggesting that this increase in 2WW referrals is beneficial rather than wasteful. We must adapt our services accordingly. Recent investment in diagnostic capacity has met most of our needs for the next 5 years, with the exception of Endoscopy and MRI where further capacity is required.
- **Planned care**. Outpatient referrals have remained relatively constant over several years. Outpatient follow-up activity has reduced but we have not converted this into additional first outpatient appointment capacity. We have shifted significant inpatient procedure activity to daycase, but total elective procedures remain at 2015-16 levels. Three specialties are seeing increasing rather than reducing waiting lists: ophthalmology, trauma and orthopaedics and ENT. Theatre productivity is improving steadily but is not consistently at the 85% utilisation recommended by GIRFT.
- **Financial outlook**. We have performed well in terms of financial control, cost-improvement, and our capital programme including securing inward investment. We are entering a more constrained financial environment and must continue our grip on financial health.

- **Our strategic ambition**. Our ambition *to offer the best care and experience* should be expanded to include *increasing equity in health outcomes*.
- **Our Trust values**. The OAK values (optimism, appreciation and kindness) are memorable, well recognised and seem to resonate well with our staff.
- **Time matters**. Our *time matters* philosophy is well understood and seems meaningful to our staff and other stakeholders.
- **NHS priorities and drivers**. The three main NHS priorities (emergency care, cancer care and planned care) are the focus of this strategy. The drivers for achieving these priorities are analysed in detail.
- **Our strategic objectives**. Our existing strategic objectives have been well understood and strongly engaged with by our Divisions. They are validated against the drivers for the NHS priorities and still appear to be well matched to the requirements.
- **Strategic plan**. A new set of key initiatives, to meet the strategic objectives, are set out. These form the strategic plan.
- **Success measures**. A revised set of strategic success measures are proposed.
- **Divisional priorities**. Our Divisions have identified a number of significant service developments that are important to the sustainable delivery of high-quality care.

4. Recommendations / Actions

The Trust Board are recommended to

- Approve the Trust Clinical Strategy.