Appendix 2 – Merger Benefits – update on benefits identified to date

1. Background

As part of the Trust merger business case that was approved by NHS England, the Trust developed a benefits management approach to track the financial and non-financial benefits arising from the merger.

This report provides a summary of the approach adopted and an update on the benefits achieved to date, both financial and non-financial.

2. Benefits realisation approach

As part of the business case the Trust identified the high-level benefits arising from the merger as follows:

- Allowing **fully integrated patient pathways** to be established which will improve patient outcomes and experience. Removing organisational barriers will increase the pace of these changes and help engage with a wider set of colleagues and system partners in development of new models of care.
- Develop a **shared corporate vision and drive a harmonised culture**.
- Strengthening our actions to support our **shared commitment to equality, diversity and inclusion**.
- Signalling to our people and other stakeholders the permanence of the change and underscoring our **commitment to realise the maximum benefits**.
- **Make better use of resources** by removing duplicate activity in clinical, operational and support services, by taking advantage of economies of scale and make more efficient use of our combined estates, through facilitating the full integration of support services
- Enabling a **single governance framework** to be established with clear accountabilities.
- Creating the opportunity for a **strengthened financial strategy** and enhanced ability to deliver it through increased financial and operational expertise, capacity and resilience.
- **Better manage the rising demand for our services**, whilst supporting improved patient care through higher quality and more sustainable integrated services, reduction in health inequalities and unwarranted variation of care.
- Develop and implement an **integrated People strategy** which will attract high calibre, diverse applicants, improve our resilience and make the merged organisation a great place to work.

3. Financial Benefits

The merger business case identified £6.7m of planned cashable efficiencies over the four-year period up to 31 March 2029.

For 2026/27 we are currently forecasting to deliver £280,000 more cashable savings than originally proposed in the business case. The increase is mainly due to savings in operational teams arising from last year's mutually agreed resignation scheme (£366,000) as well as higher contractual savings forecast in both estates (£310,000) and corporate affairs (£185,000). This is partially offset by Digital which is yet to deliver any merger benefits in 2026/27.

Circa £2.9m savings have been identified for 2026/27. As at month 2, the majority are on track or have been delivered.

Non-Financial/Qualitative Benefits

The merger of the two Trusts has generated several non-financial benefits, some examples are detailed below:

Directorate	Benefit name	Description	Type of benefit
Nursing & Quality	**Mandatory training**	Developing shared strategy and sharing workload to **remodel training across the Trust**	Quantifiable
Nursing & Quality	**Safeguarding**	**Bringing together heads of Safeguarding.** Organised 'Think Family' team day to look at resources across the group and learn from each other. **Sharing good practice, expertise, learning**. **Joining standard operating processes** - Child Protection Information System. Working together, expertise, learning from each other, most **efficient use of resources**. Good opportunity for shared reflection and supervision space. Shared resource and resilience and build capacity across group model. Sharing the needs around statutory requirements. Helping to identify best person to attend meetings. **Benefit for partners** - greater visibility for partners and the group and greater insight across system. **Improved information sharing.** **Most vulnerable people are safer as a result.** Daily conversations.	Non-cashable
Nursing & Quality	**Quality and Safety Capability and Capacity**	**Joint expertise** Diversity of skills and qualifications Exploit size of geography. **Regional and national influence** as a community trust **Economies of scale** **Opportunity to learn and innovate** (from quality and safety development) from a larger workforce and larger and more divers patient population Reduction in meetings- single lead attending and feeding back **Single standard operating processes and Policies**- consistency and audit of outcomes Peer review and support internally Trust and exchange of information.	Quantifiable
Nursing & Quality	**Infection Prevention & Control (IPAC)**	**Sharing resources**, looking to singular strategy and plan. Diversity of skills across teams. Looking at **succession planning** across the Trust. Looking at **more collaboration** with East	Quantifiable

Directorate	Benefit name	Description	Type of benefit
		Coast Community. **Sharing policies, best practice**, electronic auditing, joint IPaC portal and link practitioners. Potential **improvement in resilience** Potential **income generation** from external function which could be extended.	
Nursing & Quality	**Patient Focus**	**Consistency of care plan and standards** **Messaging and information** crossing previous boundaries. **Child to Adult transition** in Norfolk with the portfolio cradle to grave **Wider networks of staff** to network; community of practice. Staff skills and teaching jointly **Joint expertise** Diversity of skills and qualifications Exploit size of geography. Regional and national influence as a community trust **Economies of scale** **Opportunity to learn and innovate** (from quality and safety development) from a larger workforce and larger and more diverse patient population. **Single standard operating processes and Policies**- consistency and audit of outcomes Peer review and support internally Trust and exchange of information.	Quantifiable
Nursing & Quality	**Quality and Safety Capability and Capacity**	**Joint expertise** Diversity of skills and qualifications Regional and national influence as a community trust **Economies of scale** **Opportunity to learn and innovate** (from quality and safety development) from a larger workforce and larger and more divers patient population Reduction in meetings- single lead attending and feeding back **Single standard operating processes and Policies**- consistency and audit of outcomes Peer review and support internally Trust and exchange of information.	Quantifiable
Nursing & Quality	**Shared Clinical Tools**	Adopting existing quality assurance tool kits, clinical audit software and share these across the Trust. This will **improve data collection, data analysis and monitoring and reporting of clinical information to Governance bodies and Care Quality Commission.** .	Non-quantifiable
Nursing & Quality	**Increased Research Capacity**	More portfolio-based research and more localised projects. Combining the Research teams will give a **greater spread of research opportunities**, and with a larger	Non-quantifiable

Directorate	Benefit name	Description	Type of benefit
		Regional footprint will allow the Group to compete with larger providers.	
Digital	**Automation**	**Digital automation streamlines administrative tasks** like scheduling, referrals, and reporting. Digital platforms support remote monitoring, virtual consultations, and AI-driven diagnostics.	Non-cashable
Digital	**Integrated Digital Record**	Integrated digital records allow **seamless sharing of patient information across organisations**, reducing duplication and improving continuity of care.	Non-cashable
Digital	**Digital rostering and Human Resource (HR) analytics**	**Digital rostering and HR analytics** help manage staffing levels, skill mix, and training needs across the group.	Non-cashable
Digital	**Dashboarding and predictive analytics**	**Business Intelligence tools provide real-time dashboards and analytics** that help leadership teams make evidence-based decisions. **Predictive analytics** can forecast demand, patient flow, and resource needs, enabling proactive planning.	Non-cashable
Digital	**Centralised information governance and data management**	Centralised information governance and data management ensures **consistent data quality, security, and compliance** with NHS standards.	Non-cashable
Estates	**Capital Investment & Infrastructure development**	Our approach to **estate investment will be improved by alignment of investment and prioritisation of need**. We will better target reduction of major backlog, and manage the decarbonisation of the estate in well formed programmes of investment. The **combined capital programme** will mean we can target larger scale need when required, and arrange our delivery team to support project delivery to time and budget. Investment pipelines will represent reduction in corporate risk and prioritisation of service need to ensure our work and car environments are the best they can be.	Non-cashable
Group Executive	**Improved Reputation**	The increased size of the Trust has improved our reputation such that for a recent **recruitment of a new clinical Non-Executive Director position** we had 14 applications which is significantly more than previous recruitments within legacy organisations	Non-quantifiable
Corporate Affairs	**Robotic Process Automation for Freedom of Information Requests (FOI) and Subject Access**	By using Robotic Process Automation to automate the administrative process for FOI's and SAR's it will **reduce administrative time in the Information Governance teams and across our clinical teams.**	Quantifiable

Directorate	Benefit name	Description	Type of benefit
	Requests (SARs)		
Communications	**Greater coverage & resilience**	The merger of the two Communications teams as part of the Group model will provide greater coverage across 24 hours than is currently provided by each Communications team. There will also be greater resilience to cover periods of absence.	Quantifiable
Finance	**Economies of Scale**	Use of National Benchmarking data for Support Services to **identify areas of potential efficiencies**. The intention is for the Group to move up one quartile in benchmarking results during 2026/27.	Quantifiable
Finance	**Advanced Foundation Trust Status**	If the Trust is successful in its Advance Foundation Trust application this will provide **greater freedoms and opportunities** particularly around exploring **other income generation opportunities.**	Quantifiable
Ambulatory	**Musculoskeletal (MSK) Service in Norfolk & Waveney**	**Expansion of AI pilot** in Cambridgeshire and Peterborough for lower back pain (reduced waiting list by 2,600) extended to include MSK services across Norfolk & Waveney.	Quantifiable
N&W Children's	**One Single Point of Access (SPA) across Norfolk and Waveney.**	The intention is to reduce the current number of SPA's down to one single unit that will provide a **single referral point for all Children's services across Norfolk & Waveney**. This should lead to process improvements and potential cashable efficiency savings, whilst improving patient access and patient experience to Children's services	Quantifiable
N&W Children's	**Shared SystmOne Units**	Move these services into **shared SystmOne units** which will improve patient access, referral times and improve the administration of waiting lists. This will in turn improve patient experience.	Quantifiable
Workforce	**Single Recruitment Website**	**Moving to a single recruitment website** would enable the Trust to attract greater numbers of candidates for posts and improve our desirability as an employer	Quantifiable

Work continues with teams to identify qualitative benefits of our merger as well as financial benefits. This will be regularly reported through our integration programme board and updates included in future reports to the Board.