Agenda item:	7
Date of meeting:	22 July 2026
Report to the:	Trust Board
Title of report:	Trust Strategy Update
Report author:	Andrew Butcher, Assistant Director of Strategy and Business Development
Executive sponsor:	Laura Clear, Director of Strategy and Transformation Anita Pisani, Deputy Chief Executive/Chief People Officer
Recommendation:	Discuss

Assurance level:	**Substantial** ☐ **Reasonable** ✓ **Partial** ☐ **Minimal** ☐
Rationale:	Through the updates provided in this report and attachments

1.0 Executive Summary

Context

1.1 This report covers quarter 1 of 2026/27 of the delivery of the Trust's annual plans, post transaction implementation plan and our Clinical and Care Strategy. The Board will recognise that, as the Clinical and Care Strategy covers a period of 5 years, the key focus in this quarter is upon identifying any matters that that would imply that the strategy will not be able to be delivered or that any of the factors assessed in its creation (e.g. system or NHS direction) have changed.

1.2 Updates later in the year will consider the progress against the strategic success metrics – identified for measurement at 2 and 5 years of delivery. In this report 'Reasonable' progress includes the assessment of the continued appropriateness of the actions identified for progression, and the longer-term direction of, the Clinical and Care Strategy.

Annual Plan

1.3 As part of the Group's annual planning cycle, individual Service Directors have confirmed progress on actions identified within operational planning that will support delivery of our strategic priorities.

1.4 This assessment supports the regular assurance delivered through the Service Assurance Committee structure

1.5 Annual Plan updates and Service Director assessment of progress have been received (Appendix 1) as follows:

Service Area	Assessment of progress
Children and Young People	**Reasonable**
Luton and Bedfordshire Adults & Older People Services	**Reasonable**
Ambulatory	**Reasonable**
Norfolk Adults	**Reasonable**

1.6 In addition updates have been received from key supporting services (also included in Appendix 1):

Service Area	Assessment of progress
People	**Reasonable**
Quality	**Reasonable**
Digital	**Reasonable**
Estates	**Reasonable**

1.7 All assessments have concluded that **Reasonable** progress is being made against the identified Annual Plan commitments and no material issues have been identified that would impact on delivery in the remainder of 2026/27.

Merger Benefits and delivery of our post transaction implementation plan

1.8 In the Trust's business cases for merger several benefits were identified. A summary of the current tracking of benefit realisation is included at Appendix 2, and progress is assessed as **Reasonable**.

1.9 An update on progress on the delivery of our post transaction integration plan is attached as Appendix 3.

Clinical and Care Strategy

1.10 The Trust's Clinical and Care Strategy identified 4 priority areas, progress against which has been assessed as follows:

Service Area	Assessment of progress
Best start in life	**Reasonable**
Support for children and young people with complex care needs	**Reasonable**
Neighbourhood care	**Reasonable**
Unscheduled care	**Reasonable**

1.11 The Trust's assessment has concluded that **Reasonable** progress is being made against the priority areas identified in the Clinical and Care Strategy.

2.0 How the report supports tackling Health Inequalities

2.1 Delivery of the Trust's annual plan and Clinical and Care Strategy will support the reduction of health inequalities across the different services that we provide.

3.0 Links to Board Assurance Framework / Trust(s) Risk and Issue Registers

3.1 Risk **3914** – There is a risk that there is insufficient leadership and support service capacity and capability to deliver the clinical and care strategy and the 26/27 annual plans, which may impact on the delivery of high-quality services.

3.2 Risk **3916** – There is a risk that staff morale may reduce as we work to develop and implement single support service structures, which in turn could impact on the level of service delivered to clinical teams.

3.3 Risk **3904** – There is a risk that insufficient resource and funding for digital development and implementation will prevent the organisation from delivering a patient engagement portal, limiting people's ability to be informed, involved and in control of their care.

3.4 Risk **3917** – There is a risk that staff suffer change fatigue as we continuously look to innovate and transform our service, which in turn may impact on staff morale and the delivery of services.

4.0 Legal and Regulatory requirements

4.1 Delivery of the 10-year health plan and neighbourhood teams

5.0 Previous consideration by Committee or Executive

5.1 The Trust' Clinical and Care Strategy and Annual Plan was approved by the Board on 1 April 2026

6.0 Report

Annual Plan Updates

6.1 Attached as Appendix 1 are the progress updates on the delivery of all approved annual plans, both service delivery and support services.

6.2 All assessments have concluded that **Reasonable** progress is being made against the identified Annual Plan commitments and no material issues have been identified that would impact on delivery in the remainder of 2026/27.

Merger Benefits and delivery of post implementation transaction plan

6.3 Attached as Appendix 2 is a summary of the benefits identified to date. These are monitored through the Integration Programme Board.

6.4 Progress is assessed as **Reasonable**.

6.5 Attached as Appendix 3 is a progress update on the delivery of our post transaction integration plan. Progress is assessed as **Reasonable.**

Clinical and Care Strategy

6.6 The Trust's Clinical and Care strategy identified 4 priority areas where the Trust's strategic priorities would initially be focussed upon delivery. These areas are a focus for longer term development and delivery as they are impacting upon, and delivering change across, systems and geographies. In year actions supporting delivery are captured and reported within the annual plans, and the summary below reflects the wider activities that are ongoing to support the priority areas and the assessment of progress and continued appropriateness of the identified priorities.

6.7 Two of our service priorities focus upon children and young people:

- Best start in life
- Support for children and young people with complex care needs

6.8 These priorities recognise that up to 22% of families in the area we serve are in the low income bracket and there are areas within our geography that are among the most deprived in England; that we currently have unacceptably long waiting times for neurodevelopmental assessments and our referral rates are below the population prevalence levels and that children with complex needs currently have to travel to centres outside of the East of England for their neurodisability.

Best start in life

6.9 Our services continue to work with systems partners on the delivery of the areas identified to deliver this priority, which are:

- School readiness
- Adverse childhood experience and trauma-informed care
- Children and young people neighbourhood care and support

Support for children and young people with complex care needs

6.10 Discussions have commenced in relation to the development of a regional centre for neuro-disability with system partners. Dr Caroline Kavanagh and John Peberdy are taking lead responsibility for this area, and they are working with the regional children's programme board and developing the right clinical models initially with Cambridge University Hospitals NHS Foundation Trust, as part of the development of the children's tertiary hospital.

6.11 We have continued to focus on the reduction in neurodevelopmental waits and are on track with our plans to reduce waits to <18 weeks by March 2028 with a recovery steering group in place and regular reporting. In addition, planning in relation to developing a safe and sustainable model is underway and on track. See integrated governance report for latest position.

6.12 The remaining two service priorities are focussed on adults and older people:

- Neighbourhood care
- Unscheduled care

6.13 These priorities recognise that some of the counties we serve are home to a higher proportion of elderly people than the national average, for example in Norfolk 25% of the population is elderly, compared to the national average of 18% and that we also serve some of the UK's most deprived areas where people are 2.3 times more likely to be living with multiple long-term conditions.

Neighbourhood care

6.14 During the first quarter we have actively engaged in system discussions across all areas in which we work to support the development of integrated neighbourhood teams. The focus for year one is frailty, with year two focussing on children and young people. Targeted work is taking place with both Norfolk and Suffolk Integrated Care Board and Central East Integrated Care Board.

6.15 We have identified two 'Neighbourhood Hub' locations (Princess of Wales, Ely and Dereham hospitals) and are now progressing the formal approval process.

6.16 In Norfolk we are working with our health commissioner to refresh the systems approach to palliative and end of life care, and are supporting how Voluntary,

Charitable and Social Enterprise (VCSE) partners can increase their role.

Unscheduled care

6.17 We have continued to take a leading role in the delivery of urgent care services (including Hospital at Home and Virtual Wards) across Bedfordshire and Norfolk including working with our commissioners on developing business cases for service expansion, as well as close collaboration with delivery partners for service development. This work has a clear interdependency with national focus on reducing ambulance handover times and improving response times.

6.18 Our review of community nursing and therapy services in Norfolk Adults will aid unplanned care response, further supporting our admission avoidance focus.

6.19 Recognising it is early days within the delivery of our 5 year strategy, we have concluded that **Reasonable** progress is being made.

Service Area	Assessment of progress
Best start in life	**Reasonable**
Support for children and young people with complex care needs	**Reasonable**
Neighbourhood care	**Reasonable**
Unscheduled care	**Reasonable**

Conclusion

6.20 At the end of quarter 1, **Reasonable** progress is being achieved in delivery of all our plans. Regular reviews take place in relation to capacity and capability to deliver these plans. This work is led by our Director of Strategy and Transformation and regularly discussed at our executive team meetings. No areas of escalation at the current time.

Appendix 1 – Annual Plan Updates

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

Appendix 3 – Post Transaction Integration Plan Summary