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| Agenda item:       | 12  |
| Date of meeting:   | 19 November 2025  |
| Report to the:     | Group Trust Board   |
| Title of report:   | Future Focus - Summary of Progress on actions supporting delivery of the Group's Strategic Priorities                         |
| Report author:     | Laura Clear, Director of Strategy and Transformation<br>Andrew Butcher, Assistant Director, Strategy and Business Development |
| Executive sponsor: | Laura Clear, Director of Strategy and Transformation  |
| Recommendation:    | Discuss   |

|                  |  |
|------------------|--|
| Assurance level: | <b>Substantial</b> <input type="checkbox"/><br><b>Reasonable</b> <input checked="" type="checkbox"/><br><b>Partial</b> <input type="checkbox"/><br><b>Minimal</b> <input type="checkbox"/> |
| Rationale:       | Not Applicable.  |

## 1.0 Executive Summary

- 1.1 As part of the Group's annual planning cycle, individual Service Directors are asked to confirm progress on actions identified within operational planning that will support delivery of the Group's strategic priorities.

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

- 1.2 Updates and service Director assessment of progress have been received as follows:

| Service Area  | Assessment of progress |
|---|------------------------|
| Children and Young People                             | <b>Reasonable</b>      |
| Luton and Bedfordshire Adults & Older People Services | <b>Reasonable</b>      |
| Ambulatory  | <b>Reasonable</b>      |
| Norfolk Adults  | <b>Reasonable</b>      |

1.3 In addition updates have been received from key support services:

| Service Area             | Assessment of progress |
|--------------------------|------------------------|
| Quality                  | Reasonable             |
| Digital                  | Reasonable             |
| Finance, procurement and | Reasonable             |

1.4 All assessments have concluded that reasonable progress is being made against the underlying activities required to deliver the Trusts' strategic priorities and no material issues have been identified that would impact on delivery in the remainder of 2025/26.

1.5 Please note that progress on our people strategy for 2025/26 is covered in a separate report to Board and is therefore not included in this assessment

## Recommendation

1.6 The Board is asked to discuss the report below and identify, if any, areas for further discussion at Service Assurance Committees.

## 2.0 How the report supports tackling Health Inequalities

2.1 The delivery of Trust strategies and supports tackling health inequalities.

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

3.1 The actions within Trust operational plans will support delivery of Trust strategies.

## 4.0 Legal and Regulatory requirements

4.1 None

## 5.0 Previous consideration by Committee or Executive

5.1 Approval of Trust Strategies and Annual Operational Plans. Quarter 1 Future Focus report.

## 6.0 Report

6.1 As part of the Group's annual planning cycle, individual Service Directors across CCS (Cambridgeshire Community Services NHS Trust) and NCHC (Norfolk

Community Health and Care NHS Trust) are asked to confirm progress on actions across their Group Wide services identified within operational planning that will support delivery of the Group's strategic priorities.

- 6.2 This assessment supports the regular assurance delivered through the Service Assurance Committee structure.
- 6.3 Highlight updates and Service Director assessment of progress have been received from operational and support services and all assessments have concluded that reasonable progress is being made against the underlying activities required to deliver the Trusts' strategic priorities and no material issues have been identified that would impact on delivery in the remainder of 2025/26.
- 6.4 The Service director highlight updates are as follows:

### Children and Young People (CYP)

**Assurance: Reasonable**

- 6.5 We provide community-based health services for Children and Young People, with the aim of getting the right start in life for a better future. Our services are delivered across Bedfordshire, Cambridgeshire, Peterborough, Luton and Norfolk and Waveney
- 6.6 Highlights of progress of our strategic priorities in Quarter 2 include:
- Work continues in all geographies on NDD (Neuro Developmental Disorder pathway) with plans developed for needs led access or early concerns approaches. We have steering groups in place, which are anchored in key strategic SEND (Special Educational Needs and Disabilities) priorities.
  - We have established communities of practice across most clinical areas
  - MDT (Multi-Disciplinary Team) working discussions are in progress across all geographies. A further NHSE (NHS England) webinar is planned for February 26.
  - iHUB (the Intelligence Hub is a data visualisation tool which combines complex data sources into one easy-to-use reporting tool, available to support staff to create and make informed decision based upon reliable and real time data) continues to develop and is in place for most services in CCS but not yet embedded in business processes. It is also not currently available in NCHC.
  - During service delivery, the options for a skill-mix clinical offer is routinely considered across all services
  - Good progress has been made on the 2024 Staff Survey Action Plans
  - The national focus on 1-year waits has been a key deliverable for CYP services, this use of resource has led to some planned activity being delayed – for example
    - Internal transfer work - during Quarter 3 will modify our ambitions and develop next steps
    - PROMs (Patient Reported Outcome Measures). We are now engaging with the recently established steering group, led by the Research Team

6.7 Additional key focus areas for the remainder of the year will be to continue the NDD improvement work as well as developing further our approach.

### **Luton and Bedfordshire Adults & Older People Services**

**Assurance: Reasonable**

6.8 Our Luton and Bedfordshire Adults & Older People Services support people to remain as independent as possible, prevent unnecessary hospital stays and support people to return home as quickly as possible if they do need go to hospital. We also provide urgent care for a wide range of minor illnesses and injuries and specialist diagnostic testing.

6.9 Activity to support our strategic priorities in Quarter 2 includes:

- Taking forward our trial of Ambient AI technology (working with Accurx, a health focussed software supplier). Ambient AI (Artificial Intelligence) operates in the background without requiring active engagement and is used in various applications, such as hands-free note-taking.
- Our work on a balanced scorecard has been superseded by a Trustwide approach
- We have completed the workforce review of unplanned care across Bedfordshire which is informing our future planning for capacity management
- We have investigated the potential benefits for a single point of access option across Bedfordshire and Luton, however at this time the benefit model is not persuasive, and this is therefore not deemed viable at this point in time.

6.10 Key focus areas for the remainder of the year will be to continue the development of AI opportunities together with exploring opportunities for increased collaboration and system working.

### **Ambulatory**

**Assurance: Reasonable**

6.11 The Trust's Ambulatory Services division brings together our Musculoskeletal (MSK) services (MSK Dynamic Health and NoW MSK (Norfolk and Waveney Community Musculoskeletal Service)), Dental, and Integrated Contraception and Sexual Health (iCaSH) Services. The division's services are commissioned by Health and Local Authorities and extend across the majority of the Trust's geography

### **Dental**

6.12 Activity to support our strategic priorities in Q2 includes:

- Assessment of the potential Huntingdon relocation benefits options concluded that any move would be against national dental priorities and therefore relocation will not take place

- Online booking for Minor Oral Surgery (MOS) is being developed to be piloted in Quarter 3 with further rollout during Quarter 4.
- Whilst RPA (Robotic Process Automation to automate routine tasks by using software 'robots' to mimic human actions like clicking, typing, and data entry to handle high-volume, repetitive processes across different systems) has commenced for Minor Oral Surgery (MOS), Special Care Dentistry (SCD) has been delayed due to other Trust priorities. We do anticipate rollout before year end.
- The roll out of a full digital platform has been agreed to not now be in scope for this financial year.

6.13 Despite these minor delays, service assurance for annual delivery is reasonable with a focus in the last half of the year on progressing current activity with a focus on succession planning and new opportunities.

## iCaSH

6.14 Financially sustainability remains the main focus for the service. Workstream pathways have been agreed through the iCaSH governance structure and are being mobilised and implemented in 2025/26. Quarter 3 priorities are being re-assessed, following colleague feedback, to support improved engagement and experience.

6.15 Highlights of delivery in Quarter 2 include:

- Clinical EPR (Electronic Patient Record) system upgrade and development of further functionality is underway to support innovations e.g. patient self-service including pre appointment self-assessment,
- New pathway changes have been implemented e.g. POP (Progestogen Only Pill) online and pharmacy, HSV (Herpes Simplex Virus) management, PIFU (Patient Initiated Follow Up), thrush treatment and injectable contraception
- LARC (Long-Acting Reversible contraception) group consultation model was paused and is planned for roll out across iCaSH in Q4 25/26.

6.16 Continued focus in the remainder of the year will be progression of the existing work to deliver financial sustainability and maximising opportunities for consistent service delivery across geographies.

## Dynamic Health and NoW MSK

6.17 Bringing together MSK services across the Group, highlights of activity include:

- Quarter 2 actions have been progressed as planned, except for the implementation of RPA (Robotic Process Automation).
- RPA has however further developed and moved to the design and testing of the Dynamic Health Patient Portal which will support the reduction of administration processes within the service. The pilot is underway, and it is anticipated, subject to NHSD (NHS Digital) sign off in Nov 25, that the full roll out of clinical pathways within the portal will commence and aim to be completed by the end of Quarter 4.

- Following the successful 'FLOK AI' (An app that uses artificial intelligence (AI) to provide physiotherapy for people) lower back pain management platform pilot that concluded in Quarter 1, the service is now working to identify the opportunity to embed this clinical pathway change into BAU (Business as Usual).
- 6.18 As we continue to bring the bring MSK services together under a single management structure our focus in the last half of the year will be to drive further AI opportunities and deliver efficiencies through Group working.

## Norfolk Adults

**Assurance: Reasonable**

- 6.19 Delivering services in partnership with Norfolk County Council we support people to live well at home, minimising any time spent in hospital and, by supporting them more effectively in their own homes, reduce the impact of ill health. We are committed to the delivery of place-based care within our neighbourhoods.
- 6.20 2025/26 activity has been focussed in specific service areas, highlights of which are:

## Diabetes Management

- Norfolk and Waveney Diabetes New Model of Care has been developed with proposed changes to service provision identified over the next 5 years
- Updated Core specification will be reviewed in 2026
- Agreement has been reached for Acute and Community service specifications to be jointly reviewed, a procurement may be used to support system redesign which aims to drive integration, prioritise prevention, address inequalities and enable resilient communities
- Specialist nurses are undertaking project work currently funded in South and West Places via CTF (Community Transformation Funding). A business case is under development to "level up" with funding for substantive posts in North and Norwich Places as this funding will cease

## Palliative care services

- NCHC are launching a new Palliative and End of Life Care (PEOLC) programme board in November 2025. This follows on from the Better for All project but is an expanded, dedicated, programme with a number of different workstreams focussing on the trust wide palliative pathway, inpatient services, specialist services and education.
- Initial priority areas identified from incidents and patient and staff feedback include:
  - Auditing services across the trust using the Six National Ambitions for palliative and end of life care self-assessment tool to inform service improvement and pathway redesign work.
  - Optimising of medical provision.
  - Undertaking a quality of care review at Priscilla Bacon Lodge (PBL) to inform future priorities.

- Expanding the 'living well' offer in collaboration with Priscilla Bacon Hospice Charity and looking at accessibility for the wider population of Norfolk.
- Improving the way we manage PEOLC medicines in the community by introducing a new electronic drug chart process and review of the transcribing policy.
- Implementing a community volunteers pilot project working with community nursing and therapies.
- Learning and actions are fed into the ICB (Integrated Care Board)/provider-led collaborative service specification redesign and system programme board.

### Specialist Neuro Services

- Operational and Quality leadership roles have been reviewed across the specialist neuro and rehab services to ensure equity of portfolio responsibility and shared Quality / Operational oversight.
- A new Job description is being developed to reflect this joint working for all 8a Service Lead, Operational Lead and Quality Matron roles across Norwich Place.

### Stroke services

- We are continuing to engage with the Norfolk and Norwich University Hospital NHS Trust (NNUH) on the pathway and quality / operational impact of the Mechanical Thrombectomy pathway that the acute hospitals group are planning to implement in 2026.
- The wider estates impact of operational developments is being considered.

### Tissue viability (TV)

- A clear problem statement has been created, and engagement is taking place in November 2025 to test the statement with frontline colleagues
- The service will be spotlighted at the Norfolk Assurance & Improvement Group in December 2025.
- The TV team are currently aligning the recording and management of pressure ulcers to the National Wound Care Strategy, this work includes, SystemOne, Datix, Training and Purpose risk assessment documents.

### Intermediate Care and Urgent Community Response (UCR)

- It has been agreed that the New Deputy Medical Director will support the review of medical and ACP roles, responsibilities, and coverage to ensure alignment with service needs
- The ward structure review has delivered positive changes with service leads and Quality Matron in-reach. Dedicated Social Worker resource on each unit is supporting improved flow. The next phase will be a review of therapy input.
- Demand and capacity modelling to support the review of our inpatient bed model has been completed to inform the business case for transformation.

- Benchmarking across service elements is underway to identify opportunities for further efficiencies.
- UCR performance is consistently at or above 70% but resource gaps (despite recruitment drives) in some Places and the need to support Planned Care urgent visits is impacting reaching the 80% target at present.
- Good improvements have been seen in patient flow, with a historically high level of discharges and admissions and consequently low admission waiting numbers and times.
- The service information dashboard is nearly completed which will further support flow management.
- A model for one Virtual Hospital across Norfolk and Waveney has been developed for review and agreement to adopt all system partners.
- In Central and West Place Clusters there has been further development of Acute /Community Frailty Units/SDEC (Same Day Emergency Care) access for hot clinics and rapid in-hospital diagnostics.

### Community nursing

- Across all Places there has been a continued focus on delivering sustainable improvements for access to community nursing and therapy services. Building on previous work which implemented service design changes work has commenced with a deep dive analysis focussed on identifying remaining root causes, including patient segmentation analysis.

6.21 In addition to continued delivery of the actions above across specialist services, the continuation of the community nursing focus will be key to improving access and delivering efficiencies to release more colleague time for care delivery.

### Support Services

6.22 In addition to the operational Service Director assessments, assessments have been received from key support services highlighting progress in areas enabling strategic delivery:

### Quality

**Assurance: Reasonable**

6.23 At present, until the new single organisational objectives are agreed to support the new Clinical and Care strategy currently being developed, CCS has a Quality Strategy (year 3 of 3) and NCHC have quality objectives aligned to the strategic priorities (year 4 of 5):

6.24 Progress is being made against the strategy and strategic priorities and, whilst there are no changes to delivery dates at present, work has started to map processes and merge systems, policies and quality indicators. Some delivery highlights for Q2 include:

- The wound care model has been reviewed and app implemented across Luton Adult services
- A CCS Trust wide review of how we learn lessons has been carried out

- A Children’s service review ‘ensuring we can hear the voices of the children who use our services’ has taken place in CCS
- New ‘waiting well’ standards and processes have been implemented in NCHC
- A review of training and education needs is taking place in NCHC
- There has been widespread community engagement to support the development of the Clinical and Care Strategy across the Trusts

6.25 Key focus areas for the remainder of the year are:

- Implementing consistent Quality Improvement processes, training and resource across both Trusts in preparation for merger on 1 April 2026
- Development of a trust wide co-production and community engagement model
- Implementation of the waiting well audit outcomes
- Planning has commenced and will be further developed for community nursing and therapies transformation
- Merging of safeguarding policies, processes and learning across the Trusts

## Digital

**Assurance: Reasonable**

6.26 The existing Trusts have individually identified transformation projects in their previous strategies as follows:

6.27 CCS has identified 5 workstreams comprising a number of individual project areas within each workstream:

| Workstream                                   | Scope   |
|--|---|
| Digital Patients and Care Pathways           | Digital platforms, Wound Care App, Needs-led tool, unscheduled care hub, NDD Programme  |
| Digital Workforce                            | Personal files, E-rostering, Ways of working, career pathways, developing skills and engagement   |
| Digital Partners                             | Innovation opportunities, Robotic Process Automation (RPA), AI Ambient Listening, Federated Data Platform (FDP)   |
| Digital Infrastructure                       | iCaSH EPR (Electronic Patient Record), PTSN (Public Telephone Switched Network) cessation December 2027, children’s services digital support, telephony solutions |
| Digital intelligence, Knowledge and Insights | Data Quality Improvement Plans (DQIP), iHub, MDP (Modern Data Platform), E-roster link to MDP, RPA, commissioner and research team links,                         |

|  |  |
|--|--|
|  | iHub support to improve health inequalities. Faster Data Flows |
|--|--|

6.28 NCHC has identified 6 key project areas:

| Project area                               | Scope   |
|--|---|
| Better for all                             | The new SystmOne unit will provide standardisation of templates and care plans, and a comprehensive review of services offered and reporting requirements. Community nursing and therapy in all four places, out of hours, Tissue Viability and Specialist Palliative Care services will transfer to the new SystmOne unit. |
| Digitally literate and confident workforce | Build a digitally literate and confident workforce. Embedding digital skills assessment into induction of staff and providing access to relevant training to foster a digital first culture.  |
| Did Not Attend (DNA) SMS                   | To identify if direct SystmOne SMS appointment reminder messages can support with the reduction of DNAs across the Trust.   |
| Working towards our new NHS Trust -        | Building digital architecture to support collaborative working in the new Trust.  |
| Norfolk and Waveney Shared Care Record     | Provide the required community data into the Norfolk and Waveney Shared Care Record.  |
| Electronic Transfer of Prescriptions       | Electronic transfer of prescriptions functionality on SystmOne.   |

6.29 Good progress is being made on all areas with regular update reporting through the Finance and Infrastructure Committee.

### Finance, Procurement and Estates

**Assurance: Reasonable**

6.30 The adoption of the Group model has brought finance, procurement and estates delivery together under a single management structure and Group-wide approach.

6.31 Highlights of key activities and focus for the remainder of the year are:

## Finance

- Our financial position for both Trusts remains on plan and is forecast to end the year in line with expectations.
- Efficiency targets are also tracking as planned, which will enable us to achieve a break-even position by year-end. However, the savings mix has shifted toward a higher proportion of non-recurring savings. Addressing this remains a key focus for the remainder of this year and into the medium term to ensure long-term financial sustainability.
- Regionally, all six systems in the East of England are reporting year-to-date deficits as of August 25. This places additional pressure on both of our Trusts, which may be asked to identify funding to support the wider system—a key risk for the second half of the year.

## Procurement

- The majority of commissioned service contracts across both Trusts have been signed, with only a small number of variations currently being addressed.
- All contracts across both Trusts have been identified and prioritised through a scoring matrix, and we have begun aligning these contracts value can be delivered under the new Group Trust structure.

## Estates

- Work is progressing to integrate estates and facilities functions across the two Trusts, both operationally and strategically.
- We have initiated our first service relocation from a CCS leasehold site to an NCH&C freehold property for the iCaSH service.
- Our Premises Assurance Model return has shown improvements across both Trusts, reflected in further enhancements in compliance, safety and effectiveness of our premises.
- Construction projects are underway at North Cambridgeshire and Princess of Wales hospitals, alongside land sales at the Princess of Wales and St Ives sites.
- We remain on track to deliver our extensive fire safety and backlog maintenance program, valued at approximately £2 million this year.

6.32 All assessments have concluded that reasonable progress is being made against the underlying activities required to deliver the Trusts' strategic priorities and no material issues have been identified that would impact on delivery in the remainder of 2025/26.