Meeting of the Board of NHS Norfolk and Waveney Integrated Care Board (ICB)

Tue 24 January 2023, 13:30 - 15:30

Virtual Meeting Via Microsoft teams

Our mission: To help the people of Norfolk and Waveney live longer, healthier and happier lives.
Our goals:
1. To make sure that people can live as healthy a life as possible.
2. To make sure that you only have to tell your story once.
3. To make Norfolk and Waveney the best place to work in health and care.
Chair: Rt Hon. Patricia Hewitt

Agenda

13:30 - 13:30
0 min

Meeting Agenda

00. 2023.01.24 NW ICB Public Meeting Agenda v3.pdf (3 pages)

13:30 - 13:30
0 min

1. Welcome and introductions - Apologies for absence

Chair

13:30 - 13:30
0 min

2. Minutes from previous meeting and matters arising

Chair

To approve the part 1 public minutes of the previous Board meeting.

02. DRAFT NW ICB Board Part 1 Minutes 22112022 (002).pdf (11 pages)

13:30 - 13:30
0 min

3. Declarations of interest

Chair

To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests. The Register is available via the ICB's website.

03. ICB Board Register - Jan 23.pdf (4 pages)

13:30 - 13:30
0 min

4. Chairs Action Log

Chair

To receive an update from the Chair on actions taken since the last meeting.

13:30 - 13:30
0 min

5. Action log – things we have said we will do

Chair

To make sure the ICB completes all the actions it agrees are needed.

05. ICB Board Action Log Jan 2023.pdf (1 pages)

13:30 - 13:30
0 min

6. Chairs and Chief Executives Report

Chair and Tracey Bleakley

To note an update from the Chair and the Chief Executive of the ICB about the work the ICB has done since the last meeting.

06. Chair and Chief Executive's ICB Board report - Final.pdf (7 pages)

13:30 - 13:30
0 min

7. Learning from people, staff, and communities

Tricia D'Orsi

To hear the learning from people, staff and communities in Norfolk and Waveney with lived experience around the importance of having appropriate support for older and frail people to help them live well in the community, and to discuss and learn. This item will be a video presentation.

13:30 - 13:30
0 min

Items for Sharing and Board Consideration

13:30 - 13:30
0 min

8. Transforming Care for Older People

Tracey Bleakley

To inform discussion of ICB's ambition to work with all our System partners continue to improve and better integrate heath and care for older people in Norfolk & Waveney.

08. ICB Board - Transforming Care for Older People V1.0.pdf (4 pages)

13:30 - 13:30
0 min

9. Anchor Programme (Sally Hardy UEA)

Tricia D'Orsi - Sally Hardy

To share how the Anchor Programme is supporting a number of initiatives which are aimed at addressing inequalities in population health, upskilling and improved integration of health and social care across systems/regions.

09. Anchor Institute Investment Slide ICS Board Jan 2023.pdf (11 pages)

13:30 - 13:30
0 min

Finance and Corporate Affairs

13:30 - 13:30
0 min

10. Financial Report for Month 8

Steven Course

To receive a summary of the financial position as at month 8.

10. ICB Finance Report - Month 08 - Board.pdf (10 pages)

13:30 - 13:30
0 min

11. Board Assurance Framework

Karen Barker

A review of the risks (things that might go wrong and how we can alleviate them) within the Integrated Care system.

- 11. BAF Paper for ICB Board Part 1- January 23.pdf (3 pages)
- 11.1 BAF - ICB Board Part 1- January 23 Appendix1.pdf (45 pages)

13:30 - 13:30
0 min

12. Emergency Preparedness Reslience and Response (“EPRR”) Core Standards

Steven Course

To receive a summary of the core standards annual assurance process for Norfolk Local Health Resilience Partnership (LHRP).

- 12. ICB Board Report-EPRR Annual Assurance.pdf (8 pages)

13:30 - 13:30
0 min

Committees Update and Questions from the public

13:30 - 13:30
0 min

13. Report from the Quality and Safety Committee

Aliona Derrett

- 13. 2023 01 24 - Quality and Safety Committee Report to Board v1.0.pdf (6 pages)

13:30 - 13:30
0 min

14. Report from the Finance Committee

Hein van den Wildenberg

- 14. Fin Com Chair Report to Board.pdf (5 pages)

13:30 - 13:30
0 min

15. Report from the Primary Care Commissioning Committee

James Bullion

- 15. 23-01-24 PCCC for ICB Board.pdf (3 pages)

13:30 - 13:30
0 min

16. Report from the Performance Committee (verbal due to meeting schedule)

Dr Hilary Byrne

13:30 - 13:30
0 min

17. Report from the Audit and Risk Committee

David Holt

- 17. 20222.12.16-ARC Report to Board.pdf (4 pages)

13:30 - 13:30
0 min

18. Questions from the Public. Where question in advance relates to items

Chair

13:30 - 13:30
0 min

19. Any other business

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Board of NHS Norfolk and Waveney Integrated Care Board (ICB)

Tuesday, 24 January 2022, 1.30pm – 3.30pm

(In Public)

Meeting to be held virtually via Microsoft teams

Our mission: To help the people of Norfolk and Waveney live longer, healthier and happier lives.

Our goals:

1. **To make sure that people can live as healthy a life as possible.**
2. **To make sure that you only have to tell your story once.**
3. **To make Norfolk and Waveney the best place to work in health and care.**

Chair: Rt Hon. Patricia Hewitt

Item	Time	Agenda Item	Lead
1.	1.30	**Welcome and introductions - Apologies for absence**	Chair
2.		**Minutes from previous meeting and matters arising** To approve the part 1 public minutes of the previous Board meeting.	Chair
3.		**Declarations of interest** To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests. The Register is available via the ICB's website.	Chair
4.		**Chair's Action Log** To receive an update from the Chair on actions taken since the last meeting. There are no Chairs Action to report at this meeting.	Chair
5.		**Action log – things we have said we will do** To make sure the ICB completes all the actions it agrees are needed.	Chair
6.	1.35	**Chair and Chief Executive's Report** To note an update from the Chair and the Chief Executive of the ICB about the work the ICB has done since the last meeting.	Chair and Tracey Bleakley

Item	Time	Agenda Item	Lead
		Learning from people, staff, and communities	
7.	1.45	To hear the learning from people, staff and communities in Norfolk and Waveney with lived experience around the importance of having appropriate support for older and frail people to help them live well in the community, and to discuss and learn. This item will be a video presentation.	Tricia D'Orsi
		Items for Sharing and Board Consideration	
8.	2.05	**Transforming Care for Older People** To inform discussion of ICB's ambition to work with all our System partners to continue to improve and better integrate heath and care for older people in Norfolk & Waveney.	Tracey Bleakely
9.	2.25	**Anchor Programme (Sally Hardy UEA)** To share how the Anchor Programme is supporting a number of initiatives which are aimed at addressing inequalities in population health, upskilling and improved integration of health and social care across systems/regions.	Tricia D'Orsi (Sally Hardy)
		Finance and Corporate Affairs	
10.	2.45	**Financial Report for Month 8** To receive a summary of the financial position as at month 8.	Steven Course
11.	2.55	**Board Assurance Framework** A review of the risks (things that might go wrong and how we can alleviate them) within the Integrated Care system.	Karen Barker
12.	3.05	**Emergency Preparedness Reslience and Response ("EPRR") Core Standards** To receive a summary of the core standards annual assurance process for Norfolk Local Health Resilience Partnership (LHRP).	Steven Course
		Committees Update and Questions from the public	
13.	3.15	**Report from the Quality and Safety Committee**	Aliona Derrett
14.		**Report from the Finance Committee**	Hein Van Den Wildenberg
15.		**Report from the Primary Care Commissioning Committee**	James Bullion
16.		**Report from the Performance Committee (verbal due to meeting schedule)**	Dr Hilary Byrne
17.		**Report from the Audit and Risk Committee including report from the Conflicts of Interest Committee (verbal due to meeting schedule)**	David Holt
18.	3.25	**Questions from the Public. Where question in advance relates to items**	Chair
19.		**Any other business**	Chair

Item	Time	Agenda Item	Lead
Date, time and venue of next meeting: **Tuesday, 28 March 2023, 1.30pm – 3.30pm, Venue Town Hall Kings Lynn**			
Any queries or items for the next agenda please contact: **nwccg.corporateaffairs@nhs.net**			

Some explanations of terms used in this Agenda.

Please see further terms defined on our website www.improvinglivesnw.org.uk

Integrated Care System (ICS) - new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Integrated Care Board (ICB) - an organisation with responsibility for NHS functions and budgets. Membership of the board includes 'partner' members drawn from local authorities, NHS trusts/foundation trusts and primary care.

Clinical Commissioning Group (CCG) – NHS bodies that will be replaced by ICBs on 1st July 2022.

Integrated Care Partnership (ICP) - a statutory committee bringing together all system partners to produce a health and care strategy. Representatives include voluntary, community and social enterprise (VCSE) organisations and health and care organisations, and representatives from the ICB board.

Health and Wellbeing Partnerships (HWP) - are local place-based partnerships work on addressing the wider determinants of health, reducing health inequalities and aligning NHS and local government services and commissioning.

Lived experience - knowledge gained by people as they live their lives, through direct involvement with everyday events. It is also the impact that social issues can have on people, such as experiences of being ill, accessing care, living with debt etc.

NHS Norfolk and Waveney Integrated Care Board

DRAFT Minutes of the meeting on Tuesday, 22 November 2022

PART 1 – Meeting in public

Board members present:

- Rt Hon. Patricia Hewitt (PH), Chair, NHS Norfolk and Waveney ICB
- Tracey Bleakley (TB), Chief Executive, NHS Norfolk and Waveney ICB
- Jason Hollidge (JH), Director of Commissioning Finance, NHS Norfolk and Waveney ICB
- Dr Frankie Swords (FS), Medical Director, NHS Norfolk and Waveney ICB
- Patricia D'Orsi (PD'O), Director of Nursing, NHS Norfolk and Waveney ICB
- Hein Van Den Wildenberg (HvdW), Non-Executive Member, NHS Norfolk and Waveney ICB
- Cathy Armor (CA), Non-Executive Member, NHS Norfolk and Waveney ICB
- David Holt (DH), Non-Executive Member, NHS Norfolk and Waveney ICB
- Aliona Derrett (AD), Non-Executive Member, NHS Norfolk and Waveney ICB
- Cllr Bill Borett (BB), Chair, Norfolk Health and Wellbeing Board, and Chair, Norfolk and Waveney ICP
- Dr Hilary Byrne (HB), Partner Member – NHS Primary Medical Services
- Jonathan Barber (JBa), Partner Member – NHS Trusts (Acutes)
- Stephen Collman (SCol), Partner Member – NHS Trusts (Mental Health and Community Services)
- James Bullion (JBu), Local Authority Partner Member
- Emma Ratzer (ER), Voluntary, Community and Social Enterprise Sector Board Member

Participants and observers in attendance:

- Karen Barker (KB), Director of Corporate Affairs and ICS Development, NHS Norfolk and Waveney ICB
- Mark Burgis (MB), Patients and Communities Director, NHS Norfolk and Waveney ICB
- Jocelyn Pike (JP), Acting Director of Mental Health Transformation, NHS Norfolk and Waveney ICB
- Andrew Palmer (AP), Director of Performance, Transformation and Strategy, NHS Norfolk and Waveney ICB
- Ema Ojiako (EO), Director of People, NHS Norfolk and Waveney ICB
- Ian Riley (IR), Director of Digital and Data, NHS Norfolk and Waveney ICB
- Alex Stewart (AS), Chief Executive, Healthwatch Norfolk

Attending to support the meeting:

- Chris Williams (CW), Senior Support Manager, NHS Norfolk and Waveney ICB (Minutes)
- Toni Jeary (TJ), Local Maternity and Neonatal System Programme Manager, NHS Norfolk and Waveney ICB (for item 11)

1.	**Welcome and introductions - apologies for absence**	
	The Chair welcomed everyone to the meeting. She explained that Stuart Richardson had stepped down from the Board to focus on his role as Chief Executive of Norfolk and Suffolk NHS Foundation Trust and she thanked	

	him for his contribution. The Chair welcomed AD and SCol to their first meeting. Apologies were received from the following Board members: • Steven Course (SCou), Director of Finance, NHS Norfolk and Waveney ICB • Sue Cook (SCoo), Local Authority Partner Member	
2.	**Minutes from previous meeting and matters arising**	
	Agreed: The draft minutes from the meeting held on 27 September 2022 were approved as an accurate record of the meeting.	
3.	**Declarations of interest**	
	The Chair noted that all Board members had refreshed their declarations of interest and that these are available on the ICS's website.	
4.	**Chair's action log**	
	The Chair noted that, as set-out in the action log, the following two procurements had been approved since the Board last met: 1. Approval of an award of Adult Eating Disorder Services 2. Approval of an award of Short Stay Recovery Houses Project	
5.	**Action log**	
	The Chair explained that all actions on the log had been closed. The report was noted.	
6.	**Chair and Chief Executive's Report**	
	The Chair introduced the item by highlighting key points from the Chancellor's Autumn Statement. She explained that the Chancellor and the Secretary of State for Health and Social Care had asked her to conduct a high level independent review of Integrated Care Systems. The Chair explained that this additional role would not reduce her commitment to Norfolk and Waveney. TB highlighted key points from the report regarding winter planning and funding, and the launch of our Carers Passport. Questions and comments from Board members: • CA noted she was really pleased to see the progress with our Carers Passport and asked if there would be a process for capturing feedback and a review to enable us to understand how it is working. TB explained that an evaluation process had been built in. • JBu welcomed the additional funding for social care and noted that planned reforms of social care had beem delayed two years. • BB welcomed the announcement about the review of Integrated Care Systems and noted this would be an opportunity to secure greater clarity about the role of NHS England following the introduction of the Health and Care Act (2022).	

	Agreed: The ICB Board appointed the Director of Finance as the ICB's Accountable Emergency Officer.	
	Learning from people, staff and communities	
7.	**Learning from people, staff and communities**	
	PD'O introduced the item, which focused on palliative and end of life care. Questions and comments from Board members: • TB thanked those involved for sharing their experience. She said that as a society we are quite good at planning for and providing end of life care for some conditions, such as cancer, but when it comes to frailty or old age we don't think enough about it. She added that part of the learning from this item is that this group need end of life care and that discussions around advanced care planning are needed and should happen earlier than it often does. • JBu commented that we should formalise the frailty pathway, this would improve people's care and offer an alternative when the decision is being made whether to convey an individual to hospital or not – we should have a plan for everybody. He added that research shows people don't like the word 'frailty'. • FS highlighted that initially the patient's experience showed what we can do to better care for people at the end of their life – an ambulance was called, a conversation took place with a highly skilled professional and instead of conveying the patient to hospital, a more creative solution was found that was better for the patient. • JBa agreed that we shouldn't use the word 'frailty' and suggested that the ICB commits to developing a single pathway for older people's medicine. • HB explained that as a GP, the patient's experience was a sadly familiar story. She added that lots of good work has been done, but that we need to take this a step further and plan better for when things go wrong, which is invariably in the middle of the night, when the plan then isn't followed and people end-up going to hospital. She also question why the patient couldn't get the bed in the care home if they were self funding and whether we need to improve our processes. • JBu said it was unclear why the patient couldn't take the bed at the care home, there should be a conversation about how long people are likely to need bed for and it would be common sense not to let someone go somewhere they couldn't afford – this shouldn't be a problem. • AD noted that the story highlights the importance of and need for information to be shared between health and care staff. • AP explained that the system is working to significantly improve the sharing of information between partner organisations. **Action:** TD'O to bring a report back to the meeting of the ICB Board in January 2023 on learning from the patient story.	**TD'O**

	Items for sharing and Board consideration	
8.	**ICP Strategy**	
	JB introduced the item by outlining the Integrated Care Strategy. BB added that it was really welcome to have unanimous support from the whole Integrated Care Partnership and colleagues from across the system for the strategy. **Agreed:** The ICB Board: • Endorsed the transitional joint Norfolk and Waveney Integrated Care strategy and Health and Wellbeing strategy. • Agreed to have regard to the Norfolk and Waveney Integrated Care Strategy when carrying out its functions. • Agreed to support the system and partners in delivering against its key challenges and priority actions.	
9.	**Norfolk and Waveney ICS Winter Plan 2022 Update**	
	MB introduced the item by highlighting key points from the plan, as well as the context health and care services are operating in, and he explained that a challenging winter is being forecast for the NHS and care services. Questions and comments from Board members: • HvW noted that he had been struck by the level of partnership working undertaken to produce the winter plan and asked for more information about the system control centre. MB explained that it was a national requirement, but that this was something we were already planning. He added that the system's control centre is virtual, although consideration is being given as to whether a physical space could be useful, and it is being overseen by the Winter Director appointed this year. • DH asked about how confident we are with the mitigating actions for the potential risks we've identified, particularly where we need to coordinate action or draw down resources from partners? Have we tested them? MB responded by explaining he thought it was a good plan, that there are very likely to be real challenges around workforce and capacity, but that we are able to respond quicker than in previous years. He added that the system has shown it works well as a system when under pressure. • JBa commended the report for its clarity and for the work being done to identify additional capacity, particularly the work being done with housing associations. • FS explained that in terms of managing risk the system has a 24/7 resilience team, daily systemwide meetings and weekly clinical meeting, where medical directors and directors of nursing come together to share and review risks in a supportive and dynamic way. • ER noted that the report was really clear about how the voluntary, community and social enterprise sector could help and that she would talk to sector about what it could do to help throughout winter.	

	• JBu commented that a stocktake point in winter would be useful to understand how our plans are working, particularly in relation to the wellbeing and resilience of our workforce. • CA asked how the recruitment drive was going. EO explained that there has been some success with recruitment and the system has been meeting some of its targets, but that there is also a focus on supporting and retaining staff, which is particularly important when people are working in challenging circumstances. • SCol highlighted three points in response to the report: the need to talk to VCSE sector earlier and embedding them in our planning, that the move to more recurrent money is important and would help with planning, and that we need to look at what our place level response is. • ER noted that in terms of recruitment and retention, in the VCSE sector pay rises only happen if the price of contracts increase. • HB asked if there would be a programme of communications and engagement to support our winter planning, for example around using community pharamcies and NHS111? MB explained that this work had started a few weeks ago and that this year we would be doing more to communicate with staff. **Agreed:** The ICB Board endorsed the plan and work being carried out across social care and health to support the system and residents of Norfolk and Waveney during the coming months, and for partners to commit to working collaboratively to promote and support the plan. **Action:** EO/TD'O to bring a report to a future meeting of the Board regarding the anchor programme work being conducted by UEA looking at recruitment and retention.	
10.	**East Kent Report**	
	TD'O introduced the item, which provided an overview of the report into maternity and neonatal services at East Kent Hospital University Trust. She noted that all ICBs had been asked by NHS England to consider the report and she recommended that all Board members read it. Questions and comments from Board members: • FS underlined the importance of the report, adding that it is upsetting to read and that our system needs to look at the learning from the report, adding that the culture on maternity units is fundamental. She also noted the recent publication of a national enquiry by 'Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries' and explained that in terms of performance measures included in the report none of the units in Norfolk and Waveney were in the lower quintile, but that there is always more to do.	

	• The Chair suggested that there could be value in bringing together midwives, consultants, ICB colleagues and others to look at the report with a digital lens, building that culture of learning and solving problems together. **Agreed:** The ICB Board noted the findings and recommendations of the report and the proposal to monitor actions through the LMNS Safety and Quality Oversight Group (SQOG) and LMNS Board.	
11.	**Digital Transformation**	
	AP, IR and TJ introduced the item, highlighting key points from the report. Questions and comments from Board members: • CA asked how older people are being or could be helped to manage with new technology. AP noted that people shouldn't be underestimated and that the patient access would be more user friendly. Professionals would have access through the electronic patient record, which would improve care. The Chair added that personalised care is really important. • JBu commented that there are lots of really good ideas and plans, as well as opportunities to work together, but that this would take time to realise. He asked what the system could do to advocate for more resources to support this work. • ER and AD noted that there are some people who are struggling to afford technology and other groups who struggle to use it, such as those with cognitive decline and people with a visual impairment. • BB highlighted that how we share information as a system and between partners is vital for getting clinical decisions right and should be a priority. There are also opportunities for efficiencies and creating capacity. • TD'O noted that it is important we remember that a one size does not fit all and that there are places people can go to access technology, such as surgeries or libraries. • The Chair noted that the Electronic Patient Record is not just about technology, but about having a common approach and processes. TJ explained that work is underway to join-up clinical processes too. • JH explained that the paper sets-out the ask very clearly, but there is more work to do in terms of identifying the capital funding required. We have a three-year capital funding settlement, some of which is already committed, the remaining needs to be prioritised. We also need to consider the link with other capital projects, for example the new hospital programme, as well as how we use existing money, for example when contracts come to an end. • DH added that it is important we understand what the art of the possible is in terms of capital funding – the sooner we work out what is possible, the quicker we will see returns.	

	• BB commented that it would be helpful for other partners to be involved, such as district councils and voluntary organisations, so that decisions they make are aligned. **Agreed:** The ICB Board reviewed and approved the Digital Maternity Strategies for: • James Paget University Hospital NHS Foundation Trust • Norfolk and Norwich University Hospital Foundation Trust • Norfolk and Waveney Local Maternity and Neonatal System • Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	
	Finance and Corporate Affairs	
12.	**Financial Report for Month 7**	
	JH introduced the item, noting that the forecast outurn position for the ICB for the year remained a break-even position in line with our plan. He explained that the forecast outurn position for the Integrated Care System was also break-even as planned, but that the system has a year-to-date deficit position of £7.6m at month seven, which is adverse to our plan by £5.1m. The report was noted.	
13.	**Board Assurance Framework**	
	KB introduced the item by highlighting that three new risks had been added to the framework relating to the transition and delegation of primary care services, discharge from inpatient settings and industrial action. **Agreed:** The ICB Board received and reviewed the risks presented in the Board Assurance Framework.	
	Committees update and questions from the public	
14.	**Report from the Quality and Safety Committee**	
	The report was noted.	
15.	**Report from the Finance Committee**	
	The report was noted.	
16.	**Report from the Primary Care Commissioning Committee**	
	The report was noted.	
17.	**Report from the Performance Committee**	
	HB explained that the Committee was looking at adjusting the timings of its meetings to enable them to provide written reports to future Board meetings. She highlighted that the Committee had an important discussion about smoking cessation at its last meeting.	
18.	**Report from the Audit and Risk Committee**	
	DH highlighted that the Committee had a discussion about access to data at its last meeting and noted a risk regarding ensuring that partners had appropriate access.	

	Action: The ICB Board agreed that the system's Executive Management Team would look at the progress we have made with data sharing between partners, next steps and challenges, and that they would report back to the Board via one of the committees. The report was noted.	**IR and SC**
19.	**Question from the public**	
	The following questions were received in advance of the meeting – it was not possible to provide written responses to all the questions at the meeting because they were only received shortly before the meeting: **Question 1:** For many years, Norfolk County Council has commissioned an Information, Advice and Advocacy Service from the VCSE sector to support local people with a wide range of issues that affect their quality of life. This is an accredited service supporting both health & social care professionals and residents. There are around 160K people in Norfolk & Waveney living in areas categorised as the most 20% deprived in England, and where support is not available, the negative impacts on their health, care and life expectancy is all too clear - the recent example in Rochdale of unhealthy housing is a timely reminder of this. The Norfolk Community Advice Network (NCAN) delivers this contract, and has recently reported continued, unprecedented levels of referrals. These are out of step with the commissioned service volumes as these are based on historical numbers. For an example from my own organisation, calls to Age UK Norwich are 31% higher than the same period in 2021, prior to our normal winter spike, meaning growing waiting times for support, increasingly the likelihood of health or care crisis. Some NCAN members are not currently able to take referrals. Information from the ICS networks shares that other UK areas recognise the crucial nature of accredited information & advice as part of their prevention and anticipatory care strategies, and they have invested to up-scale this. Are there any plans for Norfolk & Waveney to follow these examples? **Response:** The Better Care Fund (BCF) now contains funding for a range of information, advice and advocacy support across ICB and local authority commissioning, including services for specific themes (care navigation, Information Advice and Advocacy Services) and specific needs (carers and mental health). There is strategic commitment from our ICS to further review our ambition for the BCF and the range of community-based support it offers.	

We recognise the extended pressures that the sector is facing this winter. As such partner are supporting with putting in place a range of measures to try to manage demand on the sector, and make sure that residents get the correct support, as early as possible. A package of support including: £7.7m in Household Support Funding for people in financial hardship, a tailored communications approach to direct people to the right support, £220,000 for warm spaces, £500,000 for Community food hubs and an additional £475,000 for the 18 months to 31st March 2023 to support additional advice sector capacity.

As an ICS, it is important we continue to challenge ourselves as to whether we have the right level of investment in advice support, consider what options we have and work to make improvements. We must also acknowledge the significant national and contextual challenges placing specific pressure on our population, including regarding the cost of living. Importantly, an integrated approach can support better access and improvement and help to ensure we are using the right resource at the right time.

Question 2:

I wanted to ask a question regarding an update on the MSK transformation process please. I am a physiotherapist working at the Norfolk and Norwich Hospital. Along with my colleagues (an Occupational Therapist and a Consultant Rheumatologist) we have been working for the last 9 months on a scoping exercise of services which will lead to recommendations for the provision of care for people living with a diagnosis of fibromyalgia. We are keen to hear from anyone at ICB/ICS level about where the MSK transformation has got to as we have had no information through our usual channels of communication, and we are not sure who is leading on this. We hope to be able to help future plans with our document and with the knowledge we have now about the MSK services in Norfolk.

Response:

A response to this query will be issued in writing after the meeting.

Question 3:

Are the ICB aware of the extremely long delays currently being experienced by our residents in accessing social care assessments. Local residents are waiting between 6 -12 months for the initial assessment then a further 10 weeks for the financial assessment. This is not acceptable in our view. What actions are you intending to take to resolve this and in what timescale?

Both those needing support and their families and carers are being let down and going into crisis before any help is forthcoming. Day care provision is also struggling to be sustainable as people are not being referred for care packages.

In addition only digital applications can be made and there is no means to follow up your case.

Response:

A response to this query will be issued in writing after the meeting.

Question 4:

For some considerable time now local pharmacies have been regularly closing due to a lack of pharmacists.

This has deteriorated to the extent now where Sheringham regularly has no access to a pharmacy as they are all closed. Particularly on Saturdays. Access to medication and advice is being restricted through closure. Patients are directed via NHS advice to their pharmacist who is declining or closed due to capacity. The GP refuses to see them as it is a pharmacy matter.

What plans are in place to resolve this? When do the Board see this resolving?

Response:

A response to this query will be issued in writing after the meeting.

Question 5:

In November 2015 as part of the “Shape of the System “consultation, the former Great Yarmouth and Waveney CCG decided to close community hospitals and develop out of hospital teams along with commissioned beds with care. In November 2017 the CCG approved a new clinical model Out of Hospital service.

5 years on, has a review of the above strategy in the GYW locality been carried out by this ICB?

In particular in regards to the area of Halesworth, has the former CCG pledges it made to this community been fulfilled? Is it served by a dedicated Out of Hospital team? Are NHS funded beds with care available in the immediate vicinity? And is it well served by outreach services?

Response:

A response to this query will be issued in writing after the meeting.

Question 6:

As part of the consultation it was agreed by the CCG governing body to close the Patrick Stead Hospital, Halesworth which provided 12 inpatient beds along with various outpatient services and redevelop a smaller existing building on site (Rayner Green Resource Centre) to provide some

	pf these outpatient services. Thereby declaring the Hospital building surplus to requirements by the CCG. Since that time, at least 600 dwellings in Halesworth have been approved planning permission some currently under construction along with a separate Care home with extra care apartments and a separate 53-unit retirement living development. With the Cutlers Hill Surgery on the same site as the above, which the ICB has recently stated is at maximum registration capacity due to its physical size and its medical capacity. Has this future impact been fully assessed and impact on the services locally by the ICB with the disposal and change of use of Patrick Stead Hospital to housing? This is a one off site its locality with no outside capacity on its boundary to facilitate new build or associated parking to Cutlers Hill Surgery. Does it endorse the disposal, from the decision made by the former CCG in 2015? Could the Patrick Stead Hospital not be suitable for mixed use? What is the ICB doing to support Cutlers Hill Surgery with the proposed expansive increase in patients numbers on its list? **Response:** A response to this query will be issued in writing after the meeting.	
20.	**Any other business**	
	No other business was raised.	
Date, time, and venue of next meeting: **Tuesday, 24 January 2023, 1.30pm – 3.30pm, via MS Teams**		
	Any queries or items for the next agenda please contact: nwccg.corporateaffairs@nhs.net	

Minutes agreed as accurate record of meeting:

Signed: …… Date: ……...
Chair

NHS Norfolk and Waveney Integrated Care Board (ICB)
Register of Interests

Declared interests of the Board

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Patricia Hewitt	Chair, Norfolk and Waveney ICB	FTI Consulting	X			Direct	Senior advisor, FTI Consulting	2015	Present	Since January 2022 I have not undertaken any work on healthcare or life sciences. Will declare at relevant meetings if a risk arises.
		Newnham College Cambridge			X	Direct	Honorary Associate, Newnham College Cambridge	2018	Present	No conflicts have arisen or foreseen
		Oxford India Centre for Sustainable Development			X	Direct	Chair, Oxford India Centre for Sustainable Development	2018	Present	No conflicts have arisen or foreseen
		ORA Choral Ensemble			X	Direct	Chair, trustees, ORA Choral Ensemble	2020	Present	No conflicts have arisen or foreseen
		Age UK Norfolk			X	Direct	Volunteer, Age UK Norfolk	2020	Present	Declaration of interest made in any relevant conversation
Catherine Armor	Non-Executive Member, Norfolk and Waveney ICB	Brundall Medical Practice			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Norwich University of the Arts			X	Direct	Deputy Chair of Council, Norwich University of the Arts	2019	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		Evolution Academy Trust			X	Direct	Trustee, Evolution Academy Trust	2022	Present	
		Cambridge University Press		X		Direct	Trustee, Cambridge University Press	Ongoing		
		East of England Ambulance Service NHS Trust		N/A		Indirect	Daughter-in-law is Technician for East of England Ambulance Service NHS Trust	Ongoing		
Jon Barber	Partner Member - Acute, Norfolk and Waveney ICB	James Paget university Hospitals Trust		X		Direct	Director of Strategy & Transformation James Paget university Hospitals Trust	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Broadland St Benedict			X	Direct	Non-executive Director of Broadland St Benedicts – the property development subsidiary of Broadland housing Group	2020	Present	
Tracey Bleakley	Chief Executive Officer, Norfolk and Waveney ICB	Nothing to Declare		N/A			N/A	N/A	N/A	N/A
James Bullion	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council	X			Direct	Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Skills for Care	X			Direct	Trustee of Skills for Care	Ongoing		Member prepared to leave any meeting where training and development provision might be likely awarded or recommended to be provided by skills for care

NHS Norfolk and Waveney Integrated Care Board (ICB)
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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			Direct	GP Partner at Attleborough Surgeries	2001	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		MPT Healthcare Ltd	X			Direct	Director of MPT Healthcare Ltd	2020	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Norfolk Community Health and Care Trust (NCH&C)				Indirect	Spouse is employee of NCH&C (Improvement Manager)	2021	Present	
		South Norfolk PCN				Indirect	Clinical Director of SNHIP Primary Care Network	2022	Present	
Stephen Collman	Partner Member - Mental Health and Community, Norfolk and Waveney ICB	Norfolk Community Health and Care NHS Trust		X			Chief Executive, Norfolk Community Health and Care NHS Trust	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
Sue Cook	Partner Member - Local Authority (Suffolk), Norfolk and Waveney ICB	Suffolk County Council		X		Direct	Executive Director Adult Social Services, Suffolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
Steven Course	Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for March Physiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Aliona Derrett	Non-Executive Member, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT				Indirect	My son-in-law, Richard Wharton, is a consultant surgeon at NNUHFT	2004	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Hear for Norfolk	X			Direct	I am the Chief Executive of Hear for Norfolk (Norfolk Deaf Association). The charity holds contracts with the N&W ICB.	2010	Present	
		Derrett Consultancy Ltd	X			Direct	I am the Director of Derrett Consultancy Ltd.	2018	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair

NHS Norfolk and Waveney Integrated Care Board (ICB)
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			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
		Norfolk and Waveney MIND				Indirect	My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		MoldovaDAR Ltd	X			Direct	I am Director of MoldovaDAR Ltd	Ongoing		Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
Tricia D'Orsi	Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
David Holt	Non-Executive Member, Norfolk and Waveney ICB	Solebay Health Centre			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Tavistock and Portman NHS Foundation Trust		X		Direct	Senior Independent Director, Tavistock and Portman NHS Foundation Trust	2013	2022	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Tavistock and Portman NHSFT
		Department of Work and Pensions		X		Direct	Non-Executive Board Member, Department of Work and Pensions. Chair of the Audit Committee and Chair of the Health Transformation Programme Board	2019	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		Ministry of Defence		X			Non Executive Director, Audit and Risk Assurance Committee, Ministry of Defence	2022	Present	In the unlikely event that a decision having an impact on either of the declared parties arises, a decision will be made with the relevant chair to assess the risks. Appropriate action will be taken accordingly.
		Newberry Clinic				Indirect	Wife is Consultant Community Paediatrician, Newberry Clinic (Great Yarmouth)	Ongoing		
Emma Ratzer	Partner Member - VCSE	Access Community Trust	X			Direct	I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB	2009	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust
		VCSE Assembly			X	Direct	I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest

NHS Norfolk and Waveney Integrated Care Board (ICB)
Register of Interests

Declared interests of the Board

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
Dr Frankie Swords	Medical Director, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT		X		Direct	Honorary Consultant Physician and Endocrinologist at Norfolk and Norwich University Hospitals NHS FT (1 day a week)	2008	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		N/A			X	Direct	Clinical Advisor of multiple patient charities - Addison Self Help Group - Orchid Testicular Cancer Trust - Pituitary Patient Support Group - Turner syndrome Society	2008	Present	
		Long Stratton Medical Partnership			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
				X		Direct	Member of the BMA	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to BMA
		Ruby Media		N/A		Indirect	Husband is director of Ruby Media which commissions various professional conferences and other events relating to health and care	2008	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Ruby Media
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Member of a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.

NORFOLK & WAVENEY ICB Action Log Part 1 - Tuesday 24 January 2023							
No:	**Date of Meeting**	**Description**		**RESP**	**Due Date**	**ACTION / UPDATE**	**Status**
3	22-nov-22	Follow up learning from patient experience	TD'O to bring a report back to the meeting of the ICB Board in January 2023 on learning from the patient experience heard in November.	Tricia D'Orsi	24.01.2023	Item moved to March agenda.	Open
4	22-nov-22	Anchor Programme Work	EO/TD'O to bring a report to a future meeting of the Board regarding the anchor programme work being conducted by UEA looking at recruitment and retention.	Ema Ojiako Tricia D'Orsi	24.01.2023	On agenda 24/01/2023.	Propose to Close
5	22-nov-22	Data Sharing	The ICB Board agreed that the system's Executive Management Team would look at the broader risks around data sharing between partners, identify any barriers since COPI ended, next steps and challenges, and that they would report back to the Board via one of the committees	Ian Riley Stephen Collman	24.01.2023	Ian Riley has met with David Holt to work through the issues and will bring a report around current sharing arrangements (post COPI) in Norfolk & Waveney and work up a new risk around 'partners not sharing data' and report back to the Audit Committee on 9 February 2023.	

Norfolk and Waveney
Integrated Care Board

Agenda item: 6

Subject:	**Chair and Chief Executive's report**
Presented by:	**Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB** **Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB**
Prepared by:	**Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB** **Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB**
Submitted to:	**ICB Board**
Date:	**24 January 2023**

Purpose of paper:

To update members of the Board on the work of the ICB.

Executive Summary:

The report covers the following:

A. System pressures
B. Industrial action
C. Improving the health, wellbeing and care of older people
D. The Hewitt Review
E. Children's Services in Norfolk
F. Dr Louise Smith
G. Appointment of Deputy Chief Executive for the Integrated Care Board
H. Lucy Sadler, Nurse of the Year
I. Visits
J. Change to ICB Board date

Report

A. System pressures

Across the country, health and care services are under immense pressure. We are seeing large numbers of very unwell people attending Emergency Departments, calling NHS 111, accessing GP services and calling 999; as well as an increase in illnesses, including flu, norovirus and COVID-19. We also face ongoing challenges in discharging patients who are well enough to leave hospital to create capacity for patients coming in; and an increase in staff sickness, all of which means longer waits than we would like for patients.

A top priority is improving our discharge arrangements and the flow of patients through our hospitals and back into the community. Getting this right will make a significant difference to people's lives and their care, it will help ambulances get to people quicker, enable people to be seen quicker when they go to the Emergency Department and prevent people waiting in an ambulance outside a hospital.

Our health and care system was awarded £9.7m of revenue funding and £2m of capital funding to make targeted investments to improve discharge and the flow of patients through our hospitals and into the community. This is alongside the additional measures we are implementing using our allocation of the Adult Social Care Discharge Fund of £10.4m.

Key actions we're taking include creating additional bed capacity and supporting the timely discharge of people who no longer need to stay in hospital, providing additional support to care homes to avoid unnecessary hospital admissions and redeploying staff, using reservists and other staff, including from the voluntary sector, where help is needed most.

We mobilised 264 additional beds or bed equivalents between September and December for those patients on discharge pathways one and two (patients who need a package of support before they can be discharged). And an additional 31 beds were mobilised over the Christmas and New Year period.

We are continuing to do more to improve the situation. We are bringing more community beds and care packages on stream and expect to have mobilised another 127 beds by the end of January. We are also developing a fast falls response service, which we expect to launch by the end of this month. By ensuring patients receive care more quickly, fewer patients will need to admitted to hospital as a result of a fall.

Health and care staff are working under very difficult circumstances and at times, in ways that we would not normally ask of them. Our thanks go to all staff for demonstrating such care, compassion and professionalism, while working so hard. It is vital that people treat all NHS and care staff with the respect they deserve. Our hard-working staff and volunteers are doing all they can to keep patients safe and supported.

We will continue to do everything we can to address the situation. There are things which local people are also doing to help. Actions everyone can take include:

- Only call 999 or attend accident and emergency departments for serious accidents and for genuine emergencies, like chest pain, breathing difficulties, signs of a stroke or bleeding that won't stop.
- When needing urgent medical care but it's not an emergency, visit NHS 111 online or call NHS 111 for advice on how to get care at any time of day or night. If you need urgent mental health help, call 111 and choose the mental health option.
- For non-urgent cases when needing medical advice and it's not an emergency, speak to your GP practice or a pharmacist, or attend a minor injuries unit (Cromer) or walk-in centre (Norwich).
- Help loved ones who are well enough to leave hospital to recover at home or in another suitable care setting, meaning that hospital beds are freed up for patients needing emergency care. No-one wants to stay in hospital longer than they need to, so if you are a family member or friend and feel you can help, please speak with the nurse in charge.
- If you have an appointment with your local hospital and are not contacted directly, you should continue to attend for your appointment. If you are unable to make any NHS appointment, please contact the number on your appointment letter so that it can be reallocated to another patient.

B. Industrial action

To date, Norfolk and Waveney has not experienced the level of industrial action that other parts of the country have. The Royal College of Nursing (RCN) has now confirmed that industrial action, in the form of strike action, is scheduled to take place on 18 and 19 of January 2023, at:

- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk Community Health and Care NHS Trust
- Norfolk and Suffolk NHS Foundation Trust
- NHS Norfolk and Waveney ICB

Board members should also note that while the level was not reached for industrial action by the East of England Ambulance Service NHS Trust, unions are currently out to re-ballot this month.

A significant amount of planning is taking place for the industrial action. Our focus is on providing safe care for patients who need urgent and emergency services, and those receiving inpatient care in our hospitals.

During industrial action, health and care services need to reduce the number of appointments to ensure there are safe levels of staffing. Patients will be contacted directly if this means that their appointment will need to be postponed. We understand how disappointing and concerning this will be for those waiting for treatment; appointments will be re-arranged as quickly as possible. If patients do not hear that their appointment has been postponed, they should attend as planned.

Industrial action at this scale across the NHS is unprecedented, however, we are working closely with partners across Norfolk and Waveney to ensure there is minimal disruption to patient care and that emergency services can continue to operate as normal.

C. Improving the health, wellbeing and care of older people

A key theme running through our January Board meeting is improving the health, wellbeing and care of older people. This is because we want to really focus on this in 2023/24 and over the next few years. Our population is not only growing, but is also getting older. With that, the care that people need is changing.

It is paramount that the right services are in place to keep older people out of hospital when they don't need to be there and that we have good quality, compassionate palliative care. But of equal importance is helping people to stay well as they get older so that they have a good quality of life. More information is contained in the papers for today's meeting about our aspirations for the future and the work we need to do.

D. The Hewitt Review

I was honoured to be asked by the Chancellor and the Secretary of State for Health and Social Care to conduct a high-level review of Integrated Care Systems and how they can best be enabled to succeed. Over the past two months I've had many thoroughly interesting and constructive discussions with colleagues from across the country, which have been beneficial both for the review and in helping me to consider how we work here in Norfolk and Waveney.

These discussions have been supplemented by a call for evidence, which has asked for views on how we can empower local leaders, support systems to improve and modernise the NHS through greater use of technology and digital solutions, while also ensuring appropriate arrangements are in place for oversight and accountability. The call for evidence closed on 9 January with nearly 400 submissions received and the feedback is being closely analysed to help inform my recommendations. The final report will be produced in mid-March.

The terms of reference for my review can be found here: https://www.gov.uk/government/publications/hewitt-review-terms-of-reference.

E. Children's Services in Norfolk

We want to recognise the really significant improvements made by Children's Services in Norfolk over the past few years. Ofsted's recently published inspection report rated Children's Services as "good" and highlighted "exemplary" and "exceptional" areas of practice. Our thanks go to everyone who has worked so incredibly hard to achieve this and who has made life better for families locally.

The judgement relates to all services, from early help and prevention, to more specialist support for families. Inspectors said that services and practice have been

transformed since the last inspection in 2017. They recognised the “stable and determined leadership”, investment in services, and “compassionate, warm and committed workers and carers.” Inspectors also noted that partnerships had been considerably strengthened, highlighting the system wide flourish framework and vision.

F. Dr Louise Smith

Our congratulations go to Dr Louise Smith, who is leaving Norfolk County Council to join the UK Health Security Agency (UKHSA). Louise has been Norfolk County Council’s Director of Public Health since 2015 and has helped steered us through many challenges – including of course the vital work she and her team have done throughout the COVID-19 pandemic. We want to thank her for the huge contribution she has made, including the role she has played in helping to create our integrated care system.

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. Louise’s specific role will cover professional standards and clinical quality.

G. Deputy Chief Executive for the Integrated Care Board

We are delighted to announce that we have appointed Andrew Palmer, our Executive Director of Performance, Transformation and Strategy, as the Deputy Chief Executive of the Integrated Care Board. Andrew impressed the interview panel with the breadth of his experience and detailed knowledge of the health service, gained over the past twenty plus years of working for the NHS, along with his commitment to system working and clear desire to improve the lives of people living and working locally. He also knows well our local geography and communities, having grown-up in Norfolk and Waveney.

Andrew will continue to lead on performance, transformation and strategy, in addition to being the Deputy Chief Executive. The role will provide additional resilience to our leadership arrangements, particularly of course when the Tracey is on leave. He has taken on the post with immediate effect.

H. Lucy Sadler, Nurse of the Year

Health and care staff work incredibly hard and deserve our gratitude and recognition for everything they have done during the pandemic. We would like to highlight the achievements of Lucy Sadler, Nurse Manager at Markey Surgery in Aylsham. She has won Nurse of the Year from the Royal College of General Practitioners (RCGP) for her work on the COVID-19 vaccination programme and all her efforts during the pandemic.

This is a prestigious award and recognises Lucy’s significant contribution. But we know that there are many more colleagues who, like Lucy, go above and beyond every day, and we would like to express our thanks to every single one of you too.

I. Visits

We wanted to highlight some the meetings we've attended and visits we've made to interesting local organisations. These have included:

As Chair, in addition to the time I've spent on my review, meetings and visits have included:

- I really enjoyed meeting with the non-executive directors at the Norfolk and Norwich University Hospitals NHS Foundation Trust, as well as attending Norfolk Community Health and Care NHS Trust's Board meeting.
- With Tracey and Councillor Bill Borrett, I met with Lord Markham, Parliamentary Under-Secretary in the Department of Health and Social Care (DHSC), to discuss our priorities and performance. This was part of a programme of meetings in which every ICB/ICS will meet with one of the ministers from the DHSC; we expect these to happen every six months.
- Also with Tracey, I attended a development session for the Norfolk Health and Wellbeing Board / Integrated Care Partnership, which was an excellent opportunity to discuss our Integrated Care Strategy and the work we need to do to implement it.
- I attended the NHS Confed - Connected Leadership Programme, which provides integrated care systems with an opportunity to learn from each other, collaborate and spread innovation.

As Chief Executive, much of my time has been focused on operational matters, but other meetings and visits have included:

- I attended the OneNorwich Practices AGM and discussed how the ICB could work with them and Norwich PCN to support patient and staff safety in primary care.
- I met with colleagues at the National Centre for Creative Health. Research shows that active engagement with the arts, culture and creativity is beneficial for the health and wellbeing of us all. The Centre promotes creative health and we discussed opportunities for working together locally.
- I attended the Norfolk Older People's Strategic Partnership to talk about how the Health and Care Act had changed the landscape we are working in and to consider how we can better support older people in future.
- I met with colleagues from the Alzheimer's Society to discuss dementia care, from Macmillan to discuss how systems are reducing conveyances into hospital at the end of life by responding to palliative patients unplanned problems in their own homes, and from Parkinson's UK to consider how we can improve the care for people with the condition and support for their families and carers.
- I also attended the Suffolk Health and Wellbeing Board, in addition to attending the Norfolk board.

J. Change to ICB Board date

At the ICB Board meeting on 1 July 2022 we agreed the Board meeting dates for 2022/23. The Board is asked to note that the meeting originally planned for 25 July 2023 has been rescheduled for 18 July 2023.

Recommendation to the Board:

This agenda item is for information only.

Key Risks	
Clinical and Quality:	N/A
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	N/A
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Transforming and integrating care for older people in Norfolk & Waveney**
Presented by:	**Tracey Bleakley, CEO Norfolk & Waveney ICB**
Prepared by:	**Tracey Bleakley, CEO Norfolk & Waveney ICB**
Submitted to:	**ICB Board**
Date:	**24 January 2023**

Purpose of paper:

To confirm the ICB's ambition to work with all our System partners continue to improve and better integrate heath and care for older people in Norfolk & Waveney.

To seek agreement to the principle that resources will need to be re-prioritised in 2023/24 and the longer term to achieve this ambition, acknowledging that this will require collective decisions about priorities and funding allocations.

This introductory paper signals the strategic intent and significant further work is required in the coming months and will be reported to the Board in due course.

Executive Summary:

The ICB cannot focus on everything and will need to work with our partners to develop several targeted priorities and ambitions that can be driven forward to genuinely make a difference in improving the health, care and experience of our population, their families and carers.

It is proposed that transforming and integrating the health and care that is accessed by our older population is one of those priorities and that this should form a major part of our Joint Forward Plan for the next five Years and beyond. This may be at an individual, pathway, service and organisational level.

It is acknowledged that there is much already happening in this area, both across our health and care partners and being led by our non-public sector stakeholders. This programme of work will seek out opportunities for further integration and co-ordination of services to improve outcomes, as well as commissioning services differently if required to make this happen.

Introduction and demographic changes

Appendix 1 is a useful Norfolk & Waveney Population Overview (December 2021) produced by the Norfolk County Council Public Health Team. It supports the commitments set out in this paper in the context that our population aged over 65 Years of age has increased by 20.1% in the last ten years and is projected to increase by 36.8% over the next twenty years. There are geographical differences across our system, such as the North Norfolk population being the oldest. People aged over 65 account for 25% of the Norfolk & Waveney population, ranking our ICS the fourth highest of 42 ICSs in the country.

The commitments in this paper are also underlined by operational pressures felt across the health and care sector and an evidence-base that shows that this sector of our population is increasing in size and with associated growth in health and care needs. Within the next twenty years the three hospitals in our ICS can all expect to see an increase in their catchment size of between 8-12% with the largest increase in age groups being those that are aged 75+, so the current challenge of demand is set to increase, impacting all our partners' services and not just our hospitals. A significant majority of our patients who are in hospital waiting to be discharged are older, as are those people being brought to hospital by ambulance or seen elsewhere in our emergency care system. We know that people can decondition whilst receiving care in a bed environment and there may be other settings which are more appropriate for their care including receiving the right support at home. Collectively we can improve the outcomes for our older population through the better integration and co-ordination of our extensive range of services, supported by re-allocation of resources where required.

Workforce shortages across the system and challenges in the care market remain additional challenges.

Defining the scope

Transforming and integrating care for older people is a very broad area of scope which would need to be carefully considered as there is much already happening.

There are already services at all levels within and across all our partners in the ICS. Primary care (GP Practices), ambulance service, mental health and dementia services, social services, District Councils, H&WB Partnerships and Place, voluntary and charitable sectors, acute hospitals, community services and the critical role provided by carers. Every part of our System and every partner is involved with our older population, so this paper is introducing the strategic intent make the best use of our existing services through better co-ordination and 'wrapping services around the person', improving and redesigning these services where required.

A small number of examples of the services in which we are seeing improvement initiatives or pathway changes that will benefit older people are listed below and will form part of the future scope of this work:

- Mental health collaboratives across mental health, primary and community care
- Care homes
- Dementia and older people's services / passports
- Heart Failure services
- Stroke Services
- Musculoskeletal services
- Respiratory hubs
- Multidisciplinary services led by geriatricians, therapists, and other key professionals within hospitals and in the community
- Palliative care, end of life care and hospice provision
- Older people's hospital admission avoidance services
- New Virtual Wards care models
- Social care provision more broadly
- Targeted population level prevention and improvement initiatives

This illustrates that we have multiple strands of work relating to the care of older people already in place. The proposal is to establish a multi-partner overarching programme board to co-ordinate and lead this work and to champion a much more ambitious programme of improvement in the years to come.

This programme will initially be developed and will impact over the next five years.

It is proposed that a commitment to transforming care for older people becomes a public and very clear ambition statement for our ICS, supported by communications and engagement activity with all our partners and stakeholders, ensuring we listen to people with lived experience to inform our future services.

Recommendation to the Board:

At this early stage, the ICB Board is asked to consider two recommendations:

1. The ICB Board supports the ambition of working with our partners to transform and better integrate the heath and care for older people in Norfolk & Waveney.

2. The ICB Board supports the principle that resources will need to be re-prioritised in 2023/24 and the longer term to achieve this ambition, acknowledging that this will require collective decisions with our partners about priorities and funding allocations.

Appendix 1

Norfolk and Waveney Population Overview: PowerPoint Presentation (norfolkinsight.org.uk)

Key Risks	
Clinical and Quality:	The actions in this paper will contribute positively to quality and clinical outcomes.
Finance and Performance:	The actions in this paper may require collective decisions to be taken with our partners about priorities and funding allocations, with risks assessed in due course.
Impact Assessment (environmental and equalities):	Environmental risks not assessed at this early stage. The actions in this paper are intended to make a positive contribution to Equality, specifically with respect to age as a protected characteristic.
Reputation:	Not assessed at this early stage.
Legal:	Not assessed at this early stage.
Information Governance:	Not assessed at this early stage.
Resource Required:	Not assessed at this early stage.
Reference document(s):	N/A
NHS Constitution:	Not assessed at this early stage.
Conflicts of Interest:	Not assessed at this early stage.
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Direct to ICB Board.

NHSE Anchor Institute Investment Plan (East of England)

Delivered in N&W ICS at UEA through the Norfolk Institute for Coastal and Rural Health Equalities (NICHE)

Improving outcomes through addressing what matters to people and their communities

Purpose

To act as an Anchor Institution - supporting a number of initiatives which are aimed at addressing inequalities in population health, upskilling and improved integration of health and social care across systems/regions.

Definition of Anchor Institution- large organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example through procurement, training, employment, professional development, and buildings and land use.

Norfolk Institute for Coastal & rural Health Equalities

AIM: To maximise utilization of expertise UEA, as an Anchor Institute across the Integrated Care System

What is NICHE ?

- Achieving sustainable growth across health and care systems
- An influential Advisory Board, & collaborative trans-disciplinary project teams
- Workstreams focused on workforce and system transformation
- Collaborative local partnerships for global health & political significance
- Addressing what matters to people

Improving lives together

Norfolk and Waveney Integrated Care System

WORKSTREAMS:

- **Research:** enquiry driven, evidence-based decisions and policy influence
- **Education**: knowledge transfer, skills and expertise enhancement
- **Evaluation**: integral across all programmes as coproduction
- **Sustainability**: Longitudinal, economic, social, planetary, civic
- **Innovation and Improvement**: Maximising capacity and capability, facilitation and system leadership, service improvement and innovation uptake

For more information contact:
S.Hardy@uea.ac.uk

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What does this mean for our N & W System partnership?

- £3 Million Investment in UEA. - Held in HSC for achieving UEA as an A**nchor Institute : delivered through NICHE**
- **System level transformat**ion: services wrapped around people and communities, (applied research, evaluation, knowledge utilization)
- **Workforce transformation**: working to inform existing and future workforce skills, capability (to work across health and care settings), careers (from support roles, through to Consultant Practice levels)
- Living, working and thriving in **East of England** (Public Health, Coastal and Rural Health, Leveling Up agendas)

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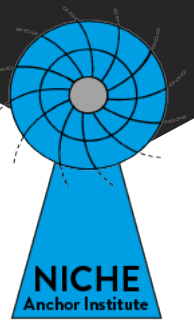
Strategic Aims



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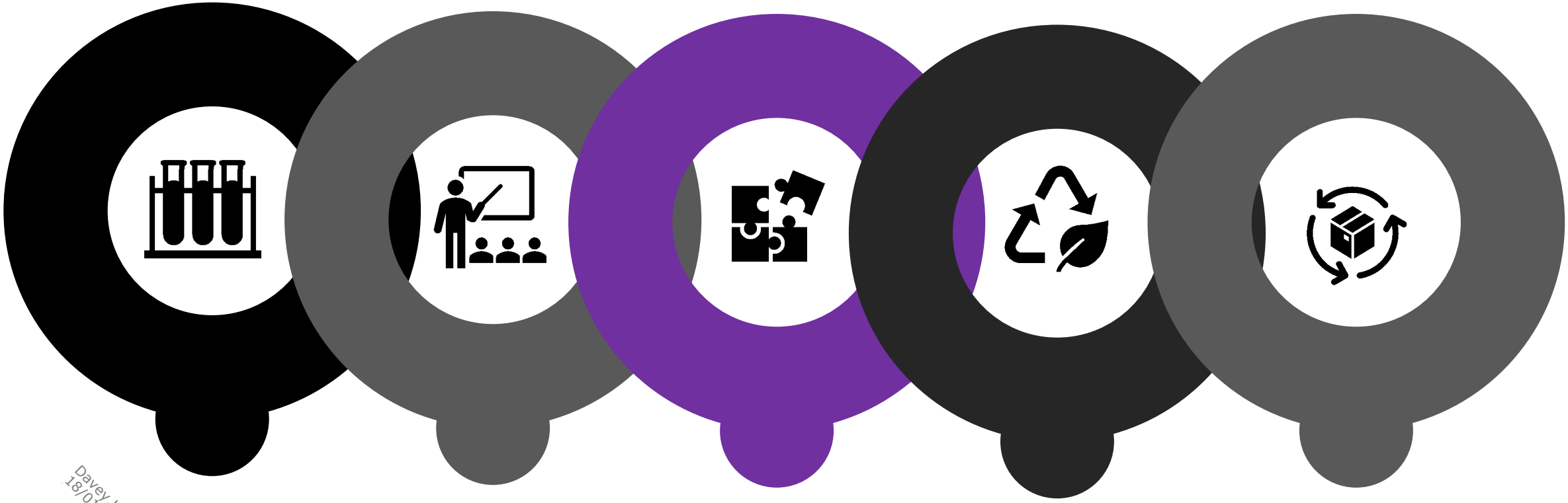
NICHE Objectives	Health Inequalities	Workforce Transformation	Optimising Wellbeing	System Transformation
N&W ICB Goals	To make sure you only tell your story once	#WeCareTogether	To make sure people live as healthy as possible	To make Norfolk and Waveney the best place to live and work
ICS goals England	Tackle inequalities in outcomes, experience and access	Help the NHS support broader social and economic developments	Enhance productivity and value for money	
Norfolk Social Care Corporate Workforce Strategy	Healthy fulfilling and independent lives	Strong engaged and inclusive communities	A greener more resilient future	A vibrant and sustainable economy

Table 1. NICHE Objective mapped to N&W ICS Strategic Priorities

UEA as an Anchor Institute

Improving outcomes through addressing what matters to people and their communities through:



Research

Enquiry driven, evidence based decisions and policy influence.

Education

Knowledge transfer, skills and expertise enhancement

Evaluation

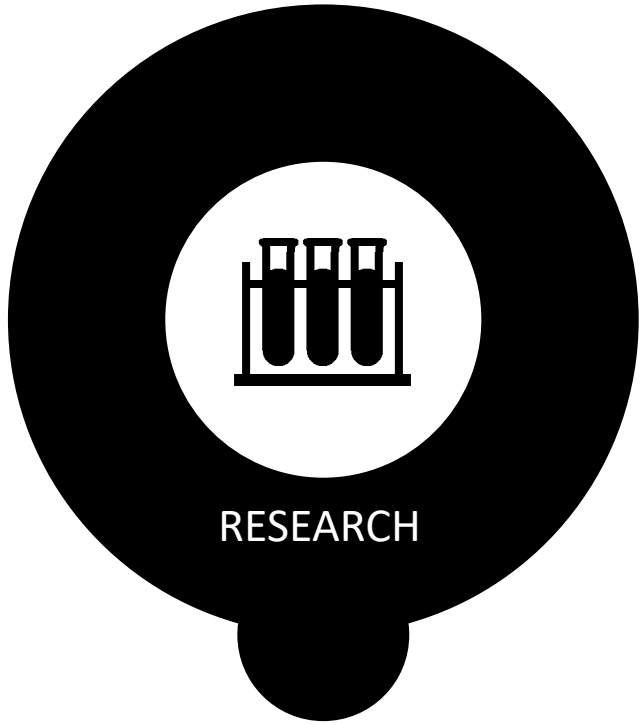
Integral across all programmes as coproduction

Sustainability

Longitudinal, economic, social, planetary, civic

Innovation & Improvement

Maximising capacity and capability, facilitation and system leadership. Service improvement and innovation uptake



NICHE

- 1:Workforce Intelligence → Workforce transformation
- 2: Place Based Innovation → System transformation
- 3: 3Rs → Optimising wellbeing
- 4: Evaluation → Health Inequalities

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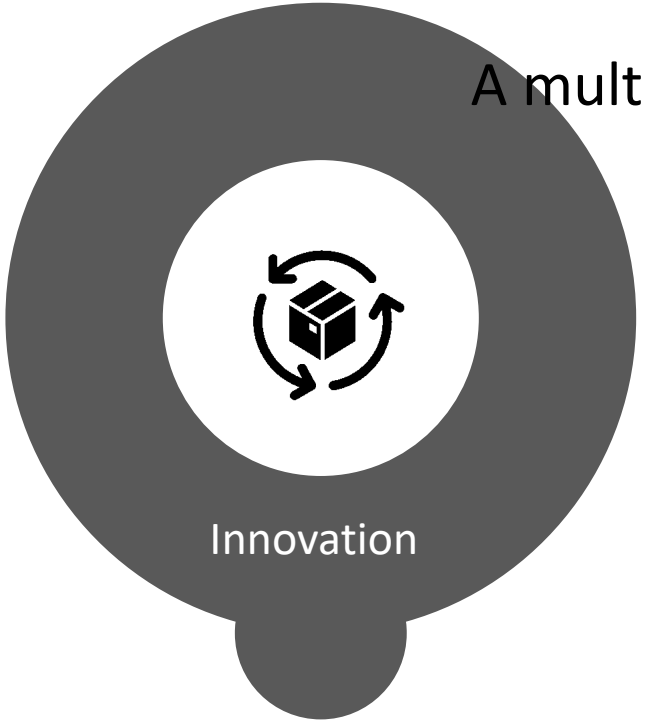
NICHE Anchor Institute

A multi-centre quasi-experimental workforce/place based innovation project



NICHE
Anchor Institute

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Implement workforce intelligence modelling

Proactive staff model for improved patient care quality /safety/flow

Understand workforce model fit for place based integrated care

Clinical outcomes, efficiency, innovation uptake

Evaluate experience of staff on the workplace climate

Career, education, competence, wellbeing, ebp

EVALUATION AND IMPACT FRAMEWORK

Key Critical Realistic Evaluation Questions:

- What indicators and associated measures can be used to capture the process of success in co-creating effective system level performance within a strengthened integrated care system?
- What causality have specific interventions for workforce, wellbeing and people/patient pathways have on system level effectiveness?
- What contextual factors (barriers and enablers) can influence or disrupt system level performance?

RETURN ON INVESTMENT – clear information will be recorded for extensive ROI calculations

UEA leading on overarching East of England Evaluation with other HEIs in our region

SUSTAINABLE VALUE = OUTCOME FOR PATIENTS AND POPULATIONS / ENVIRONMENTAL + SOCIAL + FINANCIAL IMPACTS

(THE 'TRIPLE BOTTOM LINE')

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NICHE Anchor Institute

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NICHE
Anchor Institute

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Next Steps

- Process to achieve an inclusive call for partners to join teams as research fellows/ local sponsored project teams
- Artist in Residence Scheme for clear
- Dissemination/Key Messages

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Norfolk and Waveney Integrated Care System

Integrated Care Board Finance Report

November (month 08)

Board: 24th January 2023

Contents

1. Executive Highlights

- This report represents the November year-to-date position of the organisation – this comprises the April to June CCG position (pre-audit), plus the July to November Integrated Care Board (ICB) statutory organisation position.

- The consolidated CCG and ICB has reported a **Year to Date break-even position**, which is in line with the plan submission, this is a result of some offsetting variances, the major items being:
    - £(3.0)m increase in acute independent sector activity;
    - £(1.9)m Elective Recovery Fund underachievement;
    - £(3.4)m Continuing Health Care (CHC) expensive high acuity cases and excess inflation above funded levels;
    - £(2.9)m increases in Community Equipment supporting acute discharges and High cost Long Term Packages;
    - £(3.3)m non-achievement of system back office efficiency target; offset by
    - £16.5m benefit relating to the movements against year-end accruals in CHC, Primary Care, Prescribing, Community and BCF;
    - £2.9m benefit relating to the availability of non-recurrent mitigations;
    - £6.0m of combined smaller favourable benefits;
    - £2.1m non-recurrent temporary pay vacancies throughout the organisation.

- The **forecast out-turn (FOT)** position is also a **break-even position**, in line with the plan submission.

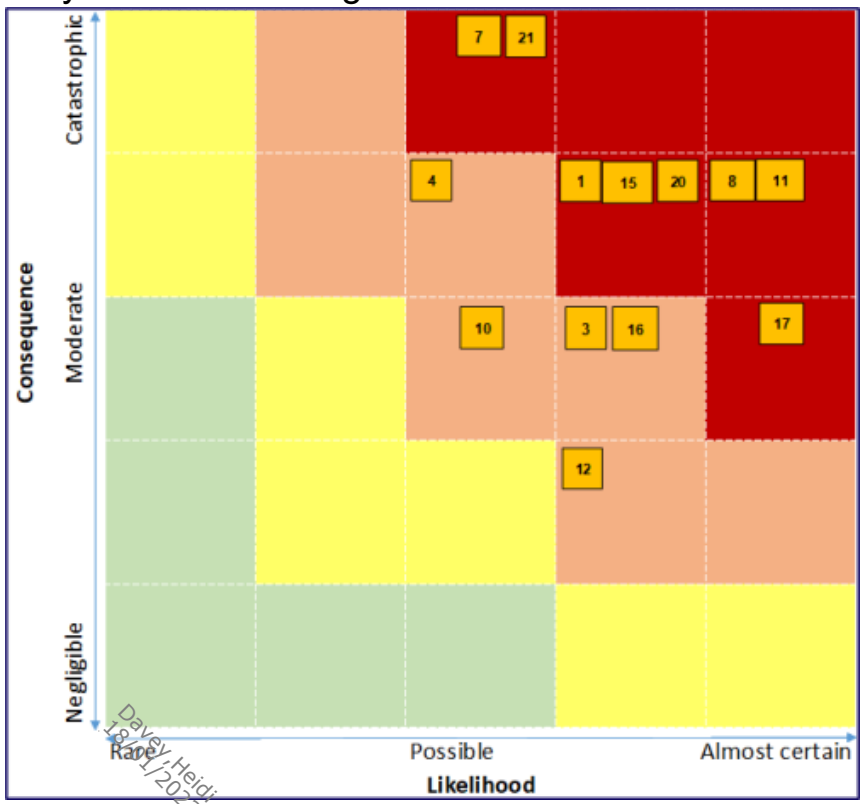
- The plan included £5.4m of unmitigated risks in line with NHSEI guidance – relating to excess CHC inflation and Elective Recovery Fund (ERF) income – £3.4m has crystalised in the year-to-date position and £5.1m is forecast for the full year.

- The estimated value of potential risks to the full year position amount to £5.7m (M06 = £13.4m) – these are items which have not yet crystalised but have been identified as having the possibility of causing a financial issue. Appendix D shows the new protocol released by NHSE/I for organisations to follow should they wish to change their forecast out-turn.

2. ICB Strategic Financial Risks

This risk dashboard categorises the key financial strategic risks by their impact and likelihood:

Key: = Worsening Risk = Stable risk = Improving risk



Financial Strategic Risks	Ref.	Details	Risk appetite	Sep-22	Oct-22	Nov-22	Dec-22
Achievement of Financial plan	1	Achieve the 2022/23 financial plan **(BAF 11)**	8	16	16	16	16
	3	Transition following end of HDP top up allocations	6	9	12	12	12
	12	Personal Health Budgets (PHB)	4	8	8	8	8
	15	Underlying deficit position **(BAF 11A)**	12	20	20	20	20
	16	Capita - Primary Care payments	9	12	12	12	12
	17	Inflationary pressures	9	15	15	15	15
	19	ISP patient choice	9				
	20	Impact of new prescribing guidance	8	12	12	16	16
	21	Impact of Direct Commissioing transfer		15	15	15	15
Demand and capacity	4	Capacity increases in response to COVID continue	8	12	12	12	12
	5	System approach to service redesign	9				
	7	Continuing Health Care demand growth	6	15	15	15	15
	9	Acute demand management	8				
	10	Treatment breaks / cancelled operations	6	9	9	9	9
	11	RTT backlog and Acute demand management	10	20	20	20	20
	18	Care Home capacity	12				
Efficiency	8	Efficiency, transformation development/delivery	8	16	20	20	20

There have been no changes to the underlying risk score between this month.

Of the thirteen open risks eight are rated as extreme (score of between 15 and 25):

- Five specifically relating to the Achievement of the Financial Plan risks;
- Two specifically relating to Demand and Capacity risks; and
- One relating to Efficiency delivery risks.

None of the open risks are currently at their tolerated risk appetite and ongoing management actions are in place to monitor and mitigate the impact of these risks.

3. ICB Statement of Financial Position (SOFP)

The Statement of Financial Position presents the aggregate closing position of the ICB as at 30th November 2022.

Non Current assets:
IFRS16 was implemented in April 2022, this resulted in the inclusion of right of use assets relating to the lease of the premises in King's Lynn. A corresponding entry is also included in Lease Liabilities.

Current assets:
Total current assets have increased since year end, driven principally by aged debtors and cash. The £8.4m balance is made up of aged debtors of £7.4m (including HEE £3m, NCC £2m and North West London ICB £0.9m), net of a provision against this balance of £3.1m and prepayments and accrued income of £4.1m. Trade debtors are subject to a quarterly review of bad debt for provision or write off, which are presented to the Audit Committee.
Further details are presented in Appendix B.

Current liabilities:
Total current liabilities have decreased by £24m since year end driven principally by ICB and system invoice accrual timing. The £169m balance is made up of trade creditors of £4m, Prescription Pricing Authority accruals of £19m, payroll costs including GP pensions of £4m, deferred income of £8m, prior year accruals of £55m and ICB and system invoice accruals of £79m. Provisions have increased since year end and include legal, staffing, estates costs, prescribing and elective recovery claw-back for 2021/22.

Long Term liabilities:
This balance is the deferred income relating to research & development programmes which are funded in advance.

Taxpayers equity:
The ICB is directly funded by NHSE with cash allocated on a monthly basis. Any future commitments to balance the general fund shortfall will be supported by the next months cash request from NHSE. This will however continue to remain negative as the NHSE principle is that cash should only be drawn based upon one months commitment at a time.

NHS NORFOLK & WAVENEY ICB STATEMENT OF FINANCIAL POSITION	Position as at 31/03/22	Position as at 31/10/22	Position as at 30/11/22
ASSETS EMPLOYED			
Non-Current assets			
Right-of-use-Assets	0	66	66
Accumulated Depreciation	0	(31)	(35)
Total non-current assets	0	35	31
Current assets			
Trade and Other Receivables	9,552	8,502	8,434
Cash and Cash Equivalents (less Cash in Hand)	1,481	457	7,347
Cash in Hand	0	0	0
Total current assets	11,033	8,959	15,781
Current liabilities			
Trade and Other Payables	(195,365)	(164,860)	(168,871)
Lease Liabilities	0	(40)	(40)
Provisions for liabilities and charges (including non-current)	(5,194)	(7,285)	(7,285)
Total current liabilities	(200,559)	(172,185)	(176,196)
Long Term liabilities			
Non-Current Payables	(612)	(612)	(612)
Total non-current liabilities	(612)	(612)	(612)
Net assets employed	(190,138)	(163,803)	(160,996)
FINANCED BY TAXPAYERS EQUITY			
General fund	(190,138)	(163,803)	(160,996)
Total taxpayers equity	(190,138)	(163,803)	(160,996)

4. Operational Risks and Mitigations

The table opposite identifies the Financial risks the ICB is experiencing, including the impact that has crystalised in the year-to-date position, of £7.6m ❶; together with the risk that is included within the year end forecast position (FOT), £17.2m ❷ (£16.8m M07).

The FOT risk includes £5.2m of risk identified within the planning submission relating to CHC excess inflation (£2.4m ❸) and ERF income (£2.8m ❹).

In addition, the ICB has identified a net potential uncrystallised unmitigated risk of £5.7m ❺ (M06 = £13.3m). The reduction in risk from M07 includes the ICB covering non-recurrently the additional £3.6m of system efficiency delivery risk "held" by the ICB. The further reduction in risk not crystalised follows the re-assessment of the GP Prescribing Diabetes drug based on uptake to September 2022.

BAF Reference	Risk Ref.	Risk Details	Risk Score	Prior Month	YTD Crystalised £m	Crystalised in FOT £m	Not in FOT £m
N/a	1	**If** Prescribing for Mental Health continues to reduce **then** further Investment will be needed to ensure delivery of the Mental Health Investment Standard which will exceed the ICBs budget.	3 x 4 = 12	3 x 4 = 12	0.0	1.0	0.0
FINCOM19	2	**If** the Independent Sector Acute activity for Ophthalmology increases **then** the ICB will exceed the Acute budgets.	4 x 3 = 12	4 x 3 = 12	1.0	4.0	0.2
N/a	3	**If** the Integrated Community Equipment Store Prices and Volume increase **then** the ICB will exceed the Community budgets.	4 x 3 = 12	4 x 3 = 12	0.3	0.5	0.0
FINCOM08	4	**If** the ICB does not deliver the Efficiency plans embedded in its forecast **then** the ICB will exceed the budgeted spend (Schemes identified as High or Medium Risk)	4 x 4 = 16	4 x 4 = 16	0.0	1.6	0.8
FINCOM20	5	**If** the uptake of the Continued Glucose Monitoring Testing and Drugs is undertaken following NICE guidance **then** the ICB will exceed the GP Prescribing budgets.	3 x 4 = 12	3 x 4 = 12	0.0	0.0	1.4
FINCOM07	6	**If** the Continuing Health Care Non-NHS market Price Rises exceed the forecasted 11% rise overall **then** the ICS will exceed the budget.	3 x 5 = 15	3 x 5 = 15	1.8	2.3 ❸	0.7
FINCOM11	7	If additional ERF activity is not achieved then this causes a full year financial adverse variance.	5 x 4 = 20	5 x 4 = 20	1.6	2.8 ❹	0.0
N/a	8	**If** the ICS System partners do not achieve the Efficiency Savings in relation to the Back Office Staff **then** the ICB who hold the gross £(5)m budget will exceed the budget.	5 x 4 = 20	5 x 4 = 20	2.9	5.0	0.0
N/a	10	Aggregated other smaller Risks across all portfolios	2 x 3 = 6	2 x 3 = 6	0.0	0.0	6.8
		Total Risks			**7.6** ❶	**17.2** ❷	**9.9**
N/a	1	Aggregated other smaller Mitigations across all portfolios	2 x 3 = 6	2 x 3 = 6	(7.6)	(17.2)	(4.2)
		Total Mitigations			**(7.6)**	**(17.2)**	**(4.2)**
FINCOM01		**Total Financial Impact of assessed risk less identified mitigations**	4 x 4 = 16	4 x 4 = 16	**0.0**	**0.0**	**5.7** ❺

5. ICS Financial summary (1 of 2)

Revenue position: The system financial performance is extracted from the month 8 (November) "heads up" draft NHSE/I submissions.

The position M8 YTD is a £10.0 deficit, £7.4m adverse to plan.

The most significant variances are as follows:

- JPUH: Additional covid expenditure and operational pressures impacting the achievement of the Elective Recovery Fund, implementation and recognition of efficiency savings and staffing additional capacity
- QEH: in line with previous months, driven by high temporary pay costs.
- NNUH: adverse variance resulting from timing of Cost Improvement Plans (CIP) and the additional costs of delivering the significant additional open capacity due to patient volumes with no right to reside.

All system organisations are reporting a break even forecast outturn.

Capital position (Capital Delegated Expenditure Limit – CDEL): Year-to-date the system CDEL expenditure as at November was £42.3m, £16.6m lower than below plan.

All organisations had an underspend on core projects mainly due to delays in project roll out.

The full year forecast remains in line with full year planned levels, however, there are technical overspends at QEH due to the re-categorisation of funding source for digital maturity expenditure and at NNUH resulting from the mandated accounting treatment for capitalised leased assets under IFRS 16.

Revenue surplus/(deficit) £m	Month 8 YTD			Forecast Outturn		
Organisation	Plan	Actual	Variance	Plan	Actual	Variance
JPUH	(2.0)	(7.3)	(5.3)	0.0	(0.0)	(0.0)
NNUH	1.2	0.1	(1.1)	0.0	(0.0)	(0.0)
QEH	(2.4)	(3.7)	(1.3)	0.0	0.0	0.0
NSFT	0.0	0.0	0.0	0.0	0.0	0.0
NCH&C	0.5	0.8	0.4	0.0	0.0	0.0
Provider Subtotal	**(2.6)**	**(10.0)**	**(7.4)**	**0.0**	**(0.0)**	**(0.0)**
ICB	0.0	0.0	0.0	0.0	0.0	0.0
N&W System Total	**(2.6)**	**(10.0)**	**(7.4)**	**0.0**	**(0.0)**	**(0.0)**

System CDEL	M8 YTD			Forecast Outturn		
Organisation	Plan	Actual	Variance (Under)/ Over	Plan	Actual	Variance (Under)/ Over
JPH	10.3	6.9	(3.4)	24.6	24.6	0.0
NNUH	13.7	11.4	(2.3)	17.9	17.4	(0.5)
QEH	22.7	16.2	(6.5)	40.6	42.5	1.9
NSFT	7.8	4.7	(3.1)	9.8	9.8	0.0
NCH&C	4.4	3.1	(1.3)	6.0	6.0	0.0
N&W System Total	**58.9**	**42.3**	**(16.6)**	**98.9**	**100.3**	**1.4**

5. ICS Financial summary (2 of 2)

Protocol for change to an in-year financial forecast:

- On 7th November 2022, NHSE/I released the above guidance - mandates the steps and additional controls that will be imposes for both systems and individual organisation prior to moving away from a break-even year-end forecast out-turn (FOT).

- ***Timing:*** the protocol notes that changes would not be expected in the early months of the year and that changes in the final quarter will be looked on as a sign of very poor financial control likely to attract further scrutiny, therefore, changes if any are anticipated to be made in month 8 or 9.

- ***Pre-conditions***: As a pre-condition to invoking the protocol, the system must evidence that all the actions detailed in the operational planning round letter dated 20 May 2022 from Julian Kelly (NHSE/I National CFO) have been completed, these include evidencing key lines of enquiry produced for plans / establishing processes to monitor agency, bank and consultancy spend usage controls / bridge workforce from pre-pandemic workforce showing where additional staff have been deployed / Compliance with the "Getting the basics right" check list and action plans thereafter.

- ***Conditions and associated consequences:*** these are split into two categories
  1. Where an **NHS Provider** (or more than one) wishes to report a forecast deterioration to plan which the system can absorb, the system will oversee the conditions, which include: Complete variance analysis presented to system leaders explaining underlying causes / A recovery plan showing steps taken and to be taken / Evidence of sign-off by the whole executive team of the Provider and the Board / Independent review by a neighbouring provider. With a summary of these actions submitted to NHSE/I regional team.

  The consequences will be an implementation of a "double-lock sign off" process for any revenue investments greater than £50k, by organisation and system / complete workforce review / additional financial and reporting requirements may be imposed on the provider by the system.

  2. Where an **ICB and/or system** wishes to forecast as deficit position the NHSE/I regional team will oversee the meeting of the conditions above.

  The consequences will be an implementation of a "triple-lock sign off" process for any revenue investments greater than £100k, by organisation and system and NHSE/I / NHSE/I Regional Director of Finance will attend the system Finance Committee / additional financial and reporting requirements may be imposed on the system by NHSE/I / efforts to reduce pay costs / formal review of capital allocations .

Glossary of terms (1)

Term	Description
BCF: Better Care Fund	A programme which supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.
BPPC: Better Payment Practice Code	The NHS national payments code for good practice with associated mandated reporting. Sets a target of 95% compliance of paying suppliers within 30 days.
Cat M: Category M drugs	Part of the Drug Tariff which is used to set the reimbursement prices of over 500 medicines. It is the principal price adjustment mechanism to ensure delivery of the retained margin guaranteed as part of the contractual framework, using information gathered from manufacturers on volumes and prices of products sold plus information from the Pricing Authority on dispensing volumes to set prices each quarter.
CIP: Cost Improvement Programme	A provider measure of Efficiency and Productivity.
CHC: Continuing Health Care	A package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive funding individuals have to be assessed according to a legally prescribed decision making process to determine whether the individual has a 'primary health need'.
GIRFT: Get It Right First Time	A national programme designed to improve the treatment and care of patients by reviewing health services. The programme undertakes clinically-led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.
GMS: General Medical Services	Contract which forms the basis of the relationship between the NHS and its GP contractors. The current contract came into force on 1 April 2004 and has been negotiated and updated annually between NHS Employers and the British Medical Association (BMA) since then. It is based upon a multi facetted formula which identifies spend and applies specific ratios resulting in an overall annual percentage pay award for each practice.
GPFV: General Practice Forward View	National development programme of investment in workforce, technology and estates designed to speed up transformation of General Practice services.
HDP: Hospital Discharge Programme	National funding stream to enable earlier discharge increasing flow in the system and release capacity in the acute hospitals.
LCS / LES: Locally Commissioned Services or Locally Enhanced Services	Services provided by GP practices that are either enhanced or additional to the core services offered. These are generally commissioned to meet a local need based on either deprivation or proximity to existing services. Includes services such as phlebotomy, anti-coagulation, atrial fibrillation and care homes. They can reduce onward referrals to Acute settings and funding is separate to practices core contracts.
Model Hospital	An NHS digital information service designed to help the NHS improve productivity, quality and efficiency. Enables health systems and trusts to compare their productivity and quality, and identify opportunities to improve.

Glossary of terms (2)

Term	Description
MHIS: Mental Health Investment Standard	The nationally set requirement for ICBs to increase investment in Mental Health services in line with their overall increase in allocation each year. This is subject to separate external audit on an annual basis to confirm compliance.
NCSO: No Cheaper Stock Obtainable	Items for which in the opinion of the Secretary of State for Health there is no product available to contractors at the price in Part VIII of the Drug Tariff, generally resulting in a higher priced product having to be used.
PHM: Population Health Management	An approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population by focusing on the wider determinants of health by using data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources.
PLICS: Patient Level Information and Costing Systems	Costing system which brings together healthcare activity information with financial information in one place. PLICS provides detailed information about how resources are used at patient-level, for example, staff, drugs, and diagnostic tests and combined with other data sources, provides trusts with a rich source of information to help understand their patients and their services.
PMS: Personal Medical Services	Voluntary option for GPs and other NHS staff to enter into locally negotiated contracts. PMS contracts offer local flexibility compared to the nationally negotiated GMS contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure (who can hold a contract).
QIPP: Quality, Innovation, Productivity and Prevention	The collective measure of system transformation efficiencies and productivity.
QOF: Quality and Outcomes Framework payments	This is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. It is not about performance management but resourcing and rewarding good practice.
Rightcare	Teams who work locally with systems to present a diagnosis of data and evidence across that population, working collaboratively with systems to look at the evidence to identify opportunities and potential threats. They use nationally collected robust data to complete delivery plans on a continuous basis, to evaluate the system and establish a base plan to maximise opportunities and turnaround issues.
Running costs / Programme costs	Running costs represent the costs of administering the ICB and the work it carries out / Programme costs represent the costs of services commissioned by the ICB.
s.117: Section 117 of Mental Health Act 1983	Entitlement to free after-care if a patient has been in hospital under specific sections of the Mental Health Act 1983. It meets the needs that a patient has because of the mental health condition that caused them to be detained and is designed to reduce the chance of the condition getting worse so avoiding a return to hospital.

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Board Assurance Framework (BAF)**
Presented by:	**Karen Barker, Director Corporate Affairs and ICS Development, NHS Norfolk and Waveney ICB**
Prepared by:	**Nikki Bartrum, Corporate Governance Manager, NHS Norfolk and Waveney ICB**
Submitted to:	**ICB Board – Part 1**
Date:	**24 January 2023**

Purpose of paper:

To present the Board with a copy of the ICB's Board Assurance Framework (BAF).

Executive Summary:

The Board is presented with a copy of the ICB's Board Assurance Framework (Appendix 1) and associated risk visual (Appendix 2).

Effective risk management is an essential part of the ICB's system of internal control and supports the provision of a fair and well-illustrated Annual Governance Statement.

The BAF categorises risks around three aims:

1. To make sure that people can live as healthy a life as possible
2. To make sure that you only have to tell your story once
3. To make Norfolk and Waveney the best place to work in health and care

The BAF is reviewed on a monthly basis by the Executive Management Team. The Board is asked to note the following updates that have been made since the BAF was last presented to Board in November 2022:

- **BAF 5a - Barriers to full delivery of the Mental Health Transformation Programme (Adult) and 5b (Children):** The risk owner for these risks has transferred from Tricia D'Orsi to Jocelyn Pike.
- **BAF06 - Health Inequalities:** This risk has decreased to a mitigated risk rating of 3x4=12.
- **BAF11 - Achieve the 2022/23 Financial Plan:** This risk has decreased to a mitigated risk rating of 3x4=12.

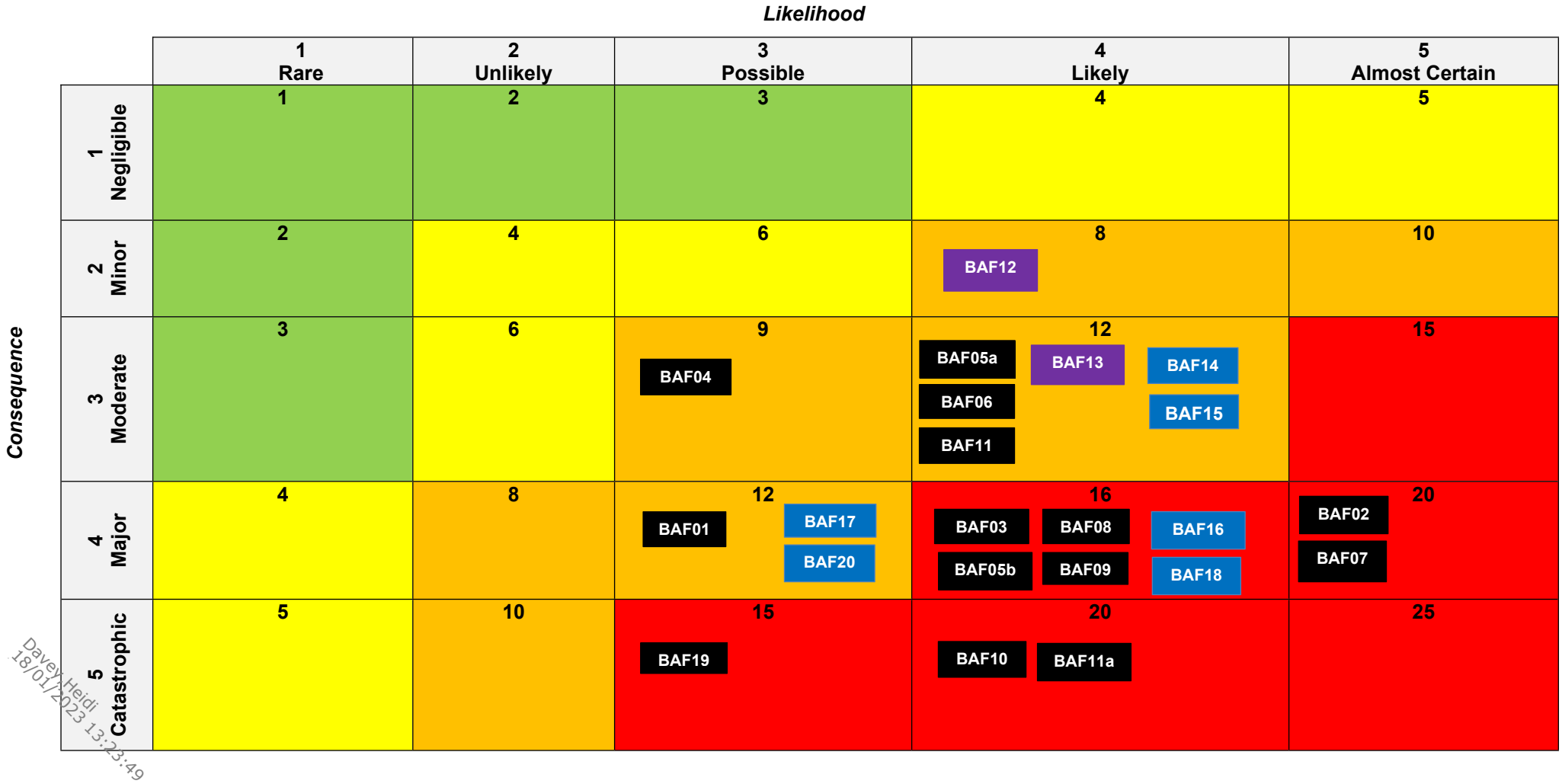
Recommendation to Board:

The Board is asked to receive and review the risks presented on the Board Assurance Framework.

Key Risks	
Clinical and Quality:	None
Finance and Performance:	None
Impact Assessment (environmental and equalities):	None
Reputation:	It is important the Board is apprised of the key risks in the organisation currently.
Legal:	N/A
Information Governance:	N/A
Resource Required:	Corporate Affairs risk management resource
Reference document(s):	None
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	See table.

APPENDIX 2: RISK VISUAL

Key	Aim
	To make sure that people can live as healthy a life as possible
	To make sure that you only have to tell your story once
	To make Norfolk and Waveney the best place to work in health and care



Appendix 1

NHS
Norfolk and Waveney
Integrated Care Board

NHS Norfolk and Waveney ICB – Board Assurance Framework (BAF)

Version:	2	Date:	17 January 2023

Norfolk and Waveney ICB aim: To make sure that people can live as healthy a life as possible

Principal risk: That people in Norfolk will experience poor health outcomes due to suboptimal care.

Summary of risks

Ref.	Risk Title	Risk Owner / Operational Lead	Date risk identified	Target delivery date	2022-2023 Monthly Risk Rating											
					1	2	3	4	5	6	7	8	9	10	11	12
BAF01	Living with COVID-19	Tricia D'Orsi / Karen Watts	01/07/22	31/03/23				12	12	12	12	12	12	12		
BAF02	System Urgent & Emergency Care	Mark Burgis / Ross Collett / Karen Watts	01/07/22	31/03/23				16	16	16	20	20	20	20		
BAF03	Providers in CQC 'Inadequate' Special Measures (NSFT)	Tricia D'Orsi / Karen Watts	01/07/22	31/12/23				16	16	16	16	16	16	16		
BAF04	Cancer Diagnosis and Treatment	Frankie Swords / Mark Lim	01/07/22	31/03/23				9	9	9	9	9	9	9		
BAF05a	Barriers to Full Delivery of the Mental Health Transformation Programme (Adult)	Jocelyn Pike / Mark Payne	01/07/22	31/03/23				12	12	12	12	12	9	9		
BAF05b	Barriers to Full Delivery of the Mental Health Transformation Programme (CYP)	Jocelyn Pike	01/07/22	31/03/23				12	12	12	16	16	16	16		
BAF06	Health Inequalities	Frankie Swords	01/07/22	31/03/23				12	12	16	16	16	12	12		
BAF07	RAAC Planks	Steven Course	01/07/22	31/03/23				20	20	20	20	20	20	20		

Ref.	Risk Title	Risk Owner / Operational Lead	Date risk identified	Target delivery date	2022-2023 Monthly Risk Rating											
					1	2	3	4	5	6	7	8	9	10	11	12
BAF08	Elective Recovery	Frankie Swords / Mark Lim	01/07/22	31/03/23				20	20	20	20	20	16	16		
BAF09	NHS Continuing Healthcare	Tricia D'Orsi	01/07/22	31/03/23				16	16	16	16	16	16	16		
BAF10	EEAST Response Time and Patient Harms	Tricia D'Orsi / Mark Burgis	01/07/22	31/03/23				16	20	20	20	20	20	20		
BAF11	Achieve the 2022/23 Financial Plan	Steven Course / Emma Kriehn Morris	01/07/22	31/03/23				16	16	16	16	16	12	12		
BAF11a	Underlying Deficit Position	Steven Course / Emma Kriehn Morris	01/07/22	31/03/23				20	20	20	20	20	20	20		
BAF19	Discharge from impatient settings	Tricia D'Orsi	25/10/22	31/03/23								15	15	15		

BAF01

Risk Title	Living with COVID-19			
Risk Description	There is continued risk that new variants may contribute to increase in transmission and alter severity of illness. The local healthcare system is currently going through a period of high system pressure set against recovery, and compliance with robust Infection Prevention and Control Measures.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Tricia D'Orsi	Quality & Safety	Karen Watts	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	3	15	4	3	12	2	3	6

Controls

- Local testing options reflect national guidance.
- A system approach to managing positive and asymptomatic patients has been agreed reflecting national guidance with local risk assessment as required.
- The vaccination programme has been accelerated and is delivering against national plan.
- Vaccination sites are managing their capacity against need. There is a mixed model of vaccination delivery that is inclusive of harder to reach groups and wherever possible, Flu vaccinations have been co-administered.
- Protect NoW is focusing on health inequalities and outreaching to vulnerable groups.
- System has collaborated on the approach to planned visits to inpatient areas and local risk assessments regarding national guidance around testing and use of face coverings.
- Pension abatement 'end date' of national extension agreed until end of March 2025 to help retain experienced reservists.

Assurances on controls

Internal: Vaccination Programme Board, Daily Operational Touchpoint, Clinical Directors Meeting, ICB Executive Management Team (EMT), System EMT, Quality & Safety Committee, ICB Board.

External: Regional Vaccination Operational Cell, Regional COVID-19 and Flu Operational Group, NHSE regional and national oversight.

Gaps in controls or assurances

- Numbers of COVID-19 positive patients circulating in the community are not fully understood due to changes in testing.
- Retention of workforce continues to be the key risk to delivery. Staff wellbeing and resilience continues to be impacted. Pension abatement guidance is awaited pending 'end date' of national extension. This will impact on the availability of experienced reservists.
- The system must continue to be prepared by further waves and seasonal pressures.

Updates on actions and progress

Date Opened	Action / Update	BRAG	Target Completion
17/06/22	Continue to utilise local and regional outbreak surveillance to enable risk assessment and response.	G	31/03/23
25/08/22	Delivery of the COVID-19 September booster programme is on target to begin, in conjunction with Flu	B	Complete
04/11/22	Dedicated system-wide red capacity in development by NCH&C. Action superseded by individual organisational plans	B	Complete
10/01/23	Delivery of the COVID-19 Winter booster and flu vaccination programme is on target.	G	31/03/23

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				12	12	12	12	12	12	12		
Change				New	→	→	→	→	→	→		

BAF02

Risk Title	**System / Urgent & Emergency Care (UEC) Pressures**
Risk Description	There continues to be a risk that the Norfolk and Waveney health and social care system does not have sufficient resilience or capacity to meet the urgent and emergency care needs of the population whenever a need arises. This can result in longer than acceptable response times to receive treatment and as a result potentially poorer outcomes for our patients with associated clinical harms. The above risk manifests itself as an increasing number of patients remaining in hospital, when they no longer meet the nationally prescribed 'criteria to reside', with the associated increase in longer lengths of stay and higher occupancy levels in all acute and community hospitals. The higher occupancy levels result in delays in admitting patients from our emergency departments (EDs) into a bed this in turn congests the EDs slowing down ambulance handover leading to more crews outside hospital who are unable to respond to 999 calls.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Patients and Communities Quality and Safety	Ross Collett & Karen Watts	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	5	20	4	5	20	3	4	12

Controls	Assurances on controls
• UEC System Transformation Steering Group is overseeing a system wide transformation programme to improve Urgent and Emergency Care pathways. • A seven-day System Resilience Team and East of England Ambulance Service (EEAST) System Oversight Cell (SOC) are in place, working together to coordinate and smooth operational flow across sites. • All Trusts, including community, 111 and primary care have business continuity plans in place to manage peaks in demand. Specific controls to reduce emergency care demand: • IC24 Clinical Advice Service (CAS) reduce ambulance demand by validating ambulance dispositions and utilising a range of urgent care pathways as an alternative to conveyance. • Low acuity 999 calls are transferred to IC24 or other urgent community services to reduce delays for low acuity patients. • GP Streaming is in place at all acutes to manage lower acuity pts and reduce footfall through Emergency Departments (ED). • EEAST enact Intelligent Conveyancing to manage and even out the ambulance demand profile across acute sites. Specific controls to create surge capacity: • A range of cohorting measures are available at acutes to provide ED surge capacity and reduce waiting to handover at hospital. • Hospital Ambulance Liaison Officers (HALOs) manage effective offload plans for all vehicles on site and support patient and staff welfare. • Arrangements in each ED enable a limited number of additional rapid ambulance handovers to release waiting ambulance crews to attend very urgent community calls where there is an extreme risk of adverse clinical outcome from delay.	**Internal:** ICB Executive Management Team; Norfolk and Waveney UEC System Transformation Steering Group (STSG); 3 x Acute led Locality Boards SORTs (System, Operations, Resilience and Transformation), ICB Quality and Safety Committee. **External**: Trust Boards; System Executive Management Group; UEC System Serious Incident Tactical Group System Gold Command Group, set up as required using Operational Pressure and Escalation Levels (OPEL). NHSE UEC Board Assurance Framework being implemented from September 2022.

• Use of surge beds across acute and community inpatient units provides limited additional capacity to support flow and alleviate pressure on EDs. • A System Discharge Dashboard is in place to track discharge delays across organisations. • All acute hospitals have ambulance handover plans to improve handover performance and accommodate surges in demand. Specific controls to improve discharge: • Discharge Director is ensuring best practice is in place via a 30,60,90-day plan and 100-day discharge challenge. • Capacity and Demand modelling work has taken place and funding made available to support an increase in capacity equivalent to 250 acute inpatient beds.	

Gaps in controls or assurances

- Measures to reduce demand arriving at ED have been effective but progress in improving flow through reducing the volume of patients that are awaiting discharge from hospital (i.e.no longer meet the Criteria to Reside) has not been sustained.
- Lack of available care market workforce may compromise additional capacity and delay improvements in discharge flow.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
20/06/22	Funding has been made available to support an uplift in capacity across a range of care settings, equivalent to an increase of 250 acute hospital beds.	G	
20/06/22	Ambulance handover plans are in place at each acute hospital site with a range of actions to reduce handover times to below 60 minutes by October 2022, however, despite a range of new initiatives being implemented ambulance handover within 60 minutes is not being achieved. New national guidance with escalation plans received.	R	31/12/22
03/10/22	Critical incident declared on 03/10/22, including five core incident management pillars: 1. 999/111 Response and Admission Avoidance 2. Community and Mental Health 3. Acute Hospital Response 4. Primary Care Response 5. Discharge	A	31/03/23
04/11/22	Winter Director seconded and in post.	B	Complete

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				16	16	16	20	20	20	20		
Change				New	→	→	↑	→	→	→		

BAF03				
Risk Title	**Providers in CQC 'Inadequate' Special Measures (NSFT)**			
Risk Description	There is a risk that services provided by Norfolk & Suffolk Foundation Trust (NSFT) do not meet the required standards in a timely and responsive way. If this happens, people who use our services will not receive access to services and care that meets the required quality standard. This may lead to clinical harm, poor patient experience and delays in treatment or services.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Tricia D'Orsi	Quality & Safety	Karen Watts	01/07/2022	31/12/2023

Risk Scores

Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**4**	**4**	**16**	**2**	**4**	**8**

Controls	**Assurances on controls**
• The report published on 28/04/22 gave an overall reduced rating of inadequate. The Trust was able to provide adequate assurance to mitigate the need for a Section 31 enforcement notice during the inspection. • The Trust's Improvement Plan is over seen by an Improvement Board with a focus on the areas set out in the section 29a letter and Must Do's issued in April 2022. Stakeholder engagement has been strengthened. Evidence Assurance Panel established with attendance by ICB MD and DoN. • Regular NHSE/I Oversight, and Assurance Group in place. Dedicated senior NHSE/I and ICB support has been taken up. • Staff engagement events have taken place across Trust sites and staff groups, with support from the Norfolk & Waveney and Suffolk ICBs. • Weekly internal Performance Board is driving progress. NHSE and ICB are working collaboratively to support the Trust. • Transformation plans continue to progress alongside Quality Improvement. • Strengthened leadership to support key clinical areas. • The ICB MH Strategic Commissioning Team are attending 'pillar' meetings around Culture, Leadership & Governance, Safety, Demand & Capacity and Service Offer. Each pillar is led by an NSFT Executive SRO, supported by an external consultant supporting delivery of the overarching improvement plan. ICB staff are participating in working groups. • ICB supporting Trust with data validation, completion of dashboard and South Norfolk community capacity pilot. • ICB attending Trust Quality and Safety Reviews (QSR) with frontline teams and working closely with NHSE on a governance review. • Evidence Assurance Panel is in place, chaired and supported by ICB Medical Director.	**Internal:** Clinical Governance Meetings, Quality and Safety Committee, ICB Executive Management Team (EMT), System EMT, and ICB Board. Trust CQC Evidence Panel chaired by ICB. **External**: ICB attendance at Key Trust Meetings, Care Quality Commission, System Quality Group, Norfolk and Suffolk Healthwatch organisations, NHSE/I Oversight and Assurance Group, NSFT Quality Improvement Board, NSFT Quality Pillars and NSFT Quality Committee.

Gaps in controls or assurances
• There is an increase in people presenting with Mental Health problems without previous history, as well as those already engaged with services, as a result of the pandemic. High levels of patient acuity are being reported. Capacity is not currently able to meet demand. • There is variation in clinical governance processes across the Trust, which means that some service areas are less sighted on their levels of risk to care quality than others. • Workforce pressures. Staff sickness and absence combined with unfilled vacancies and difficulties recruiting to key posts. Impact of 'inadequate' rating on staff wellbeing and morale. • 12hr 'decision to admit' breaches reported for patients presenting to hospital Emergency Departments, who require a Mental Health bed, which requires a systemwide health and social care solution. • There is a risk that progress may be delayed or diluted if Norfolk and Suffolk commissioners are not aligned in their transformation programme, where relevant.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
03/11/21	Progress on the Trust's Integrated Quality Improvement Plan is reported into the weekly internal Improvement Board and to the external Overview and Assurance Group. Ongoing transformation of current pathways for both adults and children to improve access to services.	G	31/03/23
17/12/21	Additional programme governance has been put in place around 12Hr ED breaches in order to meet the requirement for SOF 4 recovery. This brings together commissioners, service providers and other key stakeholders to implement a system recovery plan looking at early intervention and crisis support, front and back door hospital processes and the 'flow' between these areas.	G	31/03/23
03/11/22	The ICB supports multidisciplinary meetings for complex patients, where there are difficulties accessing ongoing care for example patients with eating or disorder eating	G	31/03/23
13/05/22	Quality Service Improvement Review visits supported by ICB continue to all inpatient areas, revisiting where required. Reviews extended to include community teams.	G	31/03/23
13/05/22	Staff engagement visits have been undertaken across sites, supported by the Norfolk and Waveney and Suffolk ICBs.	G	31/03/23
13/05/22	Large scale recruitment events have continued with successful recruitment of support workers.	G	31/03/23
17/06/22	Trust in dialogue with NHSE regarding SOF 4 exit criteria, agreed.	G	31/03/23
17/06/22	Staff engagement with CYPM Team to support quality initiatives.	G	31/03/23
25/08/22	Trust reported 80% completion of Must Do's as of end of July 2022. Evidence Panel has been set up to review compliance with Section 29a.	A	31/03/23
25/08/22	CQC re-inspection of Section 29a completed, Well-led took place in November 2022; publication due in January-February 2023.	A	31/03/23

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				16	16	16	16	16	16	16		
Change				New	→	→	→	→	→	→		

BAF04

Risk Title	**Cancer diagnosis and treatment**
Risk Description	Continued and sustained increase in demand on urgent suspected cancer pathways post Covid pandemic is creating capacity and demand pressure on diagnostic and treatment capacity. Particular pressures for the urology, skin and prostate pathways. Alliance data suggests there are approximately 600 people who may not have come forward with worrying symptoms during the pandemic.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	Quality & Safety	Dr Mark Lim	~~01/07/2022~~ Revised Dec 22	31/03/2023

Risk Scores

Unmitigated			Mitigated			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**3**	**3**	**9**	**2**	**3**	**6**

Controls

- Cancer transformation resources supporting diagnostic and treatment capacity to address the backlogs to support recovery and streamlining 2ww pathways to meet the nationally defined optimal pathways.
- There is an ongoing review of 2ww documentation to support more appropriate and complete referrals into the 2ww pathways.
- Care co-ordination in Primary Care. GP webinar programme.
- Cancer rapid diagnostic service in place for patients with vague symptoms.
- Targeted lung health checks in GYW, planning accelerated roll out for next financial year focused on deprived communities.
- National Grail trial includes Norfolk and Waveney.
- Support/system oversight/assurance for National Tiering Process for NNUH and QEH while they are in this, continued supportive approach for all three trusts due to high operational pressures.
- Transformation projects to increase capacity (cytosponge and colon capsule).
- Mutual aid process via Elective Recovery Board. All hospitals providing additional telephone and virtual support for patients in partnership with voluntary sector.
- Revision of approach to data collection re access to cancer services, shared at programme board meetings. SRO has requested monthly implementation update from each trust between Dec 22 and Mar 23 regarding Secretary of State letter priorities.

Assurances on controls

Internal:

- Uncommitted transformation funds re-purposed to support recovery.
- System Mutual Aid policy in place now via ERB. Single PTL for cancer still in progress.
- Referral pathways continue to experience high demand which is impacting significantly on diagnostic and treatment capacity.
- WLI in progress, though with workforce challenges.
- National Tiering Approach for NNUH and QEH, linking to Elective Recovery Board and System Performance Committee continues.

External: PHE, NHSE/I, Regional Cancer Network

Gaps in controls or assurances

- COVID-19 has had a significant impact on public behaviour in attending screening / seeking support & advice for worrying symptoms. This led to a fall in people coming forward during the pandemic and has in turn led to an increase in people with delayed presentations post the initial peaks.
- It is not possible to define the possible harm on these patients due to delays in their diagnosis until they have been detected and treated but this may be contributing to excess deaths both nationally and within our system.
- The EOE Cancer Alliances are quantifying this risk, with the current estimate of approximately 600 missed cancer diagnoses in Norfolk and Waveney over the COVID period.
- Environmental challenge of providing services during continued COVID surges continue in particular re the safe delivery of diagnostic tests and treatments to comply with infection control guidance.

- Staffing resilience due to the challenges of operational pressures, self-isolation and sickness
- Availability of capacity and human resources to meet the demand of the backlog, new and follow-up patients and 52-week wait recovery in a timely way whilst managing COVID-19 response
- Significant pressure on breast, colorectal and prostate cancer diagnostic pathways and treatment capacity at the local cancer centre.
- Additional requirement to safely manage backlog and waiting lists across cancer, elective care and diagnostics is leading to increased pressure on administrative personnel and processes which could impact upon appropriate progression of patient pathways, and ability to progress transformative list management
- There remain significant pressures on Cancer Services across the system due to surges in two-week wait (2ww) demand with variable performance across providers and pathways. This is putting pressure on Breast, Colorectal and prostate diagnostic pathways and exacerbating long term issues with the system cancer waiting time performance. Screening, diagnostic and treatment backlogs continue to be monitored via the system Cancer Programme Board
- A formal plan for the recovery of the NNUH breast cancer pathway is being reviewed internally at present. Operational delivery of the system mutual aid policy/SOP is challenging for the cancer pathways across the trusts as there is little spare capacity and the complex surgery is provided by the NNUH as the cancer centre.
- Risk reviewed by programme and Quality teams Dec 22. Uncommitted transformation funds re-purposed to support recovery. System Mutual Aid policy in place via ERB. Single PTL for cancer still in progress. Referral pathways continue to experience high demand, which is impacting significantly on diagnostic and treatment capacity, WLI in progress, though with workforce challenges. National Tiering Approach for NNUH and QEH, linking to Elective Recovery Board and System Performance Committee continues.

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
08/04/22	Operational and staffing pressures beginning to ease but still significant. Continued focus on recovering 2ww pathways. Screening, diagnostic and treatment backlogs continue to be monitored via the system cancer programme board.	**G**	Ongoing

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**9**	**9**	**9**	**9**	**9**	**9**	**9**		
Change				**New**	→	→	→	→	→	→		

BAF05A

Risk Title	Barriers to full delivery of the Mental health transformation programme			
Risk Description	There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet the need If this happens individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Jocelyn Pike	Quality & Safety	Mark Payne	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**3**	**4**	**12**	**2**	**4**	**8**

Controls	Assurances on controls
• System wide governance framework (currently under review by N&W ICB MH Partnership Board aiming to develop System Collaborative) • Acting Director of Mental Health Transformation appointed to lead development of system collaborative, working closely with stakeholders and MH SRO • 22/23 N&W Planning submission agreed by NHS England & Improvement • Finance working group meets monthly to drive robust financial arrangements Working group and process in place to manage financial slippage and deliver planned MHIS investment • System commitment to increase knowledge skills and expertise and develop additional capacity through use of digital • MH Workforce Lead and Programme Manager working with system partners to implement the N&W MH workforce strategy/ transformation • Ongoing work with Population health management team to proactively contact and offer support/ physical health assessment and vaccination • Co-developed eating disorder strategy to direct implementation of national ambitions	**Internal:** SMT, EMT, Board **External**: N&W ICB MH Partnership Board, HWBs Norfolk and Suffolk, NW Health and Care partnership MH Forum, HOSC, Norfolk and Suffolk NHSE/I Regional MH Board and subgroups, NHSEI System Improvement and Assurance Group

Gaps in controls or assurances

- Impact of pandemic and cost of living crisis on mental health and well-being of population leading to increased need for support and adding to capacity pressures and resilience of providers
- Impact of continued CQC rating of inadequate for NSFT following CQC visit in November 21, and revisit September 22. Currently awaiting publication of report. NB Associated negative MH publicity
- Impact of continued CQC rating of the well-led domain. Publication of the recent reinspection awaited.
- Organisational development required to drive forward internal cultural change. Cultural shift required as a system to enable successful transformation and ensure mental health is better understood and regarded as 'everyone's business'.
- Cultural, digital and operational collaboration to enable access and easily navigable mental health services, is at an early stage of development
- Conflicting priorities across complex system transformation agenda
- Intra-system Electronic Patient Record connectivity, especially at the interface of primary/secondary/social care and third sector provision, remains a challenge and priority to address
- Ability to recruit, retain and train a viable number of staff to enable service expansion and meet the MH and well-being needs of the N&W population
- Limited influence on alternative provision within a tightly prescribed IAPT model – National NHSEI and HEE guidance is restrictive and does not allow local flexibility
- The ICB Mental Health Strategic Commissioning Team is predominantly staffed with fixed term posts ending in 2023-24.

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
29/04/22	Increased programme management support (ICB and NSFT), to support operational and clinical leads to plan and deliver transformation. Near to full recruitment in current structure.	**G**	31/03/23
29/04/22	Joint approach between ICB and NSFT needs to be established and embedded to support response to CQC concerns and joining up the transformation programme plan to deliver sustainable change. Awaiting CQC response following September 22 visit and planned Well-led visit in November to determine next steps.	**R**	31/03/23
21/10/22	Proposed governance framework to oversee work on collaboration in progress. Agreement with the MH Partnership Board to amend the terms of reference to include oversight and support to/of the collaborative discussion. A task and finish group to design and implement an engagement strategy met 20/10/22. The engagement will initially focus on revisiting the themes of 2019 mental health strategies for continued relevance (delivery due date April 23). A further task and finish group looking at legislative arrangements and models of collaboration will be set up in due course (delivery due date October 23).	**G**	31/03/23
29/04/22	Continuing work to develop effective partnerships and system ownership of the N&W MH Transformation Programme Plan. Co-production with Experts by Experience and Reference Group is central to initiating and sustaining positive change. Programme Assurance Group purpose and structure under review as part of current governance review and transition to System Collaborative by October 2023. Proposing an overarching Transformation Delivery group instead to report into MH Partnership Board.	**G**	31/03/23
29/04/22	Collaborative annual planning process supported by regular (i.e., monthly) review of priority areas, ensuring governance structure and oversight are effectively managing inter-dependencies and risk. Rated amber as NHSE 23/24 planning guidance is delayed following national period of mourning and political upheaval. Planning guidance received; draft local plan is being socialised.	**G**	31/03/23
24/08/21	MH Digital Working Group established, co-led by ICB and Provider Leads, involving partners to scope and identify solutions which align to MH Digital priorities. Rated amber as some work has stalled, currently reviewing priorities in context of operational demands.	**A**	31/03/23
29/04/22	MH Workforce lead driving development of workforce dashboard, and transformation programme. Working with system partners, to set up 4 focused work groups that will implement the N&W MH workforce strategy.	**G**	31/03/24
29/04/22	IAPT N&W System leads working with Regional NHSEI and HEE leads, in conjunction with EofE system leads to work up a proposal to influence a revised approach to IAPT training provision at national level. IAPT currently operating within a 24-month tender waiver which expires on 31st August 2024. EMT paper in development to decide next steps to secure future service.	**G**	31/03/23
29/04/22	Developed Recovery Improvement Plans with support from NHSEI to work towards recovery of trajectories for the following: increasing Physical Health Checks for people with Severe Mental Illness, improving Dementia Diagnosis and reducing Out of Area Placement OAP). All negatively impacted by the pandemic which has increased demand and limited opportunity for early intervention. This will enhance support for areas of activity where N&W do not yet meet the national standard. Rated amber to reflect difficulties reducing use of OAP beds and eradicating 12-hour breaches during a time of extraordinary demand and pathway pressures. Joint planning of the Pre-assessment Unit is progressing within the 12-hour DTA working group with the MH SRO supporting partnership discussion. Work is continuing across all areas.	**A**	31/03/23
20/10/22	Community Transformation: Working with North Norfolk and Norwich locality leads and practices who are keen to act as pilot sites for the 'MH	**G**	31/03/23

	Integrated Care Interface'. This is a working title for the newly forming primary care-based MH Multi-disciplinary team, a group of professionals from different organisations (NSFT, NCC, VCSE and primary care) that will work together to assess and direct people to the most beneficial service according to their need.											
Visual Risk Score Tracker												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**12**	**12**	**12**	**12**	**12**	**12**	**12**		
Change				**New**	→	→	→	→	→	→		

BAF05B

Risk Title	Barriers to full delivery of the Mental health transformation programme
Risk Description	There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet demand. If this happens individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Jocelyn Pike	Quality & Safety	Rebecca Hulme	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	4	4	16	2	4	8

Controls	Assurances on controls
• Dedicated CYP strategic commissioning team now in place • Effective System wide governance framework • Collaboration with system partners to understand demand and capacity has begun and the shared resource is better understood. • Development of robust understanding of the financial envelope available to drive the transformation, and investment necessary, including appropriate measures to reconcile these is still in process. • System approach to increasing knowledge skills and expertise across agencies and developing additional capacity through use of digital. Greatly assisted by digital appointing a digital lead. Digital workstream initiated • Financial slippage is being mitigated against protecting our ability to maintain MHIS investment • Implementation of system wide transformation programme • Commitment from system partners to adopting Thrive approach – mental health needs being considered and addressed in wider health and social care settings • Additional partnership working with VCSE	**Internal:** SMT, EMT, Integrated Care Board, Finance Committee, Quality Committee, **External**: CYPMH Executive Management Group, CYP Strategic Alliance Board, HWBs Norfolk and Suffolk, NW Health and Care partnership MH Board, NHSE/I Regional MH Board and subgroups, HOSC Norfolk and Suffolk, System Improvement and Assurance Group

Gaps in controls or assurances

- Capacity and commitment within providers to support transformation and collaboration impacted by increased demand and historical backlog
- Capacity within the substantive CYP integrated commissioning team to deliver on the scale of transformation required.
- Conflicting priorities across complex system transformation agenda
  Intra-system Electronic Patient Record connectivity, especially at the interface of primary/secondary/social care and third sector provision, remains a challenge and priority to address.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
23/12/21	Schemes for £800K Winter funding to support Urgent and Emergency Care and discharge put forward. Region keen for schemes to continue next year if successful using SDF and MHIS	G	31/12/22
23/12/21	CYP Senior Programme Manager now in post to lead on the development and mobilisation of the CYP Integrated Front Door which will improve efficiencies and flow through the system	G	30/06/22
23/12/21	Continued work to address significant historical CYP waits across providers. Current system waits for treatment circa 2500 reduced from 3500 March 2021	G	31/03/22

02/05/22	Six out of ten CYP Integrated Commissioning Team posts are now substantive. Remaining four are fixed term and will be reviewed once Community transformation work is completed	G	31/03/23
02/05/22	Intensive Day Support for CYP with eating disorders is due to open this month for 5 CYP and their families on a six month test & learn basis before expanding support offer to 12 CYP.	G	30/11/23
02/05/22	CYP team secured £800K in slippage to support system wide waiting list initiatives, enhanced support for 18-25 and trauma informed training	G	31/03/22
02/05/22	£180K of winter funding secured to support CYP on acute paediatric wards, development of an integrated practice model and respite for CYP with NDD and their families	G	31/06/22
02/05/22	Development of Integrated Front Door progressing well, dedicated team in place to develop model, ensure pathways and capacity sitting behind front door will meet the need, procurement process has begun with an expected go live date early 2023. Talking Therapies collaborative being developed as part of model to increase capacity	G	31/03/23
02/05/22	Mobilisation of three focussed waiting list initiatives to support circa 1000 CYP on waiting lists.	A	31/12/22
02/05/22	Working alongside adult commissioning team to enhance support offer for 18-25 year olds in wellbeing hubs. Task and finish group set up to improve IAPT offer for 16-25 to improve access, engagement and outcomes.	A	31/03/23
02/05/22	Increased funding to CYP Crisis team to increase capacity, expand skill mix and increase level of seniority. Scoping out options to meet 24/7 crisis assessment and support offer, in line with NHS Long Term Plan ambition. Update 10/01/23 – some successful recruitment to crisis team. Anticipated that capacity will be begin to improve in Q4 22/23 as staff complete induction.	A	31/03/23
06/11/22	Recruitment remains challenging in core secondary care services. New staff in post but staff leavers nullifying effect. Requirement to address urgent presentations and increased community acuity reducing routine capacity to reduce waiting times.	R	31/03/23
06/11/22	Some mitigations through expansion of VCSE provision, successful procurement of Integrated Front Door Provider, new provider for Mental Health Support Teams and talking Therapies Collaborative – now mobilising in advance of 2023 planned start	A	31/03/23
06/11/22	Current uncertainty following CQC visit, and imminent Well Lead review impacting on capacity and focus to deliver transformation	R	31/03.23
10/01/23	Collaborative working with Suffolk and Norfolk systems to introduce short breaks provision. Capital funding in use to develop estates	G	31/03/23
10/01/23	System planning to ensure alignment of provision in Waveney with Suffolk system colleagues. Task and finish group established	G	31/03/23
10/01/23	Engagement exercise commenced to revisit ambitions and transformation plan with Norfolk and Waveney stakeholders	G	31/03/23
10/01/23	System review of provision commenced across Norfolk and Suffolk – further development of Alliance approach to ensure support accessible in most appropriate part of the system	G	31/03/23

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				12	12	12	16	16	16	16		
Change				New	→	→	↑	→	→	→		

BAF06

Risk Title	**Health inequalities and Population health Management**
Risk Description	The combined long-term impact of the COVID pandemic and recent rapid increases in economic pressures that are impacting on the cost of living and the number of Norfolk & Waveney residents living in absolute poverty further exacerbate health inequalities whilst placing increasing pressure on our health system.

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Dr Frankie Swords	Quality and Safety	Dr Frankie Swords	01/07/2022	31/03/2023

Risk Scores

Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**3**	**4**	**12**	**1**	**4**	**4**

<table>
<tr><th>Controls</th><th>Assurances on controls</th></tr>
<tr><td>
• NHSE/I 5 Action areas to address inequalities, are embedded into all N&W system recovery plans, 5 year strategy development & operational plans. Progress against key national delivery timelines are regularly reported on via appropriate governance structures.
• Whole system approach to reducing inequalities in development through emerging governance structures.
• Monthly ICS Health Inequalities Oversight Group (HIOG) established and taking place monthly with clear objectives identified to be presented to Exec. Cross-system representation, key workstreams identified, including:
  ○ Data and insight
  ○ Vaccine
  ○ Core20+5
  ○ Community engagement
  ○ Inclusion health
  ○ NHS Anchors
  ○ Population health management
  ○ Mental health inequalities

• From January 2023 Population Health management steering group being replaced by formal PHM oversight group with clear ToR, membership and aims, which will lead on development and implementation of PHM strategy.
• From February 2023 HIOG and PH oversight group will both report to new ICB Population Health and Inequalities Board. (PH&I) which is being establish as per ICB Governance structure
• System Health Improvement Transformation Group (HITG) established with developing work programmes in response to key priorities:
  ○ Development of system strategy for health improvement & prevention
  ○ Reduction in smoking
  ○ Reduction in physical inactivity rates
• Development of VCSE Assembly to support integration of VCSE into ICS governance arrangements, which will support a reduction in inequalities and enable preventative approaches.
• Elective care recovery – draft EQIA in development. PH analysis of patients on admitted elective waiting lists has not shown any systemic health inequalities
</td><td>
Internal:

Health Inequalities Oversight Group (HIOG),

Health Improvement Transformation Group (HITG), Inclusion Health Group,

Integration & Partnership team,

Protect NoW/PHM team

Elective Recovery board monthly report on waiting lists per decile of deprivation index

NCC PH team analysis of patients on admitted elective waiting lists has not detected any systemic health inequalities

External: Integrated Care Board, Health & Wellbeing Partnerships, Place Boards, Clinical and Operational steering groups
</td></tr>
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• Place Health & Wellbeing Partnerships, (HWPS) along with the Integrated Care Partnership, have recognised the reduction of health inequalities as one of their key priorities, and will be developing localised strategies to augment with the ICS strategy, HCPs will identify local priority areas and develop plans in response. • Population Health Management team strengthened by replacement of fixed term by substantive roles in line with PHM Roadmap	

Gaps in controls or assurances

- Further development, coordination and oversight of actionable projects to mitigate against risk, respond to gaps and maximise resources, now that governance structures are clearly defined
- Alignment of governance and approaches into overarching ICS HI strategy, informed by foundations developed through HIOG and PHOG. The aggregation of Place-based projects to ensure we avoid duplication of effort and the maximisation of system resources.
- Development of ICS 5 year strategy – disconnect between strategy development and existing programmes of work/teams.
- System-wide strategy for inequalities and impending cost of living crisis, that will likely affect system pressures – acknowledge this will form part of Place-led strategy through HWB Partnerships.
- Development of BAF/risk log and corresponding work programme & reporting.
- Connectivity between Place Boards/Health & Wellbeing Partnerships and system governance structures, such as HIOG & HITG – opportunity for these structures to 'own' system priorities.
- Duplication of effort, energy and resources at Place level – lack of coordination/sharing of learning between Partnerships.
- Duplication of effort – alignment between ICS governance structures such as HITG/HIOG/ECRB
- Capacity – lack of programme oversight of health inequalities across the system, particularly with reference to Core20+5 & VCSE integration agenda, resources in wider system (i.e. local government) to support agenda, and lack of integration with Public Health
- Resources – Health Inequalities NHSE funding allocations not ring-fenced resources to support emerging work programmes and respond to system priorities, non-recurrent funding arrangements for existing workstreams, prioritisation of prevention in resourcing strategies.
- Evaluation methodology for key work programmes – support required to ensure impact measurement
- PHM roadmap agreed but PHM strategy not yet completed
- N&W Inclusion groups not yet defined to be developed by HIOG and then agreed through PHI board
-
- Evaluation methodology for key work programmes – support required to ensure impact measurement

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
23/12/21	N&W VCSE Assembly is supporting the development of VCSE place-level networks/forums to ensure effective VCSE participation in the place-led discussions, where tackling health inequalities will be a significant priority.	B	Complete
23/12/21	Core20Plus5, health inequalities initiative has been produced by NHSE which will help to galvanise ICS action to tackling health inequalities, CYP included from November 2022. Norfolk and Waveney have been successful with eight Core20plus5 ambassadors recruited into the health inequalities improvement programme in both ICB and provider organisations. Four Health inequalities GP fellows recruited with a core20plus5 clinical pathway focus.	G	31/03/23
31/08/22	Development of ICS 5-year strategy – embedding of HI priorities	G	31/03/23
31/08/22	Development of clear actionable plans linked to each of the HIOG/HITG/ PHOG workstreams	G	31/03/23
31/08/22	Development of system & place HI data packs to inform prioritisation & strategy development through PHOG/ HIOG and HWP Partnerships	G	31/03/23
31/08/22	Development of insights reporting process aligned to Norfolk & Waveney Community Voices programme. Recruited a programme lead for this work programme and successfully procured a provider in the delivery arm.	G	31/03/23
31/08/22	Development of PHM strategy, building on learning identified through Protect NoW, Optum & PDP programmes	G	31/03/23
31/08/22	Opportunities for further resourcing of Core 20 approach, including, Core20 Connectors, programmes and the development of a Core20 Strategy.	G	31/03/23

	Successfully secured Core20plus EAHSN funding for inhip initiative-programme lead out to recruitment		
31/08/22	Inclusion health, population health LCS	G	31/03/23
31/08/22	Working group to develop and manage system HI risk log, NHSE reporting – stock take quarterly reports and update GBAF	B	Complete
31/08/22	Opportunities for further resourcing of Core 20 approach, including, Core20 Connectors, programmes and the development of a Core20 Strategy. Successfully secured Core20plus EAHSN funding for inhip initiative-programme lead out to recruitment	G	31/03/23
01/11/22	Director of PHM has moved to new role, but team strengthened with close working with NCC PH team, plus substantive membership in line with PHM roadmap. ICB MD is now SRO for PHM	G	31/11/23
01/12/22	Terms of reference and governance for new Population Health and Inequalities Board drafted, to launch January 2023	B	Complete
01/12/22	All risks relating to PHM reviewed with none scored above 10.	B	Complete

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**12**	**12**	**16**	**16**	**16**	**12**	**12**		
Change				**New**	→	↑	→	→	↓	→		

BAF07

Risk Title	RAAC Planks
Risk Description	There is a risk of failure of the current roofing structures at two Norfolk and Waveney Acute Trusts due to their composition with RAAC Planks which are now significantly beyond their initial intended lifespan. This could affect the safety of patients, visitors and staff. The rolling programme of inspections and remedial work to detect and mitigate this also presents a risk to the system through the requirement to close areas for remedial work, further impacting patient and staff experience as well as the ability to deliver timely urgent, emergency and elective care to our patients.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Steven Course	Board/Finance Committee	Steven Course	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	5	25	4	5	20	3	5	15

Controls	Assurances on controls
• Trusts have robust plans in place to manage a possible incident; however these only cover immediate evacuation and not reprovision • Regional RAAC response plan is established • Regular surveys and assessments are being carried out to determine the severity of the issue and to identify and address signs of deterioration. • Region-wide scoping piece commissioned to look at ongoing service transition and recovery. • Current work ongoing to address issues found on inspection as issues identified. Each issue is separately risk assessed using NHSE led guidelines for 'Best Buy' hospitals and a RAACter Scale used to assess level of issue. • Legal position and recommendations provided by Browne Jacobson on ICB responsibilities should there be a catastrophic failure at either acute.	**Internal:** SMT, EMT, ICB Board **External**: ICS Boards, Estates, NHSE/I, Individual trust boards RAAC related exercises have been undertaken to provide assurance of plans and procedures in responding to an evacuation of a RAAC impacted trust. • Feb 22 - Exercise Farthing • Jun 22 – Exercise Walker • Nov 22 – Exercise Fox EPRR Core Standards incorporated a Deep Dive on health providers Evacuation and Shelter arrangements specifically due to the RAAC risk

Gaps in controls or assurances

- QEH not currently in line for HIP2 support

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
16/02/22	Scoping piece to assess service transition and recovery post RAAC failure to concluded	G	ongoing

Visual Risk Score Tracker

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				20	20	20	20	20	20	20		
Change				New	→	→	→	→	→	→		

BAF08

Risk Title	Elective recovery			
Risk Description	There is a risk that the number of patients waiting for elective treatment in Norfolk and Waveney, which has grown significantly during the pandemic, cannot be reduced quickly enough to a level that meets NHS Constitutional commitments and which protects patients from the risk of clinical harm. If this happens, it will contribute to a poor patient experience, failure to meet Constitutional requirements and may lead to an increased risk of clinical harm for individual patients resulting from prolonged waits for treatment.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Dr Frankie Swords	Quality & Safety	Dr Mark Lim	01/07/2022	31/03/2023

Risk Scores

Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	**4**	**20**	**4**	**4**	**16**	**3**	**4**	**12**

Controls	Assurances on controls
• The Elective Recovery Cell was upgraded to an Elective Recovery Board meeting bi-weekly. • Each Provider has undertaken a waiting list clinical validation process. • Workstreams are in place to expand capacity where possible, maximise efficiency of current services, to reduce variation in waiting times between different providers and to transform care pathways to accelerate elective recovery, each led by a chief operating officer or medical director. • A unified process of clinical harm review and prioritisation in line with national guidance is now in place across all providers to ensure that patients' care is undertaken in order to clinical priority and to prevent harm where this is identified as a risk. • Local data have been uploaded onto the new national patient resource to allow patients to identify average waiting times and to provide additional information to support people to improve their health and wellbeing while awaiting care https://www.myplannedcare.nhs.uk/ A more detailed local patient information site has also been established: https://norfolkandwaveneyICB.nhs.uk/while-you-wait • Mutual Aid process is in place within the system to allow for patients to be moved across the system to other trusts that have capacity. Any patients who are contacted & agree to treatment at alternative sites can then be added to the national mutual aid computer system (DMAS). All trusts have signed up to both the system and national mutual aid processes. EoE funding secured for mutual aid administrative support to contact long wait patients to confirm availability, signpost to While You Wait website and confirm if transfer to alternative provider via mutual aid acceptable	**The initial focus to clear all patients waiting 104 weeks or more across our system by 1 July 2022 was met with data confirmed by NHSEI.** **Internal:** Weekly and monthly performance metrics for each workstream scrutinised at biweekly elective recovery board. **External**: Trust Board Governance processes and returns to NHSEI, National contract monitoring by NHSEI and Elective Recovery Board. Weekly Tiering KLOE return from Trusts to system, region and national teams, monitored through fortnightly Tiering meetings.

Gaps in controls or assurances

- The situation around patients waiting over 78 weeks remains challenging and is the specific focus of a summit meeting.
- Ongoing staffing challenges, as well as the operational impact of RAAC plank issues has led to a fall in performance against trajectory since July 2022.
  The digital infrastructure remains a concern. Although a system for managing patients on a single waiting list has been developed, due to competing priorities relatively little support has been available for outpatient transformation.
- Significant risk to delivery of performance from industrial action and pressures on acute trusts from UEC, Flu and Covid surges pulling staff away from elective work to support additional emergency patients and reducing inpatient bed capacity for elective work.

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
16/05/22	The situation around patients waiting over 78 or 104 weeks remains challenging and is the specific focus of a summit meeting.	**B**	Complete
19/12/22	Second phase of submissions to increase elective capacity by creating community diagnostic centres, in addition to diagnostic assessment centres submitted, Bids to expand theatre and bed capacity for elective work under review with visit from National GIRFT team 10.01.2023.	**G**	31/03/23
19/12/22	Industrial action task and finish group in place led by Director of People and Director of Nursing to mitigate risks and impacts.	**G**	30/01/23
19/12/22	Full review of the elective recovery risk register undertaken with clinical and operational representation from acute trusts and system. Agreed rating of elective recovery reduced to 4 x 4 = 16. Revised risk log to be taken to Elective Recovery Board on 30/01/23 for approval.	**G**	30/01/23
03/01/23	Following additional pressures to system at end of December/ early January, there is a scheduled deep dive and review of trajectories to be completed at Elective Recovery Board on 16th January. This to include list of patients who are at risk of breaching 78 weeks by end of March. These patients are to be contacted before the end of January to instigate the system Mutual Aid process and escalated to the national Mutual Aid process (DMAS) where capacity is not available.	**G**	30/01/23

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**20**	**20**	**20**	**20**	**20**	**16**	**16**		
Change				**New**	→	→	→	→	↓	→		

BAF09				
Risk Title	**NHS Continuing Healthcare**			
Risk Description	There is a risk that NHS Continuing Healthcare (CHC) funded packages will not be filled by the provider either due to the complexity of the care required and/or their capacity or the proposed cost of care. If this happens significant pressures will be placed on the CHC nurses to source a package of care. Staff vacancies and absences may increase and the infrastructure to support provision of safe and effective care packages will be compromised. This may lead to increased financial cost to secure a care package, could impact on hospital discharges and admissions and poor outcomes for people requiring NHS funded care in the community.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Tricia D'Orsi	Quality & Safety	Dawn Newman	01/07/2022	31/03/2023

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	**4**	**20**	**4**	**4**	**16**	**3**	**3**	**9**

Controls	**Assurances on controls**
• Recruiting to vacant posts within the CHC team to support assessments and care sourcing. • Commence work with finance team and contract team in NWICB and Local Authorities (LAs) to work to stabilise the market. • Link with Local Authority (LA) workforce teams to support care providers in additional training and support required. • Regular financial updates to Finance Committee and Executive Management Team (EMT) to monitor impact of cost of care packages. • Monthly operational finance meetings for Quality in Care (QiC) team. • Monitoring of time taken to secure complex care packages and escalation process for CHC team if unable to source. • Attendance at regional meetings to support feedback and sharing of good practice and innovation. • CHC Business Intelligence (BI) has developed relevant pictorial data sets for analysis which are included in the monthly QiC Quality report for the Quality & Safety Committee. • Weekly meetings held with Norfolk and Suffolk NHS Foundation Trust (NSFT) and NCC to improve communication and partnership working around discharge planning. Complex discharges from acute mental health hospital beds are progressively delayed by lack of suitable complex care in the local provider market. Contracting, Finance and CHC teams collaborating to share relevant information regarding uplifts.	**Internal:** Senior Management Team (SMT); EMT; Quality & Safety Committee; Finance Committee; Board **External**: NHS England/Improvement; Regional CHC Team, Joint Collaborative Forum (Norfolk County Council (NCC)), Care Market Cell (Suffolk County Council), System partners

Gaps in controls or assurances

- Ability to source and retain suitable workforce for either the NWICB CHC team or care provider market
- Lack of a whole system Care Workforce Strategy
- Ability to stabilise the care market post Covid-19 and EU Exit
- Capacity of CHC team to source or revise care packages
- From 30/06/22, funded Discharge to Assess pathway 3 ceases. CHC team does not have staff resources to manage the extent of workload that will require progressing. Following the CHC contract procurement in October 2022, as at 02/09/22, there are 125 CHC eligible individuals with ICB commissioned care who do not have a provider with a current NHS contract. We currently continue to commission new packages of care with some of these providers. Full details are within Quality and Safety risk QiC-CHC-027 'Care providers without contracts'.

Updates on actions and progress		
Date opened	**Action / update**	**BRAG**	**Target completion**
11/02/22	Active recruitment into newly established roles to enhance the team's capacity and maximise clinical functionality of the team. Eight new commissioning support officers and two nurses.	**A**	31/03/23
14/04/22	NSFT Discharge to Assess model to continue; currently funded through CHC. Case made to make this BAU, costing and evidence of effectiveness, shared with executive team.	**G**	31/03/23

Visual Risk Score Tracker												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**16**	**16**	**16**	**16**	**16**	**16**	**16**		
Change				**New**	→	→	→	→	→	→		

BAF10

Risk Title	EEAST Response Time and Patient Harms			
Risk Description	Clinical risks to patients awaiting ambulances in community – C1 and C2 response times including inability to undertake rapid release of ambulances. System-wide pressures continue affecting ambulance handover and inter-facility transfers resulting in patient harms.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Tricia D'Orsi / Mark Burgis	Quality & Safety	Karen Watts	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	5	4	20	3	3	9

Controls	Assurances on controls
• Daily sit-rep ensures ICB is sighted on real-time demand and resource. • HALO role across all Acute sites to support Emergency Departments (ED). • 999 / 111 multi-disciplinary approach via CAS at IC24 to manage some ambulance calls and dispositions • Pre-alert and 'drop and go' processes in place with safety netting for patients waiting to be seen. Ambulance revalidations embedded. • Proactive public comms to promote appropriate use of NHS service options. This is reinforced across seasonal campaigns. • UEC Tactical Group continues to review system-wide SIs and identify trends / themes.	**Internal:** EMT, N&Q Senior Team, ICB Clinical Lead for UEC and UEC Commissioning Team, ICB Quality and Safety Committee, ICB Board, Provider Governance Forum. **External**: Regional Commissioning Consortium, NHSE Regional Team, OAG and CQC.

Gaps in controls or assurances

- The Trust has seen prolonged periods of high activity which continues to fluctuate from REAP Level 4 and Surge Levels 2 to 4. System has been in a critical incident level 2 since October 2022. System-wide pressures impact on the ability of ambulances to handover patients at Emergency Departments (ED) and release to respond to new calls in a timely way. Incidents have been reported by Primary Care, where Health Care Professionals have assessed the need for an ambulance and experienced a significant delay in response. Incidents have also occurred where inter-facility transfers e.g., from local acute hospitals to tertiary centres for specialist care have been delayed.
- Patient harms increased in July 2022, which triggered an increase in risk rating.
- Discharge pressures, with high numbers of patients with no criteria to reside, impacting on patient flow through the acute hospitals.
- Significant challenge in social care re: capacity and workforce required to support packages of care in the community.
- EEAST continues to experience workforce challenges in relation to recruitment, retention, wellbeing and morale. System pressures are compounding this leading to significant risk to the resilience of teams and moral injury.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
21/09/21	Monitoring of Serious Incidents and associated harms. System-wide operational meetings in place daily with on-call arrangements to manage system pressures. System-wide focus on handover delays due to risk of harm to patients. UEC Tactical Group in place to enable systemwide learning and solutions. Critical incident declared on 03/10/22 and daily rhythm of Gold Command meetings in place.	G	31/03/23
04/11/22	Five core management pillars (cross-reference BAF02) are in place to support a system response, using a critical incident framework.	G	31/03/23
10/01/23	Decompression measures continue to be utilised at each site (cross-reference BAF02).	G	31/03/23

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				16	20	20	20	20	20	20		
Change				New	↑	→	→	→	→	→		

BAF11

Risk Title	Achieve the 2022/23 financial plan			
Risk Description	If the ICB does not deliver the 2022/23 Financial Plan of a break-even position, then the ICB may not be able to maintain spending on current levels of service, or to continue with plans for further investment. This may lead to a reduction in the levels of services available to patients			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Steven Course	Finance	Emma Kriehn Morris	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	3	4	12	2	4	8

Controls	Assurances on controls
• Monthly monitoring of risks and mitigations, reported to NHSE/I. • Detailed plan for 2022/23 approved by Board and submitted to NHSE/I as part of the break-even system plan. • Monthly Finance Report presented to Finance Committee and Board.	**Internal:** Board Reports and Minutes, Audit Committee reports and Internal Audit work plan, Finance Committee reports, Budget manager review. **External**: ICB assurance process, early flagging of risk with NHSE/I.

Gaps in controls or assurances

- Identification of risks and associated mitigations reviewed on a monthly basis;
- Escalation to EMT, Finance Committee and Board if appropriate, should total unmitigated risks crytalise;
- No contingency reserve in plan;
- £5.4m of unmitigated risk in the plan.
- £2.4m of uncrystallised net risks identified, a reducing position in quarter three.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
12/10/22	Review of M6 year to date performance and assess forecast out-turn evaluated risks and mitigations.	G	Ongoing
12/10/22	Monitor the NHSE guidance which is due to be released (by the end of October) to ascertain the process for moving away from a break-even forecast out-turn position	A	31/10/22

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				16	16	16	16	16	12	12		
Change				New	→	→	→	→	↓	→		

BAF11A

Risk Title	Underlying deficit position			
Risk Description	If the ICB underpins its financial position via non-recurrent funding, then, this provides a risk to future years financial sustainability due to lower allocations based on historic expenditure.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Steve Course	Finance	Emma Kriehn Morris	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	**4**	**20**	**5**	**4**	**20**	**3**	**4**	**12**

Controls	Assurances on controls
• Analysis and understanding of underlying recurrent position, including drivers of the deficit. • ICS Medium Term Financial Model has been developed that suggests an improving position over future years	**Internal:** Board Reports and Minutes, Audit Committee reports and Internal Audit work plan, Finance Committee reports. **External:** ICB assurance process, early flagging of risk with NHSEI.

Gaps in controls or assurances

- ICB has an underlying deficit position of c£38m with no plan at present to bring to a break even position in the short term.
  Development and approval of Medium-Term Financial Plan is not yet complete, however, first draft has been prepared to represent a baseline position.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
06/09/22	Develop ICS (and ICB) medium term financial strategy to assess achievability of a break-even position. This requires significant levels of efficiencies to be delivered over a continuous time frame.	A	31/11/22
08/09/22	Understanding of the key drivers of the underlying deficit identified and work continues to attempt to reduce this position.	B	Complete

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				20	20	20	20	20	20	20		
Change				New	→	→	→	→	→	→		

BAF19

Risk Title	Discharge from inpatient settings
Risk Description	There is increased risks to patients no longer meeting the "Criteria to Reside" in both acute and community hospitals. The causes are many including significant vacancies in discharge hubs; variation in the quality of discharge documentation; a 40% shortfall in the availability of Pathway 1 domiciliary care services; insufficient resources on wards to keep people active; and insufficient pathway 2 & 3 beds. These delays leaving hospital lead to a syndrome of deconditioning as people significantly reduce their activity (less than 400 steps a day) leading to reduced functional ability, muscle wasting etc as well as worsening cognition and mood negatively impacting on the activities of daily living.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Tricia D'Orsi	Quality and Patient Safety Committee	Mark Shepperd	25/10/22	31/03/23

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	3	15	5	3	15	2	3	6

Controls

- Daily review in provider of discharges
- Escalation process for problems
- Creation of additional capacity 295 additional beds or bed equivalents
- Winter plan
- Discharge Director promoting best practice via 30-60-90 day plans, and the Acute Hospital Discharge programme Key Lines of Enquiry
- End of PJ paralysis programme
- Tour de East of England
- Reconditioning the nation programme
- Single agreed system dashboard established
- New Transfer of Care form and processes approved for use across system
- Patient Transport meeting weekly x3 (one for each site)

Assurances on controls

Internal: ICB Executive Management Team; UEC Board; Discharge Programme Board; Discharge Steering Group; ICB Quality and Safety Committee; Bi weekly discharge touchpoint meeting. Daily IMT and weekly Patient Transport Meetings.

External: Trust Boards; 3 x Acute System Operations, Resilience and Transformation Boards; Serious Incident Gold Group; Serious Incident Tactical Group; NHSE Board Assurance Framework.

Gaps in controls or assurances

- Single agreed system dashboard
- Insufficient capacity within existing care market
- Transfer of Care form and processes
- Patient Transport
- Workforce pressures. Staff sickness and absence combined with unfilled vacancies and difficulties recruiting to key posts.
- Criteria led discharge
- Identifying complex discharge early
- 7-day working needs to embed fully
- Managing workforce capacity in community settings to meet changes in demand and surges

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
1/11/22	All wards to participate in Recondition national initiative.	G	31/03/23
1/11/22	Discharge hub funding established for 2022-23.	G	31/03/23
1/11/22	Deep dive into hubs their systems and processes completed. Outcome report sitting with system CEOs awaiting next steps.	G	31/01/23
1/11/22	Deep dive into fast-track process for end of life patients has commenced.	A	28/02/23
1/11/22	Daily deep dive into Pathway 1 discharges continues.	G	31/03/23
9/11/22	Roll out of criteria lead discharge to all wards has commenced.	A	31/03/23
9/11/22	Establish task and finish group to explore strengthening the role and contribution the VCSE sector can make to discharge.	A	31/03/23

10/01/23	ICB staff deployed as of 20th December 2022 to support discharge in acute trusts.	G	31/01/23
10/01/23	Funding secured from national £500m budget to support discharge. Business cases submitted and provisional plan agreed.	B	Complete
10/01/23	New 'four weeks of free care' funding (£250m national fund, of which £50m is capital) confirmed. Daily task and finish group established to agree implementation, week commencing 16/01/23.	G	31/01/23
10/01/23	28 Norse beds identified for pathway 2 beds at NCH&C. 9 beds used to date. Unable to fully utilise, due to criteria for admission and environment.	A	31/01/23

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score								**15**	**15**	**15**		
Change								**New**	→	→		

Norfolk and Waveney ICB aim: To make sure that you only have to tell your story once

Principal risk: That people in Norfolk will have their time wasted due to lack of integration and poor data sharing between different providers of health and care. This could lead to frustration for patients and staff, and introduce errors due to multiple handovers of information

Summary of risks

Ref	Risk description	Risk owner / Operational Lead	Date risk identified	Target delivery date	Month risk rating											
					1	2	3	4	5	6	7	8	9	10	11	12
BAF12	Cyber Security	Ian Riley/ Anne Heath	01/07/22	31/03/23				15	15	15	15	15	8	8		
BAF13	Personal data	Ian Riley / Anne Heath	01/07/22	31/03/23				20	20	20	20	20	12	12		

BAF12

Risk Title	Impact on Business Continuity in the event of a Successful Ransomware Cyber Attack
Risk Description	Current heightened risk of hostile cyber-attack affecting the UK may, via a ransomware attack, impact on the ICB's ability to maintain business continuity, if access to data stored within Office 365 on the national NHS tenant, is compromised or prohibited (by data getting onto and corrupting the local network via Ransomware)
ICB priority	To make sure that people can live as healthy a life as possible

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Ian Riley	Board	Anne Heath	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	2	4	8	2	3	6

Controls	Assurances on controls
• ICB, NCHC and CSU are already signed up to receive CareCERT alerts. Remedial action is implemented where necessary • Windows 10, Threat Protection and MDE are in place for ICB and Primary Care devices • Secure boundary protection is in place • Ivanti, SCCM patching process to prevent Ransomware getting on the network The process for accessing the out of hours support provided by NHS Digital to resolve major incidents will be established As of November 2022 NHSMail is protected by Microsoft Safe Links & Attachments	**Internal:** Cyber Security Assurance Manager, Head of Digital, IG Working Group, NWICB N365 Technical Workstream Delivery Group **External**: National Cyber Security Operations Centre, NHS Digital, AGEM CSU, MTI Technology Limited (technical partner to NHS Digital)

Gaps in controls or assurances

- An organisation's staff are the first line of defence in preventing a ransomware attack so can be a control and a risk. The threat posed by Ransom Cyber Attacks is greatly driven by user's behaviour. Greater Cyber Security awareness provides better prevention. A lack of awareness in users to recognize Phishing emails increases the risk of a successful Ransomware Attack happening. Good awareness can help prevent them. A new campaign will be launched for winter.
- Staff passwords may not follow best practice as the most recent advice has not been communicated – an awareness campaign has been run and will be part of a new campaign for winter.
- Staff may not be aware that their online presence on social media, whether work or personal, may reveal details that can be used to access their account – a digital footprint awareness campaign will be run in the autumn.
- A protocol informing staff of how to act in the event that they do become the victim of a phishing attack needs to be put together and made available to all staff in a prominent location, this should include details of "first aid" actions a user can take as well as how to notify the service desk and how to escalate the issue if they feel the response is not adequate.
- A source of resources and information for staff on how to prevent and report a phishing or ransomware attack has been put in place and is available on the intranet.
- Advice and guidance for staff on how to activate MFA is currently being developed. NHS Digital have provided specific advice that this is rolled out first to finance teams.
- Starter and leaver processes for NHS mail accounts are not standardized either within the ICB or Primary Care – users need to be made aware how important it is that all leavers have their NHS Mail accounts disabled – this guidance is currently being developed.
- The ICB is asked to provide NHS Mail accounts for non ICB or Primary Care staff – current cyber awareness training does not include these groups and they therefore pose a greater threat. NHS Digital advice is that organisations must meet DSPT standards.
- There is no out of hours cyber process for on-call managers to follow
- Out of hours cyber support from the commissioned IT provider is on a goodwill basis only
- There is no out of hours cyber support for Primary Care staff
- Microsoft 365 works on a system of retention rather than traditional backup. DSPT requires evidence of backup.

- Currently unable to test how support from the national Office 365 team will support the ICB to recover data in the event of a cyber attack.
- There is no regional Cyber Security Operations Centre (CSOC) available to provide expert technical resource to support business continuity, data recovery and cyber breach remediation – although there is evidence of NHS Digital providing this function to other organisations.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
16/05/22	Cyber security behaviour change support and awareness package with clear guidance being developed to include: • how to spot and report a phishing email • how to get help if you have fallen for a phishing email • campaign to improve password security • campaign to raise awareness of giving your data away on social media • campaign to encourage self-enrolment for MFA • provision of a channel dedicated to cyber awareness and information making MFA mandatory for non ICB or Primary Care staff provided with an NHS Mail address	B	Complete
10/01/23	Working with NCHC to ensure that MFA mandatory for non ICB or Primary Care Staff provided with an NHS Mail address.	A	31/03/23
16/05/22	Guidance has now been provided which includes a central Data Security helpline where all incidents can be reported and the nhs.net helpdesk should be contacted for the recovery of data.	B	Complete
16/05/22	Details of CSU point of contact for cyber security issues will be made available to silver and gold on-call directors via EPRR lead	B	Complete
16/05/22	Assurance has now been provided by NHS Digital both nationally and regionally to a level that meets DSPT requirements.	B	Complete
16/05/22	Digital Team currently testing implementation of InTune with mobile device management. Before scoping and agreeing rollout to staff using ICB issued and personal devices to access NHS Mail and MS Teams to be implemented as part of transfer to new IT provider	B	Complete
16/05/22 10/01/23	A feasibility including costed plan for the implementation of MFA for all staff across both the ICB and Primary Care is being developed and will be presented to the ICB's February IG Working Group. Work with NCHC Cyber and Infrastructure leads to plan the rollout of MFA across the ICB by NCHC ICT team. Outline plan to be presented to ICB IG Working group in February 2023.	G	~~30/09/2022~~ 03/02/23

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				15	15	15	15	15	8	8		
Change				New	→	→	→	→	↓	→		

BAF13

Risk Title	Personal data			
Risk Description	There is a risk that the ICB's constitution and statutory / delegated functions will not permit it to process personal data without consent, once the protection of the current COPI Notice ceases on 30 June 2022; particularly functions that have been stood up during the pandemic. This also includes the risk to the CEfF (the access to controlled financial data pertaining Patient Identifiable Data). The ICB has not as yet been given legal right to access personal confidential data			
ICB priority	To make sure that people can live as healthy a life as possible			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Ian Riley	Audit and Risk	Anne Heath	01/07/2022	31/03/2023

Risk Scores

Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**5**	**20**	**3**	**4**	**12**	**3**	**3**	**9**

Controls	**Assurances on controls**
• Guidance from the ICS Establishment CoP suggests that all functions currently conducted by a CCG can transition to an ICB Constitution for NHS Norfolk and Waveney ICB allows for the transition of all functions delivered by the CCG	**External:** ICS Establishment COP and EOE IG ICB Transition Group **External**: IG Working Group and Population Health and Care Operational Delivery Group

Gaps in controls or assurances

- Functions established under the COPI Notice, which the ICB wishes to continue will need to move to BAU with supporting Data Sharing or Data Processing Agreements.
- Buy in from GP Practices to enable the ICB to continue to use primary care data for functions such as the Virtual Support Team, after the COPI Notice has expired.

Updates on actions and progress

Date	Action	RAG	Target completion
10/06/22	A review of services has been conducted using COPI registers and the outcome has identified the areas that require to continue to process data.	B	complete
10/06/22	A data processing contract was agreed with Kafico and has been disseminated to General Practice to support areas which have been identified as BAU for the ICB and would need to continue. PHM team collating update of signed agreement.	B	complete
10/06/22	Letter from director of Data and Information Management systems of NHSE provided on 28th June 2022 detailing the CAG approval of the amendment from CCG to ICB for the existing section 251 agreements in place for invoice validation and risk stratification.	B	complete
23/08/22	PHM team are engaged with practices for signatures of agreements. IG team are seeking regular updates for assurance that agreements are being signed and continue to chase up for these.	A	Awaiting latest list of practices signed up from PHM team
11/01/23	Procuring software to monitor and manage data controllers IG agreements across the ICS. This will enable reporting to be done more easily on which agreements have been signed and a full audit trail.	G	31/03/2023
10/01/23	NHSE Section 251 agreement has been extended to September 2023. Invoice validation to be in-housed and ICB has requested a change to ensure the ICB team are covered to continue this processing. The PHM team have an up to date list of practices that have signed up to	G	

	the data processing contract (awaiting latest list to be sent to IG) which allows the ICB to process data on their behalf. The ICB will not process data for practices that have not signed up. The ICB has initiated and have all acute providers signed up to a PHM data sharing framework which allows for the primary care and acute data to be combined and the ICB and risk stratification supplier to support PHM projects.		

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**20**	**20**	**20**	**20**	**20**	**12**	**12**		
Change				**New**	→	→	→	→	↓	→		

Norfolk and Waveney ICB aim: To make Norfolk and Waveney the best place to work in health and care

Principal risk: That people will not want to work in health and care in Norfolk and Waveney leading to difficulties recruiting and retaining staff. This could lead to difficulties in providing our services

Summary of risks

Ref	Risk description	Risk owner / Operational lead	Date risk identified	Target completion date	Month risk rating											
					1	2	3	4	5	6	7	8	9	10	11	12
BAF14	#WeCareTogether People Plan	Ema Ojiako / Emma Wakelin	01/07/22	01/04/24				12	12	12	12	12	12	12		
BAF15	Staff Burnout	Ema Ojiako / Jo Catlin	01/07/22	31/03/23				12	12	12	12	12	12	12		
BAF16	The resilience of general practice	Mark Burgis / Sadie Parker	01/07/22	31/03/23				12	12	16	16	16	16	16		
BAF17	Financial Wellbeing	Ema Ojiako / Emma Wakelin	01/08/22	ongoing					12	12	12	12	12	12		
BAF18	Transition and delegation of primary care services	Andrew Palmer / Sadie Parker	31/10/22	31/10/23								16	16	16		
BAF20	Industrial action	Ema Ojiako / Karen Watts / Emma Wakelin	14/11/22	31/03/23								12	12	12		

BAF14				
Risk Title	**#WeCareTogether People Plan**			
Risk Description	There is a risk that there is failure in the implementation of our *#WeCareTogether* People Plan in respect to improving health and wellbeing, creating new opportunities, maximising skills of our staff and creating a positive and inclusive culture at work. If this happens then we will not achieve our goal to be the 'best place to work'. This may lead to increased sickness and turnover, high vacancies and poor patient care, and our people may experience bullying and discrimination.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Ema Ojiako	People and Culture	Emma Wakelin	01/07/2022	01/04/24

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**3**	**4**	**12**	**1**	**3**	**3**

Controls	**Assurances on controls**
ICB controls • Staff Involvement group in place provides forum for reps from the ICB to discuss internal topics relating to our people • SMT – review of ToR for this group to ensure the role and remit aligns to requirements of ICB, this will include oversight and management of some people functions • OD plan implementation – Plan has been running for 24 months but would benefit from enhanced resource to address all elements of people within an effective organisation • Director of People has commenced in post and will continue to progress work with ICB DoN and MD to collaborate on workforce transformation • Director of people to Chair ICB People Board and Remuneration, people & Culture Committee for oversight and assurance System Alignment • Monthly Health and Wellbeing Board Systems Leads meeting to respond to the emerging needs and issues in place. • Bi-weekly Workforce Workshops commenced which showcase workforce transformation activity and allow our staff across ICB and ICS to attend to hear more, ask questions, and collaborate on the #WCT programme • Monthly Workforce Governance meetings in place to steer discussions on: growing our own; up skilling staff. *#WeCareTogether* People Plan has over40 key projects to help us achieve our goal. • Inclusive Culture: Monthly EDI Systems Inclusions meeting to; develop a system plan to shape and support an inclusive and just culture; respond to any emerging needs and issues; support focus groups to enable staff to have a voice in shaping this work. *#WeCareTogether* system wide People Plan in place since August 2020.	**Internal:** EMT, SMT, SIG

Gaps in controls or assurances
• Lack of clarity for People Function within ICB – People Director or Director of Governance portfolios to be agreed. Insufficient internal people resource to deliver requirements of people function to ensure the ICB is a healthy and effective organisation. Review of statutory people functions and those required to transform the ICB is underway which will include key risks and mitigations for EMT to review. • Greater focus on internal staff communication and engagement is required • Change in roles for Health and Wellbeing, EDI, and Freedom to Speak up Guardians represents a risk until we identify replacements • Lack of dedicated resource to effectively analyse our 'people data'; a 'people dashboard; that is reviewed and considered with the same scrutiny as operational and financial performance • Lack of significant and consistent progress/focus on WRES standards. • Lack of sight on impact of retention, wellbeing as a result of Covid retirement flight risk, burnout, might undermine our grow, attract and retain strategy. Increasing sickness levels against historic picture. High vacancies and sickness levels.

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
26/12/21	• We now have 4 workstreams (system recruitment, reducing sickness, bank & agency, e-rostering) mapped to our SOF 4 plan for workforce. These workstreams will be monitored at the monthly system finance meetings and the WDG. These themes will reduce workforce risks on implementation. **November 22 update** • System pressures and conflicting priorities for organisations have impacted on the delivery of these programmes resulting in delays and a lack of decision making on core elements of the programmes. • Newton Europe diagnostic work will support plans for a review of HR process and practice with strategic input from Director of People. **Director of People has commenced in post and is working with Director of Governance to realign portfolio's**	**A**	31/3/23
30/03/22	Workforce Dashboard to monitor high level milestones and assess progress in place.	**B**	Complete
01/04/22	EDI lead commenced in role to support focus on WRES and Inclusion across the system.	**B**	Complete
19/08/22	ICS people plan #WeCareTogether will be refreshed (national mandate) – resource secured to lead this work which will ensure ICB staff are included	**G**	Ongoing
14/11/22	Refresh continues with c250 people engaged since August to review progress since 2020 and consider where updates are required for the #WCT People Plan. Refresh launch planned for early 2023 alongside updated #WCT platform which will develop over time to be a single point of access for people seeking support to join N&W ICS and to reach their potential working with us	**G**	March 2023

Visual Risk Score Tracker												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**12**	**12**	**12**	**12**	**12**	**12**	**12**		
Change				**New**	→	→	→	→	→	→		

BAF15

Risk Title	**Staff burnout**
Risk Description	Burnout is measured by three elements. • Exhaustion - an imbalance between work demands and individual resources. • Individual strain - an emotional response of exhaustion and anxiety, which is heightened by not feeling effective • Defensive coping - changes in attitudes and behaviour, such as greater cynicism System pressures (increasing activity, workforce vacancies, sickness, and resilience) have increased the risk of fatigue and exhaustion. We are seeing increases in poor physical and mental wellbeing, low morale and motivation. The transition from CCG to ICB also presents a risk of staff feeling unsettling and anxious in line with a change process which will require focussed support to lead people. The narrative that we are failing to meet targets (clinical and financial) is constant. Individuals need to feel they are making a difference. This could lead to an increase in staff absence rates (short and longer term), retention and most worryingly significant mental and physical issues. If this happens this could have a significant impact on the services that they deliver.
ICB priority	To make Norfolk and Waveney the best place to work in health and care

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Ema Ojiako	People and Culture	Jo Catlin	01/07/2022	31/03/23

Risk Scores

Unmitigated			**Mitigated**			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**3**	**4**	**12**	**1**	**4**	**4**

Controls	**Assurances on controls**
• We are seeing an increase in ICB staff requesting support from System Workforce Team – in particular line management culture change, new ways of working, developing teams. • The Staff Involvement Group and Senior Management Team continue to flag issues regarding economic and cost of living rises – agreement to add as a new risk to ICB corporate risk register as the impact of lifestyle pressures will impact on peoples resilience and increase likelihood of burnout • Discussion at future EMT regarding the Internal People function is tabled, the incoming People Director is a HR professional and we will seek their guidance on future form and function Despite the 2022 pay increase, with the pension contribution changes some of our staff will be worse off. Add this to the cost-of-living pressures (see BAF17) this could further demotivate	**Internal:** SMT, EMT, ICB Board, Staff Involvement Group, Wellbeing Guardian **External**: ICS Boards, NHSE/I

Gaps in controls or assurances

- Changes in NHS legislation, increased/additional workload and pressures post pandemic
- Issues are not new, they have been enhanced by the pandemic – longer term culture change required to support staff (especially in our approach to Flexible Working to support our people to obtain a better work/life balance)
- Currently no dedicated budget or resource to support health and wellbeing initiatives
- Change in roles for Health and Wellbeing, EDI, and Freedom to Speak up Guardians represents a risk until we identify replacements

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
October 2021	Established H&WB Champions and Steering Group, utilising NHS H&WB Diagnostic and resources to shape actions and approach **November update** • H&WB summit held in September to commence ICS H&WB strategy • Continued support at organisation and system level to support staff wellbeing, this includes a focus on financial wellbeing, and our CV19 Resilience hub for health and social care staff • Presentation at Clinical Director and through Medical Director briefings highlighted H&WB offers in place for Primary Care Workforce, this will also be captured in medical Director Blog in November for a wider audience Business case for ICB to implement Vivup, Employee benefit scheme to be proposed to ICB SMT on 17/11. Other Trusts in ICS already use or are implementing the use of Vivup so this will enable ICB to level up and offer equitable support for our staff	**G**	31/01/23
May 2022	In response to NSS results, pilot new approach to wellbeing conversations, incorporating available resources and support. Fully implement in July 2022	**B**	Complete
May 2022	Communications and engagement review has now completed with findings to be presented to EMT in August/September	**B**	Complete
May 2022	Refocussed Extended Senior Leadership agenda to focus on the People Promise values and to include regular updates and opportunities to receive updates, share information, and collaborate on the change process for the ICB. Meetings now held face to face to encourage collaboration and enhance relationships **November 22 update** ICB Leadership Summit to be held 16/11 with EMT and Senior members of the ICB as a starting point in a redesign and development of how EMT and Snr leads work together in the ICB	**G**	September 2022

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**12**	**12**	**12**	**12**	**12**	**12**	**12**		
Change				**New**	→	→	→	→	→	→		

BAF16

Risk Title	The resilience of general practice
Risk Description	There is a risk to the resilience of general practice due to several factors including the ongoing Covid-19 pandemic, workforce pressures and increasing workload. There is also evidence of increasing poor behaviour from patients towards practice staff. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health services take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/07/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	4	16	3	4	12

Controls	Assurances on controls
• Locality teams and strategic primary care teams prioritised around supporting the resilience of general practice, dedicated resource to support the Covid vaccination programme. All practices have been supported to review business continuity plans • PCN ARRS (additional roles reimbursement scheme) funding has increased again in 2022/23 • Primary care workforce and training team working closely with locality teams to identify clinical and volunteer workforce and to ensure training available to support practices and PCNs in setting up and maintaining services Resilience funding process has been completed earlier this year (Q2) to provide practices with more opportunity to bid and respond	**Internal:** EMT, Strategic Command, SMT, workforce steering group, primary care cell **External**: Primary Care Commissioning Committee, NHS England via delegation agreement, Health Education England, Norfolk and Waveney Local Medical Committee

Gaps in controls or assurances

- Practice visit programme, CQC inspections focused on where there is a significant risk or concern
- Unplanned risk associated with outbreaks or positive cases
- Impact of ambulance delays diverting practice teams from routine and urgent care to respond to emergencies
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
01/09/22	This risk (resilience impact due to Covid-19 pandemic) has been combined with an additional primary care risk (general practice resilience) following agreement at the primary care commissioning committee in July. Resilience funding process has been completed with practices invoicing where funding has been awarded. It is expected there will be national funding for general practice for winter – discussions are taking place to determine how to invest this funding for best impact. There has been an unplanned influx of asylum seekers into our system in August and September, with several local hotels being procured as	B	Complete

	contingency accommodation. This is having an impact on practices local to the hotels, as well as on wider health and care partners. Work is underway to support both an immediate response and a longer-term system approach to the needs of asylum seekers. There are currently four practices rated as inadequate by the CQC, requiring increased support and development from multiple teams in the ICB, as well as the increased work and focus for the teams in the practices to respond. Training and learning are being shared with all practices on an ongoing basis.		
31/10/22	Winter funding letter for general practice now published, winter fund being created from funding already allocated to PCNs, but available to draw down sooner. Workforce team is working with localities and PCNs to finalise ARRS forecasts. Currently investigating if any underspends can be identified for investing in practices through the winter, subject to discussion with LMC. A further practice has been rated as inadequate by the CQC, ICB teams are supporting.	**B**	Complete
29/12/22	No change in risk score. Practices reporting increasing pressures, compounded by sickness and workforce challenges in the context of the system being in a level 2 critical incident. Rising costs for practices also impacting ability to increase capacity. Comms campaign underway with further planning to raise awareness and understanding of clinical triage and the varied roles in general practice. Agreement with LMC for local discretionary support for practices to enable clinicians in practices to clinically prioritise services for patients on the balance of risk – this will focus on QOF and IIF. Further measures being considered for discussion with the LMC in the New Year.	**A**	31/01/23

Visual Risk Score Tracker												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score				**12**	**12**	**16**	**16**	**16**	**16**	**16**		
Change				**New**	→	↑	→	→	→	→		

BAF17

Risk Title	**Financial wellbeing**
Risk Description	There is a risk that in the current climate staff will become increasingly under pressure to maintain cost of living. As well as financial wellbeing, this will also impact on peoples physical, mental and social wellbeing – which is likely to impact on resilience and productivity at work. People may also consider alternative employment which offers more flexibility or increased income, take on secondary jobs, or access other avenues outside of workspace to increase financial wellbeing. We also anticipate this will affect working arrangements – for example, reluctance to attend f2f meetings because of fuel or parking costs, or an increase in requests for office working in the winter to reduce personal heating bills which will affect the space available at our sites (e.g. NCC).
ICB priority	To make Norfolk and Waveney the best place to work in health and care

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Ema Ojiako	People and Culture	Emma Wakelin	01/08/2022	ongoing

Risk Scores

Unmitigated			Mitigated			**Tolerated** (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	**4**	**16**	**4**	**3**	**12**	**4**	**4**	**12**

Controls	Assurances on controls
• Monthly Staff Involvement Group Meetings in place with representation from all Directorates provides a safe space to highlight risks and issues for staff wellbeing that can be responded to • Weekly staff briefings will have regular inputs from SIG members with information and guidance for support and to demonstrate that we hear and are doing what we can to support staff needs • Recognition that financial wellbeing can affect any member of staff regardless of salary – SMT and EMT to recognise this to ensure compassionate and mindfulness to all staff • Identification of an Employee Reward and Benefit Programme. Many other organisations in our system offer this but the ICB does not have anything in place. They also offer an integrated Employee Assistance Programme (EAP) to support wellbeing and advice on financial management. We do have an EAP which we currently pay for, but sits in isolation under HR. Perhaps not utilised as much as it could be. Plans will include potential alignment to ICS Partner organisations to maximise offer for our system workforce. • Close working with ICS partner organisations coordinated through the ICB System Associate Director of Workforce Transformation and HRD network. This includes a T&F group for financial wellbeing with reps from NHS Providers, LA, and ICB. • EoE Regional Teams (HEE/NHSEI) also provide support, resources and regular updates on national responses.	**Internal:** SMT, EMT, ICB Board, Staff Involvement Group, Remuneration People & Culture Chair **External**: HRDs, N&W People Board

Gaps in controls or assurances
• This is a macro issue, relatively outside of our control. The country's economic climate shows no sign of easing • Currently no dedicated budget or resource to support health and wellbeing initiatives nor a dedicated Health and Wellbeing Co-ordinator with expertise in all elements of wellbeing. This would be beneficial as we currently rely on volunteer HWB champion roles. • Change in roles for Health and Wellbeing, EDI, and Freedom to Speak up Guardians represents a risk until we identify replacements

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
14/11/22	Review of financial support offers underway – requested by EoE regional workforce team and DoF Network	**G**	18/11/22
Sept 2022	Following a period of engagement and discussions within ICB, business case to implement Vivup – the Employee Benefit Scheme for ICB staff will be presented ICB SMT on 17/11. Other Trusts in ICS already use or are implementing the use of Vivup so this will enable ICB to level up and offer equitable support for our staff. Aim to have this in place for staff to access before 25/12	**G**	24/12/22

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score					**12**	**12**	**12**	**12**	**12**	**12**		
Change					**New**	**➔**	**➔**	**➔**	**➔**	**➔**		

BAF18

Risk Title	**Transition and delegation of Primary Care Services (Dentistry, Optometry and Community Pharmacy) including complaints service and potential transition of Contact Centre for these areas.**
Risk Description	Primary Care Services will become the responsibility of the Integrated Care Board from 1st April 2023, the risk is there will be a lack of additional capacity, resources and finance to effectively commission these services within existing ICB teams (Finance, Complaints, Quality, Workforce, Contracts and Delegated Commissioning) during and following the transition process, leading to a poor patient experience for our local population.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Andrew Palmer	Primary Care	Sadie Parker	31/10/22	31/10/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	4	16	3	2	6

Controls	Assurances on controls
• Dental staff to be aligned to ICB's • Single ICB host agreed for the region for community pharmacy and optometry contracting • Pre-delegation assurance framework (PDAF) and safe delegation checklist (SDC) published in draft to support transition work. • Weekly regional task and finish group in place to support the transition and share workload • Regular regional primary care directors and finance directors meetings in place • CSU Medicines Optimisation Team already have working relationships with Community Pharmacies around quality. • Proposal for complaints/Contact Centre transition to be delayed to April 2024.	**Internal:** ICB Task and Finish Group, ICB Finance and Primary Care Directors meetings, EMT, Primary Care Commissioning Committee **External:** NHS England, Norfolk and Waveney LDC

Gaps in controls or assurances

- Visibility, decision and agreement on transfer of budget from regional team to ICB.
- Alignment of staff members from region to ICB to be agreed, with focus on contracting only.
- Pharmacy and Optometry services to be aligned to ICB's hosted by HWE ICB
- Lack of resource to support management of finance.
- The level of the unmet need for Dentistry and the associated financial consequence of this once addressed (if possible) given the transfer for funds are to be based on 2022-23 current expenditure which per NHSEI forecasts are also below budget (suggesting a growing unmet need). Non-clinical financial pressures are also likely to arise in relation to resourcing costs given the loss of the economies of scale held in the current model for which the ICB are not funded adding pressure to their Running Costs control target.
- Concern around the financial consequences due to Dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).
- Lack of resource to support management of clinical quality, safety and patient experience for these services and for the governance of these functions i.e. managing complaints quality visits and specialist advice and support for providers.
- Access to NHS dentistry services has consistently been an area of quality concern that the local system has escalated to NHSE. This impacts on some of our most vulnerable patient groups.
- Significant workforce shortfalls across dentistry, optometry and community pharmacy.
- Hosting arrangements for pharmacy and optometry services are not yet confirmed, drafting of memorandum of understanding is underway.
- Final versions of PDAF and SDC not yet available.
- The ICB has not been provided with sufficient information to fully complete the PDAF and SDC prior to submission of initial draft in September.
- No confirmation yet as to whether NHSE Contact Centre work/staff to be transferred to ICBs and no data as to staff numbers/workload this would bring. Concern break-up of regional/national team will lead to inefficiencies, remove economies of working to scale and concern there will not be team resilience due to small numbers of staff transferred.

- No data on the complaints service such as numbers of staff and activity levels for complaints work leaving little time to ensure an effective transition of services.
- Unclear decision-making process for transition of complaints with infrequent regional meetings and currently no access to the project group who will be making the recommendation for transfer of complaints service to December Board for approval.

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
25/08/22	Governance submission programme and timelines have been agreed, commencing with initial draft submission of pre-delegation assurance framework to region on 9th and 16th September 2022, with safe delegation checklist sign off by February 2023.	G	28/02/23
25/08/22	Transitional Delegation Task and Finish Group established, with an inaugural meeting in August 2022.	G	28/02/23
Jan 2023	Internal governance established Board paper November 2022. Further submission to Board in February 2023 PDAF submitted to NHSE Sept 2023. Safe Delegation checklist updated and submitted to NHSE in Sept and Dec. Final submission due 8/2/23 Terms of Reference for Primary Care Commissioning Committee and proposal for a Scheme of Delegation and establishment of two Operational Delivery Groups for medical and dental services to PCCC Jan 2023 for agreement. To Board in February for approval Complaints model – decision made to delegate to ICBs from April 2023, staff to transfer July 2023. Complaints data has been shared. NHSE ContactUs will be delegated from July 2023, with risk of unknown activity and workload. Memorandum of Understanding with HWE for hosting Pharmacy & Optometry services final draft available for ICB EMT agreement Jan 2023 Understanding of financial risk has improved through information sharing and assurance has improved Regional oversight & decision making provided by ICB PC Directors (fortnightly meetings) Multiple task and finish groups (NHSE and ICBs in region) in place re Finance, Quality, IG & Digital; also weekly General mtg for ICB leads, to discuss concerns and issues, share learning and information NHSE has arranged multiple masterclasses to share learning with ICB teams and will continue.	G	28/02/23

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score								16	16	16		
Change								New	→	→		

BAF20

Risk Title	Industrial Action (IA)
Risk Description	The Royal College of Nursing (RCN) have announced the outcome of their strike ballot on 09/11/2022 for their members. The NMC recognises that 'nurses, midwives and nursing associates have the right to take part in lawful industrial action, including strike action, Trade Unions representing NHS staff have advised the Secretary of State for health and Social Care that they are in dispute over the 2022/23 pay award. The RCN ballot outcome for Norfolk and Waveney (N&W) is in favour of strike action affecting the following organisations. • NHS N &W Integrated Care Board (ICB) • Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT) • Norfolk and Suffolk NHS Foundation Trust (NSFT) • Norfolk Community Health and Care (NCH&C) The strike action in England must take place within six months of the close of industrial strike action strike ballot. Action could be either continuous strike action, which is when two or more strike days occur consecutively, with no working days in between or discontinuous strike action which is when strike days are not consecutive.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Ema Ojiako	Quality and Safety	Karen Watts & Emma Wakelin	14/11/2022	31/03/2023

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	3	12	2	3	6

Controls	Assurances on controls
• Ballot and any strike action that follows must comply with specific legal requirements. There are structured thresholds that need to be met before industrial action can be taken, at least 50% of all members eligible to vote needs to be met before industrial action can be taken. • Only members of a union who have balloted members and received support for strike action in accordance with legal requirements can strike, those who are employed on Agenda for Change terms by an NHS employer. • Only members of a union who are on duty for an employer on strike can strike, employees who are on long-term sick or maternity leave cannot strike. • Employee protection, any employee who takes part in lawful industrial action is protected against unfair dismissal. • NHSE have started negotiations at a national and local level, with established lines of communication with Trade Unions (TU) to manage the impact of any action. • N&W Task and Finish Group for coordination has been set up with strategic oversight of Directors of Nursing (DoNs) and HRD. • Multi-agency exercise planned for ICB and system partners to test emergency preparedness, week beginning 14/11/22. • Communication plan through the national team to ICB Comms Lead in progress. • ICB have reviewed clinical staff for potential redeployment.	**Internal:** N&W Task and Finish Group, ICB Executive Management Team (EMT), System EMT, Quality & Safety Committee, ICB Board. Emergency Planning and Preparedness meetings. **External**: NHSE regional and national oversight. Directors of Nursing (DoNs) and HRD networks

Gaps in controls or assurances
• Full impact on work force and business continuity difficult to ascertain as unknown how many staff will take up the option to strike. • Loss of ICB staff to support providers to manage BAU. • Duration of strike period and implementation dates.

Updates on actions and progress			
Date Opened	**Action / Update**	**BRAG**	**Target Completion**
14/11/22	NHS England has provided the ICB with advice and guidance on preparations to plan for minimal disruption to patient care, emergency services can operate as normal.	**G**	31/03/23
14/11/22	Negotiations have commenced at a national and local level to gain a clearer picture on how services will operate on days of strike action to ensure patient safety is not compromised	**G**	31/03/23
14/11/22	ICB will support Trusts to be prepared by, • Consolidating completion of Trust's self-assessment templates for return in the event of IA. • Set up a N&W Task and Finish Group for coordination with a rhythm of meetings. • Strategic oversight by Directors of Nursing (DoNs) and HRD	**G**	30/11/22
14/11/22	ICB will share information on confirmed industrial action, including information on derogations across the system. • ICB will work with system comms teams and our HRD and DoN networks to ensure information and system planning is consistent across the system including with TUs to manage impact of any action.	**G**	31/03/23
14/11/22	Testing system preparedness will be coordinated with wider winter planning. Exercise Artic Willow planned for week commencing 14/11/22.	**A**	21/11/22
14/11/22	Communications will be through ICB Comms Lead content provided by National team including messaging for the public commenced. Guidance and support for decision making around operational delivery and engagement with staff taking industrial action will be shared by the Comms Team.	**G**	30/11/22
14/11/22	ICB have reviewed clinical staff for potential deployment. • Face to face clinical skills training commenced for ICB staff	**G**	31.12.22

Visual Risk Score Tracker – 2022/23												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score								**12**	**12**	**12**		
Change								**New**	➔	➔		

Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**Norfolk Local Health Resilience Partnership (LHRP) NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2022/23**
Presented by:	**Steven Course, Director of Finance, Accountable Emergency Officer (AEO) NHS Norfolk and Waveney ICB**
Prepared by:	**Grant Rundle, EPRR Lead NHS Norfolk and Waveney ICB**
Submitted to:	**NHS Norfolk and Waveney ICB**
Date:	**24 January 2023**

Purpose of paper:

For noting.

Executive Summary

EPRR annual assurance process 2022/23

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients.

NHS England has an annual statutory requirement to formally assure its own and the NHS in England's readiness to respond to emergencies. To do this, NHS England asks commissioners and providers of NHS-funded care to complete an EPRR annual assurance process The Core Standards are the minimum standards which NHS organisations and providers of NHS funded care must meet to ensure they are able to respond to incidents and emergencies.

This report provides a summary of the core standards annual assurance process for Norfolk Local Health Resilience Partnership (LHRP).

EPRR and Urgent and Emergency Care

The EPRR and Urgent and Emergency Care (UEC) System Resilience functions of NHS Norfolk and Waveney ICB work collaboratively in delivering response and management processes routinely, as well as when these 2 areas of specialism overlap. This report provides a summary of the distinction between EPRR and UEC System Resilience.

EPRR Risks

The ICB has a statutory duty as defined in the Civil Contingencies Act 2004 to cooperate with other multi-agency responders of a Local Resilience Forum (LRF) and part of this process is maintaining a Community Risk Register (CRR). This report provides information on those risks.

Report

Recommendation to the Board:

The Board is asked to note the contents of this paper.

Key Risks	
Clinical and Quality:	Risk to the safety of patients and public if statutory civil protection duties are not fulfilled. Failure to fulfil duties could have an impact on the quality of clinical services.
Finance and Performance:	Risk of failure to comply with ICB statutory duties, with the Civil Contingencies Act 2004 and with NHS England's EPRR requirements.
Impact Assessment (environmental and equalities):	None
Reputation:	Risk to organisational reputation resulting from failure to respond in an emergency and to recover business as usual functions.
Legal:	As a ICB we must comply with relevant legislation and guidance. (see reference documents)
Information Governance:	Failure to ensure all actions are taken with regards to IG during an incident could result in legal challenge.
Resource Required:	EPRR Lead and EPRR Support Officer
Reference document(s):	The Civil Contingencies Act 2004, Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, NHS Act 2006 and Health and Care Act 2022 underpin EPRR within health. All acts place EPRR duties the NHS in England. Additionally, the NHS Standard Contract Service Conditions (SC30) requires providers of NHS-funded services to comply with the NHS EPRR Framework and other NHS England guidance.
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Governing Body Assurance Framework	N/A

GOVERNANCE

Process/Committee approval with date(s) *(as appropriate)*	N/A

1. NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2022/23

1.1 Purpose

This report provides a statement of assurance for the Norfolk LHRP of the requirements of the NHS Core Standards for EPRR Annual Assurance process for 2022/23.

1.2 Process

Norfolk LHRP organisations were asked to undertake a self-assessment against individual core standards relevant to their organisation type and rate their compliance for each. This was then used to inform the organisation's overall EPRR annual assurance rating.

Organisations were required to submit their completed self-assessment to NHS Norfolk and Waveney ICB EPRR Lead and to take part in a confirm and challenge session to gain confidence with the assurance ratings. Additionally, NHS England regional EPRR conducted a similar confirm and challenge session with NHS Norfolk and Waveney ICB's self-assessment.

A collated Norfolk LHRP assurance return was submitted to the NHS England regional EPRR team on 4 November 2022.

Note - As a regional service, the East of England Ambulance Service Trust submit their annual assurance return through the Suffolk LHRP, as do E-zec Medical. IC24 submit their return through Essex LHRP.

1.3 NHS Core Standards for EPRR

The NHS Core Standards for EPRR are the minimum requirements commissioners and providers of NHS-funded services must meet. These core standards are the basis of the EPRR annual assurance process. Commissioners and providers of NHS-funded services must assure themselves against the core standards.

The applicability of each core standard is dependent on the organisation's function and statutory requirements. Each organisation type has a different number of core standards to assure itself against. The NHS core standards for EPRR cover 10 core domains:

1. governance
2. duty to risk assess
3. duty to maintain plans
4. command and control
5. training and exercising
6. response
7. warning and informing
8. co-operation
9. business continuity
10. chemical biological radiological nuclear (CBRN) and hazardous material (HAZMAT

1.4 EPRR Core Standards 2022/23

The compliance level for each standard is defined as:

Compliance Level	Compliance definition
Fully Compliant	Fully compliant with core standard.
Partially Compliant	Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months
Non-compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months

An overall assurance rating is assigned based on the percentage of NHS Core Standards for EPRR which the organisation is assessed as being 'Fully Compliant' with. The thresholds for each assurance rating are:

Overall EPRR assurance rating	Criteria
Fully Compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial Compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial Compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards.
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards.

The outcomes of the Norfolk LHRP overall assurance ratings for the EPRR Core Standards 2022-23 are:

Organisation	Overall EPRR assurance rating
NHS Norfolk & Waveney ICB	Substantial Compliant
JPUH NHS Foundation Trust	Substantial Compliant
NNUH NHS Foundation Trust	Fully Compliant
QEHKL NHS Foundation Trust	Substantial Compliant
Norfolk Community Health and Care NHS Trust	Substantial Compliant
Norfolk and Suffolk NHS Foundation Trust	Substantial Compliant
East Coast Community Healthcare CIC	Substantial Compliant
ERS Medical	Partially Compliant
East of England Ambulance Service Trust	Substantial Compliant
E-zec Medical	Substantial Compliant
NHS 111 (IC24)	Substantial Compliant

Actions have been identified by each organisation for the core standards they were not Fully Compliant with, so that within the next 12 months Full Compliance will be reported.

1.5 Deep Dive

The 2022/23 EPRR annual deep dive focused on local evacuation and shelter arrangements.

The outcome of this process is used to identify areas of good practice and further development for future guidance. It should also guide individual organisations in the further development of their shelter and evacuation arrangements.

Although this deep dive process does not contribute to the overall assurance ratings, each organisation was assessed as either Fully Compliant or Partially Compliant with each of the deep dive standards.

1.6 Areas of EPRR good practice

Health providers have continued to provide resilient and responsive functions during sustained pressures on organisations individually and as a health system. This should be commended.

All health providers recognise where there are core standards for which they are not fully compliant with. Actions have been identified with the aim of achieving a fully compliant status. The Norfolk LHRP working group will continue to provide a collective and safe environment whereby organisations are supported in undertaking these actions.

1.7 Common challenges/issues

The availability of Strategic training for all providers has been detrimental in maintaining an appropriate trained cohort of staff. It is accepted that the new Principles in Health Command Training being rolled out nationally needed to go through development and review processes, however, courses have not been available for provider organisations since the end of 2021. Regional NHSE have now scheduled training dates for 2023 and providers have been able to allocate staff to this training.

The core standards domain of training and exercising, although fully compliant for most providers in most cases, has been impacted by the sustained pressures within the health system. While operating at high OPEL levels, as well as during periods of Critical Incident status, providers have had to prioritise operational needs and capacity to maintain patient safety. This has led to training and exercising being reprioritised. The intent for 2023 is to support providers in delivering training and exercising where possible.

1.8 Norfolk LHRP considerations for EPRR improvement/development

The training requirements of all health providers would benefit from a joint understanding of needs to allow for a system approach in delivering focussed EPRR training locally. The development of a Norfolk LHRP Training Needs Analysis would allow for a collaborative approach to this work.

Having agreed Norfolk LHRP templates for documents such as policy statements, EPRR/Business Continuity Plans, EPRR committee ToR etc., would allow for a commonality across all provider organisations and be beneficial in providing shared understanding of EPRR core standards.

1.9 Next steps

Norfolk LHRP organisations will build upon the close working relationships of the EPRR leads in supporting organisations in attaining a Fully Compliant status. Additionally, development activities will be included in the LHRP workplan. A review of the organisational core standard actions will be conducted within the regular LHRP working group meetings. A summary report will be provided to the quarterly Norfolk LHRP Executive meetings. This process will enable the LHRP to continue to share good practice and maintain a consistent approach across the system.

2. EPRR and UEC System Resilience

2.1 EPRR

The NHS needs to plan for and respond to a range of incidents and emergencies which could affect health or patient care. These could range from extreme weather conditions, an infectious disease outbreak, a major transport accident, or maybe a cyber security incident or a terrorist act. This need is underpinned by legislation contained in the Civil Contingencies Act 2004, NHS Act 2006 and the Health and Care Act 2022. This work is referred to in the health service as Emergency Preparedness, Resilience and Response (EPRR) and there is strategic EPRR frameworks and guidance to support this.

The objectives of EPRR include:

- To prepare for the common consequences of incidents and emergencies
- To have flexible arrangements which can be adapted to work in a wide range of specific scenarios
- To supplement this with planning for the most concerning risks as identified as part of the wider UK resilience

The identification and management of risks are linked to the multi-agency work of the Local Resilience Forum and the associated Community Risk Register (CRR), National Risk Register (NRR) and the National Security Risk Assessment (NSRA). As such, the ICB will contribute to and conduct the following civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance coordination
- Co-operate with other local responders to enhance coordination and efficiency

2.1 UEC System Resilience

UEC System Resilience is the operational function that prioritises the safest and highest quality of care possible by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services ensuring a consistent and collective approach to managing system demand and capacity as well as mitigation of risks. It delivers:

- Visibility of operational pressures and risks across providers and system partners
- Concerted action across the ICS on key systemic and emergent issues impacting patient flow, ambulance handover delays and other performance, clinical and operational challenges

- Dynamic responses to emerging challenges and mutual aid
- Efficient flows of information
- Improved situational awareness for senior operational and clinical leaders, providing an aligned picture of the performance of the system and providers and driving action to improve performance as needed.
- Holistic and real-time management of capacity, performance across the acute providers, community, and mental health providers, leading to a collaborative effort,
- Coordinated action and mutual aid by placing shared trends, and emergent issues across the system.

The UEC System Resilience function operates the ICB's System Control Centre and it is from here that the deliverables above are managed and coordinated. The SCC has recently incorporated the single point of contact (SPOC) function of the ICB. This SPOC is the generic route into the ICB for all external organisations nationally, regionally and locally.

2.2 Collaborative working

The EPRR and UEC System Resilience functions of NHS Norfolk and Waveney ICB work collaboratively in delivering response and management processes. EPRR information and the potential of 'rising tide' incidents is communicated to build situational awareness within UEC System Resilience and the wider ICB.

The Operational Pressures Escalation Levels (OPEL) Framework was developed to provide a universal approach, all year round, to the communication of and actions implemented from operational pressures experienced by Acute, Community and Mental Health providers. The OPEL framework and EPRR frameworks share common actions, but they are not interchangeable. When mitigating actions are no longer affective in the OPEL framework the next step would be to escalate to a Critical or Major Incident, at which stage EPRR principals would apply and the EPRR responsibilities of an organisation can be instigated.

3. EPRR Risks

As part of an LRF process NHS Norfolk and Waveney ICB must co-operate with other responders in maintaining a Community Risk Register (CRR). The CRR provides an agreed position on the risks affecting a local area and on the planning and resourcing priorities required to prepare for those risks. This work is informed by the National Risk Register (NRR) and the National Security Risk Assessment (NSRA).

A CRR is maintained for public awareness and is available on the Norfolk Resilience Forum website https://www.norfolkprepared.gov.uk/risks/

The CRR includes such risks of:

- Pandemics
- Coastal Flooding
- Fluvial Flooding
- Heatwave
- Low temperatures and heavy snow
- Fire or explosions at gas terminals
- Cyber attacks
- Fuel disruptions

- Outbreaks of notifiable diseases in animals
- Fires in waste sites
- Fuel pipeline explosion
- Maritime pollution
  (others are contained in the CRR)

NHS Norfolk and Waveney ICB, along with health system partners, contribute to the risk assessment process involving a cycle of identifying potential hazards within the local context, assessing the risks and considering how those risks should be managed.

Norfolk and Waveney
Integrated Care Board

Agenda item: 13

Subject:	**Quality and Safety Committee Report**
Presented by:	Aliona Derrett, Quality and Safety Committee Chair Tricia D'Orsi, Executive Director of Nursing, NHS Norfolk and Waveney
Prepared by:	Evelyn Kelly, Quality Governance & Delivery Manager
Submitted to:	Integrated Care Board Meeting
Date:	24 January 2023

Purpose of paper:

To provide the Board with an update on the work of the Quality and Safety Committee for the period of 22 November 2022 to 24 January 2023.

Committee:	Quality and Safety
Committee Chair:	Aliona Derrett
Meetings since the previous update on 27 September 2022	**01 December 2022,15:00 – 17:00** Chaired by Hein van den Wildenberg (Interim) *Aliona Derrett was in attendance, shadowing.*
Overall objectives of the committee:	• To seek assurance that the Norfolk and Waveney system has a unified approach to quality governance and internal controls that support it to effectively deliver its strategic objectives and provide sustainable, high-quality care and to have oversight of local implementation of the NHS National Patient Safety Strategy. • To be assured that these structures operate effectively, that timely action is taken to address areas of concern, and to respond to lessons learned from all relevant sources including national standards, regulatory changes, and best practice. • To oversee and monitor delivery of the ICB key statutory requirements, including scrutiny of the robustness and effectiveness of its arrangements for

	safeguarding adults and children, infection prevention and control, medicines optimisation and safety, and equality and diversity. To ensure that patient outcomes from care are collected and measured, to inform outcomes-based commissioning for quality. • To review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to quality, and the delivery of safe, timely, effective and equitable care. To consider the effectiveness of proposed mitigations and to escalate concerns to risk owners and operational leads/forums as agreed by Committee Members. • To approve ICB arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality. To seek assurance that commissioning functions act with a view to supporting quality improvement; developing local services that promote wellbeing and prevent adverse health outcomes, equitably, across all patients and communities in Norfolk and Waveney.
Main purpose of meeting:	**01 December 2022** Regular meeting of the Committee covering all standing items plus the following focus areas: • Risk focus on Ambulance Response Times, Adult Eating Disorder Provision and Ophthalmology • Patient Safety Strategy • NSFT Update and Community Mental Health Teams • Children and Young People's Services Update Members also approved the ICB policy for the NHS Continuing Healthcare Local Resolution Process.
BAF and any significant risks relevant / aligned to this Committee:	**Quality and Safety Committee BAF risks:** BAF01: Living with COVID-19 BAF02: System Urgent & Emergency Care BAF03: Providers in CQC 'Inadequate' Special Measures BAF04: Cancer Diagnosis and Treatment BAF05a: Mental Health Transformation Programme (Adult) BAF05b: Mental Health Transformation Programme (CYP) BAF06: Health Inequalities BAF08: Elective Recovery BAF09: NHS Continuing Healthcare BAF10: EEAST Response Time and Patient Harms

	BAF19: Discharge from Inpatient Settings BAF20: Industrial Action (**NEW**) Other risks aligned to the Committee have been reviewed against the new ICB Risk Management Matrix. Risks currently exceeding 15 are all aligned to the overarching BAF as noted above, except for those additional risks noted below, which report into Committee: • Eye Care (Ophthalmology) Waiting List • COVID-19 Impact on Clinical Pathway Changes • Deprivation of Liberty Safeguard Standards • LD & Autism Residential and Transition Provision • Paediatrics (Neurodevelopmental Pathway, Podiatry, Speech and Language Therapy and Workforce Challenges) • Digital infrastructure for Maternity Services (Electronic Patient Record / Shared Care Record)
Key items for assurance/noting:	**Committee Terms of Reference** Feedback was provided on the drafted updates and a final version will be brought to the next Committee meeting, ahead of Board for ratification. **Ambulance Response Times** Committee members were briefed on serious incidents related to delayed ambulance conveyances and handovers. While all patients were assessed and managed appropriately, sadly, deterioration occurred during long waits for ambulance arrival. Committee heard that the system is demonstrating improvements, and the critical incident rates are reducing. It was agreed that there is an opportunity to undertake some work around areas of deprivation and health inequalities, which the Ambulance Trust has already started to investigate. This will be included within the next Committee briefing. **Adult Eating Disorder Provision** Current patient demand and acuity has stabilised, and services have demonstrated that they are able to meet access and waiting times standards, which is a significant improvement. Robust arrangements are in place to enable medical monitoring to take place within primary care. A new Intensive Community Support Service (ICST) supporting admission avoidance and step down of care, has had a positive impact. This work is underpinned and

	supported by the system's all-age Eating Disorder Strategy and Oversight Board. **Ophthalmology** The 'eye care' waiting list within the Norfolk and Waveney system has steadily increased over the last three years, sitting at 59,339 patients as of 16/11/2022, with the majority awaiting an outpatient appointment. Between January 2020 and March 2022, 15 serious incidents were reported as resulting in a permanent significant loss of vision, associated with delayed treatment, with glaucoma as the main condition effected. The ICB is working closely alongside the Acute hospitals to support Trust waiting list recovery plans and analyse the harm reviews taking place at a patient level. A system Eye Care Improvement Plan has been mobilised at pace, with two workstreams, which will support immediate clinical prioritisation of waiting lists and prevention of harm, as well as transformation work, to improve access and reduce waiting times. **NHS Patient Safety Strategy** Committee members received an update on progress that the ICB and wider system are making, aligned to the key elements of the new NHS Patient Safety Strategy. • Patient Safety Incident Framework (PSIRF) • Learning from Patient Safety Events (LFPSE) • Patient Safety Partners • Patient Safety Education and Training The system is currently moving into the diagnostic and discovery phase, reviewing data supporting transition to the new incident reporting framework (PSIRF) by August 2023. The ICB facilitated a system workshop in October 2022 to discuss implementation opportunities and challenges and a Patient Safety Nurse Fellow has been appointed to support the roll out of PSIRF into Primary Care. The planning and preparatory work within Norfolk and Waveney has been recognised nationally. **NSFT Update and Community Mental Health Teams** The Trust Director of Nursing provided an update to Committee on their CQC inspection and waiting list safety improvement approach. The recent inspection commenced in September 2022, across a range of core service lines, with a 'well led' inspection that included deep dives into Patient Safety, Complaints, Health & Safety and Estates. The final report is due to be published at the end of February 2023.

	Committee heard that the average waiting times for mental health assessment and treatment have steadily risen in recent years, across NHS providers and systems of care, with the COVID-19 pandemic impacting this further. The Trust is currently working closely with system partners to undertake interventions as part of its approach to improving operational performance and reducing the risk of clinical harm to its patient population, alongside a review of its model of care. Committee members highlighted the importance of ensuring that this model is inclusive of wider system partners. **Children and Young People's Services Update** An update was provided around services to support children and young people with Special Educational Needs and Disabilities (SEND) and wider children's commissioning. The Norfolk SEND Area Revisit is due, with a current system focus on reviewing and providing evidence. The system is progressing with implementation of the new Education, Health and Care needs assessment and supporting processes, with an audit on the quality of health advice undertaken on a rolling programme; the most recent audit has shown continued improvement. New commissioning risks to service pathways continue to be escalated to the ICB, as a direct result of workforce challenges within the system and a lack of clarity around how service gaps and pressures are managed locally. The ICB is working on a system approach, through formal finance, contracting and risk management forums. **Norfolk and Waveney Quality Strategy** Committee were updated on the engagement plan for the system Quality Strategy, which has been moved back for final review and approval at the March 2023 Board Meeting.
Items for escalation to Board:	No additional items requiring Board approval during this reporting period. Risks are captured above.
Items requiring approval:	No items requiring Board approval during this reporting period.
Confirmation that the meeting was quorate:	***Quoracy (as per Governance Handbook):*** *there will be a minimum of one Non-Executive Board Member, plus at least the Director of Nursing or Medical Director.* On 01 December 2022, the meeting was quorate, as defined above.

Key Risks	
Clinical and Quality:	This report highlights clinical quality and patient safety risks and mitigating actions.
Finance and Performance:	Finance and performance are intrinsically linked to quality, in relation to safe, effective, and sustainable commissioned services.
Impact Assessment (environmental and equalities):	N/A
Reputation:	See above.
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	The report supports the clinical quality and patient safety elements of the NHS Constitution.
Conflicts of Interest:	Committee member's interests are documented and managed according to ICB policy.

Norfolk and Waveney
Integrated Care Board

Agenda item: 15

Subject:	**Finance Committee Report**
Presented by:	**Hein van den Wildenberg, Non-executive Member, Finance Committee Chair**
Prepared by:	**Russell Pearson Associate Director of System Finance**
Submitted to:	**Integrated Care Board – Board Meeting**
Date:	**24 January 2023**

Purpose of paper:

To provide the Board with an update on the work of the Finance Committee up to the 20 December 2022

Committee:	Finance Committee
Committee Chair:	Hein van den Wildenberg
Meetings since the previous update	20 December 2022 13:30 – 16:00
Overall objectives of the committee:	The objective of the committee is to contribute to the overall delivery of the ICS objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan and strategy, consistent with the ICS Strategic Plan and its operational deliverables.
Main purpose of meeting:	To gain assurance on the financial position of the ICS and ICB.
BAF and any significant risks relevant / aligned to this Committee:	BAF 11 – Achieve the 2022/23 financial plan BAF 11A – Underlying deficit position
Key items for assurance/noting:	The following items were discussed at the Finance Committee on 20th December 2022 Main messages: • Per Month 8 (November) NHS organisations in the ICS report an aggregate £ 10m deficit, £ 7.4m adverse against plan • Whilst each NHS organisation in the ICS is reporting a full year break-even position, there are significant risks

	for this to be delivered (see below). This is important as the achievement of financial balance, while maintaining the quality of healthcare provision, is a legal requirement for all systems. • Further mitigations to minimise any deficit are actively considered, but care is taken not to impact significant winter pressures. • Most NHS organisations in the ICS rely on non-recurrent measures (e.g. use of balance sheet) to achieve a full year break-even position. This reduces financial resilience next year, and is one of the drivers for the underlying deficit • Given the financial outlook of one provider, and to a lesser extent a second provider, the finance committee supported adoption of a NHS England protocol for these two providers. This protocol introduces an extra layer of scrutiny by the ICB for discretionary investments by these providers above a certain threshold.This is a new modus operandi and the committee will monitor how it is operating. • During January a further assessment will be made as to the full year outlook. This outlook may realistically show a deficit. In that case the above-mentioned protocol will be extended to all NHS organisations, with scrutiny provided by the East of England region. As such the finance committee is not assured that the system will achieve an overall break-even position. The committee considers that a financial deficit is a realistic prospect. The committee noted good and transparent system working between the organisations. **Part 1 – ICS** (specifically the NHS organisations in the N&W ICS) **Month 08 (November) System Finance Report** The position year-to-date at November (M8) is a £10m deficit, £7.4m adverse against the plan. All organisations are reporting a full year break-even forecast, though there are clear risks. Based on presentations by the CFOs of all 6 NHS organisations, an indicative deficit outlook for the year of some £ 18m was highlighted. This already takes into account significant non-recurrent measures organisations have used to mitigate overspends. Various mitigations to reduce this deficit are being considered within the system, without severely impacting service provision. Additionally, further mitigations are being discussed with the East of England region.

	Year to date Capital Expenditure & Capital Delegated Expenditure Limits (CDEL) is £16.6m below plan. The forecast capital expenditure is to deliver the system CDEL target. Regarding Risks & Mitigation, there are £36.8m of unplanned financial pressures included in the M8 YTD position and £29.5m of mitigations that enable the reported £7.3m adverse variance to plan. The system forecast is breakeven but within that there are £58.8m of unplanned financial pressures included, offset by the same amount of mitigations. The Norfolk & Waveney ICS is estimating an additional potential net risk of £33m which is outside of the reported position at this stage. It was recognised by the committee that the FOT position was subject to change as N&W CFOs consider the “change of forecast protocol” and the management of a potential system deficit. The committee supported the protocol to be introduced for two providers. Practically this means that the ICB will provide additional scrutiny for discretionary investments by these providers above a certain threshold. In addition, the committee remain aware of the reliance on non-recurring mitigations, both in the original plan, and to deal with the additional financial pressures. The impact on the system’s underlying position and the financial challenge for next year are areas for the committee to continue close monitoring. If during January the assessment is that the full year outlook points to a deficit, then the protocol will extend to all NHS organisations. **Medium Term Financial Plan (MTFP) update** The committee received the overview of the current work on the N&W Medium Term Financial Plan (MTFP) projections and the assumptions currently applied, as formal planning guidance has not yet been received. From the M7 breakeven FOT, the system deteriorates to an underlying deficit of £137.2m when non-recurrent costs, efficiencies and income are removed from the position.

	Based on draft assumptions, the 2023/24 draft plan then shows an £89.3m deficit for the system, an improvement of £47.9m on the underlying deficit. When the MTFP assumptions are applied to the next four years the system position could improve to a potential breakeven by 2026/27. The committee noted the position, with all parties understanding that this was a theoretical assessment based on a current set of assumptions. Generally, the view was that whilst the assumptions used were reasonable & logical the ability to deliver the level of improvement presented seems highly optimistic. A further update will come to the January finance committee, incorporating formal planning guidance. *The next finance committee will take place on January 31. In view of the financial outlook, there is active dialogue both within the system and the region. The chair of the committee is being kept abreast of key developments.* **Part 2 – ICB** **Month 8 (November) ICB Finance Report** The consolidated CCG and ICB reported a Year-to-Date break-even position, in line with the plan submission. The forecast out-turn (FOT) position is also a break-even position, also in line with the plan. The identified potential risks to the FOT amount to £5.7m. These are items which have not yet crystalised but have been identified as having the possibility of producing a financial issue. Thirteen key financial risks remain open, all consistent to those reported in M07. Of these, eight risks are assessed as "extreme" with a score of between 15 and 25. The committee discussed the position regarding accruals and it was confirmed that prudent accruals had been made in the position to date.
Items for escalation to Board:	The key element for escalation to the Board is the high risk of the N&W system failing the 2022/23 requirement to deliver a breakeven FOT.
Items requiring approval:	

Confirmation that the meeting was quorate:	Confirmed the meeting was quorate.

Key Risks	
Clinical and Quality:	Not applicable
Finance and Performance:	It is important that there is scrutiny of financial management of the ICB and this function is performed by the Finance Committee.
Impact Assessment (environmental and equalities):	Not applicable
Reputation:	Ensuring effective committees and order of business essential for maintaining the reputation of the ICB
Legal:	Finance Committee is a statutory committee of the ICB.
Information Governance:	Not applicable.
Resource Required:	None.
Reference document(s):	Not applicable.
NHS Constitution:	Not applicable.
Conflicts of Interest:	Not applicable.

Norfolk and Waveney
Integrated Care Board

Agenda item: 15

Subject:	**Primary Care Commissioning Committee Report**
Presented by:	**James Bullion, Local Authority Member**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**NHS Norfolk and Waveney Integrated Care Board – Board Meeting**
Date:	**24 January 2023**

Purpose of paper:

To provide the Board with an update on the work of the Primary Care Commissioning Committee for the period December 2022 to January 2023.

Committee:	Primary Care Commissioning Committee
Committee Chair:	James Bullion, Local Authority Member
Meetings since the previous update on 22 November 2022	13 December 10 January
Overall objectives of the committee:	The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
Main purpose of meeting:	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.
BAF and any significant risks relevant / aligned to this Committee:	BAF16 – the resilience of general practice Current mitigated score – 4x4=16 There is a risk to the resilience of general practice due to several factors including the ongoing Covid-19

	pandemic, workforce pressures and increasing workload. There is also evidence of increasing poor behaviour from patients towards practice staff. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health services take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services.

Key items for assurance/noting:	<u>December</u>
	• Risk register
	• Learning Disability Health Checks
	• Severe Mental Illness Health Checks
	• Care Quality Commission Reports on:
	  ○ High Street Surgery, Lowestoft
	  ○ Manor Farm Medical Centre, Swaffham
	  ○ Summary of all current CQC ratings across Norfolk and Waveney practices
	• Prescribing report
	• Finance report
	
	<u>January</u>
	• Risk register
	• Learning Disability Health Checks
	• Severe Mental Illness Health Checks
	• Workforce and Training Update
	• Primary Care Networks Directed Enhanced Service Update
	• CQC report on Wensum Valley Practice in Norwich
	• Prescribing report
	• Finance report

Items for escalation to Board:	The resilience of general practice, summarised in BAF16 continues to be of concern in the system, despite the significant activity being undertaken (660,000 appointments in November, 43% same or next day and 74.2% face to face compared to 69.1% nationally). This is nearly 100,000 more appointments than delivered in November 2019 (pre-pandemic).
Items requiring approval:	<u>December</u> ○ None <u>January</u>

	• Terms of Reference Review
Confirmation that the meeting was quorate:	Yes

Key Risks	
Clinical and Quality:	Care Quality Commission inspection reports are brought to committee meetings
Finance and Performance:	Finance reports are noted monthly
Impact Assessment (environmental and equalities):	N/A
Reputation:	The committee meeting is held monthly in public and includes membership from the Local Medical Committee, Healthwatch Norfolk and Suffolk and the Health and Wellbeing Boards in Norfolk and Suffolk
Legal:	Terms of reference, primary medical services contracts, premises directions and policy guidance manual
Information Governance:	Any confidential or sensitive information is heard in private
Resource Required:	Primary care commissioning team
Reference document(s):	Primary medical services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest

Norfolk and Waveney
Integrated Care Board

Agenda item:

Subject:	**Audit and Risk Committee Report**
Presented by:	**David Holt**
Prepared by:	**Amanda Brown, Head of Corporate Governance**
Submitted to:	**Integrated Care Board – Board Meeting**
Date:	**24 January 2023**

Purpose of paper:

To provide the Board with an update on the work of the Audit and Risk Committee for the period 11 October 2022 to 6 December 2022.

Committee:	Audit and Risk Committee
Committee Chair:	David Holt, Non-executive Member
Meetings since the previous update on 11 October 2022	• 6 December 2022
Overall objectives of the committee:	This Committee contributes to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.
Main purpose of meeting:	The main purpose of the meeting: • **Deep dive discussion and review – Processing and management of the risks in Continuing Healthcare** The Chief Nurse and Head of NHS Continuing Healthcare presented to the meeting explaining the context in which they were working, and the challenges faced by the service. One of the key challenges in the system is that there isn't a sufficient marketplace providing options in which patients can be cared for. The lack of beds requires collective

	commissioning and thinking about provision in a different way. A workshop is planned for February with the Local Authority to look at what can be done to strengthen the provider base locally. Another key challenge facing the team is the high level of vacancies that has existed for some time. This has been strengthened recently with a recruitment drive. • **Internal Audit Assurance Report** Internal audit confirmed that the NHSE Mandated Financial Management review has been completed. There were no findings which would require a qualified Head of Audit Opinion. There are two other audits in progress, Primary Care and Conflicts of Interest. All other outstanding audits are scheduled to take place in Q3 and Q4. • **Anti-Crime Service Progress Report** Work was taking place to focus on ensuring that amber ratings within the counter fraud functional standards would be rated green for the next return. Other work includes a review of fraud controls in place in the ICB. • **External Audit Interim Plan** External audit presented a high-level summary of the potential risks for the year end audit of the CCG and ICB. Draft CCG and ICB audit plans will be presented to the next committee meeting for discussion. • **Losses and Special Payments – no new items for write off** There were no additional losses and special payments to raise at the meeting. • **Tender waiver briefing** The Committee was updated that there was a focused effort to reduce tender waivers. It was noted that at the present time the level of tender waivers is considered appropriate. • **Terms of Reference** The terms of reference were presented for review. A few minor amendments were suggested to update the document which will be included in a report to the Board in January for approval. • **Arrangements for review of the Annual Report and Accounts**

	The Committee discussed where the document would be reviewed prior to and after submission of the draft in April 2023. The Committee confirmed the need for ICB Board oversight and endorsement of key messages. The Committee asked for key messages to be brought to the February meeting. • **Items for information** The Committee also received updates on the following matters: o Information Governance Work Group o Conflicts of Interest Committee o Procurement update o Register of TIAA Client Briefings o Policy Status Report o Audit Committee Annual Plan o Report on any urgent Board decisions and non-compliance with the Standing Orders
BAF and any significant risks relevant / aligned to this Committee:	The Committee has responsibility for oversight of the ICB risk management process and the whole Board Assurance Framework.
Key items for assurance/noting:	Deep dive review CHC
Items for escalation to Board:	None
Items requiring approval:	No items for approval.
Confirmation that the meeting was quorate:	Yes

Key Risks	
Clinical and Quality:	Internal audit reports provide assurance on internal control processes
Finance and Performance:	The Committee monitors the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
Impact Assessment (environmental and equalities):	None
Reputation:	The Committee supports the ICB reputation by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

Legal:	It is a statutory requirement for the ICB to have an audit and risk committee.
Information Governance:	This Committee provides assurance to the Board that there is an effective framework in place for the management of risks associated with IG.
Resource Required:	None
Reference document(s):	None
NHS Constitution:	N/A
Conflicts of Interest:	The Committee is responsible for satisfying itself that the ICB's policy, systems and processes for the management of conflicts (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.