

NHS Norfolk and Waveney Annual Report

1 July – 31 March 2022-23

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PERFORMANCE REPORT

Performance overview

The purpose of this overview is to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives, and how it has performed during the year.

There is further detail in the Performance Analysis, Accountability Report, and Accounts sections.

Chief Executive Officer and Chair's statement

From 1 July 2022, NHS Norfolk and Waveney Integrated Care Board, more commonly known as NHS Norfolk and Waveney became a statutory organisation, taking on statutory roles and duties from its predecessor organisation, NHS Norfolk and Waveney Clinical Commissioning Group (CCG).

Prior to the launch of NHS Norfolk and Waveney, the Norfolk and Waveney Integrated Care System (ICS) had already achieved a lot by working in partnership; this was strengthened through our response to the COVID-19 pandemic. These changes have been made possible by different organisations – NHS hospitals, GPs, mental health and community health services, local councils, care homes and social workers, voluntary and community organisations and others – joining forces to agree and plan for local people's needs.

As a result of the new Health and Care Act, the Norfolk and Waveney ICS has legal status and includes a statutory Integrated Care Partnership (ICP), and a new Integrated Care Board (ICB) called NHS Norfolk and Waveney.

This is a new and exciting way of working, creating a genuine partnership that is already making a positive difference to local people, helping to join up health and social care. This is the culmination of many years of effort to build partnership working across the NHS, local authorities, the third sector and patient groups.

This was an important step for the Norfolk and Waveney Integrated Care System (ICS), strengthening our approach to working more collaboratively with partners in the voluntary and community sector to deliver more joined-up care and fostering greater engagement with residents in how services are commissioned and delivered across Norfolk and Waveney.

Incredible amounts of planning and preparation were undertaken internally across the CCG to prepare for this transition, whilst we continued to work alongside our network of local partners to develop the systems and infrastructure that would enable us as an ICS to improve on existing inequalities in outcomes, experience and access to health and care services. We would like to thank all the teams across the ICS who worked so diligently to ensure a smooth transition.

Since the 1 July 2022, work has been taking place at both pace and scale to address many of the historic issues and challenges the Norfolk and Waveney Integrated Care System has faced for many years. A significant amount of work has taken place over the last nine months.

We have been working as a system since before the pandemic to reduce pressure on our hospitals and urgent and emergency care services. Analysis against our pre-pandemic performance shows we have made progress in pre-hospital care and managing demand for services. When comparing data for January to the end of March 2023 against the same time period in 2019-20, pre-pandemic, we have seen an 18% reduction in ambulance dispatches, a 4% reduction in ambulance conveyances and, an 8% reduction in emergency admissions.

As a health and care system, our biggest challenge has been discharging people from hospital, not demand for urgent and emergency care. People are staying in our hospitals for longer and so our hospitals are fuller. It therefore takes longer to admit patients from our Emergency Departments, in turn preventing ambulances from handing over patients and resulting in people waiting longer to be seen.

We know, as an ICS, we need to improve the flow of patients through our hospitals and back into the community. It is important to remember that this isn't just a social care problem, although there are real challenges with the capacity of social care and recruitment and retention of staff, particularly in domiciliary care. Our hospitals are doing more to improve discharge, including for patients who don't need a formal package of care.

The impact of COVID-19 will be seen and felt for many years. But nonetheless, colleagues across NHS Norfolk and Waveney and across the wider system have worked extremely hard to reduce waiting lists, improve the quality and experience of many services, as well as working hard to identify ways and opportunities to address our system wide financial deficit.

We no longer have people [waiting more than 104 weeks](#) for their planned care or treatment. And we have virtually eliminated all those waiting more than 78 weeks for planned care or treatment. Colleagues have continued to put our patients, people and communities first and done everything in their power to ensure waiting lists continue to be reduced.

The first system wide Quality strategy has just been launched. This brings together all our organisations across Norfolk and Waveney on our quest to ensure not only patients receive a better experience, but also, the quality of service is not compromised. In fact, we are working hard to ensure that quality is the golden thread of everything we do – helping people to lead longer, healthier and happier, lives.

As a system, we have committed to transforming mental health services across Norfolk and Waveney. This includes setting up collaboratives for adult and children's mental health, taking a partnership approach across primary, community and secondary care, schools, employers and a range of VCSE providers. As part of this work, we continue to support our mental health provider, Norfolk and Suffolk NHS Foundation Trust (NSFT) to make the necessary quality improvements to improve safety and quality of care for those accessing mental services. By working together, NSFT has demonstrated considerable progress and is now rated 'required improvement'. There is a lot of work still to be done on this journey of improvement and it is important to recognise that mental health is everyone's business, but we are committed to ensuring those who need help receive the support they need, and that our provider has the support of system colleagues in making further required improvements.

In the future, and in line with and responding to the national steer to reduce our running cost budget, it is inevitable we will be a smaller organisation. But with a new operating model and a clear focus on transformation, change and working more seamlessly with partner organisations across the system, this important next step will help NHS Norfolk and Waveney be a catalyst for change, providing strategic support in more practical ways. As an ICS, it is vital that we have efficient and effective organisations which use every pound wisely. It is therefore an important opportunity that NHS Norfolk and Waveney can directly support and influence the delivery of the eight system priorities and working within our budget allocated.

Finally, we would like to express our gratitude to all the ICS partners working across health and social care in Norfolk and Waveney. From our vibrant and thriving voluntary sector, district and local authorities and community teams, through to ambulance teams, pharmacy colleagues, carers, and all colleagues working across social care – we know how diligently everyone has been working to deliver their important services and we thank you all for your ongoing efforts to support the health and wellbeing of our staff, people and communities.

With best wishes and thank you to our staff, people and communities across Norfolk and Waveney for all they continue to do and their support.

Tracey Bleakley
Chief Executive Officer
NHS Norfolk and Waveney

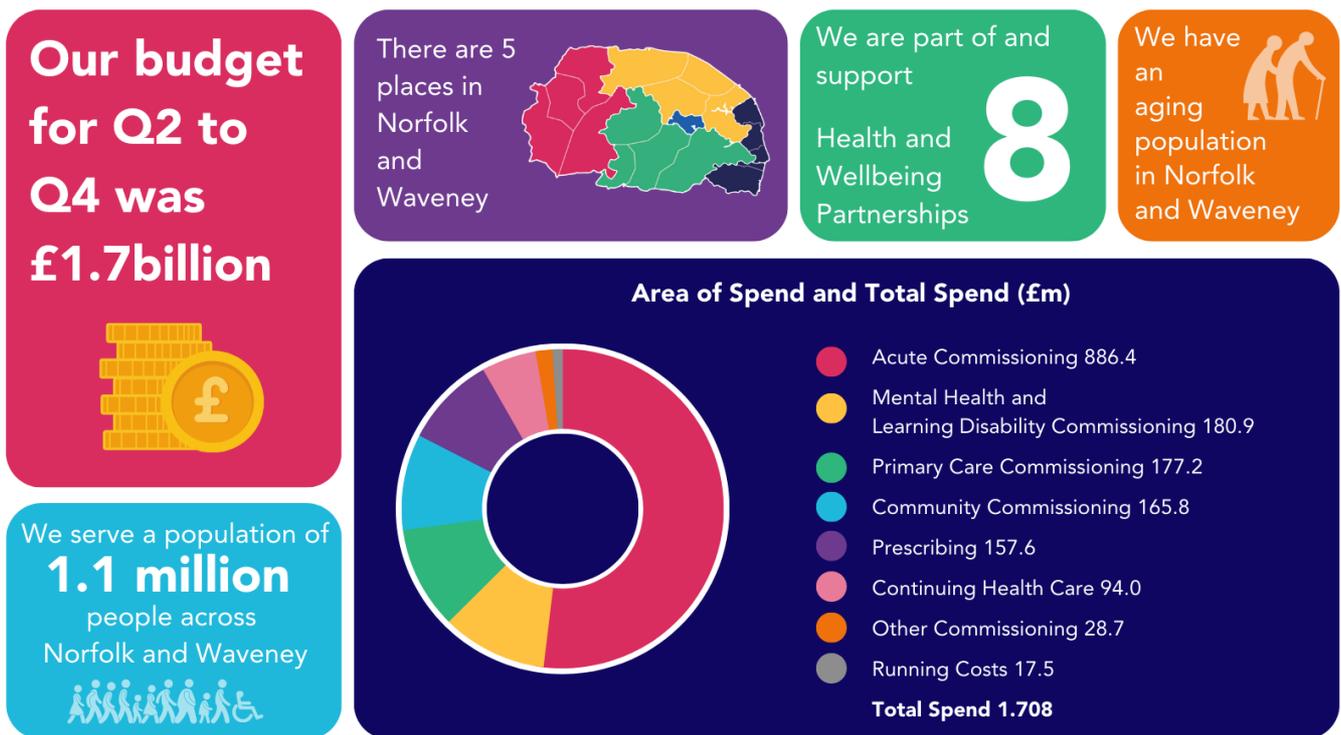
Rt Hon Patricia Hewitt
Chair of NHS Norfolk and Waveney

Purpose and activities of the organisation

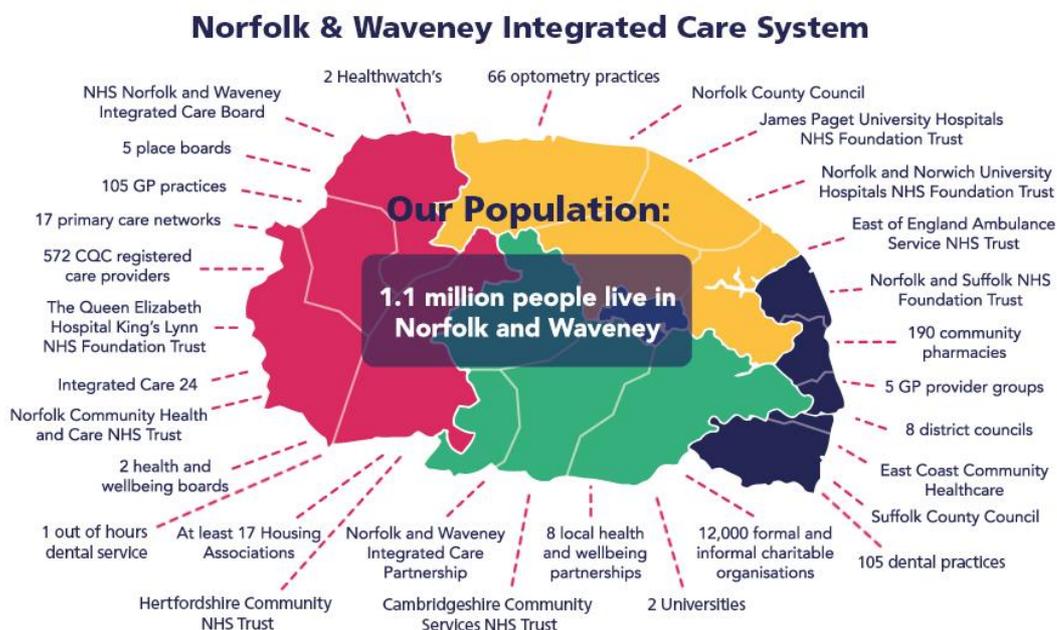
[NHS Norfolk and Waveney](#) is responsible for planning and buying safe, high quality health services. NHS Norfolk and Waveney agreed and administers contracts with hospitals, community services, the mental health trust, GP practices, the ambulance trust, and other organisations who provide care and treatment services, and monitored the performance of the delivery of these services.

As a result of the Health and Care Act 2022, NHS Norfolk and Waveney is responsible for the budget for the whole of the NHS landscape across Norfolk and Waveney.

Key facts and figures at a glance (2022-23)



The map below shows a summary of Norfolk and Waveney ICS, including a summary of partner organisations who make up our health and care system.



Structure of NHS Norfolk and Waveney

NHS Norfolk and Waveney plans and buys healthcare services for our local people and communities. We are accountable for the performance and finances of the NHS across Norfolk and Waveney – a total budget of £2 billion a year. We work with local people, health and care professionals, and partner organisations to improve the health and wellbeing of our population.

The organisation is part of the Norfolk and Waveney Integrated Care System. A system dedicated to working with partners in local government, the voluntary sector and others and helping the NHS to support broader social and economic development and to tackle inequalities in health outcomes. There are four pillars of our ICS which broadly bring organisations together:

- NHS
- Local Authority
- Voluntary, Community and Social Enterprise (VCSE)
- Our staff, people and communities

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners including social care providers, voluntary and community groups, social enterprises, charities and local communities. Integrated care involves partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area.

NHS Norfolk and Waveney also supports 105 Member Practices, grouped into 17 Primary Care Networks (PCNs) (see map above), and more information on PCNs is available at [Primary Care Networks - Norfolk and Waveney](#).

Operationally, NHS Norfolk and Waveney is led by the Chief Executive Officer and a team of Executive Directors who, along with other senior colleagues, meet regularly as an Executive Management Team.

A [diagram of the Executive Management Team](#) is below. The organisation is also supported by a number of other colleagues, officers and Non-Executive Members (NEMs) who support decision making across our organisation. These roles can be found on in the Accountability Report.



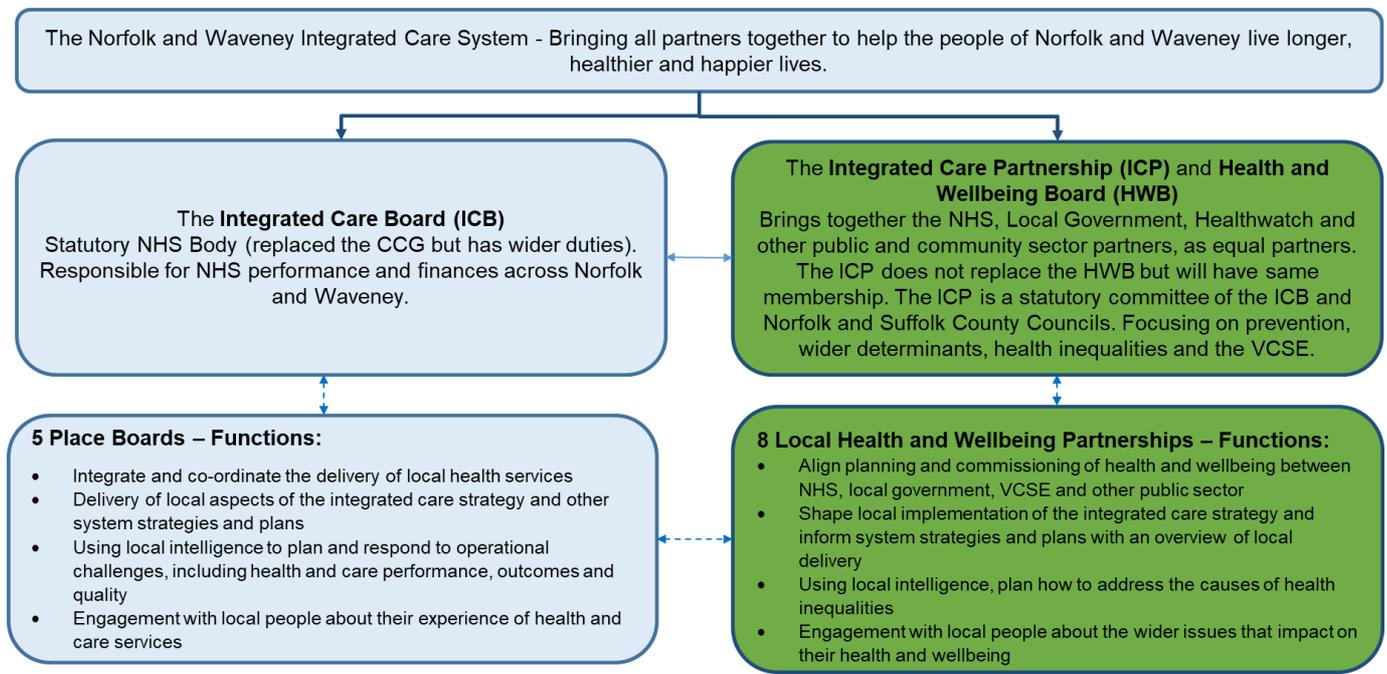
As of 1 July 2022, ICSs are made up of two core elements: Integrated Care Boards and Integrated Care Partnerships. Locally these two elements perform the following core functions:

- The [Integrated Care Board \(ICB\)](#) is responsible for the strategic development, funding, and health commissioning activities for the partnership.
- The [Integrated Care Partnership \(ICP\)](#) is responsible for integrating the care system with the wider public and charitable sector and has statutory responsibility for developing the strategy to address health inequalities. An overview of the ICP and links to the early Integrated Care Strategy can be found later in this report.

NHS Norfolk and Waveney, along with its wider system partners have a clear vision and set of common goals for improving the health, wellbeing and care of people living locally, and has developed the right relationships between the different parts of the health and care system to enable the ambitions of the ICS to be realised.

More information can be found at [Norfolk and Waveney Integrated Care System \(ICS\)](#).

The diagram below provides a high-level overview of the Norfolk and Waveney ICS and describes how each component links and works together.



The goals of the Norfolk and Waveney ICS

The ICS has three overarching goals:

- 1. To make sure that people can live as healthy a life as possible** - Preventing avoidable illness and tackling the root causes of poor health to reduce health inequalities across our area.
- 2. To make sure that you only have to tell your story once** - Services must work better together so that key information doesn't have to be repeated to every health and care professional.
- 3. To make Norfolk and Waveney the best place to work in health and care** – Supporting staff development and wellbeing will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

The ICS vision is to help ensure that our staff, people and communities across Norfolk and Waveney can lead longer, healthier and happier lives.

To help drive this vision, in November 2022, the Norfolk and Waveney Integrated Care Partnership agreed its [first Integrated Care Strategy](#).

The strategy is an important high-level framework for the system and has four themes:

- Driving integration
- Prioritising prevention
- Addressing inequalities
- Enabling resilient communities

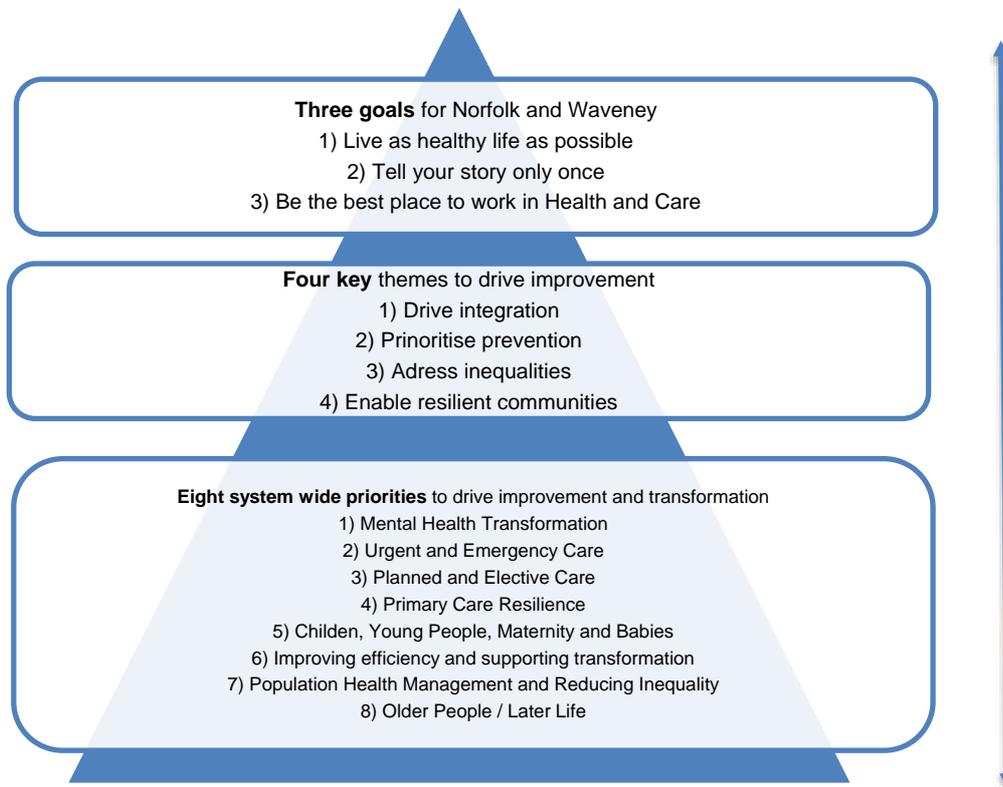
It sets out the challenges and opportunities which can best be overseen by the [Integrated Care System](#) and looks beyond traditional organisational boundaries at complex, long-term issues which need collaborative approaches to succeed.

The strategy is designed to influence the strategies in our Health and Care system, including the Integrated Care Board five-year Joint Forward Plan as well as [Place Boards](#) and [Health and Wellbeing Partnerships](#).

Also embedded within our decision making and a fundamentally important part of our ICS is working with our VCSE sector. Norfolk and Waveney has an established VCSE Assembly, which is Chaired by Emma Ratzer. Emma sits on the Board of NHS Norfolk and Waveney and works with us and the wider VCSE sector to ensure we work together at every opportunity.

Linked to the goals and ambitions of the Norfolk and Waveney Integrated Care System are eight priorities, which can be found in the Performance Analysis section of this report.

In summary, our system goals, themes and ambitions are interlinked as follows:



Key Risks and Issues

NHS Norfolk and Waveney was proactive in identifying and managing risks and issues that might adversely affect its plans or business.

Key risks to performance were formally logged on the NHS Norfolk and Waveney Board Assurance Framework (BAF) document, which was reviewed by the NHS Norfolk and Waveney management

teams and committees and was reported to The Board of NHS Norfolk and Waveney at each meeting. The latest BAF can be found on page 320 of the [March 2023 NHS Norfolk and Waveney Board papers](#).

For each risk identified there are mitigating actions identified and provided to the Board of NHS Norfolk and Waveney with assurance that they are being managed.

During 2022-23, a number of key issues and risks recorded on the Board Assurance Framework (BAF). Some of these were:

- System Urgent and Emergency Care pressures risk impacting on patient assessment and care, and timely discharge from hospital
- The risk that East of England Ambulance Trust (EEAST) response times could potentially lead to significant risk of patient harm
- Potential structural (RAAC roof and wall plank) failure at Queen Elizabeth Hospital (King's Lynn) and James Paget Hospital (Great Yarmouth)
- Financial pressures risk impacting on ability to deliver current levels of service in 2022-23
- The risk that mental health services provided by NSFT do not meet the required standards, leading to risk of poor patient experience, delays in treatment or services, and clinical harm
- Risks linked to timely cancer diagnosis and treatment.

Performance summary

The following section provides a summary of the Performance Analysis. Further details about performance and a more detailed look at the work of NHS Norfolk and Waveney can be found from page 8.

National Oversight Framework (NOF) Level 4

Norfolk and Waveney ICS is receiving targeted support from NHS England, as part of the National Oversight Framework programme to support improvement. This support is provided across four levels, with level one providing low level support, with level four providing detailed support to enable long term improvement. For Norfolk and Waveney, this support has focused on improving the system's underlying financial position, improving urgent care performance including long waits for Mental Health patients, and supporting two of the provider trusts (Queen Elizabeth Hospital in King's Lynn (QEH) and Norfolk and Suffolk Foundation Trust (NSFT) to make necessary quality improvements.

Significant amounts of work have been undertaken from all system partners to work towards the required improvements. NHS Norfolk and Waveney recognised that significant work remained in supporting NSFT to make quality improvements following its 'inadequate' rating by the Care Quality Commission (CQC) in April 2022 and was working alongside other system partners to support the Trust to make the improvements outlined in the CQC's report.

In February 2023, an updated CQC assessment and report was published confirming that sufficient progress had been made to adjust the rating to 'Requires Improvement.' A comprehensive mental health transformation plan continues to be worked on and delivered, across the system to ensure mental health services continue to improve. NHS Norfolk and Waveney has played a pivotal role in this programme and progress.

During this time, the underlying financial challenges to the system has remained. Following the creation of NHS Norfolk and Waveney in July 2022, this has and continues to be a key focus for our organisation and all partner organisations within the ICS, specifically reducing the system's underlying deficit financial position.

Over the last 12 months, considerable progress has been made across acute, community, mental health, primary care and, support and collaboration between our Integrated Care Partnership members and the VCSE sector.

The following performance analysis provides a snapshot of some of the key issues, challenges and achievements that have been made, along with a short summary of programmes of work that will continue into 2023-24.

PERFORMANCE ANALYSIS

The annual assessment for all Integrated Care Boards in England has been paused until the Summer of 2023.

As part of the assessment process, this annual report goes into detail about the issues and challenges NHS Norfolk and Waveney, along with the wider ICS face, but also, a great deal of progress that has been made over the last 12 months.

Performance of NHS services

Information about the overall performance of services is contained in the table and information below.

The table below shows an overall RAG (Red / Amber / Green) performance against constitutional targets, based on an average summary of monthly performance during 2022-23.

Green indicates that all targets were achieved, Amber that some targets were achieved, and Red that no targets were achieved.

A detailed summary of performance of these indicators is provided under each priority area of this report.

Constitutional Area	2022-23 Performance RAG
Cancer Waiting Times	1 / 9
Diagnostics Waiting Times	0 / 1
Referral to Treatment Waiting Times	0 / 2
A&E Waits	0 / 2
Ambulance Response Times	0 / 6
Ambulance Handovers	0 / 3
Mixed Sex Accommodation	0 / 1
Cancelled Operations	0 / 2
Mental Health	4 / 6
Patient Safety	0 / 2
Community	0 / 1

NHS Norfolk and Waveney, along with ICS partners is now working to deliver eight core priorities.

Services within NHS Norfolk and Waveney are grouped under these priorities. The performance analysis for NHS Norfolk and Waveney aims to showcase how services led by and supported by the organisation link to or aligned with the eight priorities.

Priority one – Mental Health Transformation

Detailed summary of performance indicators – referred to on page eight.

Mental Health								
Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EBS3	Inpatients followed up within 72 hours of discharge	N&W ICB	%	80%	88.9%	89.4%	→	91.0%
EH4	MH - EIP 2 week treatment	N&W ICB	%	60%	67.3%	67.9%	→	66.2%
EH1	MH - IAPT 6 week waits (entered treatment in month)	N&W ICB	%	75%	99.3%	97.0%	↑	95.1%
EH2	MH - IAPT 18week waits (entered treatment in month)	N&W ICB	%	95%	100.0%	99.9%	↑	100.0%
	MH - CYP ED Routine 4 weeks	N&W ICB	%	95%	88.9%	71.8%	↑	31.3%
	MH - CYP ED Urgent 1 week	N&W ICB	%	95%	77.8%	77.0%	↑	60.0%

Summary of performance

- The majority of indicators for mental health were met during 2022-2023, with most areas seeing an improvement in performance.
- It is recognised that early intervention for individuals presenting with an eating disorder is critical to delivering positive outcomes and a full recovery. As a result, NHS England published an Access and Waiting Time Standard to ensure 95% of all children and young people were in treatment within 1 week for urgent presentations and 4 weeks for routine.
- The COVID-19 pandemic had a significant impact on children and young people, and in particular those presenting with an eating disorder. Presentations and acuity increased dramatically, both locally and nationally.
- Performance against the waiting time standards was negatively impacted. As a system, we focussed on developing an all age eating disorder strategy to ensure we had the right services and capacity to meet the demand.
- Over the last four years, NHS Norfolk and Waveney has invested an additional £2.4m into children and young people’s eating disorder services and the teams are now delivering an exceptional service and this is reflected in the improving performance

Adult Mental Health

Mental health transformation is one of our eight priorities as an organisation and system. Since the launch of the NHS Norfolk and Waveney, despite not meeting a number of targets, considerable progress has been made in several areas:

- Adults with a range of mental health needs; mild to moderate, significant and Serious Mental Illness (SMI) can now get support from a mental health professional in their local GP practice. New roles include NHS Mental Health Practitioners and Enhanced Recovery Workers from our VCSE partners. We’ve also recruited Mental Health Pharmacists to support primary care with medication reviews for people with severe mental illness.
- We have launched a complex psychosis rehabilitation team pilot in Norwich, North and South Norfolk. A multi-disciplinary, multi-agency team to plan care and deliver intervention to those most at risk of re-admission.
- A Complex Emotional Needs/Personality Disorder pathway has been established, bringing new roles into existing Community Mental Health Teams and providing training to system partners.
- There has been expanded access to Improving Access to Psychological Therapies (IAPT) Wellbeing service, enabling more to people to access this service. Nationally, this service has been renamed as NHS Talking Therapies.
- We have carried out public awareness campaigns with Public Health Teams at both Norfolk and Suffolk County Councils to encourage people to look after their health and wellbeing before they need to access mental health services.
- The creation of a Discharge to Assess pathway for older adults being discharged from the Julian Hospital which has provided improved outcomes for patients, created savings and increased bed capacity and flow from the wards.

- Commenced a review of the Mental Health Liaison Teams located in each of the three acute hospitals to fully align the service offer and meet national specification (Core24) standards.
- We have invested in 25 Clinical Associate Psychologists to offer short-term interventions and therapy to people with more complex mental health needs.
- Creation of mental health services based at Cromer Hospital, where there was previously none.

Mental health services have also transformed in several other areas. We have:

- Opened five wellbeing and crisis hubs, run by Norfolk and Waveney Mind and Access Community Trust, providing accessible prevention intervention and crisis support on the high street. NHS Norfolk and Waveney also secured capital funding to improve accessibility to these facilities.
- Launched a national early implementor site for tobacco cessation for people living with Serious Mental Illness (SMI) and increased the uptake of their annual physical health checks to our highest ever level as a system.
- Secured funding to increase residential beds for Section 117 eligible people to support discharge.
- Opened a 24 hour, 7 days per week crisis support telephone line (111 Mental Health Option).
- Enabled two Mental Health Joint Response Cars to work across Norfolk and Waveney which has supported people in mental health crisis 637 times - 84% of which were treated by mental health professionals in the community reducing demand on acute hospital emergency departments.
- Secured funding to improve support for people sleeping rough, or at risk of sleeping rough, experiencing coexisting mental health and substance misuse issues.
- Developed and expanded a dementia diagnosis service for people in care homes – improving access and increasing equalities - and shared this learning with other national sites.
- Established a mental health rehabilitation team to support people with complex emotional needs to live in the community (piloting in Norwich, North, and South Norfolk).
- Brought an additional five Clinical Associate Psychologists into the system and secured places for 10 more through 2023.
- Arranged enhanced training which includes eleven mental health courses with over 2800 places for staff and volunteers across Norfolk and Waveney.
- Established a reporting schedule for the mental health system workforce dashboard to support workforce development alongside the delivery of the workforce strategy.

As part of the Norfolk and Waveney mental health transformation programme, we have created multiple opportunities for people to be involved in the system wide journey to improve mental health services of the future during the year. A Lived Experience Reference Group has been supported by Rethink Mental Illness to be independent change agents, to inform strategic transformation of mental health, throughout the year.

A mental health transformation engagement and coproduction programme group has also been formed which has been integral to the planning and development of services throughout the year. Community insights have also been recorded, shared, and considered alongside current collective lived experience priorities as part of this work.

Reference Group members have been involved as equal partners across the Community Transformation and Prevention workstreams, at Operational and Steering Groups, and they have also been represented at the ICS Mental Health Partnership Board throughout the period.

NHS Norfolk and Waveney has also been involved very closely in providing targeted support to Norfolk and Suffolk NHS Foundation Trust, who have recently improved their Care Quality Commission rating from inadequate to requires improvement. This work will continue, along with the dedicated commitment to transforming and improving mental health services of the future, particularly in the community.

Despite lots of positive work and significant steps taken, there are considerable challenges that remain. But by working with partner organisations across the ICS, we will continue to work towards addressing these challenges.

Recruitment and retention of mental health workforce is a challenge, both locally and nationally. The availability of suitable accommodation for some of our more complex patients presents a significant challenge.

Children and Young Peoples Mental Health

Over the last 12 months, Children and Young People's (CYP) Mental Health (MH) has been progressed in various areas.

Prevention/Wellbeing and Community Transformation

- Procurement and award of a new Mental Health Support Teams (MHST) provider increasing the offer of support for mild-moderate mental health needs in schools. An addition two MHSTs have been rolled out across Great Yarmouth and Broadland to complement the 6 teams already in place across our locality.
- Training Mental Health Practitioners across the early intervention system to offer wider workforce upskilling on body image and maintaining a healthy lifestyle (known as Body Project Training).
- We have established community youth work pilots across Great Yarmouth and Kings Lynn to offer school drop-in sessions and liaison to linked primary care practices in the community.
- Development of strategic CYP MH Primary Care Board and identified two Primary Care Network (PCN) localities which will work as a 'test and learn' for best practice associated with CYP MH.
- We launched the Training, Applied Learning and Knowledge (TALK) Centre via an online platform for sharing and co-ordinating access to system training, research and best practice for any professional working with CYP locally.
- Norfolk and Waveney has been selected by University College London to pilot a social prescribing intervention for those waiting for support from specialist MH community teams called 'Wellbeing while Waiting'.
- We have been successful in receiving evaluation funding to trial a 'parent-led CBT' intervention through upskilling primary school pastoral staff to deliver direct support to families; known as 'Working on Worries'.
- Working with local authority colleagues we've secured investment to develop and implement Family Hubs across Norfolk by April 2025 with a particular focus on the Start for Life Offer including perinatal mental health and parent infant relationships.
- We have improved the young person (aged 16-25) offer across our Wellbeing Service including targeted engagement sessions and the launch of a digital app called 'MindDistrict'.
- We've secured additional funding to roll out 'The Better Sleep Programme' training to practitioners to offer evidence-based support for CYP experiencing sleep difficulties.
- Worked with Norfolk Community Foundation and Suffolk Community Foundation to develop and award Wellbeing funds (£200,000) to locality based VCSE organisations who support CYP MH.
- Developed a local 'therapeutic collaborative' with partner organisations, including a locally driven steering group to enable capitalisation of existing therapeutic capacity across the sector.
- We have extended VCSE provision to support waiting lists across the mental health system (including UK Counselling Network, YMCA Norfolk, The Matthew Project, Eating Matters).
- Recruitment and training of additional roles to increase system capacity including Children's Wellbeing Practitioners and Recruit to Train therapists (including for the first-time specialist MH roles embedded within Children's Services teams).
- Successful procurement of Cambridge Community Services to develop the Integrated Front Door for all CYP MH enquiries and referrals.
- Thrive Implementation planning has begun with support from the national Thrive team to deliver CYP emotional wellbeing and mental health support through a Thrive framework.
- An investment of £250,000 to develop and deliver an enhanced offer of support to the 18-25 cohort within the five Wellbeing Hubs (known locally as REST and STEAM Café) focussing particularly on issues that matter to this group.
- Successfully established a dedicated 'Youth Governance Group' to coordinate the existing co-production and engagement offer for 0-25s across CYP mental health.

Urgent Emergency Care and Eating Disorders

- This programme has resulted in a collective commitment with system partners to develop an alternative to admissions team (CATAT) which supports CYP at home rather than admitting to an inpatient mental health unit.
- We have commissioned a mix of 9 FTE Mental Health Practitioners and Assistant Practitioners to “Physical” Acute Paediatric Wards, to support CYP in crisis and facilitate discharge.
- Increased the number of clinical leadership roles within Crisis Assessment and Intensive Support Team (CAIST), which is supporting our existing workforce with more complex cases.
- Secured £600,000 capital funding to repurpose the Castle Green site in East Norfolk as a Respite and Intensive Support Service for CYP with Complex Health and Social Care needs. Also received provision agreement for an additional £460K to replicate service offer in West Norfolk.

NHS Norfolk and Waveney has received praise from NHS England regional colleagues for the system’s introduction of the Body Project workshop into local CYP mental health services which will contribute to a reduction in youngsters developing eating disorders and poor body image issues.

Our Mental Health Support Teams have developed more resources and support for parents and carers, delivering parent/carer webinars throughout school holidays, as well as providing information sessions, coffee mornings, peer support groups and psycho-education workshops.

The procurement of the provider to develop the Integrated Front Door for all CYP mental health enquiries and referrals takes us one step closer to removing the complexity associated with CYP accessing support for their mental health at the earliest opportunity.

The CYP Crisis team (CAIST) has done very well to manage a difficult situation moving from business continuity into recovery and praise is due to colleagues that have supported the service. In addition to balancing core pressures, they have played a significant role in the development of an Integrated Practice Model with Social Care and Castle Green Intensive Day Service, the new service is due to launch in 24-25.

The voice of children, young people and their families is central to all our transformation work evidenced by the continued investment in a systemwide 0-25 Participation and Social Recovery Model known locally as ‘Youth in Mind’. We have also held Steering Groups to gather experiences of MHSTs and young people have been involved in the development and refinement of the Integrated Front Door (IFD) through regular focus groups, and more widely accessed surveys. Additionally, the All Age Eating Disorder Strategy was co-designed with key stakeholders including experts by experience.

Despite lots of improvement and development, local, regional and national challenges remain:

- Workforce recruitment, retention and adequate supervision and support challenges remain from early prevention initiatives such as Mental Health Support Teams (MHSTs), through to risk support and crisis teams. Unfortunately, this represents a risk to wider system pressures from a capacity and wider workforce wellbeing perspective.
- Significant waits to access therapeutic support remain across our specialist and some VCSE providers. Referrals are increasing, so whilst we are growing our workforce, demand currently outstrips capacity. We have funded a number of initiatives to provide support to around 1300 CYP on waiting lists, but there is still much work to be done to improve efficiencies including recruiting and retaining staff and making better use of capacity within the VCSE sector.
- CYP mental health already represents a large scale and significant transformation plan, however we still have ambitions to meet identified gaps and to achieve equitable representation of provision for CYP when compared to adults.
- The CYP Crisis team has had significant vacancies over the last 12 months, due to increased acuity and level of demand on the service. The system has seen CYP crisis presentations quadruple over the last three years, which has had a significant impact on the workforce, resulting in burnout of staff supporting these individuals and their families. As a result, we have

invested an additional £500K to increase senior clinical leadership to ensure staff feel supported to manage the complexity, and risk, of CYP presenting in crisis, both in A&E and in the community.

The following table includes spend on the Mental Health Investment Standard (MHIS) for 2021-22 and 2022-23:

Financial Years	2021-22	2022-23
Mental Health Spend	£172.0m*	£184.5m**
NHS Norfolk and Waveney Programme Allocation	£2,089.5m	£2,209.9m
Mental Health Spend as a proportion of NHS Norfolk and Waveney Programme Allocation	8.2%	8.3%

* Figure from audited Mental Health Investment Standard Compliance Statement 2021-22

**Figure to be audited for 2022-23

Priority two – Urgent and Emergency Care

Urgent and Emergency Care

Detailed summary of performance indicators – referred to on page eight.

Emergency

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EBS5	A&E attendance seen <4 hrs	N&W ICS	%	95%	70.9%	68.3%	↑	64.0%
EBS5	A&E attendance with decision to admit <12 hrs	N&W ICS	%	98%	96.2%	96.1%	↑	97.1%
	Ambulance - Cat 1 7min mean	N&W ICB	Min	7	10.43	11.48	↑	12.53
	Ambulance - Cat 1 15min 90th centile	N&W ICB	Min	15	20.38	22.21	↑	23.50
	Ambulance - Cat 2 18min mean	N&W ICB	Min	18	66.16	79.40	↑	91.24
	Ambulance - Cat 2 40min 90th centile	N&W ICB	Min	40	152.19	184.31	↑	198.49
	Ambulance - Cat 3 120min 90th centile	N&W ICB	Min	120	385.45	495.45	↑	728.35
	Ambulance - Cat 4 180min 90th centile	N&W ICB	Min	180	604.51	694.50	↑	1257.10
EBS7a	Ambulance - Arrival to handover <15mins	N&W ICS	%	65%	14.5%	17.2%	↓	
EBS7b	Ambulance - Arrival to handover <30mins	N&W ICS	%	95%	33.5%	40.1%	↓	
EBS7c	Ambulance - Arrival to handover <60mins	N&W ICS	%	100%	49.9%	57.3%	↓	

Summary of performance

- Ambulance Response times across Norfolk and Waveney have been challenged, in part to rurality of Norfolk and Waveney but heavily by delays in ambulance handover at our acute hospitals
- Operational flow pressure remained within the ICS during 2022-23, driven by the need to balance UEC activity and elective recovery against an increasing length of stay within hospitals (including an increase in patients with no criteria to reside).
- Discharge pathway capacity reduced in line with the non-recurrent seasonal funding allocation as we exited winter 2021-22. This created a sudden reduction in capacity with no medium-term plan.
- Seasonal funding from 2022-23 helped re-establish additional discharge beds and domiciliary care provision between June and August which continued to increase until January 2023, noting full functionality was not achieved until January.
- Additional capacity requires appropriate multi-professional support to maintain patient flow.
- In addition to capacity diagnostic work through NHS England has identified other areas impacting patient flow and performance, this covers front door operating practices, effective use of data and leadership/culture.

- Through annual planning the need to implement strategic fixes for capacity, flow and admission avoidance is required and will be driven locally to deliver the National UEC Recovery Plan.

Community urgent response

Community

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
	Community health services two hour urgent response standard	N&W ICB	%	70%	74.8%	69.4%	↑	63.0%

Summary of performance

- Activity into the service has grown – almost 35,000 referrals into the 2-hour response service were made in 2022-23 which caused some capacity challenges and underperformance.
- Through 2022-23 we have worked to build capacity and capability in our urgent community response (UCR) services across health and social care.
- This has included recruiting to roles, defining new working processes to flex resources across boundaries in order to deploy the closest clinician and identifying new routes for other services to refer into UCR.
- Digital work has focussed on accurate identification and recording of 2-hour activity. Norfolk and Waveney are now held up as an exemplar site for best recording practice.
- From January 2023 Norfolk and Waveney has achieved the target of 70% performance or higher, finishing the final quarter of the year with an average of 74.2% performance. The expectation is that this will continue into the new year, 23-24.
- Norfolk and Waveney is now part of the national Urgent and Emergency Care support programme. As a system, Norfolk and Waveney has been placed in Tier 1. This support, along with progress already made will ensure that we can work towards meeting national targets.

Despite targets not being achieved, over the past 12 months urgent and emergency care in Norfolk and Waveney has made considerable progress to improve patient flow, reduce ambulance handover delays and continue with important work, communications and engagement activity to help signpost alternative services.

In particular, progress has been made in the following areas:

- Virtual Ward – step down model for remote digital home monitoring and support following a hospital stay to enable faster discharge.
- Open insight room and access to the ambulance stack (the number of ambulances waiting) – bringing together community and primary care clinicians to review lower acuity ambulance activity that is waiting for an ambulance resource to be allocated. This activity is discussed to identify if it could be seen faster and more appropriately in the community and transferred via digital mechanisms.
- Same Day Emergency Care (SDEC) – we have expanded the number of people who call 111 who can be directly referred to SDEC units on specified pathways. This avoids attending and waiting in busy Emergency Departments and offers better experience for our patients.

The Open Room and Access to Stack has a big impact on patients who are able to access services in the community, instead of having an ambulance dispatched.

For patients, this is best as they can remain safe at home, supported by the community. For the health and care system, this means that community teams are better placed to assess and hold risk, able to follow up and add patients to a caseload - unlike the ambulance service who may convey to Emergency Departments because they have no ability to follow up actions, so the ability to hold risk is reduced.

When patients are seen and treated in the right services, it frees up capacity elsewhere in the system for emergency responses, so that those requiring the fastest responses receive it.

Jim's story below is a good example of this.

Jim's Story

Jim is 77 years old and has advanced dementia. He lives at home with his wife Linda. Linda called 999 as Jim had swelling to his face and was drooling. Linda was worried as in the past these had been signs of infection. The 999 service triaged this call as a Category 3 urgent call, requiring a response within 2 hours.

Within the Ambulance Control Room Jim's call was passed to the Open Room for clinical discussion between the partner organisations – 999, Community Teams and the Clinical Assessment Service (CAS) – to determine whether a 999 response would be best, or whether a different service could respond to Jim in the allocated time. The discussion found that Jim's wife often called 999 reporting these symptoms. Jim was often taken to hospital but returned home the same day. The Community Team decided to visit Jim at home and see what could be done to keep him there.

The referral was passed to a Community Matron who visited Jim and Linda at home within 30 minutes. Linda was very concerned as Jim has been unwell overnight, and previously this was what happened when Jim was diagnosed with urosepsis. Linda was worried this was happening again.

An assessment was carried out which identified Jim used a catheter, had swallowing difficulties and Jim and Linda hadn't been able to remove Jim's dentures for many weeks. The Matron completed a clinical examination and observations, including a chest examination. The Matron was able to remove Jim's dentures and examine his mouth and found that there were no issues of concern to be worried about. Jim was alert, happy and well, eating and drinking normally with no signs of infection found. The matron discussed Jim's dementia diagnosis with his wife and explained the symptoms are likely related to this, but to rule out infection took a urine sample for testing and issued a delayed prescription for anti-biotics to be used if any other symptoms were to develop whilst awaiting the results. The result was returned the following day and Jim was called to advise him that that the result for infection was negative.

Insight is gained from each Place area (Great Yarmouth and Waveney, West Norfolk and Central Norfolk) who have each established a local urgent and emergency care steering group. This forum brings together local leaders from the system to set priorities and work plans.

How and where in the health and care system urgent activity presents is slowly changing, however it remains congested. Delays in transfers of care at the point of discharge cause bottlenecks in hospitals, which in turn, impact the ability of the ambulance service to reach the most critically unwell patients in the community. The changes we have made to date have been successful and we have seen reductions in non-elective admissions compared to 2019-20 and emergency department attendances haven't grown as much as we planned for.

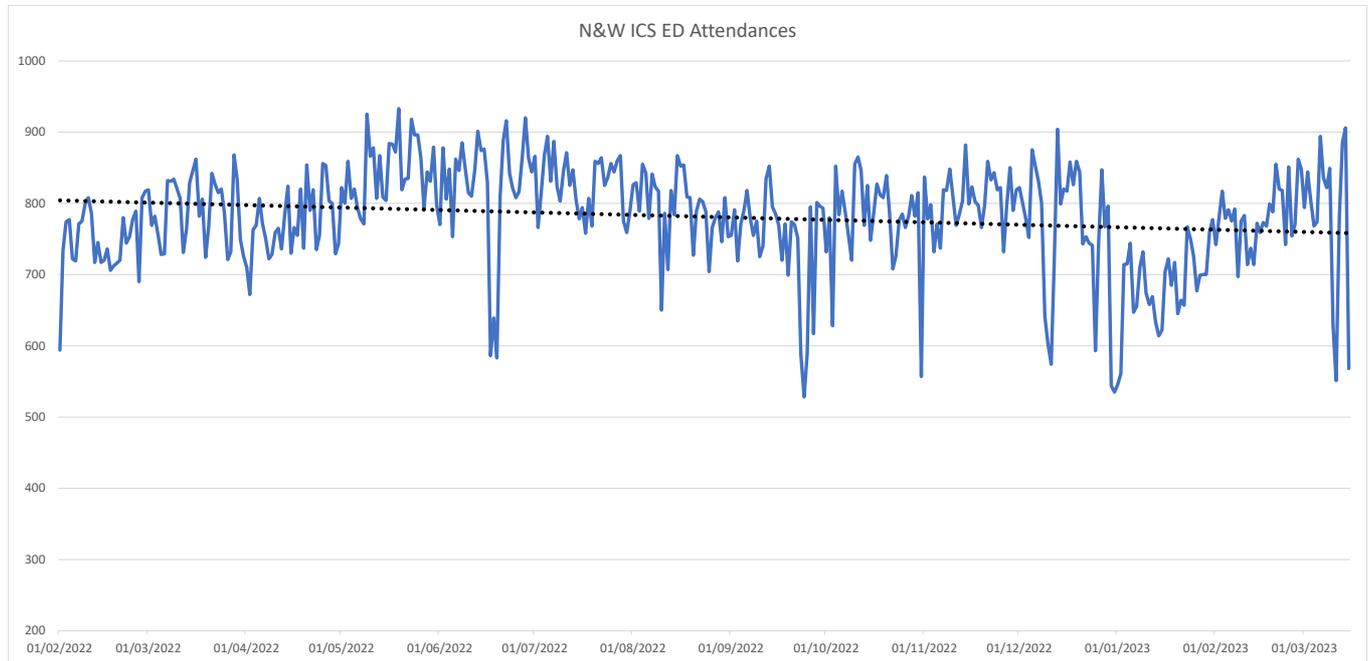
Fewer ambulances are being dispatched for patients with lower acuity urgent needs, and instead being supported via community services who can respond rapidly to patients in their own home. We are assessing more patients who contact NHS 111 and connecting them with community-based services instead of A&E or 999.

We have new Virtual Wards, but capacity at the moment remains low. In the coming months, work is being done to improve capacity to help facilitate faster discharge. We need to do more of this work, so our urgent and emergency care priorities for 2023-24 are:

- Reduce length of stay across all care settings
- Expand Virtual Ward
- Recover ambulance category 2 response times – category response times as determined by ambulance trusts which determine the response times to emergency situations.

These align with the national asks set out in the NHS England Urgent and Emergency Care Recovery Plan.

Overall, Emergency Department attendances have reduced between February 2022 and March 2023, and they are following a downward trend.



By summer 2023, we will launch step up virtual wards hubs to provide alternatives to emergency admission.

We will also develop links between urgent community response, same day emergency care and our emergency departments and the ambulance service to refer patients who will receive senior clinical oversight and remote monitoring at home instead of an admission to hospital.

Priority three – Planned and Elective Care

Planned and Elective Care

Detailed summary of performance indicators – referred to on page eight.

Waiting Times

Waiting Times

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EB4	Diagnostics completed <6 weeks	N&W ICB	%	99%	67.4%	66.2%	↑	67.5%
EB3	RTT - Incomplete Pathways	N&W ICB	%	92%	52.9%	53.8%	→	55.2%
EBS4	RTT - Incomplete pathways > 104 weeks	N&W ICB	#	0	4	104	↑	746

Cancelled Operations

Cancelled Operations

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EBS2	Number of patients not treated within 28 days of last minute elective cancellation	N&W ICB	#	0	87	90.5	↑	53
	Number of last minute elective operations cancelled for non clinical reasons	N&W ICB	#	0	436	397	↓	311

Summary of performance

- NHS Norfolk and Waveney faced challenges delivering the MRI target due to a combination of staff vacancies, machine breakdowns, delays installing new MRI scanners and loss of capacity through industrial action. At the same time, demand for MRI services increased due to the national requirement for multi-parametric MRI guided prostate biopsy.
- National shortages in specialist cardiac physiologists led to a staffing shortfall with a resultant increase in the echocardiogram backlog. Providers are working with insourcing companies to clear the backlog.
- A number of factors have contributed to not reducing the number of people on our waiting lists for planned and elective care as we would have liked. Industrial action led to significant cancellations of outpatient clinics and theatre lists.
- Performance was adversely affected by consultant staff shortages in key areas such as gynaecology and Ear, Nose and Throat.
- Important work at both QEH and JPUH also meant that some wards and theatres have had to close temporarily for remedial works due to RAAC plank issues.
- Going forward, our acute providers continue to work together to maximise existing capacity in NHS and independent sector providers.
- Significant steps were taken throughout the year to deliver the zero 104+ week breach target by the end of March 2023; NHS Norfolk and Waveney reported four patients waiting more than 104 weeks at the end of March 2023. This compares to 746 patients reported at the end of March 2022.

It has been a challenging year for elective care across the Norfolk and Waveney ICS, as well as the country. System pressures, industrial action and other factors have all impacted on our ability to work through the elective care backlog which was exacerbated by the COVID-19 pandemic.

Despite this, organisations across the ICS and most importantly, our staff, across the system, have worked hard to eliminate those waiting 104 weeks or more (subject to agreement with the patient due to their individual circumstances or request to delay treatment) and have now made significant progress to reduce those waiting 78 weeks.

As a system, we have developed a mutual aid tracker system to enable patients to be transferred to alternative providers with shorter waiting times for treatment. This means patients have a choice – they can stay on the list at their chosen provider or move to another hospital which has a shorter waiting time.

We have also utilised independent sector and primary care capacity to assist with delivering elective care access targets.

We have commissioned the use of dedicated call handling teams to contact patients on the waiting lists from a wellbeing and validation perspective, which also aligns with the dedicated 'While You Wait' campaign, helping people to stay as healthy as possible whilst they wait for surgery or a procedure.

We are working to ensure no patient has to wait more than 65 weeks from referral to treatment by end of March 2024. There will be a small number of 78-week wait breaches at the end of March 2024 due to patient complexity and patient choice.

As a system, elective care is a priority, and we will continue to work with partner organisations to reduce our elective care waiting lists even further during 2023-24.

Cancer

Detailed summary of performance indicators – referred to on page eight.

Cancer

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EB6	Cancer - 2 Week	N&W ICB	%	93%	73.4%	67.4%	↑	71.8%
EB7	Cancer - 2 week breast	N&W ICB	%	93%	80.3%	66.6%	↑	82.7%
EB27	Cancer - 28 days Faster Diagnosis Standard	N&W ICB	%	75%	69.8%	67.5%	↑	71.0%
EB8	Cancer - 31 days	N&W ICB	%	96%	89.5%	90.8%	→	92.0%
EB9	Cancer - 31 days subs surgery	N&W ICB	%	94%	77.2%	81.8%	↓	79.8%
EB10	Cancer - 31 days subs drugs	N&W ICB	%	98%	98.0%	98.0%	→	99.5%
EB11	Cancer - 31 days subs radio	N&W ICB	%	94%	95.1%	80.9%	↑	84.3%
EB12	Cancer - 62 days	N&W ICB	%	85%	56.3%	58.1%	→	60.3%
EB13	Cancer - 62 days screening	N&W ICB	%	90%	84.1%	77.7%	↑	82.2%

The following summary provides some context for several of the indicators outlined in the table above.

Summary of performance

- High levels of operational demand, workforce challenges and industrial action continue to impact on system cancer services, ultimately affecting the performance of several indicators. All three acute trusts are working to nationally defined trajectories to reduce the number of patients waiting more than 62 days.
- The aim is to meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days and to increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

Over the past year, the cancer team has participated in a variety of projects and programmes aimed at earlier and faster diagnosis of Cancer and streamlining cancer care pathways, along with personalised care and psychological support for people affected by cancer. These projects and programmes include:

Earlier Diagnosis

- The first pilot in Norfolk and Waveney of the national Targeted Lung Health Check programme was launched in November in Great Yarmouth. The pilot is focused on patients who are smokers or ex-smokers aged 55 – 74 registered with a GP practice in Great Yarmouth and aims to identify lung cancer at early stages.
- A successful bid for a project to improve equity of access to bowel screening in partnership with the AHSN and Community Connectors.
- Ongoing GP Early Cancer Diagnosis Webinar Programme
- Re-launch of system Cancer Early Diagnosis, Screening and Prevention Group.

Faster diagnostics and streamlined cancer care pathways:

- There is a pilot of ‘colon capsule endoscopy’ (a small capsule with a tiny camera that you swallow instead of having a colonoscopy) across our three local acute trusts
- There is a pilot of ‘Cytosponge’ (a small sponge that you swallow rather than having a gastroscopy) at the NNUH
- There is a pilot of how to manage patients with lower gastrointestinal symptoms, who do not meet the criteria for the urgent suspected colorectal cancer pathway but need to be reviewed by a doctor.
- The system’s “Rapid Cancer Diagnostic Service” has continued to provide an assessment and triage service for patients with vague symptoms suggestive of cancer.
- Improvement project to increase the level of lynch syndrome testing (for people affected by colorectal and endometrial cancers).
- Involvement in planning for the suspected cancer pathways to be provided as part of the Community Diagnostic Centre programme

- Review of the referral process into the skin cancer pathway and support for a pilot of a 'super clinic' cancer model using telederm at the NNUH.

Personalised care and psychological support for people affected by cancer:

- Successful application for funding of 2 Macmillan Psychologist posts in partnership with Macmillan Cancer Support. Mapping of current psychological Support and Wellbeing services and development of a poster and leaflet to signpost people affected by cancer to these.
- There are now 12 Cancer Care Navigators (CCNs) post in secondary care in partnership with Macmillan who provide support for people affected by cancer. We have also provided funding for cancer training for care co-ordinator roles in primary care.

Transforming the cancer workforce:

- Co-production project with people affected by cancer to develop 'I-Statements' re what they would have liked their patient experience to be at key stages of the cancer pathway.
- Input into the development of a 'Health Inequalities In Cancer' awareness raising training course for health professionals.

There have been several key achievements by the Cancer team over the past year, a summary of these are highlighted below:

- East of England North increase in Colorectal Lynch testing from 38% in 2019 to 98.25% in December 2022
- East of England North increase in Endometrial Lynch testing from 15% in 2019 to 94.4% in December 2022
- The Rapid Diagnostics Service (RDS) has seen circa 551 patients since July 2023 with 37 receiving a cancer diagnosis which is a 7% conversion rate
- The targeted lung health checks project diagnosed its first patient in February and is projected to find around 100 Lung cancers over the next 2 years – around 75% of which are expected to be Stage I or II.

The Cancer Team has been keen to engage with patients, people and communities for their insight and help with shaping, developing and evaluating services. Examples of this include:

- Co-production of 'I-Statements' developed by people affected by cancer of what they would have liked at key stages of the cancer pathway and to learn about their cancer care experiences. The information collated will be analysed by the East of England Cancer Alliance and will be developed into 'I-Statements' of what patients would have like at key stages of the cancer pathway. These will be used as quality standards to support future project proposals, business cases, workforce planning and inform strategies
- The Community Voices project has been central to the project to improve equity of access to bowel screening.
- Our clinical patient experience lead and Dr Ian Hume, Cancer Clinical Advisor collaborated with Harbour Radio in Great Yarmouth and joined one of their presenters who focuses on a wide range of community involvements.
- Dr Suzanne Phillips our system cancer clinical lead had an article in the EDP re reducing your risk of cancer which had 100,000 hits and did a successful phone in on Radio Norfolk. We also took part in promotional videos for the regional Cancer Alliance strategy which can be viewed on their website.

Cancer waiting times and faster diagnostics standards for cancer have been significantly impacted upon following the pandemic. There has been unprecedented demand on cancer services to assess and triage all patients referred to them via an urgent suspected cancer pathway. The three local acute trusts have worked hard to address this over 22-23, and they have agreed trajectories to meet these targets by the end of March 2023 so that the system returns to its pre pandemic position.

Priority four – Primary Care and Resilience

Primary Care Commissioning and Contracting

Like the rest of the country, primary care across Norfolk and Waveney continues to experience high demand. Despite this, performance across a number of areas has continued above the national average. A summary of performance highlights in primary care are below:

Primary Care Network (PCNs) Enhanced Access

- We have successfully agreed contracts with all 17 Primary Care Networks (PCN) in Norfolk and Waveney to deliver Enhanced Access Hours. This is in addition to core contracted hours to support improved access in general practice.
- Since 1 October 2022, PCNs have agreed to provide Enhanced Access appointments between the hours of 6.30pm and 8pm Monday to Friday and between 9am and 5pm on Saturday.
- As a result, we have since seen improvements an increase in the numbers of appointments available for patients in general practice

Resilience funding

- £143k was received from NHS England to support with general practice resilience this year.
- Approximately 70% of the funding approved by the panel was allocated to support turn around work for practices assessed and placed in special measures by the Care Quality Commission (CQC). The remainder was allocated to support general resilience issues which included workforce related bids and training; in total, 14 practices in saw benefit from this work.

Practices at Risk update

- 15 practices were inspected and rated as inadequate or requires improvements by the Care Quality Commission (CQC) in 2022-23. The main areas of concern are within the domains of safe, effective, responsive, and well led. All the practices have been rated as good within the caring domain.
- An NHS Norfolk and Waveney support package has been provided to each practice and has focussed on strengthening and addressing practice leadership, governance, management of long-term conditions and medicines management.
- Progress has been made in supporting practices and we no longer have any practices rated as inadequate. Ongoing multi-disciplinary support is in place to support practices assessed as requires improvement.
- NHS Norfolk and Waveney has developed strong working relationships with the CQC to drive up the quality of services provided for our local population.

Learning Disability Annual Health Checks

- Significant progress has been made so far to improve health outcomes and experience of people with a learning disability.
- NHS Norfolk and Waveney is one of the top performing systems in terms of uptake and the quality of annual health checks.
- We have approximately 7,000 people on our learning disability register; 60% of these people had been reviewed at the end of December 2022 with us on track to meet the national target of 75% uptake this year.

Serious Mental Illness (SMI) Annual Health Checks

- There are 9,664 individuals on the SMI register, a total of 4,393 health checks have been completed, with more to be completed in the weeks ahead.

Local Commissioned Services review

- Prior to the launch of NHS Norfolk and Waveney on the 1 July 2022, a considerable amount of work took place to review Local Commissioned Services across general practice. This brought much more consistency in offering a range of services across the 105 GP practices in Norfolk and Waveney. This consistent approach has continued throughout 2022-23.

General practice appointments

The total number of appointments with general practice in Norfolk and Waveney is higher than before the pandemic.

In 2019-20 there were 6.3 million appointments; in 2021-22 there were 6.5 million appointments – on top of this general practice also delivered over 700,000 COVID-19 vaccinations in 2021-22.

In January 2023 there were over 600,000 appointments (an increase of 6.5% compared with the same month in 2020), and almost 41% of these were same day appointments. More patients are being seen face-to-face in Norfolk and Waveney than in other parts of the country:

- While 76% of our patients were seen in person in January 2023, the national average was 69%.
- In the last two months of 2022, more than 14,500 face-to-face appointments were delivered than in the same period in 2019.

General practice provides the vast majority of urgent care. Approximately 80% of our same day, urgent care appointments in Norfolk and Waveney are with general practice.

Despite positive progress, a number of actions are required to improve performance even further:

- We have jointly worked up a data cleansing exercise (with the Mental Health Commissioners) for GP practices to ensure their patient registers are up to date.
- We are proactively engaging with PCNs and GP practices to continuously improve the quality and quantity of AHCs using proof of concepts and pilots where appropriate.
- Our work with the charity Together is ongoing; coordinating and booking services on behalf of practices (freeing up staffing capacity) for hard to reach, vulnerable patients with SMI.
- A monthly working group consisting of key stakeholders across NHS Norfolk and Waveney was launched in January 2022 and the function of this is to review access and performance for AHCs delivered in primary and secondary care.
- Funding has been approved to increase the frequency and quality of LD/SMI annual health checks carried out within primary care using Point of Care testing kits, administrative and clinical support for general practice. This equipment will reduce the time needed to wait blood tests and results; potentially leading to an increase in system performance.

[Supporting and improving the wellbeing and resilience of primary care colleagues](#)

Over the last 12 months, several programmes have taken place to promote and support access to primary care health and wellbeing of our staff across the health and care system.

A total of over 200 staff from across primary care, including Dentistry, Optometry, and Pharmacy, as well as General Practice, have taken part in the SHAPES health and wellbeing workshops developed by Cambridgeshire GP to build resilience and improve team effectiveness.

Over 100 leaders/managers from across primary care have joined the Resilient Team Academy, providing access to a range of downloadable resources, workshops, webinars etc to support their own and their team's health and wellbeing.

The first primary care staff health and wellbeing survey in Norfolk was completed, with over 350 responses - i.e. half those achieved by a comparable IES primary care HWB survey nationally. While half of the respondents were from General Practice, there were sufficient responses (50+) from each of Dentistry, Optometry, and Pharmacy to allow customised reports for each sector.

Primary Care Estates

Over the last 12 months, a number of projects have continued to evolve and considerable progress has been made across a number of our Wave 4b Primary Care Hubs. National approval has been secured for Programme Business Case for this £25.2m investment in primary care estate:

- Submission of Short Form Business Case for Wave 4b scheme for Thetford.
- Development of Short Form Business Cases for Wave 4b schemes at King's Lynn, Rackheath and Sprowston.
- Approval gained for new build premises in King's Lynn for St James Medical Practice, opening January 2024.
- Third party developer engaged for development of new healthcare premises at Shrublands, Gorleston.
- Close working with Local Authority colleagues on scoping potential new build healthcare premises including in Taverham and Hethersett.
- Launch of PCN Service and Estates Toolkit Programme for Norfolk and Waveney to develop clinical and estate strategies for PCNs and inform future priorities for estate investment
- Further establishment of local policy and approach to support primary care contractors and our colleagues in proposing changes and developments to estate and decision making e.g. Sale and Leaseback proposals, Branch closure proposals.

The Wave 4b Primary Care Hubs have been supported by a very thorough and inclusive engagement group for each development which includes patient representatives and wider community groups. This support has been central to the options appraisal for each scheme – choosing how and where the investment will be made.

Priority five – Children, Young People, Maternity and Babies

[Children and Young People](#)

Over the last 12 months, a number of achievements have been made to enable children and young people to lead longer, healthier and happier, lives. The Children and Young People's team is made up of a number of areas which are outlined below. For Children and Young People's Mental Health, see priority one of this report.

Special Educational Needs and/or Disabilities (SEND)

- The Designated Clinical Officer (DCO) for Special Educational Needs and/or Disabilities (SEND) has developed closer working relationships with the Suffolk DCO team, Suffolk County Council (SCC) SEND teams and Suffolk Parent Carer Forum (SPCF) following changes to service systems and roles. This led to changes and improvements to SEND support and education, health, and care plan (EHCP) processes with regular attendance at SEND forums and EHCP panels.
- A number of quality improvements to the education, health and care needs assessment process and statutory health advice for both Norfolk and Suffolk with multi-agency quality assurance have been made and are now in place.
- A programme of joint quality visits to independent and complex needs schools has further developed in Norfolk. These visits have been well received and supported leading to an increase in areas to consider for health needs and provision at Education, Health and Care Plan annual reviews.
- A programme to develop further training for SEND using other eLearning programmes has progressed in Norfolk with further developments and reviews taking place in Suffolk.
- A more robust structure and process has been developed and launched for the health workforce when meeting preschool age children, they assess to have or likely to have SEND. This includes a web-based referral form and information sharing leaflet on the NHS Norfolk and Waveney website.

[Safeguarding Children and Young People](#)

Norfolk and Waveney as a system has developed a robust and innovative approach to learning from cases and undertaking reviews of practice. It uses a range of methodologies to investigate cases and identify learning, seeking to be proportionate, to link learning and to explore new ways of approaching challenges.

The Safeguarding Practice Review Group (SPRG) is responsible for receiving notifications of serious incidents, for conducting rapid reviews, for working with the National Panel and for commissioning local child safeguarding practice reviews.

Dissemination of learning is the responsibility of the three statutory partners with the support of the NSCP Business Unit. This is done through roadshows, relevant conferences, and best practice events in co-ordination with the Workforce Development Group. Single agencies are required to evidence how they have embedded learning through Section 11 safeguarding self-assessment.

A wide range of innovative training tools have been developed to effectively summarise the learning and keep the focus on the child. Learning from National CSPRs and Independent Inquiries are also a key component of the NSCP's learning and development offer. Relevant recommendations from these reports are included in training, strategy development and action plans. The NSCP has a well-established Thematic Learning Framework, which sets a context for practice reviews and provides a consistent approach to addressing learning and seeking best practice. The Thematic Learning Framework is available on the [NSCP website](#).

The NSCP's Multi-Agency Audit Group (MAAG) also provides valuable information on how well the system is working in practice. The group's key objectives are to:

- Move forward on key lines of enquiry, inspection priorities, local and national agendas
- Provide an audit forum for exchanging knowledge, expertise, practice standards, good practice, challenges, and grading of casework
- Work collaboratively to develop excellent quality assurance practice and audits
- Provide appropriate challenge to all peers and organisations promoting change

The group also uses Ofsted's Joint Targeted Area Inspection frameworks to monitor practice where applicable. The partnership also maintains a Composite Action Plan where all recommendations are logged against the themes for monitoring purposes, focussed around:

- Neglect
- Mental health (child and family)
- Working with men and fathers
- Domestic Abuse
- Parent/carer consent and engagement

NHS Norfolk and Waveney works with local safeguarding partners to ensure that learning from case reviews can be accessed and shared at a local, regional, and national level.

Arrangements for child death reviews are the responsibility of the Local Authority and Health. Norfolk maintains a county-wide Child Death Overview Panel (CDOP) to ensure strong local participation in the arrangements, as do Suffolk. They have a joint Terms of Reference for CDOP and generate a Joint CDOP Annual Report. The Consultant for Child Death works both in Suffolk and Norfolk.

The number of Looked After Children has increased over the past 12 months across Norfolk and Waveney. It has been noted that the increase is in children becoming looked after, aged 15 and upwards. These young people often present with contextual safeguarding concerns and complex presentations which are linked with their Mental Health, emotional wellbeing and/or complex trauma. There have been challenges identifying suitable placements to meet their needs.

The care leavers nursing team was launched in July 2022 in response to the Children and Social Care Act of 2017, to strengthen the NHS Norfolk and Waveney's local offer to care leavers. The service continues to develop through review and service user feedback. Funding continues to be sought to recruit MH nurses to this service to be able to provide additional specialised support in this area.

Internationally, nationally, and locally, the voice of the child is enshrined in legislation. The importance of speaking to a child or young person (CYP) and gathering their views has been consistently highlighted in lessons learned from serious case reviews.

The NSCP is working with the Children and Young Peoples Strategic Alliance to develop further ways for hearing the voice of the child. Work has been undertaken with the Youth Advisory Boards, members of the Youth Parliament and young commissioners alongside LSCGs to consider how to build better links between them and raise the profile of the voice of the child. CYP are also involved in Safeguarding Practice Reviews when appropriate, and they feel able and willing to participate. A CYPs version of the annual report is also produced with their input.

The quality assurance requirements for providers are currently laid out under Schedule 5A for Full Length Contracts and Schedule 2G for Short Form Contracts. The DSCT through the Quality Dashboard continue to seek assurance from identified larger providers that they are meeting their Safeguarding Children responsibilities on a quarterly basis.

Going forward all smaller contracted providers will be contacted by the DSCT on an annual basis with a checklist of key requirements regarding safeguarding and will work alongside the provider to ensure policies, procedures and training requirements meet national guidance. This has not been possible up to this point due to workload and resource issues. Alongside our adult safeguarding colleagues and providers, different approaches of gaining assurance are being explored.

In addition to the above:

- A new Medical Examinations policy and Fabricated Induced Illness policy has been written and adopted by all organisations across the Norfolk and Waveney ICS.
- Closer working relationships have developed with our Safeguarding Adults counterparts to ensure shared governance and processes to promote a think family approach and target transitional safeguarding.
- A new NHS Norfolk and Waveney fathers advocate has been appointed.

Looked After Children (LAC)

- The care leavers nursing service went live in July 2022. There are currently two nurses in post who provide advice and support on physical health issues for care leavers aged 18-25 living in Norfolk and Waveney.

CYP Commissioning

- With a particular focus on improving communication, we have designed reasonable adjustment letters for families waiting on lengthy pathways. A new dedicated officer has also been recruited who is helping the team to highlight achievements across the system via a dedicated newsletter, focussing on best practice for children and young people across health and social care.

Continuing Care for Children and Young People

- Since July 2022, the team has received 23 new referrals, 14 of these have progressed to a full assessment. There are currently 70 children on the caseload; 57 of these are from Norfolk and 13 from Waveney.

It must be noted that the complexity of the babies, children and young people is increasing – this includes more with significant challenging behaviour. We have seen an increase in the number of referrals as a direct result of the success of the Navigator service, identifying them and referring them to the service.

We are working closely with both Norfolk and Suffolk social care teams to ensure packages are jointly funded where appropriate.

The Children and Young People team across NHS Norfolk and Waveney have engaged extensively with children, young people, their families and carers. Some examples of this include:

- Meetings and workshops took place with the SEND youth forum and pupils at complex needs schools to gain understanding of their awareness and knowledge about the importance of the yearly LD health check. This led to further work to improve communication and develop awareness sessions.

- An Early identification and notification leaflet was co-designed, making improvements to the information sharing and improvements to referral form.
- 2022-23 has provided an opportunity to accelerate our co-production and engagement work across the system. The Children's team have been able to meet face to face with parents and carers, through dedicated forums in Norfolk and Waveney, to enable young people and parents and carers to co-design how programmes of work will be implemented.
- We have worked extensively with Norfolk County Council, children and young people to co-produce the Norfolk FLOURISH children and young people's strategy. This has health and social care at its core and designed to ensure that all children and young people thrive across Norfolk. The same principles are also being adopted and applied to children and young people who live in Waveney.

Local Maternity and Neonatal System (LMNS)

During 2022-23, digital strategies have been developed across the Local Maternity and Neonatal System (LMNS) with all three Trusts including a digital roadmap and analysis of maternity digital maturity. This work identified key areas of improvement required to ensure staff and service users can easily access digital maternity records.

There has been an improvement to system-wide data quality and reporting. The LMNS has worked with the NHS Norfolk and Waveney to create and develop a maternity dashboard which is being used on a regular basis to track performance and identify areas for improvement.

The LMNS Programme Team has facilitated increased governance and oversight across maternity services taking learning from the East Kent and Ockenden Reviews to inform improvements. A gap analysis has been completed and the LMNS Board have been supported to undertake on-going surveillance of progress across the System.

In August 2022 the LMNS programme team worked with the East of England maternity team in an analysis at all three Trusts of 60 Steps to Safety and have informed development of a revised tool for 2023.

The LMNS programme team have facilitated a thematic review and increased oversight and governance of serious incidents and supported Trusts to deliver safe services in the community. Maternity Hubs have been developed in partnership across the System. We also developed a communication strategy including a new [website](#), newsletter and social media content.

The LMNS team also worked across the system to undertake a neonatal critical care review highlighting good practice and identifying an action plan that is now being implemented across the Trusts, this work is now embedded into practice. This was highly commended by the regional maternity team.

The LMNS programme team received the following awards during 2022-23:

- LMNS Lead Midwife-Cavell Nurses Trust Award
- LMNS Better Birth Midwife and LMNS Digital midwife; Chief Midwife Silver Award

Based on data and evidence the LMNS programme team has also established and facilitated quality improvement work across the system leading and supporting the following projects:

- Thermoregulation
- Induction of Labour
- OASI (Obstetric Anal Sphincter Injuries)

The Maternity Voices Partnership (MVP) continues to be an important source of engagement with service users. There is an MVP Chair at each Provider Trust, who led listening events, hear voices of families, work with Trusts to develop resources and guidelines, work with the LMNS when planning learning events, now support training planning for staff.

The MVP notably had a large impact on the development of the induction of labour guidelines across the system, following the release of new NICE guidelines. A service user survey was launched and the voices and experiences of service users steered the direction and focus of the clinical guideline and information to service users.

The Pelvic Health project has involved both service users and the MVP Chairs from the beginning to design and launch the project. The promotional campaign has been fully co-designed with the MVP.

The Norfolk and Waveney MVPs have recognised the importance of including not just the voices of those using maternity services but also those accessing neonatal service and are now shifting to become Maternity and Neonatal Voices Partnerships. James Paget MNVP will be showcasing experiences of becoming an MNVP at a Regional Webinar.

Despite a very positive year for the LMNS team, a number of challenges remain:

- The East Kent and Ockenden Reviews have rightly increased the national focus on maternity services. Norfolk and Waveney LMNS will be working across the system to support quality assurance and improvement, this will be supported by a single delivery plan to be finalised in the months ahead.
- A key challenge is supporting and developing the maternity workforce across the system whilst ensuring quality and safety is robustly audited and patient safety is assured.
- The James Paget University Hospital NHS Foundation Trust received a section 29A notice for its maternity services during 2022-23; the LMNS and wider maternity team is providing support at system level in response to this to ensure that pregnant people and their babies receive high quality care.

In addition, JPUH Maternity Services were inspected by the CQC and a report was published in May 2023. This report confirmed that Maternity Services were inadequate. The LMNS team and wider system are working together with JPUH to address these findings.

Priority six – Improving efficiency and supporting transformation

System transformation

For NHS Norfolk and Waveney and the wider ICS, health and care transformation is vital. A Transformation Board has been stood up in recent months which includes all ICS system partners. This is overseeing:

- The transition of specialised services from NHSE to the NHS Norfolk and Waveney (dental, primary care, specialised services etc)
- Appointment of [Newton Europe as a transformation partner to look at the opportunities for working more closely together in partnership](#) - corporate services (HR and Digital) and discharge. This important programme is now named the 'Improving Lives Together Programme', supported by Newton Europe. This is a system wide programme involving all system partners.
- Overseeing development of the Norfolk and Waveney Joint Forward Plan, which will set out the changes we need to make over the next five years. The plan will also include a series of objectives and evaluation criteria which will help identify the impact on our staff, people and communities.
- A Norfolk and Waveney wide Community Services review.

The transformation team has also stood up a Programme Co-ordination Group that feeds into the Transformation Board – this is the engine room of the ICS where all the topic/programme groups feed in, together with the enabling functions.

The team also supported the launch of the ICS clinical strategy. We worked with the communications and engagement team, along with system colleagues to produce a series of videos to help bring this important strategy to life, as well as highlighting the key aims and ambitions of the strategy to make things easier and clearer for our staff, people and communities across Norfolk and Waveney.

The communications and engagement team worked with the programme team to lead a very detailed engagement project to help build the joint forward plan.

More than 700 people got involved and shared their thoughts and views – further information on this engagement exercise can be found in the dedicated communications and engagement section of this annual report.

Digital Transformation

[Electronic Patient Record](#)

The three acute hospital Trusts across Norfolk and Waveney have made strategic investments in readying their IT infrastructure to implement a shared Electronic Patient Record (EPR) system.

Over the last nine months the outline business case for the EPR programme has been completed, approved by all three Trust boards and at a national level culminating in ministerial approval in February.

The EPR Programme has worked with NHS Digital, the NHS England Frontline Digitisation Team and selected Trusts across the country to learn from their experience of implementing EPR systems, particularly Trusts who are working collaboratively on a shared EPR system and apply the lessons to our own programme.

We have also commissioned the ICS Evaluation Hub to carry out reviews of the evidence base around known issues with past EPR implementations, as follows:

- Digital Literacy Assessment Tools
- Barriers and facilitators to the implementation of a new Electronic Patient Record (EPR) system in an acute setting
- Frameworks for evaluating Electronic Patient Record (EPR) implementation in acute settings

In the coming year, the EPR programme will go out to tender for the procurement of the new shared acute EPR supplier to seek approval for the full business case for the EPR programme and sign the contract with the successful EPR supplier.

The EPR is a significant investment programme to support improvement of corporate priorities within Urgent and Emergency Care, Planned and Elective Recovery and Financial recovery to be delivered from financial year 2025-26.

Next steps include a full staff engagement campaign which is being worked on by the core EPR team, with dedicated support from a communications and engagement manager working across multiple Trusts. This work also seamlessly links in with other digital programmes and projects across Norfolk and Waveney, including the launch of the Shared Care Record and Health and Care Data Architecture (HCDA).

[Shared Care Record and Health and Care Data Architecture \(HCDA\)](#)

Working with system partners is a long-standing commitment and is extremely important in the digital arena.

Since the launch of NHS Norfolk and Waveney, several projects and programmes have moved at pace, particularly in developing the Shared Care Record and the HCDA (Data Hub), and in combining IT services to get a better user experience.

A joint project between NHS Norfolk and Waveney and Social Care has also been developed, with a successful bid for funding for a digital social care record.

We are also working more closely with IC24 in establishing virtual ward rounds for care homes. Working with the VCSE sector is vitally important to understand their information requirements and to help them access the information that they need to deliver care and services.

The digital team is also working with partners to develop a digital inclusion strategy and the ICS wide Digital Strategy and Roadmap has been developed and agreed.

The Shared Care Record went live as a proof of concept in December 2022, with full phase 1 go live planned for early April 2023.

A Digitising Adult Social Care initiative will see Care Homes and Domiciliary Care providers receive a contribution towards funding a digital record for care home residents. These records will then be joined up with the Shared Care Record.

An initiative with IC24 to deliver virtual ward rounds at weekends and bank holidays to a pilot group of Care Homes, supported by video consultation and remote monitoring has also taken place. This ensured that care home staff had access to advice for any concerns about residents, and reduced both unplanned calls and conveyance to hospital, giving people care in their own home.

Healthwatch organisations have worked with people to provide valuable insight to how tools such as the NHS App, practice online access and other digital access methods are received. As a result, we are developing digital lessons in clear language to help the public get online.

Practices provide patient feedback on projects such as cloud telephony, to let us know the public reaction and whether it is improving experience or not. We can then look at any technical issues or pathway development.

A big focus on communications and engagement has taken place over the last 12 months to communicate both clearly and openly about the digital challenge ahead and how, digital plays a significant part in helping to improve patient experience and outcomes.

Research and Evaluation

The Research and Evaluation Team supports NHS Norfolk and Waveney by leading on all aspects of research, evidence use and evaluation. The team also undertakes research design and development, management, and support for research delivery across Primary and Community Care in Norfolk and Waveney and other non-NHS settings, such as schools, prisons and care homes.

The team has co-ordinated the development of the Norfolk and Waveney ICS Research and Innovation Strategy, due to be published in May 2023. This was done by talking to partner organisations and members of the public via four online workshops and incorporating views, opinions and feedback throughout the process.

The strategy will set out the overarching principles which the system has agreed to in order to promote, facilitate and champion research and innovation for the benefit of our communities and our workforce.

We are a collaborative team who work with colleagues across NHS Norfolk and Waveney, partners across the Norfolk and Waveney ICS, higher education institutions, UEA Health and Social Care Partners and with key National Institute for Health and Care Research (NIHR) teams including the CRN East of England and the Applied Research Collaboration.

NHS Norfolk and Waveney currently holds eleven NIHR research grants, worth almost £10million of research funding to the system. The studies are mostly led by research teams within our university partners. They cover a wide range of topics including:

- investigating mobility after hip fracture,
- the long-term care needs of people who have undergone weight loss surgery,

- how to increase flu vaccine uptake in care home staff,
- social prescribing in people living with dementia or mild cognitive impairment.

Based on our NIHR grant income, NHS Norfolk and Waveney was awarded a further £346k of Research Capability Funding (RCF), one of only a handful of ICBs awarded funding. Since August 2022, £134,096 of RCF was used to help fund researchers to develop new NIHR research grant applications aligned with the ICS strategic priorities. The grants covered topics such as smoking cessation, medication reviews, hearing loss, diabetes prevention and clinical supervision for social workers.

We want to help those working in health and care have the opportunity to embed research, quality improvement and evaluation within their roles. Working with colleagues at the James Paget University Hospital and the Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) at UEA, we are supporting scholarships for staff so individuals gain an introduction to these concepts, whilst working on a project related to their current role. We are also working with NICHE to provide Embedded Fellowships, supporting individuals to co-design, deliver and evaluate a project which focuses on addressing health inequalities across our system.

Our Evidence and Evaluation Hub supports NHS Norfolk and Waveney colleagues to make sure that health and care services are designed using the best available research (and other relevant types of evidence) and that they do what they set out to. The team has supported 12 evaluations since July 2022, these range from providing advice and guidance through to carrying out the entire evaluation. Completed evaluations include the Urgent and Emergency Care (UEC) Open Room and Cancer Care Navigator role at the James Paget University Hospital. Three evidence reviews to support the Electronic Patient Record business case and benefits realisation have been also produced alongside an additional three evidence reviews on diabetes recovery, legacy mentors and virtual ward.

Research helps us to find out the best ways to help and care for people. It can find new ways of preventing or diagnosing diseases or illnesses and can identify new treatments. Involving patients, carers and the public in the design and conduct of research helps us to make sure the results are generalisable to a broad group of people.

As an organisation, we know that we need to do more to increase the diversity of people who take part in all aspects of research. We have used funding from NHS England to partner with voluntary, community and social enterprise organisations to help us talk to their communities about research and how they can get involved. This could be by providing their opinions on research ideas when an application for funding is being developed, or as a participant in a research study. We are also asking these communities about what might stop them from taking part so we can use this information when designing new research projects. We have focused this work in Great Yarmouth and Waveney, as an area with significant health inequalities and historically fewer opportunities to take part in research.

Patients and the public have volunteered to give their voice and opinions on research grants which NHS Norfolk and Waveney holds and manages. We support volunteers to do this working with the researchers and their university, usually the University of East Anglia. One study involves developing strategies to increase flu vaccination uptake in care home staff. Volunteers have been involved all the way through, from the development of the research idea, as co-applicants on the study and through a volunteer advisory group whilst the research takes place.

We have also worked with several Practice Patient Participation Groups (PPGs) to develop a patient facing website to increase the visibility of research in Primary Care. The website also supports individuals to better understand what might be involved if they are invited to take part in research through their General Practice. We are now working on making this information more accessible to those without internet access.

Research in the NHS contributes to better care for our patients and communities. Research can also help health and care services to become more efficient and effective.

Our main challenge is to continue to help embed research and evidence use in health and care. We need to support our organisations to understand that research is not just 'nice to have' but is critical to improving services for everyone. We know that for staff, taking part in research can be rewarding and that providing these opportunities can help organisations to keep current staff and attract new staff.

We also need to open up research opportunities to our whole population, increasing the diversity of people taking part by making it easier for our communities to access research opportunities and supporting them to fully participate in these opportunities.

The team supports research in Norfolk and Waveney Primary Care. Over 7,000 patients have been recruited to research studies in Primary Care. Most of these were taking part in a research study, called SAFER, which investigates screening for atrial fibrillation with a hand-held ECG. Atrial fibrillation can be a trigger for stroke and this study wanted to find out if screening for can reduce strokes. Early results from interviews with participants has found that most people in the study thought screening was a safe way to help earlier diagnosis, more effective treatment, and a better future outcome.

An evaluation of the Urgent and Emergency Care Open Room has also been completed during 2022-23, which was put in place to support the ICS during the winter pressures and are currently supporting the evaluation for the virtual ward across the system. In addition to this, we are also supporting the evaluation of two mental health interventions.

Historically, Norfolk and Waveney has a high proportion of research active general practices – for the 2022-23, 50% of our general practices have recruited one or more of their patients into nationally important research. The Eastern region currently sits third nationally in terms of the percentage of general practices engaged in research.

The East of England have almost doubled their target for the number of patient experience surveys being returned, with Primary Care practices delivering a significant proportion of these returns, with the top 10 practices in terms of survey numbers all being within Norfolk and Waveney.

Priority seven – Population Health Management and Reducing Health Inequalities

Please see the reducing health inequalities section of this report on page 49.

Priority eight – Older People / Later Life

This is a relatively new priority for NHS Norfolk and Waveney, as well as the wider health and care system.

The focus with this priority is to ensure we do all we can to prevent unnecessary hospital admission, to support independence and to ensure that older people can receive the same, high-quality care in more appropriate settings.

NHS Norfolk and Waveney 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.

Transforming and integrating the health and care that is accessed by our older population is one of our key priorities and that this forms 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.

A Later Life Board has been developed and will be chaired by Ian Hutchison, Chief Executive of East Coast Community Health and Care (ECCH). This will bring together all key organisations and partners across the ICS who have a responsibility and interest for people in later life, their carers and families.

The later life priority also includes a great deal of clinical transformation work, overseen by Dr Frankie Swords, Executive Medical Director for NHS Norfolk and Waveney, along with clinical colleagues from different professions and perspectives.

Services which support delivery of all priorities

Local Commissioning

The three areas of scope within the NHS Norfolk and Waveney Local Commissioning Team include community on an NHS Norfolk and Waveney footprint, Planned and Unplanned Care on a Central Norfolk (North Norfolk, Norwich and South Norfolk) footprint and the Active NoW project.

Since the launch of NHS Norfolk and Waveney, a range of quality improvement initiatives have taken place, including work to support elective recovery. The team is also contributing to the Norfolk and Waveney Joint Forward Plan in particular the priorities of Urgent and Emergency Care, Primary Care and Elective Recovery.

There has been significant collaboration between system partners across central Norfolk focussing on pathway redesign and development of services. Examples include:

- Expansion of the District Direct service based at NNUH into a wider Central Norfolk scheme aligned to the Central Norfolk HomeFirst Hub which aims to prevent admission to hospital as well as providing support to enable patients to be discharged home from an acute, community or intermediate care bed. The District Direct service includes provision of services including key safes, house cleans, furniture delivery as well as referral to and subsequent liaison with Housing departments across the five district councils.
- Development of welfare calls post discharge from NNUH led by the NNUH Voluntary Services team to identify and action any issues that may have become apparent once home. The team can connect patients back into the Acute Hospital team as well as signpost and refer patients to relevant services to support their transition home including Primary Care, Social Prescribers and Voluntary Services.
- Development of discharge welfare calls by Care Co-ordinators in GP practices in North Norfolk for those patients who have required more formal support on discharge either home or to a care home environment.
- Mobilisation and delivery of Intermediate Care beds to support the step down of patients from Acute Hospitals working collaboratively with Primary Care, Acute and Community Therapy teams, the Voluntary Sector and Social Care partners.
- Mobilisation of bridging care services to support patients to be discharged home from Acute and Community Hospitals.

Launched in January 2023, Active NoW is a whole system physical activity model that has been co-developed by NHS Norfolk and Waveney, Active Partnerships, County Councils, all eight district councils and parts of the VCSE sector. The model seeks to improve health and wellbeing and reduce inequalities in access to physical activity through a service that unites the physical activity sector under one single point of referral. The programme seeks to identify those people in Norfolk and Waveney that will benefit most from increasing their activity levels, either to prevent or manage their long-term condition. To date the focus has been on aligning the model with diabetes pathways, but in 2023/24 it will be expanded to integrate with hypertension, falls and weight management pathways and, through a link with the Health and Wellbeing Partnerships, develop a wider range of services and opportunities that can support access.

Following the success of the Active NoW project, the Health Improvement Transformation Group agreed that increasing Physical Activity should be one of its two priorities for 22/23 onwards. This has made it easier for patients to be referred through GP clinical systems. A trial is also taking place linked to pre-diabetic patients and supporting them to be more active. Health and Wellbeing partnership have also received funding to mobilise their own Physical Activity related project. The Active NoW Strategic Leadership Group and work programme has good working links with the Health and Wellbeing Partnerships; there is also VCSE representation on the Group. We have an evaluation plan which will include data received through the referral system plus a digital app which is available to all participants.

Referral numbers are higher than expected which is positive, but we need to ensure that we have the capacity to meet demand and this will require further investment which is usually difficult for prevention as the impact is not immediate.

Norfolk and Waveney were successful in a system-wide bid to become a Test and Evaluation Site for the national Transforming Wound Care Programme. This is a collaborative piece of work across the whole system, led by NHS Norfolk and Waveney and delivered by our two community service providers – Norfolk Community Health and Care and East Coast Community Healthcare. The services have been implementing new digital wound management systems, updates to the local pathways and providing additional staff training. We are working with local non-NHS partners on the production of an early intervention training video, and there is interest in using this nationally. Changes have been made to the way data is reported for this service, and this is demonstrating the improvement in patient outcomes such as healing rates. We are recognised as making good progress in this area and have been invited to speak at national events to share our learning on working as an integrated system to develop wound care services.

In the Transforming Wound Care Programme, clinicians were keen to produce an early intervention video as a teaching aid. Working with East Coast Sixth Form College we produce the video which featured some of the college's students. In developing the transforming wound care project, we targeted the project to patients experiencing the greatest health inequalities. Housebound patients were identified by clinicians as the most disadvantaged due to being unable to attend the specialist leg ulcer clinics. The project was based in areas of high deprivation to ensure maximum benefit to those patients most likely to be affected by inequality.

Additionally, new initiatives have been implemented linked to hearing loss including the mobilisation of an additional microsuction provider at Cromer Medical Practice and a new Age Related Hearing Loss (ARHL) service and Provider Forum. The Forum, which includes membership from all ARHL providers plus NNUH and Healthwatch Norfolk, was established to provide opportunities to learn from feedback from patients.

Initiatives relating to unplanned care and discharge include the COVID Oximetry@home programme, for which Norfolk and Waveney was a national exemplar in its management of data flow from NHS Digital to GP Practices. Paediatric pulse oximeters were also rolled out to support primary care with the increase in paediatric respiratory viruses over winter.

Following successful procurement processes, contracts are in place for AQP vasectomy service providers, and a central Norfolk Lymphoedema service.

We are in the process of engaging with patients in relation to the redesign of the Wheelchair service as we are aware there are few services such as wheelchair and Tuberculosis, where waiting times are longer than we'd like them to be, and we will continue to work with partners to improve these services.

Repeated short term funding presents challenges to mobilisation timeline and recruitment and retention of staff which hinders full benefit realisation of additional capacity to support discharge. We need to commission with partners, a sustainable long term integrated intermediate care model to support discharge and admission avoidance during the summer to ensure prepared for Winter 2023/24.

The financial situation in the system will be a challenge in the next 12 months, as services work to mitigate increases in costs while continuing to deliver the most effective and efficient care to patients.

Elective recovery has been an important area of focus, supporting services to get back on track after changes required during the pandemic. While not a named corporate priority, community services are an enabler. They provide support to other areas, for example helping urgent and emergency care by supporting acute hospitals to discharge patients and improve flow. Community services also work closely with primary care to deliver high quality patient care close to home.

Learning Disabilities and Autism

Over the past year we have launched a new Community Learning Disability forensic service, to help expediate discharges from long stay hospitals. We have rolled out staff training across the whole ICS in Positive Behaviour Support.

We have improved the process, systems and governance around the dynamic support register and the Care, Treatment and Review process to ensure consistency across the Norfolk and Waveney ICS, but also to ensure targeted wrap around support to anyone in the community who is flagging as an amber risk as vulnerable to needing an inpatient bed.

September 2022 saw the mobilisation of one hospital avoidance facility and two step down units. These have been fully utilised and have assisted with transitioning people from hospital whilst we assess the best community option, when outside of the medicalised environment of a hospital unit.

The number of Learning Disability Health Checks has increased, along with associated health action plans to improve the quality of practice.

All patients currently in inpatient units have been assessed and evaluated as part of an ICS length of stay panel, to ensure all actions to expediate discharge are being undertaken, but also ensuring the appropriate resources are in place to maintain both mental and physical health of people in inpatient units. Discharges from hospital have also increased this year.

The newly reinvigorated Learning Disability Partnership Board is now developing locality groups alongside the Community Learning Disability Services run by NCHC on a locality basis. Quarterly the overarching Learning Disability partnership board is attended by Norfolk County Council, NHS Norfolk and Waveney and other partner organisations. This is co-chaired by an adult living with a learning disability. This is being successfully facilitated by our VCSE partner ASD Helping Hands.

The Autism Partnership Board meets quarterly and feeds back to NCC and the NHS Norfolk and Waveney, focussing on service improvements that are required. Members of the Adult Autism Partnership Board are also members of Rethink Mental Illness, assisting Mental Health services think about how the mainstream Mental Health offer could be adjusted to be more accessible. The Autism Partnership Board meets quarterly and is led by experts by experience.

Challenges for LDA over the coming months include the implementation of the reasonable adjustment flag within a very busy digital programme. The expansion of Health Action Plans for Autistic Adults, with no additional funding yet identified to enable this, and achieving service change in mental health and autism services so we move from an adult diagnosis service to something more meaningful for adults in Norfolk and Waveney living with Autism.

We are still outside the NHS England trajectory for the number of people in inpatient beds and the number of people in specialist commissioned beds. Ongoing work and planning is required to ensure we continue to meet the ambition of 75% of the population who are living with a learning disability, receiving their annual health check through primary care. We are not meeting the 18-week target for the delivery of Adult Autism Assessments; however, work will continue to achieve these targets.

Pharmacy and Medicines Optimisation

In addition to the formation of the NHS Norfolk and Waveney on 1 July, a formal transfer took place welcoming the AGEM Medicines Optimisation team into NHS Norfolk and Waveney. Since then, work has been taking place to realign workstreams in the team to cover the entire system area and develop a new team structure.

A number of key campaigns have been led and supported by the Pharmacy and Medicines Optimisation Team have taken place since 1 July 2023:

- Development of carbon reduction plan
- Development of measures to aid choice of lower cost and lower carbon footprint inhalers
- Help with NHS prescription costs, aligned with the national NHS England campaign.

The team has continued to facilitate reductions in dependence forming medicine prescribing. The Medicines Optimisation team continues to provide direct support for practices with CQC concerns around medicines monitoring.

Pharmacy Ordering Direct (POD) receives around 37,000 contacts a month directly from patients and their carers.

During 2022-23, there were, on average, around 1.8 interventions made per contact, which helps to ensure that repeat medication is safe and effective. The service continues to work with 16 practices and is looking to expand the service into new areas over the course of the next financial year.

Through several service improvements and efficiencies, waiting times for patients have been significantly improved. In July, the average wait time was 16 minutes, 38 seconds and in January this had reduced to 5 minutes and 30 seconds. This ensures that more patients can speak to the team at the first attempt of calling. Many online requests are being completed in under 24 hours, with the service standard remaining at two working days.

Despite some targeted interventions to improve the experience of our staff, people and communities, we are implementing further carbon reductions, savings plans and managing the use of dependence forming medicines. We are also working towards moving back to normal levels of antibiotics prescribing after the strep A outbreaks and antibiotic shortages.

Place development

Across Norfolk and Waveney, NHS Norfolk and Waveney is split into five places and supports collaboration and partnership working across partner organisations in the ICS.

To meet the health and social care needs of our local population, GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in groups of practices known as primary care networks (PCNs). There are five places across Norfolk and Waveney in Great Yarmouth and Waveney, Norwich, North Norfolk, South Norfolk and West Norfolk, each one is working to improve care and health for the population at this 'neighbourhood' level, to help people stay safe and well at home and make primary care more resilient.

A summary of work undertaken at each place is included below.

North Norfolk

Over the past 12 months several successful initiatives and projects have been launched in North Norfolk, below is a snapshot of the larger projects or those which have been particularly successful:

- NHS Charities Together: Hear for Norfolk Cuppa Care Project, Caring Together Wellbeing Support for Carers.

- Community Voices Programme: Supporting the development of system infrastructure and mobilisation of place-based initiatives. Insight has supported the development of system infrastructure and further deployment of the work in North.
- Active NoW: supporting the development of a system wide approach to exercise referral and local implementation – including the mobilisation of ‘Walk to Run Wellness’, a service offering holistic physical activity support to those with long term conditions.
- Development of the NN Place Board and 5 priorities/workstreams: Dementia, Provider Collaborative, Respiratory, Heart Failure, Data.
- Care Home Collaboration Project – Leg Ulcer Clinics: A great example of a clinician-led initiative
- Prehab Total Knee Replace Pilot: Looking to prevent deconditioning of patients awaiting surgery; delivered by Pure Physio in conjunction with North Norfolk Primary Care and the North Primary Care Networks.
- Supporting the delivery of the Wellness on Wheels Bus: Supporting with coordination of services across the North Place and targeted interventions.

South Norfolk

- South Norfolk PCNs have worked with NHS Norfolk and Waveney colleagues in the LD team to increase the uptake of LD health checks. This has seen uptake increase by 13% January, compared with the same period in the previous year.
- South Norfolk has successfully established an ARI hub in Thetford and is undertaking development work to broaden out this work to other areas for our PCNs. The hub was established in response to a request from NHSE due to rising STREP A in January.
- A project to review and address the large caseload of the Community Mental Health Team was established in response to capacity concerns within that team. A project group brought together partners from NSFT, primary care and district councils to review the current caseload and reduce waiting lists by directing care to other services where appropriate.
- A project to establish social prescribers in secondary care as a resource for patients. This project coordinates five social prescriber services across the three NHS Places in the central locality, recruiting and embedding staff within NNUH.
- A short test and learn project to increase uptake of flu vaccinations in at-risk patients that have not had, or previously declined, the jab has been successful. Initial reporting shows that 50-60% patients contacted were booked in for a vaccine.

West Norfolk

- GP practices have continued to work in partnership with acute and community providers to deliver the COVID-19 vaccination programme. There has been close collaboration with the Queen Elizabeth Hospital (QEH) vaccination team who have provided some additional capacity for vaccination of care home residents and housebound patients, as well as the vaccination centre at the hospital. Community Pharmacies have also delivered a significant number of vaccinations during the Autumn Campaign and the community provider has supported with provision of roving clinics across the locality.
- Livi is a digital healthcare provider which offers primary care telephone and video consultations to support General Practice and has been working with NHS Norfolk and Waveney staff in West Place to offer additional capacity. The extra capacity has enabled support for Practice resilience with additional clinical resource particularly in areas of our locality where traditional locum GP cover can be difficult to secure.
- The QEH and Borough Council of King’s Lynn and West Norfolk’s Handy Persons Service have been working together to support patients awaiting elective surgery. This involved the provision of minor adaptations to the homes of patients aged over 70 waiting for elective orthopaedic surgery, to help keep them safe living at home during a period of time while their mobility might be impaired. This work has continued for two years and further work is ongoing to extend this work to other specialities in the hospital. The work has been recognised nationally with the

Borough Council of King's Lynn and West Norfolk winning the Handy Person Service of the Year award.

- Acute Respiratory Infections (ARI) hubs were required to be set up by ICBs for Winter 2022-23 and in West Place the hub has been located in the QEH and is provided by North Norfolk Primary Care. These hubs are providing additional urgent on the day capacity for Primary Care for patients with respiratory infections from the age of 12 months and over. The West Place hub started on 31 January 2023 and will run until 31 March 2023, West Place colleagues have led the mobilisation of the West Hub and will be involved in the evaluation of the impact which will be used to inform future winter provision.
- Partners recognised a need to bolster support to patients with palliative care needs, to improve their access to support and reduce the need to utilise the Queen Elizabeth Hospital unnecessarily. This led to the commissioning of a new service from Norfolk Hospice Tapping House to provide rapid community support out of hours, which has helped avoid unnecessary hospital admissions and improved symptom management for patients.
- Working across West Norfolk, the care home ageing well support project has brought together separate training packages for care homes into a cohesive programme of support co-developed with care homes, focussing on diabetes, oral health and deterioration training.
- The care home palliative care support initiative involved the recruitment of a palliative care nurse (provided by Norfolk Hospice Tapping House) to provide proactive support to care homes. The nurse has visited and advised staff on improving end of life care of patients discharged from hospital, optimising resident care needs being met in the care home, Respect forms and needs and wishes met and enabling preferred place of death.
- Learning Disability Health Checks has seen partnership working between West Norfolk Mencap, NCHC and Primary Care. The initiative focuses on increasing uptake of health checks for people with learning disabilities. There has been success in improving both the quality and number of health checks through data cleansing with Practices to target efforts, education and awareness raising with service users and carers and extra support, where required, for service users to attend and have positive health checks.
- In conjunction with our system partners and communities we have worked on a variety of projects focussing on improving the health and wellbeing of particular patient groups, examples of these include:
 - Healthy Anchors Learning Network (HALN) – A learning project with QEH hospital aimed to understand how we can enable more people living in our deprived areas to access employment with local health partners, including contacting local people to gather insight on issues/barriers to employment.
 - Protect Norfolk and Waveney (NoW) – this programme involves utilising data to identify patient groups with reversible risks and using this data to proactively contact individuals to help prevent escalation of risks and improve their health and wellbeing. West Norfolk has participated in several Protect NoW projects that have supported large numbers of local patients. Examples include, promoting access to health checks for people aged 40 – 74, utilisation of mental health wellbeing services for people experiencing anxiety and depression and our Priority Patient Review project which focuses on helping patients with conditions such as high blood pressure. All projects have had a particular focus on working at scale, tackling health inequalities through targeted support to those living in the most deprived areas and preventing escalation of need through proactive contact.
 - Community Voices – this initiative aims to develop a network of trusted communicators to engage with communities that often experience barriers in accessing health and care. In the West, we have focussed on our more deprived communities and migrants. We have worked with 2 housing associations and 2 charities to engage with population groups most at risk of exclusion and poor health outcomes to learn about their issues and experiences, provide support where possible and to provide feedback about common themes to inform system planning and decision making.

Norwich

- The Norwich Local Delivery Group transitioned into the Norwich Place Board and welcomed some new colleagues as part of that change. The Board has developed a Norwich Place Plan,

which consists of 3 Programmes, recognising its need and potential to influence local arrangements for local people:

- a. Developing a culture and methods to support Place to thrive and advance
 - b. Developing local health and care services that provide care closer to home and deliver what matters to people
 - c. Identify what Norwich Place is dependent upon from the wider ICS to progress and/or accelerate Place work
- Inclusion Health arrangements and provision for people seeking asylum and housed in 'contingency' hotels; Norwich Locality worked with a wide range of agencies to coordinate and support the delivery of local arrangements in response to the health and care needs of those seeking asylum. Due to the volume and speed of arrivals, arrangements were set in place to:
 - Assess immediate health needs
 - Support people to register at a local GP practice
 - Educate people on the local health and care system
 - Creation of Norwich Increasing Health Equity in Selected Populations strategy and associated action plan to implement or further local developments that aims to tackle the unmet need of the selected population, in accordance with the PCN service requirements.
 - Working with Active Norfolk to deliver Active NoW – providing support for inactive populations, those with long term conditions (LTC), and those who experience the greatest inequalities, to more effectively access appropriate physical activity opportunities to improve health outcomes.
 - Winter schemes – Social prescribing in secondary care, enhanced primary care support for discharge, exercise coordinators in-reaching into housing with care and care homes to prevent deconditioning and improve outcomes.
 - Utilised the Better Care Fund to establish the CHES project (Complex Health and Enhanced Social Support) with Age UK Norwich. This supports people on the social care holding list and provides "carry on" care for people who have accessed NEAT in a crisis and require ongoing support to prevent a hospital admission.
 - The cross sector INTERACT project seeks to address the wider determinants of health by tackling issues linked to housing or the home environment which have a detrimental impact on physical health and/or wellbeing. Through proactive case finding and reactive referrals, the INTERACT service is made up of a care co-ordinator (ONP), social prescribers (NCA and Age UK Norwich), voluntary services co-ordinator (Voluntary Norfolk), clinical pharmacists (ONP), integrated care co-ordinator (Norfolk County Council) and a resettlement officer (Norwich City Council). The team are co-located with the Housing Improvement Team at Norwich City Council.

Great Yarmouth and Waveney

- Place Boards were established as part of the launch of the ICS in July and our existing locality governance arrangements transitioned into our Great Yarmouth and Waveney Place Board.
- As Place partners, we have defined our strategic approach to working together with clear outcomes to drive our shared action, rooted in data and local insight.
- Our Place collaboration and integration agenda has been further enhanced with the creation of robust connections to the Waveney Health and Wellbeing Partnership and the Great Yarmouth Health and Wellbeing Partnership. Our Head of Integration and partners is vice-chair for both partnership, helping to forge a shared approach to tackling health inequalities

A snapshot of achievements around the key enablers for our Place ways of working and integration ambitions are as follows:

- Successful completion of the national Place Development Programme, sponsored by NHS England.
- Establishing a Place Finance leadership group – this is led by the NHS Norfolk and Waveney Director of Finance Commissioning, Finance leaders from across our place partners have worked together to create a transparent finance picture for our Place and are seeking to create a shared estates vision.

- Embedding a data led approach to underpin all activity and building on our Great Yarmouth and Waveney Data story and ensuring the key priorities and Place Board workstreams are grounded in data and supported by tools such as Theory of Change logic models and PHM approaches.
- Testing new models for health partnerships by developing an equal partnership approach integrate a co-terminus GP Partnership with an Acute Foundation Trust. Aiming to support resilience and protect both parties, the local population and wider place partners through initiative and innovation.
- Supporting the role of Anchor Institutions and working together with a local VCSE organisation and James Paget Hospital with through a project aimed at linking volunteering with skill development.
- Embedding the one team ethos of Place by appointing to a number of jointly funded roles with our social care, community provider and local authority partners.
- Embedding the Community Voices programme, following the successful Community Champions programme in Great Yarmouth. To listen and respond to feedback from local communities by giving trusted communicators resources to engage communities, signpost to information and services and gather their insights.
- Clinical interface – joining up existing forums to strengthen clinical relationships, creating opportunity for all frontline clinicians to inform and streamline patient pathways. Grand Rounds opened up to primary care colleagues and ongoing development around the use of shared clinical systems through the SystemOne User Group

A snapshot of achievements aimed at improving **health and wellbeing outcomes** for our population:

- **Health Connect** provides targeted support for individuals at risk of going into a crisis which may result in a hospital admission or readmission. It provides a single point of access to tap into wider local health and wellbeing services to support residents to stay well at home. The scheme is being formally evaluated
- **Active NoW** – we have launched Active NoW in GYW with initial success, with over 100 referrals received from primary care into the service within the first 2 months. Through the connection with the Health and Wellbeing Partnerships and the physical activity working groups we have successfully built capacity at a local level to support more people with long term conditions into exercise referral offers.
- **Livi** –Enabling, through umbrella arrangements at Place, practices to test working with Livi UK to access clinicians working remotely to expand their digital offer and respond to system pressure.
- **Proactive Healthcare** – under local commissioning arrangements networks have been supported to implement frameworks for the medical optimisation of long-term conditions in tandem with a community asset-based partnership approach. Enabling partnership working brings aims to bring together multiple work streams and organisations to support the delivery of local prevention agendas and shape pathway development across health care providers. Eastern Academic Health Science Network are writing up a case study for the UCL Proactive Healthcare Frameworks workstream

Adopting a respiratory lens to focus Place Board workstream activity:

- **ARI Hub** – additional capacity was stood up, using the GYW place partnership approach, for F2F same day acute respiratory conditions under the NHSE ARI Hub programme. Co-location within a community setting on the Kirkley Mill Health Campus saw connectors, same day general practice and home visiting community staff working alongside each other to provide a much wider, patient centred, offer
- PHM approach targeting **Cold homes and Chronic respiratory illness**, focused on the direct correlation between cold, damp living conditions, exacerbation of respiratory illness and increased risk of hospital admission. By working together to link data around respiratory health conditions and risk of financial vulnerability, a cohort of local residents were contacted by Norfolk and Waveney's [Protect NoW team](#) . The team's main aim was to raise awareness amongst local residents of their potential eligibility for financial support from the [Household Support Fund](#) and additional support to protect their health and wellbeing. This project demonstrated the value of

ICS place partners collaborating to utilise data to help vulnerable households, to receive non-clinical and personalised advice and guidance to support their health and care.

- **Asthma Patient Review** – a place led initiative designed to assist general practice to implement a systematic approach to supporting optimal asthma management. The programme is underpinned by best practice using a data driven approach to risk stratification based on asthma and other respiratory co-morbidities. A place level population-level interactive dashboard should usefully inform planning for seasonal pressures and service delivery. The programme will be delivered in partnership with Interface.

Sustainable development

As an NHS organisation, and as a spender of public funds, NHS Norfolk and Waveney has an obligation to work in a way that had a positive effect on the communities we serve and the environment we live in. Sustainability means spending public money well, using natural resources efficiently, and helping to build healthy, resilient communities.

By making the most of social, environmental, and economic assets we can improve health both in the immediate and long term, even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

The health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint. In October 2020 the NHS set an ambition to be the first "net zero" health service in the world, in recognition of the global "climate emergency which is also a health emergency". It committed to two challenging targets:

- to reach net-zero by 2040, for the carbon emissions we control directly (the NHS Carbon Footprint), and
- to reach net-zero by 2045 for the broader emissions we can influence.

NHS Norfolk and Waveney acknowledged this responsibility to our patients, local communities, and the environment by working hard to minimise our carbon footprint. During 2022-23, much of the work undertaken to improve sustainability continued.

The ICS Green Plan Delivery Group has worked together, developed and [published an ICS Green Plan, 2022-2025](#).

NHS Norfolk and Waveney has continued to work on several schemes with local providers to reduce the carbon footprint by reducing the overall number of patient journeys required. These include extending the use of virtual outpatient appointments; using Advice and Guidance and pre-referral triage schemes, such as dermatology to reduce the number of hospital appointments; assisting with the drive towards patient-initiated follow-up schemes to reduce hospital visits for follow-up appointments; and developing a range of ambulatory monitoring at home schemes so patients don't need to attend hospital for monitoring appointments.

NHS Norfolk and Waveney has continued to reduce the number it produces and sends, particularly with large attachments, which leave a carbon footprint. The Digital Team's "Think Green. Go Digital" initiative-built awareness of the environmental impact of work processes whilst encouraging and enabling staff to rethink how they use digital technologies to benefit the environment.

Improve quality

Detailed summary of performance indicators – referred to on page eight.

Mixed Sex Accommodation Breaches

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EBS1	Mixed-sex accommodation breach	N&W ICB	#	0	16	32	↑	45

Patient Safety

Metric ID	Short Description	Org	Values	Target	Mar-23	AVG 22/23	Trend (Most Recent vs AVG 22/23)	Mar-22
EAS4	MRSA	N&W ICB	#	0	1	0.5	↓	0
EAS5	CDiff	N&W ICB	#	22	30	29	→	21

Summary of performance

- Delayed discharge and system pressures have led to a number of mixed sex accommodation breaches during the reporting period. These are monitored very carefully.
- The latest trend is now improving, showing an improvement in performance and ultimately a reduction in mixed sex accommodation. Further work will continue to meet this target during 2023-24.

Since the launch of NHS Norfolk and Waveney, a number of important projects have taken place to improve patient experience and increase our focus specifically on [improving quality, both internally in the NHS Norfolk and Waveney and across the health and care system](#).

A number of projects and programmes are highlighted below:

Supporting and improving Urgent and Emergency Care

- The NHS Norfolk and Waveney Nursing and Quality Team continue to facilitate the System UEC Serious Incident Tactical Group, which brings together Norfolk and Waveney providers to share and review learning from adverse incidents and, where appropriate, make shared recommendations, that inform system resilience and transformation plans, as well as broader quality improvement work around patient flow, including pre-hospital community-based interventions and discharge to assess. NHS Norfolk and Waveney has supported interventions to strengthen resilience within discharge pathways, including improving system intelligence around ‘demand’ and resource management and the development of digital solutions to improve communication and workflow, to improve access to timely assessments (e.g., therapy needs, Continuing Healthcare, Care Act) and onward discharge. NHS Norfolk and Waveney continues to work closely with the local authorities to support the social care provider market in Norfolk and Waveney, so that patients can make choices about where and how their ongoing care is delivered, with a safe level of support in an environment that meets their needs and optimises their recovery and reablement.
- The team has provided operational support to our three Acute Hospitals, with focussed periods of on-site input. This has provided additional operational support to provider colleagues as well as enabling NHS Norfolk and Waveney to actively reflect on the impact that quality improvement and transformation work is having on the delivery of frontline care.
- The team continues to work closely with provider organisations to identify and support the planning and implementation of quality improvement opportunities that will support pathways and improve patient experience.

System Infection Prevention and Control (IPC) Partnership

- The NHS Norfolk and Waveney IPC Team has established a system workstream focussed on reducing the misuse of gloves within healthcare and social care settings, which improves staff and patient experience, reinforces good hand hygiene practice and feeds into the wider ‘green’ sustainability agenda.

- The team has proactively visited all hotel-based asylum seeker accommodation in Norfolk and Waveney and have provided bespoke guidance and information to support safe and healthy environments.
- In addition, the team has reviewed the system's Seasonal Care Home Influenza response and set up a robust new Avian Influenza pathway, working closely with UKHSA and community providers to develop and deliver a service that ensures a timely response. This work has been recognised regionally.
- Team members from across the Nursing and Quality team have also led on local roll out of key elements of the national NHS Patient Safety Strategy, coordinating implementation of the new Patient Safety Incident Response Framework (PSIRF), working with regional and national teams, to ensure this is delivered by 01 September 2023. Our work has been recognised by regional and national colleagues.

The NHS Norfolk and Waveney Nursing and Quality Team has also worked very closely with the Executive Medical Director to launch a new bi-monthly Learning from Deaths forum in February 2023 with representation from system partners. This will collate and share public health mortality data and trends, as well as learning from providers, and will provide a forum for sharing themes and learning identified from mortality, including Medical Examiner findings, Safeguarding Practice Reviews, Child Death Overview Panels and learning from the lives and deaths of people with a learning disability and autistic people (LeDeR).

NHS Norfolk and Waveney continues to develop its risk management policy and risk scoring matrix, to ensure that mitigations, controls and assurances are in place to manage risk and identify improvement opportunities. We work collaboratively with partner organisations to understand system-level risks and facilitate system solutions.

Ensuring we support a resilient integrated model across place and primary care is key. We continue to provide support to practices 'at risk' or experiencing resilience issues. This involves senior clinical input to help practice teams to develop and strengthen their clinical and operational governance processes and support staff wellbeing and development.

We continue to facilitate a Schwartz Round programme for primary care staff, which provides a confidential, multidisciplinary forum designed for colleagues to come together once a month to discuss and reflect on the non-clinical aspects of delivering care; that is, sharing the emotional, social, and ethical experiences associated with their work. This continues to be well-received and attended.

Nursing and Quality has played a key role in supporting Norfolk and Suffolk NHS Foundation Trust to help take forward recommendations from the CQC, with senior NHS Norfolk and Waveney clinicians supporting the Trust to review their quality assurance and governance model and working with teams to identify quality improvement opportunities that will support transformation priorities and improve patient experience. Further information on mental health transformation can be found in the mental health section of this report.

A big area of focus this year has been the drafting of the first systemwide Quality Strategy which outlines our quality priorities for 2022-25, and makes a commitment to deliver safe, high quality, equitable and evidence-based care based on what matters most to the people using our services and the insight and expertise of our compassionate, skilful, and innovative workforce. This Strategy does not replace existing quality assurance and improvement strategies developed by partners, including provider organisations and local authorities, but highlights the importance of quality within our wider system working and how we can more seamlessly ensure a robust approach to quality and safety across all our services.

The strategy is supported by delivery pillars which provide the data and governance processes required to implement and monitor the strategy and for collective oversight and decision making around risks and opportunities in relation to quality, across the system. The strategy was approved at the [Board of NHS Norfolk and Waveney on 28 March 2023](#).

Key achievements and outcomes which the Nursing and Quality team are proud of:

Supporting and improving Urgent and Emergency Care

- The System UEC Serious Incident Tactical Group has provided a forum to collectively identify and take forward actions to improve safety and resilience within the local urgent and emergency care system, including work to align and optimise processes across the three Acute Hospitals and ambulance service, around ambulance handover, cohort care, interfacility transfers, system surge protocols, and access to Same Day Emergency Care (SDEC) provision outside of hospital. We continue to champion staff wellbeing and raise awareness of the impact of moral injury on staff working within sustained periods of high pressure.
- We have delivered a personalisation pilot at NNUH, which has strengthened the support available for patients waiting on their trauma and orthopaedics list; delivering a social prescribing and signposting service within the team to help patients optimise their physical, psychological, and emotional wellbeing while they wait for surgery. Learning will be shared across sites and pathways to build on the pilot evidence base.

System Infection Prevention and Control Partnership

- We led a successful bid for NHS England funding to test and evidence the impact of hydration interventions on urinary tract infection (UTI) levels and other outcomes for elderly patients both in the community and within healthcare settings. We are representing the East of England region with this pilot, which launched in October 2022 and is on track and progressing well.
- 2022/23 has seen a reduction in Healthcare Associated Infections (HCAI) across the system and we are now ranked as 2nd best performing system in the East of England for MRSA bacteraemia.
- We have worked collaboratively across the system to provide a timely response to emerging risks around infectious illnesses, including Monkeypox and the national increased prevalence of Group A Streptococcal (GAS) Infection in children. This work includes providing advice and guidance to primary care on GAS and developing a bespoke community pathway for suspected cases of Monkeypox.

NHS Patient Safety Strategy Implementation

- Successful appointment of Patient Safety Partners across the Norfolk and Waveney ICS with a plan for ongoing recruitment across the system. This will ensure that we have patient representation across committees and boards, with an initial focus on regular attendance at System Quality Group and the NHS Norfolk and Waveney Quality and Safety Committee.
- As part of the work undertaken by the Patient Safety Specialist Network, NHS Norfolk and Waveney recognised a need for extra support for a small cohort of patients who have experienced adverse outcomes when accessing care; such as an inpatient fall or injury, or a medication or treatment error. In December 2022 a new pathway was co-produced with NSFT colleagues to improve access to psychological support for those patients and/or their family members. This aligns with principles in the new NHS Patient Safety Strategy around meaningful and compassionate engagement with service users and carers when things go wrong.

Supporting a resilient and integrated model of Primary Care

- A gap in staff support services in primary care was identified and NHS Norfolk and Waveney has worked closely with NSFT to create and recruit into a new Trauma Risk Management (TRiM) role to deliver psychoeducation to staff, to support processing and recovery after a traumatic event. We continue to work collaboratively with system partners to promote and embed this service, with an aim to develop and expand into other organisations.

Transforming Mental Health Services

- The NHS Norfolk and Waveney Nursing and Quality Team has supported the co-delivery of a pilot project with NSFT, set up in August 2022 to support the Trust's South Norfolk Community Mental Health Team. This has facilitated rapid clinical review of unallocated service users and improved access to onward referrals, social prescribing and VCSE support. Individual service users have been appropriately discharged from the team and many more have been able to access the care that they have been waiting for as there have been changes in services and

processes. Additional services have been commissioned e.g., Primary Care Mental Health Practitioners, Wellbeing Hubs and VCSE services and further developments and capacity will be encompassed within the ongoing transformation work of the Trust, supported by NHS Norfolk and Waveney.

Over the last 12 months, the nursing and quality team has engaged with a number of partners, stakeholders, staff, people and communities in its work to improve nursing and quality.

Recruitment of Patient Safety Partners was achieved with broad system collaboration with Healthwatch Norfolk and Suffolk and the Voluntary Sector Care Academy. Communication and engagement leads across the system were also pivotal in sharing the details of the role and recruitment process to a wide group of networks.

The quality improvement pilots undertaken at NNUH and NSFT and in the Community, have all included detailed engagement with service users as well as staff to develop information and pathways that are easier to navigate and more closely aligned to the care and recovery outcomes they wish to work towards.

Despite progress and a shift forward in many areas, several challenges remain. In particular, recovery of local elective care pathway performance and continued mitigation of harm to patients is an area of intense scrutiny. Progress has been made but recovery of services following the COVID-19 pandemic will take time.

From a nursing and quality perspective, providing additional support to help shape a resilient and integrated model of Place and Primary Care and transition of the commissioning and quality oversight functions for Pharmacy, Optometry and Dentistry from NHS England to NHS Norfolk and Waveney has created additional work for the team. A dedicated team has been set up to oversee this transition, of which Nursing and Quality is a core member.

NHS Continuing Healthcare

The NHS Continuing Healthcare function for NHS Norfolk and Waveney continues to be delivered by an in-housed model. The team have consistently delivered 80% or over of assessing new referrals for NHS Continuing Healthcare to conclusion within 28 days, this trend continued in 2022-23. During the last financial year, no individuals were assessed for NHS Continuing Healthcare in an acute hospital setting.

Challenges remain in staff recruitment for clinicians. Recruitment continues continuously and there is a gradual filling of vacant registered practitioner posts. Band four commissioning support officers were added to the team structure in 2022 to support registered practitioners to deliver key aspects of the role that are not reliant on a professional registration.

Three month and annual reviews are in focus. NHS Norfolk and Waveney continues to work with Liaison Care, an independent NHS Continuing Healthcare provider, who will complete 350 reviews over an annual period, through to October 2024 whilst newly recruited staff become competent in role. There is an ambition to deliver both assessments and review within team as recruitment allows.

The team continues to work closely with Norfolk County Council. A trusted assessor model is now well embedded, minimising duplication where possible.

A revised programme of training for health and social care staff regarding NHS Continuing Healthcare and NHS-funded Nursing care is planned to commence in May 2023.

Engaging our staff, people and communities

NHS Norfolk and Waveney, along with the wider Norfolk and Waveney Integrated Care System is passionate about working with people and communities to ensure we all live longer, happier, and healthier lives. The only way we can do this is by working together.

All the partners in our ICS are talking and listening to people and communities every day. Our vision is that people would tell their story of lived experience once and it's heard by everyone in the ICS. We want to develop on-going relationships with communities to learn what matters to them, and work together to address the key issues for our system.

The overarching vision for working with people and communities in Norfolk and Waveney is that all partner organisations will consistently work together, with the public, to share insight and learning. This will maximise resources and ensure that the voice of local people, especially some of our quieter voices that do not always engage with health and social care services, are heard and shared as widely as possible.

Our approach to Working with People and Communities can be [read in full](#) or as an [Easy Read summary](#). It has been [tested with our local people and partners](#) and will continue to develop and adapt as a working draft, to reflect local aspirations as needed. It received very positive feedback from NHS England when assessed in 2022 and singles us out as a national exemplar for our work with inclusion health groups. You can read the full feedback from NHS England [here](#).

Learning from the pandemic – Norfolk and Waveney Community Voices

We learnt during the COVID-19 pandemic that we need to get better at listening to what really matters to our people and communities, especially if we are going to address health inequalities. A really effective way to do that is to use trusted communicators, people who are part of the local community – ‘people like me’. We can do this by working with Voluntary, Community and Social Enterprise (VCSE) organisations, as well as colleagues in, for example, housing associations and district and county councils who already have long standing relationships and networks throughout Norfolk and Waveney. [The Norfolk and Waveney Community Voices \(NWCV\) Project](#) was started during the COVID-19 pandemic and has gone a long way to developing these relationships in Norfolk and Waveney. Our system has many different communities of interest often living alongside and merging with each other. This can make talking and listening to the different people very challenging. We are aware that although they still provide useful insight, the more traditional methods of engaging tend to have a ‘response bias’ where it is more likely you will hear from people if they are better educated, older, wealthier and white British. Using trusted communicators at very local levels, often street by street or village by village, can help overcome this bias and help us reach the quieter, underserved and more vulnerable groups, by actively going to them to find out what their priorities are.

Building on the success of the Great Yarmouth Community Champions, Norfolk and Waveney is developing the Community Voices Project to work at district council level, using data and local insight to target conversations with local people. A network of community champions and connectors takes conversations out into the community to promote health messages and learn about what matters to people in relation to their wellbeing.

We are starting to compile a ‘bank’ of qualitative data and are starting to hear about the challenges faced by local people in accessing services, and about the issues that prevent wellbeing across a range of factors, including those outside the direct health sphere such as housing, employment and finances. We are carrying out a trial of an ‘insight bank’ where all the qualitative data we collect as part of the NWCV project can be stored. It will provide anonymised information useful for all ICS partners giving insight on a street, neighbourhood, place and system level which will be useful for health and care planning and other services as well.

Although work has started on developing the insight bank as part of the Community Voices project, there is a long way to go before it can reach its full potential and offer the depth and breadth of insight for the system that we aspire to. It is first necessary to make sure that the qualitative insight currently gathered as part of the project is being appropriately stored and turned into information that can drive change. This includes promoting skills in the system around analysis of qualitative data and developing a new or existing platform to store the insight so that it can be used by partners effectively.

The aspiration is that the platform could become a place for any members of staff across the system who work with local people and communities, and that who hear valuable insight into people's lived experience, are able to 'bank' this learning, which would otherwise be lost or become anecdote that cannot truly inform change. The idea is that training would be given to those who wish to upload to the insight bank so that they feedback they bank is the best possible quality. We hope to include partners from across the system for example people who work in housing, benefits and debt advice, health and social care staff, advocacy organisations. The vision is that the data would be searchable on place and neighbourhood levels and could be used both locally to drive change on the ground and strategically to inform decision makers of the issues that are of most concern to local people.

To help drive the development of Norfolk and Waveney Community Voices a project manager has been appointed on secondment from a local provider trust to help drive it onto its next phase, and to write a business case that will make this way of working part of the NHS Norfolk and Waveney's business as usual. We aspire to working at local level with key partners from local authority and VCSE organisations to map community assets and deficits, and to develop services accordingly to meet need.

Part of this work is to promote the [Making Every Contact Count](#) (MECC) principles through training of staff across the system in partnership with colleagues in Public Health. Using MECC principles helps to build a 3-dimensional picture of lived experience and help us understand our community's needs, experience and aspirations for health and care. By using continued engagement, we can find out if change is having the desired effect.

Partnership Working

Communications and engagement work at Place and Neighbourhood level is key to developing on-going relationships with people and communities. The NHS Norfolk and Waveney Communications and Engagement team has named staff aligned to each of the Norfolk and Waveney Places, with the aim to support the development of place-based teams as partnerships between ICS partners who work closely with supporting and listening to their local communities. This opening up new networks for NHS engagement and will be vital in supporting participation and the development of true co-production as we go forward.

At system level system partners who are working in Communications and Engagement or communities' functions are coming together regularly to join together as a system. The Norfolk and Waveney ICS Communications and Engagement Group meets every six weeks and is proving a useful forum for joint working and sharing of insight.

Alongside this, the Norfolk and Waveney Patient Experience and Engagement Leads meetings have been taking place weekly for several years and give an opportunity for people working in NHS provider trusts to meet and share practice across the system. They have also involved representatives from NHS Norfolk and Waveney and have been a vital opportunity to begin to test and develop the idea of the 'wider team' working with people and communities across the ICS to listen to and involve patient experience feedback in quality and wider commissioning.

The promotion of health equality is a high priority for Norfolk and Waveney, and so communications and engagement links have been developed over the last couple of years with our Health Inclusion Group. This is a multi-agency group that builds on partnership working during the COVID-19 pandemic and includes many ICS partners outside the NHS. Professionals from statutory and VCSE organisations come together to hear the voice of and understand the needs of vulnerable and health inclusion groups and align services accordingly. This group offers grassroots support to work with health inclusion groups to understand what matters to them as part of the people and communities work in Norfolk and Waveney. They help us access the views of some of our quietest voices, such as refugees and asylum seekers, sex workers and homeless and rough sleepers, people who do not usually come forward to share their views.

People and Communities Hub

The [ICS website](#) has become a vital focal point for communications and engagement activity since the ICS was formed in July 2022. It is well designed, easy to navigate and is becoming a trusted source for information or links to information. This website now hosts the [people and communities hub](#) for Norfolk and Waveney, which aims to develop and maintain a shared vision in listening to and working with local people across the ICS. It includes [live projects](#) from across the system that give local people the opportunity to participate, and helped promote some high level engagement on our priorities for our Joint Forward Plan.

The [You Said, We Did](#) section is designed to feed back on the difference participation has made, and includes quarterly engagement reports. A summary of how we have listened to and engaged with our staff, people and communities across Norfolk and Waveney can be found in these reports.

The NHS Norfolk and Waveney Communications and Engagement Team is divided into two key areas - Partnerships and Programmes – that work closely together to ensure that NHS Norfolk and Waveney maintains focus on the strategic People and Communities work as well as offering professional support and guidance for the day to day and transformational work undertaken by NHS Norfolk and Waveney staff.

To make best use of resources the Communications and Engagement Team is developing a programme of support to empower and equip NHS Norfolk and Waveney staff to lead their own communications and engagement function, under professional supervision and guidance. A toolkit has been developed and is being refined to enable communications and engagement to become part of everyone's core business.

Patient voice in primary care

Another key area of support centres around the patient voice in primary care. We are working with patient representatives, practices and our local Healthwatch's to develop a programme of strategic support to local PPGs and practices so that the voice of people and communities can be reflected more locally. NHS Norfolk and Waveney commissioned Healthwatch Norfolk to engage with local practices and PPGs to find out what support would be most useful.

We are working with representatives from both Healthwatch Norfolk and Healthwatch Suffolk, as well as practice and patient representatives to deliver the key recommendations from the [report](#). A [PPG webpage](#) is now in place which features case studies including examples that promote different models of patient engagement. There is also other information and links to resources including a [toolkit](#) produced by Healthwatch Norfolk following the period of engagement which aims to give practices and PPGs a step-by-step guide. PPGs are another key source of insight and feedback from our people and communities. As NHS Norfolk and Waveney takes over commissioning or wider primary care services such as pharmacies, dentists and optometrists, there will be scope to work with these contractors to reach out to their patient groups.

The Voice of People and Communities in NHS Norfolk and Waveney Governance

To ensure that the voices of people and communities are at the centre of decision making and governance, at every level of the ICS, we have appointed an Executive Director of Patients and Communities to oversee the all the work with our people and communities. Our communications and engagement function also reports into this vital post.

A newly formed [Patients and Communities Committee](#) meets every other month in public and will shortly include lived experience members. A recruitment pack is being developed in partnership with local people and system partners to ensure it is as accessible and open as possible. Lived experience members will then be recruited to the committee which will regularly review and update NHS Norfolk and Waveney's People and Communities approach. This committee will apply the 'so what' principle to

the insight received by NHS Norfolk and Waveney to ensure it leads to change. It will also play a key part in monitoring the on-going development of participation and co-production.

Co-production

Although NHS Norfolk and Waveney has a solid foundation to build its people and communities work on, there are areas that will take longer to fully develop and embed.

Our vision is that Norfolk and Waveney will work as single Communications and Engagement system that supports the individual nuances of each partner, whilst also working as a wider team across organisational boundaries to maximise every possible point of contact with local people. By working as a system to understand the barriers and challenges that people face in accessing health and social care, and by understanding the wider social and economic factors that affect their health and wellbeing, we will be better equipped to develop proactive support and services that are truly integrated.

One particular area of participation that our ICS aspires to developing further is around the promotion of true co-production. This refers to a process of shared power to effect change. The term co-production is generally used to mean an end-to-end process where people with lived experience work with those who design services and projects in an equal partnership, sharing power and often involving a significant commitment and where involvement fees or other forms of reciprocity are offered alongside expenses.

Examples of co-production do exist in Norfolk and Waveney and work is underway within the system to align existing work and develop a shared approach:

- Development of a co-production hub as part of our People and Communities hub to share examples from the system, to promote co-production principles and to signpost to support materials
- Funding and taking part in a [Carer's co-production project](#) which led to the development of the [Carer's Identity Passport](#) which is now being used in acute and community in-patient settings
- NHS Norfolk and Waveney is now represented, alongside Norfolk County Council, on the Norfolk Making It Real (MiR) steering group which promotes co-production particularly for people with lived experience of physical and learning disabilities.
- Named Communications and Engagement representatives are working with system partners at Place and Partnership level to promote and support co-production
- Supporting various NHS England funded initiatives in Norfolk and Waveney such as the co-production projects around Quality Improvement
- Co-production as an integral part of designing research projects
- Supporting the development of an ICS mental health coproduction strategy and framework
- Exploring ideas around the development of some system-wide shared principles around co-production for Norfolk and Waveney that have been developed out of the work listed above

NHS Norfolk and Waveney is currently working with NHS England and the Integrated Care Academy to develop some Board level training to promote strategic understand and promotion of true co-production. This would then be offered out to other ICB Boards nationally. The more 'true co-production' that is undertaken in Norfolk and Waveney, the more the system will be led by the views and needs of those with lived experience, as opposed to national or locally driven targets.

Norfolk and Waveney ICS is supporting co-production through its work to adopt a system wide [Quality Management Approach \(QMA\)](#). The overall is ambition to improve our local population services, health outcomes, and patient and staff experience; as well as providing safe, effective, accessible, sustainable and responsive care. Norfolk and Waveney ICS has chosen to place [quality](#) at the heart of how it plans, transforms, sustains and supports transformation of services.

Our core partners have collaboratively explored how quality can be woven into all that we do. The aspiration is that the ICS will be 'quality led' and that a day-to-day culture of quality improvement will be embedded across all local health and care.

A cornerstone of QMA is patient experience - bringing patient voices into systemwide quality improvement, and in designing of services. Co-design and co-production foster the processes and culture that support our staff, individuals, people and communities to become equal partners in all aspects of quality planning, improvement and control.

The service user voice has been included in the development of the system with patient leaders joining us as we plan. The aim is to extend this involvement into a full co-production model, fully embedded in the quality system. The aim is to improve outcomes for people with lived experience through quality feedback loops, and by bringing patient reported quality feedback to place boards and into transformation projects.

Norfolk and Waveney has been awarded funding by NHS England to promote co-production in [quality improvement](#). Projects that aim to improve care pathways have been identified by local NHS provider trusts to involve patients in partnership with staff. Learning from these projects during 2023 will inform a toolkit to help staff across the system use co-production principles when making changes to pathways in future.

As well as the Community Voices project, there is huge potential for the [VCSE Assembly](#) to become a channel for the voice of the people who interact with the various Voluntary and Community organisations and charities within their local communities. This will help strengthen our work to work with our quieter communities and will continue to theme of working through trusted communicators.

Reducing health inequality

NHS Norfolk and Waveney is committed to equality and inclusion. It recognises and has worked to implement all legislation relevant to its role and functions including the Equality Act 2010, meeting statutory Human Rights legislation; the Equality Delivery System (EDS); the Workplace Race Equality Standard (WRES); the Modern Day Slavery Act; and the Equality Impact Assessments (EIAs) and Equality Analysis. More information can be found at: [Equality and Inclusion](#). NHS Norfolk and Waveney has continued to reduce health inequalities across all services as is described throughout this report.

The COVID-19 pandemic highlighted the significant importance of collaboration and partnership to reduce inequalities in our communities, and the learning from this has helped galvanise a number of work programmes and approaches which have continued throughout 2022-23.

The Norfolk and Waveney Health Inequalities Oversight Group (HIOG) continues to meet and is the ICS's strategic approach to inequalities which sees system partners collaboratively deliver the commitments in national policy and guidance and key local strategic plans such as the NHS Long Term Plan, five urgent actions for addressing inequalities in ICS guidance, and Core20PLUS5.

The key workstreams within HIOG continue to be worked towards and include programmes that address Core20plus5, Community Engagement through the Community Voices programme, NHS Anchors and an inclusion health programme. HIOG continues to meet monthly, bringing together Health Inequality leads from all Norfolk and Waveney's ICS partner organisations to progress these priority workstreams.

Below are some additional examples of work to address wider health inequalities:

Community voices programme of work and community connectors/champions

- We are carrying out a trial of an 'insight bank' where all the qualitative data we collect as part of the project can be stored. It will provide anonymised information useful for all ICS partners giving insight for health and care planning.

Active NoW

- Active NoW is a whole system physical activity model that has been co-developed by the NHS Norfolk and Waveney, Active Partnerships, County Council's, all eight district councils and parts of the VCSE sector. The model seeks to improve health and wellbeing and reduce inequalities in

access to physical activity through a service that unites the physical activity sector under one single point of referral.

Protect NoW

- Protect NoW is tackling inequalities and improving access to health and care services through Population Health Management and risk stratification. The approach used to improve the current and future health and wellbeing of people within and across a defined geographical area whilst simultaneously reducing health inequalities.

Improving Access to Psychological Therapies (IAPT) – Access to Wellbeing Service.

- This project is linked to increasing awareness of and access to the Norfolk and Waveney Wellbeing Service (IAPT) for people experiencing mild to moderate 'common' mental health problems such as anxiety disorders and depression.

Health checks.

- The purpose of this project is to increase uptake of the Public Health (PH) commissioned NHS Health Checks, to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes and dementia.

Wellness Hubs and Wellness on Wheels (WoW)

- The first Wellness Hub has been set up in the heart of Norwich city centre and based at Castle Quarter. Initially the hub offered COVID-19 vaccinations, but will also offer access to wider health support, lifestyle and wellbeing advice, and welfare support.
- The WoW bus operates across Norfolk and Waveney supporting underserved communities and Core20plus populations access health interventions/screening.
- Provided by Voluntary Norfolk, the bus facilitates access to vaccinations, Health Checks, drug and alcohol support and advice to underserved communities with a focus on inclusion health groups.
- The WoW bus targets: People experiencing homelessness, Sex workers, Forced migrants (those with no recourse to public funds), Gypsy, Roma, Travellers and Boaters, Communities living in areas of deprivation and vulnerable migrants.

Supporting Asylum seekers in contingency hotels with access to health care

- In May 2022, the first contingency hotel was opened in the Norwich locality following on from these three further hotels opened during September and October 2022 (2 more in Norwich and 1 in Great Yarmouth).
- Within these 4 hotels, approximately 450 asylum seekers have been housed which are supported by local and system wide partners. NHS Norfolk and Waveney has been working closely with the People from Abroad Team (PfAT) a social work team located in Norfolk County Council. The team supports asylum seekers and vulnerable migrants arriving in Norfolk and works alongside Norwich GP practices and the wider Norfolk and Waveney ICS geography.

Vaccination and Health Inequalities

NHS Norfolk and Waveney has continued to lead the roll out of the vaccination programme across the health and care system during 2022-23, working with partner organisations across the Norfolk and Waveney ICS.

As at 28 February 2023, more than 2.9 million vaccinations have been given across Norfolk and Waveney since the beginning of the pandemic.

Norfolk and Waveney have some of the highest vaccine uptake figures in the country and has received regional and national recognition for the performance of the vaccination programme.

Delivering the autumn and winter vaccination programme across Norfolk and Waveney has and continues to take a massive team effort. In autumn and winter 2022-23 alone, we have delivered over 443,000 COVID-19 vaccines. This has included partners across the system:

- 106 GP Practices, including reservists and volunteers
- 19 Community Pharmacies
- 17 Primary Care Networks
- 4 large scale vaccination sites
- 5 Hospital Sites
- 1 Wellness on Wheels (WOW) bus

Over the last year, we have reached out to our people and communities to provide a more bespoke way of accessing services on a mobile basis. The bus currently provides a range of services on board including:

- COVID-19 vaccinations
- Change Grow Live (CGL) – drug and alcohol support
- Headway – Brain Injury
- Housing, Debt advice and Benefit support from District Councils
- HEP C screening
- Stop Smoking service with specialist SMI support

Two new purpose-built Vaccination Hubs have been built at both at QEH and JPUH.

Nationally, we continue to be recognising as an exemplar for the delivery of Accessible and Children and Young people’s clinics, where individual needs are taken into account to ensure safe and tailored vaccination for our young people.

Our Vaccination Programme Managers presented at a ‘Shaping the Market’ flu jab uptake webinar attended by Care Home Managers and Care Home Providers chaired by the Head of Integrated Quality Services, Norfolk County Council. The aim of the webinar was to explore barriers for care home staff in accessing the flu vaccine. This will also inform planning for the next flu season in 2023-24.

The success of the vaccination programme is underpinned by continued support from colleagues in general practice, district and borough council neighbourhood teams, Norfolk Constabulary (site security) and Norfolk County Council (Public Health, social care, commissioner of care providers and highway authority) and our NHS provider partners.

Public Health data provided crucial insight for planning site locations, pop up clinics and roving models. Identifying gaps in provision meant the delivery model could be adapted and tailored to address demand, improve access, and address inequalities.

As an ICS, we completed all NHS England East of England Flu and COVID targets, focusing on Core20plus5 and we excelled on CYP at Risk, Immunosuppressed and Care Home National target.

[Equality Diversity Inclusion \(EDI\)](#)

A range of resources have been developed and launched for our staff as well as the people and communities of Norfolk and Waveney, to raise awareness of and support EDI during 2022-23. Some of these include:

- The [EDI Resource Hub](#) which aims to provide insights, share best practice and examples of how to raise awareness and enable our teams to discuss key topics, build connections and explore shared experiences that allow for an inclusive and diverse workplace culture.
- A [portal for people and communities of Norfolk and Waveney](#), to informally log micro-aggressions anonymously and safely. A micro-aggression is a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a minority or marginalised group or individual.
- An [Equality, Diversity, and Inclusion Newsletter](#) for the ICS which aims to connect all our workforce, stakeholders and service users around the EDI agenda. The ambition is to make Norfolk and Waveney ICS the best place to work, live and receive care, where inclusion and compassion are standard.

- A [de-biasing recruitment and retention diagnostic and toolkit](#) to ensure all those involved in recruitment and selection of NHS staff are aware of how bias exists within these processes and what actions they can take to reduce or eliminate such bias.
- We launched an [Anti-bullying and harassment print and digital campaign](#) 'Stop the abuse'.

We have tried to achieve consistency and standardisation across all our provider organisations within the ICS (including the NHS Norfolk and Waveney) around inclusive values and behaviours.

Specific interventions have included:

- Roll out of the Just and Restorative Culture training across the ICS in line with the national culture and respect framework.
- Implementing Schwartz Rounds across the ICS in partnership with the Point of Care Foundation to support the narrative around empathy and compassionate care.
- Mentoring and coaching support for system leaders and Board members, ensuring our leaders have support for resilience, professional development and to undertake the requirement of their role.
- An NHS Norfolk and Waveney Board development plan underway with external partner, raising awareness and understanding of diversity and inclusion.
- Encouraging the support for and development of staff network groups to provide those psychologically safe spaces for staff to feel empowered to elevate their voices, and enable peer support.
- Positive action leadership development programme for staff from culturally diverse backgrounds, with 30 staff attending from across the ICS.

Working with our staff, people and communities, we have been able to use the lived experiences shared through the micro-aggression portal to support anti-bullying training for staff. For example, the experiences of our international nurses have highlighted a problem in the way these members of staff are being mistreated. As a result of the report shared from the portal, Norfolk and Waveney secured the opportunity for line managers who have internationally educated nurses as direct reports, to attend a national pilot programme for cultural awareness training.

Furthermore, the launch of the digital and print media campaign will evaluate impact around anti-bullying through the number of visits to the anti-bullying and harassment section of the EDI Resource Hub. We also hope to see a significant improvement in our Workforce Race and Disability Equality Standard indicators around reported incidences of bullying from patients.

Both the NHS Norfolk and Waveney and the wider ICS greatly value the dedicated EDI resource. This capacity will come to an end in March 2023, and the challenge will be to continue to demonstrate a commitment to the EDI agenda going forward. Senior level accountability and advocacy for diversity and inclusion is imperative in order to sustain this work

EDI is about everyone. Through this work we are aiming to create environments where our workforce feel valued, respected, motivated, have a sense of belonging and can thrive. Taking care of our workforce inevitably leads to better service provision and patient care / health outcomes.

The EDI work has been focussed on meeting the following targets:

1. De-biasing work to de-bias all our policies and practices around recruitment and retention, including positive action for leadership development of those staff from underrepresented groups.
2. Staff voice to empower our workforce through staff network groups.
3. Education piece to support awareness of EDI including enhancing mandatory training offer.

Health and wellbeing strategy

Joint health and wellbeing strategies

NHS Norfolk and Waveney has been an active member of both the Norfolk and Suffolk Health and Wellbeing Boards.

The organisation has worked to support the four priorities in Norfolk’s Joint Health and Wellbeing Strategy, as well as the cross-cutting themes and outcomes in Suffolk’s strategy.

NHS Norfolk and Waveney is an active member of both the Norfolk and Suffolk Health and Wellbeing Boards. NHS Norfolk and Waveney has worked to support the four priorities in Norfolk’s Joint Health and Wellbeing Strategy, as well as the cross-cutting themes in Suffolk’s strategy.

Key highlights of this report have been shared with the Norfolk and Waveney Health and Wellbeing Board at its meeting in March 2023. This section of the report reflects key achievements and milestones achieved in 2023, as well as agreeing priorities and areas of focus in 2023-24 as set out in the Integrated Care Strategy, approved in November 2022.

Norfolk priority: Driving integration
Suffolk cross-cutting theme: Greater collaboration and system working

In line with the Health and Care Act (2022), NHS Norfolk and Waveney was designed to strengthen collaboration and further integration, not just between local NHS organisations, but with council colleagues and the voluntary, community and social enterprise (VCSE) sector. To support and enable integration, the NHS Norfolk and Waveney and its committees have partners on from a wide range of backgrounds and from different parts of the system.

Building on our well-established local relationships and the success of our health and wellbeing boards, NHS Norfolk and Waveney has worked with partners to establish the [Norfolk and Waveney Integrated Care Partnership](#). NHS Norfolk and Waveney staff have also worked with colleagues from the Partnership to develop our first [Integrated Care Strategy for Norfolk and Waveney](#). NHS Norfolk and Waveney is using the priorities in the strategy to guide the [development of its first five-year Joint Forward Plan](#); helping to ensure that NHS Norfolk and Waveney’s work is coordinated and in line with that of system partners.

- As a system, we are strengthening integration at all levels. NHS Norfolk and Waveney has:
- continued to support the development of our 17 Primary Care Networks (PCNs) and integrating our workforce.
 - worked with partners to establish the five Place Boards, which have brought together colleagues from across health and care to integrate services at a more local level.
 - been an active partner in the eight local health and wellbeing partnerships, working with district councils, VCSE organisations and others to address the wider determinants of health.
 - supported greater collaboration between providers operating in the acute, community and mental health sectors.

Our Integrated Care System is not fundamentally about structures and governance though. It is about relationships between people, communities, colleagues and the organisations that make up our Integrated Care System. To drive integration, we have invested in these relationships. For the NHS Norfolk and Waveney’s part, this has included:

- a focus on how the organisation and our system works with local people and communities, helping us to build a better understanding of local needs.
- greater collaboration with the voluntary sector, for example through the VCSE Assembly.
- an organisational development programme to ensure the actions and behaviours of everyone who works for NHS Norfolk and Waveney supports and enables collaboration and integration.

Importantly, we are taking decisions and making changes to integrate services and it is these changes that will really improve people’s health, wellbeing and care. Examples include:

- **Collaborating to reduce waits for planned care:** During the pandemic, the number of patients waiting longer for treatment grew for multiple reasons; by June 2022 there were no

patients waiting two years or more for routine care in our area. Achieving this target was only possible thanks to close collaboration between our three acute hospital trusts, making effective use of all available capacity, and through strengthening our relationships and mutual aid arrangements across healthcare systems.

- **Introducing a carers passport:** In November 2022, our Carers Identity Passport was launched, supported by all our local NHS trusts and East Coast Community Healthcare. This was introduced in response to carers telling us, as a system, how we could better support carers and families by involving them earlier when we are planning for a patient's discharge and listening to them about what would work best for the people they know and love.
- **Sharing data better to make it easier for frontline health and care professionals to understand people's conditions and to treat them:** We have made good progress with two key projects in our Digital Strategy. Firstly, the Norfolk and Waveney Shared Care Record Proof of Principle is live following successful system testing. The Shared Care Record is a way of bringing together a person's records from the different organisations involved in their health and social care. These are then visible to frontline health and social care professionals, at the point of care. Secondly, the green light has been given to start the procurement of an electronic patient record for our three acute hospital trusts.

Norfolk priority: Prioritising prevention

Suffolk cross-cutting theme: Prevention: stabilising need and demand

NHS Norfolk and Waveney has worked with a wide range of partners to make real progress with the prevention agenda, both through the use of population health management techniques and by commissioning preventative services. Examples include:

- **Protect Norfolk and Waveney:** Protect NoW has continued to make strong progress and delivered a range of population health management projects over the past year. This is helping our system to provide more anticipatory and preventative care.
- **Active NoW:** Health and care professionals working with patients who could benefit from being more physically active now have a consistent, simplified way to refer patients into physical activity through Active NoW. The programme supports inactive patients who do less than 30 minutes of exercise each week, as well as patients living with a long-term health condition that could be managed or improved by being more active.
- **The Wellness of Wheels Bus:** To make it easier for people to get services, support and information, particularly people who do not access services in more traditional ways, we have introduced the Wellness on Wheels Bus. It visits communities across Norfolk and Waveney offering services such as vaccinations and screening, along with health and financial advice.
- **Health and Care Wellbeing Hubs:** We have opened our first hub in Norwich, which in addition to giving COVID-19 vaccinations, is also offering access to wider health support, lifestyle and wellbeing advice, and welfare support services.
- **Green Plan:** NHS Norfolk and Waveney has helped to develop the system's Green Plan for 2022-25, which sets-out the commitment of local health and care services to reducing harmful carbon emissions, which will save lives and improve health now, and for future generations.

Norfolk priority: Addressing inequalities

Suffolk cross-cutting theme: Reducing inequalities

The COVID-19 pandemic highlighted some of the health and wider inequalities that persist in our society. As a system we are committed to working together to address these inequalities.

As outlined above, NHS Norfolk and Waveney is working with partners to reduce health inequalities by:

- using population health management techniques.
- improving access to services, for example via the Wellness on Wheels Bus and the introduction of our Health and Care Wellbeing Hubs.
- collaborating through our place boards and local health and wellbeing partnerships to improve access to and the quality of healthcare, as well as to address the wider determinants of health.
- establishing a Patients and Communities Committee, whose remit includes examining how NHS Norfolk and Waveney is reducing health inequalities.

Our collective work as a system is helping us to deliver the measures in the NHS Long Term Plan, the five priority actions to address inequalities that were identified as part of the health service's response to the pandemic and our work to deliver Core20PLUS5.

Norfolk priority: Enabling resilient communities

Suffolk cross-cutting theme: Connected, resilient and thriving communities

NHS Norfolk and Waveney is committed to supporting people to live independent healthy lives in their community for as long as possible, through promotion of self-care, early intervention, and digital technology where appropriate.

As set out above, we are using population health management techniques to provide more anticipatory care and early intervention. We are also using technology to empower people to manage their health and wellbeing better, for example by giving people greater visibility and control over their treatment and care journeys – this is a key aim of our new Digital Transformation Strategy.

Vital to creating more resilient communities is building capacity in the voluntary, community and social enterprise sector (VCSE). NHS Norfolk and Waveney values the work of the sector and wants to work with the sector as a trusted partner. NHS Norfolk and Waveney has worked with both the sector and other partners to establish the VCSE Assembly, as well as to involve colleagues from the sector in the governance of the organisation, including by having a VCSE member on the NHS Norfolk and Waveney Board.

Our work with the VCSE sector and local authorities across Norfolk and Waveney is also supported by The Better Care Fund. This is a partnership agreement and a pooled budget, held specifically with both Norfolk County Council and Suffolk County Council.

Further information about the Better Care Fund can be found in the Accountability Section of this Annual Report, as well as the table above which includes some of the core work the Norfolk and Waveney ICS has done, in partnership, utilising some of these funds.

Financial review

The introduction of NHS Norfolk and Waveney on 1 July 2022 brought about the cessation of Clinical Commissioning Groups (CCGs) and inception of Integrated Care Boards (ICBs).

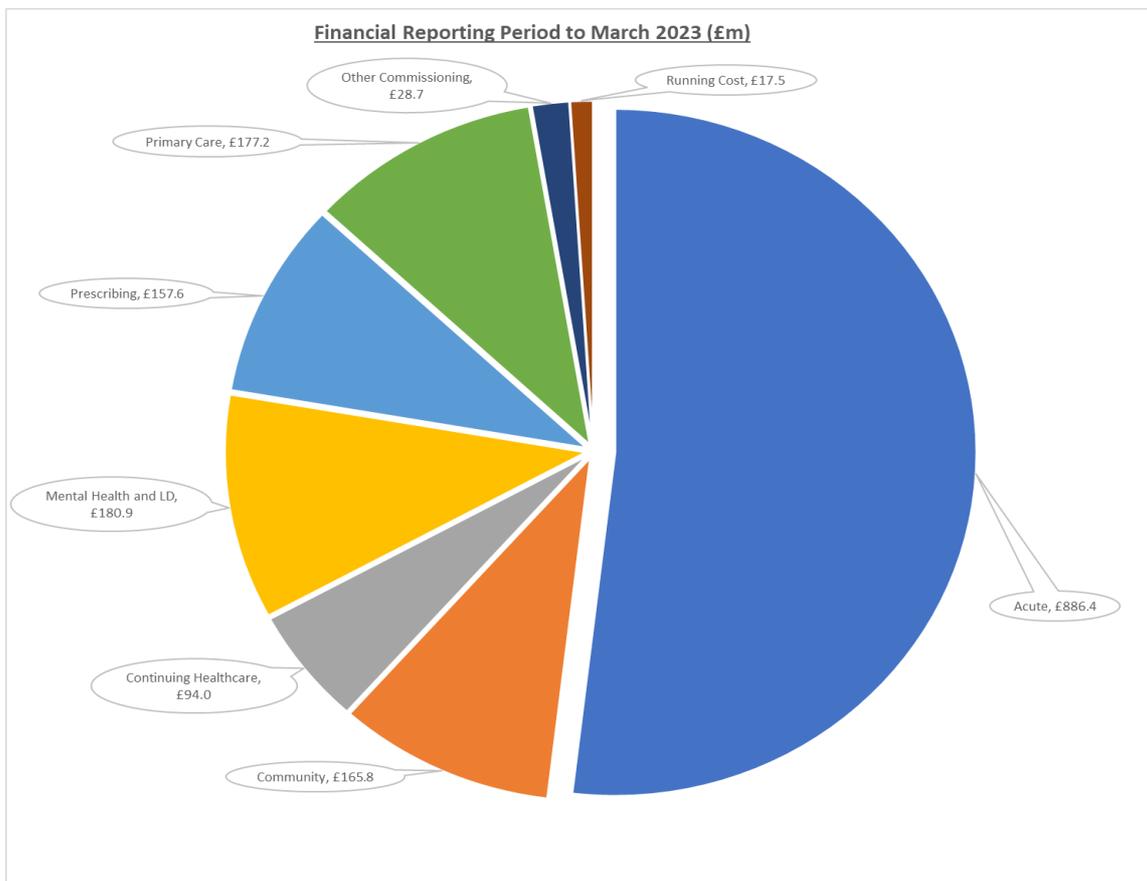
This resulted in the traditional 12-month accounting period being split into a three-month period (for CCGs) and a nine-month period (for ICBs).

The following information reflects to the nine-month accounting period for the ICB to 31 March 2023.

- The total allocation for the nine-month accounting period was £1,708m.
- This was split between Commissioning Health Services (£1,690m) and Running Costs (£17.6m).

The following table and chart provide a further breakdown by category of how the allocation was spent:

Area of spend	Total spend (£m)
Acute Commissioning	886.4
Mental Health and Learning Disability Commissioning	180.9
Primary Care Commissioning	177.2
Community Commissioning	165.8
Prescribing	157.6
Continuing Health Care	94.0
Other Commissioning	28.7
Running Costs	17.5
TOTAL	1.708



For the nine-month period, NHS Norfolk and Waveney delivered its statutory duty to breakeven, with the final reported position being a £208,000 underspend.

Within this underspend, NHS Norfolk and Waveney also remained within the allocated running cost budget and therefore delivered on all financial duties as reported in note 19 'Financial Performance Targets' of the Annual Accounts.

A key contributor to the achievement of the overall financial position was successful delivery of £19.3m of efficiencies. The main areas of delivery were:

- Prescribing (£8.2m)
- Continuing Health Care (£3.6)
- Corporate (£7.3m) – this included the in-housing of the support services, rationalisation of corporate estate and non-recurrent benefits of phased recruitment.

The above efficiency delivery has enabled NHS Norfolk and Waveney to deliver its statutory financial duty, whilst simultaneously providing additional resources to support the ICS during a period of sustained operational pressure.

Further financial information is included in the Annual Accounts section.

SIGNED

Tracey Bleakley
Accountable Officer
29 June 2023

ACCOUNTABILITY REPORT

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April to 30 June 2022, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

This is the first Accountability Report for NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney). NHS Norfolk and Waveney became a statutory body on 1 July 2022 in accordance with the Health and Care Act 2022 and following the dissolution of the NHS Norfolk and Waveney Clinical Commissioning Group on 30 June 2022.

Members' report

NHS Norfolk and Waveney's Constitution came into effect on 1 July 2022. The Chair of NHS Norfolk and Waveney is the Right Honourable Patricia Hewitt and the Chief Executive Officer is Tracey Bleakley.

Member profiles and practice

NHS Norfolk and Waveney has 105 member GP practices in Norfolk and Waveney grouped into 17 Primary Care Networks (PCNs). More information on PCNs can be found in the Performance Report.

Composition of Board – the members of the Board are:

			
Rt Hon Patricia Hewitt Chair	Tracey Bleakley Accountable Officer	Steven Course Executive Director of Finance	Dr Frankie Swords Executive Medical Director
			
Patricia D'Orsi Executive Director of Nursing	Hein van den Wildenberg Non-executive Member	Cathy Armor Non-executive Member	David Holt Non-executive Member
			
Aliona Derrett Non-executive Member	Bill Borrett Member - Integrated Care Partnership	James Bullion Partner Member Local Authority	Sue Cook Partner Member Local Authority
			
Emma Ratzert Member from VCSE Assembly Board	Jon Barber Partner Member NHS Foundation Trust	Dr Hilary Byrne Partner Member	Stephen Collman Partner Member NHS Trust

Committees, including Audit and Risk Committee

Please see the Annual Governance Statement page 63 for details of the Audit and Risk Committee and all other Board Committees.

Register of Interests

The Register of Board Interests can be found here: <https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/conflicts-of-interest/>. More information on how NHS Norfolk and Waveney manages interests can be found in the Annual Audit of Conflicts of Interest Management section on page 86.

Personal data related incidents

During the period 1 July 2022 to 31 March 2023 and up to the submission of the Annual Report and Accounts there were no data security breaches reported to the Information Commissioner's Office (ICO).

Modern Slavery Act

NHS Norfolk and Waveney ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

SIGNED

Tracey Bleakley
Accountable Officer
29 June 2023

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Norfolk and Waveney ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Norfolk and Waveney ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Norfolk and Waveney ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act

2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Norfolk and Waveney ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

SIGNED

Tracey Bleakley
Accountable Officer
29 June 2023

Governance Statement

Introduction and context

NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney) is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

NHS Norfolk and Waveney's statutory functions are set out under the National Health Service Act 2006 (as amended).

NHS Norfolk and Waveney's general function is arranging the provision of services for persons for the purposes of the health service in England. NHS Norfolk and Waveney is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Norfolk and Waveney Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Norfolk and Waveney Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Norfolk and Waveney is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within NHS Norfolk and Waveney as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

NHS Norfolk and Waveney Governance Framework

NHS Norfolk and Waveney's Constitution and Governance Handbook

NHS Norfolk and Waveney's Constitution is based on the Integrated Care Board Model Constitution produced by NHS England in May 2022

The Constitution sets out NHS Norfolk and Waveney Board membership, the appointment process for Board as well as the organisation's governance arrangements and includes the standing financial instructions. It also sets out how NHS Norfolk and Waveney discharges its statutory functions via its governing structure.

This is supported by NHS Norfolk and Waveney's Governance Handbook which includes the terms of reference for each of NHS Norfolk and Waveney's committees as well as the

scheme of reservation and delegation, conflicts of interest policy and standards of business conduct policy.

Board

The Board is comprised of 16 members; the chair, chief executive officer, four non-executive members, five partner members from local NHS trusts, foundation trusts, primary medical services and Norfolk County Council and Suffolk County Council, an executive director of finance, an executive medical director and executive director of nursing, a member from the VCSE Assembly Board and a member from the Integrated Care Partnership Board.

The quorum for the Board is 10 members and needs to include either the chief executive officer or the executive director of finance and either the executive medical director or the executive director of nursing and at least one independent member which can include the chair and at least one partner member.

There has been two changes to the membership of the Board during the reporting period as follows:

- Stuart Richardson, Chief Executive Officer of NHS Norfolk and Suffolk Foundation Trust stood down as Partner Member in November 2022 and Stephen Collman, Chief Executive of Norfolk Community Health and Care NHS Trust appointed to the role.
- James Bullion, Executive Director of Adult Social Services of Norfolk County Council stood down as a Partner Member in June 2023 and Debbie Bartlett, Interim Executive Director Adult Social Services was appointed to the role.

Meetings

NHS Norfolk and Waveney held five Board meetings in public between 1 July 2022 and 31 March 2023.

Details of how members of the public are able to attend public meetings in person or join virtually, access meeting papers and minutes from previous meetings can be found on NHS Norfolk and Waveney website: <https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/our-icb-meetings-and-events/>. Members of the public are also able to raise questions with the Board by submitting questions to: nwicb.contactus@nhs.net.

Each meeting had been well attended and quorate. Members of the Executive Management Team also routinely attended meetings.

Membership and 'voting' attendance is recorded in the table below:

Name	Member	Attendance
Patricia Hewitt	Chair	5 out of 5 (100%)
Tracey Bleakley	Chief Executive Officer	5 out of 5 (100%)
Steven Course	Executive Director of Finance	4 out of 5 (80%)
Dr Frankie Swords	Executive Medical Director	5 out of 5 (100%)
Patricia D'Orsi	Executive Director of Nursing	5 out of 5 (100%)

Hein Van Den Wildenberg	Non-Executive Member	5 out of 5 (100%)
Cathy Armor	Non-Executive Member	5 out of 5 (100%)
David Holt	Non-Executive Member	5 out of 5 (100%)
Aliona Derrett <i>From Oct 2022</i>	Non-Executive Member	3 out of 3 (100%)
Dr Hilary Byrne	Partner Member Primary Medical Services	5 out of 5 (100%)
Bill Borrett	Member from Integrated Care Partnership	4 out of 5 (80%)
James Bullion	Partner Member Local Authorities, Norfolk County Council	5 out of 5 (100%)
Sue Cook	Partner Member Local Authorities, Suffolk County Council	3 out of 5 (60%)
Emma Ratzer	Member from the VCSE Assembly Board	5 out of 5 (100%)
Jonathan Barber	Partner Member NHS Trusts and Foundation Trusts	4 out of 5 (80%)
Stuart Richardson <i>Attended until Sep 2022</i>	Partner Member NHS Trusts and Foundation Trusts (Mental Health and Community Services)	1 out of 2 (50%)
Stephen Collman <i>From Nov 2022</i>	Partner Member – NHS Trusts (Mental Health and Community Services)	3 out of 3 (100%)

Additional private meetings were held throughout the year for Board development and to discuss matters where the wider public interest or commercial confidentiality clearly required it.

The Board approved the Constitution and Governance Handbook at its inaugural meeting on 1 July 2022. The Governance Handbook was further updated and approved by the Board in February and March 2023.

The Board has a number of functions conferred on it by the Health and Social Care Act 2012 (the “Act”). The main function is to ensure that NHS Norfolk and Waveney has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with good governance. The Board also leads on setting the vision and strategy of the organisation. The Board has established a Remuneration, People, Culture Committee to determine the remuneration, fees and other allowances payable to employees or other persons providing services to NHS Norfolk and Waveney.

NHS Norfolk and Waveney’s Constitution sets out the responsibilities delegated to the Board. These include providing assurance of strategic risks, ensuring registers of interest are reviewed regularly, and that financial reports including details about allocation and financial variances against plan are reviewed. These matters are standing agenda items at each Board meeting.

The following topics are frequently discussed by the Board at its meetings:

- System pressures
- Elective recovery
- Clinical threshold policy recommendations
- Financial reporting
- Risk reporting
- Reports from Committees

The Board completed a self-assessment of its own performance and effectiveness in February 2023. This was discussed at a Board meeting in March 2023 and the findings from the self-assessment were that the Board was effective during 2022/23 and no significant issues were raised. However, the Board continues to move forward on a programme of development identifying areas where it can improve and action it can take on this. The Board meets regularly to focus on this work.

Board Joint Committee – Integrated Care Partnership

In July, following the passing of the Health and Care Act (2022), the Integrated Care Partnership (ICP) Committee became a joint statutory committee of NHS Norfolk and Waveney, Norfolk County Council and Suffolk County Council. Councillor Bill Borrett became Chair of this joint committee.

The role of the Committee is to promote the close collaboration of the health and care system. It builds on the existing Norfolk Health and Wellbeing Board, with the expanded geography to include Waveney, to ensure better health and care outcomes for all our residents.

The Committee provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The Committee has a central role in the planning and improvement of health and care in Norfolk and Waveney. Details of the ICP and its meetings can be found here: <https://improvinglivesnw.org.uk/about-us/our-integrated-care-partnership/>.

Since 1 July 2022 and up to 31 March 2023 the Committee met four times. Meeting attendance was good and all meetings were quorate.

The work of the committee during the reporting period 1 July 2022 to 31 March 2023 included:

- Agreeing an Integrated Care Strategy for Norfolk and Waveney (which also acts as the Joint Health and Wellbeing Strategy for Norfolk)
- Considering and endorsing the key themes and recommendations for the 'All Age Carers Strategy for Norfolk and Waveney 2022-25'

- Considering and endorsing the plan to support the system and residents of Norfolk and Waveney during the winter of 2022-23
- Receiving and endorsing the distribution of NHS capital funding.

Board Committees

The Board appointed eight committees, and these are detailed below.

Primary Care Commissioning Committee

The role of this Committee is to carry out the functions relating to the commissioning of primary medical services except those that relate to individual GP performer list concerns which have been reserved to NHS England.

Membership of the Committee comprises:

- A local authority partner member from NHS Norfolk and Waveney Board (Chair)
- Non-Executive Member (Vice Chair)
- Executive Director of Nursing or their nominated deputy
- Executive Director of Finance or their nominated deputy

From 1 April 2023 NHS Norfolk and Waveney will in addition to responsibility for primary medical services also assume responsibility for pharmaceutical, general ophthalmic and dental (primary, community and secondary care) services under the terms of a Delegation Agreement with NHS England. NHS Norfolk and Waveney reviewed how the governance arrangements and decision making will operate for primary care commissioning and contracting from that date. It was agreed that the responsibilities of the Primary Care Commissioning Committee will be expanded to include all four primary care services. The Committee reviewed its terms of reference during the reporting period to reflect these changes and the amendments were approved by the Board.

Since 1 July 2022 and up to 31 March 2023 the Committee met 9 times.

Membership of the Primary Care Commissioning Committee together with the attendance record is provided in the table below

Name	Member	Attendance
James Bullion	Chair, Local Authority (Norfolk) Partner Member from the Board	5 out of 9 (55%)
Hein Van Den Wildenberg	Deputy Chair, Non-Executive Member	9 out of 9 (100%)
Steven Course or nominated deputy	Executive Director of Finance	9 out of 9 (67%)
Patricia D'Orsi or nominated deputy	Executive Director of Nursing	9 out of 9 (100%)

Highlights of the work of the committee during July 2022 to March 2023 include:

- Review of NHS England delegated primary care budgets for general practice, as well as transformation, digital and estates budgets
- Review and monitoring of the Primary Care Risk Register, including overseeing progress against actions plans to increase the uptake of learning disability health checks and severe mental illness health checks and work to improve the interface between primary and secondary care, measures taken to improve practice resilience and the transition of delegated authority from NHSE to NHS Norfolk and Waveney
- Provide input to and approves the Primary Care Committee Forward Plan
- Review of practice issues
- Approval of support programmes, e.g. GP Resilience funding, workforce development and support for practices
- Monitoring CQC inspection reports and the actions being taken by practices
- Receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs
- Approve the Prescribing Quality Scheme for 2023/2024
- Receive monthly reports on the planned transfer of responsibility for delegated primary care services to ICBs from April 2023 under the Delegated Agreement, noting risks and concerns and progress against plans
- Approve the Primary Care Workforce plans, including the Additional Roles Reimbursement Scheme
- Agree proposals for improving uptake in annual health checks for individuals with Learning Disabilities and Severe Mental Illness
- Receive regular reports on primary care estates plans
- Approve plans for the recommissioning of five Locally Commissioned Services
- Received a report on Resilience Funding investment plans for 2022/2023

Audit and Risk Committee

The Audit and Risk Committee provides the Board with an independent and objective view of NHS Norfolk and Waveney's assurance processes. This is achieved by reviewing financial systems, the risk management structure and ensuring compliance with the laws, regulations and directions that govern NHS Norfolk and Waveney.

The Audit and Risk Committee is comprised of:

- Non-Executive member with a lead for Audit and Risk, who is also the Chair;
- 2 Non-Executive members from the Board of NHS Norfolk and Waveney

The Chair of the Audit and Risk Committee is David Holt who is the Non-Executive member with a lead for Audit and Risk and also NHS Norfolk and Waveney's Conflicts of Interest Guardian.

The Committee reviewed its terms of reference and membership during the reporting period. The Committee proposed increasing its Non-Executive members to 4 and the Board approved this amendment at its meeting in March 2023 and will be effective from April 2023.

During the reporting period the Audit and Risk Committee met 5 times. Each meeting was well attended and quorate.

Membership of the Audit and Risk Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
David Holt	Chair, Non-Executive Member	5 out of 5 (100%)
Hein Van Den Wildenberg	Non-Executive Member	5 out of 5 (100%)
Cathy Amor	Non-Executive Member	5 out of 5 (100%)

The Committee was supported by regular attendance of NHS Norfolk and Waveney's Executive Director of Finance, Executive Director of Corporate Affairs and ICS Development, Director of Financial Management and Director of Commissioning Finance.

The primary role of the Audit and Risk Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across NHS Norfolk and Waveney's activities supporting the achievement of NHS Norfolk and Waveney's objectives.

The Audit and Risk Committee reviewed the adequacy and effectiveness of:

- Internal control systems;
- Risk and control related disclosure statements prior to endorsement by NHS Norfolk and Waveney;
- Principal risks and policies for ensuring compliance with regard to regulatory, legal, code of conduct requirements and self-certification;
- Policies and procedures for work related to fraud and corruption and information governance.

The Committee primarily utilises the work of Internal Audit and External Audit but is not limited to these sources. It also seeks reports and assurances from directors and managers as appropriate. The Committee concentrates on the overarching systems of integrated governance, risk management and internal control.

The Audit and Risk Committee is also responsible for ensuring that arrangements are in place for countering fraud and reviews the work of the counter-fraud specialist.

The Committee has undertaken a series of deep dives that have focused on key strategic risks that could potentially impact the organisation. These deep dives have included a deep dive into cyber security and personal data, continuing health care, the transition of pharmacy, dental and ophthalmic services from NHS England to NHS Norfolk and Waveney, a briefing by the Executive Medical Director and an update on the impact of the ending of the Control of Patient Information regulations by the Executive Director of Digital and Data. Each of these deep dives has stimulated discussion and review of key areas of strategic risk

for NHS Norfolk and Waveney and have helped inform the work of the Committee as well as provide assurance on work being undertaken to address and mitigate risks.

Other key areas of work of the Audit and Risk Committee during the reporting period includes:

- Reviewing the Risk Management Framework and Board Assurance Framework providing assurance to the Board
- Reviewing financial and contractual management processes
- Reviewing the Annual Report and Accounts
- Reviewing reports on internal controls and counter fraud
- Discussion on processing and management of risks in CHC
- Discussion on delegation of responsibility for pharmacy, general ophthalmic and dentistry from NHS England to NHS Norfolk and Waveney

The Audit and Risk Committee Chair has also met with system audit Chairs to review system effectiveness. The meeting discussed the Joint Forward Plan and financial environment as well as NHS Norfolk and Waveney Board Assurance Framework and Risk Appetite. It was agreed to share individual risk registers to look at how they aligned and to review this on a regular basis.

Conflicts of Interest Committee Sub Committee

This committee is a sub committee of the Audit and Risk Committee. It contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Audit and Risk Committee on the adequacy and effectiveness of conflict of interest processes within NHS Norfolk and Waveney. The committee is authorised to make decisions on behalf of the Board about issues which could not be decided by the Board due to conflicts of interest and thus acts independently and provides a space to deliberate matters of interest.

Membership of the committee consisted of the following:

- Non-Executive Member (Chair)
- At least one further Non Executive Member from the Board
- Executive Director of Finance (Deputy Chair)
- Executive Medical Director

The committee reviewed its terms of reference to ensure that it has the appropriate level of responsibility to discuss and decide upon possible breaches of NHS Norfolk and Waveney's Conflicts of interest Policy. The committee also reviewed the refreshed the Conflicts of Interest Policy.

The Committee met once during the reporting period of 1 July 2022 to 31 March 2023. The membership of the Conflicts of Interest Committee together with the attendance record is provided in the table below

Name	Member	Attendance
David Holt	Chair, Non-Executive Member	1 out of 1 (100%)
Hein Van Den Wildenberg	Non-Executive Member	1 out of 1 (100%)
Dr Frankie Swords	Executive Medical Director	0 out of 1 (0%)
Steven Course	Executive Finance Director	1 out of 1 (100%)

Key areas of the work for the committee include:

- Committee's terms of reference
- Review of refreshed Conflicts of Interest Policy
- Review of process

Remuneration, People and Culture Committee

The Remuneration, People and Culture Committee is accountable to the Board. This Committee contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Board on the strategic people and culture agenda for NHS Norfolk and Waveney and its partner constituents. It also determines the pay and remuneration for the Chief Executive, Members of the Board and other Very Senior Managers as well as termination of employment and other contractual terms and non-contractual terms. In addition, it determines NHS Norfolk and Waveney pay policy for staff including contractual arrangements and termination arrangements taking into account national guidance as appropriate. NHS Norfolk and Waveney is supported in its work by specialty advisors and the Committee is responsible for determining their pay and overseeing contractual arrangements.

The Remuneration, People and Culture Committee is comprised of:

- Three non-executive members of NHS Norfolk and Waveney who are not the Chair of the Audit and Risk Committee.
- For Part 1 only one other member appointed from the wider Norfolk and Waveney System with the relevant experience as to people and culture (this role is yet to be appointed).

The Committee's terms of reference were reviewed during the reporting period including membership. The Committee recommended that the Executive Director of Nursing or

nominated deputy be added as a member to the Part 1 section of the meeting and this was approved by the Board in March 2023 and will be effective from April 2023.

From 1 July 2022 to 31 March 2023 the Remuneration, People and Culture Committee met 6 times. Each meeting was well attended and quorate. Part 1 meetings were supported by the Executive Director of People or nominated deputy. This section of the meeting contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Board on the strategy people and culture agenda for NHS Norfolk and Waveney and its partner constituents. It scrutinises the delivery of the strategic people priorities in order to provide assurance to the Board that risks to the delivery of the people agenda are being managed appropriately.

Part 2 meetings were supported by the Executive Director of Corporate Affairs and ICS Development or nominated deputy. This section of the meeting considers and determines matters which include remuneration, terms and conditions for employees, Board Members (except Non-Executive Members) and Specialty Advisors.

Membership of the Remuneration, People and Culture Committee together with the attendance record is provided in the table below

Name	Member	Attendance
Cathy Armor (Chair)	Non-Executive member	6 out of 6 (100%)
Hein van den Wildenberg	Non-Executive member	6 out of 6 (100%)
Aliona Derrett <i>From October 2022</i>	Non-Executive member	2 out of 2 (100%)

The Remuneration, People and Culture Committee's work during the reporting period included:

- Reviewing and determining executive and Board level pay
- Reviewing and approval of HR policies for the Integrated Care Board
- Review and oversight of the strategic People agenda across the Integrated Care System
- Oversight of the Integrated Care System workforce risks
- Review of Committee's terms of reference
- Review and approval of Specialty Advisors posts
- Approval of deputy Chief Executive Officer role
- Review and approval of national pay increase for VSM

Patients and Communities Committee

This Committee provides NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that meets the needs of patients and communities. This is based on engagement and feedback from local people and groups and takes account of and reduces the health inequalities experienced by individuals and communities. The committee exists to scrutinise the robustness of, and gain, and provide assurance to NHS Norfolk and Waveney that there is an effective system of internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Committee reviewed its terms of reference and membership during the reporting period and amendments were reviewed and approved by the Board at its meeting on 30 May 2023 and will be effective from June 2023.

Since 1 July 2022 and up to 31 March 2023 the Committee met 2 times. Each meeting was well attended and quorate. Membership of the Committee together with the attendance record is provided in the table below

Name	Member	Attendance
Aliona Derrett	Non-Executive Member of NHS Norfolk and Waveney Board (Chair)	2 out of 2 (100%)
Cathy Amor	Non- Executive Member of NHS Norfolk and Waveney Board	2 out of 2 (100%)
Emma Ratzer	VCSE Board Member on NHS Norfolk and Waveney Board	0 out of 2 (0%)
Mark Burgis	Patients and Communities Director, ICB	2 out of 2 (100%)
Dr Frankie Swords / Patricia D'Orsi	Executive Medical Director or the Executive Director of Nursing	2 out of 2 (100%)
James Gair	A person with primary care experience and A representative from the Place Boards	1 out of 2 (50%)
Alex Stewart or deputy	A representative from Healthwatch	1 out of 2 (50%)
Andy Yacoub	A representative from the Health and Wellbeing Partnerships	1 out of 2 (50%)
Suzanne Meredith	Senior Public Health Officer Norfolk County Council	2 out of 2 (100%)
Paul Boyce	expert by experience from local communities	2 out of 2 (100%)
Tracy Williams	expert by experience from local communities	2 out of 2 (100%)

Quality and Safety Committee

The Quality and Safety Committee is accountable to the Board. The Committee provides the Board with assurance in relation to the quality and safety of its commissioned services and NHS Norfolk and Waveney’s internal processes to support safe, effective, and continuous improvement in services.

A key role of the Committee is to monitor the quality and safety of providers. The Committee identifies issues and provides assurance to NHS Norfolk and Waveney Board. The Committee also receives, and reviews quality reports and agrees any recommended actions for potential and known clinical risks. It ensures all such risks are documented within the directorate or risk register for the Committee and where relevant, escalated to the Board Assurance Framework. The Committee identifies learning and improvement opportunities and communicates them appropriately. Where appropriate it provides reports to external bodies.

The Committee reviewed its terms of reference during the year to ensure they were fit for purpose. The amendments included expanding the part 1 members as well as clarifying responsibilities of the Committee. These amendments were approved by the Board in March 2023 and will be effective from April 2023.

From 1 July 2022 to 31 March 2023 the Quality and Safety Committee met eight times. The membership of the Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Cathy Amor (Chair) <i>Until Dec 22</i>	Non-Executive Member	4 out of 6 meetings (66%)
Aliona Derrett (Chair) <i>(from Jan 2023)</i>	Non-Executive Member	2 out of 2 meetings (100%)
Patricia D'Orsi	Executive Director of Nursing	7 out of 8 meetings (88%)
Dr Frankie Swords	Executive Medical Director	7 out of 8 meetings (88%)
Dr Hilary Byrne	Partner Member Primary Medical Services	7 out of 8 meetings (88%)
Sue Cook	Partner Member, Local Authorities Suffolk County Council	2 out of 8 meetings (25%)
Nancy Fontaine	Acute provider representation, Director of Nursing - NNUH	8 out of 8 meetings (100%)
Diane Hull	Mental health lead, Chief Nurse – NSFT	5 out of 8 meeting (63%)
Carolyn Fowler	Community lead, Director of Nursing - NCHC	7 out of 8 meetings (88%)

The Quality and Safety Committee provides constructive feedback on ICB policies and reports that impact on clinical quality and patient safety. Documents that have been reviewed and ratified by the Committee during the reporting period include:

- ICB Policy for Children’s Continuing Care
- ICB Guidance for Staff Working Nights in the Homes of Children and Families
- Child Death Overview Panel Annual Report
- ICB Policy for the Local Resolution Process for NHS Continuing Healthcare
- Norfolk and Waveney System Quality Group Terms of Reference

Finance Committee

The Finance Committee supports the Board in scrutinising and tracking delivery of key financial priorities, plans and targets from both a system perspective, as well as NHS Norfolk and Waveney as a stand alone entity, as specified in NHS Norfolk and Waveney’s Strategic and Operational Plans. The Committee submits information as appropriate to the Audit and Risk Committee and makes recommendations to the Board on strategic financial matters.

The membership of the Finance Committee comprises of:

- Non-Executive Member with the lead for Finance (Chair)
- Non-Executive Member (vice-Chair)
- ICB Executive Board Member (either the Chief Executive Officer, Executive Director of Nursing or Executive Medical Director)
- Executive Director of Finance
- Executive Director of Performance, Transformation and Strategy
- Acute Chief Finance Officer (a serving Norfolk & Waveney Chief Finance Officer with current experience in an acute NHS provider setting)
- Non-acute Chief Finance Officer (a serving Norfolk & Waveney Chief Finance Officer with current experience in a non-acute NHS provider setting)
- Non-Executive Director (from NHS provider organisation)
- A clinical person with primary care experience.
- A finance lead from Local Authority
- A person with financial expertise from the VCSE or wider community.

The Committee reviewed its terms of reference and membership during the reporting period and proposed removing the requirement for NHS Norfolk and Waveney Executive Board Member and added a clinical person from a provider active within the Norfolk and Waveney locality. This was approved by the Board at its meeting in March 2023 and will be effective from April 2023.

The Finance Committee met 9 times from 1 July 2022 to 31 March 2023. Each meeting was well attended and quorate. Membership of the Finance Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Hein Van Den Wildenberg	Chair, Non-Executive Member	9 out of 9 meetings (100%)
Cathy Amor	Non-Executive Member	8 out of 9 meetings (88%)
Steven Course	Executive Director of Finance	9 out of 9 meetings (100%)
Andrew Palmer	Executive Director of Performance, Transformation and Strategy – Deputy Chief Executive	6 out of 9 meetings (66%)
Tracey Bleakley	Chief Executive Officer,	6 out of 9 meetings (66%)
Roy Clarke <i>or nominated deputy</i>	Acute Chief Finance Officer	8 out of 9 meetings (88%)
Andrew Hopkins <i>From Aug 2022</i>	Non acute Chief Finance Officer	7 out of 8 meetings (88%)
Dr Ge Yu <i>From Jan 2023</i>	Person with primary care experience	3 out of 3 meetings (100%)
Graham Ward	Non-executive director from NHS provider organisation	9 out of 9 meetings (100%)
Andrew Jamieson	Finance lead from local authority	7 out of 9 meetings (77%)
Lucy De Las Casas <i>From Sep 2022</i>	Person with financial expertise from the VCSE or wider community	5 out of 7 meetings (71%)

Key pieces of work undertaken to secure assurance include:

- Review of the membership, terms of reference, and remit of the Committee;
- Review annual budgets and detailed plans for approval by the Board;
- Monitor NHS Norfolk and Waveney’s financial standing in-year and recommend corrective action to the Board should year-end forecasts suggest that the financial plan will not be achieved;
- Monitor the financial standing in-year of NHS organisations in the N&W system and keep Board and other stakeholder apprised in case of financial plan not being achieved.
- Receive detailed reports at each meeting concerning the financial performance of all 6 NHS organisations in the N&W system, to incorporate narrative relating to key variances from plan;
- Receive in-depth insights into area requiring specific attention of the committee. During this financial year, the committee received updates from the CFOs of NHS Norfolk and

Waveney, Queen Elizabeth Hospital King's Lynn, Norfolk and Norwich University Hospital, James Paget University Hospital, Norfolk Community Health and Care Trust, Norfolk & Suffolk Foundation Trust, respectively, as part of a rolling financial update to the committee from NHS providers and NHS Norfolk and Waveney.

The committee also received updates on the following topics: Mental Health Investment Standard, Discharge to Assess, Continuing Health Care, and Elective Recovery Fund, and its financial implications.

- Scrutinise NHS Norfolk and Waveney's Strategic Financial Risk Register;
- Monitor implementation of any recommendations arising from the internal audit of finance functions;
- Review impact of Covid-19 on NHS Norfolk and Waveney financial performance.

The committee's work dovetailed with that of the Audit and Risk Committee in order to provide assurance to the Board that robust management of finance was in place.

Performance Committee

The Performance Committee has been established to provide NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that ensures a high performing system. The Committee exists to scrutinise the robustness of and gain and provide assurance to NHS Norfolk and Waveney regarding the delivery of key performance standards by commissioned providers, performance of the system against the NHS Outcomes Framework and progress with improving wider population health outcome measures.

The membership of the Performance Committee comprises of:

- ICB Board Partner Member, Primary Medical Services (Chair)
- Executive Director of Performance, Transformation and Strategy (Deputy Chair)
- Non- Executive Member
- Executive Medical Director or nominated deputy
- Executive Director of Nursing or nominated deputy
- Executive Director Patient and Communities or nominated deputy
- NHSEI Director or nominated deputy (to discharge NHSEI's statutory responsibilities in relation to provider undertakings or other SOF requirements, from time to time the NHSEI Director may need to chair an extraordinary part 2 of the committee)

Other attendees include provider Chief Executives, County Council representatives, ICB functional leads and Non-Executive member.

The Committee reviewed its terms of reference during the reporting period. This resulted in changes to membership of the Committee which were approved by the Board in March 2023 and will be effective from April 2023.

The Performance committee met 4 times from 1 July 2022 to 31 March 2023. Each meeting was well attended and quorate. Membership of the Performance Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
Dr Hilary Byrne	Chair, ICB Board Member, Primary Medical Services	3 out of 4 (75%)
Andrew Palmer	Deputy Chair, Executive Director of Performance, Transformation and Strategy	4 out of 4 (100%)
Hein Van Den Wildenberg	Non-Executive Member	3 out of 4 (75%)
Dr Frankie Swords	Executive Medical Director or nominated deputy	2 out of 4 (50%)
Patricia D'Orsi	Executive Director of Nursing or nominated deputy	3 out of 4 (75%)
Mark Burgis	Executive Director Patient and Communities or nominated deputy	4 out of 4 (100%)
Peter Cutler, Adam Cayley, Ruth Forbes, Helen Geall	NHSE Director or nominated deputy (to discharge NHSE's statutory responsibilities in relation to provider undertakings)	4 out of 4 (100%)

Key pieces of work undertake to secure assurance include:

- Regular review of activity, performance, issues and risks from key areas of:
 - Urgent and Emergency Care
 - Elective Recovery
 - Cancer services
 - Diagnostic services
 - Mental Health services
- Oversee the development of the Integrated Performance Reporting system, which will be used by system partners review progress against activity and performance measures and highlight where further action may be needed.

- Consider areas for an in-depth review, to seek greater assurance of service delivery, access and transformations being undertaken to improve performance.

Freedom to Speak Up (Whistleblowing)

NHS Norfolk and Waveney is keen to ensure that staff can speak up about any concerns that relates to either within the workplace or externally, in relation to danger, risk, malpractice or wrong doing which affects others. Speaking up plays a vital role in protecting patients and ensuring their safety and also improves the lives of workers.

NHS Norfolk and Waveney has adopted the ‘standard integrated policy’ as recommended by Sir Robert Francis following his review into whistleblowing in the NHS aimed at improving the experience of whistleblowing in the NHS. We have adopted this policy which is produced by NHS England as a minimum standard to help to normalise the raising of concerns for the benefit of NHS staff and patients. Staff can speak up about anything that affects patient safety or affects their working life. This can be something that doesn’t feel right such as not following a process, feeling discriminated or where the behaviour of others is affecting the wellbeing of patients or colleagues.

NHS Norfolk and Waveney has a Non-Executive Board Member as sponsor for Freedom to Speak Up and is recruiting to the Freedom to Speak Up Guardian role, following the departure to another NHS organisation by the previous incumbent. In addition, NHS Norfolk and Waveney has Freedom to Speak Up Champions who raise awareness and promote speaking up. NHS Norfolk and Waveney also includes as mandatory training for all staff ‘Speak Up’ and ‘Listen Up’. ‘Follow Up’ is being launched as a requirement for senior managers in 2023. The three modules are cumulative and managers and senior staff were required to complete the requisite number of modules.

Executive Management Team Meeting

The Executive Management Team (EMT) is an ICB meeting comprising the Accountable Officer, Executive Director of Finance and the Executive Directors of NHS Norfolk and Waveney (as set out in the Remuneration report) as well as other senior representation. It is the operational forum for exercising the Accountable Officer and Executive Director of Finance’s authority under NHS Norfolk and Waveney’s Scheme of Reservation and Delegation. It is not, however, a formal committee of the Board.

The EMT meets weekly and monitors the operational discharge of statutory duties, approves corporate contracts and oversees HR and organisational development and establishment control and monitors budgets. The EMT also regularly reviews the Board Assurance Framework. The EMT report relevant items to the Board via the Accountable Officer’s report.

In addition, there is an ICS EMT fortnightly meeting. This meeting is attended by all the system Chief Executives and ICB Executive Directors. The aim of this meeting is to provide a forum to discuss system issues including system pressures, and financial matters.

Senior Managers Team Meeting (SMT)

The Senior Managers Team (SMT) meeting addresses a range of corporate issues that support the EMT to focus on strategic matters. The SMT reviews internal operational matters and work includes policy review, estate matters, overseeing the discharge of NHS Norfolk and Waveney's duties with regard to equality and diversity.

The SMT meets weekly and comprises of a core team of senior managers. It has no formal decision-making authority and reports on its work to the EMT. SMT is co-chaired by the Director of Primary Care and the Interim Director of Commissioning Finance.

NHS Arden & Greater East Midlands Commissioning Support Unit (AGEM CSU)

NHS Norfolk and Waveney is supported in its work by a range of outsourced support services by AGEM CSU. These services are transactional HR support, GPIT, DSCRO and Data Services, Procurement and Freedom of Information Request services from AGEM CSU. During the reporting period the following services had been provided by AGEM CSU but it was agreed that staff would be transferred to NHS Norfolk and Waveney by way of Transfer of undertakings (Protection of Employment) legislation. The areas of business in which this occurred are HR Business Managers, Business Intelligence, Digital, Contracting, Information Governance and Medicines Management.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Discharge of Statutory Functions

NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney) has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that NHS Norfolk and Waveney is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of NHS Norfolk and Waveney's statutory duties.

Risk management arrangements and effectiveness

NHS Norfolk and Waveney's integrated risk management strategy and framework sets out NHS Norfolk and Waveney's approach to risk management.

In accordance with the framework, risks are evaluated in terms of the likelihood and consequence using an organisational risk matrix. Scores for likelihood and consequence are given out of 5 and multiplied together. The results give one of four categories of risk grading as follows:

Serious risk - immediate action required by a director

High risk – urgent senior management attention needed with action plan

Moderate risk - responsibility for assessment and action planning allocated to a named individual

Low risk – normal risks which can be managed by routine procedures

NHS Norfolk and Waveney developed a Risk Management process to ensure that risks were identified throughout the organisation. This is supported by a staff handbook to ensure that the process is clearly understood.

The Audit and Risk Committee reviews the risk management framework. Risk is reviewed regularly by the Executive Management Team with risks assessed, rated and agreed for either escalation or removal from the Board Assurance Framework (BAF). The Audit and Risk Committee reviews the risk register to ensure that matters are appropriately reported and that action plans are robust and progress is being made. Through these mechanisms NHS Norfolk and Waveney’s risk appetite is assessed and regulated.

The Board meets in public every other month. Members of the public are able to see Board papers including the BAF ahead of the meetings and they are able to ask questions at the meeting or raise queries via the website in advance.

NHS Norfolk and Waveney has various controls to address its risks and identifies both internal and external assurances on these controls. These are set out clearly for each risk in the assurance framework. In addition, consideration is given to any gaps in controls or assurances so that they are considered and factored in to decision making.

NHS Norfolk and Waveney’s control mechanisms are used to protect financial assets, operational systems and ensure that important laws and regulations are complied with. The table below sets out some of the internal controls used and the benefits they provide:

<p>Management of current risks</p>	<p>ICB Board Assurance Framework; Regular assurance and finance reports to the Board. This year a key aspect of assurance reporting focussed on the vaccination programme. Identification of risks associated with the provision of services to patients. These are mitigated through the work of the quality team and contract management of provider contracts via the contract with the CSU and in house commissioning staff; A robust programme of counter fraud and anti-bribery activity supported by the Anti-Crime Specialist whose annual plan is scrutinised by the Audit and Risk Committee.</p>
<p>Prevention of Risk</p>	<p>Through the processes mentioned above NHS Norfolk and Waveney regularly horizon scans to identify potential areas of risk. In addition, NHS Norfolk and Waveney uses its experience of and learning from adverse events to ensure that lessons are learnt. Preventative measures include:</p> <ul style="list-style-type: none"> • Policy development; • Identifying and ensuring that staff comply with mandatory training requirements; • Establishing risk-sharing agreements; • Root cause analysis of incidents; • Mandating limits to decision making authority; and • Ensuring secure access to IT systems.

Deterrent to risks arising	<p>Developing risks are managed through a number of systems and include:</p> <ul style="list-style-type: none"> • Risk review by Committee and Board meetings as well as executive management team meetings; • Finance reports to the Board; • Robust programme of counter fraud and anti-bribery supported by the Anti-Crime Specialist.
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Capacity to Handle Risk

NHS Norfolk and Waveney’s Integrated Risk Management Strategy and Framework supports a positive staff attitude to risk management, encouraging staff to identify, assess, manage and report risks. Staff are clear about their personal accountability and responsibilities through the Risk Management Staff Handbook, appraisal, induction and on-going training. Support is given to risk owners by the Corporate Affairs Team.

As set out above Board Assurance Framework risks are reviewed monthly by the senior management including the Executive Management Team (EMT). At these meetings risks are further discussed and escalated as appropriate on to the Board Assurance Framework. This ensures that changes to risk registers are debated and agreed at the EMT before being put on to the BAF.

To provide further assurance the Audit and Risk Committee reviews the overarching Risk Management Framework which incorporates the Integrated Risk Management Strategy and Framework and the Staff Handbook, this having been approved by the Board.

In addition, work is underway to look at risks across the system as a whole to better inform and direct the work of NHS Norfolk and Waveney. This work is reviewed by a meeting of system audit committee chairs.

NHS Norfolk and Waveney continues to develop its approach to risk management, drawing on best practice and recommendations from the internal auditors. The internal audit assurance rating for risk management in May 2023 is reasonable assurance.

Risk Assessment

Risk is assessed using a standardised organisational risk matrix, looking at risk based on likelihood and consequence. Guidance in the form of a staff handbook has been produced setting out a formal process for risk identification and evaluation.

The key risks identified as part of this process with an average risk rating of 16 or above include:

System Urgent & Emergency Care (UEC) Pressures

There is 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, delays in being discharged from hospital and as a result potentially poorer outcomes for our patients with associated clinical harms.

The above risk manifests itself as worsening ambulance response times for patients with a life threatening and / or life changing condition and an increasing number of patients

remaining in hospital when they no longer meet the nationally prescribed 'criteria to reside', The associated increase in longer lengths of stay and higher occupancy levels in all acute and community hospitals results 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 be released to respond to 999 calls.

Mitigation to this risk is provided by strategic oversight by the Urgent and Emergency Care Programme Board. This meeting oversees non-elective flow and monitors a system wide transformation programme to improve the responsiveness of our urgent and emergency care pathways. In addition, there is a System Control Centre and East of England Ambulance Service System Oversight Cell. These work alongside providers to coordinate operational responsiveness when individual or multiple providers are unable to meet patient demand in a timely and safe way.

Barriers to Full Delivery of Mental Health Transformation Programme (CYP)

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

Providers in CQC Special Measures (NSFT)

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.

Mitigations in place for this risk include a dedicated children and young persons strategic commissioning team, a system approach to increasing knowledge skills and expertise across agencies and developing additional capacity through the use of digital and the implementation of a system wide transformation programme.

Achieve the 2022/23 Financial Plan

If NHS Norfolk and Waveney does not deliver the 2022/23 Financial Plan of a break-even position, then NHS Norfolk and Waveney 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.

Actions to mitigate against this risk include a detailed plan for 2022/23 which was approved by the Board and submitted to NHS England (NHSE) as part of the break-even system plan and monthly monitoring of risks and mitigation which are reported to NHS England.

Underlying Deficit Position

If NHS Norfolk and Waveney 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.

This risk is being mitigated with the development of a medium-term financial model which suggests an improving position over future years.

Continuing Health Care

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.

There are a number of controls in place to mitigate this risk. These include but are not limited to recruiting to vacant posts within the CHC team, linking with local authority workforce teams to support care providers in additional training and support required, monitoring of time taken to secure complex care packages and escalation process for the CHC team if unable to source.

Elective recovery

The number of patients waiting for elective treatment in Norfolk and Waveney grew significantly during the pandemic. There is a risk that this cannot be reduced quickly enough to a level that meets NHS Constitutional commitments. This would also contribute to poor patient experience, and may lead to an increased clinical harms for individual patients resulting from prolonged waits for treatment.

The controls and mitigations for this risk include a bi-weekly Elective Recovery Board that oversees all workstreams to improve performance and reduce harm, waiting list clinical validation completed by each provider, and workstreams in place to expand capacity, share learning, maximise efficiency and reduce variation in waiting times between different providers.

RAAC Planks

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.

A regional RAAC response plan has been established and there is a region-wide scoping piece commissioned to look at ongoing service transition and recovery. Trusts have robust plans to manage a possible incident, but not reprovision and this issue remains a significant risk.

EEAST Response Time and Patient Harms

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.

This risk is managed with daily situation reports to ensure that NHS Norfolk and Waveney is sighted on real-time demand and resource. This includes pre-alert drop and go processes in place with safety netting for patients waiting to be seen. In addition, there are proactive public communications to promote the use of NHS service options reinforced by seasonal campaigns.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in NHS Norfolk and Waveney to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Board assures itself that the organisation has effective control via regular reporting of the highest red rated risks to the Board and delegating to its Audit and Risk Committee the review of the assurance framework. In addition, the Audit and Risk Committee has the role of reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across NHS Norfolk and Waveney's activities.

NHS Norfolk and Waveney established the Quality and Safety Committee to seek assurance that robust clinical quality is in place. This Committee regularly reports to the Board.

Internal Audit provides regular reports to the Audit and Risk Committee on key areas as set out in its audit plan. This plan was reviewed by the Audit and Risk Committee in February 2023 and agreed for 2023/24 at its meeting in May 2023.

NHS Norfolk and Waveney's External Auditor is Ernst and Young who were appointed by NHS Norfolk and Waveney's predecessor organisation in January 2021. Other control mechanisms include:

- Financial Plan and Reporting;
- The Serious Incident (SI) process for reporting and investigating serious incidents
- Adoption and review of various policies
- The Quality and Safety Committee monitors provider serious incidents and risks
- The Finance Committee reviews finance performance and risk
- The Information Governance team including the Senior Information Risk Owner, Data Protection Officer and Caldicott Guardian, review data protection and confidentiality compliance, implementation of privacy by design and default, information and cyber security, management of information risk, which is evidenced by NHS Norfolk and Waveney's annual Data Security Protection Toolkit submission.
- The work of the Counter Fraud Specialist

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

NHS Norfolk and Waveney's Internal Auditors completed the conflicts of interest audit in February 2023. The finding from this audit was that reasonable assurance could be provided to NHS Norfolk and Waveney's management of conflicts of interest. The scope of the audit was to assess NHS Norfolk and Waveney's compliance with NHS England's guidance.

The audit found one routine recommendation, that the Conflicts of Interest Policy should have its next review date included in the policy. This recommendation has been completed.

As part of conflicts of interest management, NHS Norfolk and Waveney maintains Registers of Interests for Board and Committee members and all staff.

Declarations of interest are a standing item on all ICB Committee agendas. A Declaration of Interest form is also completed by all candidates as part of the recruitment process, and by all parties involved in any procurement evaluation process. Parties involved in procurement evaluation processes are those people (typically only ICB employees) that are part of the evaluation team. Evaluation team members will typically be requested to contribute to evaluating specific aspects of a proposal or tender based on their area of expertise such as finance, quality etc.

NHS Norfolk and Waveney also ensures that staff and Board members complete mandatory conflicts of interest training. This is usually provided by three online training modules developed by NHS England. In year these modules were removed from the online system and NHS England are revising and updating the training required to reflect that organisations are now Integrated Care Boards. NHS Norfolk and Waveney will adopt this training when available.

NHS Norfolk and Waveney's Conflicts of Interest Guardian is David Holt, the Non-Executive Member for governance and audit and who is also the Audit and Risk Committee Chair and the Conflicts of Interest Committee Chair.

Data Quality

NHS Norfolk and Waveney recognises the need to provide accurate, timely and clear information. Papers for the board are provided one week in advance of the meeting. This gives members time to read and adequately prepare in advance of the meeting so that they can fully contribute to it. Papers are also reviewed by senior management prior to distribution to ensure that they are clear and complete.

The Board also considered the following statements in relation to the quality of data as part of their annual self-assessment in March 2023 as follows:

- Are agendas and reports circulated in good time for Board Members to give them due consideration?
- Are the minutes and actions circulated in good time for Board Members to give them due consideration?

Members responded positively to the above questions.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by the Data Security & Protection Toolkit (DSPT) and the annual submission process provides assurances to NHS Norfolk and Waveney, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

NHS Norfolk and Waveney places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. NHS Norfolk and Waveney has established an information governance strategy and framework and has information governance policies, processes and procedures in place, in line with the DSPT. The DSPT is an online self-assessment tool that enables organisations to measure their performance against the National Data Guardian's 10 data security standards.

The national submission deadline for the DSPT is 30 June 2023. A part 1 advisory audit has been completed for 2022-23 with an overall assessment due to be provided later in the year.

NHS Norfolk and Waveney ensures that staff undertake annual information governance training, which is enhanced by additional in-house IG awareness sessions and bespoke training for teams. NHS Norfolk and Waveney has implemented a suite of information governance policies and guidance to ensure staff are aware of their roles and responsibilities in relation to information governance. IG awareness is also promoted through staff briefings as well as via a dedicated IG intranet site where all staff have access to a comprehensive package of resources and learning.

NHS Norfolk and Waveney has processes in place for incident reporting and investigation of serious incidents. NHS Norfolk and Waveney is pleased to report that there were no Serious Untoward Incidents in relation to data security breaches and no data security breaches have been reported to the Information Commissioner's Office (ICO) during the period 1 April 2022 to 30 June 2023.

To demonstrate best practice and ensure that staff learn from the management of incidents, NHS Norfolk and Waveney records low level or near miss incidents within an IG Incident Log, which is reported regularly to NHS Norfolk and Waveney's IG Working Group. The learning from incidents is used to inform staff awareness bulletins, policy revisions and training.

The IG Team continue to embed a culture of "privacy by design and default" across the organisation which helps the organisation to identify and document its information risk profile and manage its risk appetite. In addition, NHS Norfolk and Waveney has an Information Risk Management Policy in place to ensure that its processing activities are closely monitored and any information risks are captured within an Information Risk Register. The Risk Register is reviewed regularly by NHS Norfolk and Waveney's IG Working Group which is chaired by NHS Norfolk and Waveney's Senior Information Risk Owner.

The key risks identified are:

- The top three Cyber Security risks are Phishing/Social engineering, Ransomware and a lack of user awareness. These are controlled by the management of NHS Norfolk and Waveney's IT Estate through consistent patching, deployment of anti-virus, encryption of all portable endpoint devices and removable media, and the rollout of Multi-Factor Authentication for all ICB staff. Devices are also protected by Microsoft Defender Enterprise which is monitored both locally and nationally by the National Cyber Security Operations Centre. All inbound emails are scanned by centralised systems managed by the NHSmail team, which recently added Microsoft Safe Links and Attachments as an additional control layer. Annual penetration tests of both NHS Norfolk and Waveney's network infrastructure

and internet facing systems are conducted. All staff complete Cyber Security training and are regularly reminded of Cyber risks through a dedicated Cyber Awareness channel in NHS Norfolk and Waveney’s MS Teams system.

- Records Management
- The processing of patient data - exit arrangements from the Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 (COPI Notice) to support NHS Norfolk and Waveney’s to return to business as usual following the COVID-19 pandemic.

The Information Risk Register and associated policy mirrors NHS Norfolk and Waveney’s Risk Management Assurance Framework, which facilitates a process for escalation and de-escalation of risks where necessary.

A key focus for NHS Norfolk and Waveney in 2023-24 is the management of its information assets to ensure that they are managed in accordance with the latest information security standards, best practice and Records Management Code of Practice for Health and Social Care 2021 and the use of digital solutions to support integration across the Integrated Care System.

Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, confirm that an appropriate framework and environment is in place to provide quality assurance of business-critical models.

Third party assurances

NHS Norfolk and Waveney relies on third party providers for a number of services. Assurances are provided in the form of Service Auditor Reports (SARs). The following SARS have been provided to NHS Norfolk and Waveney:

Provider and Services Delivered	Comment
NHS Business Services Authority Prescription Payments Process SAR for the period 1 April 2022 to 31 March 2023	<i>Qualified Opinion</i>
NHS Shared Business Services: Finance and Accounting SAR for the period 1 April 2022 to 31 March 2023	<i>Reasonable Assurance</i>
Capita – Primary Care Support England Services to NHS England and delegated ICBs	<i>Qualified Opinion</i>
Whittington Hospital NHS Trust Payroll and pension services to NHS Norfolk and Waveney.	From an internal audit report dated 29 April 2019 the findings were that overall, the Trust’s controls are appropriately designed and are operating effectively for the period under review.
AGEM CSU Accounts Payable, Accounts Receivable, Financial Ledger, Financial Reporting Treasury & Cash Management, Payroll	<i>Reasonable Assurance</i>
NHS Digital: GP Payments to providers of General Practice services in England SAR	<i>Qualified Opinion</i>
National Calculating Quality Reporting Service is an approvals, reporting calculation system for GP practices and supports the CCG’s delegated functions	<i>Qualified Opinion</i>

NHS Electronic Staff Record Programme SAR provides NHS organisations with integrated payroll and HR service system	<i>Qualified Opinion</i>
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Control Issues

The control issues identified by NHS Norfolk and Waveney and the mitigating actions are:

Quality and Performance – Accident and Emergency

There are pressures across the Norfolk and Waveney Urgent and Emergency care pathways and these have continued during Q2 and increasing in Q3. All acute hospitals oscillated between OPEL 3 and 4, regularly utilising Full Capacity Protocols and declaring Level 1 Critical Incident status on a frequent basis. There are senior decision makers and processes for rapid assessment and treatment planning in place. Mitigations and actions in place include:

- Appointment of a Winter Director to lead NHS Norfolk and Waveney System Resilience Team and facilitate effective system escalation and action at times of pressure
- Establishment of an ICB Discharge Board to improve system flow, with a daily discharge IMT in place. On site senior support to accelerate discharges to provide additional flow. Sustained reviews of non-criteria to reside patients, including complex discharges.
- Development of Same Day Emergency Care units as an alternative to ED
- System Control Centre established and embedded 7 days per week 8am - 8pm to support system resilience

UEC pillars of workstreams in place:

- 111/999 response - Increase in CAS capacity to support ambulance and Emergency Department conveyances. EEAST and 111/Out of Hours open room established providing a Multi-Disciplinary Team approach to consider alternative clinical pathways
- Community and Mental Health - On site Mental Health Liaison Teams at all acutes. Community falls vehicle in place.
- Acute Hospital Response - Increased escalation and surge beds in place. Cohorting and pit stop established. Rapid release and pre-alerting in place and monitored closely.
- Primary Care Response - Primary Care Streaming services 12hrs/day at all acutes.
- Critical Incident Management - System wide critical incident Level 2 declared October 2022. Gold command structure in place with meeting cadence and system wide clinical risk register in place.

Quality and Performance – Ambulance Services

Throughout the period all 3 acute Norfolk and Waveney hospitals experienced pressures caused by compromised discharge pathways which led to longer lengths of stay, higher occupancy levels and loss of resilience to respond to day-to-day fluctuations in demand through emergency assessment areas. Congested Emergency Departments resulted in frequent inability of ambulances to handover patients and resulted in high numbers of long delays at hospital. This delayed ambulance resources leaving hospital and created upstream delays for EEAST in meeting the required community ambulance response time standards. Mitigations and actions in place include:

- IC24 validate low acuity ambulance dispositions to reduce referrals to EEAST
- Implementation of 'call before convey' initiatives
- Improved access to alternative community pathways to decrease need for conveyance to hospital including direct review of C3 and C4 patients waiting on the ambulance stack by community provider
- Local EEAST Norfolk and Waveney System Oversight Cell to support localised decision making on conveyances
- Hospital Ambulance Liaison Officers at all acutes
- Additional ambulance cohorting areas to provide surge capacity
- Additional staff including use of reservists and voluntary sector to support cohorting and welfare of staff and patients subject to long delays
- Fortnightly system wide UEC harms review in place, with themes and trends identified and key workstreams aligned to UEC pillars. These are discussed as focused risk item at NHS Norfolk and Waveney Quality and Safety Committee on a monthly basis, highlighting the number of system wide serious incident and harm categorisation, from moderate to catastrophic harm. This is captured on the system critical incident risk register and ICB Board Assurance Framework. Escalation and feedback through to regional EEAST Quality and Safeguarding meetings.
- Rapid release in place. Some Trusts have dedicated cohorting areas identified.

Quality and Performance – Mental Health and Dementia

The Norfolk and Suffolk Mental Health Trust (NSFT) is our main mental health provider and is in special measures. There is a risk that services 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. The main mitigations and actions in place are listed below:

- 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. Mitigation: Development of transformational plan for the Norfolk and Waveney system.
- 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. Mitigation: Attendance at Quality meetings, check and challenge meetings within the trust, members of NHS Norfolk and Waveney Quality team supporting the NSFT Governance team. Chief Nurse regular attendee of the Improvement Board, medical doctor chairs the Evidence Assurance Group.
- 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. Mitigation: Workforce plan being developed to address staffing vacancies. Trust recently appointed Director of People to work on organisational development plan for the trust.
- 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. Mitigation: Plans in development for MH suite.

Quality and Performance – Referral to Treatment (RTT)/52 week wait

There has been a significant impact on RTT/52 week waits. To mitigate this Elective Recovery is overseen by the ICS's Elective Recovery Board which is chaired by an acute hospital Chief Executive and meets fortnightly. Reporting into this are workstreams on clinical harm review and prioritisation, diagnostics, and models of care (each led by a Medical Director), performance, theatres and unified waiting list management (each led by a Chief Operating Officer), workforce, inequalities and outpatient transformation (each led by a ICB director). Additionally, a number of community-based schemes have been commissioned aimed at providing appropriate alternative pathways to hospital care, and optimising health for patients waiting for outpatient appointments or procedures.

Performance against 104-week waits has been maintained and is on track to eliminate 78 week waits by April 2023. However, this has been particularly challenged due to:

- additional unexpected theatre closures at one trust due to RAAC plank issues
- impact of BMA rate card and NHS pension changes leading to a loss of staff willingness to undertake additional theatre and clinic lists
- loss of elective capacity due to the impact of UEC pressures leading to very high bed occupancy and the opening of escalation areas (requiring the diversion of physical and staff resources to UEC patients, which would otherwise have supported elective capacity).

Finance, Governance and Control – Finance and Procurement

During the period the risk of the system not delivering a financial balance has increased. The main risk of this position has escalated from James Paget University Hospital (JPUH) with a deficit forecast of £24.9 becoming apparent. The Integrated Care System (NHS Organisations only) concluded the period with an overall deficit of £19.7m. To mitigate the risk, assurance around current forecasts was assessed at the system Finance Committee triggering the enactment of the protocol. Initially the protocol as far as the "double lock", was in place with JPUH and Queen Elizabeth Hospital Trusts who had reported deficits. As the system the ICS entered into "triple lock" following the failure to recover the forecast system deficit of £19.7m. Support has been provided with the assistance of NHS England colleagues to develop further the recovery plans and financial governance. The system holds a regular Chief Finance Officer forum through which management of deficits between organisations, challenge of financial commitments and investments are considered. Further work utilising the Healthcare Financial Management Association financial governance audit and review of current recovery plans is also underway. Consistency of assumptions between organisations has also been addressed to ensure issues such as workforce plans. The complete suite of protocol requirements is being worked through and co-ordinated by NHS Norfolk and Waveney and shared across NHS system partners.

The ICB received a ‘limited assurance’ opinion for the Primary Care Delegated Commissioning internal audit. The areas of weakness are listed below:

- The ICB Integrated Performance Report nor the papers considered at the Performance Committee contain any metrics by which the Primary Care Performance and Activity is triangulated with other system metrics.
- Within monitoring of primary care performance there is work being undertaken that is not formally documented, work that is planned for which there isn't sufficient capacity and no overarching process by which the outputs from the monitoring are collaged and reported.
- The Primary Care Commissioning Committee does not provide measures of success or assurance over primary care performance to the Board.

Review of economy, efficiency & effectiveness of the use of resources

The introduction of The Integrated Care Boards (Establishment) Order 2022 on 1 July 2022 brought about the cessation of Clinical Commissioning Groups (CCGs) and inception of Integrated Care Boards (ICBS). This resulted in the traditional 12-month accounting period being split in to a 3-month period (for CCGs) and a 9-month period (for ICBS). Despite this anomaly, many of the pre-existing financial arrangements from the CCG migrated over to NHS Norfolk and Waveney. Such as fixed block contracts for NHS providers and distribution of allocations to the System based upon organisational cost bases.

The introduction of NHS Norfolk and Waveney has not prevented the continuation of a planned and controlled use of the financial allocation in line with guidance from NHS England and aligned to its strategy and intentions to the operational plans wherever possible. Services have been procured through robust processes in line with relevant guidance and contract management has taken place in-year where appropriate. The Board received reports of financial position and forecasts each month. The Executive Director of Finance was responsible for ensuring that proper procedures were in place to enable regular checking of the adequacy and effectiveness of the control environment in line with the fiscal responsibilities of NHS Norfolk and Waveney and national guidance. The Finance Committee scrutinised the financial reports and held the Executive Director of Finance to account for financial performance on a monthly basis. This committee conveyed to the Board it's assuredness on the accuracy and transparency of the reported financial position.

The NHS oversight framework for 2022/23 replaced the NHS system oversight framework for 2021/22, which described NHS England's approach to oversight of ICBs and trusts. This refreshed framework assigns a system to one of four support segments. The segmentation decision indicates the scale and general nature of support needs for the system as a whole. The Norfolk and Waveney ICS has been assessed as segment 4, which indicates a requirement for mandated intensive support delivered through the Recovery Support Programme. Further details and the segmentation assessment can be found here: [NHS England » NHS oversight framework 2022/23](#).

External Audit provides an independent opinion on the Annual Accounts, which incorporates the Value for Money opinion; Internal Audit conducts audits into and gives its opinion on various aspects of business as directed by the work plan set by the Audit and Risk Committee as part of its delegated functions.

NHS Norfolk and Waveney has delivered (a pre-audit) surplus of £208,000, against a breakeven target, for the 9-month financial period ending on 31 March 2023. Despite its infancy and pandemic response progressing to living with COVID, NHS Norfolk and Waveney continues to use the system wide transformation and efficiency processes to identify opportunities to achieve economy, efficiency and effectiveness via NHS Norfolk and Waveney project management office which is embedded within the system Planning and Transformation team. This will also be a key aspect of successful delivery of the system's activity restoration to ensure timely delivery of projects together with the increased capacity within this team to ensure ongoing achievement of system targets on a planned basis.

The central management costs for NHS Norfolk and Waveney were £17.5m representing circa 1.0% of the total ICB expenditure consistent to the share reported in last year's position. On 2 March 2023, NHS England published further efficiency targets for these costs of 20% in 2024/25 and a further 10% in 2025/56.

The impact from the Covid-19 pandemic continued to have a profound effect on the full year 2023/24 planning with NHS Norfolk and Waveney's and wider ICS's plan containing inherent risks. These included significant risks in the financial plan such as not fully delivering the savings plan, our reliance on non-recurrent measures, the scale of the elective recovery programme, the requirement to exit the year in a position to deliver a 20% reduction in central management costs in 2024/25 and the significant underlying deficit. All of these add to the significant risk of leading the organisation into an in-year deficit and therefore breaching the statutory break-even duty and Value for Money duty in 2023/24. This emphasises the need for the continuation of effective reporting and scrutiny processes via NHS Norfolk and Waveney Finance Team and Finance Committee respectively.

Budgets were reviewed by the Finance Committee and recommendations made to the Board. Day-to-day financial management and responsibility was delegated to appropriate levels, in accordance with the Detailed Delegated Financial Limits policy in addition to monthly senior finance reviews of variances to maintain a firm grip on NHS Norfolk and Waveney's financial management, risks and mitigations.

Delegation of functions

NHS Norfolk and Waveney delegates functions internally. In particular:

The **Board** delegated to committees of the Board responsibility for ensuring NHS Norfolk and Waveney exercised its functions effectively, efficiently and economically and adhered to generally accepted principles of good governance:

- the **Audit and Risk Committee** assures the Board that effective systems of integrated governance, risk management and internal control were in place across the whole of NHS Norfolk and Waveney's activities; both internal and external auditors attended these meetings;
- the **Finance Committee** monitors delivery of the Financial Plan and provided assurance to the Board on NHS Norfolk and Waveney's financial performance;
- the **Quality and Safety Committee** assures the Board concerning the safety and quality of NHS Norfolk and Waveney's commissioned services;
- the **Remuneration, People and Culture Committee** scrutinises proposals for the remuneration of employees and other people who provided services to NHS Norfolk

and Waveney and made determinations taking into account national and local guidance;

- the **Conflicts of Interest Sub Committee** was established to determine matters where the Board was conflicted in commissioning decisions and to ensure the issue would be dealt with in a consistent and transparent way, avoiding conflicts of interest; and
- the **Primary Care Commissioning Committee** was established to carry out the functions relating to the commissioning of primary medical services which included receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs.
- the **Performance Committee** was established to provide NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that ensures a high performing system.
- the **Patients and Communities Committee** scrutinises the robustness of and provides assurance to NHS Norfolk and Waveney that it is delivering its functions in a way that meets the needs of patients and communities that is based on engagement and feedback from local people and groups.

The Chair of each Committee reported to the Board on the work of their respective Committees, both generally as part of the meeting and as necessary to provide further detail on Committee work.

NHS Norfolk and Waveney contracted with Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) for the delivery of certain functions. These functions were subject to both service auditor reporting and internal audit review. NHS Norfolk and Waveney's internal owners of functions are held to account by the Audit and Risk Committee for the resolution of adverse findings.

The Executive Director of Finance was responsible for the overall contract and associated performance discussions with the AGEM CSU, including scrutiny of budgetary performance.

Counter fraud arrangements

NHS Norfolk and Waveney is required under the terms of the Standard NHS Contract and in accordance with the new Government Functional Standard GovS 013: Counter Fraud - Management of counter fraud, bribery and corruption, to ensure that appropriate counter fraud measures were in place.

NHS Norfolk and Waveney has a robust programme of counter fraud and anti-bribery activity, supported by the appointment of an accredited Anti-Crime Specialist (ACS) whose annual proportionate proactive work plan to address identified risks is monitored by the Executive Director of Finance and the Audit and Risk Committee. The member of the executive board who is responsible for tackling fraud, bribery and corruption is the Executive Director of Finance. The Executive Director of Finance is the first point of contact for any issues to be raised by the Anti-Crime Specialist. Online Fraud, Corruption and Bribery Act awareness training is mandatory for all ICB staff.

Counter fraud material is disseminated to staff regularly through the intranet and email. The ACS inputted to the review of various policies including the Counter Fraud, Bribery and Corruption Policy to ensure that they are up-to-date and accurate. Policies are reviewed in line with current legislation, from a best practice and counter fraud perspective. Details of all policies, procedures and key documents reviewed are reported to the Audit and Risk Committee.

The ACS attends ICB Audit and Risk Committee meetings regularly to provide progress reports and updates, as well as providing an Annual Report of the Counter Fraud Work undertaken. The Counter Fraud Functional Standard Return (CFFSR) was completed by the ACS and reported to the Audit and Risk Committee. It received an overall score of Green.

The NHS Counter Fraud Authority (NHSCFA) is a health authority charged with identifying, investigating, and preventing fraud and other economic crime within the NHS and the wider health group. As a health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care. Appropriate action is taken regarding any NHS Counter Fraud Authority (NHSCFA) quality assurance recommendations.

The ACS issues NHSCFA Intelligence Bulletins and various TIAA Fraud Alerts during the period of this report relating to subjects such as council tax and suspicious bank account related scams.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 July 2022 to 31 March 2023 for NHS Norfolk and Waveney, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of NHS Norfolk and Waveney's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

1. **Reasonable** assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.
2. The basis for forming my opinion is as follows:
 - i. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
 - ii. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

Additional areas of work that may support the opinion will be determined locally but are not required for Department of Health purposes e.g. any reliance that is being placed upon Third Party Assurances.

3. There are no matters to bring to your attention which have had an impact on the Head of Internal Audit Opinion.

During the period, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
Key Financial Systems	Substantial Assurance
Transition and ICS Governance	Substantial Assurance
Efficiency Savings	Substantial Assurance
Managing Conflicts of Interest	Reasonable Assurance
Patient and Public Engagement	Reasonable Assurance
ICT Programme and Project Management Controls	Reasonable Assurance
Risk Management	Reasonable Assurance
Primary Care Delegated Commissioning	Limited Assurance

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within NHS Norfolk and Waveney who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to NHS Norfolk and Waveney achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board who reviewed the BAF regularly at meetings in public and sought assurances on the effectiveness of controls from senior managers. This was supplemented by regular review at the Executive Management Team meetings;
- The Audit and Risk Committee who scrutinised the underpinning processes behind the BAF and sought assurances on the effectiveness of controls from senior managers;
- Internal Audit as it provided an independent, objective opinion on systems of internal control as described above;
- The Finance Committee that scrutinised annual budgets and medium-term financial plans prior to agreement by the Board and monitored delivery of financial standing in-year, including delivery of the productivity plan, to ensure that NHS Norfolk and Waveney met its financial statutory duties;
- The Quality and Safety Committee that scrutinised processes for holding providers to account for the quality and safety of their contracted services and utilised reports from regulatory bodies as appropriate;

- Reliance where possible was placed on third party assurance (Service Auditor Reports) as described above;
- The work of the Health Overview & Scrutiny Committee that provided an independent view of ICB performance; and
- Patient and public engagement events and feedback through a variety of mechanisms including complaints, compliments, Friends and Family Test and Quality Issue Reporting, which provided insight into provider services.

Conclusion

With the exception of the internal control issues that I have outlined in the Annual Governance Statement, to which appropriate actions have been or are being taken, my review confirms that a sound system of internal control was in place in NHS Norfolk and Waveney ICB for the period ended 31 March 2023 and up to the date of approval of the Annual Report and Accounts.

SIGNED

Tracey Bleakley
Accountable Officer
29 June 2023

Remuneration and Staff Report

Remuneration report

Introduction

This report gives details of NHS Norfolk and Waveney ICBs (NHS Norfolk and Waveney) Remuneration, People and Culture Committee and its policies in relation to the remuneration of its senior managers which the Board defined as Executive Directors and members of the Board.

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney in respect of their services during the period 1 July 2022 to 31 March 2023 (the reporting period) are given in the tables within this report.

This Remuneration and Staff Report is not subject to audit with the exception of those sections specifically marked as such.

Remuneration, People and Culture Committee

The Remuneration, People and Culture Committee is a committee of the Board and has responsibility, under its Terms of Reference for making determinations for the remuneration, terms of service and benefit arrangements for all staff (including the Accountable Officer and Executive Directors). The Committee also has responsibility for agreeing remuneration payable to speciality advisors that support the work of NHS Norfolk and Waveney.

The Remuneration, People and Culture Committee is chaired by Cathy Armor, a Non-Executive Member of the Board. The Committee's other members are Hein van den Wildenberg, and Aliona Derrett who are both Non-Executive Members of the Board.

Policy on the remuneration of Executive Directors

The salaries for the Chief Executive Officer (CEO) and the Executive Director of Finance (EDOF) of NHS Norfolk and Waveney are determined by the Remuneration, People and Culture Committee and covered by the guidance issued by the NHS England which are informed by and consistent with the principles set out in the Hutton Fair Pay Review. Further, additional consideration of the pay and employment conditions of other employees is taken into account when determining senior managers' remuneration. No bonus payments were made to any Executive Director during the reporting period.

Direction for determining notice periods for the Chief Executive Officer and the Executive Directors were laid out in the NHS Bodies Employment Contracts (Notice Periods) Directions 2008. The contractual notice period for the termination of the Chief Executive Officer and all other Executive Directors of NHS Norfolk and Waveney is six months on either side.

Executive Directors are, subject to eligibility, able to participate in the NHS Pension Scheme which provides salary-related pension benefits on a defined benefit basis.

NHS Norfolk and Waveney did not apply any performance conditions or assessment methods associated with senior staff/Board member reward.

All Executive Directors have rolling service contracts; the table below discloses contract start and end dates for NHS Norfolk and Waveney:

Executive Directors in post 1 July 2022 to 31 March 2023	Role	Position start date	Position end date
Tracey Bleakley	Chief Executive Officer	01/07/2022	N/a
Steven Course	Executive Director of Finance	01/07/2022	N/a
Patricia D'Orsi	Executive Director of Nursing	01/07/2022	N/a
Dr Frankie Swords	Executive Medical Director	01/07/2022	N/a
Howard Martin	Executive Director for Population Health Management & Health Inequalities	01/07/2022	31/10/2022
Mark Burgis	Executive Director of Primary & Community Care	01/07/2022	N/a
Jocelyn Pike	Acting Executive Director of Mental Health Transformation	01/07/2022	N/a
Karen Barker	Executive Director of Corporate Affairs & ICS Development	01/07/2022	N/a
Andrew Palmer	Executive Director of Performance, Transformation and Strategy – Deputy Chief Executive	01/07/2022 & 16/01/2023	N/a
Ema Ojiako	Executive Director of People	07/11/2022	N/a
Ian Riley	Executive Director of Digital and Data	01/11/2022	N/a

Board Remuneration Policy (excluding executive and partner members remunerated by partner organisations)

Remuneration for the Non-Executive Members consists of a fee that reflects the commitment and time required to fulfil their obligations effectively. They are also eligible to be reimbursed for out-of-pocket expenses incurred on ICB business. Non-Executive Members are not eligible to participate in the NHS Pension Scheme.

The Partner Member for Primary Medical Services is eligible to participate in the GP Solo pension scheme.

Board members (excluding executive members and those partner members remunerated by partner organisations) during the reporting period were as follows:

Board Members	Role	Start date	End date
Patricia Hewitt	Chair	01/07/2022	N/a
Hein van den Wildenberg	Non-Executive Member	01/07/2022	N/a
Aliona Derrett	Non-Executive Member	24/10/2022	N/a
David Holt	Non-Executive Member	01/07/2022	N/a
Catherine Amor	Non-Executive Member	01/07/2022	N/a
Dr Hilary Byrne	Partner Member - Primary Medical Services	01/07/2022	N/a

Remuneration of Very Senior Managers

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney ICB in respect of their services during the reporting period are given in the table below. Three Senior managers were paid more than £150,000 per annum.

The salaries for these posts are in accordance with NHS guidance issued in March 2022 and developed and agreed with the Department of Health and Social Care for ICBs with a population size of 1 – 1.5 million. The salaries for these posts have also been approved by NHS England (NHSE).

All very senior manager salaries for ICB roles have been agreed by NHS Norfolk and Waveney's Remuneration, People and Culture Committee having been considered appropriate in line with NHSE guidance.

Senior manager remuneration (including salary and pension entitlements) (subject to audit)

Name and Title	1 July 2022 to 31 March 2023					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension- related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Tracey Bleakley - Chief Executive Officer	145- 150	0	0	0	52.5-55	200- 205
Dr Frankie Swords - Executive Medical Director	125- 130	0	0	0	0	125- 130
Patricia D'Orsi - Executive Director of Nursing	100- 105	0	0	0	55-57.5	155- 160
Howard Martin – Executive Director for Population Health Management & Health Inequalities to 31 October 2022 *	35-40	0	0	0	20-22.5	60-65
Mark Burgis - Executive Director of Patients and Communities	90-95	0	0	0	50-52.5	145- 150
Steven Course - Executive Director of Finance	125- 130	0	0	0	105- 107.5	230- 235
Jocelyn Pike – Acting Executive Director of Mental Health Transformation	90-95	0	0	0	60-62.5	150- 155

Name and Title	1 July 2022 to 31 March 2023					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension- related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Karen Barker -- Executive Director of Corporate Affairs & ICS Development	85-90	0	0	0	35-37.5	120- 125
Andrew Palmer – Executive Director of Performance, Transformation & Strategy and Deputy Chief Executive Officer	95-100	0	0	0	55-57.5	150- 155
Ema Ojiako - Executive Director of People from 07 November 2022	45-50	0	0	0	42.5-45	90-95
Ian Riley - Executive Director of Digital and Data from 01 November 2022	55-60	0	0	0	57.5-60	110- 115
Hein van den Wildenberg - Non Executive Member	10-15	0	0	0	0	10-15
Aliona Derrett - Non Executive Member from 24 October 2022	5-10	0	0	0	0	5-10
David Holt - Non Executive Member	10-15	0	0	0	0	10-15

Name and Title	1 July 2022 to 31 March 2023					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension- related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Catherine Armor - Non Executive Member	10-15	0	0	0	0	10-15
Patricia Hewitt - Non Executive ICS Chair	45-50	0	0	0	0	45-50
Dr Hilary Byrne - Partner Member - Primary Medical Services	20-25	0	0	0	0	20-25

**** Note:** Taxable expenses and benefits in kind are expressed to the nearest £100.

* Howard Martin's post ended 31/10/2022. Howard moved to another NHS organisation and will continue to accrue pension benefits. Note that the full amount of pension benefits is disclosed not the pro rata portion.

This is the first year for NHS Norfolk and Waveney therefore there are no prior year tables for comparison.

The figures in the table above represent the actual payments made in year rather than full year salaries. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

Pension benefits as at 31 March 2023 (subject to audit)

Due to the CCG transitioning to ICB the Greenbury data available and provided is for the full year 1st April 2022 to 31st March 2023.

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2022	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2023	(h) Employers Contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Tracey Bleakley - Chief Executive Officer	2.5-5	0-2.5	0-5	0-5	10	12	54	0
Patricia D'Orsi - Executive Director of Nursing	2.5-5	0-2.5	40-45	80-85	769	42	867	0
Howard Martin - Director for Population Health Management & Health Inequalities	0-2.5	0-2.5	15-20	15-20	263	3	296	0
Mark Burgis - Executive Director of Patients and Communities	0-2.5	0-2.5	25-30	0-5	287	21	341	0
Steven Course - Executive Director of Finance	2.5-5	2.5-5	55-60	100-105	784	56	906	0
Jocelyn Pike – Acting Executive Director of Mental Health Transformation	0-2.5	0-2.5	30-35	50-55	458	35	527	0

Karen Barker – Executive Director of Corporate Affairs & ICS Development	0-2.5	0-2.5	20-25	0-5	192	10	224	0
Andrew Palmer – Executive Director of Performance, Transformation & Strategy	0-2.5	0-2.5	40-45	75-80	617	34	690	0
Ema Ojiako - Executive Director of People	0-2.5	0-2.5	15-20	0-5	144	6	180	0
Ian Riley - Executive Director of Digital and Data	0-2.5	0-2.5	35-40	55-60	524	14	593	0

* Total in (a), (b) and (f) for all are for part year as per dates in Executive Directors in post 2022-23 table.

** (c), (d) and (g) are Greenbury provided figures that relate to the full year.

The above tables reflect the total benefits for each individual to include benefits accrued through prior employment with other NHS organisations.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

In accordance with the Disclosure of Senior Managers' Remuneration (Greenbury) 2020 guidance, no CETV will be shown for pensioners and senior managers over normal pension age (NPA).

The declaration of pension contributions in this report is made in accordance with the guidelines issued under the Greenbury Report.

The details contained in the above tables relate to those members of the Board and Senior Management Team for whom pension details were available. Those not included where:

- Non-Executive Members whose remuneration is not pensionable
- GPs on the Board who were not members of the normal NHS Pension Scheme but did contribute to the NHS GP Solo Pension Scheme. The GP Solo Pension Scheme benefits are not included in the above table as we are unable to identify which part of that scheme relates to their work as Board Members.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in the NHS 2015 Scheme. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

There was a consultation outcome 3rd March 2022 which makes proposed changes to the NHS Pension Scheme. More information on the McCloud remedy is available on the below Government Website:

<https://www.gov.uk/government/consultations/nhs-pension-scheme-mccloud-remedy-part-1-proposed-changes-to-scheme-regulations-2022/mccloud-remedy-part-1-proposed-changes-to-nhs-pension-schemes-regulations-2022>.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement of for loss of office (subject to audit)

No compensation was paid on early retirement or for loss of office.

Payments to past members (subject to audit)

There were no payments made by NHS Norfolk and Waveney to past senior managers for services rendered or compensation due either in this or the previous financial year.

Pay multiples (Subject to audit)

No performance pay or bonuses were paid during the reporting period.

As at the reporting date based on annualised full time equivalent salary cost the below pay relationships existed:

- (1) The banded remuneration of the highest paid director/Member in Norfolk and Waveney ICB in the reporting period 1 July 2022 and 31 March 2023 was 4.7 times the median remuneration of the workforce.
- (2) The banded remuneration of the highest paid director/Member in Norfolk and Waveney ICB in the reporting period 1 July 2022 and 31 March 2023 was 6.0 times the 25th Percentile (lowest quarter) remuneration of the workforce.
- (3) The banded remuneration of the highest paid director/Member in Norfolk and Waveney ICB in the reporting period 1 July 2022 and 31 March 2023 was 3.5 times the 75th Percentile (highest quarter) remuneration of the workforce.
- (4) Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose a salary component.

The banded remuneration of the highest paid director/Member in Norfolk and Waveney ICB in the reporting period 1 July 2022 and 31 March 2023 was £195,000 to £200,000.

The relationship to the remuneration of the organisation's workforce is disclosed in the tables below:

Period to 31 March 2023	25th percentile	Median	75th Percentile
Total remuneration (£)	32,934	41,659	56,164
Salary component of total remuneration (£)	32,934	41,659	56,164
Pay ratio information	6.0:1	4.7:1	3.5:1

In the reporting period 1 July 2022 and 31 March 2023, no employees received remuneration in excess of the highest-paid director/Member. Remuneration ranged from £16,000 to £195,700. ICB pay ranges have been developed and agreed with the Department of Health and Social care and consistent with the expected overall approach to very senior manager pay.

* Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not include severance payments paid to an employee. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

** Salary is the basic pay element paid to an employee.

Staff report

NHS Norfolk and Waveney has a highly skilled, motivated and experienced workforce of commissioning managers and support staff. During the reporting period the average workforce was 649.5 WTE (whole time equivalent). In addition to employed staff, NHS Norfolk and Waveney engaged with general practitioners and nurses from across the Norfolk and Waveney area to provide clinical expertise and input into its decision making and actively supporting the organisation in aspiring for better health, better care and better value for the population.

NHS Norfolk and Waveney is also supported by NHS Arden and Greater East Midlands CSU for outsourced support services: the provision of GPIT, Freedom of Information, DSCRO and Data Services, Procurement, and transactional HR. The Financial accounting, BI, Digital, contracting, medicines management, IFR and HR business partners were in housed 1 February 2023.

Staff numbers and composition (subject to audit)

As an employer we adopt the National Agenda for Change (AfC) pay framework and the following tables show the breakdown of functional categories and gender as at year end:

The staff headcount is of all staff employed by NHS Norfolk and Waveney as at 31 March 2023.

Staff Composition by Occupational Code (headcount)	Female	Male	Total
Chair & Non-Executive Board Members	5	2	7
Clerical and Administrative	307	61	368
Clinical Members	20	16	35
Managers	97	57	154
Nursing Professionals	102	10	112
Other - Non AfC non-CCG shared posts	7	4	11
Other - Seconded/Agency staff	36	12	48
Scientific, Therapeutic & Technical Professionals	32	4	36
Senior Managers	19	18	37
Total	624	184	808

NHS Occupational codes presented above reflect the nature of the role undertaken, this may show a difference to the roles in the table below. For example, Board Members where occupational codes consider these as Nursing or Clinical.

Staff Composition by band (headcount)	Female	Male	Total
VSM	6	5	11
Other - Non AfC CCG members	25	20	45
Band 9	4	4	8
Band 8d	16	15	31
Band 8c	30	12	42
Band 8b	56	26	82
Band 8a	81	29	110
Band 7	93	29	122
Band 6	102	15	117
Band 5	63	14	77
Band 4	75	6	81
Band 3	64	3	67
Band 2	2	2	4
NCC Recharges	7	4	11
Total	624	184	808

Whilst these tables detail the breakdown of staffing by banding from a gender perspective, other metrics are monitored including the Workforce Race Equality Standard (WRES) which reflects career progression and personal perceptions of black and minority ethnic staff treatment by colleagues. The progress against workplans are reviewed by both the workforce team and the staff Equality, Diversity and Inclusion Group.

NHS Norfolk and Waveney also recognises that individuals may identify themselves outside of female or male categories however these tables capture NHS Norfolk and Waveney's workforce.

Employee benefits

	Permanent Employees	Other	2022-23 Total
Employee benefits	£000's	£000's	£000's
Salaries and wages	23,974	2,236	26,210
Social security costs	2,470	161	2,631
Employer Contributions to NHS Pension scheme	3,900	185	4,085
Other pension costs	10	0	10

Apprenticeship Levy	97	0	97
Termination benefits	211	0	211
Gross employee benefits expenditure	30,662	2,582	33,244

No prior year comparison due to first reporting period of NHS Norfolk and Waveney.

Sickness absence data

Department of Health & Social Care (DHSC) has taken the decision to not commission the data production exercise for NHS bodies for 2022-23. The link to the latest NHS Digital publication series is as follows:

[NHS Sickness Absence Rates, August 2022, Provisional Statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/nhs-sickness-absence-rates-august-2022-provisional-statistics)

Staff turnover

As at 31 March 2023 the staff turnover for NWICB stood at 10.32% (Based on figures for the 9-month period).

Staff engagement percentages

NHS Norfolk and Waveney is committed to improving staff experiences across the NHS and takes part in the National Staff Survey (NSS) annually.

NHS Norfolk and Waveney participated in the annual NHS National Staff Survey. This opened for responses in October 2022 and closed December 2022.

The response rate for NHS Norfolk and Waveney was 68% (424 responses) which was slightly lower than our comparator average of 73%.

Nationally in 2023 the overall results for the NHS declined for a second year, however NHS Norfolk and Waveney results told us a slightly different story. On the whole the organisation fared above or in line with our comparator average in most domains of the People Promise, and in some areas, we improved on our 2021 results. We will be focusing on improving learning and development opportunities for our staff and given the workload pressures and challenges we face; we will continue to prioritise health and wellbeing.

Our staff engagement score was 7.1 which is higher than the comparator average of 6.9.

The motivation factors include questions on involvement in decision-making, motivation and advocacy i.e. would they recommend this organisation as a place to work.

Our staff morale score was 6.4 which was higher than the comparator average of 6.1.

The moral element includes questions relating to thinking of leaving, work pressure and stressors.

All results are summarised against the NHS People Promise, which we as an ICB are committed to delivering for our staff. The seven elements are;

Element	Norfolk and Waveney ICB score	Comparator average score
We are compassionate and inclusive	7.7	7.5
We are recognised and rewarded	6.9	6.6
We each have a voice that counts	7.2	6.9
We are safe and healthy	6.5	6.5
We are always learning	5.3	5.3
We work flexibly	7.2	7.3
We are a Team	7.2	7.0

Each element of the People Promise is broken down into themes and sub-scores

We are compassionate and inclusive	We scored well in this element for equality and diversity but have work to do for inclusion.
We are recognised and rewarded	We scored well in this element for respecting and appreciating each other
We each have a voice that counts	Although we are above average, we have more to do to ensure our staff feel they have autonomy and control and feel safe raising concerns.
We are safe and healthy	Although we are in line with the comparator average, we have prioritised this element for focused action in 2023, recognising we can always improve our support for staff health and wellbeing (which includes burnout, climate, and negative experiences)
We are always learning	We recognise we need to do more to offer our staff opportunities for development
We work flexibly	In 2022 we supported and offered more flexible working options which has been reflected in an improved score since 2021, we will continue to make progress in this element.
We are a Team	Again, we were on par with the comparator average, but recognise this is an area that needs focused action in 2023 to support effective team working and supportive line management.

Feedback into Action

NHS Norfolk and Waveney will continue to seek feedback from our staff through participation in quarterly 'People Pulse' surveys and participation in the annual national survey.

NHS Norfolk and Waveney works positively with our Staff Involvement Group to continually look for ways to improve staff experience and to respond to their feedback.

The survey's strength is in providing a national picture alongside local detail. It captures how people experience their working lives and is aligned to the NHS People Promise. The National Staff Survey is a snapshot in time with the information gathered at the same time each year. It helps us to understand how staff are feeling and to help us to learn from their experience. The results are used to improve local working conditions and ultimately to improve patient care.

Staff policies

ICB HR policies are based on NHS Business Services Authority policies and as such have been agreed by Trade Unions. HR policies are also reviewed by a Staff Involvement Group (SIG) which has been established to ensure that NHS Norfolk and Waveney has the opportunity to engage with and listen to the views of staff to help inform organisational decision making and planning. NHS Norfolk and Waveney has a member of staff who is also a trade union representative who sits on the SIG and reviews and comments on policies to support their development and review. Where relevant HR personnel engage with trade unions to support good working relationships.

NHS Norfolk and Waveney follows an Equality, Diversity and Inclusion Policy and is committed to equality of opportunity for all employees. This is about giving fair consideration to applications for employment from groups of people with particular characteristics who may otherwise face discrimination. The nine protected characteristics are age, disability, ethnic origin and race, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. NHS Norfolk and Waveney gives full and fair consideration to applications for employment made by disabled persons and promotes the provision of training and guidance and the impartial application of all employment policies and procedures. Occupational health advice and support is available to all staff and specialist advice sought for disabled employees. More information on NHS Norfolk and Waveney's approach to equality and inclusion can be found under 'Other employee matters' below.

Trade Union Facility Time Reporting Requirements

The Trade Union (Facility Time Publication Requirements) regulations 2017, requires relevant public sector organisations to report on trade union facility time in their organisations. Facility time is paid time off for union representatives to carry out trade union activities.

Table 1 - Relevant union officials

Total number of employees who were relevant union officials during 2022/23:

Number of employees who were relevant union officials during 2022/23	Full-time equivalent employee number
1	0.67

Table 2 - Percentage of time spent on facility time

Percentage of working time spent on facility time by employees who were relevant union officials employed during 2022/23:

Percentage of time	Number of employees
0%	0
1-50%	1
51-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time

Percentage of total pay bill spent on paying employees who were relevant union officials for facility time during 2022/23:

Total cost of facility time	£
Provide the total cost of facility time	£5,461
Total pay bill	£33,243,562
Percentage of the total pay bill spent on facility time	0.02%

Table 4 - Paid trade union activities

Percentage of total paid facility time hours spent by employees who were relevant union officials during 2022/23 on paid trade union activities:

Time spent on paid trade union activities as a percentage of total paid facility time hours	42%
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Other employee matters

Equality, Diversity and Inclusion

NHS Norfolk and Waveney has due regard to the three aims of the public sector equality duty under the Equality Act 2010 to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance the equality of opportunity between people who share a protected characteristic and people who do not share it, and
- Foster good relations between people who share a protected characteristic and people who do not share it.

Diversity is viewed positively, we recognise that everyone is different and value the unique contribution that everyone's experience, knowledge and skills can make. Equality and inclusion are stated objectives.

The promotion of equality, diversity and inclusion is pursued through policies that ensure employees receive fair, equitable and consistent treatment and existing and potential employees are not subject to any form of discrimination. Enabling employees to work in an environment where they can give their best. NHS Norfolk and Waveney's Equality, Diversity and Inclusion Policy seeks to meet and exceed our responsibilities as a public-sector employer under the Equality Act 2010.

To support this work an Equality, Inclusion and Diversity Lead has been appointed by NHS Norfolk and Waveney and NHS Norfolk and Waveney has established an Equality, Inclusion and Diversity Group to ensure that NHS Norfolk and Waveney continues to develop opportunities for all employees. More information can be found on our website here : <https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/equality-and-inclusion/>

Health and Safety

NHS Norfolk and Waveney is committed to ensuring the health, safety and welfare of its employees and of course others who may be affected by ICB activities. NHS Norfolk and Waveney takes all reasonably practicable steps to achieve this commitment and to comply with statutory obligations and to promote a positive health and safety culture throughout the organisation. Health and safety training is provided via e-learning for all staff. This mandatory training covers the core requirements for a low-risk office environment and each module contains an assessment that must be passed by staff.

Pension

Employees of NHS Norfolk and Waveney are covered by the provisions of the NHS Pension Scheme.

For information as to how pension liabilities were treated, please refer to accounting policy 3.4. In respect of senior managers in NHS Norfolk and Waveney, pension entitlements are disclosed within this Remuneration Report.

Expenditure on consultancy

Where NHS Norfolk and Waveney does not have the requisite skills or capacity within the organisation to deliver specific aspects of its obligations or to develop further the services that it would wish to provide it relies on external organisations and individuals to provide those skills or capacity.

During the reporting period NHS Norfolk and Waveney spent £1,647,474 on consultancy services as outlined below

Consultancy service	Cost
Human Resource, Training & Education Consultancy	£110,615
Marketing & Communications Consultancy	£6,480
Strategy Consultancy	£54,132
Property & Construction Consultancy	£100,000
IT/IS Consultancy	£516,027
Care Home Advisor Consultancy	£27,000
Organisation & Change Management Consultancy	£833,220
Total	£1,647,474

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2023 for more than £245* per day

	Number
Number of existing engagements as of 31 March 2023	14
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	14
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

The ICB can provide assurance that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245⁽¹⁾ per day:

	Number
No. of temporary off-payroll workers engaged between 1 July 2022 and 31 March 2023	18
<i>Of which:</i>	
No. not subject to off-payroll legislation ⁽²⁾	14
No. subject to off-payroll legislation and determined as in-scope of IR35 ⁽²⁾	0
No. subject to off-payroll legislation and determined as out of scope of IR35 ⁽²⁾	4
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

⁽¹⁾ The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

⁽²⁾ A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 July 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	2

Exit packages, including special (non-contractual) payments (subject to audit)

Table 1: Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	2	9,271			2	9,271		
£25,001 - £50,000	1	30,000			1	30,000		
£150,001 - £200,000	1	153,334			1	153,334		
TOTALS	4	192,605			4	192,605		

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are the full costs of departures agreed in year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period. Where NHS Norfolk and Waveney has agreed early retirements, the additional costs are met by NHS Norfolk and Waveney and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table (£Nil).

SIGNED

Tracey Bleakley
Accountable Officer
29 June 2023

Parliamentary accountability and audit report

NHS Norfolk and Waveney Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report where relevant. An audit certificate and report is also included in this Annual Report at page 149.

ANNUAL ACCOUNTS

Financial Statement and Notes

NHS Norfolk & Waveney ICB - Accounts for the period ended 31 March 2023

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**Statement of Comprehensive Net Expenditure for the period ended
31 March 2023**

	Note	31 March 2023 £'000
Income from sale of goods and services	2	(16,062)
Other operating income	2	(56)
Total operating income		(16,118)
Staff costs	3	33,244
Purchase of goods and services	4	1,690,063
Depreciation and impairment charges	4	134
Provision expense	4	(2,938)
Other operating expenditure	4	3,556
Total operating expenditure		1,724,059
Net operating expenditure		1,707,941
Finance expense	6	6
Net expenditure for the period		1,707,947
Comprehensive expenditure for the period		1,707,947

Notes on pages 124 to 148 form part of this statement

**Statement of Financial Position as at
31 March 2023**

	Note	31 March 2023 £'000	30 June 2022 £'000
Non-current assets:			
Right-of-use assets	8	1,005	53
Total non-current assets		1,005	53
Current assets:			
Trade and other receivables	9	8,676	5,236
Cash and cash equivalents	10	1,649	395
Total current assets		10,325	5,631
Total assets		11,330	5,684
Current liabilities:			
Trade and other payables	11	(225,918)	(163,750)
Lease liabilities	8	(219)	(53)
Provisions	12	(4,408)	(7,454)
Total current liabilities		(230,545)	(171,257)
Total assets less current liabilities		(219,215)	(165,573)
Non-current liabilities:			
Trade and other payables	11	(686)	(612)
Lease liabilities	8	(775)	-
Provisions	12	(324)	(216)
Total non-current liabilities		(1,785)	(828)
Assets less Liabilities		(221,000)	(166,401)
Financed by taxpayers' equity:			
General fund		(221,000)	(166,401)
Total taxpayers' equity:		(221,000)	(166,401)

Prior period balances shown on the Statement of Financial Position have been transferred to the ICB, via modified absorption accounting.

The notes on pages 124 to 148 form part of this statement

The financial statements on pages 120 to 123 were approved by the Board on 27 June 2023 and signed on its behalf by:

SIGNED

Tracey Bleakley
Chief Executive Officer
29 June 2023

**Statement of Changes In Taxpayers Equity for the period ended
31 March 2023**

		31 March 2023
	Note	General fund £'000
Changes in taxpayers' equity for 31 March 2023		
Balance at 01 July 2022		-
Transfers by modified absorption to (from) other bodies	7	(166,402)
Changes in NHS ICB taxpayers' equity for 31 March 2023		
Net operating expenditure for the financial period	SoCNE	(1,707,947)
Net recognised NHS ICB expenditure for the financial period		(1,874,349)
Net funding	SoCF	1,653,349
Balance at 31 March 2023		(221,000)

The notes on pages 124 to 148 form part of this statement

**Statement of Cash Flows for the period ended
31 March 2023**

	31 March 2023
Note	£'000
Cash flows from operating activities	
Net operating expenditure for the financial period	(1,707,947)
Depreciation and amortisation	4 134
Movement due to transfer by modified absorption	(158,732)
(Increase)/decrease in trade & other receivables	9 (8,676)
Increase/(decrease) in trade & other payables	11 226,604
Increase/(decrease) in provisions	12 (2,938)
Net cash inflow (outflow) from operating activities	(1,651,555)
Cash flows from investing activities	
Interest paid	6 6
Net cash inflow (outflow) from investing activities	6
Cash flows from financing activities	
Net funding received	1,653,349
Repayment of lease liabilities	8 (151)
Net cash inflow (outflow) from financing activities	1,653,198
Net increase (decrease) in cash & cash equivalents	10 1,649
Cash & cash equivalents at the beginning of the financial period	10 -
Cash & cash equivalents at the end of the financial period	10 1,649

The notes on pages 124 to 148 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to ICBs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

When clinical commissioning group ceased to exist on 30 June 2022, the services continued to be provided by ICBs (using the same assets, by another public sector entity). The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Movement of Assets within the Department of Health and Social Care Group

NHS Norfolk & Waveney ICB was approved by NHS England to operate from 1 July 2022 and was created from the transfer of NHS Norfolk & Waveney CCG. The transfer of balances is detailed in note 7 of these accounts.

For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach should be applied. For these transactions only gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The ICB has entered into separate pooled budget arrangements with both Norfolk County Council and Suffolk County Council in accordance with section 75 of the NHS Act 2006. Under these arrangements, funds are pooled to jointly commission or deliver health and social care, known as the Better Care Fund-

The pools are hosted by Norfolk County Council and Suffolk County Council respectively. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

The ICB has exercised judgement on the accounting for pooled budgets, further details are included in note 16.

1.5 **Revenue**

The main source of funding for the ICB is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation.

Payment terms are standard reflecting cross government principles.

1.6 **Employee Benefits**

1.6.1 **Short-Term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

1.6.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements, other than those due to ill health, the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accrual's basis.

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.10 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired, or the asset has been transferred.

All financial assets are recorded at amortised cost.

1.10.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.11 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are derecognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.12 **Critical Accounting Judgements and Key Sources of Estimation Uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.12.1 **Critical Accounting Judgements in Applying Accounting Policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Better Care Fund

The ICB has entered into a partnership agreement and a pooled budget with both Norfolk County Council and Suffolk County Council in respect of the Better Care Fund (BCF). From 2022/23 this includes the addendum of the Adult Social Care Discharge Fund. The BCF is a national policy initiative and the funds involved are material in the ICB accounts. Having reviewed the terms of the partnership agreement the Department of Health and Social Care Group Accounting Manual (DHSC GAM) and the appropriate financial reporting standards the ICB has determined that there are three elements to the BCF and they are accounted for as follows:

(1) The major part is controlled by both Norfolk County Council and Suffolk County Council which commissions services from various non-NHS providers. Whilst the services are determined in partnership the risks and rewards of the contracts remain wholly with the council. The ICB accounts for this on a lead commissioner basis as healthcare expenditure with the local authority.

(2) The second part is controlled by the ICB which commissions various services from NHS and non-NHS providers. The risks and rewards of these contracts are the responsibility of the ICB which considers itself to be acting as a lead commissioner for those services on behalf of the partnership. The ICB accounts for these costs as healthcare purchased from NHS and non-NHS providers.

(3) The final part of the BCF is an integrated community equipment store. Norfolk County Council acts as the host body for this service which is provided by a third party. Each partner is however wholly responsible for their own share of the expenditure, and this is accounted for as a joint operation.

Otherwise, there were no critical judgements apart from those involving estimations (see below) that management has made in the process of applying the ICB's accounting policies that have the most significant effect on the amounts recognised in the financial statements.

1.12.2 Sources of Estimation Uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial period.

Prescribing Liabilities:

NHS England actions monthly cash charges to the ICB for prescribing contracts. These are issued approximately 6 weeks in arrears. The ICB uses information provided by the NHS Business Authority as part of the estimate for period expenditure. For the period ended 31 March 2023 an accrual of £34,639,526 was included for February and March anticipated expenditure, this figure is not believed to represent a significant level of uncertainty.

1.13 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

1.14 Contingent Liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation, or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

1.15 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.15.1 The ICB as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 0.91% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise:

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.16 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

For the period ended 31 March 2023 a value of £83,333 has been incurred as part of the ICB's share of a payment relating to the abandonment of an East of England hosted procurement process.

This Special Payment follows the ICB financial governance process.

Losses and special payments are charged to the relevant functional headings in expenditure on an accrual's basis.

1.17 Accounting Standards That Have Been Issued but Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standard and Interpretation to be applied for the period ended 31 March 2023. IFRS14 is not applicable to the ICB as it has not been endorsed in the UK. IFRS 17 is still subject to HM Treasury FReM adoption.

- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

The application of IFRS 14 and IFRS 17 is not anticipated to have a material impact on the accounts.

2. Other operating revenue

	31 March 2023
	Total
	£'000
Income from sale of goods and services (contracts)	
Education, training and research	1
Non-patient care services to other bodies	4,182
Other contract income	11,879
Total income from sale of goods and services	16,062
Other operating income	
Charitable and other contributions to revenue expenditure: non-NHS	56
Total other operating income	56
Total operating income	16,118

3. Employee benefits and staff numbers

3.1 Employee benefits

	Total		31 March 2023
	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	23,974	2,236	26,210
Social security costs	2,470	161	2,631
Employer contributions to NHS Pension scheme	3,900	185	4,085
Other pension costs	10	-	10
Apprenticeship levy	97	-	97
Termination benefits	211	-	211
Net employee benefits excluding capitalised costs	30,662	2,582	33,244

Further analysis of employee benefits is shown in the remuneration and staff report on pages 99 to 118.

	31 March 2023		
	Permanently Employed Number	Other Number	Total Number
Total	612	38	650

Further information in respect of staff numbers is included from page 109 of the annual report.

3.3 Exit packages agreed in the financial year

	31 March 2023 Compulsory redundancies	
	Number	£
Less than £10,000	2	9,271
£25,001 to £50,000	1	30,000
£150,001 to £200,000	1	153,334
Total	4	192,605

This table reports the number and value of exit packages agreed in the financial period. The expense associated with this departure may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions and conditions of Agenda for Change.

Exit costs are accounted for in accordance with relevant accounting standards in full at the period of departure.

3.5 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

The employer contribution rate was 20.6% in 2022-23.

3.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.5.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

For the period ended 31 March 2023 employers’ contributions of £4,085,000 were payable to the NHS Pensions Scheme at the rate of 20.6% of pensionable pay.

4. Operating expenses

31 March 2023

Total

£'000

Purchase of goods and services

Services from other ICBs and NHS England	5,644
Services from foundation trusts	927,462
Services from other NHS trusts	136,729
Services from other WGA bodies	80
Purchase of healthcare from non-NHS bodies	226,413
Purchase of social care	11,169
Prescribing costs	156,611
GPMS/APMS and PCTMS	163,872
Supplies and services – clinical	1,201
Supplies and services – general	37,144
Consultancy services	1,638
Establishment	8,867
Transport	8,507
Premises	2,137
Audit fees	288
Other professional fees	743
Legal fees	251
Education, training and conferences	1,307
Total purchase of goods and services	1,690,063

Depreciation and impairment charges

Depreciation	134
Total depreciation and impairment charges	134

Provision expense

Provisions	(2,938)
Total provision expense	(2,938)

Other Operating Expenditure

Chair and Non Executive Members	181
Grants to other bodies	1,283
Research and development (excluding staff costs)	1,999
Other expenditure	93
Total other operating expenditure	3,556

Total operating expenditure

1,690,815

4.1 Limitation on Auditor's liability

The limitation on auditors' liability for external audit work is £2m.

5. Better Payment Practice Code

Measure of compliance	31 March 2023 Number	31 March 2023 £'000
Non-NHS Payables		
Total Non-NHS trade invoices paid in the period	55,951	455,692
Total Non-NHS trade invoices paid within target	54,502	446,610
Percentage of Non-NHS trade invoices paid within target	97.41%	98.01%
NHS Payables		
Total NHS trade invoices paid in the period	1,074	1,068,580
Total NHS trade invoices paid within target	994	1,067,248
Percentage of NHS trade invoices paid within target	92.55%	99.88%
Total Payables		
Total trade invoices paid in the period	57,025	1,524,272
Total trade invoices paid within target	55,496	1,513,858
Percentage of all trade invoices paid within target	97.32%	99.32%

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice. Target performance against these categories is at 95%.

In the period ended 31 March 2023 this target delivery was achieved in all categories with the exception of the number of NHS trade invoices which achieved 92.55%

6. Finance costs

	31 March 2023 £'000
Interest	
Interest on lease liabilities	6
Total interest	6
Total finance costs	6

7. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure and is disclosed separately from operating cost.

For transfers of assets and liabilities from those bodies that closed on 30 June 2022 a modified absorption approach should be applied. For these transactions only gains and losses are recognised in reserves rather than the Statement of Comprehensive Net Expenditure.

The ICB received balances on 01 July 2022 from NHS Norfolk & Waveney CCG.

	31 March 2023
	NHS England Group Entities (non-parent)
	Total
	£'000
Transfer of Right of Use assets	53
Transfer of cash and cash equivalents	395
Transfer of receivables	5,236
Transfer of payables	(164,363)
Transfer of provisions	(7,670)
Transfer of Right of Use liabilities	(53)
Net loss on transfers by absorption	(166,402)

8. Leases

8.1 Right-of-use assets

	31 March 2023	30 June 2022
	Buildings excluding dwellings £'000	Buildings excluding dwellings £'000
Cost or valuation at 01 July 2022	-	-
IFRS 16 Transition Adjustment	156	66
Additions	930	-
Transfer (to) from other public sector body	66	-
Cost/Valuation at 31 March 2023	1,152	66
Depreciation 01 July 2022	-	-
Charged during the year	134	13
Transfer (to) from other public sector body	13	-
Depreciation at 31 March 2023	147	13
Net Book Value at 31 March 2023	1,005	53

8.2 Lease liabilities

	31 March 2023	30 June 2022
	£'000	£'000
Lease liabilities at 01 July 2022	-	-
IFRS 16 Transition Adjustment	(53)	(66)
Additions purchased	(1,086)	-
Interest expense relating to lease liabilities	(6)	-
Repayment of lease liabilities (including interest)	151	13
Lease liabilities at 31 March 2023	(994)	(53)

8.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	31 March 2023	30 June 2022
	£'000	£'000
Within one year	(219)	(53)
Between one and five years	(769)	-
After five years	(6)	-
Balance at 31 March 2023	(994)	(53)

These accounts show no opening balances as at 1st July 2022, as the opening assets and liabilities positions were transferred in via modified absorption accounting.

8. Leases cont'd

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	31 March 2023
	£'000
Depreciation expense on right-of-use assets	134
Interest expense on lease liabilities	6
	<hr/>
	140

8.5 Amounts recognised in Statement of Cash Flows

	31 March 2023
	£'000
Total cash outflow on leases under IFRS 16	151

8.6 Nature of lessee's leasing activities

The ICB has disclosed all lease liabilities under IFRS 16 in Note 8.2. This is for properties that the organisation occupies in order to carry out its provision of Healthcare Commissioning. The ICB has entered into no further leases which would have been capitalised under IFRS 16, however there were two properties which the ICB occupied in the period which have been treated as rental agreements. These are owned by NHS Property Services.

9.1 Trade and other receivables

	Current 31 March 2023 £'000	Current 30 June 2022 £'000
NHS receivables: Revenue	4,857	1,905
NHS prepayments	4	817
NHS accrued income	258	888
Non-NHS and Other WGA receivables: Revenue	2,744	2,599
Non-NHS and Other WGA prepayments	1,031	1,189
Non-NHS and Other WGA accrued income	1,359	390
Expected credit loss allowance - receivables	(1,891)	(2,555)
VAT	306	-
Other receivables and accruals	8	3
Total trade & other receivables	8,676	5,236

9.2 Receivables past their due date but not impaired

	31 March 2023 DHSC Group Bodies £'000	31 March 2023 Non DHSC Group Bodies £'000
By up to three months	2,454	123
By three to six months	29	27
By more than six months	29	1,739
Total	2,512	1,889

9.3 Loss allowance on asset classes

	31 March 2023 Non DHSC Group Bodies £'000
Balance at 01 July 2022	-
Lifetime expected credit losses on trade and other receivables-Stage 2	664
Transfer by Absorption from other entity	(2,555)
Total	(1,891)

10. Cash and cash equivalents

	31 March 2023 £'000	30 June 2022 £'000
Balance at 01 July 2022	-	1,481
Net change in year	1,649	(1,086)
Balance at 31 March 2023	<u>1,649</u>	<u>395</u>
Made up of:		
Cash with the Government Banking Service	1,649	395
Balance at 31 March 2023	<u>1,649</u>	<u>395</u>

These accounts show no opening cash balance as at 1st July 2022, as the opening asset position was transferred in via modified absorption accounting.

11. Trade and other payables	Current	Non-current	Current	Non-current
	31 March 2023	31 March 2023	30 June 2022	30 June 2022
	£'000	£'000	£'000	£'000
NHS payables: Revenue	16,175	-	1,487	-
NHS accruals	14,038	-	6,913	-
NHS deferred income	1,039	-	110	-
Non-NHS and other WGA payables: Revenue	41,812	-	22,089	-
Non-NHS and other WGA accruals	124,834	-	120,356	-
Non-NHS and other WGA deferred income	13,581	686	8,394	612
Social security costs	464	-	421	-
VAT	-	-	66	-
Tax	438	-	339	-
Other payables and accruals*	13,537	-	3,575	-
Total trade & other payables	225,918	686	163,750	612
Total current and non-current	226,604		164,362	

*Other payables include £1,809,000 outstanding pension contributions at 31 March 2023.

12. Provisions

	Current 31 March 2023 £'000	Non-current 31 March 2023 £'000	Current 30 June 2022 £'000	Non-current 30 June 2022 £'000
Redundancy	-	-	429	-
Legal claims	941	-	453	-
Other	3,467	324	6,572	216
Total	4,408	324	7,454	216
Total current and non-current	4,732		7,670	
	Redundancy £'000	Legal Claims £'000	Other * £'000	Total £'000
Balance at 01 July 2022	-	-	-	-
Arising during the year	-	603	1,907	2,510
Reversed unused	(429)	(115)	(4,904)	(5,448)
Transfer (to) from other public sector body under absorption	429	453	6,788	7,670
Balance at 31 March 2023	-	941	3,791	4,732
Expected timing of cash flows:				
Within one year	-	941	3,467	4,408
Between one and five years	-	-	324	324
Balance at 31 March 2023	-	941	3,791	4,732

* Other Provisions include estates and staffing costs.

All provisions made satisfy the ICBs Accounting Policy in recognition of a present obligation from a past event with a reliable estimate for a probable outflow. These accounts show no opening provision balance as at 1st July 2022, as the opening liability position was transferred in via modified absorption accounting.

13. Contingencies

31 March 2023
£'000

Contingent liabilities

Legal Claim	200
Net value of contingent liabilities	200

The contingent liability relates to ongoing employment and other legal cases where some risks remain but is not considered either probable and/or the reliability of estimate value is poor.

14. Financial instruments

14.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the NHS ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS ICB standing financial instructions and policies agreed by the Board. Treasury activity is subject to review by the NHS ICB and internal auditors.

14.1.2 Credit risk

Because the majority of the ICB revenue comes from parliamentary funding, The ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

14.1.3 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

14.1.4 Financial instruments

As the cash requirements of NHS England are met through the estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

14. Financial instruments cont'd

14.2 Financial assets

	Financial Assets measured at amortised cost 31 March 2023 £'000
Trade and other receivables with NHSE bodies	4,367
Trade and other receivables with other DHSC group bodies	2,462
Trade and other receivables with external bodies	2,397
Cash and cash equivalents	1,649
Total at 31 March 2023	10,875

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 31 March 2023 £'000
Trade and other payables with NHSE bodies	1,242
Trade and other payables with other DHSC group bodies	29,002
Trade and other payables with external bodies	181,146
Total at 31 March 2023	211,390

15. Operating segments

The ICB consider they have only one segment: Commissioning of Healthcare Services.

16. Joint arrangements - interests in joint operations

ICBs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

16.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY			
			31 March 2023			
			Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000
Norfolk County Council Better Care Fund	NHS Norfolk and Waveney ICB and Norfolk County Council	Joint Commissioning of Care services, hosted by Norfolk County Council, net accounting adopted	-	1,931	-	60,542
Suffolk County Council Better Care Fund	NHS Norfolk and Waveney ICB and Suffolk County Council	Joint Commissioning of Care services, hosted by Suffolk County Council, net accounting adopted	-	-	-	7,768
Suffolk County Council Mental Health Services	NHS Norfolk and Waveney ICB and Suffolk County Council	Joint provision of mental health services	-	9	-	158

Children and Young People's Alliance Agreement	NHS Norfolk and Waveney ICB, Norfolk County Council, Suffolk County Council, Norfolk and Suffolk NHS Foundation Trust, Ormiston Families, Mancroft Advice Project, Cambridgeshire Community Services NHS Trust, James Paget University Hospitals NHS Foundation Trust, East Coast Community Healthcare CIC and Norfolk Community Health and Care NHS Trust	Alliance agreement for Children and Young People	1,028	334	690	1,920
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17. Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Board Members (including General Practitioner Practice Payments)				
Dr Hilary Byrne, Attleborough Surgery (Partner)	2,170	-	-	-
Dr Hilary Byrne, South Norfolk Primary Care Network (Clinical Director)	522	-	-	-
Aliona Derrett, Hear for Norfolk (Chief Executive)	397	-	-	-
David Holt, Tavistock and Portman NHS Foundation Trust (Senior Independent Director)	3	-	-	-
Emma Ratzer, Access Community Trust (Chief Executive Officer)	551	-	-	-

The Department of Health and Social Care is regarded as a related party. During the period the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent. The entities with whom the value of transactions exceed £500k are listed below:

- Bedfordshire Hospital NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- Cambridge and Peterborough NHS Foundation Trust
- Community Health Partnerships
- East of England Ambulance Service NHS Trust
- East Suffolk and North East Essex NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- Health Education England
- Hertfordshire Partnership University NHS Foundation Trust
- James Paget University Hospital NHS Foundation Trust
- NHS Arden & Greater East Midlands CSU

- NHS England
- NHS Property Services
- Norfolk Community Health and Care NHS Trust
- Norfolk & Norwich University Hospital NHS Foundation Trust
- Norfolk & Suffolk NHS Foundation Trust
- North West Anglia NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Queen Elizabeth Hospital NHS Foundation Trust
- University College London Hospital NHS Foundation Trust
- West Suffolk NHS Foundation Trust

In addition, there have been further material transactions in the ordinary course of the ICB's business with a number of other government departments, central and local government bodies as follows:

- Norfolk County Council
- Suffolk County Council

18. Events after the end of the reporting period

There are no other events between the end of the reporting period and 29 June 2023 which will have a material effect on the financial statements of the ICB.

19. Financial performance targets

NHS Norfolk & Waveney ICB has a number of financial duties under the NHS Act 2006 (as amended). Performance against those duties was as follows:

	NHS Act Section	Duty Achieved?	31 March 2023 Target £'000	31 March 2023 Performance £'000
Expenditure not to exceed income	223H(1)	Yes	1,724,273	1,724,065
Revenue resource use does not exceed the amount specified in Directions	223I(3)	Yes	1,708,155	1,707,947
Revenue administration resource use does not exceed the amount specified in Directions	223J(3)	Yes	17,652	17,496

20. Losses and special payments

20.1 Losses

There were no losses made during the period ended 31 March 2023.

20.2 Special payments

	Total Number of Cases 31 March 2023 Number	Total Value of Cases 31 March 2023 £'000
Ex Gratia Payments	1	83
Total	1	83



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS NORFOLK & WAVENEY INTEGRATED CARE BOARD

Opinion

We have audited the financial statements of NHS Norfolk & Waveney Integrated Care Board ("the ICB") for the nine-month period ended 31 March 2023 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 20, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023, and the Accounts Direction issued by NHS England in accordance with the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Norfolk & Waveney Integrated Care Board as at 31 March 2023 and of its net expenditure for the nine-month period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- have been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Social Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's, or the successor body's, ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the ICB's ability to continue as a going concern.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the Annual Report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2022 to 2023; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the ICB under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the nine-month period ended 31 March 2023.

We have nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the '*Statement of Accountable Officer's Responsibilities*' in respect of the Accounts, set out on pages 61 to 62, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the Governance Statement on page 63, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant are the National Health Service Act 2006, Health and Social Care Act 2012 and Health and Care Act 2022, and other legislation governing NHS ICBs, as well as relevant employment laws of the United Kingdom. In addition, the ICB has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

We understood how the ICB is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the Head of Internal Audit, the Local Counter Fraud Specialist and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.

We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy and testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the ICB is engaging in any transactions outside the usual course of business. We identified two specific fraud risks, relating to the risk of fraud in expenditure recognition through key estimates/judgements and misstatements due to fraud or error in relation to the classification of Admin and Programme costs.

Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management, the Head of Internal Audit, the Local Counter Fraud Specialist and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations.

To address our fraud risk of management override of controls, we tested specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested the appropriateness of the journal and that it was accounted for appropriately. We assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions.

To address our fraud risk of fraud in expenditure recognition, we tested the appropriateness of expenditure recognition accounting policies and tested that they had been applied correctly during our detailed testing, tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements, reviewed accounting for evidence of management bias, tested a sample of accruals based on our established testing threshold for reasonableness, performed cut-off testing of transactions both before and after year-end to ensure that they were accounted for in the correct year, reviewed the Department of Health (DoH) agreement of balances data and investigated significant differences (outside of DoH tolerances), considered the completeness of liabilities included in the financial statements by performing unrecorded liability testing.

To address our fraud risk in relation to the classification of Admin and Programme costs we reviewed accounting estimates for evidence of management bias, evaluated the business rationale for significant unusual transactions, considered the results of our work on revenue and expenditure recognition as set out above, specifically considering any instances of management bias and tested judgements made by management on the classification of programme and admin expenditure, ensuring the classification is compliant with relevant guidance.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditors/responsibilities>. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in January 2023 as to whether the ICB had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the ICB put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the nine-month period ended 31 March 2023.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the ICB had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2023. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

This report is made solely to the members of the Governing Body of NHS Norfolk & Waveney Integrated Care Board in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

MARK HODGSON
ERNST & YOUNG LLP

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Date: 29th June 2023

Mark Hodgson (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Cambridge