

# Meeting of the Board of Norfolk and Waveney Integrated Care Board ICB

Tue 26 September 2023, 14:00 - 16:00

## Agenda

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14:00 - 14:00 **Meeting agenda**

0 min

 00. 2023.09.26 NW ICB Public Meeting Agendav1.pdf (4 pages)

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14:00 - 14:00 **1. Welcome and introductions - Apologies for absence**

0 min

14:00 - 14:00 **2. Minutes from previous meeting and matters arising**

0 min

 02. DRAFT NW ICB Board Part 1 Minutes 18072023.pdf (10 pages)

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14:00 - 14:00 **3. Declarations of interest**

0 min

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

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14:00 - 14:00 **4. Chair's Action Log**

0 min

14:00 - 14:00 **5. Action log – things we have said we will do**

0 min

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

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14:00 - 14:00 **6. Chair and Chief Executive's Report**

0 min

 06. Chair and Chief Executive's report - Final.pdf (5 pages)

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14:00 - 14:00 **Annual Reports and Accounts**

0 min

14:00 - 14:00 **7. Annual Report and Accounts Presentation**

0 min

 07. Sept 2023 Board ARA cover paper.pdf (2 pages)

 07.1 EY Annual Auditor Reports 2023.pdf (3 pages)

 07.2 ICB- Auditor's AR-12 July 2023.pdf (19 pages)

 07.3 CCG-Auditor's AR-3 months.pdf (17 pages)

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14:00 - 14:00 **8. LeDeR Annual Report**

0 min

 08. ICB Board LeDeR Annual Report Paper.pdf (3 pages)

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**14:00 - 14:00 9. Learning from Deaths Report**

0 min

09. ICB Board Paper - NW LFD Forum 19.09.23.pdf (8 pages)

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**14:00 - 14:00 10. Winter Plan**

0 min

10ICBB~1.DOC.pdf (5 pages)

10. App 1 Narrative\_template - NWICS v3.pdf (48 pages)

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**14:00 - 14:00 11. Proactive Interventions**

0 min

11. Proactive Interventions - ICB Board.pdf (10 pages)

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**14:00 - 14:00 *Finance and Corporate Affairs***

0 min

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**14:00 - 14:00 12. Financial Report for Month 4**

0 min

12. ICB Finance Report - Month 04 - Board.pdf (8 pages)

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**14:00 - 14:00 13. Board Assurance Framework**

0 min

13. BAF Paper for ICB Board Part 1- Sept 23.pdf (3 pages)

13.1 ICB Board Assurance Framework (BAF) 2023-24.pdf (46 pages)

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**14:00 - 14:00 *Committees Updates and Questions from the Public***

0 min

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**14:00 - 14:00 14. Report from the Quality and Safety Committee**

0 min

14. 2023 09 26 - Quality and Safety Committee Report to Board v1.0.pdf (10 pages)

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**14:00 - 14:00 15. Report from the Finance Committee**

0 min

15. 2023\_09\_11 - Fin Com Chair Report to Board Final.pdf (6 pages)

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**14:00 - 14:00 16. Report from the Primary Care Commissioning Committee**

0 min

16. 23-09-18 PCCC for ICB Board.pdf (6 pages)

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**14:00 - 14:00 17. Report from the Performance Committee**

0 min

17. Performance Committee Report Sept 2023.pdf (3 pages)

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**14:00 - 14:00 18. Report from Patients and Communities**

0 min

 18. ICB Board - Patients and Communities Committee Update September 2023.pdf (5 pages)

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**14:00 - 14:00 19. Report from the Audit and Risk Committee**

0 min

**14:00 - 14:00 20. Report from the Remuneration, People and Culture Committee**

0 min

**14:00 - 14:00 21. Questions from the Public**

0 min

**14:00 - 14:00 22. Any other business**

0 min

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

**Tuesday, 26 September 2023, 2.00pm – 4.00pm**

**(In Public)**

**Meeting virtually via Microsoft teams**

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

**Our goals:**

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

**Chair: Rt Hon. Patricia Hewitt**

<b>Item</b>	<b>Time</b>	<b>Agenda Item</b>	<b>Lead</b>
1.	2.00	<b>Welcome and introductions - Apologies for absence</b>	Chair
2.		<b>Minutes from previous meeting and matters arising</b> To approve the part 1 public minutes of the previous Board meeting.	Chair
3.		<b>Declarations of interest</b> To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests. The Register is available via the ICB's website.	Chair
4.		<b>Chair's Action Log</b> To receive an update from the Chair on actions taken since the last meeting. There are no Chairs Action to report at this meeting.	Chair
5.		<b>Action log – things we have said we will do</b> To make sure the ICB completes all the actions it agrees are needed.	Chair

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Item	Time	Agenda Item	Lead
6.	2.10	<b>Chair and Chief Executive's Report</b> To note an update from the Chair and the Chief Executive of the ICB about the work the ICB has done since the last meeting.	Chair and Tracey Bleakley
<b>Annual Reports and Accounts</b>			
7.	2.20	<b>Annual Report and Accounts Presentation</b>  Norfolk and Waveney ICB Annual Report and Accounts Norfolk and Waveney CCG Annual Report and Accounts  <b>Both the above reports are available on the ICB website.</b>  <b>7.1.External Auditor Annual Reports</b> 7.2 ICB 7.3 CCG	Tracey Bleakley      Steven Course
<b>Items for Sharing and Board Consideration</b>			
8.	2.30	<b>LeDeR Annual Report</b> To receive and approve the LeDeR annual report	Tricia D'Orsi
9.	2.45	<b>Learning from Deaths Report</b> To provide an update to the ICB Board on the work of the Norfolk and Waveney Learning from Deaths (LFD) Forum	Dr Frankie Swords
10.	3.00	<b>Winter Plan</b>	Mark Burgis
11.	3.10	<b>Proactive interventions</b> – To receive an overview of the programme and how it aims to transform the way in which Norfolk offers support to its residents from Norfolk County Council.	Gary Heathcote
<b>Finance and Corporate Affairs</b>			
12.	3.25	<b>Financial Report for Month 4</b> To receive a summary of the financial position as at month 4	Steven Course
13.	3.35	<b>Board Assurance Framework</b> A review of the risks (things that might go wrong and how we can alleviate them) within the Integrated Care system.	Karen Barker
<b>Committees Updates and Questions from the Public</b>			
14.	3.40	<b>Report from the Quality and Safety Committee</b>	Aliona Derrett
15.		<b>Report from the Finance Committee</b>	Hein Van Den Wildenberg

By Order of the Chair  
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Item	Time	Agenda Item	Lead
16.		<b>Report from the Primary Care Commissioning Committee</b>	Debbie Bartlett
17.		<b>Report from the Performance Committee</b>	Dr Hilary Byrne
18.		<b>Report from Patients and Communities</b>	Aliona Derrett
19.		<b>Report from the Audit and Risk Committee</b> - Verbal update as the meeting date of 14 September did not allow time for preparation of a full written report.	David Holt
20.		<b>Report from the Remuneration, People and Culture Committee</b> - Verbal update as the meeting date of 25 September did not allow for a full written report.	Cathy Armor
21.		<b>Questions from the Public.</b> Where questions in advance relate to items on the agenda.	Chair
	3.55	<b>Any other business</b>	Chair
<b>Date, time and venue of next meeting: Tuesday, 28 November 2023 13:30-15:30</b>			
<b>Council Chamber, North Norfolk District Council, Holt Road, Cromer, Norfolk, NR27 9EN</b>			
<b>Any queries or items for the next agenda please contact: <a href="mailto:nwccg.corporateaffairs@nhs.net">nwccg.corporateaffairs@nhs.net</a></b>			

### Some explanations of terms used in this Agenda.

Please see further terms defined on our website [www.improvinglivesnw.org.uk](http://www.improvinglivesnw.org.uk)

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

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

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

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

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

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

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**NHS Norfolk and Waveney Integrated Care Board**  
**DRAFT Minutes of the meeting on Tuesday, 18 July 2023**

**PART 1 – Meeting in public**

**Board members present:**

- Rt Hon. Patricia Hewitt (PH), Chair, NHS Norfolk and Waveney ICB
- Tracey Bleakley (TB), Chief Executive, NHS Norfolk and Waveney ICB
- Steven Course (SCou), Director of Finance, NHS Norfolk and Waveney ICB
- Karen Watts (KW), Director of Nursing and Quality, NHS Norfolk and Waveney ICB
- Hein Van Den Wildenberg (HvdW), Non-Executive Member, NHS Norfolk and Waveney ICB
- Cathy Armor (CA), Non-Executive Member, NHS Norfolk and Waveney ICB
- Aliona Derrett (AD), Non-Executive Member, NHS Norfolk and Waveney ICB
- Cllr Bill Borett (BB), Chair, Norfolk Health and Wellbeing Board, and Chair, Norfolk and Waveney ICP
- Dr Hilary Byrne (HB), Partner Member – NHS Primary Medical Services
- Jonathan Barber (JBa), Partner Member – NHS Trusts (Acutes)
- Stephen Collman (SCol), Partner Member – NHS Trusts (Mental Health and Community Services)
- Debbie Bartlett (DB), Local Authority Partner Member
- Emma Ratzer (ER), Voluntary, Community and Social Enterprise Sector Board Member

**Participants and observers in attendance:**

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

**Attending to support the meeting:**

- Caroline Aldridge (CA), Co-author of 'Forever gone: Losing count of patient deaths' (for item 7)
- Anne Humphrys (AH), Co-author of 'Forever gone: Losing count of patient deaths' (for item 7)
- Matt Custance (MC), Partner, Head of Public Sector Healthcare, Grant Thornton (for item 7)
- Howard Davis (HD), Director, Head of Information, Grant Thornton (for item 7)
- Dr Clara Yates (CY), Associate Director of Research, NHS Norfolk and Waveney ICB (for item 9)
- Chris Williams (CW), Senior Support Manager, NHS Norfolk and Waveney ICB (Minutes)

<p><b>1.</b></p>	<p><b>Welcome and introductions - apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting, noting that KW had been formally nominated to deputise for PD'O and that pursuant to clause 4.5 of the standing orders for the meeting KW* was authorised to speak but could not vote if there was need for a vote. The Chair added that she had authorised KW to be part of the quoracy for the meeting. The Chair also welcomed DB to her first meeting of the Board.</p> <p>Apologies were received from the following ICB Board members:</p> <ul style="list-style-type: none"> <li>• Patricia D'Orsi (PD'O), Director of Nursing, NHS Norfolk and Waveney ICB</li> <li>• Dr Frankie Swords (FS), Medical Director, NHS Norfolk and Waveney ICB</li> <li>• David Holt (DH), Non-Executive Member, NHS Norfolk and Waveney ICB</li> <li>• Sue Cook (SCoo), Local Authority Partner Member</li> </ul>	
<p><b>2.</b></p>	<p><b>Minutes from previous meeting and matters arising</b></p> <p><b>Agreed:</b> The draft minutes from the meeting held on 30 May 2023 were approved as an accurate record of the meeting.</p>	
<p><b>3.</b></p>	<p><b>Declarations of interest</b></p> <p>The Chair noted that declarations of interest are kept up-to-date and are available on the ICS's website.</p>	
<p><b>4.</b></p>	<p><b>Chair's action log</b></p> <p>The Chair explained that there were no actions to report at the meeting.</p>	
<p><b>5.</b></p>	<p><b>Action log</b></p> <p>The report was noted.</p>	
<p><b>6.</b></p>	<p><b>Chair and Chief Executive's Report</b></p> <p>TB introduced the item by highlighting key points from the report.</p> <p>The Chair thanked Sam Higginson, Chief Executive at the Norfolk and Norwich University Hospitals NHS Foundation Trust, for all his work and wished him good luck in his new role at NHS England.</p> <p>The report was noted.</p>	
<p><b>Main items</b></p>		
<p><b>7.</b></p>	<p><b>NSFT Mortality Review</b></p> <p>The Chair introduced the item, welcoming CA, AH, MC and HD to the meeting. She noted that the same paper would also be going to the boards of NHS Suffolk and North East Essex ICB and Norfolk and Suffolk NHS Foundation Trust.</p> <p>The Chair explained that mental health is one of the system's highest priorities. She highlighted that this issue is not about numbers, but people, both those who had died and their families and friends, adding that we don't</p>	

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know how many deaths could have been prevented if they had been supported differently.

The Chair recognised that in Norfolk and Waveney, and across the country, too many people had not received the care they needed and that too many people had died. On behalf of the NHS in Norfolk and Waveney, she apologised for the failings in care that had happened too often, to too many people.

The Chair also highlighted that there are many staff at the Trust and in other organisations doing outstanding work to care for people and to support people's mental health and wellbeing. She acknowledged the changes taking place at the Trust under the new leadership and the improvements noted by the Care Quality Commission in their most recent report, and, that there is more to do.

The Chair emphasised that mental health is a matter for the whole system and that part of improving services is listening to people who use them and their families, and learning from what we hear. She commented that this has not always happened in Norfolk and Waveney.

The Chair highlighted the importance of recognising that people like AH and CA had been saying for years that the data is not consistent or accurate, and that they should have been listened to much earlier. On behalf of NHS in Norfolk and Waveney, she apologised and recognised they were in essence right. The Chair explained that the ICB Board and the system is committed to improving support and treatment for mental health in Norfolk and Waveney.

TB highlighted that every bit of data relates to a person who had died, who had a family. She explained that there is an opportunity to learn every time someone dies and that there is nothing more important for the Board than learning from deaths.

BB joined the meeting at 2.25pm.

AH thanked the Chair and TB for acknowledging that this is about people. She explained she felt that Board members were reflective and had read the reports, and that she had left the private meeting that morning with a feeling of hope, that there was a possibility for change, but that no-one was underestimating the responsibility and work required.

CA thanked the Chair for her apology. She explained that bereaved families want to know that services are learning from deaths; they don't want other people to go through what they had. She said she knew that their response to the Grant Thornton report could be hard for staff at the Trust who were doing good work and for bereaved families. CA said she was pleased that the system is listening now and commented that the way forward was in partnership and together, adding that she and CA were committed to working with whoever was prepared to work with them.

Questions and comments from Board members:

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- KW thanked AH and CA for their hard work, bravery and tenacity. She explained that as a system we are committed to working with them, adding that this was the start of a journey.
- HvdW said it was difficult reading both reports, in part because it held up a mirror to the ICB. He added that it is important the Board takes time to reflect, that it acts with humility and curiosity, and that the Board grows as a result.
- DB commented on the importance of coproduction, noting that to do it well is difficult as it requires a real sharing of power. She said that CA and AH should hold the system to account for how it does this, and that coproduction is the only way of rebuilding confidence and trust.
- AD highlighted that improvement happens with coproduction and learning; the structure and will is there, we need to ask pertinent questions and hold ourselves to account.
- JBa explained that this is an opportunity for us to take messages and learning back to the different organisations in our system.
- SCol commented that there is an opportunity, not because of the Integrated Care System's new structures, but because of the people and leaders now in the system. He noted that where there isn't a hard metric to measure performance, it is more difficult to be confident we are delivering what we say we are.
- AP highlighted that he wanted the ICB Board to be a 'restless board', driven by improvement, curious and committed to working with partners. He added there is lots for the Board to consider; it should begin with listening and engagement. He raised the importance of coordination between commissioners, the Trust, the Care Quality Commission and NHS England, with the role of the ICB being to help coordinate the system. He stressed the importance of openness and candour, and that this isn't something to be afraid of.
- JP explained that we won't solve the issues raised in the reports over night, but that we need to start to make changes. She highlighted the need to pursue a single version of the truth, to question if we are collecting the right data and whether it is meaningful, and to consider how the risks relating to this work are captured in the Board Assurance Framework. She added that we need to deliver the action plans, but that this work must become business as usual, and we must ensure we are preventing deaths.
- HB explained that when you become a clinician, you sign-up to lifelong learning, but that you need accessible and meaningful data to support frontline staff so they can improve and learn.
- MC explained that community and mental health data is significantly less reliable than acute data, but that there is an opportunity to be a national leader on this.
- HD highlighted that the data issues are recognised nationally, adding that without more reliable data it was hard to do national comparisons and benchmarking. He explained that data definitions

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	<p>are unclear and also that systems deliver care in quite different ways, so there is more to do to address the situation.</p> <ul style="list-style-type: none"> <li>• BB commented that it had been a very powerful discussion and that he particularly supported the recommendation about coproduction.</li> </ul> <p><b>Agreed:</b> The ICB Board offered their sincere condolences to the families and loved ones of all patients who have died. The Board agreed:</p> <ul style="list-style-type: none"> <li>• To receive and note the report by Grant Thornton and the action plan by NSFT contained within the report.</li> <li>• To commit to work in mutually meaningful coproduction with Norfolk and Suffolk NHS Foundation Trust (NSFT), patients, their families and communities, and bereaved relatives to make the recommended improvements, and any further improvements that may arise because of this work, and to ensure that the Trust uses the right processes to accurately record and learn from deaths.</li> <li>• To commit to work with NHS Suffolk and North-East Essex ICB, NSFT, patients, their families and communities, and bereaved relatives to better understand the deaths of patients under the care of the Trust (or within six months of discharge), both retrospectively and in the future.</li> <li>• To review and co-produce with the Trust and patients, their families, and bereaved relatives an action plan that considers the concerns raised since publication of the Grant Thornton report.</li> <li>• To note that assurance of completion of the action plan will be provided through the NSFT Oversight and Assurance Group chaired by NHS England and reported to each ICB's Quality Committee.</li> <li>• To agree in principle to a follow up audit of mortality data recording processes in the Trust in April 2024, following completion of the action plan.</li> </ul>	
<p><b>8.</b></p>	<p><b>Questions from the public in relation to item 7 only</b></p>	
<p>Brown, Amanda 22/09/2023 13:44:13</p>	<p>The following comments were made and questions asked:</p> <ul style="list-style-type: none"> <li>• AS extended his sympathies to all the families who had suffered. He added that it is important to get the transactional processes right to ensure that the data is correct, but at the same time it can't be forgotten that we are dealing with families. He noted that Healthwatch Norfolk and Healthwatch Suffolk can provide support to the Trust and the system.</li> <li>• AY welcomed what the ICB has done over the past few weeks – it had shown gratitude for the work done by volunteers, apologised to bereaved families and demonstrated a commitment to changing things. He said he hoped that NHS Suffolk and North East Essex ICB would follow suit. AY added that he felt the review was born behind closed doors and was unaware it was happening. He suggested that the system might have been further ahead if there had been one report and that he hoped we could learn from this. He</li> </ul>	

highlighted that the action plan was not coproduced and said it should be put aside and a new one created based on both reports.

- The Chair thanked AY for his constructive points and noted that recommendation five in the Board report was about creating a coproduced action plan.
- David Hannant asked what the terms of reference would be for the follow-up audit and whether it would aim to provide clarity about how many people had died while under the Trust's care, and also what role bereaved families would have in the follow-up audit.
- TB explained that the terms of reference would be coproduced and that all stakeholders should have a say, including bereaved families. She added the terms of reference should also take account of the action plan following the first review.
- Nikki Fox asked why the fact checking process took so many months.
- HD replied that it took four months to create the draft report ready for the factual accuracy checking process and that this was shared with the Trust and the ICBs on 28 February. He added that the team at the Trust that Grant Thornton engaged with during the onsite review then changed and different people from the Trust were involved in the fact checking process, which slowed down the process. He explained that Grant Thornton received a response from the Trust on 13 March with comments about the factual accuracy, which Grant Thonton responded to on 23 March; Grant Thornton then met the new team at the Trust on 18 April. He noted that the action plan was agreed on 26 May and incorporated into the report, which was then published on 28 June.
- Nikki Fox asked why the team at the Trust changed and who they were.
- The Chair explained this was a question for the Trust.
- ER highlighted that co-delivery by people with lived experience is really important too.
- CA commented that coproducing with bereaved families is hard, that it has to be done in a very sensitive way and that they need support to ensure they aren't further traumatised.
- AH thanked the ICBs for quickly setting-up a helpline for people affected by the report and that this showed people they are serious about change. She added that it is important the same paper goes to both ICBs and the Trust's board; wherever possible, doing things with the NHS Suffolk and North East Essex ICB and the Trust would provide assurance and reassurance.
- TB concluded by highlighting how both reports would have a profound impact on the ICB and how services would be transformed. She said the ICB and the system was committed to making changes from governance through to service delivery, and that the system should be held to account for this.

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9.	<p><b>Norfolk and Waveney ICS Research and Innovation Strategy</b></p>	
	<p>CY introduced the item by highlighting how research and innovation are important for improving services. She noted that the system has an incredible baseline for this work, all the trusts and 80% of general practices (compared to 40% nationally) are involved in research. She added that there is a good opportunity to share learning with local authorities and the voluntary, community and social enterprise sector, as well as to increase opportunities for people to take part in research.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> <li>• TB highlighted that research, innovation and data are really important and match the values of what we want to achieve, adding that she thanked the team for all of their efforts.</li> <li>• AP commented that the strategy is brilliant and that it is great to have it so early on in our journey as an Integrated Care System, adding that evidence to inform our commissioning is really important, as is evaluation.</li> <li>• KW noted the links with the system's other strategies, such as the quality strategy.</li> <li>• CA asked what opportunities there are to share regionally and nationally. CY explained that we are doing work with other ICBs who don't have a team like we do in Norfolk and Waveney. She added that we influence national policy, for example through the UK R&amp;D leaders forum, which works with the Department for Health and Social Care and NHS England.</li> <li>• DB commented that it would be great if we could use the team and the strategy to support the work we are doing on prevention, noting that it is hard to evidence something that hasn't happened.</li> <li>• BB added that the work could help us to understand how we could allocate funding differently to improve outcomes, provide care closer to home and save money.</li> </ul> <p><b>Agreed:</b> The ICB Board noted the Norfolk and Waveney ICS Research and Innovation Strategy (2023-28).</p>	
<p><b>Finance and Corporate Affairs</b></p>		
10.	<p><b>Financial Report for Month 2</b></p>	
	<p>SCou introduced the item, noting that the forecast outturn position for the ICB for the year remained a break-even position in line with our plan. He explained that the forecast outturn position for the Integrated Care System was also break-even as planned, but that the system has a year-to-date deficit position of £11.7m at month two, which is adverse to our plan by £4.4m.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> <li>• SCou commented that industrial action is likely to continue and would increase the level of risk in the financial plan. He asked when we</li> </ul>	

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	<p>would get more clarity on the financial impact of the industrial action. SCou explained that he was working on this with chief finance officers and that nationally a set of control measures had been put forward which is being working through with providers and ICBs. He added that he was working with NHS England on the triple lock.</p> <ul style="list-style-type: none"> <li>• BB asked if more urgency was needed in identifying the £30m of efficiencies required. SCou explained that there was no lack of urgency; £10m-£15m had been identified and the plan was to identify the rest by mid-Augst. BB commented that it would be helpful to have progress on this as part of future reports.</li> </ul> <p>The report was noted.</p>	
<b>11.</b>	<b>Financial Plan for 2023/24</b>	
	<p>SCou introduced the item by highlighting key points from the report.</p> <p>The report was noted.</p>	
<b>12.</b>	<b>Governance Handbook approval Executive Leads Guidance</b>	
	<p>KB introduced the item by highlighting key points from the report.</p> <p><b>Agreed:</b> The ICB Board approved the amendments to the ICB Governance Handbook as set-out in the paper.</p>	
<b>13.</b>	<b>Board Assurance Framework</b>	
	<p>KB introduced the item by highlighting key points from the report.</p> <p>Questions and comments from Board members:</p> <ul style="list-style-type: none"> <li>• HvdW commented that transparency about risks is really important for whole the system.</li> <li>• BB asked if more needed to be included about end of life planning in risk 9 of the framework about Continuing Healthcare.</li> </ul> <p>EO joined the meeting at 3.35pm.</p> <p><b>Action: KB and the ICB's Executive Management Team to review the Board Assurance Framework in light of the NSFT Mortality Review.</b></p> <p><b>Action: KW to review risk 9 on the framework about Continuing Healthcare to consider if more needs to be included about end of life planning.</b></p> <p><b>Agreed: The Board received and reviewed the risks presented on the Board Assurance Framework.</b></p>	<p><b>KB</b></p> <p><b>KW</b></p>
<b>Committees update and questions from the public</b>		
<b>14.</b>	<b>Report from the Quality and Safety Committee</b>	
	<p>The report was noted.</p>	
<b>15.</b>	<b>Report from the Finance Committee</b>	

	The report was noted.	
<b>16.</b>	<b>Report from the Primary Care Commissioning Committee</b>	
	The report was noted.	
<b>17.</b>	<b>Report from the Audit and Risk Committee</b>	
	The report was noted.	
<b>18.</b>	<b>Report from the Remuneration, People and Culture Committee</b>	
	<ul style="list-style-type: none"> <li>• AY asked if there is a limit on redundancy payments.</li> </ul> <p><b>Action: EO to confirm the limit for redundancy payments in writing.</b></p> <p>The report was noted.</p>	<b>EO</b>
<b>19.</b>	<b>Report from the VCSE Assembly</b>	
	<p>TB explained that two directors from NHS England had visited Norfolk and Waveney recently and were impressed by our system and the relationships between the voluntary, community and social enterprise sector, the NHS, local government and others. They asked if they could use Norfolk and Waveney as an exemplar for other systems. TB commented that the recognition is welcome and that there is more we want to do.</p> <p>The report was noted.</p>	
<b>20.</b>	<b>Questions from the public</b>	
	<p>Erica Betts, Lead Governor at the Norfolk and Norwich University Hospitals NHS Foundation Trust, noted that she was pleased to hear the ICB and the system is thinking about end of life care. She added she is conscious about the importance of provision in the community for end of life care and that we need to increase this, as well as ensure there is greater consistency across Norfolk and Waveney.</p> <p><b>Action: FS to bring a paper on end of life care to a future meeting.</b></p>	<b>FS</b>
<b>21.</b>	<b>Any other business</b>	
	No other business was raised.	
*	KW deputising for PD'O as per item 1 noted outside of the meeting prior to the start that she is not conflicted by the agenda. She will raise anything pertinent to the Chair in terms of conflicts as the meeting progresses, should it become appropriate, in line with her declaration of interest form held on file by the ICB.	
<b>Date, time and venue of next meeting:</b>		
<b>Tuesday, 26 September 2023, via MS Teams</b>		
<b>Any queries or items for the next agenda please contact:</b> <a href="mailto:nwccg.corporateaffairs@nhs.net">nwccg.corporateaffairs@nhs.net</a>		

**Minutes agreed as accurate record of meeting:**

Signed: .....  
Chair

Date: .....

DRAFT

Brown, Amanda  
22/09/2023 13:44:13

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

**Declared interests of the Board**

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?		From	To	
Patricia Hewitt	Chair, Norfolk and Waveney ICB	FTI Consulting	X			Direct	Senior advisor, FTI Consulting	2015	Present	Since January 2022 I have not undertaken any work on healthcare or life sciences. Will declare at relevant meetings if a risk arises.
		Newnham College Cambridge			X	Direct	Honorary Associate, Newnham College Cambridge	2018	Present	No conflicts have arisen or foreseen
		Oxford India Centre for Sustainable Development			X	Direct	Chair, Oxford India Centre for Sustainable Development	2018	Present	No conflicts have arisen or foreseen
		ORA Choral Ensemble			X	Direct	Chair, trustees, ORA Choral Ensemble	2020	Present	No conflicts have arisen or foreseen
		Age UK Norfolk			X	Direct	Volunteer, Age UK Norfolk	2020	Present	Declaration of interest made in any relevant conversation
Catherine Armor	Non-Executive Member, Norfolk and Waveney ICB	Brundall Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Norwich University of the Arts			X	Direct	Deputy Chair of Council, Norwich University of the Arts	2019	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		Evolution Academy Trust			X	Direct	Trustee, Evolution Academy Trust	2022	Present	
		Cambridge University Press		X		Direct	Trustee, Cambridge University Press Pension Schemes	Ongoing		
		East of England Ambulance Service NHS Trust	N/A			Indirect	Daughter-in-law is Technician for East of England Ambulance Service NHS Trust	Ongoing		
Jon Barber	Partner Member - Acute, Norfolk and Waveney ICB	Broadland St Benedicts			X	Direct	Non-executive Director of Broadland St Benedicts – the property development subsidiary of Broadland housing Group	2020	Present	
Jon Barber	Partner Member - Acute, Norfolk and Waveney ICB	James Paget University Hospitals		X		Direct	Deputy CEO of James Paget University Hospitals NHS FT	2022	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Great Yarmouth & Waveney		X		Direct	GY&W Place Chair	Ongoing		
		Acle GP Partnership			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		
Debbie Bartlett	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Interim Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Diss Parish Fields			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Tracey Bleakley	Chief Executive Officer, Norfolk and Waveney ICB	Drayton & St Faiths Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest

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

**Declared interests of the Board**

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?		From	To	
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Norfolk County Council	X			Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division	Ongoing		Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.
		Norfolk County Council	X			Direct	Cabinet Member for Adult Social Care and Public Health	Ongoing		
		Norfolk County Council	X			Direct	Chair of Norfolk Health and Wellbeing Board	Ongoing		
		Breckland District Council	X			Direct	Elected Member of Breckland District Council, Upper Wensum Ward	Ongoing		
		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing		
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			Direct	GP Partner at Attleborough Surgeries	2001	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		MPT Healthcare Ltd	X			Direct	Director of MPT Healthcare Ltd	2020	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Norfolk Community Health and Care Trust (NCH&C)				Indirect	Spouse is employee of NCH&C (Improvement Manager)	2021	Present	
		South Norfolk PCN				Indirect	Clinical Director of SNHIP Primary Care Network	2022	Present	
Stephen Collman	Partner Member - Mental Health and Community, Norfolk and Waveney ICB	Norfolk Community Health and Care NHS Trust		X			Chief Executive, Norfolk Community Health and Care NHS Trust	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
Steven Course	Executive Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for March Physiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Aliona Derrett	Non-Executive Director	Norfolk and Norwich University Hospitals NHS FT				Indirect	My son-in-law, Richard Wharton, is a consultant surgeon at NNUHFT	2004	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Hear for Norfolk	X			Direct	I am the Chief Executive of Hear for Norfolk (Norfolk Deaf Association). The charity holds contracts with the N&W ICB.	2010	Present	
		Derrett Consultancy Ltd	X			Direct	I am the Director of Derrett Consultancy Ltd.	2018	Present	Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair

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

**Declared interests of the Board**

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?		From	To	
		Norfolk and Waveney MIND				Indirect	My husband, Robin Derrett, is the HR Director at Norfolk & Waveney MIND. MIND holds contracts with the N&W ICB	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		MoldovaDAR Ltd	X			Direct	I am Director of MoldovaDAR Ltd	Ongoing		Low risk. In the unlikely event that a risk arises I will discuss and agree any appropriate steps which need to be taken with the ICB Chair
		St Stephen's Gate Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
David Holt	Non-Executive Member, Norfolk and Waveney ICB	Solebay Health Centre			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Ministry of Defence	X			Direct	Non Executive Director, Audit and Risk Assurance Committee, Ministry of Defence	2022	Present	In the unlikely event that a decision having an impact on either of the declared parties arises, a decision will be made with the relevant chair to assess the risks. Appropriate action will be taken accordingly.
		Newberry Clinic				Indirect	Wife is Consultant Community Paediatrician, Newberry Clinic (Great Yarmouth)	Ongoing		
Andrew Palmer	Deputy Chief Executive Officer, Norfolk and Waveney ICB	James Paget University Hospitals				Indirect	My wife works at the JPUH, in a non-decision making role	Ongoing		Any decision relating specifically to the JPUH should ideally be made by the ICB's CEO. However, in their absence the
Emma Ratzer	Partner Member - VCSE	Access Community Trust	X			Direct	I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB	2009	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust
		VCSE Assembly			X	Direct	I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest
		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Dr Frankie Swords	Executive Medical Director, Norfolk and Waveney ICB	Norfolk and Norwich University Hospitals NHS FT		X		Direct	Honorary Consultant Physician and Endocrinologist at Norfolk and Norwich University Hospitals NHS FT (1 day a week)	2008	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.

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

**Declared interests of the Board**

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?		From	To	
		N/A			X	Direct	Ad-hoc Clinical Advisor of multiple patient charities - Addison Self Help Group - Pituitary Patient Support Group - Turner syndrome Society	2008	Present	
		Long Stratton Medical Partnership			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		British Medical Association		X		Direct	Member of the BMA	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to BMA
		N/A				Indirect	Husband is a mental health counsellor and undertakes private work as well as voluntary work with N&W VCSE provider Emerging Futures	Sep-22	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of counselling services by Emerging Futures
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.

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NORFOLK & WAVENEY ICB Action Log Part 1 - Tuesday 26 September 2023

No:	Date of Meeting	Description		RESP	Due Date	ACTION / UPDATE	Status
11	18-Jul-23	Action: KB and the ICB's Executive Management Team to review the Board Assurance Framework in light of the NSFT Mortality Review.	Yes and the new risk is included on the Board Assurance Framework on the agenda today.	KB	26.09.2023	Propose closure of action	Open
12	18-Jul-23	Action: KW to review risk 9 on the framework about Continuing Healthcare to consider if more needs to be included about end of life planning.	The CHC risk has been reviewed in detail which has resulted in an uplift of the current rating and is captured in the BAF (item 13.1)	KW	26.09.2023	Propose closure of action	
13	18-Jul-23	AY asked if there is a limit on redundancy payments.	Action: EO to confirm the limit for redundancy payments in writing.	EO	26.09.2023	Will update the meeting verbally.	
14	18-Jul-23	Action: FS to bring a paper on end of life care to a future meeting	On agenda	FS	26.09.2023	Propose closure of action	Open

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<b>Subject:</b>	<b>Chair and Chief Executive's report</b>
<b>Presented by:</b>	<b>Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB</b>
<b>Prepared by:</b>	<b>Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB</b>
<b>Submitted to:</b>	<b>ICB Board</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

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

**Executive Summary:**

The report covers the following:

- A. NHS Norfolk and Waveney ICB - Annual Assessment 2022/23
- B. ICB organisational review and restructure
- C. Industrial action
- D. Change of leadership at Norfolk Community Health and Care NHS Trust
- E. Meetings and visits

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## Report

### A. NHS Norfolk and Waveney ICB - Annual Assessment 2022/23

We recently received NHS Norfolk and Waveney ICB's Annual Assessment for 2022/23. The assessment sets out how NHS England considers the ICB has discharged its key statutory duties since it was established on 1 July 2022 and through the 2022/23 financial year.

While certain aspects are specifically about the ICB, the majority of the assessment, of course, relates to our whole system and reflects the very real progress we have made together. In particular, NHS England highlights our work to reduce waits for planned care and our focus on the quality of care.

It is really heartening to see our progress being recognised across Norfolk and Waveney. The feedback is a credit to our dedicated staff, local health and care professionals and wider health and care partners across Norfolk and Waveney.

We have worked incredibly hard as a system to make improvements to services and to ensure services are working as effectively and efficiently as possible. We acknowledge there is still much more we need to do and areas for further improvement are highlighted in the assessment.

We remain committed to working with our health and care partners, residents, staff and communities across Norfolk and Waveney to achieve our mission of helping people to live longer, healthier and happier lives.

### B. ICB organisational review and restructure

As the Board knows, the ICB is carrying out an organisational review and restructure. This is needed for two reasons: Firstly, all ICBs need to make a reduction of c35% to their running costs. Secondly, the current structure was put in place when we were a CCG and we need to review this based on what we have learnt since July 2022 and to take account of the organisation's new functions and role as a convener of the system.

The staff consultation about the organisational review and restructure has now closed. We are very grateful to all the staff and partners who shared their views on the proposals – we had over 630 pieces of feedback in total. We are now carefully reviewing all the responses we received and considering if we need to make any adjustments to our proposals. In addition, we have also now received permission to run a voluntary redundancy scheme and we are working through the detail of how this will work.

It is a difficult time for ICB staff and the uncertainty is hard. We would like to thank our colleagues for their professionalism and continued dedication. We will continue to support staff throughout the process.

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### **C. Industrial action**

Thank you to partners for everything they have done and continue to do to manage the industrial action. And of course, thank you to frontline colleagues who are working extra shifts in areas they don't usually work and in roles they don't normally do.

As our Medical Director has recently noted, we have not seen an increase in incidents or complaints during previous strikes. The focus of consultants in keeping our emergency and inpatient areas safe, plus the increased space for patients due to lower walk-in attendances and less elective activity, has meant that in previous rounds we've actually seen an improvement in emergency access.

As you know, we have had to cancel and rearrange huge numbers of appointments, procedures and operations though. While we have done well at maintaining urgent and emergency care during periods of industrial action, there is a greater risk of harm and poor experience for those patients who are waiting for planned care.

The continued industrial action is having an impact on our staff. There is a moral injury that comes from not being able to provide the care you want to, as well as for staff who have to contact patients to tell them that they have to wait longer to get the care they need. This is a very tough situation for staff, in addition to being disappointing and worrying for patients and their families too.

Of course, this is happening all across the country. We are working hard at the moment to plan how we will manage when junior doctors and consultants coincide strikes during the autumn. There will be a greater risk to patients from this escalation in the industrial action.

Naturally we are most concerned about the impact on patients and staff, but there is also a financial impact from industrial action that we can't ignore. Our financial plan for the year is very challenging and contains significant risk, and more rounds of industrial action will take us further off plan.

Following the strikes in April, NHS England reduced the national elective recovery activity target for the current year in recognition of the impact of industrial action by junior doctors. This meant that some of the money provided to trusts as part of the elective recovery fund to pay for elective treatment was made available to spend on the effects of strike action instead.

All systems were asked to plan on the basis of there being no strikes, however, there have now been a succession of strikes and they are likely to continue. We understand that discussions are ongoing nationally about whether further steps should be taken to mitigate the financial impact of industrial action on systems.

### **D. Change of leadership at Norfolk Community Health and Care NHS Trust**

We want to thank Stephen Collman for all his hard work, his collaborative approach and everything he has done while Chief Executive at Norfolk Community Health and

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Care NHS Trust, as well as his time on the ICB Board. We wish him well in his new role as Managing Director of Worcestershire Acute Hospitals NHS Trust.

The appointment of Matthew Winn as interim Chief Executive for the next twelve months is welcome. He knows our system well as Cambridgeshire Community Services NHS Trust (CCS) provide some services locally, particularly for children, young people and families through Just One Norfolk ([www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk)), and he will bring a lot of experience from his national work at NHS England too. Matthew will also remain Chief Executive of CCS.

## **E. Meetings and visits**

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

As Chair, meetings and visits have included:

- With Tracey and colleagues from some partner organisations, we welcomed two directors from NHS England to Norfolk and Waveney, Adam Doyle and Steve Russell. They were really positive about the work we are doing and the strong relationships between partners, particularly how statutory and voluntary, community and social enterprise organisations are working together here.
- I gave evidence to the House of Lords Committee on the Integration of Primary and Community Care. The Committee was examining how NHS England and the Department of Health and Social Care can facilitate integration within the health service, particularly in light of the recommendations made in my review.
- I attended the topping out ceremony for St James Medical Centre. This was the first of a series of significant, once-in-a-generation capital investments into primary care for the King's Lynn area which will benefit residents of the town, as well as wider communities.
- I had a really positive meeting with the Leader and the Chief Executive of Breckland Council, Councillor Sam Chapman-Allen and Maxine O'Mahoney. I was delighted to hear about the Inspiring Communities Fund, which is funding community projects that help with the recovery from the pandemic, improve the life chances of the most disadvantaged residents and enhance people's health and wellbeing. It is a really good example of partnership working involving Norfolk County Council, the voluntary and community sector, primary care and the ICB, and it fully deserves the Local Government Chronicle award it recently received.
- Tracey and I attended the Norfolk and Waveney Acute Hospital Collaborative's meeting. It was positive to hear about the development of the collaborative itself, as well as progress with priority projects, including the Electronic Patient Record, Acute Clinical Strategy, the New Hospitals Programme and the Improving Lives Together Programme.

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- With colleagues from other systems, I attended a session with the Care Quality Commission on the metrics they could use in assessments of Integrated Care Systems, alongside of course other types of evidence.
- I had a really positive discussion with Mark Friend, the new Chair of the James Paget University Hospital NHS Foundation Trust. Tracey has also had a good follow-up discussion with him and we look forward to properly welcoming him to the system when he starts in October.
- I have been involved in the recruitment for the new Director of Public Health for Norfolk. This is a key role in our system as we look to make more progress with the prevention agenda. The shortlisting is complete and the interviews will take place shortly.
- We also had our quarterly ICB review meeting with NHS England. In a change to our usual meetings, the regional team wanted to hear from some of our partners about how the first year of the ICB had gone. Partners talked through some interesting case studies about how we are working to address health inequalities and use technology to transform people's care. We would like to thank partners for taking the time to attend and sharing their experiences of the last year.

As Chief Executive, a significant focus has been on ICB's organisational review, but other meetings and visits have included:

- Along with other NHS chairs and chief executives, I attended a meeting organised by NHS England following the Lucy Letby verdict. We discussed what we can learn from this tragedy and what we need to change and do differently as a health service, in particular the culture we need to create to ensure that colleagues can and do speak-up and their concerns are really listened to.
- Together with Catherine Morgan, I am co-chairing a workstream looking at how we can get the most out of the huge investment being made through the New Hospitals Programme in the East of England. We are specifically looking at how the investment in the hospitals can support integration with primary and community care, social care and mental health services ('vertical integration'), rather than at how it will support our hospitals to work together ('horizontal integration'), which is being considered in other fora.
- I attended a really interesting session on NHS Impact (Improving Patient Care Together). This programme has been launched to support NHS organisations and systems with the skills and techniques to deliver continuous improvement. To drive the work forward, the ICB will be undertaking some baselining work.
- I was really pleased to attend the opening of the New Priscilla Bacon Lodge. In addition to inpatient beds, a day unit and a wellbeing centre, the Lodge will act as hub for community-based services, enabling people to receive care in their own homes. Not only will the Lodge help a greater number of people and families, it will also provide more choice about end-of-life care.

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Agenda item: 7

<b>Subject:</b>	<b>First Annual Report and Accounts for NHS Norfolk and Waveney ICB and final Annual Report and Accounts for NHS Norfolk and Waveney CCG 2022-23</b>
<b>Presented by:</b>	<b>Tracey Bleakley, Chief Executive Officer</b>
<b>Prepared by:</b>	<b>Amanda Brown, Head of Corporate Governance</b>
<b>Submitted to:</b>	<b>ICB Board</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To present:

- the first Annual Report and Accounts for the NHS Norfolk and Waveney Integrated Care Board for the period 1 July 2022 to 31 March 2023 and
- the last Annual Report and Accounts for the former NHS Norfolk and Waveney Clinical Commissioning Group for the period 1 April 2022 to June 2022.

**Executive Summary:**

In accordance with the national timetable the ICB is pleased to present the first Annual Report and Accounts for the NHS Norfolk and Waveney Integrated Care Board (ICB) for the period 1 July 2022 to 31 March 2023.

In addition, the final Annual Report and Accounts is presented for the former NHS Norfolk and Waveney Clinical Commissioning Group (CCG) for the period 1 April 2022 to June 2022.

The ICB's external auditors audited the financial statements of both organisations and confirmed that they gave a true and fair view of the respective financial positions. The external audit reports can be found at the end of each report.

Both documents were submitted to NHS England to meet the national deadline of 30 June 2023.

The Annual Report and Accounts can be found on the ICB's website and are also attached for information.

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A Summary Annual Report of the ICB document has also been produced and is also available on the Website.

**Recommendation to the Board:**

The Board is asked to note the first Annual Report and Accounts for NHS Norfolk and Waveney Integrated Care Board for the period 1 July 2022 to 31 March 2023 and the final Annual Report and Accounts for the former NHS Norfolk and Waveney Clinical Commissioning Group for the period 1 April 2022 to 30 June 2022.

<b>Key Risks</b>	
<b>Clinical and Quality:</b>	N/A
<b>Finance and Performance:</b>	N/A
<b>Impact Assessment (environmental and equalities):</b>	N/A
<b>Reputation:</b>	The Annual Report and Accounts is a key document for the organisation. It sets out the objectives and achievements as well as how the organisation has complied with regulatory requirements and guidance. The document also reports on how money has been spent. It is audited by external auditors.
<b>Legal:</b>	Production of an Annual Report and Accounts is a statutory requirement. The document is prepared in accordance with the Department of Health and Social Care Group Accounting Manual guidance.
<b>Information Governance:</b>	N/A
<b>Resource Required:</b>	N/A
<b>Reference document(s):</b>	N/A
<b>NHS Constitution:</b>	N/A
<b>Conflicts of Interest:</b>	N/A
<b>Reference to relevant risk on the Board Assurance Framework</b>	N/A

**Governance**

<b>Process/Committee approval with date(s)</b> (as appropriate)	Reviewed by the Audit and Risk Committee 22 June 2023
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Browne  
22/09/2023 15:13

Agenda item: 7

<b>Subject:</b>	<b>External Auditor's Annual Reports</b>
<b>Presented by:</b>	<b>Steven Course, Executive Director of Finance</b>
<b>Prepared by:</b>	<b>Amanda Brown, Head of Corporate Governance</b>
<b>Submitted to:</b>	<b>ICB Board</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To present the external auditor annual reports to the Board for information.

**Executive Summary:**

The attached reports have been provided by the ICB's external auditors, Ernst & Young (EY). The purpose of the reports is to bring together all the auditors work over the past year. Each report complies with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

The Norfolk and Waveney ICB was established on 1 July 2022. As this date was part way through the year, an external audit was required for both the former Norfolk and Waveney CCG as well as for the newly established ICB.

**CCG Annual Audit Report – Period ended 30 June 2022**

EY undertook 2022/23 this audit work in accordance with the Audit Plans issued on 2 February 2023. The areas Auditors are responsible for are set out below:

Expressing an opinion on:

- The 2022/23 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report;
- The regularity of the CCG's income and expenditure; and
- Whether the consolidation schedules are consistent with the CCG's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust/CCG;

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- To the Secretary of State for Health and Social Care and NHS England if we have concerns about the legality of transactions or decisions taken by the CCG;
- If we identify a significant weakness in the CCG's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

The report confirms that the former CCG received an unqualified audit and that the financial statements submitted as part of the Annual Report and Accounts give a true and fair view of the financial position of the ICB as at 30 June 2022 and of its expenditure and income for the period then ended.

The audit certificate was issued on 29 June 2023.

### **ICB Annual Audit Report – Period ended 31 March 2023**

EY undertook 2022/23 this audit work in accordance with the Audit Plans issued on 4 May 2023. The areas Auditors are responsible for are set out below:

#### **Expressing an opinion on:**

- The 2022/23 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report;
- The regularity of the ICB's income and expenditure; and
- Whether the consolidation schedules are consistent with the ICB's financial statements for the relevant reporting period.

#### **Reporting by exception:**

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the ICB;
- To the Secretary of State for Health and Social Care and NHS England if we have concerns about the legality of transactions or decisions taken by the ICB;
- If we identify a significant weakness in the ICB's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

The report confirms that the ICB received an unqualified audit and that the financial statements submitted as part of the Annual Report and Accounts give a true and fair view of the financial position of the ICB as at 31 March 2023 and of its expenditure and income for the period then ended.

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The audit certificate was issued on 12 July 2023.

Both reports confirm that there no matters to report by exception on VFM arrangements and that EY were satisfied that the annual governance statement was consistent with their understanding of each organisation. Further that no referrals were made to the Secretary of State and NHS England and that there was no reason prepare a public interest report or use other audit powers.

The audit certificates were issued confirming that the audit had been completed in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office's 2020 Code of Audit Practice.

### Recommendation to the Board:

To note the contents of the Auditor's Annual Reports.

Key Risks	
<b>Clinical and Quality:</b>	N/A
<b>Finance and Performance:</b>	N/A
<b>Impact Assessment (environmental and equalities):</b>	N/A
<b>Reputation:</b>	Ensuring that there is an appropriate external audit function is essential for maintaining the reputation of the ICB
<b>Legal:</b>	ICBs must appoint an external auditor for their organisation.
<b>Information Governance:</b>	N/A
<b>Resource Required:</b>	N/A
<b>Reference document(s):</b>	Attached
<b>NHS Constitution:</b>	N/A
<b>Conflicts of Interest:</b>	N/A
<b>Reference to relevant risk on the Board Assurance Framework</b>	N/A

### Governance

<b>Process/Committee approval with date(s) (as appropriate)</b>	Audit and Risk Committee 14 September 2023 Board 26 September 2023
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# NHS Norfolk and Waveney Integrated Care Board

## Auditor's Annual Report

Period ended 31 March 2023

12 July 2023

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# Contents



The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 23 April 2021.

This report is made solely to the Audit and Risk Committee, Board and management of NHS Norfolk and Waveney Integrated Care Board in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit and Risk Committee, Board and management of NHS Norfolk and Waveney Integrated Care Board those matters we are required to state to them in this 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 Audit and Risk Committee, Board and management of NHS Norfolk and Waveney Integrated Care Board for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



# Introduction

## Purpose

The purpose of the Auditor's Annual Report is to bring together all of the auditor's work over the year. A core element of the report is the commentary on Value for Money (VFM) arrangements, which aims to draw to the attention of the Integrated Care Board (ICB) or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

## Responsibilities of the appointed auditor

We have undertaken our 2022/23 audit work in accordance with the Audit Plan that we issued on 4 May 2023. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2022/23 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report;
- The regularity of the ICB's income and expenditure; and
- Whether the consolidation schedules are consistent with the ICB's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the ICB;
- To the Secretary of State for Health and Social Care and NHS England if we have concerns about the legality of transactions or decisions taken by the ICB;
- If we identify a significant weakness in the ICB's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

## Responsibilities of the ICB

The ICB is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for ensuring the regularity of its income and expenditure and putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.



## Introduction (continued)

2022/23 Conclusions	
<b>Financial statements</b>	Unqualified - the financial statements give a true and fair view of the financial position of the ICB as at 31 March 2023 and of its expenditure and income for the period then ended. We issued our Audit Report on 29 June 2023.
<b>Regularity of income and expenditure</b>	Unqualified - financial transactions were conducted within the ICB legal framework.
<b>Parts of the remuneration report and staff report subject to audit</b>	We had no matters to report.
<b>Consistency of the other information published with the financial statement</b>	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.
<b>Value for money (VFM)</b>	We had no matters to report by exception on the ICB's VFM arrangements. We have included our VFM commentary in Section 03.
<b>Consistency of the annual governance statement</b>	We were satisfied that the Annual Governance Statement was consistent with our understanding of the ICB.
<b>Referrals to the Secretary of State and NHS England</b>	We made no such referrals.
<b>Public interest report and other auditor powers</b>	We had no reason to use our auditor powers.
<b>Reporting to the ICB on its consolidation schedules</b>	We concluded that the ICB's consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
<b>Reporting to the National Audit Office (NAO) in line with group instructions</b>	We had no matters to report to the NAO.
<b>Certificate</b>	We issued our certificate on 12 July 2023. See Appendix C.



# Audit of the financial statements

## Key findings

The Annual Report and Accounts is an important tool for the ICB to show how it has used public money and how it can demonstrate its financial management and financial health.

On 29 June 2023, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 22 June 2023 Audit and Risk Committee meeting and issued an Audit Results Report Addendum Update report on the 26 June 2023.

We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Plan. We reported one internal control recommendation in our Audit Results Report.

## Significant risk

## Conclusion

**Management override of controls**

Our audit work found no indication of fraud in either revenue or expenditure balances.

**Risk of fraud in expenditure recognition through key estimates/judgements**

We did not identify any material weaknesses in the recognition of expenditure. We did not identify any instances of inappropriate judgements or estimates being applied.

We identified two audit differences relating to the Prescribing Accrual and Non-NHS Payables, which Management chose not to adjust for on the grounds of materiality. This position was ratified by the Audit Committee.

**Misstatements due to fraud or error in relation to management override - classification of Admin and Programme costs**

Our work did not identify any material weaknesses in controls or evidence of material management override concerning the classification of costs between Admin and Programme expenditure. Our work did not identify any instances of inappropriate judgements being applied.

Our work did not identify any other transactions during our audit which appeared unusual or outside the ICB's normal course of business.

**Senior Officer/Remuneration Report Disclosures**

We identified a limited number of disclosure adjustments which were amended within the revised Annual Report and Accounts, which were amended for within the authorised Annual Report and Accounts.

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We did not identify any risks of significant weaknesses in the ICB's VFM arrangements for 2022/23

Our VFM commentary highlights relevant issues for the ICB and the wider public

We had no matters to report by exception in the audit report

## Scope

We are required to report on whether the ICB has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We have complied with the guidance issued to auditors in respect of their work on value for money arrangements (VFM) in the 2020 Code of Audit Practice (2020 Code) and Auditor Guidance Note 3 (AGN 03). We presented our VFM risk assessment to the 22 June 2023 Audit and Risk Committee meeting which was based on a combination of our cumulative audit knowledge and experience, our review of ICB board and committee reports, meetings with the key officers and evaluation of associated documentation through our regular engagement with ICB management and the finance team.

## Reporting

We completed our risk assessment procedures through to June 2023 and did not identify any significant weaknesses in the ICB's VFM arrangements. We have also not identified any significant risks during the course of our audit. As a result, we had no matters to report by exception in the audit report on the financial statements.

Our overall commentary for 2022/23 is set out over pages 7 to 8. The commentary on these pages summarises our conclusions over the arrangements at the ICB in relation to our reporting criteria (see below) throughout the period ending March 2023. Appendix A includes the detailed arrangements and processes underpinning the reporting criteria.

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
<b>Financial sustainability:</b> How the ICB plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weaknesses identified
<b>Governance:</b> How the ICB ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weaknesses identified
<b>Improving economy, efficiency and effectiveness:</b> How the ICB uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weaknesses identified

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## Value for Money (continued)

### Financial Sustainability: How the ICB plans and manages its resources to ensure it can continue to deliver its services

The ICB was formed on 1 July 2022 following legislation abolishing the CCG and transferring its functions to the ICB. The ICB inherited a positive financial position (cumulative surplus) from the predecessor CCG, through the absorption accounting mechanism.

Primary oversight is the responsibility of the Board, with delegated authority to the Finance Committee to monitor delivery of the financial plan, which includes efficiency savings. NHS Financial Planning for 2022/23 was performed in line with NHSE guidelines. In 2022/23 the ICB forecast a breakeven position. The ICB achieved a surplus of £0.2 million, therefore delivering the statutory duty to breakeven.

Due to the transition to the ICB there is currently no medium-term financial strategy available. However, 2023/24 financial plans were submitted to NHS England for the Integrated Care System (Norfolk wide health economy). The ICB has submitted a plan to NHS England showing a break even position, which includes the need to make £36.7 million of efficiency savings. To date, only £19.5 million of these have been identified. The ICB is aware that there could be further financial pressures which could impact the delivery of the planned break even position, and is managing these risks through Finance Committee. Clearly, the identification of the remaining efficiency savings and management of those financial pressures is critical to the ICB achieving its statutory duty in 2023/24.

**Conclusion: The ICB had the arrangements we would expect to see in 2022/23 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.**

### Governance: How the ICB ensures that it makes informed decisions and properly manages its risks

The ICB maintains its risk register as part of the Board Assurance Framework (BAF). The Audit and Risk Committee scrutinise the underpinning processes behind the BAF and seek assurances on the effectiveness of controls from senior managers to ensure that matters are appropriately reported and that action plans are robust and progress is being made. 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 the ICB's activities.

Internal Audit is part of the ICB's governance and risk assessment structure, and is outsourced to a third party firm (TIAA). The Head of Internal Audit Opinion concluded that 'reasonable assurance' could be given and 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.

**Conclusion: The ICB had the arrangements we would expect to see in 2022/23 to enable it to make informed decisions and properly manage its risks.**

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## Value for Money (continued)

### Improving economy, efficiency and effectiveness: How the ICB uses information about its costs and performance to improve the way it manages and delivers its services

The Integrated Care System (ICS) brings key NHS, social care and public health partners together, to ensure the commitment of those with statutory responsibilities and funding. The ICS has the triple aim of improving health outcomes and reducing unwarranted health inequalities, ensuring safe, high quality services; and securing sustainable use of NHS resources.

The ICB established the Quality and Safety Committee to seek assurance that robust clinical quality is in place. The Norfolk and Waveney system declared a critical incident in October 2022. This was due to system wide pressures impacting on the ability of ambulances to handover patients at Emergency Departments and be released to respond to new 999 calls. A gold level incident control was established, meeting daily to identify actions and provide additional support to high-risk areas. The critical incident was de-escalated on 26 January 2023.

The Finance Committee supports the Board in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the ICB's Strategic and Operational Plans. The Committee also submits information as appropriate to the Audit and Risk Committee and provides advice to the Board on strategic financial matters.

**Conclusion: The ICB had the arrangements we would expect to see in 2022/23 to enable it to use information about its costs and performance to improve the way it manages and delivers services.**

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# Appendices

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## Appendix A - Summary of arrangements

### Financial Sustainability

#### Reporting Sub-Criteria

#### Findings

How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them

The ICB was formed on 1 July 2022 following legislation abolishing Norfolk & Waveney CCG and transferring its functions to the ICB. The ICB inherited a positive financial position (cumulative surplus) from the predecessor CCG, through the absorption accounting mechanism.

As per the Constitution, the Audit and Risk Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the ICB's activities that support the achievement of the ICB's objectives. The ICB follow their Risk Management Framework which is approved by the Board. 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.

The Board meets in public every other month and public papers include the BAF.

In addition, specific financial risks are reported to the Finance Committee on a monthly basis, the combination of these together with the underlying position analysis, forms the basis of short to medium-term plans and ensures these items are inherent to these plans.

How the body plans to bridge its funding gaps and identifies achievable savings

Primary oversight is the responsibility of the Board, with delegated authority to the Finance Committee to monitor delivery of the financial plan, which includes efficiency savings. NHS Financial Planning for 2022/23 was performed in line with NHSE guidelines. In 2022/23 the ICB forecast a breakeven position. The ICB achieved a surplus of £0.2 million, therefore delivering the statutory duty to breakeven.

How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities

Following the interim NHS financial regime during the pandemic, where local commissioning and contracting type arrangements along with funding arrangements changed significantly, it was back to business as usual with fixed financial envelopes for systems, local contracts, and agreements between organisations for 2022/23.

Due to the transition to the ICB there is currently no medium-term financial strategy available. However, 2023/24 financial plans were submitted to NHS England for the Integrated Care System (Norfolk wide health economy). The ICB has submitted a plan to NHS England showing a break even position, which includes the need to make £36.7 million of efficiency savings. To date, only £19.5 million of these have been identified. The ICB is aware that there could be further financial pressures which could impact the delivery of the planned break even position, and is managing these risks through Finance Committee. Clearly, the identification of the remaining efficiency savings and management of those financial pressures is critical to the ICB achieving its statutory duty in 2023/24.

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## Appendix A - Summary of arrangements (continued)

### Financial Sustainability (continued)

Reporting Sub-Criteria	Findings
<p>How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system</p>	<p>From 2022/23 the planning process is assessed at a system level, requiring the Norfolk and Waveney Integrated Care System (NWICS) to prepare and submit its consolidated plan. This plan is the consolidation of the individual organisational plans which have already been through the respective Trust and ICB's governance processes. The 2023/24 consolidated plan was then submitted to NHS England. This ensured consistency between organisational and system planning submissions.</p> <p>With specific regards to capital investment the NWICS has a Strategic Capital Board (SCB) which includes Executive representation from all organisations within the system. SCB assesses the capital requirements for these organisations and prioritises the investments to progress, making recommendation for approval to the Board. The outputs of the SCB forms part of the planning submission.</p>
<p>How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans</p>	<p>The Board approved the ICB's financial plan and associated savings plan for 2022/23, following review of the planning process by the Finance Committee, which included review and challenge of the planning assumptions made. The Board also approved the 2023/24 financial plan.</p> <p>The responsibility for monitoring the ongoing impact of financial resilience has been delegated to the Finance Committee. The Finance Committee supports the Board in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the ICB's Strategic and Operational Plans. The Committee also submits information as appropriate to the Audit and Risk Committee and provides advice to the Board on strategic financial matters.</p> <p>The Finance Committee met during the 9 month period and their work included review of the annual budget, monitoring the ICB's progress against the budget and recommending corrective action to the Board when period-end forecasts suggest that the financial plan will not be achieved, receiving detailed reports at each meeting concerning the ICB's financial performance and scrutinising the Financial Risk Register.</p>

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## Appendix A - Summary of arrangements (continued)

### Governance

#### Reporting Sub-Criteria

#### Findings

How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud

The ICB maintains its risk register as part of the Board Assurance Framework (BAF). The Audit and Risk Committee scrutinise the underpinning processes behind the BAF and seek assurances on the effectiveness of controls from senior managers to ensure that matters are appropriately reported and that action plans are robust and progress is being made. 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 the ICB's activities.

Internal Audit is part of the ICB's governance and risk assessment structure, and is outsourced to a third party firm (TIAA). Internal Audit provide regular reports to the Audit and Risk Committee on key areas as set out in its audit plan. The 2022/23 plan was agreed by the Audit and Risk Committee in July 2022. As part of the internal audit process the ICB responds to audit recommendations and findings and agrees the actions it will take to secure improvement in its processes.

The ICB has in place a programme of counter fraud and anti-bribery activity, supported by the accredited Anti-Crime Specialist (ACS) whose work plan to address identified risks was monitored by the Director of Finance and the Audit and Risk Committee. The Director of Finance is the first point of contact for any issues to be raised by the Anti-Crime Specialist (provided by TIAA). Online Fraud, Corruption and Bribery Act awareness training has been made mandatory for all ICB staff. The ACS attends ICB Audit and Risk Committee meetings to provide progress reports and updates, as well as providing an Annual Report of the Counter Fraud Work undertaken.

How the body approaches and carries out its annual budget setting process

The ICB is are required to set a balanced budget in line with NHS England guidance. Following the change to the financial framework resulting from the COVID-19 pandemic the 2022/23 budget was set based upon actual expenditure in H2 of 2021/22 at a system level, adjusted for specific items. This plan was submitted on 28th April 2022, following approval by the CCG Chair and Finance Committee Chair in line with the delegated authority given to them at the March Governing Body meeting, as part of the Norfolk and Waveney Integrated Care System plan submission. On going planning and approval discussions with NHS England have occurred during 2022/23 in respect of the 2023/24 plan.

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## Appendix A - Summary of arrangements (continued)

### Governance (continued)

Reporting Sub-Criteria	Findings
<p>How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed</p>	<p>The Board is accountable for ensuring that the ICB has mechanisms in place to ensure that the organisation uses its resources economically, efficiently and effectively.</p> <p>Budgets are set and approved at very senior levels in the organisation to maintain a firm grip on the ICB's financial management.</p> <p>The Finance Committee scrutinises the annual budget prior to agreement by the Board and monitors delivery of financial standing during the period, including delivery of the productivity plan, to ensure that the ICB meets its financial statutory duties.</p> <p>In addition, Internal Audit completed audits of Key Financial Systems and Efficiency Savings during the period, both achieving substantial assurance.</p>
<p>How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee</p>	<p>Primary oversight is the responsibility of the Board, with some delegated responsibilities (such as integrated governance, risk management and internal control) to the Audit and Risk Committee as per the Scheme of Reservation and Delegation in the ICB's Constitution.</p> <p>The Audit and Risk Committee perform an annual review of their effectiveness, which includes responses from Internal Audit.</p> <p>The Audit and Risk Committee has debriefed after meetings to ensure that it is operating as effectively as possible given the circumstances prevalent across the period.</p> <p>The Board has met in public (including by virtual means) over the last year including the Annual Meeting on a bi-monthly basis. In addition, the Board meets in a private development session in the intervening months.</p> <p>The Audit and Risk Committee and the Board completes a self-assessment of its own performance and effectiveness. The findings from the self-assessment were that the Board was effective during 2022/23 and no significant issues were raised.</p> <p>The Head of Internal Audit Opinion concluded that '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'. All Internal Audit recommendations and tracked and followed up with ongoing reporting of the implementation of recommendations to the Audit and Risk Committee.</p>
<p>How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests)</p>	<p>ICB 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.</p> <p>Internal Audit completed a conflicts of interest audit in February 2023. The finding from this audit was that reasonable assurance could be provided on the ICB's management of conflicts of interest.</p> <p>The ICB maintains Registers of Interests for Board and Committee members, all staff and member practice GP partners. The registers are updated throughout the year.</p>

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## Appendix A - Summary of arrangements (continued)

### Improving economy, efficiency and effectiveness

Reporting Sub-Criteria	Findings
How financial and performance information has been used to assess performance to identify areas for improvement	<p>The Finance Committee supports the Board in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the ICB's Strategic and Operational Plans. The Committee also submits information as appropriate to the Audit and Risk Committee and provides advice to the Board on strategic financial matters. The Finance Committee met nine times during the period and their work included review of the annual budget, monitoring the ICB's financial standing in-year and recommending corrective action to the Board when period-end forecasts suggest that the financial plan will not be achieved, receiving detailed reports at each meeting concerning the ICB's financial performance and scrutinising the Finance Directorate's Risk Register, identifying new risks and monitoring existing risks through to closure.</p>
How the body evaluates the services it provides to assess performance and identify areas for improvement	<p>The ICB established the Quality and Safety Committee to seek assurance that robust clinical quality is in place. 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 the internal process to support safe, effective, and continuous improvement in services.</p> <p>The focus for the ICB in 2022/23 has continued to be a post-Covid-19 pandemic return to 'Business as Normal', to reduce waiting lists and improve the quality and experience of many services. The Norfolk and Waveney system declared a critical incident in October 2022. This was due to system wide pressures impacting on the ability of ambulances to handover patients at Emergency Departments and be released to respond to new 999 calls. A gold level incident control was established, meeting daily to identify actions and provide additional support to high-risk areas. The critical incident was de-escalated on 26 January 2023.</p> <p>Business continuity actions continued in response to operational pressures, thereby maintaining strategic oversight and direction.</p>
How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve	<p>The structure of commissioning bodies within the NHS has changed significantly and with effect from 1 July 2022, Norfolk and Waveney CCG became Norfolk and Waveney Integrated Care Board, the statutory organisation for the Norfolk and Waveney Integrated Care System.</p> <p>This fundamentally changed the way that organisations within Norfolk and Waveney interact with each other, as performance is measured by national regulatory bodies (NHS England) as a system rather than historically as individual organisations. The Integrated Care Partnership is now in place following the transition process, together with the Integrated Care Board established from 1 July 2022. The Integrated Care Partnership 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.</p> <p>The Integrated Care System (ICS) brings key NHS, social care and public health partners together, to ensure the commitment of those with statutory responsibilities and funding. The ICS has the triple aim of improving health outcomes and reducing unwarranted health inequalities, ensuring safe, high quality services; and securing sustainable use of NHS resources.</p>

## Appendix A - Summary of arrangements (continued)

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### Improving economy, efficiency and effectiveness (continued)

Reporting Sub-Criteria	Findings
How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits	<p>The ICB has processes in place for ensuring that procurement is carried out in accordance with the ICB Scheme of Reservation and Delegation and the NHS Constitution (including tender waivers where appropriate). Tender waivers require approval by the Accountable Officer or Director of Finance, and are reported to Audit and Risk Committee for information.</p> <p>Contracts are reported to the ICB through the Contracts and Procurement Steering Group and are captured in the Register of Procurement Decisions. Contracts are drafted and signed off in accordance with the Scheme of Reservation and Delegation.</p> <p>Contracts are prepared by contract managers and reviewed by a senior member of the contracting team. The monitoring of contract performance is undertaken by a review of provider reports at the Contract &amp; Performance Steering Group.</p>

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## Appendix B - Summary of all recommendations

### Recommendations

The table below sets out all the recommendations arising from the financial statements and value for money audits in 2022/23. All recommendations have been agreed by management.

Issue	Recommendation	Management Response
Financial statements: Internal Control	We recommend that, going forward, the Integrated Care Board (ICB) obtains signed contracts in a timely manner prior to the end of the financial year to which the contract relates, and subsequently obtains any signed contract variations for any changes to the activity provided by the relevant healthcare provider.	Agreed
Value for Money	None made.	N/A

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## Appendix C - Certificate

### Certificate

#### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY NHS NORFOLK & WAVENEY INTEGRATED CARE BOARD

##### Issue of audit opinion on the financial statements

In our audit report for the nine-month period ended 31 March 2023 issued on the 29 June 2023 we reported that, in our opinion, the financial statements:

- ▶ gave a true and fair view of the financial position of NHS Norfolk & Waveney Integrated Care Board (ICB) as at 31 March 2023 and of its net expenditure for the nine-month period then ended;
- ▶ had been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- ▶ had been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Social Care Act 2022.

##### Certificate

In our report dated the 29 June 2023, we explained that we could not formally conclude the audit on that date until we had issued our Auditor's Annual Report for the nine-month period ended 31 March 2023. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Integrated Care Board's value for money arrangements.

We certify that we have completed the audit of the accounts of NHS Norfolk & Waveney Integrated Care Board in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice.

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## Appendix D - Fees

### Fees

As outlined in our Audit Results Report we were required to undertake additional audit procedures. We include details of the final audit fees in the table below.

Description	ICB Final Fee 2022/23 £'s (Note 2)	ICB Planned Fee 2022/23 £'s	CCG Final Fee 2022/23 £'s (Note 1)	CCG Planned Fee 2022/23 £'s
Statutory Audit Fee	138,461	138,461	138,461	138,461
Additional audit procedures to address the risk associated with the cessation of the CCG and relating to Emphasis of Matter consultation	-	-	2,500	-
Additional work to address the revisions to accounting and auditing standards (IFRS16, ISA315 and ISA240)	14,450	11,000 - 22,000	14,450	11,000 - 22,000
Additional work to address the increased sample sizes as a result of lower materiality for the 3 month period	-	-	19,900	TBC
<b>Total audit fees</b>	<b>152,911</b>	<b>149,461 - 160,461</b>	<b>175,311</b>	<b>TBC</b>

Note 1 - For 3 months ended 30 June 2022, the following items were outside the scope of our original audit plan and have therefore resulted in additional audit fee:

- Additional EY consultation requirements concerning the impact on auditor reporting. We have consulted internally as required by our Risk Management processes in relation to Going Concern reporting and in respect of Events after the end of the Reporting Period.
- Additional work required to address the revisions to International Standard on Auditing (UK) 315, Identifying and Assessing the Risks of Material Misstatement £13,250 and additional work in relation to IFRS 16 Leases, and International Standard on Auditing (UK) 240, The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements £1,200.
- Additional work required to address increased Balance Sheet samples as a result of the lower materiality level (based on 3 month gross expenditure, rather than 12 month)

Note 2 - For the 9 months ended 31 March 2023, the following items were outside the scope of our original audit plan and have therefore resulted in additional audit fee:

- Additional work required to address the revisions to International Standard on Auditing (UK) 315, Identifying and Assessing the Risks of Material Misstatement £13,250 and additional work in relation to IFRS 16 Leases, and International Standard on Auditing (UK) 240, The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements £1,200.

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A stethoscope with a black tube and silver chest piece is resting on a light blue clipboard. The clipboard has several white medical forms with text and lines. The background is a blurred clinical setting with a window and a blue container.

# **NHS Norfolk & Waveney Clinical Commissioning Group**

## **Auditor's Annual Report**

Period ended 30 June 2022

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## 01 Introduction



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## 05 Appendix B - Summary of all recommendations



The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 23 April 2021.

This report is made solely to the Audit Committee, Board and management of NHS Norfolk & Waveney ICB in accordance with our engagement letter. Our work has been undertaken so that we might state to the Audit Committee, Board and management of NHS Norfolk & Waveney ICB those matters we are required to state to them in this 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 Audit Committee, Board of Directors and management of NHS Norfolk & Waveney ICB for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



# Introduction

## Purpose

The purpose of the auditor's annual report is to bring together all of the auditor's work over the period. A core element of the report is the commentary on value for money (VFM) arrangements, which aims to draw to the attention of the CCG or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

## Responsibilities of the appointed auditor

We have undertaken our 2022/23 audit work in accordance with the Audit Plan that we issued on 2 February 2023. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2022/23 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report;
- The regularity of the CCG's income and expenditure; and
- Whether the consolidation schedules are consistent with the CCG's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust/CCG;
- To the Secretary of State for Health and Social Care and NHS England if we have concerns about the legality of transactions or decisions taken by the CCG;
- If we identify a significant weakness in the CCG's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

## Responsibilities of the CCG

The CCG is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for ensuring the regularity of its income and expenditure and putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.



## Introduction (continued)

### 2022/23 Conclusions

<b>Financial statements</b>	Unqualified - the financial statements give a true and fair view of the financial position of the CCG as at 30 June 2022 and of its expenditure and income for the period then ended. We issued our Auditor Report on 29 June 2023. We modified our Audit Report to include an 'Emphasis of Matter' in relation to the cessation of the CCG as set out in Note 18 of the CCG's financial statements.
<b>Regularity of income and expenditure</b>	Unqualified - financial transactions were conducted within the CCG legal framework.
<b>Parts of the remuneration report and staff report subject to audit</b>	We had no matters to report.
<b>Consistency of the other information published with the financial statement</b>	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.
<b>Value for money (VFM)</b>	We had no matters to report by exception on the CCG's VFM arrangements. We have included our VFM commentary in Section 03.
<b>Consistency of the annual governance statement</b>	We were satisfied that the annual governance statement was consistent with our understanding of the CCG.
<b>Referrals to the Secretary of State and NHS England</b>	We made no such referrals.
<b>Public interest report and other auditor powers</b>	We had no reason to use our auditor powers.
<b>Reporting to the CCG on its consolidation schedules</b>	We concluded that the CCG's consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
<b>Reporting to the National Audit Office (NAO) in line with group instructions</b>	The NAO included the CCG in its sample of Department of Health component bodies. We had no matters to report to the NAO.
<b>Certificate</b>	We issued our certificate on 29 June 2023.



# Audit of the financial statements

## Key findings

The Annual Report and Accounts is an important tool for the CCG to show how it has used public money and how it can demonstrate its financial management and financial health.

On 29 June 2023, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 22 June 2023 Audit Committee meeting.

We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Plan. We reported one internal control recommendations within the Audit Results Report.

## Significant risk

## Conclusion

**Significant risk - Misstatements due to fraud or error in relation to management override - classification of Admin and Programme costs**

Our audit work found no indication of fraud in either revenue or expenditure balances, or the split between Admin or Programme costs.

**Significant risk - Risk of fraud in expenditure recognition through key estimates/judgements**

We have not identified any material weaknesses in the recognition of expenditure. We have not identified any instances of inappropriate judgements or estimates being applied. We did report one unadjusted audit difference in relation to the Prescribing Accrual. This difference was due to the timing of information received during our audit of the actual expenditure in the May and June period - which was different from the estimated position. The estimate was however reasonable and did not indicated any management bias.

**Significant risk - Senior Officer/Remuneration Report Disclosures**

We identified a limited number of disclosure differences which were amended within the revised financial statements.

**Inherent risk - Additional disclosures in relation to cessation of the CCG**

Additional narrative was added, as a result of our procedures to 'Note 18 - Events after the end of the Reporting Period' relating to the cessation of the CCG as a legal entity. Our Audit Report did include an 'Emphasis of Matter' paragraph highlighting the financial statement disclosure of the demise of the CCG.

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We did not identify any risks of significant weaknesses in the CCG's VFM arrangements for the 3 month period within 2022/23

Our VFM commentary highlights relevant issues for the CCG and the wider public

We had no matters to report by exception in the audit report

## Scope

We are required to report on whether the CCG has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We have complied with the guidance issued to auditors in respect of their work on value for money arrangements (VFM) in the 2020 Code of Audit Practice (2020 Code) and Auditor Guidance Note 3 (AGN 03).

We presented our VFM risk assessment to the 22 June 2023 Audit Committee meeting which was based on a combination of our cumulative audit knowledge and experience, our review of CCG Governing body and committee reports, meetings with the key officers and evaluation of associated documentation through our regular engagement with CCG management and the finance team

## Reporting

For bodies that demise part way through a financial year, auditors are not required to perform the full programme of work set out in the NAO Auditor Guidance Note 03 (AGN 03). The auditor is not required to undertake a full risk assessment specifically aimed at planning a programme of VFM arrangements work to support a full commentary on arrangements against the reporting criteria.

However, should any significant weaknesses come to the auditor's attention they should still be reported by exception. Auditors will, therefore, need to assess if there are any risks of significant weakness arising from:

- the auditor's wider work on the audit of the financial statements.
- the auditor's understanding of the body and interactions with management and those charged with governance;
- the status of significant weaknesses or, where previously reported, improvement recommendations; and
- any other information brought to your attention, for example through correspondence with the public or reports in the media

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We did not identify any risks of significant weaknesses in the CCG's VFM arrangements for the 3 month period within 2022/23

Our VFM commentary highlights relevant issues for the CCG and the wider public

We had no matters to report by exception in the audit report

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
<b>Financial sustainability:</b> How the CCG plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weaknesses identified
<b>Governance:</b> How the CCG ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weaknesses identified
<b>Improving economy, efficiency and effectiveness:</b> How the CCG uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weaknesses identified

We completed our risk assessment procedures through to June 2023 and did not identify any significant weaknesses in the CCG's VFM arrangements. We have also not identified any significant risks during the course of our audit. As a result, we had no matters to report by exception in the audit report on the financial statements.

Our focus in 2021/22, in line with Auditor Guidance Note 3 (AGN03) was to focus on the arrangements for transition to Integrated Care Board status. We ensured and confirmed that there had not been any significant changes to the underlying key arrangements that the CCG had in place during the 3 month period to 30 June 2022 and these are set out in Appendix A to this report.

The CCG had put in place appropriate arrangements for managing the transition to an Integrated Care Board, including shadow governance arrangements, recruitment into statutory and other key roles and dealing with the funding allocation approach set out for the 3 month transition period by NHS England.

Appendix A includes the detailed underlying arrangements and processes underpinning the reporting criteria. These were reported in our 2021/22 Annual Auditors Report and also reflect the key arrangements in place for the period to 30 June 2022.

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# Appendices

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# Appendix A - Summary of underlying arrangements

## Financial Sustainability

Reporting Sub-Criteria	Findings
How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	<p>The CCG was formed on 1 April 2020 by merging five predecessor CCGs. The CCG inherited a positive financial position (cumulative surplus) from the predecessor CCGs, through the absorption accounting mechanism.</p> <p>As per the Constitution, the Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives. The CCG follow their Risk Management Framework which approved by the Governing Body in July 2020. Risk is reviewed regularly by the Senior Management Team and also the Executive Management Team with risks assessed, rated and agreed for either escalation or removal from the Governing Body Assurance Framework (GBAF). The Audit Committee reviews the risk register to ensure that matters are appropriately reported and that action plans are robust and progress is being made.</p> <p>The Governing Body meets in public every other month and public papers include the GBAF.</p> <p>In addition, specific financial risks are reported to the Finance Committee on a monthly basis, the combination of these together with the underlying position analysis forms the basis of short to medium-term plans and ensures these items are inherent to these plans.</p>
How the body plans to bridge its funding gaps and identifies achievable savings	<p>NHS Financial Planning for 2020/21 was put on hold due to Covid-19 and the Covid-19 directions from NHS England and NHS Improvement (NHSE/I). Planning for 2021/22 has been performed in line with NHSE guidelines. Primary oversight is the responsibility of the CCG's Governing Body, with delegated authority to the Finance Committee.</p> <p>In 2021/22 the CCG forecast a breakeven position. The 2021/22 financial framework matched the 2020/21 framework reflecting the Government's commitment that financial constraints should not be an obstacle to the pandemic response. Within this framework, the CCG achieved a surplus of £0.56 million, therefore delivering the statutory duty to break even. The funding arrangements for 2021/22 were adapted in-year to reflect the changing nature of the pandemic. Instead of issuing annual allocations, NHSE/I issued fixed allocations throughout the year. During the pandemic NHSE/I reviewed CCG and provider positions on a monthly basis and provided retrospective top up funding to cover any additional reasonable costs incurred so that at the CCG and system partners achieved financial break even at year-end.</p>

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## Appendix A - Summary of underlying arrangements (continued)

### Financial Sustainability (continued)

Reporting Sub-Criteria	Findings
<p>How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities</p>	<p>NHSE/I confirmed that block payment arrangements remain in place for relationships between NHS commissioners and NHS providers for 2021/22. Signed contracts between NHS commissioners and NHS providers are not required. The CCG has therefore planned a 2021/22 budget which continues to deliver services in line with the health system objectives.</p> <p>Due to the CCGs transition to the ICB there is no medium-term financial strategy available. However, draft 2022/23 financial plans have been submitted for the ICS. The ICB has been allocated approximately £2.0 billion for recurrent expenditure in 2022/23. In March 2022 a provisional £40.6 million deficit 2022/23 financial budget was submitted to NHSE/I. The CCG worked with NHSE/I to reduce this planned deficit but given the current economic climate NHSE/I revised the inflationary rates in the integrated planning return template and therefore a CCG deficit of £14.2 million remains. In May 2022 NHSE/I wrote to ICBs to inform them of additional funding to cover the inflationary pressures and the CCG are now working to 20 June 2022 for submission of a final breakeven 2022/23 financial plan.</p>
<p>How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system</p>	<p>The 2022/23 planning process is assessed at a system level, requiring the Norfolk and Waveney Integrated Care System (NWICS) to prepare and submit its consolidated plan.</p> <p>This plan is the consolidation of the individual organisational plans which have already been through the respective Trust and CCG's governance processes. This consolidated plan was then submitted the NWICS Executive for final approval prior to submission. This ensured consistency between organisational and system planning submissions.</p> <p>With specific regards to capital investment the NWICS has a Strategic Capital Board (SCB) which includes Executive representation from all organisations within the system. SCB assesses the capital requirements for these organisations and prioritises the investments to progress, making recommendation for approval to the NWICS Executive. The outputs of the SCB forms part of the planning submission.</p>
<p>How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans</p>	<p>The Governing Body approved the CCG's Financial Plan and associated savings plan on 26 April 2022, following review of the planning process by the Finance Committee, which included review and challenge of the planning assumptions made.</p> <p>The responsibility for monitoring the ongoing impact of financial resilience has been delegated to the Finance Committee. The Finance Committee supports the Governing Body in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the CCG's Strategic and Operational Plans. The Committee also submits information as appropriate to the Audit Committee and provides advice to the Governing Body on strategic financial matters.</p> <p>The Finance Committee met eleven times during the period and their work included review of the annual budget, monitoring the CCG's progress against the budget and recommending corrective action to the Governing Body when year-end forecasts suggest that the financial plan will not be achieved, receiving detailed reports at each meeting concerning the CCG's financial performance and scrutinising the Financial Risk Register.</p>

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## Appendix A - Summary of underlying arrangements (continued)

### Governance

Reporting Sub-Criteria	Findings
How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud	<p>The CCG maintains its risk register as part of the Governing Body Assurance Framework (or GBAF). We note that the fact that these risk reviews are performed, and reviewed at Governing Body level, is in itself evidence of governance level review of organisational risk. As such we can see that the entity has procedures in place to review and address risk. The Audit Committee scrutinise the underpinning processes behind the GBAF and seek assurances on the effectiveness of controls from senior managers to ensure that matters are appropriately reported and that action plans are robust and progress is being made. In addition, the Audit Committee has the role of reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the CCG's activities.</p> <p>Internal audit is part of the CCGs governance and risk assessment structure, and is outsourced to a third party firm (TIAA). Internal Audit provide regular reports to the Audit Committee on key areas as set out in its audit plan. This plan was agreed by the Audit Committee in March 2021. As part of the internal audit process the CCG responds to audit recommendations and findings and agrees the actions it will take to secure improvement in its processes.</p> <p>The CCG has in place a programme of counter fraud and anti-bribery activity, supported by the accredited Anti-Crime Specialist (ACS) whose work plan to address identified risks was monitored by the Chief Finance Officer and the Audit Committee. The Chief Finance Officer is the first point of contact for any issues to be raised by the Counter Fraud Specialist (provided by TIAA). Online Fraud, Corruption and Bribery Act awareness training has been made mandatory for all CCG staff. The ACS attends CCG Audit Committee meetings to provide progress reports and updates, as well as providing an Annual Report of the Counter Fraud Work undertaken.</p>
How the body approaches and carries out its annual budget setting process	<p>The CCG is are required to set a balanced budget in line with NHSE/I guidance.</p> <p>The 2021/22 budget setting process was split into two halves in line with this guidance, with submission in May 2021 for H1 and a further submission in November 2021 for H2, which was approved by Governing Body in November 2021. These combined plans resulted in a full year break-even planned position, with the CCG reporting a £0.6m surplus outturn.</p> <p>Following the change to the financial framework resulting from the COVID-19 pandemic the 2022/23 budget was set based upon actual expenditure in H2 of 2021/22 at a system level, adjusted for specific items. This plan was submitted on 28th April 2022, following approval by the CCG Chair and Finance Committee Chair in line with the delegated authority given to them at the March Governing Body meeting, as part of the Norfolk and Waveney Integrated Care System plan submission.</p>

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## Appendix A - Summary of underlying arrangements (continued)

### Governance (continued)

Reporting Sub-Criteria	Findings
<p>How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed</p>	<p>The Governing Body is accountable for ensuring that the CCG has mechanisms in place to ensure that the organisation uses its resources economically, efficiently, and effectively.</p> <p>The merger of the five Norfolk and Waveney CCGs in 2020/21 has enabled efficiency savings to be made, with the single team structure reducing duplication and ensuring that expertise and knowledge is shared. Budgets are set and approved at very senior levels in the organisation to maintain a firm grip on the CCG's financial management</p> <p>The Finance Committee scrutinises the annual budgets and medium-term financial plans prior to agreement by the Governing Body and monitors delivery of financial standing in-year, including delivery of the productivity plan, to ensure that the CCG meets its financial statutory duties.</p> <p>In addition, Internal Auditor completed audits into Financial Management and Key Financial Systems in year, both achieving Substantial Assurance.</p>
<p>How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee</p>	<p>Primary oversight is the responsibility of the CCG's Governing Body, with some delegated responsibilities (such as Integrated governance, risk management and internal control) to the Audit Committee as per the Scheme of Reservation and Delegation in the CCG's Constitution.</p> <p>The Audit Committee perform an annual review of their effectiveness, which includes responses from internal audit.</p> <p>The Audit Committee has debriefed after meetings to ensure that it is operating as effectively as possible given the circumstances prevalent across the year.</p> <p>The Governing Body has met eight times in public (by virtual means) over the last year including the Annual Meeting on a bi-monthly basis. In addition, the Governing Body meets in a private development session in the intervening months.</p> <p>The Governing Body completed a self-assessment of its own performance and effectiveness during March 2022 and was reviewed at the 26 April 2022 session. The findings from the self-assessment were that the Governing Body was effective during 2021/22 and no significant issues were raised.</p> <p>The Head of Internal Audit Opinion concluded that 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.</p>

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## Appendix A - Summary of underlying arrangements (continued)

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### Governance (continued)

Reporting Sub-Criteria	Findings
How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests)	<p>CCG 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 Committee.</p> <p>Internal Audit completed a conflicts of interest audit in November 2021. The finding from this audit was that reasonable assurance could be provided on the CCG's management of Conflicts of Interest. Five non-urgent recommendations were made relating to the non-completion or incorrect completion of declaration of interest forms, no regular assurance from the CSU regarding conflicts, delays in transfer of records for TUPE'd staff making it not possible to confirm training status and training levels relating to new starters (acknowledging the pause due to the pandemic).</p> <p>The CCG maintains Registers of Interests for Governing Body and Committee members, all staff and member practice GP partners. The registers are updated throughout the year.</p>

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## Appendix A - Summary of underlying arrangements (continued)

### Improving economy, efficiency and effectiveness

Reporting Sub-Criteria	Findings
How financial and performance information has been used to assess performance to identify areas for improvement	The Finance Committee supports the Governing Body in scrutinising and tracking delivery of key financial and service priorities, objectives and targets as specified in the CCG's Strategic and Operational Plans. The Committee also submits information as appropriate to the Audit Committee and provides advice to the Governing Body on strategic financial matters. The Finance Committee met ten times during the period and their work included review of the annual budget, monitoring the CCG's financial standing in-year and recommending corrective action to the Governing Body when year-end forecasts suggest that the financial plan will not be achieved, receiving detailed reports at each meeting concerning the CCG's financial performance and scrutinising the Finance Directorate's Risk Register, identifying new risks and monitoring existing risks through to closure.
How the body evaluates the services it provides to assess performance and identify areas for improvement	<p>The CCG established the Quality and Performance Committee to seek assurance that robust clinical quality is in place. The Quality and Performance Committee is accountable to the Governing Body. The Committee provides the Governing Body with assurance in relation to the quality and safety of its commissioned services and the internal process to support safe, effective, and continuous improvement in services.</p> <p>The focus for the CCG in 2021/22 has continued to be the Covid-19 pandemic. The CCG has played an integral role in co-ordinating the system wide response to the pandemic. The Norfolk and Waveney system declared a critical incident on 30 December 2021. This was due to the heightened clinical risk to patients due to delayed ambulance response times, poor hospital flow resulting in restricted bed availability and high occupancy, lost capacity due to infection, prevention and control in hospitals and care homes, high workforce absence rates linked to covid. A gold level incident control was established, meeting daily to identify actions and provide additional support to high-risk areas. The critical incident was de-escalated on 26 January 2022. Business continuity actions continued in place in response to operational pressures and COVID-19 surge activity. The gold level incident control continued to meet twice a week to maintain strategic oversight and direction.</p>

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## Appendix A - Summary of underlying arrangements (continued)

### Improving economy, efficiency and effectiveness

#### Reporting Sub-Criteria

#### Findings

How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve

The structure of commissioning bodies within the NHS is changing significantly and with effect from 1 July 2022, Norfolk and Waveney CCG will become Norfolk and Waveney Integrated Care Board, the statutory organisation for the Norfolk and Waveney Integrated Care System.

This fundamentally changes the way that organisations within Norfolk and Waveney interact with each other, as performance is measured by national bodies as a system rather than historically as individual organisations.

The Partnership bodies are now in the process of transitioning to the ICS and have established an interim ICS Partnership Board, the full Board being established from 1 July 2022.

The Partnership Board aims to bring key NHS, social care and public health partners together, to ensure the commitment of those with statutory responsibilities and funding. This with a common purpose of the triple aim of improving health outcomes and reducing unwarranted health inequalities, ensuring safe, high quality services; and securing sustainable use of NHS resources.

How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits

The CCG has processes in place for ensuring that procurement is carried out in accordance with the CCG Scheme of Reservation and Delegation and the NHS Constitution (including tender waivers where appropriate).

Agreements that have been put in place with providers and suppliers during the Covid pandemic response have been approved under the tender waiver process. Tender waivers require approval by Accountable Officer or Chief Finance Officer, and are reported to Audit Committee for information.

Contracts are reported to the CCG through the Contracts and Procurement Steering Group and are captured in the Register of Procurement Decisions. Contracts are drafted and signed off in accordance with the Scheme of Reservation and Delegation.

Contracts are prepared by contract managers and reviewed by a senior member of the contracting team.

The monitoring of contract performance has been restricted as a result of Covid but the CCG still review provider reports at the Contract & Performance Steering Group and a small number of Provider / Commissioner meetings have continued.

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## Appendix B - Summary of all recommendations

### Recommendations

The table below sets out all the recommendations arising from the financial statements and value for money audits in 2022/23. All recommendations have been agreed by Management.

Issue	Recommendation	Management Response
Financial statements: Internal Control	We recommend that, going forward, the Integrated Care Board (ICB) obtains signed contracts prior to the end of the financial year for which the contract relates, and subsequently obtains signed contract variations for any changes to the activity provided by the relevant healthcare provider.	Management agreed to implement the recommendation.
Value for Money	None made	N/A

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Agenda item: 08

<b>Subject:</b>	<b>LeDeR Annual Report</b>
<b>Presented by:</b>	<b>Tricia D’Orsi, Executive Director of Nursing</b>
<b>Prepared by:</b>	<b>Andy O’Connell Senior Nurse Manager - LeDeR</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To present the 2022/2023 LeDeR Annual Report.

**Executive Summary:**

This is the sixth annual report in Norfolk and Waveney (N&W) on the reviews of the lives and deaths of people with a learning disability and/or autism since the inception of the LeDeR programme in England in 2017. It is the responsibility of all Integrated Care Boards (ICB) to have established a LeDeR programme within their system and implement any actions identified by the learning taken from reviews.

ICBs must publish a LeDeR annual report describing their progress in completing reviews, provide interpretations of the collected data and detail completed and ongoing service improvements made in response to any learning. It also provides an opportunity to reassess local priorities in response to any themes or trends. This report from the N&W LeDeR programme demonstrates the work covered in the reporting period from 1st April 2022 to 31st March 2023.

Sadly, people living with learning disabilities and/or autism people continue to have a much shorter life expectancy with the average being over 20 years younger than the general population for women and for men. Mortality data shows that the leading single cause of death for the learning disability and autism population relates to aspiration pneumonia and pneumonia, followed by cancer and sepsis.

We continue to see improvements in the uptake of annual health checks, something we will continue to promote and ensure all people with a learning disability from the age of 14 find a benefit to their long-term health and wellbeing. We also have seen really good examples of widespread use of reasonable adjustment to support people to access healthcare.

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We will endeavour to explore improving respiratory care and reducing respiratory related deaths, especially pneumonia. We will look to better listen to the voices of those we support through improved use of the Mental Capacity Act and advocacy. We hope to look at care coordination and develop collaborative working in care planning for those with chronic conditions and at end-of-life. We aim to better represent the experience of those with a sole diagnosis of Autism by outreaching into services, raising awareness and supporting more referrals for those who have died.

## Report

### Recommendation to the Board:

- To consider the recommendations for system learning from the report
- For committee approval ready for publishing on the ICB website and system distribution.

Key Risks	
<b>Clinical and Quality:</b>	There is an ongoing risk to the health and wellbeing of people with learning disability and autism. Improvements are also needed to safeguard the quality of all areas of provision in our system.
<b>Finance and Performance:</b>	A lack of appropriate preventative and good quality care leads to an increase in acute admissions and length of hospital stay. Increasing costs and pressures.
<b>Impact Assessment (environmental and equalities):</b>	Equity in service provision is already lacking for people with learning disabilities and autism. There is a risk of this inequity widening.
<b>Reputation:</b>	Without improvement to services, including residential and private hospital care provision, there is a risk of repeated incidences of reputational damage such as occurred with Cawston Park.
<b>Legal:</b>	N/A
<b>Information Governance:</b>	People's health and social care records are shared through nationally agreed data sharing agreements.
<b>Resource Required:</b>	N/A
<b>Reference document(s):</b>	2022/2023 LeDeR Annual Report
<b>NHS Constitution:</b>	All levels of NHS Constitution
<b>Conflicts of Interest:</b>	N/A

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<b>Reference to relevant risk on the Board Assurance Framework</b>	N/A
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**Governance**

<b>Process/Committee approval with date(s) (as appropriate)</b>	
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# Learning from Lives and Deaths – People with a Learning Disability and People with Autism (LeDeR)

## Norfolk and Waveney Annual Report 2022-2023

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<b>Title</b>	Norfolk and Waveney LeDeR Annual Report 2022-2023
<b>Authors</b>	Andrew O'Connell - Senior Nurse Manager for LeDeR Nikki Goble - LeDeR Co-ordinator Andy Hudson - Associate Director for Quality in Care Rachel Garwood - Senior Nurse for Quality Improvement Learning Disability and Autism
<b>Responsible Executive Lead</b>	Patricia D'Orsi - Executive Director of Nursing NWICB

## Forewords

### Patricia D'Orsi: Director of Nursing for the Norfolk and Waveney Integrated Care Board (NWICB) - Senior Responsible Officer (SRO) for the Learning Disability and Autism (LD&A) Programme Board

NHS Norfolk and Waveney Integrated Care Board (ICB) is grateful to the families, carers, and friends affected by the passing of a loved one, friend or colleague, for their input into the review process and for helping to tell the stories of the lives and deaths of people living with learning disabilities and/or autism in Norfolk and Waveney. The value of the knowledge and insight held by families and friends is particularly evident in the report's section on lived experiences, which can be found on pages 54-57. We would also like to recognise and thank all staff from across the health and social care system for their involvement, sharing invaluable insights from their professional practice and for their time spent working with and supporting the people and families whose lived experiences are central to this report.

Sadly, people living with learning disabilities and/or autism people continue to have a much shorter life expectancy with the average being over 20 years younger than the general population for women and for men. Mortality data shows that the leading single cause of death for the learning disability and autism population relates to aspiration pneumonia and pneumonia, followed by cancer and sepsis. We have observed a heightened number of excess deaths in younger ages, through our reviews, as well as an increase in deaths of people aged over 65, due to the impact of the global COVID-19 pandemic in 2020/2021. This year's report found several themes for improvement, including:

- Prevention of respiratory illness, particularly pneumonia, needs to be a focus for learning and action following this report and Annual Health Checks should be routinely used to offer cancer and other screenings, and to identify people eligible for a pneumonia and other preventative vaccines.

A consistent primary care Health Action Plan template for use across the Norfolk and Waveney Integrated Care System (ICS) could help to standardise practice for quality purposes and support its use across other services involved in a person's health and wellbeing

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- Transitional care between child and adult services remains a difficult experience for young people and their family. Greater collaboration between paediatric and adult services is needed and better preparation for families as to what to expect could be beneficial.
- A Norfolk and Waveney strategy for stopping over medication of people (STOMP) would be a welcome step to embed its principles for people with a learning disability, autism or both with psychotropic medicines, into all prescribing practice.

It is also important to acknowledge the excellent work of the Learning Disability Mortality Review (LeDeR) system working groups this year, around end of life and palliative care support, improving uptake and quality of Annual Health Checks (AHC), dietetic weight management support, a pilot pathway for non-invasive long-term ventilation care and a project improving communication between care organisations at the point of hospital admission and discharge, to improve service user and carer experiences and coordinate community-based care more seamlessly.

We welcome the publication of this, our sixth LeDeR Annual Report in Norfolk and Waveney. The ICB continues to be committed to ensuring that Norfolk and Waveney people living with learning disabilities and/or autism live well, and we recognise that this work must be informed by the learning identified within the report, using lived experiences to help identify opportunities to improve services and support. Our focus for the year ahead must be on using these insights to improve the quality of care offered, working collaboratively with partners to deliver care with better oversight and monitoring of placements and training for staff.

**Paul Benton: Director for Quality in Care for the Norfolk and Waveney Integrated Care Board (NWICB) - Chair of the LeDeR Steering Group**

I would like to start by expressing how immensely proud and grateful I am of all the staff who are working tirelessly keeping our people and communities safe across the whole of Norfolk and Waveney.

The LeDeR steering group only functions as effectively as it does due to the commitment of our dedicated team. Despite being new in my role, it's very clear the people who work in our directorate and partners across the system are very committed to providing outstanding quality and care. Norfolk and Waveney had some significant challenges during the winter which all the partners witnessed. The system faced unprecedented challenges in delays and finding appropriate and safe care settings for the most vulnerable.

It would be fair to describe the experience as one of the most challenging winters we have ever had. Whilst the pandemic is now becoming a more distant memory, the impact will continue for some time as the system continues its recovery phase. The LeDeR steering group has, despite the challenges, kept its principles and direction focused on the things that matter the most, quality and

safety of the residents within our care and whilst we know that we are still on this journey, we as partners are committed to improving the lives of those around us.

There have been significant changes in 2022/2023 with the new Integrated Care System was formed on July 1<sup>st</sup> 2022 and all system partners working in a new and exciting way together. This has been a long and awaited journey to reach this point and should therefore allow us to make significant improvements in the lives of the most vulnerable. Now that the new financial year is upon us it's important for us to evaluate the direction the steering group takes ensuring that for 2023/2024, we are meeting the needs of the population, reaffirm the importance of making change happen across all aspects of care, and more importantly despite the financial challenges that lay ahead, we see an improvement in all domains of care. We cannot do this alone, but we are confident that the partners that we work with will make the changes required that have a positive impact for all our people and communities.

### **Rachel Clarke: Co-ordinator for Family Voice Norfolk**

My name is Rachel Clarke, and I am the co-ordinator of Family Voice Norfolk (FVN). Family Voice Norfolk is the Norfolk parent carer forum for families who have children with special educational needs and/or disability aged 0-25 years. We are not a support group, nor are we an advisory and guidance service. We are a forum which gathers real-lived experiences and views of families to work in co-production to improve services within health, education, and social care.

FVN has been attending the LeDeR working groups, the Learning into Action Group and the LeDeR Steering Group for the past 18 months. We currently have two parent carer representatives attending these meeting, namely Laura Godfrey and myself. Both Laura and I are parents of children and young people who have autism, learning disability and other conditions.

We believe that having parent carers present at the meetings brings a different dynamic and different perspectives at times. We are able to put ourselves in the shoes of families involved and, hard as it may sometimes feel, think about the future care for adults with autism and/or have a learning disability, whether they be independent in their community or within a supported/residential setting. What would we expect to see from care for these adults, what would we want to see done differently in the care of adults as our young people will become adults themselves? There have been some extremely 'difficult to read' and, rightly so, emotive cases to review. We are struck by how dedicated everyone is within the meetings to make improvements, prevent recurrences of failings and to truly take learning from each case we review. Laura and I are grateful for the support and 'open ears' that are offered to us by colleagues should we find a case to be upsetting.

We have been part of, and brought our own lived experiences, to the Learning Disability Health Check Working Group and we actively take part in the respiratory, nutrition and end of life groups. There are plans for colleagues from the meetings to bring some of the

important topics we have discussed, such as mental capacity and the Learning Disability health checks to a Family Voice Norfolk parent carer engagement sessions called Let's Talk About... We look forward to getting these in place in the next academic year and to continuing to learn from the LeDeR meetings we attend.

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**1. Acknowledgments**

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Firstly, the team would like to remember, and thank, all the people who have contributed to LeDeR by sharing their stories with us, following their death. It is our greatest privilege to be given the opportunity to explore their experiences, and our primary aim is always to use all information in a compassionate and respectful way. Thanks also go to families, friends, and the keyworkers of those we are reviewing, who contributed their time to enrich the information we had and help us find their voice.

Secondly, the LeDeR programme would not have made the achievements and progress it has over that last year without the care, expertise and time given by health, social care, and voluntary sector colleagues. Delivering real and sustainable change takes a real commitment of resource, and this has been freely given and gratefully received. Colleagues have supported the LeDeR groups and our learning into action project work. Special thanks go to our partners with lived experience for their guidance, support and challenge. LeDeR reviews are not an investigation of a death but an assessment of a person's experience. This aims to bring to life the circumstances leading up to the person's death and provide a life portrait of the people we have reviewed. This can be a difficult and challenging role but has been fulfilled by a team of highly experienced and dedicated nurses and administrators, who have been central to delivering the programme.

We would also like to acknowledge with much appreciation the crucial role of the health and social care staff, who have diligently delivered high quality care to people with learning disabilities and/or people with autism over the last year.

## 2. Executive Summary

Welcome to the Norfolk and Waveney Integrated Care Board (NWICB) LeDeR report. This is the sixth annual report in Norfolk and Waveney on the reviews of the lives and deaths of people with a learning disability and/or autism since the inception of the LeDeR programme in England in 2017. It is the responsibility of all Integrated Care Boards (ICB) to have established a LeDeR programme within their system and implement any actions identified by the learning taken from reviews.

ICBs must publish a LeDeR annual report describing their progress in completing reviews, provide interpretations of the collected data and detail completed and ongoing service improvements made in response to any learning. It also provides an opportunity to reassess local priorities in response to any themes or trends. This report from the Norfolk and Waveney LeDeR programme demonstrates the work covered in the reporting period from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. The deaths reviewed can cover a longer period dating back to 2018. This is due to death reporting delays but also delays in the review completion which is addressed in section 5.

There is little comparison available between this and last years' annual report. Local data collection has been significantly more robust this year, allowing for analysis of all 72 reviews. Last year's available reviews were restricted to 18, due to the significant change in the

review format and therefore it would not give a reliable or accurate comparison. As such, figures have been presented to describe the current situation in Norfolk and Waveney and future reviews will be able to better highlight trends and improvements.

Comparisons can be made between Norfolk and Waveney and the regional and national picture by reading this report alongside the East of England and National Reports<sup>1</sup>. Summary findings from the Norfolk and Waveney reviews in 2022/2023 can be seen on the next page:

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<sup>1</sup> <https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf>

The quality of residential services needs to be improved in our region with a focus on quality and performance monitoring

As a region, we achieved 75% completion of annual health checks for those eligible.

80% of focused reviews told us that the person's care and the availability of services fell short of good practice.

As a region we achieved 70% completion of health action plans for those eligible.

Annual health check quality could be improved and robust completion of a health action plan is important and this needs to be shared and collaborative.

The use of C(E)TRs and safe and wellbeing reviews has increased oversight of care quality in specialist inpatient services.

Uptake for screening overall is very poor. Better information, preparation and follow up of non attendance is needed

Acute learning disability nurses are key in the successful use of reasonable adjustments, but we need to improve the provision of mobility equipment in hospital.

Primary care are good at offering face to face appointments but we could improve preparation for interventions such as blood tests.

Notifications for those with autism have been very low and we aim to improve this over the next year through communication and engagement.

Our hospitals really value the importance of familiar carers, but could improve the use of hospital passports by wards.

ReSPECT documents and end of life care planning needs to happen earlier and in a more collaborative manner.

System use of the Gold Standard Framework could help with earlier identification of deterioration and referral to specialist palliative support.

Pediatric end of life care in Norfolk and Waveney is excellent providing a holistic approach for the whole family.

Organisations need to focus on assessing their compliance with and staff knowledge of the mental capacity act and address gaps in practice

As people move into adult services there is still a notable decline in care co-ordination, despite excellent moves to improve transitional care.

Earlier referrals are needed for advocacy and care co-ordination for those with complex health profiles and limited social support.

Primary care and residential services need to be more proactive in supporting weight management

Our region had a brilliant uptake in COVID-19 and flu vaccinations. However pneumonia vaccinations remains scarce for those eligible.

Best practice in the use of the mental capacity act was mostly seen when the acute learning disability teams were involved.

### 3. Introduction and Purpose (Local and National)

#### 3.1 What is LeDeR?

The LeDeR programme reports on deaths of people with a learning disability aged four years and over. We report on deaths of people with a diagnosis of autism, with no learning disability, for those aged eighteen years and over. There are approximately 1.2 million people (951,000 adults and 299,000 children) living in England known to have a learning disability. 7,333 live in Norfolk and Waveney WAVENEY out of a total population estimate of 1,032,661.<sup>2</sup> This gives our area one of the highest percentage representations in England.

People with a learning disability are considerably more likely to be impacted by health inequalities, including higher levels of avoidable and premature deaths. For example, the latest data from the 2021 National LeDeR Report demonstrates the disparity in age of death for those with a learning disability. Compared with the general population, males with a learning disability die 22 years younger and females die 26 years younger<sup>3</sup>. This inequity is something we wish to address within Norfolk and Waveney, through a continuing programme of change informed by learning from LeDeR.

The LeDeR programme<sup>4</sup> uses the national policies definition of a learning disability. For people with autism to be included within the LeDeR programme they must have a diagnosis of autism recorded within their health records prior to their death and be over the age of 18. The child death review (CDR) process reviews the deaths of all children aged under 18 years. This is the primary review process for children with learning disabilities and autism, which is completed collaboratively with the LeDeR programme. A full explanation of the review process including national priorities for a focused review can be found in the LeDeR policy<sup>5</sup>.

When reading the findings of this report it should be kept in mind that the LeDeR programme is not mandatory so may not have complete coverage of all deaths of people with a learning disability and/or autism. Comparatively, numbers are also small compared to the general population, especially in some sub-categories (such as children) and as such must be interpreted with caution. Data interpretation and analysis is an important part of finding trends in poor practice and identifying gaps where improvement is needed.

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<sup>2</sup> <https://www.norfolkinsight.org.uk/>

<sup>3</sup> <https://www.kcl.ac.uk/ioppn/assets/fans-dept/leder-main-report-hyperlinked.pdf>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0428-LeDeR-policy-2021.pdf>

<sup>5</sup> Section 3/page 12 of <https://www.england.nhs.uk/wp-content/uploads/2021/03/B0428-LeDeR-policy-2021.pdf>

However, we also aim to present person focused qualitative learning which represents people's strengths, talents, hopes and ambitions.

### 3.2 Reporting a Death

Anyone can notify the programme of a death or person with learning disabilities and/or autism at <https://leder.nhs.uk/report>

### 3.3 Local Programme

Within Norfolk and Waveney, we are committed to improving services for people with learning disabilities and/or people with autism and use the framework set out in the LeDeR policy by NHS England. Data collection significantly changed for 2022/2023 and this has allowed us to provide a more detailed report than previous years, with more information to analyse and draw themes from. This does mean, however, that we are limited in our ability to draw reliable comparisons between previous reports and this one. With consistency in data collection however, future annual reports will start to show trends.

## 4. Challenges and changes to delivery of the LeDeR review programme

The success of the LeDeR programme is built on the efforts and input of the LeDeR team and the wider contribution from ICS partners and colleagues. Significant changes have been implemented over the last year to fully realise the LeDeR policy published in 2021<sup>6</sup>.

This includes:

- Establishing local governance groups responsible for signing off initial and focused reviews, agreeing care grading and setting appropriate actions.
- Establishing robust escalation routes where learning requires a systemic approach or support.
- Expanding the LeDeR programme to accommodate referrals for adults with a diagnosis of autism without a learning disability.
- Delivering focused reviews for national and local priorities. For example: people from ethnic minorities, adults with autism, or on request by family.
- Creating appropriate reporting and education routes to update the wider health and social care community on learning from LeDeR.

<sup>6</sup> <https://www.england.nhs.uk/learning-disabilities/care/monitoring-the-quality-of-care-and-safety-for-people-with-a-learning-disability-and-or-people-who-are-autistic-in-inpatient-care/>

As a result of the incredible hard work of all involved, the longstanding backlog of reviews was completed by June 2022. The team is also exceeding its target of 95% of reviews completed within 6 months and it has reduced the number of reviews carried over by more than 50%. A more detailed breakdown can be found in section 5.

We have experienced many challenges in delivering LeDeR over the past year, due to both national changes and local barriers. Firstly, the online platform which the team uses to complete reviews has been through multiple formatting changes. This has presented challenges with consistency of reviews but has benefitted the completeness.

In the case of someone with a learning disability who has died in hospital, the trust will complete a Structured Judgement Review (SJR). Ideally these should be completed in a timely manner and made available to the LeDeR review team as part of the hospital notes, complementing the available information for the review. There have been significant delays in completion of SJRs which has meant the LeDeR review has often been completed first. However, mortality leads from all trusts have worked well with LeDeR over the last year to share findings and learning for all shared reviews, with a reviewer attending all SJRs for a person with a learning disability. Moving forward all trusts in Norfolk and Waveney have made significant improvements over the past year and this is resolving.

All reviewers are reliant on the timely provision of notes from all involved services to complete a review within the 6-month target. This includes notes from acute trusts, primary care, community trusts and social care. Mostly the team will receive at least one set of notes back within 2 weeks of the request being sent. However, responses to all requests can take up to several months which significantly delays allocation and completion of reviews. Reviewers also rely heavily on talking to carers and professionals who knew the person well to get a complete picture of the person they are writing about. Care providers can sometimes be difficult to engage in this process which restricts the information available to really tell a person's story and describe their lived experience.

Since completion of the review backlog, families are being contacted and invited to participate in the LeDeR process much sooner after the death of their loved one and we believe due to this, we are seeing more families choosing not to be part of the review. We have delayed completing reviews at the request of the family to give them more time, even if this takes the review over 6 months, as we recognise the importance of a loved one's contribution. We will also still offer families the option of receiving a copy of the completed review should they wish. We will explore this moving forward to try and see if there is anything the team can do differently to support families in contributing to the review.

## 5. Governance Arrangements

In line with the national policy, we have governance arrangements to support reviewing and signing off completed reviews. As well as clear reporting routes into the Learning Disability and Autism Programme Board and Learning from Death Forum.

### 5.1 Initial reviews

Initial reviews are presented at the Local Quality Assurance Panel (LQAP) which is chaired by one of the Local Area Contacts (LAC) or another suitably senior person within the Learning Disability and Autism Team within the NWICB. The panel will scrutinise the review for quality and ascertain if the recommendations address the identified learning. Initial reviews are signed off and themes and trends are presented at the LeDeR steering group.

### 5.2 Focused Reviews

Focused reviews go through the same quality assurance and scrutiny process above but are then presented at the Learning into Action Group (LIAG) for sign off which is chaired by either the NWICB LAC or the NWICB Senior Reviewer. This group is attended by key operational stakeholders who will agree the SMART recommendations, care grading, and identify any good practice of note.

### 5.3 LeDeR Steering Group

The LeDeR steering group is chaired by the NWICB Director for Quality in Care and is a subgroup of the Learning Disability and Autism Partnership Board. It is attended by a wide range of senior stakeholders to review identified learning, the strategic actions and quality improvement work streams. Work undertaken in this group is presented at the Learning Disability and Autism Programme Board which is chaired by the Senior Responsible Officer for Learning Disability and Autism for Norfolk and Waveney.

### 5.4 Reporting Structures

The Learning Disability and Autism Partnership Board and the NWICB Quality and Performance Committee receive monthly reports on the performance of reviews undertaken and the learning into action. The team also report to the ICS Learning from Deaths Forum. The team follow a specifically written safeguarding policy for the reporting of safeguarding concerns which is detailed in Section 11.

## 6. Performance

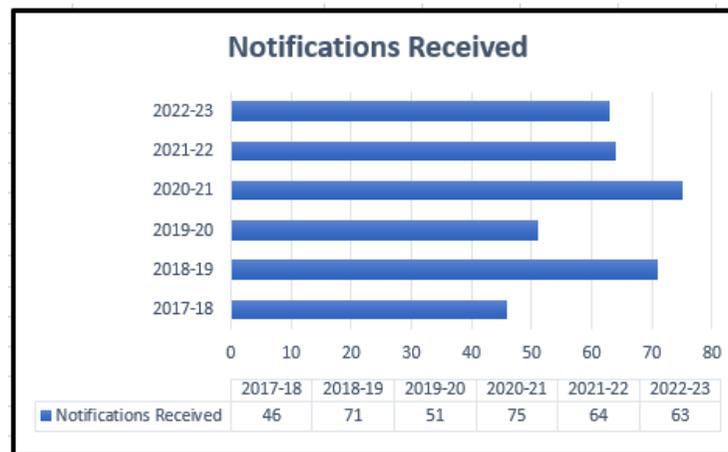
The team works to achieve 95% of reviews completed within 6 months of notification. Due to the backlog of reviews accumulated over past years additional reviewers were commissioned to address this. The last of these reviews were completed and signed off in June 2022, however, it still impacts our performance figures for the year. At the end of Quarter 4 (Q4) the team has completed 66% (44 out of 66 adult reviews) within 6 months of notification in the 2022/2023 year. However, looking at performance just in Q3 and Q4, once the backlog had been resolved, the LeDeR team has a combined completion target of 96% reviews completed in under 6 months of notification.

Some reviews may take over the 6 months to enable any statutory process to be completed such as police investigations, coroner proceedings or safeguarding inquiries. It is important that LeDeR pauses and gives precedence to these to avoid prejudicing any investigations. We can put these reviews on hold, which in effect “stops the clock” so the delay doesn’t count towards the 6-month timeframe. Reviews which are counted to have exceeded the 6-month timescale have included those delayed for reasons such as clinical notes not being received, capacity issues within the review team and giving families time who may not be ready to engage but want to be part of their loved one’s review.

We carried forward 41 reviews from the 2021/2022 review period and this year we are carrying over 32 reviews into 2023/24, so 20% fewer than previous years. This is on top of receiving 25% more referrals in 2022/2023 than before Covid. The team is also tasked by NHS England to convert a minimum of 35% of adult reviews from initial too focused. This year the team has exceeded this target and achieved 37% of reviews being focused.

## 7. Overview of Notifications

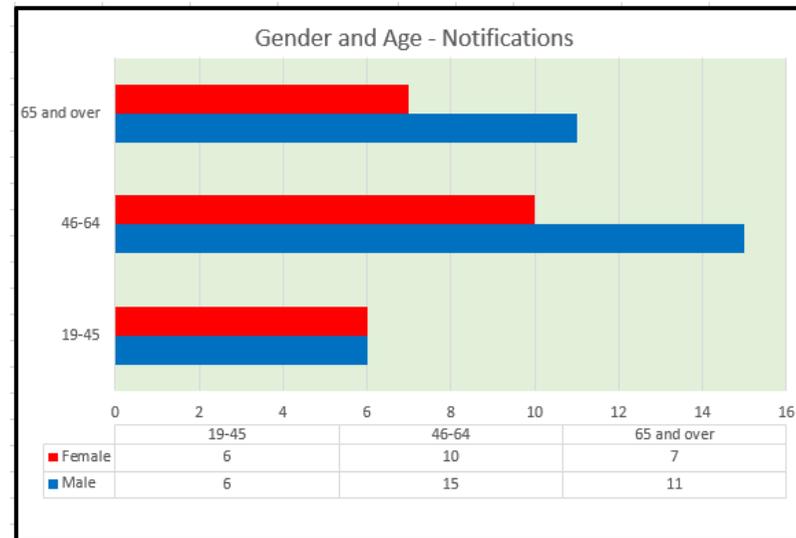
Since the start of the LeDeR programme in 2017, England has recorded 15690 deaths, 1768 of which were within the East of England region and of those 369 were Norfolk and Waveney deaths. These numbers are only based on the numbers of referrals received and as reporting to LeDeR is not mandatory, the true number of deaths is likely to be higher. The graph below shows how the number of notifications has changed over the years. To compare the number of notifications, 2019/2020 is used due to the number of excess deaths from COVID which is also exemplified in the graph below. Overall, our notifications have increased by 24%.



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### 7.1 Gender and Age

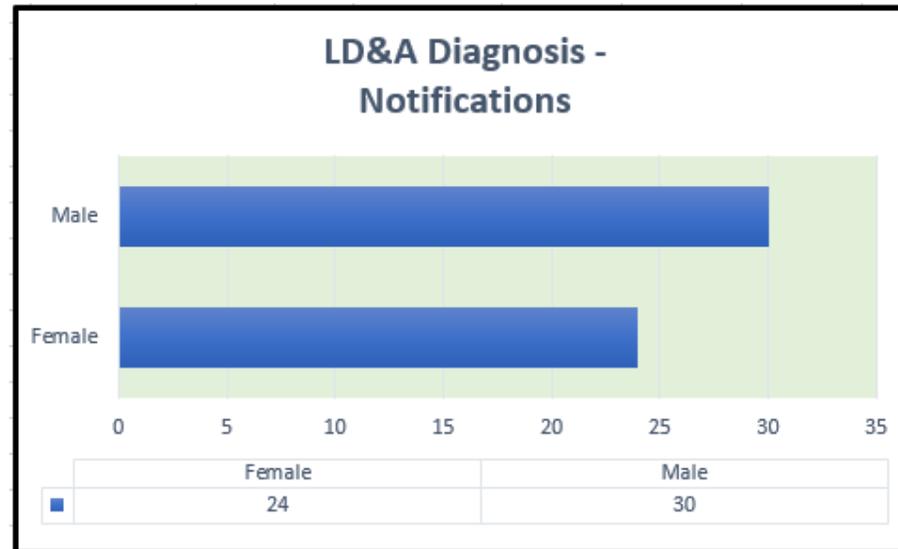
Overall, we had more referrals for men than women, a difference of 20%, and this was represented in all the age groups except one, where the numbers for men and women were the same. Due to the low number in the under 18 category these have been omitted from the graph, however 75% of these notifications were for boys. The youngest reported death during 2022/2023 was 8 years of age and the oldest was 84 years. Most of our referrals were for people between the ages of 46 and 64, which fits with the median age of death of 57.5 years of age for those referred to us. This year's data shows a fall in the median age at death from 60 years of age for notifications in the 2021/2022 year. Data collection is difficult for previous years, but we know that more reviews in previous years have been for people 65 and over. Potentially due to the increased COVID-19 mortality in older people, which may account for the drop in age this year. For the general population in Norfolk and Waveney the average age of death between 2018 and 2020 for men is 79 years old and for women is 84 years old.<sup>7</sup>



## 7.2 Diagnosis

<sup>7</sup> [https://www.norfolksight.org.uk/wp-content/uploads/2022/08/State-of-Norfolk-and-Waveney-health-report-2022\\_correctedByPAVE.pdf](https://www.norfolksight.org.uk/wp-content/uploads/2022/08/State-of-Norfolk-and-Waveney-health-report-2022_correctedByPAVE.pdf)

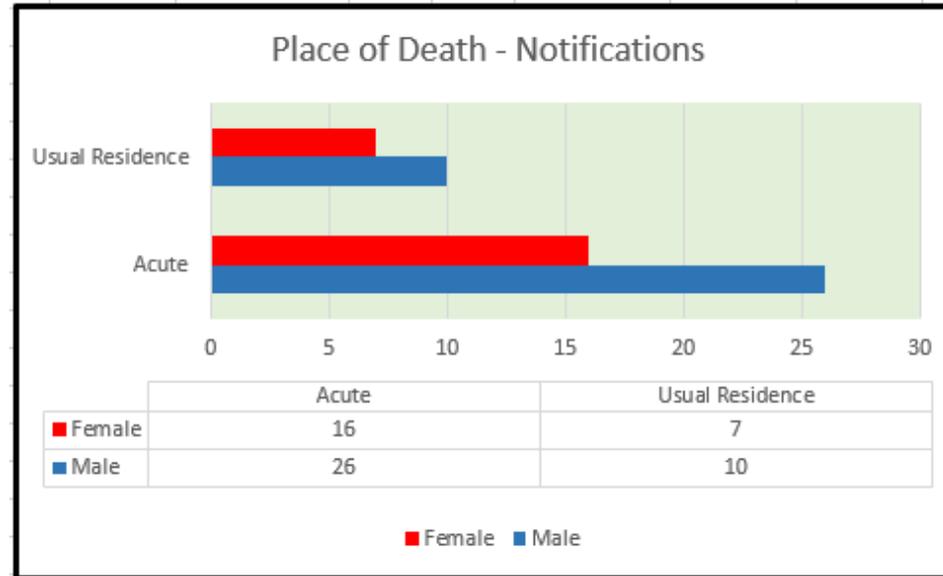
The majority of our referrals were for those with a diagnosis of a learning disability with a smaller number referred with a diagnosis of both a learning disability and autism. As would be expected with the gender difference in our overall referrals there were more men in both categories. However, the difference between men and women for each diagnosis is notable, with it being much higher when the person has an autism diagnosis. This has been omitted from the graph below due to the low numbers, however only 11% were female in the Learning Disability and Autism category. This could be due to substantially lower diagnosis rates in women for autism. The team has not received any referrals in 2022/2023 for anyone with a sole autism diagnosis. It is thought that 1% of the population has autism which would mean approximately 10,330 people in Norfolk and Waveney. The latest standardised mortality rate for people with autism is 17 deaths per 10,000. This shows the LeDeR team what is being missed and the need for communicating the importance of autism referrals will be a priority for 2022/2023. The team also hopes with the establishment of the medical examiner role for acute and community will aid these referrals as well work done to secure referral pathways with the coroner's court.



### 7.3 Place of Death

Most deaths referred to us in 2022/2023 happened in hospital, 67% ( $n=42$ ) overall. 27% ( $n=17$ ) occurred in the person's usual residence. Less than 10% happened in other areas including hospice care. This has been omitted from the graph due to the low

numbers. In contrast, the general population has a higher combined percentage of people dying in their usual residence, whether this be home or residential services.<sup>8</sup>

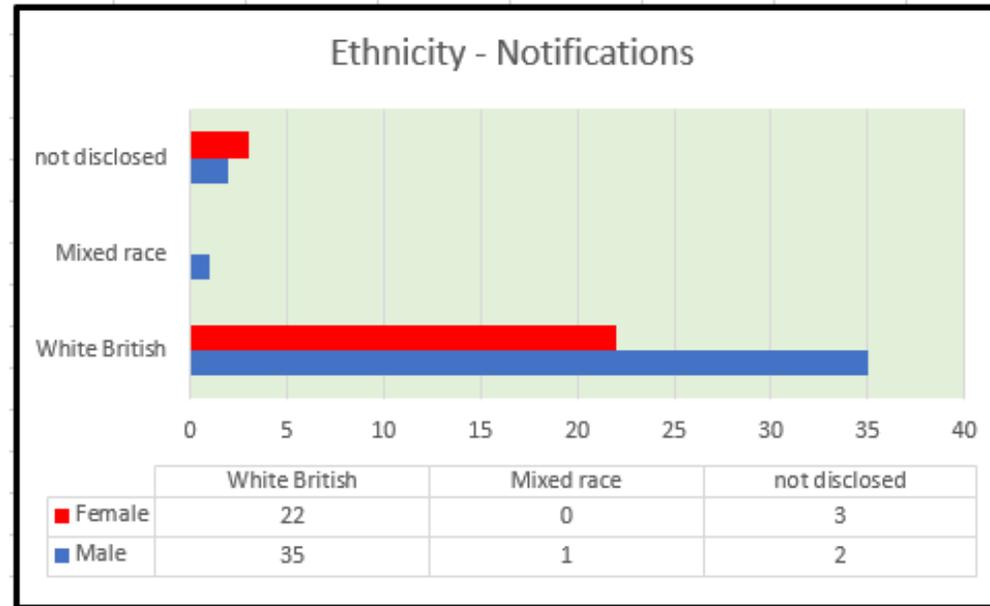


### 7.4 Ethnicity

Of the notifications from 2022/2023 where the ethnicity was disclosed, 98% ( $n=58$ ) were for white British people. Only one referral was for someone from an ethnic minority. Usually, we would not report such low numbers to protect anonymity. However, it has been reported here to demonstrate the disparity in notifications. Ethnicity is not a mandatory question for a referral, so we do have a few notifications where the reviews have not yet been completed, and we are unaware of the person ethnicity. Therefore, there may be more representation than we are aware of.

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<sup>8</sup> <https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938132883/pat/15/par/E92000001/ati/167/are/E38000239/yr/1/cid/4/tbm/1/page-options/car-do-0>



### 7.5 Leading Cause of Death

From notifications the leading single cause of death (COD) in Norfolk and Waveney was aspiration pneumonia, with all pneumonias combined being the leading cause of death. This is also seen in the completed reviews. This profile is different to the general population where the top three COD in 2021 were diseases of the circulatory system, then COVID-19 and then cancers. Again, a COD is not a mandatory question for referral completion. As such, at the time of writing, only 54 of the notifications had an identifiable COD in the referral or in the available notes. This means some of the figures below may change if all COD were available. There were other causes of death with under 5 incidences which have not been listed to protect anonymity.

Cause of Death	Number of Notifications	Percentage
<b>Aspiration pneumonia</b>	17	27%
<b>Pneumonia</b>	9	14%
<b>Cancers</b>	7	11%
<b>Sepsis</b>	5	8%

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## 7.6 Area of Deprivation

The Indices of Multiple Deprivation (IMD) show a mode score of 6 which is slightly higher than the completed reviews. However, the overall breakdown in representation into the higher and lower IMD areas are very reflective of the completed reviews for 2022/2023, with more people with a learning disability and autism living in areas with an IMD score of 5 or less. This is higher than the general population where 2019 data shows 52% in Norfolk live in an area with an IMD score of 5 or less.<sup>9</sup>

IMD Score	Number of Notifications	Percentage	Number of Notifications	Percentage
1	8	13%	42	67%
2	10	16%		
3	6	10%		
4	8	13%		
5	10	16%		
6	11	17%	21	33%
7	4	6%		
8	2	3%		
9	4	6%		
10	0	0%		

## 8. Overview of Completed Reviews

The LeDeR review performance report as at the end of March 2023 shows that 91% ( $n=337$ ) of 370 reviews received since 2017 have been completed by year end 2023. The table below breaks down the number of referrals received, and the number of reviews completed every year since the programme began.

Years	No of adult notifications	No of reviews completed	No of reviews carried forward
2017-18	46	3	43
2018 -19	71	23	91
2019-20	51	77	65
2020-21	75	77	63

<sup>9</sup> <https://www.norfolksight.org.uk/deprivation/reports/#/view-report/8b97d75c317745b3a6016fc0788469d1/E1000020/G3>

<b>2021-22</b>	63	85	41
<b>2022-23</b>	63	72	32
<b>Total</b>	<b>369</b>	<b>337</b>	

In 2022/2023 72 initial and focused reviews have been signed off as complete. At year end (March 2023), the team have 10 reviews in progress and 18 unallocated. This includes 4 which are on hold, awaiting statutory processes to be concluded. For some demographics, our 2022/2023 data collection allows us to break these down into initial and focused reviews. This will allow us to see if improvements can be made in how we select which reviews convert to a focused review. CDOP cases are not included in the initial review section, as this is covered in section 8.

For certain variables such as cause of death, avoidable deaths, areas of deprivation and chronic conditions all reviews, including CDOP have been included to get the best breadth of information possible to draw conclusions. Quality of Care grading has only been discussed with the focused reviews as the national policy does not currently require care and service provision grading for initial reviews.

## 8.1 Initial Reviews

Of the 64 adult reviews completed in 2022/2023, 40 were initial reviews.

### 8.1.1 Gender and Age

As with our notification data, we had a higher percentage of men (60%) than women who had an initial review. The median age of death for initial reviews was relatively similar, with 62 years old for women and 59 years old for men. This matches the table below showing most had an age of death between 46 and 64. It is of note however in this age range there were many more men dying than in the 65 and over range, which was mostly women at 73%. The total median age of death was 58.5 years old.

Age at Death – Initial Reviews	Men	Women
<b>19 - 45</b>	<5	<5
<b>46 - 64</b>	19	7
<b>65 and over</b>	<5	8

### 8.1.2 Ethnic Groups

All initial reviews were for people who were white British, as any person from an ethnic minority would automatically have a focused review as per the national priorities.

### 8.1.3 Diagnosis

In 2022/2023 all 40 initial reviews had a learning disability diagnosis. None had a diagnosis of a learning disability and autism as they were all converted to focused.

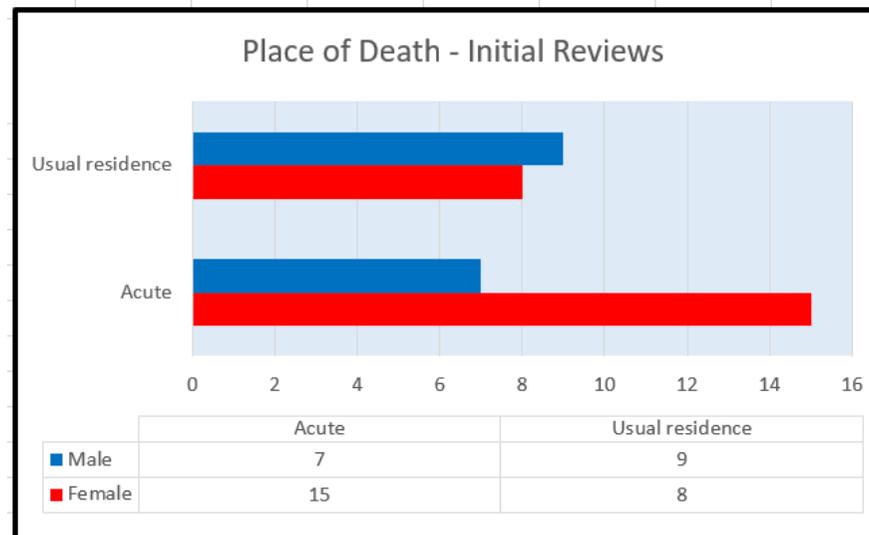
### 8.1.4 Level of Learning Disability Severity

Most initial reviews (43%) were for people with a moderate learning disability. Followed by severe (35%) and then mild (22%). More men had a moderate and severe learning disability whereas more women had a diagnosis of a mild learning disability.

Level of Learning Disability – Initial Reviews	Men	Women
<b>Mild</b>	<5	6
<b>Moderate</b>	11	6
<b>Severe</b>	10	<5

### 8.1.5 Place of Death

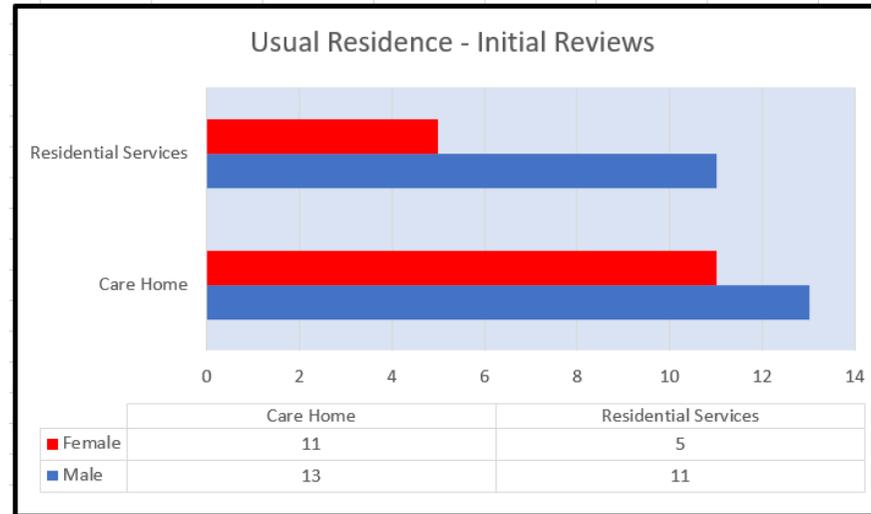
From our initial reviews, most people died in hospital (55%), followed by a care home as a usual residence (35%). The least represented place of death was in hospice, with only slightly more dying in their home when they were living independently.



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### 8.1.6 Types of Accommodation

The overwhelming majority of people who had an initial review lived in a care home (60%), increasing to 75% living in residential services when combined with supported living.



### 8.2 Focused Reviews

Of the 64 adult reviews completed in 2022/2023, 24 were focused. Only focused reviews are graded on the delivery of quality of care and accessibility and effectiveness of services. The table below show the breakdown of reasons why a review was moved to focused.

Reason for Focused Review	Number	Percentage
<b>Care Quality Concerns</b>	9	38%
<b>Reviewer Professional Judgement</b>	5	21%
<b>Under Section of the Mental Health Act</b>	4	17%
<b>Case Complexity</b>	2	8%
<b>Family Request</b>	2	8%
<b>Ethnic Minority</b>	1	4%
<b>Autism</b>	1	4%

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### 8.2.1 Age and Gender

Of the 24 focused reviews there were slightly more women (54%) represented. Most reviews were conducted within the 18-45 age group, which suggests the team are prioritising focused reviews for those who have died significantly more prematurely. The least number of focused reviews happened in the 65+ age group. This is especially telling as Norfolk and Waveney typically has a higher-than-average population over the age of 65. The median age of death for focused reviews was 57 years for the 2023 annual report.

Age at Death – Focused Reviews	Men	Women
<b>18 - 45</b>	5	6
<b>46 - 64</b>	<5	5
<b>65 and over</b>	<5	<5

### 8.2.2 Ethnic Groups

Norfolk and Waveney general population data from 2021 shows 94.7% people reported themselves to be white, with the broad minority groups representing 5.3%<sup>10</sup> of the population. However, this year LeDeR only completed one adult review from an ethnic minority (2%).

### 8.2.3 Diagnosis

In total there were 6 reviews for people with a diagnosis of autism and a learning disability.

Diagnosis – Focused Reviews	Men	Women
<b>Learning Disability</b>	8	10
<b>Learning Disability and Autism</b>	<5	<5

### 8.2.4 Level of Learning Disability Severity

Most focused reviews were completed for those with a moderate learning disability (50%), followed by severe (25%) and then mild (21%). The only review completed in 2022/2023 for a person with a profound learning disability was a focused review, likely due to the complexity of the case. This distribution is similar to our initial reviews, and likely explained by the prevalence of moderate level learning disabilities in all our adult reviews for 2022/2023 (45%  $n=29$ ).

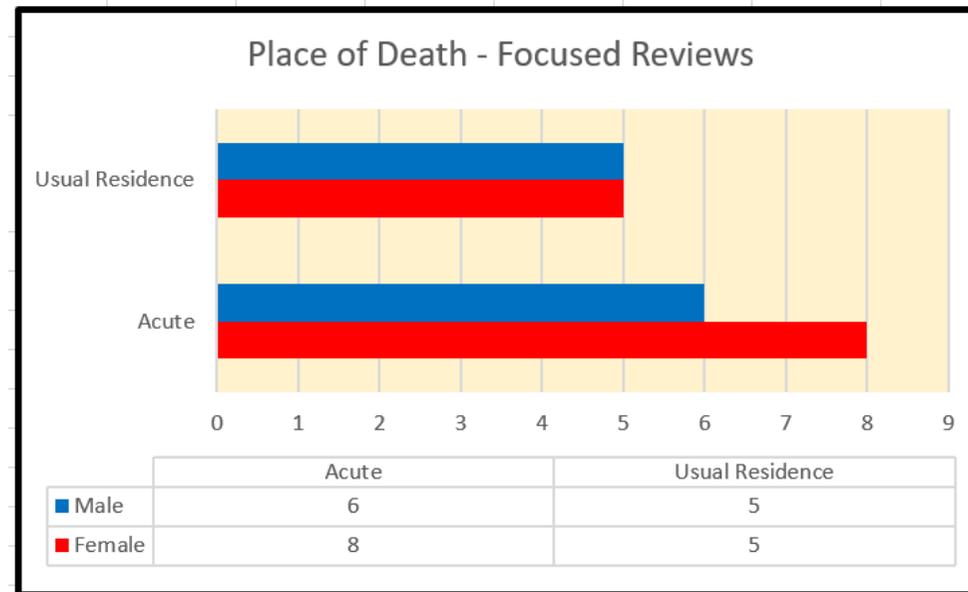
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<sup>10</sup> [Norfolk - Population - STP | Norfolk and Waveney | InstantAtlas Reports \(norfolkinsight.org.uk\)](https://norfolkinsight.org.uk)

Level of Learning Disability – Focused Reviews	Men	Women
<b>Mild</b>	<5	<5
<b>Moderate</b>	5	7
<b>Severe</b>	<5	<5
<b>Profound</b>	<5	0

### 8.2.5 Place of Death

Again, our focused reviews reflect that most people died in the acute setting (58%), with similar number dying in their own home, whether that from living in the family home (21%) or in a care home or supported living (21%). The improvement on this year's review quality means we have no places of death recorded as unknown, this year.



### 8.2.6 Quality of Care

The national policy requests that the LIAG grade the care received and the effectiveness and availability of services for all focused reviews. Grading is based on the information the reviewer has gathered and presented at panel. Of the 24 completed focused reviews

from 2022/2023, 5 of the reviews graded the quality of care as being satisfactory or above; 79% fell short of expected good practice with 14 cases (58%) where this was judged to have impacted the person's wellbeing. The below table shows the grading of Care for completed reviews for 2022/2023.

Rating	Standard	Number	Percentage
6	This was excellent care (it exceeded current good practice).	0	0
5	This was good care (it met current good practice in all areas).	0	0
4	This was satisfactory care (it fell short of expected good practice in some areas, but this did not significantly impact on the person's wellbeing).	5	21%
3	Care fell short of expected good practice but did not contribute to the cause of death.	5	21%
2	Care fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.	9	37%
1	Care fell short of current best practice in one or more significant areas resulting in the potential for, or actual, adverse impact on the person.	5	21%

Of the 24 completed focused reviews from 2022/2023, 5 of the reviews graded the Effectiveness and Availability of Services as being satisfactory or above; 79% fell short of expected good practice with 12 cases (50%) where this was judged to have impacted the person's wellbeing. The below table shows the grading of Availability and Effectiveness of Services for completed reviews for 2022/2023.

Rating	Standard	Number	Percentage
6	This was excellent Service Effectiveness and Availability (it exceeded current good practice).	0	0
5	This was good Service Effectiveness and Availability (it met current good practice in all areas).	1	4%
4	This was satisfactory Service Effectiveness and Availability (it fell short of expected good practice in some areas, but this did not significantly impact on the person's wellbeing).	4	17%
3	Service Effectiveness and Availability fell short of expected good practice but did not contribute to the cause of death.	7	29%
2	Service Effectiveness and Availability fell short of expected good practice and this significantly impacted on the person's wellbeing and/or had the potential to contribute to the cause of death.	7	29%
1	Service Effectiveness and Availability fell short of current best practice in one or more significant areas resulting in the potential for, or actual, adverse impact on the person.	5	21%

**Learning identified from the reviewers:**

Reviewers recommended that before any change in care setting is made, the person should be involved in this decision and a thorough health and social care assessment completed to ensure the new placement is suitable and, in the person's, best interest. Better quality oversight and monitoring of placements is also required with an expectation as to staff training and competence.

**8.3 All Reviews**

**8.3.1 Age**

The table below shows the total number of reviews in each category, since LeDeR began in Norfolk and Waveney. Overall, the 65+ age group currently has the highest number of reviews. However, looking at the last two years you can see the 46 – 64 age group has surpassed it in numbers. The 65+ age category also saw a heightened number of excess deaths due to COVID-19 in 2020/2021 potentially due to the added mortality risk of age. We suspect in the next couple of years the overall majority will reflect our current findings.

Year of death	Number of Reviews by Age Group (in years)			
	Under 18	18-45	46-64	65 and over
<b>2017-18</b>	0	10	17	19
<b>2018 -19</b>	5	9	25	32
<b>2019-20</b>	<5	11	19	20
<b>2020-21</b>	<5	21	18	33
<b>2021-22</b>	<5	10	27	23
<b>2022-23</b>	7	12	25	19
Total	<b>19</b>	<b>73</b>	<b>131</b>	<b>146</b>

The overall median age of death for all adult reviews was 57.5 years old. As the number of reviews continue to increase and our review method governance strengthens, we believe this represents a more accurate representation of the current picture, compared to previous years. Local historical comparison is difficult and currently we cannot accurately measure any trends. We can, however, compare this to the median age of death of 61 years old from the 2021 annual LeDeR report.

**8.3.2 Areas of Deprivation**

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Our local data collection methods allow us to review the Indices of Multiple Deprivation (IMD) for all the completed reviews. As seen in the below table, most people reviewed lived in an area with an IMD score of 5. Areas with a rating of 10 were the least represented in the completed reviews. Overall, as with our notifications for 2022/2023, most of the people we reviewed lived in an area scoring 5 and below on the IMD scale. This tells us people with a learning disability predominantly live in areas of higher deprivation and more so than the general population.

IMD Score	Number of Notifications	Percentage	Number of Notifications	Percentage
1	8	11%	46	64%
2	8	11%		
3	9	13%		
4	8	11%		
5	13	18%	26	36%
6	8	11%		
7	5	7%		
8	6	8%		
9	6	8%		
10	1	2%		

### 8.3.3 Chronic Conditions

Most people with a learning disability and/or people with autism are known to have other complex physical health complications. Analysis of the 64 completed adult reviews demonstrate all but one of the people we reviewed had one or more chronic physical health conditions. This is thought to be due to a combination of factors more likely to occur in people with a learning disability, including congenital conditions, progressive degenerative illness, obesity and poor mobility, difficulties accessing services and many more. The table below is a list of some of the common health conditions and number of people affected, recorded from completed adult reviews (most people had more than one condition recorded). There were multiple other chronic conditions seen in less than 5 reviews which have not been listed here to protect anonymity:

Health Condition	Frequency	Percentage
<b>Epilepsy</b>	23	34%
<b>Hypertension</b>	11	17%
<b>Depression/Anxiety</b>	10	16%

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<b>Congenital Syndrome</b>	10	16%
<b>Dysphagia</b>	10	16%
<b>Cerebral Palsy</b>	9	14%
<b>T2 Diabetes</b>	8	13%
<b>Hypothyroidism</b>	8	13%
<b>Asthma</b>	6	9%

### 8.3.4 Causes of Death

As part of our post review process, we collate causes of death for all reviews. In Norfolk and Waveney, a review is not signed off as complete unless the Medical Certificate of Cause of Death (MCCD) determination of COD has been seen. An MCCD indicates the sequence of conditions which lead to death, including the underlying, and in turn the leading, cause of death. The leading cause of death is taken from the first line of Part 1 of the MCCD. The World Health Organization (WHO) defines the underlying cause of death as the disease or injury that initiated the train of events directly leading to death or the circumstances of the accident or violence that produced the fatal injury. An underlying cause of death is extracted from the lowest line of Part 1 of the MCCD.

COD can be and assigned one of approximately 14,200 codes according to the International Statistical Classification of Diseases and Related Health Problems: 10th Revision (ICD-10). This allows for better comparison between annual reports. Causes of death can then be grouped by code into ICD-10 chapters. Chapters are split according to general types of injury or disease (e.g., Diseases of the Respiratory system).

### 8.3.5 Leading Causes of Death

In comparison to last year, <5 completed reviews were a COVID related death, which is markedly less than the two previous years which can be seen in the table below. This is consistent with the national trend of COVID disease and disease mortality decline.

Year	COVID-19 Deaths
<b>2020/2021</b>	20
<b>2021/2022</b>	13
<b>2022/2023</b>	<5

The most common leading causes of death for all of the 72 reviews completed in 2022/2023 are set out in the table below. There were multiple other leading causes of death seen in less than 5 reviews which have not been listed here to protect anonymity.

Leading Cause of Death	Number	Percentage
<b>Aspiration Pneumonia</b>	15	21%
<b>Cancers</b>	13	20%
<b>Pneumonia</b>	11	15%
<b>Type 2 Respiratory Failure</b>	5	7%

Our completed reviews tell us aspiration pneumonia is the most common leading cause of death for the learning disability community in Norfolk and Waveney. Combined aspiration and other pneumonias accounted for 36% of all leading causes of death in the 72 reviews completed in 2022/2023. This mirrors what was seen last year, although the percentage is much higher which could be accounted for by the drop in COVID related deaths. The cancer related death percentage has also increased for this year.

Cancers accounted for 20% of the 72 reviews completed in 2022/2023. There wasn't one leading cancer responsible for a majority of the deaths, but the varying diagnoses seen include breast, bowel, lung, lymphoma, womb and pancreatic cancers.

Figures on the three main national cancer screening programmes were recorded and are discussed more in section 10. These comprise cervical screening, breast screening and bowel cancer screening. Only 3 of the reviewed deaths from 2022/2023 were from a cancer that is currently nationally screened for, and only 2 would have been eligible by the current criteria. Of these 2, only 1 had been screened. The below table looks at the number of leading causes of death by ICD-10 Chapter. There were other chapters allocated a leading cause of death in less than 5 reviews which have not been listed here to protect anonymity.

Leading Cause of Death Chapter	Number	Percentage
<b>Diseases of the Respiratory System</b>	35	49%
<b>Neoplasms (Cancers)</b>	13	18%
<b>Diseases of the Circulatory System</b>	8	11%
<b>Diseases of the Nervous System</b>	5	7%

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### 8.3.6 Underlying Causes of Death

The most common underlying causes of death for all the reviews completed in 2022/2023 are set out in the table below. Some underlying causes of death may also be the leading cause of death as there may only be the first line of Part 1 completed on the MCCD. Underlying causes of death are often more varied and as such to protect anonymity only the top three have been listed.

Underlying Cause of Death	Number	Percentage
<b>Cancers</b>	13	18%
<b>Pneumonia</b>	11	15%
<b>Cerebral Palsy</b>	5	7%

The below table looks at the number of underlying causes of death by ICD-10 Chapter. There were other chapters allocated an underlying cause of death in less than 5 reviews which have not been listed here to protect anonymity.

Underlying Cause of Death Chapter	Number	Percentage
<b>Diseases of the Respiratory System</b>	16	22%
<b>Neoplasms (Cancers)</b>	13	18%
<b>Diseases of the nervous system</b>	10	14%
<b>Endocrine, nutritional, and metabolic diseases</b>	7	10%
<b>Diseases of the digestive system</b>	6	8%
<b>Congenital malformations, deformations, and chromosomal abnormalities</b>	6	8%

#### Learning identified from the reviewers:

Reviews have made it clear that prevention of respiratory illness, particularly pneumonia needs to be to be a focus for learning and action following this report. Respiratory illness is the primary leading and underlying cause of death for those with a learning disability and autism by a significant margin.

Due to diagnostic overshadowing and other issues in accessing healthcare, diagnosis is often delayed and not made until the person's disease is severe, meaning it is harder to treat and requires an extended hospital admission. Focus then is needed on preventative measures such as training for care staff in the use of Speech and Language Therapy (SALT) care plans and soft signs of deterioration. Further work to increase the provision and uptake of pneumonia vaccines is also required.

### 8.3.7 Avoidable Deaths

Avoidable deaths are defined by applying the Organisation for Economic Cooperation and Development (OECD)/Eurostat list of preventable and treatable causes of death<sup>11</sup> using the underlying cause of death recorded on death certificates, for people who died younger than 75 years old. This is the same definition as used by the Office of National Statistic (ONS). Of the 66 Norfolk and Waveney reviews included in this definition 48% ( $n=32$ ) were coded as avoidable, which is representative of the regional and national figures from their latest (2021) annual report. This still far exceeds the avoidable death rate of the general population of 23%.<sup>12</sup>

Appropriate classifications for causes of death are vital to ensuring these figures are accurate. ONS Guidance for the completion of MCCD<sup>13</sup> state that physical and intellectual disabilities and congenital syndromes which are not fatal in themselves should be avoided in Part 1. As seen above, from the completed reviews, classifications in the first part of the MCCD include Cerebral Palsy and Downs syndrome, which can lead to post-mortem diagnostic overshadowing. To maintain the integrity and comparability of the data analysis, the author has strictly followed the coding process used by the regional and national team and assigned these deaths as non-avoidable as per the OECD list. However, were it open to clinical interpretation the avoidable death percentage for Norfolk and Waveney would be higher.

## 9. Child Deaths

Child deaths are reviewed under the child death review (CDR) process. This is a statutory provision, which involves collection and analysis of information from known agencies who were involved with the care provision, before the child died. This is with a view to identifying any matters of concern affecting the health, safety, or welfare of children or any wider public health concerns.

Where the CDR team has a referral for a child or young person with a learning disability aged over 4 years, they invite the senior reviewer to the CDR panel and the Child Death Overview Panel (CDOP) to share in the review process and highlight any learning specific to the young person's learning disability needs.

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<sup>11</sup><https://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf>

<sup>12</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2020>

<sup>13</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1062236/Guidance\\_for\\_Doctors\\_completing\\_medical\\_certificates\\_Mar\\_22.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062236/Guidance_for_Doctors_completing_medical_certificates_Mar_22.pdf)

The team has one senior reviewer, who is also a paediatric nurse dedicated to supporting the CDR team with these reviews. The reviewer will complete a referral on the LeDeR platform once notified. After CDOP the CDR team will share their review with the LeDeR team, which is then uploaded to the LeDeR system, and the review is completed.

There were 7 child death reviews shared with LeDeR in 2022/2023. Limited description of data can be given due to the small numbers and the need to protect anonymity. However, it can be shared that 75% of the reviews were for boys and over half of the young people had a Severe or Profound learning disability with multiple co-morbidities. Most young people died in hospital with other places of death including hospice and home. All our young people lived in their family home. Of the completed reviews for 2022/2023, the median age of death for children was 8.5 years old.

**Learning identified from the reviewers:**

Children's services differ significantly from adult provision, and this is most noticeable in the context of end-of-life care. Norfolk and Waveney are very lucky to have the services of East Anglia Children's Hospice (EACH) in Poringland, who provide Respite, End-Of Life and Bereavement support for children and their families. The provision of wrap around care including ReSPECT, symptom management, named nurses and expert clinicians on call are but a few of the factors that result in personalised and holistic end-of-life care.

Transitional care remains a difficult experience for young people and their family. New services including the Preparing for Adult Life team, acute transition nurses and navigator teams are working well to smooth out the process and support the move however greater collaboration between paediatric and adult services is needed and better preparation for families as to what to expect could be beneficial. Other areas of learning from these reviews have been included in the breakdown in Section 9.

## 10. Themes, Learning and Recommendations

This section focuses on the findings from the main aspects of care provided to people with learning disabilities and, where data is available, how this compares to other areas. This includes AHC, weight management, overmedication of antipsychotic medications, provision of reasonable adjustments, cancer screening programmes and MCA assessments as well as end-of-life care.

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## 10.1 Annual Health Checks (AHCs)

Evidence shows that people with learning disabilities are more likely to experience a greater number of health conditions than the general population. They are also less likely to receive regular health checks or access routine screening<sup>14</sup>. All people with learning disabilities are entitled to an AHC. Regular health checks help identify unmet and unrecognised health conditions, leading to early actions to address and treat these health conditions. Work has been ongoing within primary care to increase the number of checks completed and their quality. Including the ICB utilising Health Improvement Support Workers to mentor and provide training for surgeries in best practice for AHCs.

Performance for 2022/2023, across the different localities in Norfolk and Waveney, is measured and can be seen in the table below. Notably there is approximately a 20% difference between the best and worst performing areas, suggesting inequality across the region. However, there has been an increase in the number of AHCs completed for all people with a learning disability across the Norfolk and Waveney system. Starting in 2019/2020, 63.5% was achieved. This performance went down to 51.5% in 2020/2021, thought to be due to the impact of COVID-19. In 2021/2022 68% was achieved, increasing to over 70% in 2022/2023.

Locality	# on Learning Disability Register	# AHC Declined	# of AHC completed	Percentage (without declines)	Percentage (including declines)
<b>Great Yarmouth and Waveney</b>	1734	114	1346	78%	73%
<b>North Norfolk</b>	1131	105	966	85%	78%
<b>Norwich</b>	1467	36	938	64%	62%
<b>South Norfolk</b>	1371	92	1061	77%	73%
<b>West Norfolk</b>	980	34	701	72%	69%
<b>Total</b>	<b>6683</b>	<b>381</b>	<b>5012</b>	<b>75%</b>	<b>71%</b>

<sup>14</sup> <https://www.england.nhs.uk/learning-disabilities/improving-health/mortality-review/>

Comparing this with the LeDeR reviews, out of the 64 completed for those who were eligible for regular AHCs (aged 14 years and over), 47 (73%) had been offered an AHC in the 12 months before they died. Our post review data collection is also able to tell us that 44 (69%) actually attended their AHC, in the last 12 months before they died. The percentages from LeDeR reviews are slightly behind the Primary Care and national figures. This may be explained by the fact our team have completed a few historical reviews in 2022/2023, for people who died before the improvement work of the health inequalities team started to show progress.

AHCs are a foundation of preventative care for people with a learning disability, and an essential part of managing co-morbidities and reducing mortality. Below, when discussing the main themes found in this year's review, AHC will be discussed to reflect how the attendance of a good quality AHC impacts a person's whole wellbeing. It's of note below that those with a mild learning disability are more likely to not have had an AHC compared to those with a more severe diagnosis.

Level of Learning Disability	AHC Completed (n=44)	% AHC Completed	AHC not Completed (n=20)	% AHC not Completed
<b>Mild</b>	7	16%	7	35%
<b>Moderate</b>	21	48%	8	40%
<b>Severe</b>	15	34%	5	25%
<b>Profound</b>	<5	xx%	0	0

Those who had had an AHC were 20% more likely to have had an annual medication review, this is an important part of healthcare in that it supports the review of chronic conditions as well as abides by STOMP principles to reduce unnecessary overmedication.

	AHC Completed (n=44)	% AHC Completed	AHC not Completed (n=20)	% AHC not Completed
<b>Recorded Annual Medication Review</b>	35	80%	12	60%

The average BMI of those who did and did not have an AHC in the 12 months before they died was relatively similar. Reviewers find this to be more reflective of the quality of AHC and the need for proactive weight management in future, especially as the average BMI for both groups fall into the overweight category.

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	AHC Completed (n=44)	AHC not Completed (n=20)
<b>Mean BMI</b>	26 kg/m <sup>2</sup>	25.5 kg/m <sup>2</sup>

Of those on an end-of-life pathway before they died, a higher percentage had not had an AHC completed. This is also true of those who had a completed ReSPECT document. This may be explained by the higher percentage of those without an AHC dying in hospital where ReSPECT documents and end-of-life pathways are more commonly used as demonstrated later.

On an End-of-Life Pathway	AHC Completed (n=44)	% AHC Completed	AHC not Completed (n=20)	% AHC not Completed
<b>Total</b>	26	59%	17	85%
<b>&lt;1 week</b>	13	50%	8	47%
<b>1-4 Week</b>	8	31%	<5	xx%
<b>1-6 Month</b>	<5	xx%	<5	xx%
<b>6+ Month</b>	<5	xx%	<5	xx%

Place of Death	AHC Completed (n=44)	% AHC Completed	AHC not Completed (n=20)	% AHC not Completed
<b>Usual Residence</b>	20	45%	7	35%
<b>Hospital</b>	24	55%	12	60%
<b>Hospice</b>	0	0%	<5	xx%

	AHC Completed (n=44)	% AHC Completed	AHC not Completed (n=20)	% AHC not Completed
<b>ReSPECT Document Completed</b>	34	77%	16	80%

#### Learning identified from the reviewers:

Reviews are often done solely by nurses and allied health professionals, and there is no time spent with the GP, which is an essential part of the AHC process. Completed reviews can also appear to lack documentation of the conversations happening at the review, giving voice to the person, and showing the quality interactions happening during an appointment. As such an AHC can appear to be used as a “checklist” exercise. More thorough documentation would demonstrate the work being done and better example the quality of AHC. Primary care needs to increase the uptake for those with mild learning disability diagnosis as they are more to be overlooked.

Coordination of care to include chronic condition reviews (e.g., asthma and diabetes etc) may be beneficial in the holistic assessment and planning for a person's wellbeing.

## 10.2 Health Action Plans (HAP)

A HAP identifies a person's health needs and how best they can be managed, including what the person needs to do, who will help and when this will be reviewed. Completing and providing a HAP is an essential part of a good quality AHC. A HAP is expected to include information such as:

- Health promotion activity
- Weight monitoring
- Referrals to community health, social care, acute and specialist services
- Pain management
- Sight tests
- Dental checks
- Advanced care plan
- ReSPECT paperwork

The person needs to be given a copy, as well as shared with any carers or home environments which may support them. The practice should then scan a copy into the electronic record.

Of the 44 completed reviews where there was an AHC in the last year of their life, 25 (57%) had evidence of a HAP in place. The information from data collected by the Primary Care Team for HAP completion in 2022/2023 is very different as seen in the table below. It is important to again note that LeDeR reviews have been completed this year for deaths as far back as 2018. As such current performance in some categories, such as HAP, is hard to measure as it doesn't consider the year-on-year improvements. For example, compared to this year's primary care figure of 70%, in 2021/2022 only 56% had a HAP.

Locality	No on Learning Disability Register	No of HAP completed	Percentage
<b>Great Yarmouth and Waveney</b>	1734	1276	74%
<b>North Norfolk</b>	1131	920	81%
<b>Norwich</b>	1467	841	57%
<b>South Norfolk</b>	1371	955	70%

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<b>West Norfolk</b>	980	679	69%
<b>Total</b>	<b>6683</b>	<b>4671</b>	<b>70%</b>

**Learning identified from the reviewers:**

A completed HAP is difficult for reviewers to assess, as they are often demonstrated in the notes in different ways. Ideally a HAP will be created in the style of care plan with an identified need, the desired goal and then the SMART actions needed to achieve this. These will then be put onto one document which is shared with the person, any carers and a copy uploaded to their clinical notes. This is rarely seen by reviewers and evidence of a HAP is often seen in actions demonstrated as per the AHC consultation notes, for example a referral to the SALT team. Primary Care agreeing to use a HAP template for across the ICS would be hugely beneficial. This would standardise practice for quality purposes and support its use across other services, for example dietetics and SALT.

### 10.3 Screening

It is of note that we often only receive the last 3 years of primary care notes for a review; therefore, our knowledge of historical screening is limited. So, to give as accurate portrayal of current practice as possible we have only included people who were eligible for the screening at the time of their death in the below analysis.

#### 10.3.1 Abdominal Aortic Aneurysm (AAA) Screening

AAA screening is a way of checking if there's a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through the abdomen. Screening for AAA is offered to men after they turn 65. Of the 5 reviews with these eligibility criteria, none had evidence of a AAA screening being offered, despite 3 having had an AHC in their last year of life.

#### 10.3.2 Cervical screening

Cervical screening is offered to all those with a cervix aged 25-64 years. Invitations should be sent every 3 years up to the age of 49 years and every 5 years up to the age of 64 years. Despite the low numbers of cervical screening uptake as seen below, 13 of the 17 reviews evidenced an annual health check in their last year of life.

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### 10.3.3 Breast screening

All people registered with a GP as female and aged between 50 and 71 years should have breast screening offered every 3 years. Breast screening involves use of an x-ray test (a mammogram test) to identify any cancers (when too small to feel) plus any other abnormalities in a breast. Despite the low numbers of breast screening uptake as seen below, 12 of the 16 reviews evidenced an annual health check in their last year of life.

### 10.3.4 Bowel screening

Everyone aged 60-75 years should have bowel screening. A home testing kit is sent to a person's home address every two years to collect a small stool sample to be checked for tiny amounts of blood which could be early signs of cancer. Of the 20 reviews, 12 evidenced an annual health check in their last year of life.

The table below shows engagement with national cancer screening programmes. Bowel cancer has the highest percentage of eligible people screened, of all three. This could be because it is the least invasive and can be done at home without having to attend an appointment. Cervical screening had the worst performance from screening of the reviews from 2022/2023. The refusal rate for this intervention was similar to breast cancer screening. The number of eligible people not invited for cervical screening is the highest percentage of the three programmes. Anecdotally reviews have shown health care professionals deciding screening is not appropriate as the person is not sexually active, and therefore deemed to be a low risk.

Attendance	Bowel (n=20)		Breast (n=16)		Cervical (n=17)	
	Number	%	Number	%	Number	%
<b>Did not Respond</b>	9	45%	<5	xx%	<5	xx%
<b>Not Invited/Offered</b>	<5	xx%	<5	xx%	5	29%
<b>Screened</b>	9	45%	6	38%	<5	xx%
<b>Refused</b>	<5	xx%	6	38%	6	35%

#### Learning identified from the reviewers:

Reviewers felt that more needs to be done to promote the cancer health screening programme, increase uptake and refer for early intervention and treatment as may be indicated. The value of AHCs in the uptake of cancer and other screenings cannot be underestimated, and the appointment should be used to try and engage the person in all the screening programmes they are eligible for. The Mental Capacity Act (MCA) should be used when someone declines screening for themselves or if someone

attempts to decline on their behalf. Also, use should be made of support such as the community Learning disability teams where appropriate to support understanding and attendance.

#### 10.4 Vaccinations

New data collection this year has enabled a closer look at the uptake of pneumonia vaccines for those eligible. Chapter 25 of The Green Book of Immunisations<sup>15</sup> states which comorbidities meet the eligibility criteria for the vaccine. Despite recommendations from the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD) report<sup>16</sup>, Learning Disability is still not included in this.

Of the 26 reviews, where the persons cause of death was a pneumonia, 23 (88%) would have been eligible for a pneumonia immunisation. This is either due to their age or meeting the current high-risk criteria according to the green book. Of these 23 reviews, only 3 had evidence of having a pneumococcal vaccine, meaning 87% didn't.

The influenza ('flu') vaccine is a safe and effective vaccine. It is offered every year by the NHS to help protect people at risk of flu and its complications. The flu vaccine is offered to everyone aged 65 and over and everyone under 65 years of age known to have a medical condition (including children and people with a learning disability) that puts them at risk of flu complications.

Uptake of the flu vaccine was much better, with 72% ( $n=52$ ) of all completed reviews having evidence that the person had a flu vaccine regularly. 37 (71%) of those immunised had attended their annual health check (AHC) within the year before they died. This is in contrast with only 35% ( $n=7$ ) who had not had a regular flu vaccine, highlighting the importance of AHC on public health initiatives and preventative care.

The COVID-19 vaccine is a safe and effective vaccine and began distribution from December 2020. Those with a learning disability and associated co-morbidities were highlighted as being more at risk from severe COVID-19 complications and, as such, fell into the priority groups for being offered the vaccine.

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<sup>15</sup><https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25>

<sup>16</sup><https://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>

The first vaccines were rolled out in January 2021. 63 of the 72 completed reviews had a date of death after the COVID-19 vaccine roll out. Of those 63, 57 (90%) had had at least one dose. A second dose followed, with uptake starting towards the end of March 2021. 61 of the 72 completed reviews had a date of death after this time and 54 (89%) of reviews had evidence of the person having had the recommended 2 doses. A third dose was offered from the beginning of October 2021. 55 of the 72 completed reviews had a date of death after this time and 42 (76%) of reviews had evidence of the person having had the recommended 3 doses.

**Learning identified from the reviewers:**

Pneumonia vaccine uptake continues to be very poor amongst those who are currently eligible, and deaths from pneumonia are consistently the most common. Annual Health Checks (AHC) are an ideal opportunity to correctly identify someone as being eligible for a pneumonia vaccine. There is a clear willingness to engage in vaccination programmes from those with a learning disability, looking at the uptake for the flu and COVID vaccines. However, all declines to vaccines should consider the MCA for best practice including a robust capacity assessment and a best interest decision if appropriate.

### 10.5 Obesity/Weight Management

When a person carries excess weight or body fat it can affect their health. Evidence shows that people with learning disabilities are more likely to have poor diet and are more likely to be underweight or obese than people in the general population<sup>17</sup>. The Body Mass Index (BMI) is a measure that uses a person's height and weight to calculate whether their weight is healthy. BMI should be used with caution for those with learning disabilities as certain co-morbidities can impact someone's weight such as chronic constipation. It can also be difficult to accurately capture measurements for people with an atypical body shape or poor posture (postural kyphosis) which are more common with persons with a learning disability. The BMI tool is currently the most used and acceptable measure of weight and health, but some other options could include waist circumference or measuring a fold of skin. BMI categories can be seen below:

- <18 is underweight.
- Between 19 and 24.9 is healthy.
- Between 25 and 29.9 is overweight.

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<sup>17</sup> <https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance>

- >30 is obese.

Being underweight (malnourished) or overweight raises the risk of serious health problems and is known to have a direct impact on the person's quality of life. The table below shows the outcome and analysis of data of BMIs recorded for the 64 adult reviews.

Gender	BMI (kg/m <sup>2</sup> )									
	<18	%	19-24	%	25-29	%	>30	%	Unknown	%
<b>Males (n=35)</b>	<5	xx%	16	46%	7	20%	<5	xx%	5	14%
<b>Females (n=29)</b>	<5	xx%	10	34%	6	21%	8	28%	2	7%
<b>Total (n=64)</b>	6	9%	26	41%	13	20%	12	19%	7	11%

In the 64 completed adult reviews both men and women mostly had a healthy BMI recorded. In men, this includes a higher percentage in the 19-24 than even the overweight and obese categories combined. For women however, a higher combined percentage were overweight or obese. There were also more women who were underweight than men. Reviewers identified that being overweight or obese was a common issue amongst people with a learning disability and this is complicated by diet, poor mobility and/or wheelchair dependency.

#### Learning identified by reviewers:

AHC and HAP need to be utilised to support people maintaining a healthy weight. Reviewers too often see weight highlighted as an issue, with no intervention or follow up to review progress. There needs to be earlier and more robust management at primary care level. Including referral to specialist dietician services to be utilised when needed. Supported living and care home environments need better staff training and a shift in focus to support better nutrition and build more exercise into social activities. Care commissioners should focus on weight management as a quality indicator and pick this up during quality visits and in reviewing provider performance.

### 10.6 BMI and Psychotropic Mediations

Psychotropic medicines are used for psychosis, depression, anxiety, sleep problems, epilepsy and sometimes given to people because their behaviour is seen as challenging. Weight gain can be associated with use of psychotropic medicines including

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antidepressants, mood stabilizers and antipsychotic drugs<sup>18</sup>. Of our completed adult reviews, 59% ( $n=38$ ) had evidence of psychotropic medications being prescribed.

It is suggested that patients with a BMI of 25 or over should be regularly reviewed and where appropriate, supported to stop or reduce psychotropic medicines. In all our adult reviews recorded as being on a psychotropic medication, 29% ( $n=11$ ) had a BMI considered overweight or obese.

Long term psychotropic use with epilepsy is expected. This is often a first line treatment and effectively managing epilepsy is essential at avoiding SUDEP. However, 64% ( $n=7$ ) who were prescribed psychotropics, had them for a mental health condition or to support in behavioural management, and 71% of those ( $n=5$ ) had been on psychotropics for over 5 years.

### 10.7 Stopping Overmedication of People with a Learning Disability (STOMP)

STOMP<sup>19</sup> is about helping people to stay well and have a good quality of life by stopping the overuse of medicines for those with a learning disability, mainly comprising psychotropic medicines.

58% ( $n=22$ ) had a psychotropic prescribed due to an epilepsy diagnosis and the overwhelming majority of these cases (68%  $n=15$ ) has been prescribed them for over 10 years, as expected with a chronic condition. The reviews evidenced that 91% ( $n=20$ ) had a regular medication review.

42% ( $n=16$ ) had a psychotropic prescribed due to a mental health diagnosis and/or for behaviour management, only 56% ( $n=9$ ) had evidence of a regular medication review, which is markedly lower than those prescribed psychotropics for epilepsy.

29% ( $n=11$ ) had multiple psychotropics prescribed for multiple diagnosis. Mostly this was a diagnosis of epilepsy with a mental health condition and/or behaviour management.

Most people prescribed psychotropics had a moderate learning disability, followed by severe and then mild. The table below shows the findings from completed reviews.

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<sup>18</sup> [https://www.bap.org.uk/pdfs/BAP\\_Guidelines-Metabolic.pdf](https://www.bap.org.uk/pdfs/BAP_Guidelines-Metabolic.pdf)

<sup>19</sup> <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

Learning Disability	Mild	Moderate	Severe	Profound	Total
<b>Psychotropics prescribed</b>	7	17	13	<5	38
<b>Percentage</b>	18%	45%	34%	xx%	

#### Learning from the reviewers:

An AHC is an excellent opportunity to review a person's medication. With proper preparatory work with the person and/or their carer you can get a picture of how medication is being used, especially "as required" medication that may not be managing a chronic condition. Reviewers found psychotropic medications used for epilepsy were very well reviewed by the epilepsy team. However, medications used for mental health conditions or for behaviour management were not. A Norfolk and Waveney strategy for STOMP would be a welcome step to imbed its principles into all prescribing.

### 10.8 Mental Capacity Act (2005) Assessments and Restrictive Legislation

Mental Capacity Act (MCA) assessments are applied to people aged 16 years and over. The aim is to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. The MCA covers a wide range of decisions such as day to day decisions on what to wear, personal care, where to shop, to significant and serious life-changing decisions such as changing homes, major surgery, and financial management.

The MCA states<sup>20</sup>:

- Assume a person has the capacity to make a decision themselves, unless it is proved otherwise.
- Wherever possible, help people to make their own decisions.
- Do not treat a person as lacking the capacity to make a decision just because they make an unwise decision.
- If you make a decision for someone who does not have capacity, it must be in their best interests.
- Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms.

It is expected that all our reviews for people over the age of 16 would have required a capacity assessment at some point in their care. From the reviews 72% ( $n=46$ ) had evidence of a capacity assessment being completed. This year we were also able to

<sup>20</sup> Section 1 of <https://www.legislation.gov.uk/ukpga/2005/9/contents>

document those where adherence to the MCA was variable, which accounted for 29% ( $n=12$ ) of reviews. Only 6 reviews had no evidence of a capacity assessment having been completed at all.

#### Learning from Reviewers:

Compliance with the MCA is largely variable; with quality and accuracy of documentation being the most identified problem by reviewers. This was most apparent in acute settings. Improvement is needed to demonstrate a robust capacity assessment and best interest decision making. Both to evidence good practice but also to give voice and representation to the person being discussed. An Independent Mental Capacity Advocate (IMCA) should be a better utilised service. It is expected that a referral should be made for any non-emergent capacity assessment where advocacy is needed. Reviewers see multiple missed opportunities for this. IMCA commissioners could also look at quality requirements for the service. For example, the time taken for an IMCA assessment and the need for a face-to-face meeting with the person before a decision is made.

### 10.9 Deprivation of Liberty Safeguards (DoLS)

DoLS ensure people who cannot consent to their care arrangements (i.e., in a care home or hospital) are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interest. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS. This safeguard is also appropriate if a person lives in supportive living or in their own home and is under 'continuous supervision and control'. The point of the authorisation is the same as in a care home or hospital, and the same criteria apply. However, the process is slightly different. Most reviews highlighted that DoLS had not been used when it was required to safeguard a person's liberty.

DoLS Used	Number	Percentage
<b>Yes</b>	20	31%
<b>No</b>	33	52%
<b>Variable</b>	<5	xx%
<b>Not Applicable</b>	9	14%

### 10.10 End-of-Life Care

End-of-life care is also referred to as palliative care or advanced care planning. It involves conversations between people with learning disabilities, their families, and carers and those supporting them about their future wishes and priorities for care.

Out of all the completed reviews, 43 (60%) had evidence of the person being on an end-of-life pathway before they died, however the length of time varied from a couple of days to over 6 months. A higher percentage of people who died on an end-of-life pathway, died in the acute setting.

End-of-life Pathway	Place of Death					
	Acute	Percentage	Usual Residence	Percentage	Hospice	Percentage
<b>Yes</b>	26	60%	15	48%	<5	xx%
<b>No</b>	14	35%	14	48%	<5	xx%

However, from all the completed reviews, most people died in the acute setting. Second highest was the persons usual residence including private residences and residential services. As with last year, we had a very low number of people dying in hospice care with the majority who did being children. There is no data available to indicate whether people's wishes were observed in all settings.

Place of Death	Number	Percentage
<b>Acute</b>	40	56%
<b>Usual Residence</b>	29	40%
<b>Hospice</b>	<5	xx%

#### Learning from the reviewers:

More people are dying in hospital than anywhere else, despite this not always being their preference. We have seen some excellent examples of care from residential homes, in supporting people to die at home. Also there have been examples of carers working in the acute setting when someone is at end-of-life to reassure and comfort them when care at home is not possible. However, there were also many examples of late admissions to hospital which potentially could have been avoided by better provision of collaborative end-of-life care.

Earlier referrals to palliative care and implementation of an end-of-life care plan would aid in symptom control for the deteriorating patient. Especially pain management, which poses extra challenges for care staff due to the lack of parent and/or carer advocacy, variability of communication and interpretation of pain indicators. Seizure management poses a challenge in community end-of-life care, which has been distressing for the person and their carers. Closer involvement with specialist epilepsy teams and those planning a person's end-of-life care could improve seizure management and react quicker to any deterioration.

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We continue to see a lack of confidence in residential services (including care homes and supporting living) in supporting people to die in their home. More robust care plans and symptom management plans would help carers respond to symptoms and identify when escalation is needed. Better training for staff would also be beneficial in building knowledge and competence. Discharge planning from acute settings also needs improving, especially when a person is being discharged on palliative care. Better liaison is needed between the discharging team and the residential home to ensure they are equipped and prepared to deliver good end-of-life care.

### 10.11 Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

The Recommended Summary Plan for Emergency Care and Treatment<sup>21</sup> (ReSPECT) process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. It would be reasonable to expect everyone who we reviewed to have had a ReSPECT form in place, when they died. Out of all the completed reviews 53 (74%) had evidence of a completed ReSPECT document at the time of their death, with most having died in hospital (62%). As previously mentioned, ReSPECT is a discussion which should happen as part of the AHC. According to reviews, 64% of those who had a ReSPECT document completed, had attended an AHC in the last 12 months of their life. Of the 43 people who were on an end-of-life pathway, 93% had a ReSPECT form completed. This is compared to only 45% of those who were not on an end-of-life pathway.

#### Learning from the reviewers:

ReSPECT document completion is often seen by reviewers however the quality and utility of these forms is not good and too often completed in hospital soon before the person dies. ReSPECT document education and training should be a focus for Norfolk and Waveney. Providers should support wider registered health care professionals becoming competent in completing and signing off ReSPECT forms, including registered staff in nursing homes and GP practices. Proper training will increase the number of staff able to complete the form, but also open it up to staff who know the person well and better able to advocate for their wishes.

### 10.12 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

The guidelines state that it is good practice for decisions about DNACPR to be clearly communicated to all those involved in the patient's care. It is important that healthcare professionals, patients, families and those close to patients understand that a

<sup>21</sup> <https://www.resus.org.uk/respect/respect-healthcare-professionals>

DNACPR decision applies only to cardiopulmonary resuscitation (CPR) and not to any other element of care or treatment. A DNACPR decision must not be allowed to compromise high quality delivery of any other aspect of care. Out of all the completed reviews 52 (72%) patients had a DNACPR order in place before they died, with 66% of these being deemed appropriate according to the evidence available.

**Learning from the reviewers:**

DNACPR are seen in most reviews. This is likely due to high number of acute deaths, however with an increase in properly planned community care we may see a similar, if not a higher, percentage. Most DNACPR were seen as being appropriately put in place, however documentation of the decision-making process is often poor, including use of an IMCA, inclusion of those who know the person well and use of the MCA.

**10.13 Reasonable Adjustments**

Making reasonable adjustments is a statutory duty under the Equality Act 2010. This states that all health and social care providers must make reasonable adjustments to remove any barriers, physical or otherwise, that could make it difficult for disabled people to use their services or prevent them from using them altogether.

A lack of reasonable adjustments can be a significant barrier to accessing healthcare and healthcare settings. Reasonable adjustments are not just stand-alone interventions and are woven into people’s daily care and support. Below are highlighted some of the themes seen in reviews, regarding good provision of reasonable adjustments and where practice needs improvement. Looking at the reviews examined, reasonable adjustments fell into multiple themes, which were either accommodated or not, and are summarised in the tables below.

Theme	Examples of good use of reasonable adjustments
<b>Adapted Access</b>	<ul style="list-style-type: none"> <li>• Environmental controls such as side rooms and admitting straight to wards to avoid A&amp;E.</li> <li>• Extended appointments to build relationships and encourage engagement.</li> <li>• Face to face appointments and home visits from primary care.</li> <li>• Use of hospital passports.</li> <li>• Acute Learning Disability Liaison Teams.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Provision of communication care plans.</li> <li>• Adapted communication which meets individual needs.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Easy read communication to support with decision making.</li> <li>• Easy read information to support self-management.</li> <li>• Time allowed for processing.</li> </ul>
<b>Familiar Carers</b>	<ul style="list-style-type: none"> <li>• Parent/carers are supported to stay with their children while admitted.</li> <li>• Using care staff to support with end-of-life care.</li> <li>• Involving familiar carers in best interest decision making.</li> <li>• Allowing community care staff into the acute care environment.</li> <li>• Staff are encouraged to attend appointments with people for support and advocacy.</li> </ul>
<b>Bespoke Care</b>	<ul style="list-style-type: none"> <li>• Collaborative needs-based care planning.</li> <li>• Good response to soft signs of deterioration.</li> <li>• Balancing of deprivation of liberty and risk assessment to make a best interest care plan.</li> <li>• Care provision commissioned based on what is best for the person.</li> <li>• Paediatric hospice provision.</li> <li>• Additional provision of 1:1 support where necessary to keep someone safe in the short term.</li> <li>• Support for people to meet their goals and aspirations.</li> </ul>
<b>MCA Principles</b>	<ul style="list-style-type: none"> <li>• Good and appropriate documentation of the MCA process and decision making by the ALDLT.</li> <li>• Involving IMCA where no advocacy is available.</li> <li>• Involving people in decisions made about them, using adapted means to communicate.</li> </ul>

Theme	Examples of poor use of reasonable adjustments
<b>Adapted Access</b>	<ul style="list-style-type: none"> <li>• No admission plans to avoid busy and distressing environments which can impact concordance with care.</li> <li>• Poor time allowance for someone to process instructions given for diagnostic imaging.</li> <li>• Lack of preparatory work to reduce stress and encourage engagement with interventions, for example blood tests and cancer screening.</li> <li>• Lack of appropriate equipment in acute settings to meet needs, for example hoists and adapted scales.</li> <li>• Inflexibility in prioritising face to face assessments for those at higher risk of diagnostic overshadowing.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Lack of inclusion for people in decision making about their care.</li> </ul>

	<ul style="list-style-type: none"> <li>• Lack of adapted communication to aid and assess understanding.</li> <li>• Services not using or not having communication plans for people, which disadvantage people being invited to appointments or learning how to self-manage chronic conditions.</li> </ul>
<b>Familiar Carers</b>	<ul style="list-style-type: none"> <li>• No familiar carers provided during admissions by the person's home.</li> <li>• Acute hospitals not prioritising a small group of ward staff working with a person to help build trust and relationships.</li> </ul>
<b>Bespoke Care</b>	<ul style="list-style-type: none"> <li>• Personalised homecare packages have been difficult to put in place due to housing availability and available of suitable residential services.</li> </ul>
<b>MCA Principles</b>	<ul style="list-style-type: none"> <li>• Limited use of advocacy services.</li> <li>• Poor adaptive communication to best inform a person and assess understanding.</li> <li>• Best interest meetings may not always need to be strictly formalised, but documentation is required to evidence the work.</li> </ul>
<b>Service Availability</b>	<ul style="list-style-type: none"> <li>• Referral opportunities are missed for specialist learning disability and other universal services.</li> <li>• Follow up for missed or declined screening appointments is lacking.</li> <li>• People are not added to learning disability lists so not invited for annual health checks.</li> <li>• Availability of respite facilities that can meet the needs of people with complex health needs is poor.</li> <li>• Quality monitoring of residential services can be limited and lead to poor outcomes.</li> </ul>
<b>Diagnostic Overshadowing</b>	<ul style="list-style-type: none"> <li>• Services not considering a person's vulnerabilities when setting a threshold to consider neglect and other abuse.</li> <li>• Recognition of the menopause for women with learning disabilities is poor.</li> <li>• Use of telephone assessments, even with carer support is not ideal when properly assessing an unwell person who may be unable to properly express what is wrong.</li> <li>• Inappropriate use of non-adapted measurement scales including pain and impairment of consciousness.</li> </ul>

Use of reasonable adjustments is variable across the different reviews examined for this section. There is also evidence of variability within the same reviews and some cases showed evidence of multiple adjustments to make services more accessible and a lack of adjustments which have created barriers for people to access the care they need. It is notable that more reviews demonstrated no examples of missed reasonable adjustments than reviews where no reasonable adjustments were seen. Overall,

there is definitely evidence of more use of reasonable adjustments than not. The table below shows the numbers of reviews with evidence of reasonable adjustments being made and reasonable adjustments being missed.

Theme	Number of reasonable adjustments seen	Number of reasonable adjustments required
<b>Adapted Access</b>	25	17
<b>Communication</b>	19	12
<b>Familiar Carers</b>	24	<5
<b>Bespoke Care</b>	22	<5
<b>MCA Principles</b>	5	8
<b>Service Availability</b>	0	13
<b>Diagnostic Overshadowing</b>	0	5
<b>None</b>	6	26

#### Learning from reviewers:

Reasonable adjustments are hard to measure as each person's needs are different. Some are very clear and obvious whereas others are subtle. Overall, there was a prevalence in reasonable adjustments being used. This was predominantly led by learning disability specialist staff in acute and community settings. The value of these colleagues cannot be underestimated and is evidenced in the reviews. The best way to identify and communicate what adjustments are needed is by having updated care plans such as hospital passports, health action plans and ReSPECT forms. These should be electronically added to someone's file where possible.

## 10.14 Staff Training

### 10.14.1 Restore2™

Delayed recognition of deterioration is an area impacting on the quality of care. 'Train the trainer' in Restore2™ tool has been delivered to 15 people in the community learning disability teams across Norfolk and Waveney. From here the community learning disability team achieved its target of delivering this training to all care staff by 2023. Restore2™ is a tool designed to support care staff and health care professionals to:

- Recognise when a person may be deteriorating or is at risk of physical deterioration.
- Act appropriately according to the person's care plan to protect and manage them.
- Complete a set of physical observations to inform escalation and conversations with health professionals.

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- Contact the most appropriate health professionals in a timely way to obtain the right support.
- Provide a concise escalation history to health professionals to support their professional decision making.

#### 10.14.2 ReSPECT

All LeDeR reviewers have undertaken Level 3 ReSPECT training over the last year to ensure they are fully equipped to assess the quality and completeness of the forms we see, and the process undergone to complete them. As a major initiative for admission avoidance, Norfolk Community Health and Care NHS Trust (NCH&C) commenced ReSPECT Level 3 Education in 2020. This education package needs to be underpinned with comprehensive and on-going clinical support and governance. This would help prepare both competence and confidence in those registered clinicians wishing to hold ReSPECT conversations and complete ReSPECT documentation with the people they support, including those with a learning disability and/or autism.

In 2022/2023, the team delivering the training has supported 78 clinicians to complete this training, from across the ICS including primary care, social care, community services and the acute setting. It is hoped further sessions will be commissioned into 2023/2024 to continue this work.

#### 10.14.3 Knowledge Anglia

A QR code has been shared below where providers can access resources to evidence based health and wellbeing from our NHS website [Care Providers \(knowledgeanglia.nhs.uk\)](https://www.knowledgeanglia.nhs.uk)



## 11. Safeguarding

Reviewing the deaths of people known to have a learning disability and/or people with autism helps identify avoidable factors that lead to early deaths and supports services to improve their quality of care. This is a major step forward towards tackling inequalities within health and social care provision. As part of the review process, safeguarding is always a consideration and forms the

foundation for any case discussions the team has. The national LeDeR policy provides a robust governance process for safety and abuse concerns to be highlighted, and the Norfolk and Waveney team has been structured to meet this.

A review will often be presented at multiple panels for Quality and Assurance checks and sign off. This allows the multi-agency panel the opportunity to go beyond the remit of LeDeR and promote challenge, assurance, and service improvement. In addition, this year the team has structured its local arrangements through guidance co-authored with the ICB designated safeguarding team and the Norfolk Safeguarding Adults Board (NSAB).

This has proceeded the agreement of appropriate safeguarding training and supervision for the LeDeR Team as per the collegiate document<sup>22</sup> and a structured process for referring for Safeguarding Adult Reviews (SAR). More recently, with the formation of the ICS Learning from Death Forum, the Senior Nurse Manager and LAC for the LeDeR programme will be presenting the findings of reviews every quarter to share key learning with representatives from the wider NHS providers and the ICB's Safeguarding Team. Over the last year our team has made three referrals for a SAR, following the agreed process. For LeDeR, the basis for a SAR is to learn lessons from particularly complex or serious safeguarding adult cases, where an adult has died, and abuse or neglect has been suspected. If the referral is accepted a detailed review is undertaken and, recommendations are made to change or improve practice and services.

#### **Learning from reviewers:**

A general theme in all safeguarding referrals was the impact of poor collaborative working between services and professionals on a person's treatment and outcome. Also noted was poor use of the MCA in decision making for life changing interventions and procedures. Lastly was the provision of appropriate residential care in the community which protected the person from harm and met their basic care needs.

## **12. Examples of Lived Experiences**

This section is about the stories of people who have died. They have families and friends who cherished their lives and whose deaths will never be forgotten by their loved ones. Therefore, we are sharing some of the stories and experiences from completed

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<sup>22</sup><https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

reviews. This information has been provided by family members or carers who knew the person well. The details have been anonymised and names changed to further protect their identities.

**Samantha** was a 34-year-old woman who lived at home with her family. Samantha liked horse riding and listening to music. She loved being with people and had a very busy social life, which unfortunately was impacted by the pandemic. Samantha had a very loving and involved family who adapted to keep her occupied and busy, but the isolation was hard for her to understand. Samantha had very complex chronic health needs which were managed both locally and with specialist teams at a tertiary centre. Samantha and her family had very different experiences of care between these environments. At the tertiary centre Samantha would often be given a side room to avoid the busy ward environment which she would find distressing and her family were also accommodated so they could stay with her, giving her an advocate and the reassurance of a loved one.

Locally Samantha's care was less well managed. There were difficulties for Samantha's family in getting appropriate housing solutions to meet her needs as well as issues in sourcing home care to fulfil her Continuing Health Care package. Sourcing appropriate equipment and consumables, which Samantha was prescribed to prevent ill health, was very difficult as this was not part of a commissioned service. Neither was their sufficient respite provision that could meet Samantha's complex health needs locally, meaning long waiting lists to attend.

**Angela** was a 19-year-old young lady who lived with her parents. Angela attended college three days per week and was supported via her Personal Health Budget to attend multiple clubs and groups. Angela liked the theatre and was learning braille. Angela had recently transitioned to adult services, which had been problematic. Most notably was a lack of coordination between the wide-ranging services that supported her. This caused delays in provision of care and duplication. Positively however, when the learning disability community nurses accepted the case, it appeared to join up some provision which improved things.

Angela also benefitted from the work of the Acute Learning Disability Liaison Team (ALDLT), who supported her with an emergency admission plan, supported her clinicians with best interest decision making and discharge planning and other reasonable adjustments such as a quieter side room. Also, despite having turned 19, Angela's end-of-life care was on the paediatric ward where she was familiar and knew the staff. Angela also had the support of a condition specific specialist nurse from a charity organisation. They were involved in supporting Angela and her family on almost a daily basis, even at weekends and advising health professionals, participating in therapy sessions and best interest meetings.

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**Jacob** was an 81-year-old gentleman who lived in a residential care home. He loved nature and attended a farm day centre before the pandemic. He also enjoyed arts and crafts, getting out on the bus, and was described as having a great sense of humour.

Jacob had an excellent experience of care. His GP practice were very responsive to his needs, for example continuing with reasonable adjustments such as home visits, even during the COVID-19 pandemic. His care was proactive, and clinicians were aware of the risk of diagnostic overshadowing due to the impact of his limited communication, so in one case they ordered additional imaging for a minor ailment to rule out anything more serious.

Jacob had a few admissions to hospital in the last year of this life, and thanks to the meticulous work of the ALDLT, the Mental Capacity Act (MCA) was used well to make appropriate best interest decisions where Jacob's voice was heard. His ALDLT involved his community teams including the dieticians who knew him well and supported the collaborative care planning that happened.

**Christine** was a 69-year-old lady who lived independently, with the support of some close friends and neighbours who she described as being like family. Her neighbours were a huge practical and emotional support for Christine, especially towards the end of her life when she became less able to manage independently. This care ultimately allowed Christine to stay at home for as long as she did which was very important to her. Christine had been married and been widowed. She attended an activity centre twice a week which was a big part of her life and when at home she liked to knit and colour pictures.

Christine had not had an annual health check as he has never been put onto her surgery's learning disability register. However, Christine did have other annual reviews for her chronic conditions. Yet, despite being recognised as vulnerable by those that knew her, Christine was left by district nursing teams to arrange and order various consumables by herself. This was too difficult for Christine who did not understand what was being asked of her, especially as instructions were in letter format and Christine was not able to read or write.

Christine was unknown to the ALDLT until her referral for support at her cancer diagnosis. At her last admission the ALDLT were very attentive with Christine, building a relationship with her and visiting often to reassure her with a friendly face as she did not like being in hospital.

**Harriet** was a 32-year-old woman who lived in supported living. Harriet was very sociable and had close ties with her family who supported her to live as independently as possible. Harriet liked her routine and loved being out and about, meeting friends for a hot chocolate and spending time with her family. She loved life, was very happy and cheerful.

Due to her chronic health conditions, Harriet had regular hospital appointments and admissions. Despite having a hospital passport this was rarely referred to which could be frustrating as Harriet and her family frequently felt they were not listened to. Harriet's personal and skin care was a vital part of her daily routine and essential to keeping her well. This took time to complete, and Harriet could not do it independently, but was viewed as being a low priority for hospital staff. However, Harriet was included in decision making regarding her treatment and family were given open access 24/7 to visit her.

Harriet's GP continued to see her face to face throughout the COVID pandemic and provided information in advance to help her prepare for her annual health check. She was also supported with an appointment before her cervical smear test to prepare her for the procedure.

**Barry** was a 56-year-old gentleman who lived in a supported living environment. He was always laughing and joking with friends and carers, and he loved country music, watching television and spending time with his siblings. Barry had a few hospital admissions in the year before he died. His carers always made sure he went in with his hospital passport which was well used. The ALDLT supported clinical teams while Barry was on the wards and there were excellent examples of the MCA being used properly to make decisions in his best interest and with his voice heard.

It was recognised early that Barry was moving towards end-of-life and a ReSPECT form, and an end-of-life plan were completed early which supported Barry to stay at home and avoid any further hospital admissions, which is what Barry wanted. Barry avoided hospital for 12 months, despite having chest infections and requiring wound management. This was well managed by primary and community care in liaison with the care home. This working relationship continued when Barry died. The care home wasn't overly confident in supporting Barry to die at home, but with the support of the GP they supported his wishes.

**Kathy** was a 57-year-old lady. She had previously been married but was widowed so had moved back in with family. Kathy enjoyed going shopping and especially enjoyed car boot sales. Kathy had attended her annual health checks however management and response to her chronic conditions did not meet best practice and impacted on her health and wellbeing. Both on acute admissions and when at the GP, professional curiosity was lacking in assessing Kathy's safeguarding risk and appropriate referrals were not made.

Advocacy for Kathy was lacking, and this meant her medicines were not appropriately managed, and referrals were not made in response to chronic obesity and poor symptom control. The day before her death Kathy had attended the GP, but due to

diagnostic overshadowing necessary tests were not conducted which may have highlighted earlier, the underlying cause of her death.

**Terry** was a 59-year-old gentleman who lived at home with his family. Terry was described as great fun and a real character. Keeping Terry at home was important to him, and his family and community learning disability teams worked to support this.

The GP practice considered reasonable adjustments to Terry's care and completed home visits, even during the COVID period. They also conducted home visits to explain to everyone end-of-life plans and ReSPECT forms. Terry had attended for his annual health checks but did not have one in the year that he died. However, he had a lot of support from his GP in this year due to his deteriorating health including medication reviews and referrals for specialist support with symptom management.

Terry had a loving family who cared and advocated for him, and they were consulted in many aspects of Terry's care, along with social workers, to come to a best interest decision for procedures in hospital. However, there was little documentation of the use of the MCA and best interest decision making for Terry's vaccinations. There were records of his influenza and COVID vaccinations either being declined or not brought to invitations, with no follow up to explore why and attempt to encourage access to public health initiatives.

### 13. Learning into Action

Once a review has been completed and learning has been identified, the team works with system partners including people with lived experience to make changes to services locally. Locally this is called Learning into Action and has the aim of preventing people dying from something that could have been treated and/or prevented and reducing health inequalities. Every review will generate areas of learning and most follow similar themes. Those which fit into current workstreams are fed into the appropriate working groups. Otherwise, actions are agreed at LIAG and assigned a responsible person. They are recorded on an action log which is reviewed and updated every meeting.

From last year's annual report, a lot of work has been done to respond to what we found and is summarised below. Firstly, there are the projects undertaken by the working groups. Secondly the actions and work undertaken on behalf of the LIAG, and lastly other works completed by the LeDeR team to further the aims of LeDeR within Norfolk and Waveney.

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## 13.1 Working Group Projects

### 13.1.1 LD Dietetic Weight Management Pack Pilot

Weight management was highlighted in last year's annual report so a nutrition working group was established with members representing organisations across the ICS learning disability services. We established there was already an excellent resource provided by the learning disability dietitians, for eligible referrals (Anyone with a BMI >25 with a weight related comorbidities or anyone with a BMI >30). This would be provided to the persons care staff or family with instructions on how to complete but progress was unmonitored and there was no follow up.

The working group wanted to see if more oversight and support using the weight management pack would give better results. The Local Authority Supported Living and Residential Review Team recommended one care environment to take part in a small pilot and 8 eligible residents were identified. The team also agreed to support the work by providing an assistant practitioner to collate progress forms for review.

There is dietitian oversight throughout, with a protocol formulated with safety netting for the provider on support services should they need it, for example SALT and Learning Disability Community Nurses (LDCN). The social prescribing team provided a prescriber to support the work and undertake assessments on all participants to suggest options to support their goals.

Capacity assessments were conducted jointly between an experienced LDCN, working as a reviewer, and the dietitians. Easy read supplements of the workbook and progress forms were reviewed and advised on by Opening Doors and shared with the home, once completed. A half day training package for key staff was completed by the Senior LeDeR Nurse Manager and the dietetic team to explain the pilot and fully inform them on the pack, how to use it and give them the opportunity to ask questions.

Following preparations the pilot began at the beginning of March 2023, with an anticipated 6 months run time. So far, the provider has started "Heathy Eating Meetings" which people are excited about and engaged in. They have been looking at topics including healthy foods, diabetes, and cooking. Sessions are varied have included collage making and use of IT for research as well as their workbooks.

People are becoming more involved in meal planning and cooking, using cookbooks to get ideas. Social prescribing has arranged 2 half an hour fitness classes per week with a personal trainer and Coopers Mill are doing a 3<sup>rd</sup> self-run fitness class. Making 3 per week. Plans are in progress to dig and care for a vegetable patch on the grounds.

The dietitian team attended the provider again in May to give a workshop to vary the programme delivery and help motivate the participants and explain the importance of monitoring measurements such as weights and waist circumference. We had our first monthly feedback meeting in April with feedback forms which do show a weight loss for most participants. Hopefully this trend will continue and if benefit can be shown then a case can be put forward for service change.

### **13.1.2 Residential Services End-of-Life Toolkit**

Supporting residential services was highlighted in last year's annual report to better end-of-life care in the community and allow more people to die in a place of their choice. The end-of-life working group took on a project, to adapt a resource developed in Derbyshire, which had already been recognised as useful for carers, professionals, and families.

The toolkit charts the support available locally from diagnosis, through bereavement and into aftercare. The idea is to give as much information to providers as possible so they can plan and arrange appropriate services are in place to meet the persons need at home where possible.

The group worked with multiple professionals across the system to update and adapt the toolkit to reflect local information. There were also areas that were missing, which were included to better reflect the needs of people in Norfolk and Waveney. The toolkit has been finished and given to the ICB Communications and Engagement team for design and branding. Once complete the toolkit will be rolled out to providers, supported by the local authority.

### **13.1.3 Non-Invasive Long-Term Ventilation (NILTV) Care Pathway**

Following the learning from Cawston Park, the focus of the respiratory working group has been improving NILTV care for people with a learning disability and autism. Locally, only one hospital in our system assesses, prescribes, and manages NILTV and progress here has been largely driven by the ALDLT Matron.

The outcomes of the project included:

- To improve training and education for care providers supporting someone being prescribed NILTV.
- Better care planning, to advise parents and/or carers when to respond to changes.
- Establishing pathways for servicing and consumables replacement.
- Better involvement from learning disability specialist teams.

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Progress has been made firstly by establishing a Multi-Disciplinary Team (MDT) review to include the ALDLT prior to discharge when a person is started on NILTV. A pathway for referring to the dietetic team is in place to review referrals when weight is a factor in the requirement for LTNIV. Education materials have been created by Baywater; a company commissioned by NSHE to develop accessible education materials for another region. The team arranged local focus groups and shared a survey on behalf of Baywater to gain feedback and coproduce localised information. Videos with local teams who would support a person newly prescribed NILTV have also been arranged including the CLDN, ALDLT and the respiratory team.

The respiratory and ALDL teams have created a more formal process for capacity assessments and best interest decision making when there is non-concordance. If a person is to be discharged from the respiratory team because NILTV is no longer a viable option, then suitable planning for end-of-life care is required including the acute and community learning disability teams.

#### **13.1.4 Improving Uptake and Quality of Annual Health Checks (AHC)**

A working group to look at improving AHC was arranged in response to last year's annual report, however its success in engaging primary care was limited. To better use resources, this group was disbanded and the team focused on supporting current pieces of work across the ICB.

Firstly, the health improvement team have been focussing their support on South Norfolk. This has included:

- Outreaching to patients (or their carers) who have not had their Annual Health Check for more than 12 months to support with attendance.
- Contacted 26 surgeries and visited 18 surgeries and trained 11 from South Norfolk and 3 from other localities.
- Called 158 patients from 8 surgeries and called patients who are not responding 2-3 times. Next step is home visits.
- Supporting surgeries with a learning disability register review to ensure its accuracy.
- Engaging care and residential homes to arrange visits to promote best practice and supporting residents with annual health checks.
- Representing AHC at Learning Disability events, including those targeting ethnic minorities.

The LeDeR team have also supported establishing a Point of Care Testing (POCT) Pilot, led by the Primary Care Commissioning Team. Following allocation of some resource from the NHSE Digital Team, a 12-month project was devised to demonstrate that the use of POCT can make every visit to general practice count and lead to improvements in overall patient experience and care for those living with a learning disability. It is hoped that General Practices will undertake the point of care blood tests as part of the AHC with the results available for clinical use shortly after to inform goals incorporated in the HAP.

The LeDeR team supported with clinical advice and the selection of an appropriate device which was done in collaboration with representatives from general practice. The pilot had a fantastic response from surgeries and more than expected signed up to the project. At the end, the team expects to know if POCT improves the quality of AHC and if so, look at how this can be rolled out across the system.

### **13.1.5 Learning Disability Notification of Admission Pathway Pilot**

The acute working group has been focussing on improving the communication between acute and community services who support those with a learning disability including physiotherapy, occupational therapy, dietetics, and SALT. A pathway was proposed based on a model currently working between SALT in the community and one of the hospitals.

The proposed outcome of the pathway is that on admission, during admission and at discharge for someone with a learning disability and/or autism; the sharing of information could be improved to enable a better experience for patient and health care professionals. It would provide up to date care plans to services on admission to support acute teams in assessment and intervention. Also, on discharge so community teams can support continuity of care in the community setting.

By improving discharge planning and care this could reduce “failed discharges”. A communication network could allow a more holistic picture of a person’s experience to identify increasing hospital attendance, known risks, soft signs of deterioration and safeguarding concerns. Also, it could create a good professional network to encourage collaborative working for when MCA and best interest decisions are required.

A draft pathway has been developed between the community services and one acute hospital, once finalised and established this will be introduced to the two other hospitals in Norfolk and Waveney to deliver consistency across our area.

### **13.1.6 East Anglia Children’s Hospice (EACH) Hospital Passports**

A piece of work which came out of a children’s review was considering how best to support an emergency admission from EACH for a young person having respite care. EACH support children and young people from across Norfolk and as such there is the possibility a child may be admitted to the closest hospital from their centre, despite this not being the child’s local hospital. As such they may not be familiar to staff or have an open access arrangement in place.

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A task and finish group was arranged to explore sharing hospital passports and arranging for learning disability flags to be put into the system. It was agreed that it would be useful for every child who lives out of the catchment area of the hospital closest to EACH to have an Emergency Admission Plan and be registered digitally with a learning disability flag. It is hoped this will support staff in meeting their reasonable adjustments on admission, which would like to be through A&E while also notifying the ALDLT.

It was agreed that EACH and the ALDLT would work together to identify which children and young people are from out of area and access respite at EACH. A letter will be sent to each family to invite them to contact the ALDLT, should they wish to share an updated hospital passport and register with the hospital. EACH will also complete an EAP for all their respite children and share this with the hospital to be added to electronic records. In the case of an admission a paper copy will also be sent in with the discharge letter.

### 13.2 Learning into Action Group Work

Not all learning from completed reviews fits into current workstreams, nor is it big enough to warrant it. As such, if an action is identified it is allocated to the most appropriate person. Below is a selection of some of the work which has come out of LIAG in 2022/2023:

- Completing the governance arrangements for LeDeR including Terms of Reference and action plans with easy read versions for experts by experience.
- Establishing a safeguarding process including training needs, a safeguarding record log and supervision arrangements.
- Established close working with mortality leads with agreement for reviewers to attend all SJRs for those with a learning disability and/or autism.
- Working towards a collaborative model for SJRs across Norfolk and Waveney to ensure consistency and quality.
- A joint statement from the acute working group was shared describing concerns regarding MCA and BI use in the acute environment which was escalated to the NSAB who established MCA training led by social care and the ICB designated safeguarding team.
- Work to highlight some issues with the application and assessments of Disability Facilities Grants for those with progressive neurological conditions.
- LeDeR reviewers are now gauging IMCA quality in reviews to enable feedback of problems to the commissioning team.
- Working with ambulance services to confirm practise around DNACPR.
- Ongoing escalations regarding acute discharges and referral quality.
- Working with community healthcare provision to clarify that respite units have updated risk assessments and the current service provision post COVID, to better support families.

- Communicating with the transition networks regarding the importance of current diagnosis coding to protect learning disability registers and access to AHC.
- Supporting work between inpatient mental health wards and acute and community services to look at memorandums of understanding for staff escorting mental health patients into hospitals. This includes MDT practices for complex patients and ensuring annual health checks are completed.
- Noting and sharing of positive practice from reviews including letters to providers to celebrate success.

### 13.3 Other Work

The LeDeR team looks at any opportunity to share the learning from LeDeR and improve services wherever possible. The senior nurse manager has supported many workstreams in 2022/2023, some of which are mentioned below:

- Education sessions for colleagues within the ICS on the 2021/2022 LeDeR annual report including safeguarding leads, Continuing Healthcare Nurses, social care and community learning disability teams.
- University lectures for learning disability nursing students.
- Arranging and chairing the monthly primary care LD leads meeting with a varied training sessions agenda including SEND, Trauma Informed Practice, MCA/LPS, SALT, Portage and C(E)TRs amongst others.
- Supporting with testing for the new LeDeR review proforma on the platform.
- County National Power Outage and Rolling Power Outage Planning Working Group.
- Collaboration to share LeDeR learning with the LA to develop their residential care strategy.
- Liaising with the regional team to look at work in Menopause care for those with a learning disability.
- Providing placement experience for nursing students.
- Attending the regional Reasonable Adjustment and Digital Flag working group.
- Attending the regional Annual Health Check delivery and improvement group
- Attending and presenting learning to the ICB Learning from Death Forum.
- Contributing to the National Learning from Deaths definitions Task and Finish Group for Severe Mental Illness and Learning Disability.

### 13.4 Looking forward to 2023/2024

Some of the workstreams mentioned above will continue into next year and develop in response to any changes. However, from the reviews undertaken in 2022/2023, we know that we need to do more work in the following areas:

- Prevention of respiratory illness through better preventative and dental care.

- Increasing the uptake of screening programmes.
- Improving end-of-life care provision with earlier identification and better symptom management and care planning.
- Improving the quality and uptake in Annual Health Checks and Health Action Plans.
- Better provision in the care market to supply personalised care in a community setting.
- Increasing the awareness of LeDeR for those with autism and increasing our referrals for those who have died.
- Improve the co-ordination of care for people with learning disabilities and chronic health conditions and physical disabilities.
- Improve application of the Mental Capacity Act across our partner organisations.
- More comprehensive completion of ReSPECT documentation by a wider range of trained health professionals.

## **14. Local and Regional Partnership and Collaboration**

### **14.1 Moving towards an Integrated Care Board**

NWICB came into effect on 1<sup>st</sup> July 2022. New governance structures were finalised to support LeDeR delivery across the system.

### **14.2 Working in Partnership**

If you have a learning disability and/or autism, we want you to tell us what your own lived experience is like. We want you to tell us whether what we are doing is making any difference to your life. We want you to tell us if we are not doing enough to make change happen. We will find better ways of asking you, and better ways of listening to what you say. We will use the learning from the LeDeR programme and from your experiences to keep improving and make changes.

Please contact us via these links:

[nwccg.haveyoursay@nhs.net](mailto:nwccg.haveyoursay@nhs.net)

[Facebook](#)

[Twitter](#)

### **14.3 Educating Colleagues and the Future Workforce**

Plans are underway to build LeDeR into the curriculum for all nursing and allied health professional studies at the University of East Anglia (UEA). Programme leads have been very supportive and working collaboratively with the LeDeR senior nurse manager to achieve this. The next step will be to establish similar relationships with the UEA medical school. Following the publishing of every annual report, the LeDeR team tours the ICS to share the learning from last year. So far bookings include talks with services including the Coroners, Norfolk Safeguarding Adults Board, Social Prescribing, Primary Care and community learning disability teams amongst others.

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## 15. Conclusion

The last year has seen a dramatic change in the way LeDeR is delivered in Norfolk and Waveney; with performance, quality and learning into action improving significantly. Review data collation this year has given the team a wealth of information from which to identify what needs to change and what is working well. However, it does represent a reset, and our ability to look at historical trends with any accuracy is limited.

Our work is incredibly well supported by health and social care providers across the ICS. We are also very indebted to the contribution from experts by experience and people with lived experience. Collectively, we have developed many workstreams to action the areas of learning identified last year which have been well received by colleagues.

We continue to see improvements in the uptake of annual health checks, something we will continue to promote and ensure all people with a learning disability from the age of 14 find a benefit to their long-term health and wellbeing. We also have seen really good examples of widespread use of reasonable adjustment to support people to access healthcare.

We will endeavour to explore improving respiratory care and reducing respiratory related deaths, especially pneumonia. We will look to better listen to the voices of those we support through improved use of the Mental Capacity Act and advocacy. We hope to look at care coordination and develop collaborative working in care planning for those with chronic conditions and at end-of-life. We aim to better represent the experience of those with a sole diagnosis of Autism by outreaching into services, raising awareness and supporting more referrals for those who have died.

Lastly, it is important we conclude this annual report by again remembering each death which has been reported. Each referral was for a person from our community, with hopes, feeling and loved ones. It is vital therefore that we continue to use their stories and experiences to improve the service provision for all people with learning disabilities and/or autism across health and social care.

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Agenda item: 09

<b>Subject:</b>	<b>Update on the work of the Norfolk and Waveney Learning from Deaths (LFD) Forum</b>
<b>Presented by:</b>	<b>Dr Frankie Swords, ICB Executive Medical Director Stuart Lines, NCC Director of Public Health</b>
<b>Prepared by:</b>	<b>Teresa Knowles, ICB Senior Nurse / Patient Safety Specialist</b>
<b>Submitted to:</b>	<b>ICB Board</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To provide an update to the ICB Board on the work of the Norfolk and Waveney Learning from Deaths (LFD) Forum which provides assurance that systems are in place to monitor and share our mortality metrics, identifies areas for further investigation, and shares learning from individual deaths, including HM Coronial Regulation 28 notices, across our system.

**Executive Summary:**

- The N&W Learning from Deaths (LFD) Forum met for the first time in February 2023 where the Terms of Reference were approved, a broad membership established and a forward planner for the year agreed. The group meets on a bi-monthly basis and met for the fourth time on 14 September 2023.
- The LFD Forum is formally accountable to the Quality and Safety Committee and provides an annual update to that Committee. It also provides an assurance and escalation report after every meeting to the System Quality Group.
- The purpose and membership of the group as well as a summary of key areas of discussion from the meetings to date are detailed below.

**Recommendation to the Board:**

To note the content of the report.

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<b>Key Risks</b>	
<b>Clinical and Quality:</b>	It is imperative that the ICB understands the themes and reasons behind the deaths that occur in Norfolk and Waveney, to ensure that learning is shared to continuously improve the care provided to our patients and their families and to minimize avoidable deaths and harm.
<b>Finance and Performance:</b>	N/A
<b>Impact Assessment (environmental and equalities):</b>	N/A
<b>Reputation:</b>	N/A
<b>Legal:</b>	N/A
<b>Information Governance:</b>	N/A
<b>Resource Required:</b>	N/A
<b>Reference document(s):</b>	<a href="https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/">https://www.england.nhs.uk/establishing-medical-examiner-system-nhs/</a>
<b>NHS Constitution:</b>	N/A
<b>Conflicts of Interest:</b>	N/A
<b>Reference to relevant risk on the Board Assurance Framework</b>	<b>Principal risk:</b> That people in Norfolk will experience poor health outcomes due to suboptimal care. BAF 1,2,4,6,8,10,11

## Governance

<b>Process/Committee approval with date(s) (as appropriate)</b>	N/A
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## Report

### Update on the work of the Norfolk and Waveney Learning from Deaths (LFD) Forum

#### I Background: How deaths are registered

After a person dies, the doctor who attended the deceased during their last illness is legally required to complete a medical certificate of cause of death (MCCD, often referred to as a death certificate). The certifying doctor must arrange for the MCCD to be transferred to the registrar, and must also advise the informant that the MCCD has been issued.

This MCCD provides a permanent legal record of the fact of death. It also provides the informant with an explanation of how and why the person died, and gives them a permanent record of information about the medical history, which may be important for their own health and that of future generations. The MCCD also enables the family to register the death. Deaths are required by law to be registered within 5 days of their occurrence unless there is to be a coroner's postmortem or an inquest. No onward arrangements can be made by the family, until after the death has been registered.

Information from death certificates is also used to measure the relative contributions of different diseases and conditions to mortality. Information on deaths by underlying cause is important for monitoring the health of the population, designing, and evaluating public health interventions, recognising priorities for medical research and health services, planning health services, and assessing the effectiveness of those services.

#### II Scrutiny of deaths

It is not always possible to issue an MCCD after a death. This may be because the death was unexpected and the person did not see a doctor during the 28 days prior to their death, or because the death was sudden, violent, or if it falls into one of the specific categories of potentially "unnatural" causes. In these cases, the death will be referred to His Majesty's Coronial service.

However, in April 2019, a national medical examiner system was introduced. Medical examiners provide an additional level of scrutiny to all deaths occurring in hospitals which have not been reviewed by a coroner.

The medical examiner is a senior doctor who has not been involved in the care of the patient. They perform an independent scrutiny of the person's records, and speak to the next of kin to determine whether there have been any concerns with the care of the patient before liaising with the doctor directly involved in their care. Only after that discussion can the doctor directly involved issue the MCCD.

The Medical Examiner can flag if they consider that a specific death requires a more in depth analysis. This will generally take the form of a Structured Judgement review

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to look for any areas of learning to improve the care of future patients, or they may determine to make a referral to the Coroner to investigate the cause of death.

This scrutiny is now statutory for all NHS providers and so 100% deaths occurring in acute hospitals across Norfolk and Waveney are now scrutinised by a ME. The ME service is currently being rolled out across all community deaths as well, in preparation for this becoming a statutory requirement expected to be from April 2024.

### **III Duties to learn from deaths**

Nationally, mortality metrics are calculated and published for every acute hospital: the “SHMI” and “HSMR”.

The Summary Hospital-Level Mortality Indicator SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. This is produced by NHS England and takes into account multiple factors. It also includes deaths occurring within 30 days of discharge from hospital.

The Hospital Standardised Mortality Ratio: HSMR is produced by Dr Foster and is calculated on the basis of deaths which have occurred in hospital only. It calculates how many deaths have occurred due to the commonest causes of death in the UK, compared to how many would have been expected to occur for this number of hospital admissions. HSMR is generally felt to be less useful than the SHMI for these reasons.

Both SHMI and HSMR are reported nationally in funnel plots – so every hospital will be scored as “above”, “below” or “as expected”. Trends are important and useful for individual hospitals, and alerts are also be issued where the mortality rate appears higher than expected for a given diagnosis. However, neither of these metrics look at whether an individual case was expected or unexpected or whether it might have been potentially preventable. That can only be detected by an individual review of the case (either by the coroner, or through a local Structured Judgement Review or similar).

All hospital trusts have a responsibility to learn from the deaths of patients admitted under their care. Every hospital has a learning from deaths forum to review their overall SHMI and HSMR metrics, and to put processes in place to review individual cases to identify any learning and in particular whether a death might have been potentially preventable. These reviews are undertaken if a serious incident or complaint has arisen during the care of that patient, and where concern has been raised for example by the Medical Examiner. Trusts will also undertake additional reviews in particular areas, for example most hospitals conduct a full review of the care of every patient who dies during an admission to their intensive care unit. They also perform regular thematic reviews if a local alert is issued or concern raised, for example if there has been a change in the overall number of deaths occurring in a specific area, population group or with a specific clinical condition, or if any concerns

are raised nationally for example following tragic high profile cases which are well reported.

These individual and thematic reviews are undertaken to ensure that learning is shared within the trust. These learning from deaths groups report to their trust boards (typically through their Quality Committees), and learning is also shared at a Regional level across the East of England.

#### **IV The Norfolk and Waveney Learning from Deaths Forum**

The Norfolk and Waveney ICB Executive Medical Director proposed to set up a system wide learning from deaths forum in December 2022. They worked closely with the NCC Director of Public Health to develop this forum with multiple stakeholders. This forum is now bimonthly and has met on 4 occasions to date.

The key aim of the forum is:

To improve the health outcomes of our population with particular focus on those at most risk of health inequalities by learning from the deaths which have occurred across Norfolk and Waveney

The initial areas of focus have been:

To support the implementation of medical examiner process for all community deaths

To share and review public health mortality data and trends, including deep dives into specific vulnerable populations

To share learning and good practice system wide, and escalate any concerns from:

- Individual trust learning from death panels,
- Medical Examiner scrutiny of community deaths,
- Prevention of Future Deaths/ Coronial Regulation 28 reports
- Independent investigations and serious case reviews,
- Child Death overview panels
- Learning Disability Mortality Reviews (LeDeR)

The forum is co-chaired by the Norfolk and Waveney ICB Executive Medical Director and the NCC Director of Public Health. Other members include:

- Public Health Representative – NCC;
- Public Health Representative – SCC;
- Lead Medical Examiner and or Lead ME Officer - JPUH, NNUH and QEH;
- Learning from Deaths / mortality lead or deputy from each provider Trust;
- ICB Executive Director of Nursing;
- ICB Director of Primary Care or other Primary Care representative;
- ICB Senior Nurse / Patient Safety Specialist or appropriate Nursing and Quality Team representative;
- Safeguarding Teams;
- Local Maternity and Neonatal System representative;
- Children and Young People Team representative;

At every meeting, an oversight of system wide and provider trust mortality metrics is reviewed, there is an update on the community roll out of the Medical Examiner programme as well as any themes identified by the ME teams. A review of all new

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and outstanding HM Coronial Regulation 28 Notices is also presented each time with onward escalation to the Quality and Safety Committee as appropriate.

Following the initial meeting, the forum has now developed a rolling programme of deep dives. At each meeting, one provider trust will present a deep dive into their mortality metrics, and any key themes and shared learning from their internal learning from deaths groups. To date, the three acute trusts have now presented with the mental health and community trusts due to present to the next two meetings.

An annual programme of other deep dives has also been developed. To date the following areas have been presented:

#### **IV.I Public Health data and trends in mortality**

- A review of Norfolk and Waveney mortality metrics and trends has been presented by the Public Health team to compare local with national data as well as to explore how mortality is changing over time, what are the leading cause of death, where people are dying, what inequalities exist across our system, other risk factors and high risk groups, and what our opportunities are for reducing preventable deaths.
- A deep dive was requested to specifically explore deaths occurring in people living known to palliative care services following that review. This found that the place of death in N&W is similar to England averages, with an increasing trend for deaths occurring at home (in Norfolk, approximately 50% deaths occur in hospital, 40% at home, 8% in care homes and 2% in hospices for under 75s, approximately 45% in hospital, 35% care home, 30% home, and 5% in hospices for those over 75, with similar proportions for Waveney residents). The proportion of people dying who have had multiple emergency admissions in the months prior to their death is falling and is now lower than the England average, suggesting better recognition and planning for expected deaths. However, demand for palliative care is rising: with an 13% increase across N&W between 2020 – 2030, 35% increase in demand by 2040. The greatest unmet need is currently in younger males from deprived areas with cancer as evidenced by more emergency admissions in this group. This has been shared with the ICB palliative care programme board to support planning of our services.

#### **IV.II Drug and alcohol related deaths, suicide prevention, and mortality in people living with severe mental illness**

- The number of excess deaths associated with severe mental illness (SMI). SMI is now lower than the England average. However, these are much worse in deprived compared to less deprived areas, and 1765 premature deaths occurred in adults with SMI in Norfolk, between 2018-20. This remains a major contributor to the mortality gap in our areas of deprivation, and is strongly associated with emergency department attendances relating to drug and alcohol use and self harm. These represent opportunities to improve clinical care for people with mental health conditions. One aspect of this is through undertaking Physical Health Checks on those living with SMI. Uptake

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of health checks is improving, with approximately 55% complete at the time of the July meeting, against a target for the end of the year of 70%. These data also highlight the importance of lifestyle intervention services to ensure that they meet the needs of people with SMI. This work is being undertaken in collaboration through the Health Improvement Transformation Group.

- The Drug and Alcohol Partnership presented its data and thematic reviews. This explored the drug and alcohol related deaths in Norfolk and Waveney, gender specific misuse and vulnerabilities, alcohol related admissions in our system compared to the rest of England, what the risk factors are for drug and alcohol misuse, ill health, early mortality and disability, as well as near misses and key areas of concern. Best practise for harm reduction was shared, and an overview of existing and planned harm reduction schemes discussed.
- Suicide prevention – The suicide rate in Norfolk was significantly higher than national and regional rates until 2016. That prompted the development of our suicide prevention strategy and data show that suicide rates in our system are no longer significantly higher than the England and East of England rates. The forum received good assurance that we have systems to monitor suicides in real time as well as audits to identify opportunities for intervention. This element is led by the Public Health team, but with multi-agency input, with oversight through the Mental Health transformation programme.

#### **IV.III Learning Disability Mortality Reviews**

- The deaths of all people with learning disabilities should be reported and reviewed in a multiagency fashion through a nationally mandated Learning Disability Mortality Review (LeDeR) process. The aim of this programme is to improve care for people with a learning disability and autistic people, to reduce health inequalities for these people, and to prevent people with a learning disability and autistic people from dying too young. The LeDeR team have presented a deep dive including an overview of case numbers, trends, and themed findings from the reviews undertaken. The governance arrangements of this process have also been reviewed, to ensure that there is clinical and public health input and oversight of the recommendations from this panel in future. The annual LeDeR report was also presented to the forum and directly to the system Quality and Safety Committee. The forum expressed concern that not all people living with LD and autism are necessarily recognised at the time of their death, and so not all of these will be reported. Good systems are in place to report these if the deaths occur in hospital and so the forum has tasked the Medical Examiner team with increasing awareness across community. This should be fully addressed once review of all community deaths becomes statutory from April 2024.

#### **IV.IV Child Death Review panels**

- All deaths occurring in children are also subject to immediate statutory reporting and any immediate actions, followed by local information gathering and investigation which is then reviewed at a multi-agency Child Death Review meeting, with onward governance through the Child Death Overview panel and reporting to the National Child Mortality Database. The ICB learning

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from deaths forum does not seek to replicate this process, but provides a forum to share the learning from these investigations. In the last 12 months, there have been 46 child death notifications in Norfolk, 6 in Waveney. There are two predominant categories of death: those due to congenital chromosomal and genetic conditions; and those associated with extreme prematurity. Recommendations from the neonatal death reviews were shared and largely relate to improved communication. This falls into three categories, ensuring that future parents are fully aware of the impact of certain behaviours on pregnancy outcome; ensuring that parents felt heard when they expressed concerns; and ensuring that teams incorporate professional curiosity into all their interactions with families. The importance of good record keeping was also a theme in these cases.

#### **IV.V Across the remainder of the year, other deep dives which are planned include:**

- Learning from Safeguarding Adult and Children Practice Reviews.
- Maternal and neonatal deaths as well as serious incident / other relevant investigation findings.
- Learning from relevant Mental Health Homicide independent investigations.
- Learning from Community Safety Partnership Domestic Homicide Reviews.
- NSFT deep dive, including any learning from the recently published trust Mortality Review audit
- Learning from recently reported events at the Countess of Chester hospital, (Lucy Letby case)

#### **V Conclusions**

The NHS East of England regional team continues to hold a quarterly Learning from Deaths forum to share learning between NHS providers.

However, the Norfolk and Waveney ICS Learning from Deaths forum aims to bring together a much broader group of system partners to use the learning from deaths occurring anywhere in our system to inform our work with the aim of improving the health outcomes and reducing the health inequalities of our population. The forum also provides oversight and a route of escalation to the ICB board and region.

#### **VI Recommendation**

The board is asked to note the content of the report.

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Agenda item: 10

<b>Subject:</b>	<b>System Winter Planning</b>
<b>Presented by:</b>	<b>Mark Burgis – Executive Director of Primary Care and Communities</b>
<b>Prepared by:</b>	<b>Marcus Bailey – System Winter Director</b>
<b>Submitted to:</b>	<b>Norfolk and Waveney ICB Board</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

This paper is to present the narrative submitted to NHSE related the delivering operational resilience in winter 2023, along with highlighting emerging themes/risks. It is intended to brief members on some of the key areas of focus this year and requests the Board approve the submission of the associated template and numerical data.

**Executive Summary:**

The NHSE winter letter identified an approach and timeframe for submission of our preparation for winter, which includes a narrative submission and review of numerical data.

The document describes 6 KLOES that required completion covering:

- KLOE 1: How will the system work together to deliver on its collective responsibilities?
- KLOE 2: high-impact interventions
- KLOE 3: discharge, intermediate care, and social care
- KLOE 4: H2 numerical submission
- KLOE 5: Escalation plans
- KLOE 6: Workforce

The completion of the narrative has sought feedback and information from relevant plans and system partners.

There remains further work in relation to building an operational plan providing specific detail on actions outside of escalation – these are being developed through providers seasonal plans.

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We have engaged with our local authority partners and have agreed key priority areas which support urgent and emergency care (UEC) and wider community resilience. More recently there has been additional grant funding indicatively allocated to county councils (based on Norfolk and Waveney being identified as a Tier 1 system) which is open to application. This will cover increasing assessment capacity to 7 day working, increased Pathway 1 (P1) discharge capacity and increased support to the voluntary and community (VSCE) sector for hospital 'in-reaching' discharge support.

The themes that have emerged from the initial draft narrative submission to NHSE are:

- Capacity related to discharge is not likely to meet demand, especially Pathway 2 (P2) bedded capacity with the short term funding ending in January 2024.
- Concern related to resilience of primary care based around community workload and some specific practice concerns.
- Not all top 10 high impact interventions are implemented or at sufficient capacity (reference against 'Getting it right first time' (GIRFT data).
- No specific allocation of additional winter funding
- Enhanced system working across provider boundaries in line with the roles and responsibilities document.
- Development of place based plans integrating service lines
- Delivery of discharge transformation
- Linking GIRFT/Emergency Care Intensive Support Team (ECIST) and Tier 1 feedback and actions into winter plans

Mitigations:

- Additional winter and recurrent funding bids have been submitted to regional colleagues to support winter focussed on priority/risk areas around demand and capacity.
- Additional funding has been released to support the primary care recovery plan and focus on maintaining provision for those practices where there are resilience concerns, potential loss of these would equate to a reduction of 13,000 appointments.
- Prioritisation (using self assessment matrix) of top 10 high impact intervention linked to objectives of the UEC board that support a reduction in lost ambulance hours to improve C2 response:
  - LOS reduction achieved through improved discharge processes, transformation and capacity across Pathway 0 and Pathway 1-3
  - Increase patient flow through unscheduled care hub and sign posting to non-ED destinations.
  - Increased use of virtual wards
- Establishment of accountability and delivery processes using ICS IMT, UEC Board, Place UEC and Senior Operational Delivery Group (which can facilitate Gold meetings based on incident/OPEL level). Development of terms of reference and KPIS.

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- Implementation of System Control Centre minimal viable product specification to support flow and escalation including digital enablement.

Next Steps:

- Delivery of efficiency and effectiveness related to processes across patient discharge from both acute and community hospitals
- Review of learning and scalability on care coordination (Unscheduled Care Hub) and Care Homes.
- Finalisation of operational winter plans, revised Operational Pressures Escalation Levels (OPEL) escalation plans.
- Scenario table top testing of business continuity plan for staffing and escalation plans based on OPEL.
- Finalisation of accountability arrangements.

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## Report

On the 27/3/2023 NHSE published the winter letter and associated supporting document related to System Roles and Responsibilities.

Within the letter there is a strong reference to building resilience through planning and the UEC recovery plan, with particular focus on top 10 high impact interventions.

The UEC recovery plan identifies the key objectives to:

- Improve Category 2 ambulance response time down to 30 minutes
- Improve Emergency Department (ED) 4 hour performance to 76%

The Winter Letter (Incentive scheme for Tier 1 A&E) looks for opportunity to improve performance to:

- 80% A&E 4hr performance
- 90% of ambulance handover achieved within 30 mins

The narrative submission is provided for reference (appendix 1) and numerical data submission (appendix 2).

On reviewing demand and capacity the following is observed:

1. UEC activity is broadly in line with modelling
2. Elective delivery is reduced against plan
3. Capacity for discharge in P1 is broadly aligned, noting periods of pressure have been experienced, with mitigation through additional social care grant funding being sought.
4. Capacity for P2 is approx. 145 beds short from commissioned beds (please note this includes beds that are not recurrently funded). Further work on efficiency is required around East and West bed flow.
5. Capacity for P3 is eventually met however this relies on general outsourcing which is met after a period of time.

In response to the first submission feedback has been received from the regional and national NHSE teams which have been reviewed and being addressed within the updated narrative to ensure this is explicit.

As part of the feedback they have provided actions/next steps area and response provided in respect of the next steps.

### Overall

There are a range of activities planned that look to support winter through health and social care, including primary care. A strong focus on collaboration and place has been encouraged building provider plans that are integrated.

An issue related to Pathway 2 (P2) capacity has been modelled which is high likely not to be addressed by process and efficiency alone.

Continued development of operational plans and escalation along with regional discussions on elective recovery impact into Half 2 October to March (H2).

## Recommendation to the Board:

To approve the submission of the winter narrative as attached  
To note the emerging themes related to dedicated increase in winter capacity  
To note the planned mitigations.  
To receive a further update detailing any further risk, mitigations and finalisation of operating plans via ICS EMT.

Key Risks	
<b>Clinical and Quality:</b>	Risk related to increased ambulance response time. Reduction in appropriate P2 capacity for patients on D2A pathway. Potential continued impact through industrial action
<b>Finance and Performance:</b>	Inability to reduce variation in ambulance handover improvement.
<b>Impact Assessment (environmental and equalities):</b>	N/A
<b>Reputation:</b>	Risk related to
<b>Legal:</b>	N/A
<b>Information Governance:</b>	N/A
<b>Resource Required:</b>	N/A
<b>Reference document(s):</b>	NHSE winter letter <a href="#">NHS England » Delivering operational resilience across the NHS this winter</a>
<b>NHS Constitution:</b>	N/A
<b>Conflicts of Interest:</b>	N/A
<b>Reference to relevant risk on the Board Assurance Framework</b>	BAF02 – System UEC pressures BAF10 – EEAST response time and patient harm

## Governance

<b>Process/Committee approval with date(s) (as appropriate)</b>	
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## Winter 2023/24 Planning Submission

<b>ICB name:</b>	<b>Norfolk and Waveney ICB</b>
<b>Approved for submission by:</b>	Mark Burgis, Executive Director of Patients & Communities

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**Notes on completion:**

1. This document outlines the narrative key lines of enquiry that ICBs are asked to respond to as part of the NHS England winter planning exercise for 2023/24.
2. The purpose of this document, and the associated H2 numerical planning template, is to support ICBs to lead a system-wide planning processes ahead of winter.
3. The narrative questions in this document are designed to provide a prompt for areas that required consideration, and to provide the necessary assurance that steps have been taken at a system-level to prepare for a resilient winter period.
4. The narrative submission should be completed in conjunction with the H2 numerical planning submission, and system partners should refer to the system winter roles and responsibilities issued as part of the winter planning process on 27 July 2023.
5. Recently completed UEC Maturity Indices that were issued as part of the NHS Impact improvement offer should be considered alongside these plans to inform system thinking on which areas locally require the most focussed attention in the run up to, and during, winter.
6. ICBs are responsible for producing one comprehensive response for the system, there should be a focus on ensuring that all parts of the system, including Local Authority partners, are engaged in developing this. Updated intermediate care capacity and demand plans at HWB level will need to be agreed with local authorities and submitted in October as part of BCF quarterly reporting. The BCF plans should reflect agreed changes to capacity and demand management agreed in these ICB plans.
7. There is a total of six key lines of enquiry with associated questions across the following areas:
  - a. System-working
  - b. High-impact interventions
  - c. Discharge, intermediate care, and social care
  - d. H2 numerical planning submission
  - e. Surge plans
  - f. Workforce

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**KLOE 1: How will the system work together to deliver on its collective responsibilities?**

Key question and points to consider	Response
<p><b>KLOE-1.1: How has each part of the system been engaged?</b></p> <ul style="list-style-type: none"> <li>• How have roles and responsibilities been communicated to and agreed with each part of the system?</li> <li>• How has each part of the system been engaged to support the development and delivery of the winter plan?</li> <li>• How have local authority, social care and VCSE (voluntary, community or social enterprise) partners been engaged with developing the system winter plan?</li> </ul>	<p>The Winter letter detailing Roles and Responsibilities has been shared via ICS EMT, with acute provider COOS and via Place based leads.</p> <p>Engagement with Place Board leads, People Board and UEC Board undertaken for system level perspective. Feedback included from Workforce and Comms leads, Acute, Community and Primary Care, Mental Health and CYP and VCSE partner organisations</p> <p>Local authorities engaged in discussions around winter planning and co-creation of health and social care plan for presentation to Health and Well Being and Integrated Care Partnership Boards</p> <p>The winter plan will outline plans for system capacity to support hospital discharge and correlate with BCF plans</p> <p>Across our four priorities last year, three key themes emerged in our experience that have been reflected on in this year's planning - demand, capacity, and communities:</p> <p>Norfolk &amp; Waveney has a joined up approach to winter and resilience planning across organisations supporting people's health and wellbeing. The Integrated Care Partnership agrees a local winter framework for 2023/24 that establishes a dynamic plan, where activity will adapt and change to respond to developing needs and policies. It sets out initiatives across our</p>

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Key question and points to consider	Response
	<p>partnership and focuses on both urgent and emergency care and community-based preparedness.</p> <p>There is ongoing system engagement to refine and develop the Winter Plan.</p>
<p><b>KLOE-1.2: How will you assure that each part of the system is delivering against its roles and responsibilities?</b></p> <ul style="list-style-type: none"> <li>• What is the mechanism for system partners to hold one another to account for delivering on their roles and responsibilities?</li> <li>• How have key interdependencies between parts of the system been identified, and how will they be managed?</li> <li>• What are the key risks to delivery of the plan in each part of the system, and how will they be mitigated?</li> </ul>	<p>The ICP has identified four priorities that span system partners across the ICS, including supporting the delivery of the key lines of enquiry that ICBs are asked to respond to as part of the NHS England winter planning exercise for 2023/24. This approach help identify and manage interdependencies between ICS partners:</p> <ol style="list-style-type: none"> <li>1. Meeting People’s needs - Ensuring people can access the support they need during the pressures of winter is important in delivering consistent health and wellbeing outcomes across the year.</li> <li>2. Resilient Communities - Support for people in the communities in which they live will ensure that we mitigate some of the challenges we see during winter.</li> <li>3. Supporting our workforce - Our workforce is our key asset in supporting people with their health and wellbeing, and this is more important than ever during the winter period. Supporting our workforce, both in recruitment and in their welfare,</li> <li>4. Working together in Winter Conditions - Winter presents a series of external challenges relating to weather, energy and illness, that require individual and collective action</li> </ol>

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Key question and points to consider	Response																									
	<p style="text-align: center;"><b>Helping people live as healthy life as possible during winter, through working together and ensuring communities remain resilient, addressing inequalities and prioritising prevention</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="font-size: small;">Adult Social Care</th> <th style="font-size: small;">NHS Urgent &amp; Emergency Care</th> <th style="font-size: small;">Elective &amp; Primary Care Recovery</th> <th style="font-size: small;">Voluntary, Community &amp; Social Enterprise</th> </tr> </thead> <tbody> <tr> <td style="background-color: #2c3e50; color: white; text-align: center; padding: 5px;"><b>Meeting people's needs</b></td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Identify interdependencies, share support and mental health</li> <li>Enable staff between localities to care better</li> <li>Assess/Check on capacity, making sure care waiting times</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Intensify care quality and clinical work</li> <li>Same day emergency care</li> <li>Hospital flow (incl. mental health), protection and length of stay</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Capacity to receive discharges and primary care appointments</li> <li>Supporting choice and access</li> <li>Flexible performance and/or care</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Increasing demand for VCS services</li> </ul> </td> </tr> <tr> <td style="background-color: #2c3e50; color: white; text-align: center; padding: 5px;"><b>Resilient communities</b></td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Supporting recovery of discharge and self-referral care</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Engage community equipped locally</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Health inequalities</li> <li>Empower people through tools to improve their own health</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Address increasing costs</li> </ul> </td> </tr> <tr> <td style="background-color: #2c3e50; color: white; text-align: center; padding: 5px;"><b>Supporting our workforce</b></td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Local market sustainability</li> <li>Health inequalities</li> <li>Recruitment and deployment across practices</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Working</li> <li>Retention</li> <li>Length of stay</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Get and set targets (and track), improve quality of care</li> <li>Productivity in situations</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Managing the workforce</li> </ul> </td> </tr> <tr> <td style="background-color: #2c3e50; color: white; text-align: center; padding: 5px;"><b>Working together in winter conditions</b></td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Identify dependencies and capacity, and plan accordingly</li> <li>Supporting movement of staff between localities and/or away from</li> <li>Shared and locally caring, but health inequalities and/or capacity</li> <li>Care to remote areas and discharge</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Infection prevention and control</li> <li>Local regulatory infection rules</li> <li>Forecast and capacity planning, and response</li> <li>Capacity to care</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Capacity to local, but quality reduction at other</li> </ul> </td> <td style="font-size: x-small; padding: 2px;"> <ul style="list-style-type: none"> <li>Service management</li> <li>Alternative service routes for local population to discharge</li> </ul> </td> </tr> </tbody> </table> <p>Mechanism for system partners to hold one another to account via ICS EMT and the Integrated Care Board to be confirmed</p> <p>Day to day monitoring of winter initiatives will be via the ICB System Coordination Centre to track mobilisation and effective utilisation of resources. This will enable a rapid feedback link and strategic review by senior leaders across the ICS at the weekly Strategic Operational Delivery Group (held more frequently if required).</p> <p>Key interdependencies between parts of the system are known but plans to manage are not fully developed e.g. discharge capacity impacts on hospital flow and ambulance handovers but gaps in capacity have not been fully mitigated.</p> <p><b>Key risks to delivery are recorded via the ICB BAF</b></p> <ul style="list-style-type: none"> <li>➤ BAF02 – System/UEC Pressures – <b>Risk Score 20</b></li> </ul>		Adult Social Care	NHS Urgent & Emergency Care	Elective & Primary Care Recovery	Voluntary, Community & Social Enterprise	<b>Meeting people's needs</b>	<ul style="list-style-type: none"> <li>Identify interdependencies, share support and mental health</li> <li>Enable staff between localities to care better</li> <li>Assess/Check on capacity, making sure care waiting times</li> </ul>	<ul style="list-style-type: none"> <li>Intensify care quality and clinical work</li> <li>Same day emergency care</li> <li>Hospital flow (incl. mental health), protection and length of stay</li> </ul>	<ul style="list-style-type: none"> <li>Capacity to receive discharges and primary care appointments</li> <li>Supporting choice and access</li> <li>Flexible performance and/or care</li> </ul>	<ul style="list-style-type: none"> <li>Increasing demand for VCS services</li> </ul>	<b>Resilient communities</b>	<ul style="list-style-type: none"> <li>Supporting recovery of discharge and self-referral care</li> </ul>	<ul style="list-style-type: none"> <li>Engage community equipped locally</li> </ul>	<ul style="list-style-type: none"> <li>Health inequalities</li> <li>Empower people through tools to improve their own health</li> </ul>	<ul style="list-style-type: none"> <li>Address increasing costs</li> </ul>	<b>Supporting our workforce</b>	<ul style="list-style-type: none"> <li>Local market sustainability</li> <li>Health inequalities</li> <li>Recruitment and deployment across practices</li> </ul>	<ul style="list-style-type: none"> <li>Working</li> <li>Retention</li> <li>Length of stay</li> </ul>	<ul style="list-style-type: none"> <li>Get and set targets (and track), improve quality of care</li> <li>Productivity in situations</li> </ul>	<ul style="list-style-type: none"> <li>Managing the workforce</li> </ul>	<b>Working together in winter conditions</b>	<ul style="list-style-type: none"> <li>Identify dependencies and capacity, and plan accordingly</li> <li>Supporting movement of staff between localities and/or away from</li> <li>Shared and locally caring, but health inequalities and/or capacity</li> <li>Care to remote areas and discharge</li> </ul>	<ul style="list-style-type: none"> <li>Infection prevention and control</li> <li>Local regulatory infection rules</li> <li>Forecast and capacity planning, and response</li> <li>Capacity to care</li> </ul>	<ul style="list-style-type: none"> <li>Capacity to local, but quality reduction at other</li> </ul>	<ul style="list-style-type: none"> <li>Service management</li> <li>Alternative service routes for local population to discharge</li> </ul>
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Key question and points to consider	Response
	<ul style="list-style-type: none"> <li>➤ BAF10 – Ambulance Response Time – <b>Risk Score 20</b></li> <li>➤ BAF08 – Elective Recovery – <b>Risk Score 16</b></li> <li>➤ BAF19 – Discharge From Inpatient Setting – <b>Risk Score 15</b></li> </ul> <p>Other key risks for our system derive from the continued periods of Industrial action and the traditional risks associated with seasonal pressures such as winter illnesses, and adverse weather.</p> <p>EPRR review of Workforce Business Continuity Plans in place and table top testing exercise planned to test resilience particularly during periods of adverse weather and seasonal illness.</p>
<p><b>KLOE-1.3: How will the system deliver on the roles and responsibilities identified by NHSE - respond for each area as below:</b></p> <ul style="list-style-type: none"> <li>• Integrated Care Boards</li> <li>• Acute and Specialist NHS Trusts</li> <li>• Primary Care</li> <li>• Children and Young People services</li> <li>• Community Trust and Integrated Care Providers</li> <li>• Ambulance Trusts (where the ICB is the lead commissioner)</li> <li>• Mental Health</li> </ul>	<p><b>Integrated Care Boards:</b></p> <p>ICS Winter Director in post to support whole system winter planning and facilitate partnership working.</p> <p>Director of UEC focusing on transformational work and delivery of 10 High impact interventions</p> <p>SCC established and operational 08-20.00 x 7 days. Gaps in clinical leadership for the out of hours period will be addressed through a clinical rota to supplement the existing Director On-Call rota.</p> <p>ICS Resilience Forum established to plan and coordinate implementation of 2023 OPEL Framework and continue development of an ICS Surge and Escalation plan. EPRR</p>

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Key question and points to consider	Response
	<p>attendance at the Forum ensures the interface between operations and emergency planning is understood and supported through concurrent development of an ICS Incident Management plan.</p> <p>ICB Quality and IPAC leads involved in development of winter plans in line with UKHSA guidance to deliver vaccination programmes for flu and Covid 19.</p> <p>Voluntary, community and social enterprise partners engaged via discharge planning workstream and representation on the UEC Board to ensure engagement and ability to maximise support.</p> <p>EPRR review of Workforce Business Continuity Plans in place and table top testing exercise planned to test resilience particularly during periods of adverse weather and seasonal illness.</p> <p><b>Acute and Specialist NHS Trusts:</b></p> <p><b>NNUH</b> NNUH is working closely with all partners to ensure they are actively supporting the ten high impact interventions. Both the indirect interventions including the care transfer hubs, intermediate care, virtual ward development in the community, the urgent community response and unplanned care hub, supporting advanced clinical support and working with community partners in the development of the single point of access.</p>

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Key question and points to consider	Response
	<p>The trust continues to work closely with the EEAST ambulance service to ensure a streamline pre-hospital and on-arrival process to minimize patient attendances and waits if patients do need to be transported in. Understanding that children need different focus and support, the trust is working closely with all partners within the Children and Young People arena to address the specific needs of this cohort of our population, ensuring there is adequate paediatric critical care surge planning and a robust mutual aid process, as well as protecting the elective capacity for children with the paediatric theatres at the NNUH should be open in winter 2023/24.</p> <p>To address the four key High Impact Interventions linked to the acute trusts as outlined in the Winter letter, the NNUH is actively working to deliver and maximise their effectiveness.</p> <ul style="list-style-type: none"> <li>• SDEC – The surgical SDEC currently functions as a 12/7 service and accepts all patients suitable. The Medical SDEC is under-development with a paper due to go to HMB to extend the hours of service and to protect the area from being used as an escalation space to function fully regularly. As part of the A-tEd and A-tA work all alternatives to ED are having their processes mapped and are being added to the Directory of Service. The clinical Conversation (call before convey) process is in place and being audited for effectiveness between EEAST and NNUH. To reduce the number of ambulances that arrive at the front door, work is underway to redirect them to the appropriate access for their destination (eg to SDEC, OPED, etc).</li> </ul>

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Key question and points to consider	Response
	<ul style="list-style-type: none"> <li>• Frailty Unit - The trust has developed a collaborative Frailty Work Programme that is hosted by the NNUH linking together community the system with other colleagues as appropriate. It has 4 key deliverables (1) to ensure there is a standard and single scoring of frailty (2) the development of triaging frailty patients through the UEC pathway from all sources into the frailty unit, (3) to move to a Frailty Service based on symptoms and not age, and (4) to address the data sharing of these patients.</li>   <li>• Inpatient flow and length of stay - The trust has been working with the ICS Front Door Group to standardise the ED SOP and support the HALO job description to ensure that the EEAST-ED handover is standard at each trust across the system. The trust's Length of Stay Programme is focused on reducing length of stay through embedding Red to Green, which has led to identifying and addressing the delays identified to reduce the number of unnecessary days patients are in hospital and improve morning discharge flow. The trust has also reviewed all the wards and aligned the bed base to ensure there is less need to cross-over into non-unplanned beds. Ongoing work to further improve the internal flow include: <ul style="list-style-type: none"> <li>• Completion of the revised resilience and OPEL escalation plan:</li> <li>• Close Gunthorpe &amp; move service to community unit supported by virtual ward</li> <li>• Continue to develop the leadership and ownership of patients at ward level.</li> <li>• Review Directory of Service for alternatives to ED and Assessment Units (A-tEd and A-tA)</li> </ul> </li> </ul>

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Key question and points to consider	Response
<p data-bbox="136 1198 315 1390" style="transform: rotate(-45deg); transform-origin: left top; font-size: small;">Brown, Amanda 22/09/2023 13:44:13</p>	<ul style="list-style-type: none"> <li>• Medical Consultant attendance in ED every afternoon/ evening</li> <li>• Seven-day service &amp; Extended Hours for Discharge Lounge and SDEC</li> <li>• Community Bed Flow and Discharge processes – The Trust is a core member of the Central CSORT Discharge Programme that is working to develop a streamline process from the point that the patient is ready to be discharged into the patient’s final destination.</li> </ul> <p><b>QEH</b></p> <p>1. Same day emergency care (SDEC): Surgical SAU has expanded and runs 24/7. GP patients are accepted directly and work is underway with EEAST to ensure all appropriate ambulance conveyances are transferred and accepted directly.</p> <p>A consultation is nearing completion to extend the opening hours of the Medical SDEC from 07:00 to 23:00 Mon – Fri and 07:00 – 19:00 weekends, to ensure delivery in line with national expectations. In order for the service to function well it is protected from use as an escalation area unless in times of extremis. Productive discussions are taking place with EEAST re direct streaming pathways and education of ambulance crews, target is 10% of conveyances daily direct to SDEC.</p> <p>2. Frailty: The QEH has a well regarded frailty support and advice line that operates from 08:00 to 20:00 daily. It is available to ambulance</p>

Key question and points to consider	Response
	<p>crews, GPs, 111,community teams and our internal RAFT team. The frailty team in-reach into ED from 8am and work closely with the RAFT team to support admission avoidance where possible.</p> <p>3. Inpatient flow and length of stay: The trust has been working with the Front Door Working Group to standardise the ED handover SOP and support the review of the HALO job description to ensure standardisation of handovers at all trusts across the system.</p> <p>Work is underway with EEAST to ensure full visibility to crews of alternatives to ED (SDEC, GPF, SAU, hot clinics etc). Training for HALOs is planned over the coming weeks to ensure the HALO is equipped with the knowledge to support streaming of conveyances away from ED where appropriate.</p> <p>The internal improvement programme is focussed on improving flow through use of discharge lounge, pre noon discharges and Internal Professional Standards for wards and ED staff re patient moves. A focus on P0 discharges will support early daily flow, also close liaison with the HomeFirst Hub is planned through co-location of staff on site to ensure good communication re P1-3 discharges. The introduction of OPTICA in Q3 will further improve communication between hospital, community and social services and will reduce delays in complex discharge pathways.</p> <p>The proactive use of the voluntary services collaborative (wef September) will support P0 and potentially P1 discharge.</p> <p>Medical Internal Professional Standards will be reviewed, agreed and embedded, these will flex in line with OPEL escalation levels to ensure timely review and intervention at all times.</p>

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Key question and points to consider	Response
	<p>Monitoring will take place via the UEC Improvement Programme Forum.</p> <p>4. Community bed productivity and flow: Streamlining of the discharge process for complex discharge patients is underway with the introduction of OPTICA and the planned co-location of HomeFirst Hub teams with the trust discharge team.</p> <p>An increase in the core bed base is included in the trusts winter planning in line with the 2023/24 planning submission, staffing of these beds is being explored.</p> <p>The ED expansion estates work will be complete by the end of September 2023, this will provide capacity for an additional 12 cubicle spaces and will allow the increase of space for non-admitted patients. This is expected to have a significant impact on non-admitted performance, supporting the achievement of the 76% type 1 performance by March 24.</p> <p>The trust plans to engage with a private transport service to reduce discharge delays relating to transport issues. This worked well in 2022/23 where circa 20 failed discharges per week were avoided through this initiative. This will be dependent on funding availability.</p> <p>Workforce plans for the Christmas and New Year period will be informed by learning from the deep dive review that was undertaken in relation to the 22/23 Christmas period. This includes a focus on nurse staffing, medical staffing and ED staffing, and also mandated internal rota accountability and standards for teams and departments. The trust staff covid</p>

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Key question and points to consider	Response
	<p>booster programme commences on the 11 September 23, the flu campaign is expected to commence in October but will follow national guidance. The trust vaccination centre will be able to respond immediately in line with any advice received by JVCI. In line with the operational plan, elective capacity has been assessed and will be protected as far as possible.</p> <p><b>JPUH</b></p> <p>JPUH has a well-embedded medical SDEC unit in place and a surgical SDEC which has been functioning for just over a year. This has recently been reviewed and expanded to support additional pathways, and introduce hot clinics and direct referrals from 111 (to both SDEC units). Both units are under consistent review for opportunities to improve and develop further. These units are protected as far as possible from being part of the trusts escalation plan in order to allow the units to function efficiently.</p> <p>JPUH participates in the CLEAR programme for frailty and are an active member of the newly formed East Place Frailty Group. The frailty service supports direct-to-specialty from ED to FAU and ED utilize CFS in all patients &gt;65 years old. Internal Audit Data for appropriately triaged FAU patients vs standard care displays benefits in LoS and discharge destination (i.e. Home) and an overall reduction in LoS for patients &gt;75 years of age. JPUH has had some challenges with recruiting OPM consultants however we have had success in developing innovative roles and developing a committed workforce which demonstrates desire for improvement and change.</p>

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Key question and points to consider	Response
	<p>JPUH has a UEC Transformation Programme in place which has executive lead workstreams which focus on Front door processes (i.e. ambulance handovers), ward based processes (i.e. criteria led discharge), and a discharge workstream (i.e. decrease LOS and patient flow). These workstreams report to the UEC Transformation Board which is chaired by the Deputy Chief Executive and in turn reports to the Trust Board. In addition, JPUH activity works with partners across the system in ICB wide transformation groups (i.e. Discharge Board) and within Place (i.e. East Place UEC Transformation Board).</p> <p>In regard to Community bed productivity and flow JPUH activity works with our partners across system and locally in East place to develop discharge process improvements including within the integrated hub, ensuring patients are discharged home or to an appropriate destination for their needs as quickly as possible after their acute based clinical inpatient treatment. JPUH are in the process of developing our winter plan which takes account of actions to be taken over the winter including workforce, escalation, transport and ambulance handover processes.</p> <p><b>Primary Care:</b></p> <p>The lack of additional winter funding this year, other than for access recovery, coupled with below inflationary increases for general practice is causing concern when considering how to increase capacity in general practice in a financially challenged system.</p>

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Key question and points to consider	Response
	<p>Around 20% of our population is currently covered by practices experiencing resilience issues. Even a 10% reduction in their capacity would see around 13k patient contacts a month having to be absorbed by other parts of the system, such as ED and GPOOH. The ICB is working to support these practices</p> <p>Primary care commissioning team lead dental, community pharmacy and optometric commissioning and also work together with place-based primary care teams to ensure the resilience of general practice.</p> <ul style="list-style-type: none"> <li>o All 17 PCNs have their access recovery plans in place.</li> <li>o All 17 PCNs providing enhanced access arrangements.</li> <li>o Self-directed care – care navigator training in place, targeting improvement of CPCS referrals, some direct access in place as per most recent return to NHSE.</li> <li>o Clinical lead for community pharmacy in place and focusing on improving take up of advanced services. CMDU service in place commissioned from selected community pharmacies</li> <li>o Practices being encouraged to access GPIIP and undertake SLF – our most challenged practices require more support on this due to inability to resource the programme – feedback has been provided to regional team</li> <li>o CBT offer in place and funding confirmed</li> <li>o Digital team leading work on NHS App, online consultations and move to improved systems, including</li> </ul>

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Key question and points to consider	Response
	<p>revision to websites to promote self directed care and use of social media for this.</p> <ul style="list-style-type: none"> <li>o Demand and capacity tools are being explored, through the new DSIC framework.</li> </ul> <p>Plans for mobilisation of ARI hubs have been developed based on the successful implementation last winter. Options for funding are being considered and a request has been made as part of the ICS Tier 1 national support offer.</p> <p>The decision of NHSE to clawback dental underspend from 2022/23, and the budget setting process which relies on 20% patient charge revenue (when access is so poor in N&amp;W) have severely limited our ability to commission new capacity in dentistry.</p> <p>We have prioritised dentistry plans within available funding to implement an urgent treatment service and a child prevention and treatment pilot.</p> <p><b>Children and Young People Services:</b></p> <p>Plans for mobilisation of ARI hubs have been developed based on the successful implementation and increased availability of appointments for Children and Young People last winter. Options for funding are being considered and a request has been made as part of the ICS Tier 1 national support offer.</p>

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Key question and points to consider	Response
	<p>The ICB System Coordination Centre monitors operational pressures across acute and community and Mental Health services seven days / week via OPEL reporting and system calls.</p> <p>Mutual aid arrangements are in place across the ICS as standard practice coordinated by the SCC, operational and clinical teams as required.</p> <p>Children’s vaccination programme underway with advancement of flu in line with UKHSA guidance</p> <p><b>Community Trusts and Integrated Care Providers:</b></p> <p>Transformation and flow work aimed at reducing hospital length of stay is managed under the UEC Board as one of three ICS priority areas. As part of this a specific work programme is underway to streamline referrals to care transfer hubs to minimise delays in leaving hospital.</p> <p>Implementation of discharge software system (Optica) is planned for Autumn 2023 to support tracking and decision making.</p> <p>Palliative care hotlines are in place across Norfolk and Waveney run by St Elizabeths Hospice in the Great Yarmouth and Waveney area and Norfolk Community Health and Care for the rest of Norfolk.</p>

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Key question and points to consider	Response
	<p>The P1 pathway is led by B4 Reablement Practitioners and the via the Norfolk First Support (NFS) team. Therapy resource is aligned to work with NFS where needed, coordinated by the HomeFirst Hub. Physio and OT out-reaching resource from NNUH works with the existing Therapy capacity in community teams to provide this service as well as interventions for clients only requiring Therapy intervention on discharge. This joint working arrangement between the Acute and Community Teams proved successful last Winter and the pilot is currently set to continue through this Winter period.</p> <p>Daily oversight of capacity and demand for hospital discharge pathways is in place.</p> <p>An integrated Discharge Capacity Steering Group has been convened to ensure a health and social care approach to demand and capacity modelling is undertaken in relation to hospital discharge. This will enable commissioning of appropriate services, monitoring of mobilisation and coordination between BCF and other funding streams to ensure effectively utilisation of resources.</p> <p><b>Ambulance Trust:</b> Not lead commissions for EEAST but ICB are working with EEAST at an ICS level to support intelligent routing of calls to IC24, maximise clinical validation of C3&amp;4 ambulance dispatch and ED dispositions.</p>

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Key question and points to consider	Response
	<p>EEAST and IC24 working together to develop the unscheduled care hubs providing ‘community front door’ sign posting to maximise utilisation of UCR, Fall services and community Mental Health support.</p> <p><b>Mental Health:</b></p> <p>Crisis Hubs provisionally scheduled to open across Norfolk in Q3 2023 (pending LA planning application) to provide additional bedded facilities (x short stay adult MH beds) for short term admission, destabilisation of patients in MH crisis.</p> <p>Monitoring of MH demand and capacity and activity in relation to delayed access to MH beds conducted twice daily via system calls. NSFT use OPEL reporting framework to measure, monitor and relay operational pressures at organisational and ICS level. Daily reporting via MH Commissioning Team in relation to unallocated bed requests and out of area placements.</p> <p>Regular MH ‘mini-MADE’ events established to run weekly focusing on complex discharge planning across providers, social care, district housing and commissioning leads.</p> <p>Resources available on our ICB website for signposting to MH services - <a href="#">Mental Health Support - Norfolk and Waveney ICS (improvinglivesnw.org.uk)</a></p> <p>Our aim is to ensure that people of all ages can access timely and responsive support for all their emotional wellbeing and mental health needs. By working together with partners across</p>

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Key question and points to consider	Response
	<p>health, care, VCSE and our experts with lived experience, we offer person centred care at an earlier stage, and provide services that are compassionate, holistic, and responsive guiding people towards better mental health.</p> <p>Plans under development to deliver a programme of winter mental health campaigns in line with demand from previous years to signpost and promote mental health support resources, such as the Warm and Well campaign and financial wellbeing messaging during January.</p> <p>'Ambucar' model in place providing 2 staffed resources over seven-day period – collaboration between EEAST and NSFT now a fully commissioned service. 80% non-conveyance rate contributes to managing MH crisis in the community setting.</p> <p><b>Local authorities and social care:</b></p> <p>Collective action on intermediate care - working together to deliver intermediate care capacity that recovers people after a hospital stay. Supporting home-based recovery through an increase in D2A Pathway 1 home-based reablement capacity and expanding reabling approaches through home support used at discharge.</p> <p>Delivering home support enhanced discharge incentives to providers to improve uptake of care support for people who need long term care after recovery.</p> <p>Targeted tactical home care winter support - A targeted set of deliverables to ensure winter readiness and support providers</p>

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Key question and points to consider	Response
	<p>during the winter period, to sustain significant improvements in capacity seen over last winter and continuing in to 2023</p> <p>Assessment capacity – supporting social care teams to reduce waiting times.</p> <p>Prioritising Mental Health – schemes to support seasonal pressures for people with mental health needs, with specific focused plans including flow in hospital care and intermediate care.</p> <p>Supporting carers – ensuring the Better Care Fund (BCF) includes replacement care opportunities and at point of discharge we are taking carers views and circumstances into account at discharge. The Carers Matter Norfolk and Family Carers Suffolk services offer Information advice, assessment and support, carers breaks, access to a health and wellbeing fund and welfare advice. Over the winter continue additional resource from last winter in to providing advice focussing on enable carers to access additional financial support to cope with cost of living concerns such as heating and food resources.</p> <p>Supporting access in the community - enabling visits between loved ones in care settings</p> <p>Regular review of BCF capacity and demand plans against trends in demand via fortnightly reporting and Integrated</p>

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Key question and points to consider	Response
	<p>Discharge Capacity workstream meetings between health and social care partners.</p> <p>New Step-up/down model from 2023/24 – commencement of a new VCSE-lead service from September 2023, with additional investment, to support people being discharged home from hospital and in the community when in need.</p> <p>Care market sustainability and improvement - increasing adult social care workforce capacity and retention. Focusing on recruitment including appropriate overseas processes.</p> <p>Collaborative training - training through the Enhanced Health and Wellbeing in Care programme to support providers to safely help individuals with a growing complexity of need exacerbated by winter conditions.</p> <p>Energy and adverse weather – preparing for, and responding to, winter conditions including identifying and prioritising those most at risk during the colder winter period.</p> <p>Promoting winter immunisations with staff - joint working across health and social care to promote vaccination programmes for staff and care residents.</p> <p>Using data to support effective system working - completing operational and surge planning to prepare for different winter</p>

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Key question and points to consider	Response
	<p>scenarios and understanding our position during winter using data. Developing our demand and capacity plans established through the Better Care Fund, that enables us to understand the impact of making changes in our system on future activity, demand and the supply of services. Ensuring a single plan that projects hospital discharge demand, capacity to respond to that demand and the impact of actions on both. Increasingly base decisions (including commissioning, service design and strategic operational planning) on a greater evidence base provided by demand and capacity planning.</p> <p>Improving access to discharge flow data via implementation of Optica tool in Autumn 2023 to understand delays in hospital discharge and support targeted interventions to improve flow</p>
<p><b>KLOE-1.4: How will the ICB lead the system through the winter period?</b></p> <ul style="list-style-type: none"> <li>• How will 24/7 oversight of system pressures through the System Coordination Centre (SCC) be maintained?</li> <li>• How will the ICB ensure the appropriate structures, systems and process are in place to maintain operational oversight and delivery?</li> <li>• How will executive level and senior clinical leadership be used to deliver a successful winter for the system?</li> </ul>	<p>SCC cover in place as per national policy specification. Out of hours cover provided by ICB Director on call.</p> <p>Near real time web based information available to support monitoring of ambulance activity and ED flow.</p> <p>Established daily reporting structure in place for community capacity, IC24, Mental Health and NEPTS supplemented by verbal updates twice daily at system calls.</p> <p>Development of Standard Operating Procedures, Action Cards, Business Continuity and Surge and Escalation plans establish and maintain a standardised approach to operational oversight and delivery.</p>

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Key question and points to consider	Response
	<p>Operational updates published daily and circulated through ICS Executive membership. An established route from SCC direct to ICB Exec level is in place to enable rapid escalation of emerging operational issues.</p> <p>Day to day SCC operational leadership is provided by senior clinical staff. Out of hours a clinical rota will be developed to complement the existing Director on-call rota to provide 24/7 access to senior clinical advice and leadership.</p>
<p><b>KLOE-1.5: Infection Prevention and Control (IPC)</b></p> <ul style="list-style-type: none"> <li>• How have IPC colleagues been involved in the development of the system Winter plan?</li> <li>• What plans have been put in place to promote optimisation of IPC practices and effect Healthcare Associated Infection (HCAI) prevention/reduction in hospitals and community care settings?</li> <li>• What support has been put in place at a system level to, ensure IPC provision to care homes and step-down intermediate care facilities in preventing and reducing infection transmission, and aid capacity to discharge patients?</li> </ul>	<p>IPAC teams from across the ICS meet twice weekly to update on all HCAI outbreaks within trusts and other IPAC related situations alongside system capacity. These meetings can be increased in Winter as required and are a valuable live update for all. Winter plans relating to cohorting of patients etc are discussed on these meetings. Notes from these meeting go to system resilience in the ICB.</p> <p>Attendance of ICB IPAC team at local trusts Infection Control committees where Winter plans are shared and discussed including monitoring of staff vaccination uptake.</p> <p>Planning of vaccination programmes for healthcare staff across the ICS are in place. Promotion through trust comms teams. ICB staff support with the local vaccination programme including monitoring of care staff vaccination uptake.</p>

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Key question and points to consider	Response
	<p>Working with lab staff around testing capacity for winter months and possibility of any more point of care testing machines and optimisation of testing machines in the system. There is a dedicated meeting for this.</p> <p>Use of redrooms as able to boost isolation facilities within healthcare settings.</p> <p>Working with IPAC teams from across the system to plan cohorting of patients with Flu, Covid or Norovirus as appropriate. Extremis plans based on last years situations will be adapted.</p> <p>Promotion of IPAC key principles for all staff in all trusts in advance of the winter with emphasis of correct Hand Hygiene including alcohol gel and Soap and water use. Also close working with Public Health to ensure clear messages around winter viruses and remaining at home where symptomatic.</p> <p>Community trust IPAC teams provide a swabbing service for flu outbreaks in care homes. This is ongoing this year.</p> <p>Information around winter planning is disseminated through A care home champion network for care sector providers. Community trusts also have their own winter resilience link nurse meetings for the care sector and a phone support line. 1 of the community trusts provides this 7 days a week.</p>

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Key question and points to consider	Response
	<p>Norovirus and Flu outbreaks in care homes are shared from the ICB with all system partners.</p> <p>Step down facility planning in community trusts.</p> <p>Community IPAC team provides a health protection response service. This team will respond to outbreaks across the system in any setting to screen staff, patients or residents as appropriate. This team also provide an outbreak prevention training service.</p> <p>ICB IPAC team support and attend all system outbreak Incident management meetings.</p> <p>ICB IPAC team support trusts with complex patient discharges back to the care sector or patients own homes.</p> <p>ICB IPAC team support Primary Care where there are staff outbreaks.</p>
<p><b>KLOE-1.6: Support for care homes</b></p> <ul style="list-style-type: none"> <li>• What is the overall offer to care homes in supporting residents to remain well, access timely support, care, treatment, and advice and to remain in the care home for their care and treatment wherever possible avoiding unnecessary hospital admission.</li> <li>• The recommended roles and responsibilities for each part of the system detail several areas which should</li> </ul>	<p><b>Overall offer to care homes -</b></p> <ul style="list-style-type: none"> <li>• Planned primary care visits according to DES.</li> <li>• Access to out of hours/ IC24 advice and guidance.</li> <li>• IC24 pilot across 8 care homes providing enhanced service over weekends and bank holidays (twice daily calls/triage). Provision of tablets for video calls. Plans to scale up after evaluation.</li> <li>• NCHC/ECCH 24 hours nursing support for residential care homes.</li> </ul>

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Key question and points to consider	Response
<p>support care homes and care home residents – specifically how will care homes be supported through both a proactive and reactive care approach across the following areas:</p> <ul style="list-style-type: none"> <li>○ Enhanced health in care homes</li> <li>○ Personalised care and support planning</li> <li>○ Oral health</li> <li>○ Falls prevention exercises</li> <li>○ Vaccination and immunisation – staff and residents</li> <li>○ Remote monitoring</li> <li>○ Urgent community response (including falls response)</li> <li>○ Provision of enhanced clinical support 2000-0800</li> <li>○ Virtual wards</li> <li>○ End of life care planning</li> </ul>	<ul style="list-style-type: none"> <li>• Palliative care advice lines available 24/7.</li> </ul> <p><b>Specific areas -</b></p> <p>Enhanced Health and Wellbeing in Care – Formal evaluation in process.</p>  <p>Evaluation%20EHWB%20stakeholder%2</p> <p>Personalised care and support planning</p> <p>Oral health –</p> <ul style="list-style-type: none"> <li>• Ongoing rolling programme - champions network for oral health via community dental services. Next delivery through workforce bitesize session but open to social care.</li> </ul> <p>Falls prevention exercises – See EHWC.</p> <p>Vaccination and immunisation –</p> <ul style="list-style-type: none"> <li>• staff and residents - Comms to be organised by vaccination team following UKHSA and DHSC announcement 30/08/2023 for flu and covid autumn vaccine programmes being bought forward to 11/09/23. Link with primary care who will be delivering.</li> </ul> <p>Remote monitoring – See EHWC.</p> <ul style="list-style-type: none"> <li>• Feebris remote monitoring and training completed and currently in 24 homes with plan to upscale to 40 by October</li> </ul>

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Key question and points to consider	Response
	<p>2023. Planning in place for funding approval for upscale to a further 40 homes.</p> <p>Urgent community response (including falls response)</p> <ul style="list-style-type: none"> <li>ongoing ICS falls group meetings and workstreams for acutes, community and care market sector in progress.</li> </ul> <p>Provision of enhanced clinical support 2000-0800 – See EHWC.</p> <p>Virtual wards –</p> <ul style="list-style-type: none"> <li>Care Homes not currently included. Feebris kits will link with virtual wards.</li> </ul> <p>End of life care planning – See EHWC.</p>
<p><b>KLOE-1.7: Christmas and New Year</b></p> <ul style="list-style-type: none"> <li>Outline the steps, including commissioning actions, that are being taken or planned to ensure core services remain accessible to the public over the Christmas and New Year period – specifically between 18 December 2023 and 8 January 2024 in responding consider at a minimum: <ul style="list-style-type: none"> <li>General practice</li> <li>Dentistry</li> <li>Community pharmacy</li> <li>Specialist helplines</li> <li>Hospice support</li> </ul> </li> </ul>	<p>All 17 PCNs have their access recovery plans in place.</p> <p>All 17 PCNs providing enhanced access arrangements.</p> <p>Self-directed care – care navigator training in place, targeting improvement of CPCS referrals, some direct access in place as per most recent return to NHSE.</p> <p>Digital team leading work on NHS App, online consultations and move to improved systems, including revision to websites to promote self directed care and use of social media for this.</p> <p>We have prioritised dentistry plans within available funding to implement an urgent treatment service and a child prevention and treatment pilot.</p>

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Key question and points to consider	Response
	<p>Clinical lead for community pharmacy in place and focusing on improving take up of advanced services. CMDU service in place commissioned from selected community pharmacies</p> <p>Digital team leading work on NHS App, online consultations and move to improved systems, including revision to websites to promote self directed care and use of social media for this.</p> <p>Plans for mobilisation of ARI hubs have been developed based on the successful implementation last winter. Options for funding are being considered and a request has been made as part of the ICS Tier 1 national support offer.</p> <p><a href="#">Just One Norfolk</a> Advice and Support Website available supported by helpline manned by paediatric nurses.</p> <p>Mental Health helpline available 24/7 via 111 Option 2</p> <p>24/7 Palliative care hotlines are in place across Norfolk and Waveney run by St Elizabeths Hospice in the Great Yarmouth and Waveney area and Norfolk Community Health and Care for the rest of Norfolk.</p>

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**KLOE 2: high-impact interventions**

Key question and points to consider	Response
<p><b>KLOE-2.1: How will your choices to implement the high impact initiatives from the UEC Recovery Plan support you to achieve the required 4-hour Cat 2 ambulance performance over winter?</b></p> <p>As per the Universal Improvement Offer, you have submitted self-assessments against all 10 high impact initiatives and have identified 4 of the high impact initiatives to prioritise ahead of winter.</p> <ul style="list-style-type: none"> <li>• Are there other high-impact interventions relevant to the system that are being prioritised?</li> <li>• Are there robust plans in place to make a material impact on these interventions ready for winter?</li> <li>• How will the system monitor progress against these interventions?</li> <li>• What executive leadership for priority interventions is in place?</li> </ul>	<p>The 10 high impact interventions align fully with our local priorities.</p> <p>The Norfolk &amp; Waveney system has identified 3 local UEC priorities</p> <ul style="list-style-type: none"> <li>➤ Reduce Cat 2 response times,</li> <li>➤ Implement a full virtual ward,</li> <li>➤ Reduce LoS and achieve 92% occupancy.</li> </ul> <p>We have 4 programmes of work – Front Door, Virtual Ward, Unscheduled Care, Discharge.</p> <p>The programmes of work align to support us to achieve the required Cat 2 ambulance performance over winter.</p> <p>All programmes of work have their own steering groups and are monitored through UEC Board. They are also taken to our UEC “Place” Groups. All of them have Exec SROs.</p>
<p><b>KLOE-2.2: How will the system ensure adequate improvement capability and capacity is in place to deliver on the high-impact interventions?</b></p> <p>How many Recovery Champions have you identified? How will Recovery Champions supported to develop their improvement capability?</p>	<p>The Recovery Champions have been identified and we are working with Providers to agree that they will have sufficient time to support the work. This will be monitored through UEC Board.</p> <p>More detail on Recovery Champions to follow when available.</p>

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Key question and points to consider	Response
<ul style="list-style-type: none"><li>• How will Recovery Champions supported to commit sufficient time to the priority interventions?</li><li>• How will you make use of the full range of support available to all organisations in the system through tiers 1 and 2 where relevant and the universal support offer?</li></ul>	<p>We are fully engaged and working with ECIST through the Tier 1 process and the priorities identified through that are aligned with our local priorities.</p> <p>We have ECIST planned to support Unscheduled Care work in September.</p>

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**KLOE 3: discharge, intermediate care, and social care**

Key question and points to consider	Response
<p><b>KLOE-3.1: What plans have been put in place to ensure effective joint working with relevant local authorities and social care?</b></p> <ul style="list-style-type: none"> <li>• Do care transfer hubs have clear line of sight to capacity challenges across intermediate and social care?</li> <li>• Do you have a named system lead for discharge across health and social care to facilitate joint management of risk over the winter period?</li> <li>• Are care transfer hubs fully operational with the relevant partners working together and reviewing all available data to deliver improvements?</li> <li>• How will you ensure that the Discharge Ready Date field is being comprehensively completed to enable the metric to be published before winter, and subsequently used to improve local services?</li> <li>• What are the plans for escalation between the NHS, local authority, social care and VCSE providers to mitigate delays in discharging patients from general and acute and community beds over the winter period? And for step up / admission avoidance?</li> </ul>	<p><b>Transfer of Care Hubs:</b></p> <p>Partners in Norfolk &amp; Waveney have made progress in reducing pressures on discharge, including via strengthening community based capacity (intermediate care and long term care and support) and looking at processes including in our transfer of care hubs. This has resulted in improvements across our system, including acute bed occupancy by patients with NCTR coming in line with England averages, and improvement to capacity in care and support, including recovery capacity in reablement services and increased capacity in home care following recovery. However, further improvements have been identified, to address areas of continued challenge in the three key identified areas (deconditioning, pathway volumes and long term outcomes).</p> <p>Looking at individuals with some of the longer NCTR length of stay in acute settings, practitioners identified on average 14 days which could be saved, through process (7 days) and system improvements (7 days):</p> <ol style="list-style-type: none"> <li>1. Deconditioning delays (processes, length of stay, and back door decision making)– over half of our avoidable delays are due to our process. The breakdown of our process delays shows addressing ‘stage-gating’ more effectively could reduce length of stay significantly – and is the biggest driver of non-ideal outcomes across the system</li> </ol>

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Key question and points to consider	Response
<p data-bbox="134 1197 313 1388" style="transform: rotate(-45deg); transform-origin: left top;">Brown, Amanda 22/09/2023 13:44:13</p>	<p data-bbox="1131 274 2031 422">To achieve improved outcomes and address the aforementioned delays we need to improve our communication, Transfer of Care (ToC) processes and assessments / equipment:</p> <ul data-bbox="1131 430 2031 774" style="list-style-type: none"> <li>• Building relationships – with trust, aligned goals and purpose, which will ultimately reduce time spent gathering information</li> <li>• Dovetailing our Transfer of Care (ToC) process – driving implementation of a timely ToC, using new systems (such as Optica) to streamline the ToC process. Removing stage-gating, such as assessing and ordering equipment parallel to the completion of the ToC form</li> <li>• Patient centred staffing – aligning working hours across the system to prevent days lost to weekends and bank holidays</li> </ul> <p data-bbox="1131 829 1960 901">As part of the transformation, there are several operational elements we are delivering:</p> <ul data-bbox="1131 909 2016 1391" style="list-style-type: none"> <li>• A new patient flow tracking system to work across the length and breadth of our pathways.</li> <li>• A redesign of our pathway 1 recovery services to ensure consistency and flexibility across as much of the system as possible – building on the recent increased availability or recovery support such as reablement</li> <li>• A redesign of our hub model and MDTs to ensure the right balance of ownership and input from our specialists.</li> <li>• A redesign of the TOC process to reduce burden.</li> <li>• A redesign of our discharge performance management, including the roles, data and visibility required to drive and sustain the change.</li> </ul>

Key question and points to consider	Response
<p><b>KLOE-3.2: How will you meet any gap between demand and capacity identified in your Better Care Fund (BCF) intermediate care capacity and demand plan, or any additional gap as a result of demand that may occur over and above forecast levels:</b></p> <ul style="list-style-type: none"> <li>• All Health and Wellbeing Boards have submitted BCF demand and capacity plans for intermediate care (step up and step down) for 2023/24. At ICB level, is there an intermediate care gap between demand and capacity projected for the winter period (November 2023 - March 2024)? And is there an intermediate care gap in your Intermediate Care level surge / super surge plans?</li> <li>• What are the plans to meet this gap through improving productivity, e.g., through reducing length of stay (in acute or community beds), or through reducing overprescription? Are there any further plans to meet this gap through increased commissioning of bedded and non-bedded intermediate care? If so, how much will this cost? Have these plans been developed with local authorities?</li> <li>• How well developed are these plans and will they be in place (agreed, commissioned, and provided) by winter? Have these plans been shared with local authorities to inform the refreshed BCF plans that will be required in October?</li> </ul>	<p>Modelling demand and capacity is a key means of enabling us to understand the impact of making changes in our system on future activity, demand and the supply of services. Colleagues across our ICS have been working to develop a demand and capacity plan for hospital discharge, in order to deliver the following objectives:</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• A single plan that projects hospital discharge demand, capacity to respond to that demand and the impact of actions on both.</li> <li>• Increasingly base decisions (including commissioning, service design and strategic operational planning) on a greater evidence base provided by demand and capacity planning.</li> <li>• Develop in to a 'live approach' – where we build plan accuracy and detail over time, taking an agile approach that does not wait for the perfect model to be developed before we take action.</li> <li>• Monitor against plan and build in other contributing factors including admission avoidance and longer term outcomes.</li> <li>• Develop following principles of transparency, trust and collaboration – model is designed to support our collective and individual decision making and insight has been shared between partners in that spirit.</li> </ul> <p>Key findings:</p>

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Key question and points to consider	Response
	<p>Focus plans related to processes for P0, use of voluntary sector and admission avoidance/SDEC and Virtual Ward Home-based recovery (pathway 1) - Partners developing plans to stretch existing provision and commission additional services. No. of discharges has exceeded projections so far this year.</p> <p>P2 – number of expected discharges exceeds current available and planned capacity by approximately 125 but will be subject to application of efficiency and flow improvement work</p> <p>P3 work plan to enhance pathways is required around optimum and effective provision.</p> <p>Models of care conversation are required at place level to take forward the data and solutions including application of efficiency and effectiveness measures.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• Collective action on intermediate care - working together to deliver intermediate care capacity that recovers people after a hospital stay. Supporting home-based recovery through an increase in home-based reablement capacity and expanding reabling approaches through home support used at discharge. Delivering home support enhanced discharge incentives to support people who need long term care after recovery. Delivering NHS-commissioned intermediate Care Beds for those that require bedded support, including through residential and care providers and community health, with wrap-around support to deliver recovery.</li> </ul>

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Key question and points to consider	Response
	<ul style="list-style-type: none"> <li>• Targeted tactical home care winter support - A targeted set of deliverables to ensure winter readiness and support providers during the winter period, to sustain significant improvements in capacity seen over last winter and continuing in to 2023. Provider support as a vital component of the work with a collaborative approach to respond swiftly to increasing demand. Building on the community step down model with housing with care flats, for people who are awaiting a care package to return home but are currently in an Intermediate Care bed.</li> <li>• New Step-up/down model from 2023/24 – commencement of a new VCSE-lead service from September 2023, with additional investment, to support people being discharged home from hospital and in the community when in need. Self-directed support and use of Direct Payments is being promoted to give access to untapped support in the community.</li> </ul>
<p><b>KLOE-3.3: Community hospital and Intermediate Care capacity</b></p> <ul style="list-style-type: none"> <li>• What steps will you take to deliver an improvement in the average length of stay across your community hospital beds by March 24?</li> <li>• How will you improve Community Bed productivity and efficiency to maximise flow?</li> <li>• What plans do you have in place to develop a therapy-led intermediate care service for people on discharge</li> </ul>	<p><b>Improving LoS</b> LLOS meetings have increased in frequency to twice weekly, supported by the Heads of Integrated Care to facilitate decision making. Complex cases, requiring support to resolve are escalated to ICB Operational Leads and the Head of Integrated Discharge for Norfolk and Waveney.</p> <p>Additional Social Workers and discharge coordinators are currently being recruited to align to specific community units to form part of the MDT to promote early discharge planning and reduce LOS.</p>

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Key question and points to consider	Response
<p>pathways 1 and 2 to be in receipt of the service in a timely way?</p>	<p>The 26 temporarily funded Intermediate Care Beds to provide a D2A2 offer for clients with cognitive impairment in Central Norfolk is now fully resourced with a consistent MDT offer (PT,OT, SW, Exercise Specialists, Primary Care support and Flow Co-ordinators). This has resulted in a circa 25-40 day reduction in LOS compared to when there was an inconsistent MDT offer.</p> <p><b>Community Bed Productivity and Flow</b> A new work stream has been established to review and improve Community Hospital flow, as part of the Central Norfolk Discharge programme.</p> <p>The P1 pathway is led by B4 Reablement Practitioners and the delivery of reablement programmes are supported by Reablement support works via the Norfolk First Support (NFS) team. Therapy resource is scheduled to work with NFS where indicated, by the HomeFirst Hub. Physio and OT out-reaching resource from NNUH works with the existing Therapy capacity in community teams to provide this service as well as interventions for clients only requiring Therapy intervention on discharge. This joint working arrangement between the Acute and Community Teams proved successful last Winter and the pilot is currently set to continue through this Winter period.</p> <p>There is also a small amount of OT resource aligned to the NFS team which has previously been utilised towards the end of the reablement pathway focused on manual handling and equipment needs for long term care. This resource has been brought forward in the P1 pathway and regular discussions now</p>

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Key question and points to consider	Response
	<p>take place to confirm which resource will respond – the OT from the Acute, Community or NFS team to best meet the needs of the client and to manage Therapy demand across the teams.</p> <p>NCC are also commissioning additional P1 capacity with dom care providers with a reablement ethos to bridge the P1 capacity gap for Winter 2023/24. Therapy will be scheduled for clients on this pathway as indicated at triage in the HomeFirst Hub.</p> <p>The community SystmOne IT module is used to manage capacity and schedule Therapists across Acute and Community resource to meet demand across the P1 pathway. All clients requiring a Therapy review on discharge also receive a welfare call from the HomeFirst Hub Therapy team and where indicated Therapy appointments can be brought forward or stood down.</p> <p>The P2 model currently provides an MDT approach with Therapy resource in-reaching from Locality teams. Dedicated Social Work resource is being recruited to provide a consistent MDT offer for the NCHC P2 bedded pathway.</p> <p>An MDT model is also commissioned to provide a recovery and reablement offer to the temporarily funded intermediate care bed P2 pathway for clients with cognitive impairment including Dementia. Therapy resource is commissioned to provide an initial assessment and reablement plan within 72 hours of transfer.</p>

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**KLOE 4: H2 numerical submission**

Key question and points to consider	Response
<p><b>KLOE-4.1: demand assumptions</b></p> <ul style="list-style-type: none"> <li>• Explain any revised demand assumptions that are captured in the template.</li> <li>• Is there variance against demand assumptions for year to date.</li> </ul>	<p>Our demand assumptions remain as per our original planning return. Repeated below as a reminder: <i>Our assumptions supporting our current activity plans are (range as different by each provider):</i></p> <ul style="list-style-type: none"> <li>• <i>non-elective demand – 2%-3%</i></li> <li>• <i>ED conversion rates – similar/consistent to 2022/23 levels</i></li> <li>• <i>unmitigated non-elective growth – 2%-3%, with reduction of LoS to mitigate pressure on bed base</i></li> <li>• <i>non-elective 1+ day length of stay - assumed activity is in line with 2022/23 with c2% growth and reduction through expansion of SDEC and SAU</i></li> <li>• <i>elective G&amp;A beds – Ringfenced elective bed capacity (managed with support from system to reduce Non-Criteria to Reside patients). Additional capacity with Norfolk and Norwich Orthopaedic Centre (NANOC) coming on stream later in the year.</i></li> </ul> <p>We are currently 120 (June 2023) below the non-criteria to reside actual against our planned figures. Whilst this is good, we are looking at the impact of this on our flow currently to see if the knock on effect is materialising in flow or longer lengths of stay due to complexity.</p>
<p><b>KLOE-4.2: supply</b></p> <p>Explain any variance in supply against the agreed 2023/24 plan.</p>	<p>In our original operating plan we were creating additional intermediate care beds through the additional capacity investment through a modular build at NCHC site. The</p>

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Key question and points to consider	Response
	<p>additional capacity was to come on stream in Q4 however this has seen a delay.</p> <p>Explore opportunities for additional bedded capacity to meet identified gap.</p>

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**KLOE 5: Escalation plans**

Key question and points to consider	Response
<p><b>KLOE-5.1: Describe the system escalation plan</b></p> <ul style="list-style-type: none"> <li>Using the anticipated non-elective demand scenario outlined in the numerical submission describe the point at which demand would outstrip the capacity profiled for surge and the steps that the system will take to respond to this.</li> <li>Specifically outline the consequences of this on other services.</li> <li>Describe plans in place to expand adult and paediatric critical care capacity if needed?</li> <li>Describe the whole system escalation plan including primary care, social care, and local authority.</li> <li>Describe how capacity, including capacity in high-impact intervention areas e.g., ARI hubs, will be expanded in the event that demand exceeds planned capacity.</li> </ul>	<p>Demand in the nonelective pathway is already outstripping resource. The system responds on a daily basis using OPEL 3 and 4 actions to implement a series of measures to reduce ambulance delays and accommodate additional demand through reverse boarding, use of escalation beds, review of elective programme etc. Continued operation at a heightened level of escalation has a number of associated risks and consequences.</p> <ul style="list-style-type: none"> <li>Risk of patient harm from delayed access to care</li> <li>Risk of patient harm when cared for in non-clinical areas</li> <li>Risk of deconditioning in hospital due to delayed discharge</li> <li>Risk to patients impacted by elective programme delays</li> <li>Risk to workforce of stress and burnout</li> <li>Financial risk associated with running above capacity</li> </ul> <p><b>Critical Care Escalation Plans</b></p> <p>Adult critical care capacity would expand into theatre recovery areas as a short-term measure. Regional Critical Care Network is in place and coordinates movement of activity between critical care areas if required</p> <p>N&amp;W provide Level 2 paediatric critical care facilities with patients requiring Level 3 services transferring to a Tier 4 regional centre. Where demand outstrips capacity paediatric patients would temporarily be treated within the adult critical care unit with oversight of Paediatrician and RSCNs.</p>

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Key question and points to consider	Response
	<p><b>Whole System Escalation Plan</b></p> <p>Whole system escalation plan would follow the NHS National OPEL Framework. Locally this is supported by an established Strategic Operational Delivery Group consisting of senior operational leaders for all ICS health and social care providers and Clinical Risk Review Panel with MD and DoN membership.</p> <p>Local surge and escalation plans are being developed to supplement the national policy and represent local practices currently in use and is expected to be completed in autumn 2023.</p> <p>The ICB is currently leading planning work under the Discharge Board to develop demand and capacity model to identify gaps. Expansion in capacity in relation to other high-impact intervention areas will need to be achieved within existing resource but carry an associated risk if funding cannot be made available.</p>
<p><b>KLOE-5.2: Early warning</b></p> <ul style="list-style-type: none"> <li>Describe the system approach to monitoring demand and early warning systems in place.</li> </ul>	<p><b>Monitoring Demand-</b></p> <p>Day to day monitoring of urgent and emergency care demand will be via the ICB System Coordination Centre who have access to near real time data via CADs and SHREWD Region showing ambulance arrivals at hospital, ED flow, occupancy and discharge activity.</p>

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Key question and points to consider	Response
	<p>Monitoring includes basic awareness of prehospital demand through EEAST and NHS111 services.</p> <p>Twice daily system calls are attended by all providers and additional capacity updates are submitted daily to the SCC from Community Providers, NEPTS and Social Care.</p> <p>Weekly review of activity and demand undertaken at Strategic Operational delivery Group attended by senior operational leads from all organisations.</p> <p>EPRR colleagues work closely with the SCC team to ensure daily flow of operational and EPRR intelligence and to sequence escalation activity and communications effectively across the ICB, ICS and to regional colleagues.</p> <p><b>Early Warning Systems-</b> Early warning capability in place via SHREWD Region, CADs and NRT Insights accessible to SCC Colleagues and on-call personnel. Activity is monitored 08.00-20.00 but not during the out of hours period between 20.00 and 08.00.</p> <p>Early warnings are not automated and rely on experience of personnel monitoring activity in the SCC.</p>

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Key question and points to consider	Response
	The SCC runs on a virtual office basis and site teams from all organisations have the links to join the office when required for individual updates or escalations.

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**KLOE 6: Workforce**

Key question and points to consider	Response
<p><b>KLOE-6.1: How will you ensure adequate staffing levels are in place to meet anticipated demand?</b></p> <ul style="list-style-type: none"> <li>• How have you modelled your workforce requirements for permanent clinical and non-clinical staff to deliver a resilient winter – ensure that you have considered all parts of the system.</li> <li>• Do you have the required level of staffing in place to deliver the planned capacity outlined in the 2023/24 operating plan for the system?</li> <li>• If there is a deficit in workforce what are your plans to meet this – how confident is the system in meeting this deficit?</li> <li>• How much temporary workforce is required to support across winter?</li> <li>• Have you onboarded current staff within all partner organisations to staff banks for deployment during periods of escalation?</li> <li>• What plans do you have to maximise the community workforce to ensure rehabilitation and reablement are delivered to all people requiring Intermediate Care services?</li> </ul>	<p>Organisations review and implement their annual plans for winter resilience.</p> <p>Recognising the partnership approach to management of IA this year, our plans for winter will adopt a more formal system wide preparation, management, and recovery approach.</p> <p>The workforce pillar with the ICB governance and operating model in line with its role to lead system planning and oversight of delivery during winter.</p> <p>The pillar will convene partners to support collective planning and risk management for workforce, through the lens of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing – keeping people well and in work, including a spot light on Senior Leadership and Operational Managers</li> <li>• Additionality in workforce</li> <li>• Industrial Action</li> </ul> <p>Additional information around seasonal staffing plans are being developed by system partners currently and will be provided in due course.</p>
<p><b>KLOE-6.2: How will the system work together to support one another from a workforce perspective?</b></p>	<p>As an ICS we will work with our partners to develop, implement, and monitor the impact of a collective workforce planning and resilience response over the period.</p>

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Key question and points to consider	Response
<ul style="list-style-type: none"> <li>Are the correct systems and processes in place to support the deployment of staff from one provider to another where necessary?</li> </ul>	<p>Given our geography and known workforce challenges, it is unlikely staff would actively move between organisations under a formal MOU. However, we have a system collaborative bank which does allow for movement at discretion of individuals, and our Reservist team to provide a more flexible approach to deployment. We also work well at a tactical level, to consider mutual support ie cohorting and diverts to flex peaks and movement in demand to maintain resilience.</p>
<p><b>KLOE-6.3: How will staff wellbeing be prioritised across winter?</b></p> <ul style="list-style-type: none"> <li>What initiatives are in place to support staff wellbeing across the winter?</li> <li>When is planned and unplanned absenteeism expected to be highest and are arrangements in place to ensure this is aligned with demand and capacity?</li> <li>What plans are in place to support a successful vaccination programme for influenza and Covid-19 if recommended for staff and volunteers?</li> </ul>	<p><b>Winter boosters</b></p> <p>Though our Vaccination Board, we will be monitoring flu and CV19 booster roll out and uptake of staff across health and social care. This will be supported by our well established winter wellness campaigns and leadership from our Directors of Nursing and vaccination champions.</p> <p><b>Industrial action resilience</b></p> <p>In line with our response to Industrial action, we have recommended some focussed interventions to reduce impact of moral distress, and harassment faced by staff which we have seen increase as the period of IA continues. This is in development but will quickly be mobilised before the 19th September with a lens on:</p> <ul style="list-style-type: none"> <li>IA IMT member resilience (schwartz rounds, trauma coaching, leadership circles)</li> <li>General health and wellbeing – working with our N&amp;WB network to increase visibility and signposting to local and system wide offers of support</li> </ul>

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Key question and points to consider	Response
	<ul style="list-style-type: none"> <li>• Practical steps – including visible leadership and management support for all staff (particular lens on admin staff managing elective cancellations), ensuring adequate rest areas are available, tailoring our ICS anti bullying and harassment campaign to the public, and alignment to medical schools, DME, and HEIs to collectively support students and trainees.</li> </ul> <p><b>Planned and unplanned absenteeism</b></p> <ul style="list-style-type: none"> <li>• Planned absenteeism is expected to be highest during December and January</li> <li>• We are also seeing early indications of unplanned absenteeism from nursing and HCAs on industrial action days, as well as consultants planning to work and then not arriving for shift.</li> <li>• Demand and capacity will be modelled and mitigated with additional bank staffing, and internal redeployment of staff within provider areas. Christmas day cover will also follow usual planning arrangements recognising a reducing in activity for this day and the subsequent increase in the days following.</li> </ul>
<p><b>KLOE-6.4: How are you maximising the role of VCSE partners?</b></p> <ul style="list-style-type: none"> <li>• What assumptions have been made about the role of VCSE partners in supporting the workforce this winter?</li> <li>• What steps have you taken to maximise the role of VCSE partners this winter?</li> </ul>	<p>A dedicated workstream has been running under the Discharge Board -to support collaboration between VCSE providers and improve engagement and access to services.</p> <p>New Step-up/down model from 2023/24 – commencement of a new VCSE-led service from September 2023, with additional investment, to support people being discharged home from</p>

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Key question and points to consider	Response
<ul style="list-style-type: none"> <li>• How will the relationship with VCSE partners be managed at a system-level to ensure the greatest level of integration and joint working?</li> <li>• What steps has the system taken to maximise the role of NHS and Care Volunteer Responders?</li> </ul>	<p>hospital and in the community when in need. Self-directed support and use of Direct Payments is being promoted to give access to untapped support in the community.</p> <p>The VCSE network lead is a member of the UEC and Discharge Boards to ensure representation in strategic decision making.</p>

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# Proactive Interventions

ICB Board - 26<sup>th</sup> September 2023



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# Proactive Interventions



Transform the way in which Norfolk offers support to its residents. Move from reactive, formal support towards more proactive, targeted, and preventative support.



1

## Identifying at risk individuals

Using sophisticated data analysis, understanding our residents more holistically

2

## Intervening to mitigate the risk

Setting up a design group running a falls pilot to test the capability

3

## Exploring the future of prevention in Norfolk

Setting up long term capability for prevention within the council

We're starting by **testing our new capability with people at risk of a fall.**

Our pilot has two phases: **phase 1** identifying people on Adult Social Care records (**initial contacts now complete**); and **phase 2**, identifying people on South Norfolk District records in addition to Adult Social Care records (**starting October**).

In both phases, partners from across our ICS are involved in different elements of pilot delivery.

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# Proactive Interventions

Early, proactive support to people before they reach crisis point to increase their ability to stay independent at home for longer

## Digital Platform

To form a deeper understanding of residents and the capability to identify people at risk of care need escalation using advanced analytics

## Partner Collaboration

Data sharing and a better way of working with partners to proactively support people early on their journey



## Falls Prevention Pilot

Testing the new capability with a falls prevention pilot, starting in 2023

## Setting Up For The Future

Building a strategy that enables this capability to grow, with additional partners and additional cohorts of people receiving proactive support

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# Identifying the most vulnerable people at the highest risk of life changing falls

## Extract

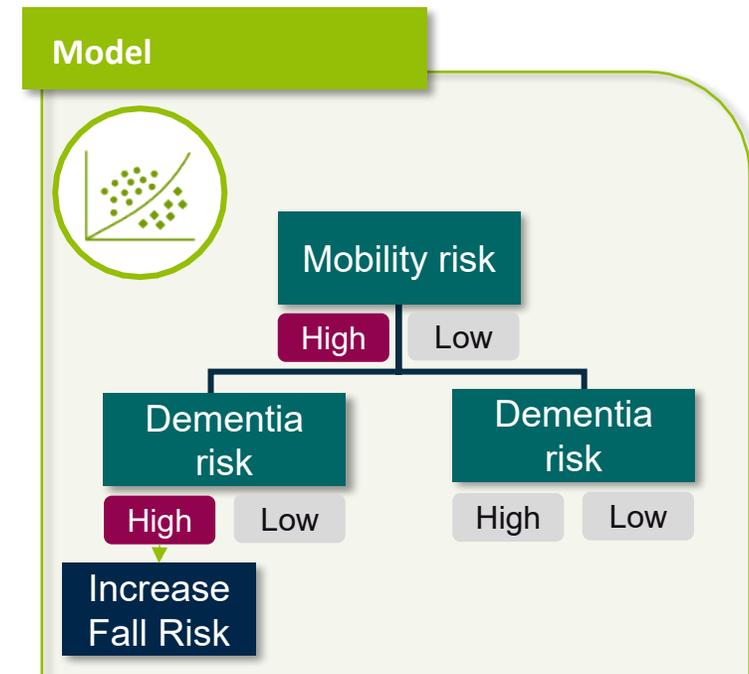
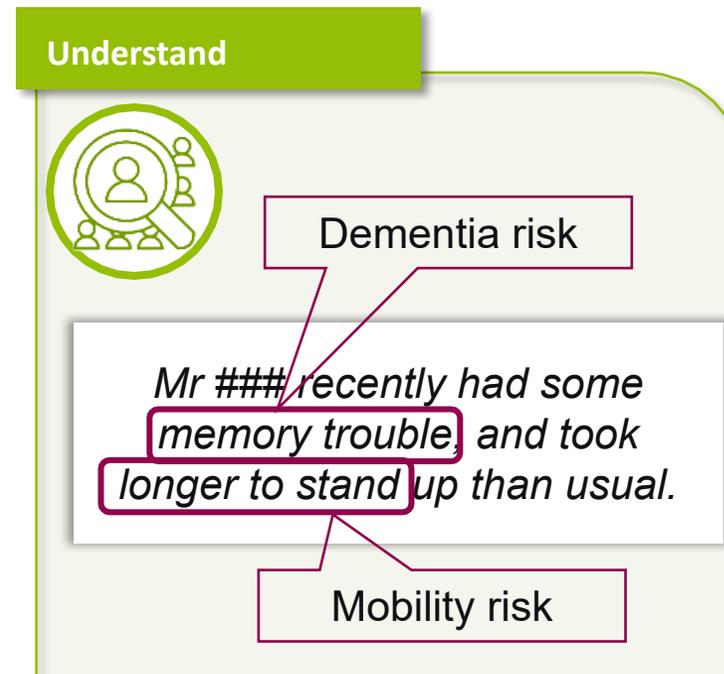
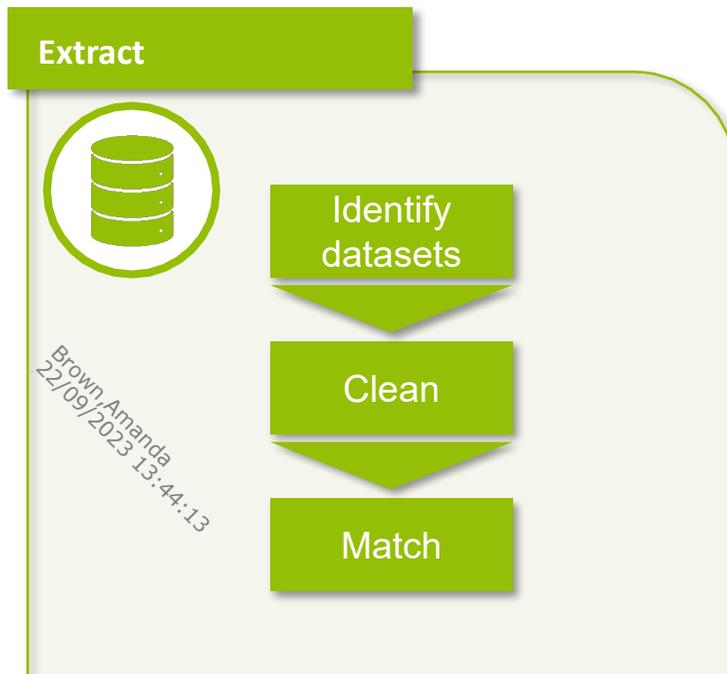
Extract information from social care notes, intervention and hospital admission data. Match customers across systems to generate a holistic understanding of each individual's experience to date

## Understand

Use natural language processing to automatically extract key health, care and lifestyle risks from case notes. There are hundreds of risks in our framework

## Model

Using historical data, our machine learning model automatically assesses thousands of relationships between risks and the likelihood of falling to identify which combinations of risks are the best predictors of a fall. It then makes a prediction for every individual. Tests show the model is correct up to 70% of the time



# We start by better understanding people through data...

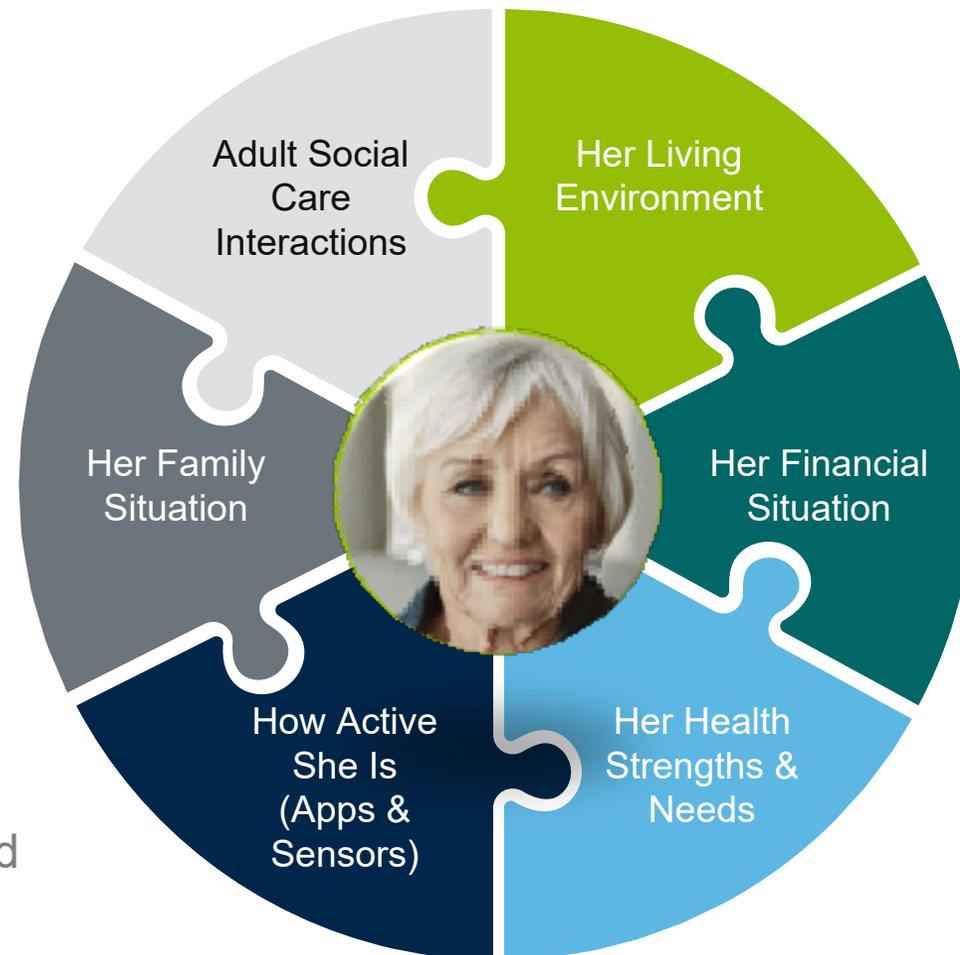
## Single Customer View

Meet Sarah, a 74 year old from Diss...

We could try and understand her through the lens of social care...

... But we're also about to learn about her housing and financial situation through a pilot

... And imagine how much more timely, personalised and impactful our support could be if we knew even more about her



- Adults
- Place
- Districts
- Health
- Childrens
- Tech Enabled Care

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# We then use the latest technology to automatically extract meaningful insight about our people

## Risk & Resilience

### Sarah's Case Note

(13/02/2022)

#### What has prompted your call today?

Sarah says they used to have a carer but they have died. Sarah says that the carer did all cooking, cleaning, washing, ironing etc. They died quite recently - 27th of last month.

- Struggles to keep the house clean - Sarah has not made enquiries about getting a cleaner.

- Sarah finds day to day tasks effortful - cannot change bed linen as it involves standing and lifting the mattress.

- Sarah wants to stay in the house

- Sarah says their legs let them down and if they fall they cannot get back up

- Son has ordered a care alarm for Sarah  
 - Sarah says they try to go to Morrisons once a week. Family have rallied round and sent over food parcels etc.

- Sarah is able to make herself a microwave meal.

- Sarah can do washing but cannot hang it up - they feel they are too likely to fall.

- Sarah is able to have a wash as they have a wet room.

- Sarah is able to get into and out of a chair

- they have an electric chair

- Sarah is able to get into and out of bed

What help can you / the person you are calling about get whilst you / they wait for a Social Care practitioner to respond? (Friends/family/neighbours)

- Sarah would prefer to be self-sufficient.

- Sarah says family have rallied around but feels this is not sustainable

Will you / the person you are calling about be safe for the next three days? If not, why?

- Yes

#### Financial assessment info:

- Client's capital has now reached: £0 in bank - is in debt. Pension is £197.10 weekly (pays about £40 per month for rent to district possibly - Sarah confused by a long document from district which they received recently)



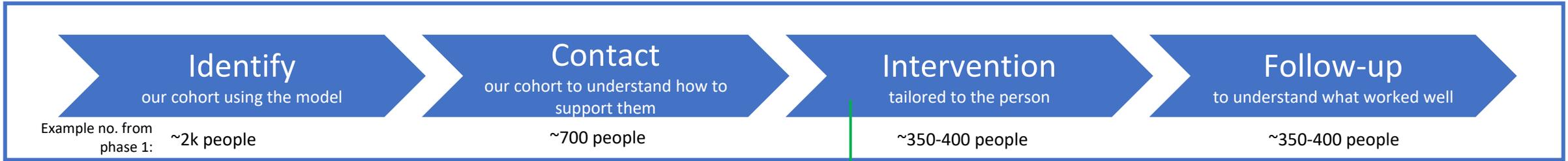
Bereavement

Mobility

Falls

Debt

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### Environmental adjustments

**Fire Service**  
Home Safety Visit



**Assistive Technology**



**Housing & Handyman services**





### Mobility and keeping active:

**Reablement Chair Based Exercises**  
Norfolk First Response



**Active Now Exercise Classes**





### Social isolation & Local Groups

**Voluntary Norfolk Befriending**



**Community assets**





### Financial Services

**Money and Debt Advice**



### Health services

**NHS Multifactorial Falls Assessment**





By WJ, Amanda  
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Sarah has been identified as being at risk of a fall by our model

She will receive a letter, letting her know we'll be in touch



The ProtectNow NHS team (phase 1) / South Norfolk Help Hub (phase 2) talk to her and offer her relevant, preventative support



The same ProtectNow/Help Hub person will follow up twice with Sarah to support her in connecting to the support offered, and to get feedback on the impact it has had

Given we know she has mobility issues, Sarah is likely to be offered chair-based exercises



# Outputs so far



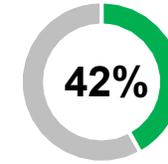
538 of 700 people answered the calls

Of these



278 people agreed to have a holistic conversation

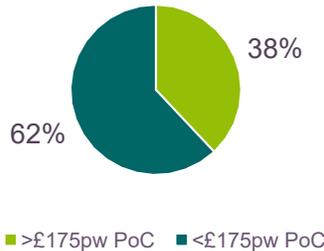
Of these



156 people agreed to take up 239 referrals between them

We have seen strong uptake from residents, and positive feedback from partners working together. If we sustained this model in the future, ensuring sufficient prevention capacity for it will be important.

Of the people that did not engage in a call, 62% had packages of care that cost less than £175 per week.

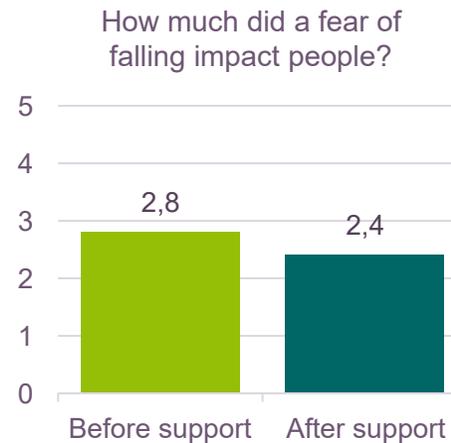


This could tell us that people who had less support already were less likely to engage in an initial conversation.

259 of 278 people (93%) were eligible for at least one service, indicating the model is effectively identifying people at risk

Outcomes (reduced falls and impact on long term care) will be available for the January evaluation. However, we are starting to see user feedback from follow-up calls:

We asked people how much a fear of falling impacted on their well-being:



There was a 15% reduction following intervention support

100% quoted no recent falls since their intervention

71% of people thought the support was beneficial

53% of people said they continued with their changes

Very pleased with the support provided as will now be able to access her garden more freely

## Additional Cohorts

People at risk of a fall are just one cohort of people. We know there are multiple other groups of people that could benefit from our early support. Who is next and how do we support them?

- Our teams have an enormous wealth of ideas for areas of risk we see facing our residents that could be addressed through a proactive intervention approach.
- We have been attending team meetings, including front line social care managers, commissioning teams, ICS falls groups, health inequalities governance and sharing with regional networks.
- Engagement has resulted in a range of ideas, some general areas of interest and others more fully thought through.
- A 'shortlist' of potential future areas to explore has been developed – but should be further bult on. This will be invaluable as we take further learning from our two pilots.

## Additional Partners

We know that prevention means understanding people holistically and using a variety of support networks to ensure they stay well and independent. This means sharing data and offering coordinated support from across our system.

### Projects

- Social isolation & loneliness
- Self-neglect & hoarding
- (Expansion of) falls

### Quick Wins

- Access to Skills and employment
- Housing support

### Opportunities

- Identifying people who could benefit from support across a wider range of our systems, including NHS and Housing Associations



# Next Steps



**Falls Prevention: Phase 1 pilot (contacts complete)**

**Falls Prevention: Phase 2 pilot (starting October)**

**Future of proactive intervention approach – exploring cohorts of people we could proactively support in future**

**Further working together as an Integrated Care System could significantly enhance the opportunity for proactive interventions** – in how we: 1.) identify together people we want to support, 2.) share information and data appropriately, and 3.) provide interventions across our range of services.

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Improving lives **together**

Norfolk and Waveney Integrated Care System

# Integrated Care Board Finance Report

## July 2023

(Month 04, 2023-24)

Board: 26 September 2023

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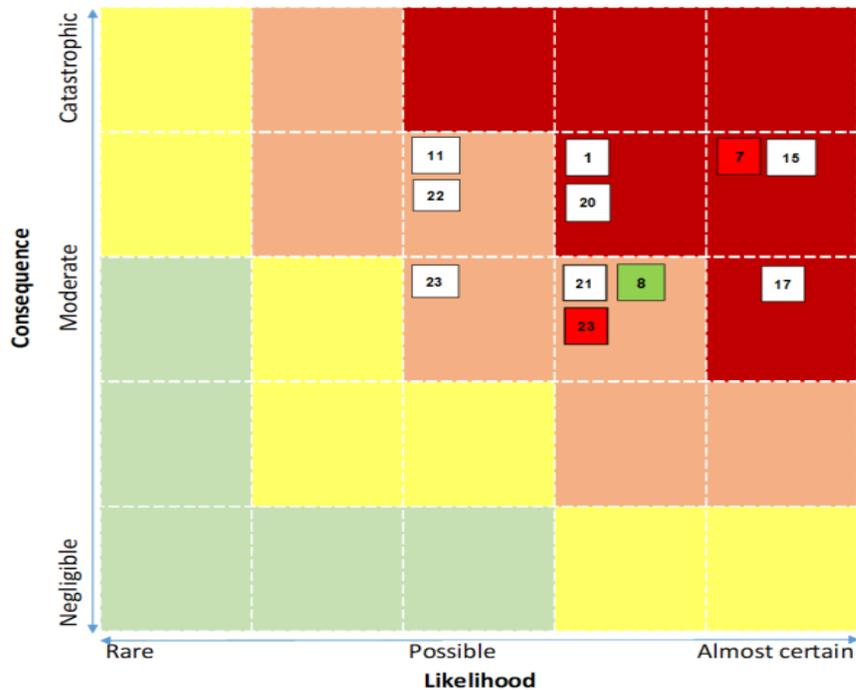
# 1. Executive Highlights

- This report represents the July 2023 year-to-date position of the ICB as part of the 2023/24 Financial Year.
- The ICB has reported a **Year to Date break-even position**, which is in line with the plan submission
- The **Forecast out-turn position is break-even**, inline with plan, but includes some offsetting variances, the major items being:
  - £(13.9) of Pipeline Efficiencies (As part of the closing the gap exercise, £16.9 of pipeline efficiencies were identified of which £3m have been progressed to delivery stage – leaving £13.9m with further development and agreement required);
  - £(14.3)m Unidentified Investment Slippage in relation to Service Development (SDF) Funding;
  - £(4)m Continuing HealthCare (CHC) pressures as result of increases in High Costs Learning Disability packages and Fast Track packages
  - £(1.5)m Prescribing Pressure due to the Edoxaban Prescribing Rebate loss and increase in Oxygen Costs
  - £28.m Assumed Benefit relating to the availability of non-recurrent mitigations (including pipeline efficiencies and SDF slippage);
  - £8.0m of combined smaller favourable benefits to include Prior Year, contract negotiations and other planning benefits.
- **The Underlying position at M04 is £(79.3)m deficit**, a deterioration against the M03 underlying deficit of £(78.0)m and against the planned deficit of £(57.3)m due to the Unidentified Efficiencies being assumed as delivered in a non-recurrent way (£17m), and increasing CHC high cost and fast track packages (£5m).
- The 2023/24 Financial Plan included £75m of unmitigated risks in-line with NHSEI guidance relating to efficiency delivery, investment slippage, service demand, inflationary pressures beyond funding, and corporate pay costs for the Re-Organisation.
- As at M04 the £75m planning risk is reassessed as being £43.0m net risk on a probability basis, which is excluded from the forecast. This risk includes £30.7m of assumed credits in the reported forecast to cover the unidentified efficiencies and investment slippages embedded in the plan against which final plans have not been secured. Significant progress has been made in identifying further efficiencies through a 'closing the gap' event but these have not been formally accepted.

# 2. Strategic Financial Risk Register

This risk dashboard categorises the key financial strategic risks by their impact and likelihood to help the strategic focus to be on those that will cause the ICB the greatest issues.

Key: ■ = Worsening Risk □ = Stable risk ■ = Improving risk



Financial Strategic Risks	Ref.	Details	Tolerated Risk appetite	May-23	Jun-23	Jul-23
Achievement of Plan	1	Achieve the 2023/24 financial plan (BAF 11)	12	16	16	16
	15	Underlying deficit position (BAF 11A)	12	20	20	20
	17	Inflationary pressures	9	15	15	15
	20	Impact of new prescribing guidance	8	16	16	16
	21	Impact of Direct Commissioning transfer	9	12	12	12
	22	Re-Organisation: Running Costs Reduction, Increased Pay Costs and Cost of Delivery	9	12	12	12
	23	Debt and Working Capital Management (NCC)	6	9	9	9
Demand and Capacity	7	Continuing Health Care demand growth	9	15	15	20
	11	ERF: RTT backlog and Acute demand management	9	12	12	12
	24	Patient Choice (Learning Disabilities & Autism)	9			9
Efficiency	8	Efficiency, transformation development/delivery	8	16	16	12
			<b>Extreme</b>	<b>6</b>	<b>6</b>	<b>5</b>
			<b>High</b>	<b>4</b>	<b>4</b>	<b>6</b>
			<b>Moderate</b>	<b>0</b>	<b>0</b>	<b>0</b>
			<b>Low</b>	<b>0</b>	<b>0</b>	<b>0</b>
			<b>Total Risks</b>	<b>10</b>	<b>10</b>	<b>11</b>

As at M04 (July) 11 Key Financial Risks exist. 10 are carried forward from M03 and 1 new risk has arisen in M4 (Risk 23) relating to Patient Choice particularly for Learning Disabilities and Autism services.

Two further changes have arisen since those reported in M3, Risk 7 Continuing Healthcare demand growth has increased from a previous score of 15 to 20 whereby the likelihood is now almost certain. This is based on a significant increase in demand reported in M4 causing the forecast to further deteriorate against plan.

Risk 8 Efficiencies has reduced following the 'Closing the Gap' event whereby the Consequence of on-delivery (to include unidentified) has reduced.

Whilst risk FinCOM 15 'Underlying Deficit' risk-scoring remains consistent, the underlying forecast deficit of £(79.3)m at M04 (£(78)m M03) represents a worsening position against the financial plan deficit of £(57.3)m. The March 2023 exit underlying deficit was £(65.1)m.

## 3. Statement of Financial Position (SOFP)

The Statement of Financial Position presents the aggregate closing position of the ICB as at 31st July 2023.

### Non Current assets:

IFRS16 was implemented in April 2022. The non-current assets balance includes the right of use assets for the lease of the premises at King's Lynn and Norfolk County Council. Corresponding entries are also included in both current and non-current Lease Liabilities. The lease for Castle Quarter (£0.1m) is no longer recognised as it has been taken over by another NHS body.

### Current assets:

Total current assets have increased since year end, driven principally by cash. The £8.6m balance is made up of aged debtors of £5.3m (including NHSE £2.6m and NCC £2.2m), net of a provision against this balance of £2.2m and prepayments and accrued income of £5.5m.

Trade debtors are subject to a quarterly review of bad debt for provision or write off, which are presented to the Audit Committee. Further details are presented in Appendix B.

### Current liabilities:

Total current liabilities has decreased by £29m since year end, driven principally by ICB and system invoice accrual timing. The £197m balance is made up of trade creditors of £4m, Prescription Pricing Authority accruals of £21m, dental accruals of £3m, payroll costs including GP pensions of £3m, deferred income of £9m, prior year accruals of £79m and ICB and system invoice accruals of £78m.

Provisions include legal, staffing and estates costs.

### Long Term liabilities:

The non-current payables balance is the deferred income relating to research & development which are funded in advance.

### Taxpayers equity:

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

NHS NORFOLK & WAVENEY ICB STATEMENT OF FINANCIAL POSITION	Position as at 31/03/23	Position as at 30/06/23	Position as at 31/07/23
<b>ASSETS EMPLOYED</b>			
<b>Non-Current assets</b>			
Right-of-use Assets	1,152	1,152	1,005
Accumulated Depreciation	(147)	(203)	(204)
<b>Total non-current assets</b>	<b>1,005</b>	<b>949</b>	<b>801</b>
<b>Current assets</b>			
Trade and Other Receivables	8,676	6,817	8,642
Cash and Cash Equivalents	1,649	6,668	7,673
<b>Total current assets</b>	<b>10,325</b>	<b>13,485</b>	<b>16,315</b>
<b>Current liabilities</b>			
Trade and Other Payables	(225,918)	(187,839)	(196,963)
Lease Liabilities	(219)	(220)	(191)
Provisions for liabilities and charges (including non-current)	(4,732)	(4,732)	(4,732)
<b>Total current liabilities</b>	<b>(230,869)</b>	<b>(192,791)</b>	<b>(201,886)</b>
<b>Long Term liabilities</b>			
Non-Current Payables	(686)	(686)	(686)
Non-Current Lease Liabilities	(775)	(719)	(607)
<b>Total non-current liabilities</b>	<b>(1,461)</b>	<b>(1,405)</b>	<b>(1,293)</b>
<b>Net assets employed</b>	<b>(221,000)</b>	<b>(179,762)</b>	<b>(186,063)</b>
<b>FINANCED BY TAXPAYERS EQUITY</b>			
General fund	(221,000)	(179,762)	(186,063)
<b>Total taxpayers equity</b>	<b>(221,000)</b>	<b>(179,762)</b>	<b>(186,063)</b>

# 4. ICS Financial Summary

## Revenue position:

The ICS reported position for M4 is,

- £20.318m Year to Date deficit, adverse to plan by £9.495m.
- Full year Forecast Breakeven, on plan.

The most significant variances are as follows:

- NNUH is £4.6m adverse to plan as a result of the impact from the Industrial Action and additional independent sector capacity support costs to deliver lost activity as a result of industrial action,
- QEH is £3.8m adverse to plan due to slippage in delivery of the CIP programme, pay pressures as a result of sickness and Industrial Action, and additional capacity costs as a result of RAAC issues.
- JPUH is £1.1m adverse to plan due to the impact of industrial action, lost income through undelivered extra activity, non-pay pressures and CIP programme behind plan.

## Capital position (Capital Delegated Expenditure Limit – CDEL):

The ICS reported position for M4 is,

- £16.4m spend, a shortfall of £5.9m to plan.
- Full year Forecast to plan.

- All organisations have a YTD underspend against plan, this is mainly due to slippage/delays in project roll out and RAAC schemes.
- All organisations forecast to deliver against plan in full.

Revenue (surplus)/deficit £'000	Month 4 YTD			Forecast Outturn		
Organisation	Plan	Actual	Variance	Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k
JPH	1,062	2,171	1,109	0	(0)	(0)
NNUH	1,803	6,407	4,604	0	0	0
QEH	2,945	6,769	3,824	0	0	0
NSFT	4,937	4,932	(5)	(0)	(0)	(0)
NCH&C	76	40	(36)	0	0	0
<b>Provider Subtotal</b>	<b>10,823</b>	<b>20,318</b>	<b>9,495</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>
ICB	0	0	0	0	0	0
<b>N&amp;W System Total</b>	<b>10,823</b>	<b>20,318</b>	<b>9,495</b>	<b>(0)</b>	<b>(0)</b>	<b>(0)</b>

System CDEL	Month 4 YTD			Forecast Outturn		
Organisation	Plan	Actual	Variance (Under)/Over	Plan	Actual	Variance (Under)/Over
	£m	£m	£m	£m	£m	£m
JPH	4.0	1.7	(2.4)	14.8	14.8	0.0
NNUH	3.1	3.0	(0.2)	14.6	14.6	(0.0)
QEH	11.2	10.3	(0.9)	31.7	31.7	0.0
NSFT	3.1	1.1	(1.9)	12.6	12.6	0.0
NCH&C	1.0	0.4	(0.6)	4.8	4.8	0.0
<b>N&amp;W System Total</b>	<b>22.3</b>	<b>16.4</b>	<b>(5.9)</b>	<b>78.5</b>	<b>78.5</b>	<b>(0.0)</b>

# Glossary of terms (1)

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

# Glossary of terms (2)

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

Agenda item: 13

<b>Subject:</b>	<b>Board Assurance Framework (BAF)</b>
<b>Presented by:</b>	<b>Karen Barker, Executive Director of Corporate Affairs and ICS Development</b>
<b>Prepared by:</b>	<b>Martyn Fitt, Corporate Affairs Manager</b>
<b>Submitted to:</b>	<b>Integrated Care Board - Board Meeting</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To present the Board with a copy of the ICB's Board Assurance Framework (BAF) to assist the facilitation of discussions around risks impacting the ICB's ability to deliver its strategic objectives.

**Executive Summary:**

The Board is presented with a copy of the ICB's Board Assurance Framework and the associated risk visual.

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

The BAF categorises risks around its three aims:

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

The BAF has undergone significant review since the last board meeting in July this year by the associated risk leads and ICB Executive Management Team (EMT). Accordingly, the Board is asked to note the following updates that have been made since the BAF was last presented to Board on 18 July 2023:

- **BAF03 Providers in CQC Special Measures (NSFT).** The mitigated risk rating has increased to a 4x4=16. The risk actions, controls and mitigations detail the support for the proposed change.
- **BAF08 Elective Recovery.** The risk rating has increased to 5x4=20. The risk actions, controls and mitigations detail the support for the proposed change.
- **BAF09 NHS Continuing Healthcare.** The risk rating has increased to 5x4=20. The risk actions, controls and mitigations detail the support for the proposed change.

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- **BAF21 Grant Thornton Mortality Review.** This is a new risk which has been proposed by the ICB's Quality and Safety Committee for escalation to the BAF.

**Recommendation to Board:**

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

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

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## APPENDIX 2: RISK VISUAL

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

		<i>Likelihood</i>				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Consequence	1 Negligible	1	2	3	4	5
	2 Minor	2	4	6	8	10
	3 Moderate	3	6	9 BAF12b BAF13	12 BAF17 BAF19 BAF20	15
	4 Major	4	8 BAF12a	12 BAF05a BAF06 BAF14 BAF15	16 BAF02 BAF03 BAF04 BAF05b BAF10 BAF11 BAF16	20 BAF08 BAF09 BAF11a BAF18 BAF21
	5 Catastrophic	5	10	15	20 BAF07	25

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

Version: 4 Date: 15 September 2023

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

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

### Summary of risks

Ref.	Risk Title	Risk Owner	Date risk identified	Target delivery date	Score at target delivery	2023-2024 Monthly Risk Rating												
						1	2	3	4	5	6	7	8	9	10	11	12	
<a href="#">BAF02</a>	System Urgent & Emergency Care (UEC) Pressures	Mark Burgis	01/07/22	31/03/24	12	16	16	16	16	16								
<a href="#">BAF03</a>	Providers in CQC Special Measures (NSFT)	Tricia D'Orsi	01/07/22	31/12/24	8	12	12	12	16	16								
<a href="#">BAF04</a>	Timely cancer diagnosis and treatment	Dr Frankie Swords	01/07/22	31/03/24	8	9	16	16	16	16								
<a href="#">BAF05a</a>	Barriers to Full Delivery of the Mental Health Transformation Programme (Adult)	Jocelyn Pike	01/07/22	31/03/24	8	12	12	12	12	12								
<a href="#">BAF05b</a>	Barriers to Full Delivery of the Mental Health Transformation Programme (CYP)	Jocelyn Pike	01/07/22	31/03/24	8	16	16	16	16	16								
<a href="#">BAF06</a>	Health Inequalities and Population Management	Dr Frankie Swords / Mark Burgis	01/07/22	31/03/24	4	12	12	12	12	12								

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<a href="#">BAF07</a>	RAAC Planks	Steven Course	01/07/22	31/03/24	15	20	20	20	20	20							
<a href="#">BAF08</a>	Elective Recovery	Dr Frankie Swords	01/07/23	31/03/24	12	16	16	16	16	20							
<a href="#">BAF09</a>	NHS Continuing Healthcare	Tricia D'Orsi	01/07/23	31/03/24	9	16	16	16	16	20							
<a href="#">BAF10</a>	EEAST Response Time and Patient Harms	Tricia D'Orsi / Mark Burgis	01/07/22	31/03/24	9	16	16	16	16	16							
<a href="#">BAF11</a>	Achieve the 2023/24 Financial Plan	Steven Course	01/07/22	31/03/24	12	16	16	16	16	16							
<a href="#">BAF11a</a>	Underlying Deficit Position	Steven Course	01/07/22	31/03/24	12	20	20	20	20	20							
<a href="#">BAF19</a>	Discharge from inpatient settings	Tricia D'Orsi	25/10/22	31/03/24	6	15	15	12	12	12							
<a href="#">BAF21</a>	Grant Thornton Mortality Review	Dr Frankie Swords	18/07/23	31/03/24	4				20	20							

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**BAF02**

<b>Risk Title</b>	<b>System / Urgent &amp; Emergency Care (UEC) Pressures</b>			
<b>Risk Description</b>	<p>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.</p> <p>This could lead to 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. In turn, this congests the EDs slowing down ambulance handover leading to more crews outside hospital who are unable to be released to respond to 999 calls.</p>			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Mark Burgis	Patients and Communities Quality and Safety	Ross Collett	01/07/2022	31/03/2024

**Risk Scores**

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

**Controls**

**Assurances on controls**

- **Strategic Oversight:** UEC Programme Board oversees non-elective flow and monitors a system wide transformation programme to improve the responsiveness of our Urgent and Emergency Care pathways to ensure patients receive the right treatment in the right place at the right time; that timely discharge for non-elective patients from inpatient hospital and community beds takes place and that appropriate discharge capacity is available to meet the discharge demand from health settings.
- **Business Continuity:**
  - All Trusts, including community, 111 and primary care have business continuity plans in place to manage the operational response to in-year peaks in demand and periods where demand exceeds 'business as usual' levels.
  - A seven-day System Control Centre (SCC) and East of England Ambulance Service (EEAST) System Oversight Cell (SOC) are in place. The SCC and SOC work alongside Providers to coordinate operational responsiveness when individual or multiple providers are unable to meet demand in a timely and safe way and to escalate to appropriate levels of management when decisions to mobilise additional resources are needed.
  - Interim Winter Director in post until end of May to manage the SCC; act as a point of system escalation for operational pressures including management of any critical or major incidents for the ICS and the associated reporting to NHSE; coordinate mutual aid and support between providers at Exec level, and to lead the planning and implementation of non-recurrent "winter funding".

**Internal:** ICB Executive Management Team; Norfolk and Waveney UEC Steering Group; Emerging 'Place' UEC Steering Groups; System Control Centre (SCC)

**External:** ICS Executive Management Team (CEOs Group); Trust Boards; NHSE Regional Strategic Oversight

**Specific controls to appropriately manage urgent and emergency care demand ensuring patient's needs are met:**

- **Hospital 'Admissions Avoidance':** A range of 'Admissions Avoidance' schemes are in place across N&W to ensure that those patients who have an 'urgent' need but do not need the

full range of services of an acute hospital but may be at risk of an inappropriate admission are managed safely in a community setting, the core services are:

- **111 / GP led Clinical Advice Service (CAS):** This service provides advice to healthcare professionals and the general public triaging and referring patients to the most appropriate service and setting that will best meet their needs.
  - **Urgent Community Response (UCR):** Patients that have been triaged can be referred to this service which provides a face-to-face response within 2 hours for those patients that need this 'urgent' intervention who would otherwise be at risk of admission to hospital. This community led service is underpinned by a plethora of discrete services across each 'place' that the UCR team can access to ensure the immediate need is met and that patients are referred onto appropriate health or social care services that can provide support to prevent or reduce the risk of further exacerbation.
  - **GP Streaming (ED Front Door):** is in place at all three acute hospitals to reduce the urgent care (minors) demand flowing through our EDs by providing a primary care led service to patients who walk-in to our EDs as well as redirecting them to other appropriate services in the community.
  - **Call before convey service (MDT Open Room):** Patients that have an urgent need but choose to ring 999 are held in the 999 'stack' for significant periods of time as there are insufficient resources available that can be mobilised by the ambulance service due to handover delays at hospital. The MDT Open which we are aiming to develop into a pre-hospital urgent care hub allows the transfer of these patients to appropriate community services for response both health and social care.
  - **Same Day Emergency Care (SDEC):** All three acute hospitals have SDECs in place. These are being further developed to include a wider range of symptom groups and referral routes to increase their effectiveness in avoiding 'avoidable' admissions to hospital
  - **Virtual Ward:** Virtual Ward Project established in Q3 22/23. The project intends to increase the level of acuity of patients that can safely be managed in the community by increasing community capability in a "step up" model. See "discharge" for further information on VW project and "step down".
  - **Creation of surge / escalation capacity:**
    - **Cohorting:** A range of cohorting measures are available at acutes to provide ED surge capacity and reduce waiting to handover at hospital.
    - **Rapid Ambulance Offload:** Arrangements in each ED enable a limited number of additional rapid ambulance handovers to release waiting ambulance crews to attend very urgent community calls where there is an extreme risk of adverse clinical outcome from delay.
- Escalation / Surge Beds: Acute and community providers have created additional escalation / surge beds through internal operational changes and using some winter funding

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<ul style="list-style-type: none"> <li>○ All acute hospitals have ambulance handover plans to improve handover performance and accommodate surges in demand.</li> <li>● <b>Specific controls to improve discharge (cross-reference with BAF19):</b> <ul style="list-style-type: none"> <li>○ Discharge Director is supporting Trusts to ensure best practice is in place via a 30,60,90-day plan and 100-day discharge challenge.</li> <li>○ Capacity and Demand modelling work is taking place and funding made available to support an increase in capacity using non-recurrent winter funding.</li> <li>○ Circa 210 beds and 190 domiciliary packages of care equivalent to an acute bed have been mobilised across N&amp;W until 31<sup>st</sup> March 2023.</li> </ul> </li> <li>● The system is now in OPEL 3, with NNUH remaining at OPEL 4. Improvement in offload delays and ambulance response times is reflected in reduced adverse incidents. This prompts a reduction of risk at M1 (2023-24).</li> <li>● Position continues to improve with a reduction in escalation beds at the Acute hospitals and improvement in C1 and C2 ambulance response times. Ambulance handover into ED is showing early signs of improvement, however this needs to embed and sustain before further risk reduction.</li> </ul>	
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**Gaps in controls or assurances**

- Clearly defined cross-reference to PHM Strategy that will reduce latent demand for urgent and emergency care through better long-term conditions management reducing condition exacerbation
- Limited alignment with Mental Health non-elective strategy and plans including the mitigation of the impact of Covid 19 which in turn will reduce latent demand on acute hospital EDs
- Central 'Winter Funding' ends on 31<sup>st</sup> March 2023 and mobilised bed stock and domiciliary care provision will reduce leading to delayed discharges from in-patient hospital and community beds, resulting in an adverse impact on flow and reduction in responsiveness of the community to meet urgent and emergency care needs.
- Winter Director and Discharge Director secondments will end on 31<sup>st</sup> May and 31<sup>st</sup> March respectively leaving a gap in system level capacity whilst UEC structure is reviewed.
- Assumptions made by our acute hospitals in the current round of operational planning highlights capacity in wider community (primary care, community, 111/CAS, 999) will be unable to meet the pre-hospital and discharge needs of our population accessing the non-elective pathways
- Insufficient capacity in social care to meet the needs of our population who require timely discharge to complete their onward care journey

**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
16/03/23	National UEC Recovery Strategy - Reduce LoS in inpatient settings. This is a core action in the Joint Forward Plan (JFP) to rebalance system flow and meet operational planning target of 76% A&E 4 hour performance. Baseline average LoS is currently 8.1days for non-elective pathway	A	31/03/24
16/03/23	National UEC Recovery Strategy – Recover Ambulance category 2 response time to minimum 30mins. This is a core action in the Joint Forward Plan (JFP). Recovering to this performance will be underpinned by a range of Admissions Avoidance and Discharge initiatives to ensure we have the capacity to release ambulances to respond to category 2 calls	A	31/03/24
16/03/23	National UEC Recovery Strategy – This is a core action in the Joint Forward Plan (JFP) Meet our Virtual ambition to achieve 40 beds per 100,000 population (368 beds). This initiative will support Admissions Avoidance and Early Supported Discharge to meet the 76% A&E 4 hour target	A	31/03/24

**Visual Risk Score Tracker – 2023/24**

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

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22/09/2023 13:44:41

**BAF03**

<b>Risk Title</b>	<b>Providers in CQC Special Measures (NSFT)</b>			
<b>Risk Description</b>	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.			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Tricia D’Orsi	Quality & Safety	Karen Watts	01/07/2022	31/12/2024

**Risk Scores**

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

<b>Controls</b>	<b>Assurances on controls</b>
<ul style="list-style-type: none"> <li>The report published on 28/04/22 gave an overall reduced rating of inadequate. The Trust was able to provide adequate assurance to mitigate the need for a Section 31 enforcement notice during the inspection.</li> <li>The Trust’s Improvement Plan is over seen by an Improvement Board with a focus on the areas set out in the section 29a letter and Must Do’s issued in April 2022. Stakeholder engagement has been strengthened. Evidence Assurance Panel established with attendance by ICB MD and DoN.</li> <li>Regular NHSE/I Oversight, and Assurance Group in place. Dedicated senior NHSE/I and ICB support has been taken up.</li> <li>Staff engagement events have taken place across Trust sites and staff groups, with support from the Norfolk &amp; Waveney and Suffolk ICBs.</li> <li>Weekly internal Performance Board is driving progress. NHSE and ICB are working collaboratively to support the Trust.</li> <li>Transformation plans continue to progress alongside Quality Improvement.</li> <li>Strengthened leadership to support key clinical areas.</li> <li>The ICB MH Strategic Commissioning Team are attending ‘pillar’ meetings around Culture, Leadership &amp; Governance, Safety, Demand &amp; Capacity and Service Offer. Each pillar is led by an NSFT Executive SRO, supported by an external consultant supporting delivery of the overarching improvement plan. ICB staff are participating in working groups.</li> <li>ICB supporting Trust with data validation, completion of dashboard and South Norfolk community capacity pilot.</li> <li>ICB attending Trust Quality and Safety Reviews (QSR) with frontline teams and working closely with NHSE on a governance review</li> </ul>	<p><b>Internal:</b> Clinical Governance Meetings, Quality and Safety Committee, ICB Executive Management Team (EMT), System EMT, and ICB Board. Trust CQC Evidence Panel chaired by ICB.</p> <p><b>External:</b> ICB attendance at Key Trust Meetings, Care Quality Commission, System Quality Group, Norfolk and Suffolk Healthwatch organisations, NHSE/I Oversight and Assurance Group, NSFT Quality Improvement Board, NSFT Quality Pillars and NSFT Quality Committee.</p>

<ul style="list-style-type: none"> <li>Evidence Assurance Panel is in place, chaired and supported by ICB Medical Director.</li> <li>The Trust was reinspected, with its report published in February 2023. The overall rating increased from 'inadequate' to 'requires improvement'.</li> <li>The Trust will continue to receive enhanced support from NHSE to sustain improvements and to support exit from NOF 4 criteria in 2023-24 Q4. Phase 2 of the Trust's improvement plan is in place. Risk has been reduced to reflect improvements but continues to be 'high' as change embeds.</li> <li>A new model of care is currently in development.</li> </ul>	
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**Gaps in controls or assurances**

<ul style="list-style-type: none"> <li>High levels of patient acuity are being reported. Capacity is not currently able to meet demand; particularly in the community.</li> <li>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.</li> <li>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. This is improving but needs to embed.</li> <li>There is a risk that progress may be delayed or diluted if Norfolk and Suffolk commissioners are not aligned in their transformation programme, where relevant.</li> <li>Long term sustainability of improvements, which is required to move out of NOF4 status.</li> <li>Recent publication of the Grant Thornton Review of mortality reporting (see BAF 21). This has attracted high level media attention. An action plan has been put in place to take forward required improvements. This will require service user and carer involvement. NWICB and SNEEICB are in alignment and in discussion with NSFT regarding oversight, governance and reporting arrangements against the plan.</li> <li>The Trust is about to commence a restructure of Care Groups and has had significant changes in senior leadership.</li> </ul>
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**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
17/12/21	Additional programme governance has been put in place around 12Hr ED breaches in order to meet the requirement for NOF 4 recovery. This brings together commissioners, service providers and other key stakeholders to implement a system recovery plan looking at early intervention and crisis support, front and back door hospital processes and the 'flow' between these areas.	B	31/07/23
25/08/22	Trust reported 80% completion of Must Do's as of end of July 2022. Evidence Panel has been set up to review compliance with Section 29a. Reinspection evidenced improvements and phase 2 of improvement plan now in place.	B	31/07/23
24/06/23	New model of care in development, focussed around standards of care and patient needs. Areas are being selected to pilot. ICB is supporting.	G	31/03/24
21/08/23	First commissioners meeting held regarding oversight, governance and reporting arrangements against the Grant Thornton Mortality Action Plan. The Trust did not attend; this will be followed up.	B	30/09/23
14/08/23	NWICB is setting up a new contract, commissioning and quality meeting with the Trust. This will provide oversight of the sustainability of improvements.	A	30/09/23

**Visual Risk Score Tracker – 2023/24**

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

## BAF04

<b>Risk Title</b>	<b>Timely cancer diagnosis and treatment</b>
<b>Risk Description</b>	There is a risk that patients with cancer will not be diagnosed and treated as early as possible due to the multiple impacts of the pandemic. Delayed diagnosis and treatment can lead to poorer long-term outcomes for cancer patients as well as significant psychological distress to those waiting for treatment. There is clinical risk to patients on 62-day cancer pathway and other elective waiting lists with last minute cancellations to their surgery. Recent industrial action has also impacted negatively on current backlogs. Recent SIs have shown impact on patient outcomes. There is an ongoing perception of difficulty accessing healthcare which may also be impacting on patients help seeking behaviours

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	Quality & Safety	Sheila Glenn	01/07/2022	31/03/2024

### Risk Scores

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

Controls	Assurances on controls
<ul style="list-style-type: none"> <li><b>Controls:</b> The <u>Cancer Programme Board</u> works in close partnership with regional cancer screening and North EOE Cancer Alliance, to: <u>Optimise uptake and coverage of screening, provide fixed term transformation resource and support system transformation projects</u> which expand diagnostic and treatment capacity and transform how care is delivered to improve timeliness and efficiency. This work feeds into the <b>Elective Recovery and Diagnostics Boards</b>. There is a <u>unified prioritisation and harm review process</u> of reviewing patients on waiting lists for possible harm, to ensure that elective capacity is used to deliver care to patients in order of clinical priority at all acute trusts. There is also a <u>quarterly presentation of anonymised key themes from cancer significant incidents</u> at the Cancer Programme Board to share learning.</li> </ul>	<p>A local communication plan is in place to educate patients on worrying symptoms and encourage presentation to Primary Care.</p> <p><b>Internal:</b> Quarterly reports re cancer screening backlogs and bi-monthly updates re transformation progress and operational cancer services restoration into Cancer Programme Board. Monthly update on Cancer Tiering to Elective Recovery Board. Escalation of performance issues to Performance Committee. Escalation of issues/challenges to Transformation Board.</p> <p><b>External:</b> Monthly regional support meetings for Cancer Tier 1 trust which are also attended by the EOE North Cancer Alliance. PHE, NHSE Cancer Alliance.</p>

### Gaps in controls or assurances

- Changed help seeking behaviour for worrying symptoms has led to a fall in the number of people coming forward and led to an increase in delayed presentations (estimate of approx 600 missed cancer diagnoses).
- Challenge of workforce resilience/capacity to continue to meet the backlog and diagnostics demand particularly for CT, including administrative capacity to safely manage waiting lists. Exacerbated by sickness absence, annual leave and combined industrial action of junior doctors and consultants.
- Continued surges in 2ww demand with variable performance across providers and pathways.
- Little spare capacity to support mutual aid and complex surgery is provided by the NNUH as Cancer Centre.

### Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
17/05/22	Risk log reviewed. NNUH remains in Tier 1. Operational and workforce challenges in particular relating to industrial action impacting on cancer services restoration.	G	Ongoing

### Visual Risk Score Tracker – 2023/24

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

**BAF05A**

<b>Risk Title</b>	<b>Barriers to full delivery of the Mental health transformation programme (Adults)</b>			
<b>Risk Description</b>	There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet the need. If this happens, individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Jocelyn Pike	Quality & Safety	Emma Willey	01/07/2022	31/03/2024

**Risk Scores**

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

Controls	Assurances on controls
<ul style="list-style-type: none"> <li>System wide governance framework in situ</li> <li>Acting Director of Mental Health Transformation appointed to lead development of system collaborative, acts as MH SRO</li> <li>22/23 N&amp;W Planning submission agreed by NHS England &amp; Improvement</li> <li>Finance &amp; Planning working group meet monthly to drive robust financial arrangements and deliver planned MHIS investment</li> <li>System commitment to increase knowledge skills and expertise and develop additional capacity through use of digital</li> <li>MH Workforce Programme Manager working with system partners to implement the N&amp;W MH workforce strategy/ transformation</li> <li>Ongoing work with Population health management team to proactively contact and offer support/ physical health assessment and vaccination</li> <li>Co-developed eating disorder strategy to direct implementation of national ambitions</li> <li>Working in partnership with Norfolk and Suffolk Constabularies to implement a system wide collaborative approach to Right Care Right Person</li> </ul>	<p><b>Internal:</b> SMT, EMT, Board</p> <p><b>External:</b> N&amp;W MH Strategic Oversight Board, HWBs Norfolk and Suffolk, NW Health and Care partnership MH Forum, HOSC, Norfolk and Suffolk NHSE/I Regional MH Board and subgroups, NHSEI System Improvement and Assurance Group,</p>

**Gaps in controls or assurances**

<ul style="list-style-type: none"> <li>Impact of pandemic and cost of living crisis on mental health and well-being of population leading to increased need for support and adding to capacity pressures and resilience of providers</li> <li>Organisational development required to drive forward internal cultural change. Cultural shift required as a system to enable successful transformation and ensure mental health is better understood and regarded as 'everyone's business'.</li> <li>Cultural, digital and operational collaboration to enable access and easily navigable mental health services, is at an early stage of development</li> <li>Conflicting priorities across complex system transformation agenda</li> <li>Intra-system Electronic Patient Record connectivity, especially at the interface of primary/secondary/social care and third sector provision, remains a challenge and priority to address</li> <li>Ability to recruit, retain and train a viable number of staff to enable service expansion and meet the MH and well-being needs of the N&amp;W population</li> <li>Limited influence on alternative provision within a tightly prescribed talking therapies model – National NHSEI and HEE guidance is restrictive and does not allow local flexibility</li> </ul>
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- The ICB is going into restructure July 2023, Capacity and impact may be noted as the process progresses

**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
29/04/22	Continuing work to develop effective partnerships and system ownership of the N&W MH Transformation Programme Plan. Co-production with Experts by Experience and Clinical Reference Group is central to initiating and sustaining positive change. Recent governance refresh to include Adult MH System collaborative established from April 2023.	G	31/03/24
29/04/22	MH Workforce Programme Manager in conjunction with AD Workforce Transformation and AD MH Transformation driving development of workforce dashboard, and transformation programme. Working with system partners to deliver the N&W MH workforce strategy.	G	31/03/24
29/04/22	Developed Recovery Improvement Plans with support from NHSEI to work towards recovery of trajectories for the following: increasing Physical Health Checks for people with Severe Mental Illness, improving Dementia Diagnosis and reducing Out of Area Placement OAP). All negatively impacted by the pandemic which has increased demand and limited opportunity for early intervention. This will enhance support for areas of activity where N&W do not yet meet the national standard. Rated amber to reflect difficulties reducing use of OAP beds and eradicating 12-hour breaches during a time of extraordinary demand and pathway pressures. Work is continuing across all areas.	A	31/03/24
20/10/22	Community Transformation: Working with Locality leads and GP Practices to implement the 'MH Integrated Care Interface'. The MHICI is a primary care-based MH Multi-disciplinary team, including professionals from different organisations (NSFT, NCC, VCSE and primary care) that work together to assess and direct people to the most beneficial service according to their need.	G	31/03/24
29/08/23	ICB Leads working in partnership with Norfolk and Suffolk Constabularies and delivered a Right Care, Right Person workshop on 29/06/23 from which a cross organisational working group has formed to implement RCRP transformation in Norfolk. Also working with Suffolk Constabulary and SNEE ICS to support Suffolk arrangements in Waveney and align where possible. National Partnership Agreement incorporating RCRP principles and operating model drafted aiming to embed learning and mitigate risks following rollout in Humberside.	G	31/01/25

**Visual Risk Score Tracker – 2023/24**

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

Brown, Amanda  
22/09/2023 13:44:13

**BAF05B**

<b>Risk Title</b>	<b>Barriers to full delivery of the Mental health transformation programme (CYP)</b>			
<b>Risk Description</b>	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			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Jocelyn Pike	Quality & Safety	Rebecca Hulme	01/07/2022	31/03/2024

**Risk Scores**

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

**Controls**

- Dedicated CYP strategic commissioning team now in place
- Effective System wide governance framework
- Collaboration with system partners to understand demand and capacity has begun and the shared resource is better understood.
- Development of robust understanding of the financial envelope available to drive the transformation, and investment necessary, including appropriate measures to reconcile these is still in process.
- System approach to increasing knowledge skills and expertise across agencies and developing additional capacity through use of digital. Greatly assisted by digital appointing a digital lead. Digital workstream initiated
- Financial slippage is being mitigated against protecting our ability to maintain MHIS investment
- Implementation of system wide transformation programme
- Commitment from system partners to adopting Thrive approach – mental health needs being considered and addressed in wider health and social care settings
- Additional partnership working with VCSE
- All age Eating Disorder Strategy
- Established Children and Young Peoples System Collaboratives in Norfolk and Suffolk

**Assurances on controls**

**Internal:** SMT, EMT, Integrated Care Board, Finance Committee, Quality Committee,

**External:** CYPMH Executive Management Group, CYP Strategic Alliance Board, HWBs Norfolk and Suffolk, NW Health and Care partnership MH Board, NHSE/I Regional MH Board and subgroups, HOSC Norfolk and Suffolk, System Improvement and Assurance Group, Children and Young People’s System Collaborative

**Gaps in controls or assurances**

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

**Updates on actions and progress**

<b>Date opened</b>	<b>Action / update</b>	<b>BRAG</b>	<b>Target completion</b>
02/05/22	Intensive Day Support for CYP with eating disorders is due to open this month for 5 CYP and their families on a six month test & learn basis before expanding support offer to 12 CYP.	<b>G</b>	30/11/23

02/05/22	Development of Integrated Front Door progressing well, dedicated team in place to develop model, ensure pathways and capacity sitting behind front door will meet the need, procurement process has begun with an expected go live date early 2023. Talking Therapies collaborative being developed as part of model to increase capacity	G	31/10/23									
02/05/22	Working alongside adult commissioning team to enhance support offer for 18-25 year olds in wellbeing hubs. Task and finish group set up to improve talking therapies offer for 16-25 to improve access, engagement and outcomes.	A	30/09/23									
06/11/22	Recruitment remains challenging in core secondary care services. New staff in post but staff leavers nullifying effect. Requirement to address urgent presentations and increased community acuity reducing routine capacity to reduce waiting times.	R	31/10/23									
06/11/22	Some mitigations through expansion of VCSE provision, successful procurement of Integrated Front Door Provider, new provider for Mental Health Support Teams and talking Therapies Collaborative – now mobilising in advance of 2023 planned start	G	31/10/23									
10/01/23	Collaborative working with Suffolk and Norfolk systems to introduce short breaks provision. Capital funding in use to develop estates	G	31/10/23									
10/01/23	System planning to ensure alignment of provision in Waveney with Suffolk system colleagues. Task and finish group established	G	31/10/23									
10/01/23	Engagement exercise commenced to revisit ambitions and transformation plan with Norfolk and Waveney stakeholders	G	31/10/23									
10/01/23	System review of provision commenced across Norfolk and Suffolk – further development of Alliance approach to ensure support accessible in most appropriate part of the system	G	31/10/23									
11/07/23	Integrated Front Door established and taking referrals for mild to moderate need. Early data shows 27% of CYP have their needs met on first contact. Work continues to expand to all referrals in September. Stakeholder workshop planned for 11/07/23	A	01/10/23									
11/07/23	Main provider supported to complete demand, capacity and process review of CYP waiting lists. Update 25/08/23 - review completed	G	01/9/23									
11/07/23	Successful bid for NHSE regional funding to create mental health care navigator team – recruitment commenced. Potential delay due to organisational restructure Update 25/08/23 - delays in recruitment as awaiting sign off on Trac.	A	01/10/23									
11/07/23	Collaborative working with local authorities to establish an integrated short stay facility using NHSE capital funding and joint funding from LA. Next steps to confirm revenue funding.	A	01/10/23									
25/08/23	Integrated Front Door workshop completed. Recent staff changes within main provider place September implementation of full IFD at risk as advised no capacity to support. Further work planned to escalate to NSFT Executive	R	01/10/23									
25/08/23	Waiting list size within main provider continues to increase. Staff vacancies within central youth team critical. Proposal from provider to declare business continuity. Trust undergoing organisational restructure so delays to replacing key leadership roles. Plan to escalate to NSFT Executive.	R										
25/08/23	Procurement of gender identity support completed, and contract awarded	G										
25/08/23	Procurement of eating disorder parent support completed, and contract awarded	G										
Visual Risk Score Tracker – 2023/24												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	16	16	16							
Change	→	→	→	→	→							

25/08/2023 13:44:13

**BAF06**

<b>Risk Title</b>	<b>Health inequalities and Population Health Management</b>			
<b>Risk Description</b>	<p>Health inequalities (HI) are avoidable, unfair and systematic differences in health between different groups of people, which impact on longer term health outcomes and a person's ability to access healthcare. Core20Plus5 is the NHS Health Improvement framework for tackling HI. Population health management PHM is a system that uses data to segment the population and identify groups of people at risk of poor outcomes or inequalities, and then to proactively address these with the aim of improving population health outcomes, reduce unwarranted variation and health and care inequalities.</p> <p>There is a risk that the ICB will not use PHM techniques to their full potential and not meet its statutory requirements to reduce health inequalities, and deliver the Core20Plus5 commitments. If this happens, specific groups of people will experience poor outcomes which could have been prevented.</p>			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Mark Burgis / Dr Frankie Swords	Patients and Communities	S Meredith	01/07/2022	31/03/2024

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

Controls					Assurances on controls			
<ul style="list-style-type: none"> <li>Specialty advisors leading on CORE20PLUS5, HI, PHM and on HI in CVD.</li> <li>The NCC deputy DPH is now leading the ICB team to coordinate and lead this.</li> <li>PHM and addressing HI has been identified as a priority in our JFP.</li> <li>Plus groups now defined for N&amp;W.</li> <li>ICB PH&amp;I Board, HI Oversight Group (HIOG) and PHM Oversight Group (PHMOG) have been established, strategies are under development and key workstreams identified.</li> <li>Health Improvement Transformation Group (HITG) focussing on Primary Prevention reports to the ICP, established with key priorities including smoking and physical activity.</li> <li>Protect NoW used to target multiple groups to address inequalities using PHM systems.</li> </ul>					<p><b>Internal:</b> Progress against key national delivery timelines reported and led by appropriate governance structures: Health Inequalities Oversight Group (HIOG), PHM oversight group and PH and Inequalities board. Quarterly NHSE reporting of NHS Inequalities stocktake Health Improvement Transformation Group (HITG), Inclusion Health Group, Integration &amp; Partnership team linked to Place Elective Recovery board monthly report on waiting lists per decile of deprivation index Analysis of patients on admitted elective waiting lists has not detected any systemic health inequalities Health Needs Assessments for Inclusion Health groups developed to be published on JSNA</p> <p><b>External:</b> Health &amp; Wellbeing Partnerships, Place Boards, Clinical and Operational steering groups</p>			

Gaps in controls or assurances	
<ul style="list-style-type: none"> <li>Duplication of effort, energy and resources at Place and system level – lack of coordination of all mechanisms to address inequalities, further alignment required with review underway</li> <li>Capacity and lack of data – poor co-ordination relating to HI across the system, particularly with reference to Core20+5 &amp; VCSE integration agenda, resources in wider system (i.e. local government) to support agenda.</li> <li>NHSE HI funding not ring-fenced to support emerging work programmes and respond to system priorities.</li> </ul>	

Updates on actions and progress			
Date opened	Action / update	BRAG	Target completion
03/03/23	Population Health and Inequalities Board set up April 23	B	Complete
31/8/23	Engagement plans in place for strategy development for Health inequalities and PHM in line with JFP timelines	G	March 2024

Visual Risk Score Tracker – 2023/24												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	12	12	12	12	12							
Change	→	→	→	→	→							

**BAF07**

<b>Risk Title</b>	<b>RAAC Planks</b>											
<b>Risk Description</b>	<p>There is a risk of failure of the current roofing structures at two Norfolk and Waveney Acute Trusts due to their composition with RAAC Planks which are now significantly beyond their initial intended lifespan.</p> <p>This could affect the safety of patients, visitors and staff.</p> <p>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.</p>											
<b>Risk Owner</b>	<b>Responsible Committee</b>			<b>Operational Lead</b>			<b>Date Risk Identified</b>		<b>Target Delivery Date</b>			
Steven Course	Board/Finance Committee			Steven Course			01/07/2022		31/03/2024			
<b>Risk Scores</b>												
<b>Unmitigated</b>				<b>Mitigated</b>				<b>Tolerated (Target in 12 months)</b>				
Likelihood	Consequence	Total		Likelihood	Consequence	Total		Likelihood	Consequence	Total		
5	5	25		4	5	20		3	5	15		
<b>Controls</b>						<b>Assurances on controls</b>						
<ul style="list-style-type: none"> <li>Trusts have robust plans in place to manage a possible incident; however these only cover immediate evacuation and not reprovision</li> <li>Regional RAAC response plan is established</li> <li>Regular surveys and assessments are being carried out to determine the severity of the issue and to identify and address signs of deterioration.</li> <li>Region-wide scoping piece commissioned to look at ongoing service transition and recovery.</li> <li>Current work ongoing to address issues found on inspection as issues identified. Each issue is separately risk assessed using NHSE led guidelines for 'Best Buy' hospitals and a RAACter Scale used to assess level of issue.</li> <li>Legal position and recommendations provided by Browne Jacobson on ICB responsibilities should there be a catastrophic failure at either acute.</li> </ul>						<p>Internal: SMT, EMT, ICB Board External: ICS Boards, Estates, NHSE/I, Individual trust boards</p> <p>RAAC related exercises have been undertaken to provide assurance of plans and procedures in responding to an evacuation of a RAAC impacted trust.</p> <ul style="list-style-type: none"> <li>Feb 22 - Exercise Farthing</li> <li>Jun 22 – Exercise Walker</li> <li>Nov 22 – Exercise Fox</li> </ul> <p>EPRR Core Standards incorporated a Deep Dive on health providers Evacuation and Shelter arrangements specifically due to the RAAC risk</p> <p>Funding has been secured to support the mitigation of RAAC within the two acute hospitals by implementing programmes of interim works to mitigate risk, and planned replacement of each hospital under the NHS new hospitals programme.</p> <p>Funding has been secured to demolish the storage facility within the community site by the end of 23/24. Storage has been displaced to other sites.</p>						
<b>Gaps in controls or assurances</b>												
<ul style="list-style-type: none"> <li>Lack of approval of region-wide scoping piece prevents full evaluation and plan of service transition and recovery</li> </ul>												
<b>Updates on actions and progress</b>												
<b>Date opened</b>	<b>Action / update</b>								<b>BRAG</b>	<b>Target completion</b>		
16/02/22	Scoping piece to assess service transition and recovery post RAAC failure to concluded								G	ongoing		
05/06/23	QEH approved for New hospital								G	ongoing		
<b>Visual Risk Score Tracker – 2023/24</b>												
<b>Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Score</b>	20	20	20	20	20							
<b>Change</b>	→	→	→	→	→							

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**BAF08**

<b>Risk Title</b>	<b>Elective recovery</b>			
<b>Risk Description</b>	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 harm for individual patients resulting from prolonged waits for treatment.			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Dr Frankie Swords	Quality & Safety	Sheila Glenn	01/07/2022	31/03/2024

**Risk Scores**

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
<b>5</b>	<b>4</b>	<b>20</b>	<b>5</b>	<b>4</b>	<b>20</b>	<b>3</b>	<b>4</b>	<b>12</b>

**Controls**

- The Elective Recovery Board meets bi-weekly to oversee all workstreams to improve performance and reduce harm.
- Each Provider has completed waiting list clinical validation and all patients have been clinically prioritised.
- Workstreams are in place to expand capacity, share learning, maximise efficiency and reduce variation in waiting times between different providers, including through mutual aid, and to transform care pathways to accelerate elective recovery, each led by a chief operating officer or medical director.
- Unified process of clinical harm review and prioritisation in line with national guidance in place across all providers to ensure that patients' care is undertaken in order to clinical priority and to prevent harm where this is identified as a risk.
- EoE funding secured for mutual aid administrative support to contact long wait patients to confirm availability, signpost to While You Wait website and confirm if transfer to alternative provider via mutual aid
- National and local patient resources in place to support patients waiting for elective care: <https://www.myplannedcare.nhs.uk/>  
<https://norfolkandwaveneyICB.nhs.uk/while-you-wait>
- EMT agreement to commission elective capacity through independent sector providers.
- Trusts expected to clear 65-week wait outpatients by end of November in order to meet overall target of zero 65-week breaches at end of March 2024.

**Assurances on controls**

The initial focus to clear all patients waiting 104 weeks or more across our system by 1 July 2022 was met with data confirmed by NHSEI.

Trusts providing trajectories to ensure delivery of zero 65-weeks by end Mar 24 with additional focus on clearing remaining 78-weeks by end June 23 impacted by industrial action and workforce challenges.

QEH de-escalated from Tier 2 to non-tier in Feb 2023. JPUH escalated to Tier 2 for elective recovery June 2023.

NNUH working with the ICB to transfer long wait oculoplastics and spinal outpatients to local ISPs.  
Working with JPUH to transfer long wait gynaecology outpatients to ISPs.  
National focus on reducing paediatric long waits.

Internal: Weekly and monthly performance metrics for each workstream scrutinised at biweekly elective recovery board.

External: Trust Board Governance processes and returns to NHSEI, National contract monitoring by NHSEI and Elective Recovery Board. Weekly Tiering KLOE return from Trusts to system, region, and national teams, monitored through fortnightly Tiering meetings.

**Gaps in controls or assurances**

- Cessation/ reduction of elective activity due to RAAC plank works at JPUH and QEH.
- Industrial action leading to large numbers of cancellations/unbooked elective activity likely to worsen further due to increased duration of strikes and combined junior doctor and consultant action in September and October.
- Administrative resources to support validation and booking processes

**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
17/08/23	New paediatric theatres at NNUH will open in Dec 23. This will free up main theatre space for gynaecology and Urology.		

**Visual Risk Score Tracker – 2023/24**

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

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**BAF09**

<b>Risk Title</b>	<b>NHS Continuing Healthcare</b>			
<b>Risk Description</b>	There is a risk that not all NHS Continuing Healthcare (CHC) funded packages will 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.			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Tricia D'Orsi	Quality & Safety	Paul Benton	01/07/2022	31/03/2024

**Risk Scores**

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

**Controls**

**Assurances on controls**

- Recruiting to vacant posts within the CHC team to support assessments and care sourcing.
- Commence work with finance team and contract team in NWICB and Local Authorities (LAs) to work to stabilise the market.
- Link with Local Authority (LA) workforce teams to support care providers in additional training and support required.
- Regular financial updates to Finance Committee and Executive Management Team (EMT) to monitor impact of cost of care packages.
- Monthly operational finance meetings for Quality in Care (QiC) team.
- Monitoring of time taken to secure complex care packages and escalation process for CHC team if unable to source.
- Attendance at regional meetings to support feedback and sharing of good practice and innovation.
- Weekly meetings held with Norfolk and Suffolk NHS Foundation Trust (NSFT) and NCC to improve communication and partnership working around discharge planning. Complex discharges from acute mental health hospital beds are progressively delayed by lack of suitable complex care in the local provider market. Contracting, Finance and CHC teams collaborating to share relevant information regarding uplifts.
- Interim staff on secondment have been asked to extend the period of their secondment.

**Internal:** Senior Management Team (SMT); EMT; Quality & Safety Committee; Finance Committee; Board

**External:** NHS England/Improvement; Regional CHC Team, Joint Collaborative Forum (Norfolk County Council (NCC)), Care Market Cell (Suffolk County Council), System partners

**Gaps in controls or assurances**

- Ability to source and retain suitable workforce for either the NWICB CHC team or care provider market
- Lack of a whole system Care Workforce Strategy
- Ability to stabilise the care market post Covid-19 and EU Exit
- Capacity of CHC team to source or revise care packages
- From 30/06/22, funded Discharge to Assess pathway 3 ceases. CHC team does not have staff resources to manage the extent of workload that will require progressing.
- Following the CHC contract procurement in October 2022, as at 02/09/22, there are 125 CHC eligible individuals with ICB commissioned care who do not have a provider with a current NHS contract. We currently continue to commission new packages of care with some of these providers.

**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
11/02/22	Active recruitment into newly established roles to enhance the team's capacity and maximise clinical functionality of the team. Eight new commissioning support officers and two nurses.	B	21/06/23 Complete.
14/04/22	NSFT Discharge to Assess model to continue; currently funded through CHC. Case made to make this BAU, costing and evidence of effectiveness, shared with executive team.	B	21/06/23 Complete.
21/06/23	The ICB is working very closely with NCC to establish models of joint commissioning and agreed funding streams to apply stability into the care market. We are currently working with a consultancy firm to identify the next steps for this process.	G	30/09/23

Visual Risk Score Tracker – 2023/24												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	16	16	20							
Change	→	→	→	→	↑							

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## BAF10

<b>Risk Title</b>	<b>EEAST Response Time and Patient Harms</b>			
<b>Risk Description</b>	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.			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Tricia D'Orsi / Mark Burgis	Quality & Safety	Karen Watts	01/07/2022	31/03/2024

### Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
<b>5</b>	<b>4</b>	<b>20</b>	<b>4</b>	<b>4</b>	<b>16</b>	<b>3</b>	<b>3</b>	<b>9</b>

Controls	Assurances on controls
<ul style="list-style-type: none"> <li>Daily sit-rep ensures ICB is sighted on real-time demand and resource.</li> <li>HALO role across all Acute sites to support Emergency Departments (ED).</li> <li>999 / 111 multi-disciplinary approach via CAS at IC24 to manage some ambulance calls and dispositions</li> <li>Pre-alert and rapid release processes in place with safety netting for patients waiting to be seen. Ambulance and ED revalidations embedded.</li> <li>Proactive public comms to promote appropriate use of NHS service options. This is reinforced across seasonal campaigns.</li> <li>UEC Tactical Group continues to review system-wide SIs and identify trends / themes.</li> <li>Interfacility transfers have improved with processes in place between organisations.</li> <li>The system is now in OPEL 3, Improvement in offload delays and ambulance response times is reflected in reduced adverse incidents. This prompts a reduction of risk at M1 (2023-24).</li> <li>Position continues to improve with a improvement in C1 and C2 ambulance response times and reduced reporting of adverse incidents. Ambulance handover into ED continues to improve, but the position is dynamic. This needs to embed and sustain before further risk reduction.</li> </ul>	<p><b>Internal:</b> EMT, N&amp;Q Senior Team, ICB Clinical Lead for UEC and UEC Commissioning Team, ICB Quality and Safety Committee, ICB Board, Provider Governance Forum.</p> <p><b>External:</b> Regional Commissioning Consortium, NHSE Regional Team, OAG and CQC.</p>

### Gaps in controls or assurances

<ul style="list-style-type: none"> <li>The Trust has seen prolonged periods of high activity. System-wide pressures impact on the ability of ambulances to handover patients at Emergency Departments (ED) and release to respond to new calls in a timely way. Incidents have been reported by Primary Care, where Health Care Professionals have assessed the need for an ambulance and experienced a significant delay in response, however this has reduced in recent months. Incidents have also previously occurred where inter-facility transfers e.g., from local acute hospitals to tertiary centres for specialist care have been delayed, however mitigations across organisations have been successful in closing this as a specific risk.</li> <li>Discharge pressures, with high numbers of patients with no criteria to reside, are improving but still impacting on patient flow through the acute hospitals.</li> <li>Significant challenge remains in social care re: capacity and workforce required to support packages of care in the community.</li> <li>EEAST continues to experience workforce challenges in relation to recruitment, retention, wellbeing and morale.</li> </ul>
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- Sustained periods of industrial action have an impact on flow, which also impacts ambulance handover times. This can be positive or negative depending on how the action effects the capacity of senior decision makers in ED, and the movement of patients through the wider hospital.

Updates on actions and progress												
Date opened	Action / update										BRAG	Target completion
10/01/23	Decompression measures continue to be utilised at each site (cross-reference BAF02). Escalation plan required to reduce use of escalation beds.										G	31/03/24
29/08/23	System plans to mitigate industrial action are in place and working well. However, the resilience of staff and the pressure of prolonged action on interprofessional relationships is emerging as a risk. The system IA EPRR response continues to manage and mitigate risk.										G	31/03/24
Visual Risk Score Tracker – 2023/24												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	16	16	16							
Change	↓	→	→	→	→							

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**BAF11**

<b>Risk Title</b>	<b>Achieve the 2023/24 financial plan</b>			
<b>Risk Description</b>	If the ICB does not deliver the 2023/24 Financial Plan of a break-even position, then the ICB may not be able to maintain spending on current levels of service, or to continue with plans for further investment. This may lead to a reduction in the levels of services available to patients			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Steven Course	Finance	Emma Kriehn Morris	10/05/2022	31/03/2024

**Risk Scores**

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

**Controls**

**Assurances on controls**

- Monthly monitoring of risks and mitigations, reported to NHSE/I.
- Detailed plan for 2023/24 approved by Board and submitted to NHSE/I as part of the break-even system plan.  
Monthly Finance Report presented to Finance Committee and Board.

**Internal:** Board Reports and Minutes, Audit Committee reports and Internal Audit work plan, Finance Committee reports, Executive Management Dashboards, Delegated Budget manager review, Internal monthly review of Risks & Mitigations.

**External:** ICB assurance process, early flagging of risk with NHSE/I and Protocol conditions.

**Gaps in controls or assurances**

1. No contingency reserve in plan;
2. £75m of unmitigated risks against the plan at the point of final submission, of which £52.2m (70%) assumed credits embedded within the plan;
3. As at M04 (July 2023) the £75.0m risks has been re-assessed to £49.6m on a probability basis. This includes £30.7m of assumed credits in the reported forecast to cover the unidentified efficiencies and investment slippages embedded in the plan.
4. In addition to the remaining £49.6m Planning Assumption Risks a further £(6.6)m of Net Mitigations have been noted at the end of M04 (July 2023) resulting in a total net risk of £43.0m (M03 £60.1m).

**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
16/06/23	Review of M02 year to date performance and assess forecast out-turn evaluated risks and mitigations.	<b>G</b>	Monthly to 31/03/24

**Visual Risk Score Tracker – 2023/24**

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>							
Change	<b>↑</b>	<b>→</b>	<b>→</b>	<b>→</b>	<b>→</b>							

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**BAF11A**

<b>Risk Title</b>	<b>Underlying deficit position</b>											
<b>Risk Description</b>	If the ICB underpins its financial position via non-recurrent funding, then, this provides a risk to future years financial sustainability due to lower allocations based on historic expenditure.											
<b>Risk Owner</b>	<b>Responsible Committee</b>			<b>Operational Lead</b>		<b>Date Risk Identified</b>		<b>Target Delivery Date</b>				
Steve Course	Finance			Emma Kriehn Morris		10/05/2021		31/03/2024				
<b>Risk Scores</b>												
<b>Unmitigated</b>			<b>Mitigated</b>			<b>Tolerated (Target in 12 months)</b>						
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total				
5	4	20	5	4	20	3	4	12				
<b>Controls</b>						<b>Assurances on controls</b>						
<ul style="list-style-type: none"> <li>Analysis and understanding of underlying recurrent position, including drivers of the deficit on a monthly basis.</li> <li>ICS Medium Term Financial Model has been developed on consistent assumptions</li> <li>An ICB Detailed Medium Term Financial Model is being updated for the closing 2022-23 financial outturn. This will highlight the key drivers of the deteriorating underlying deficit.</li> <li>Key lines of Inquiries (KLOEs) have been reviewed and provide assurances as to strong financial governance and best practice adoption.</li> </ul>						<p><b>Internal:</b> Board Reports and Minutes, Audit Committee reports and Internal Audit work plan, Finance Committee reports.</p> <p><b>External:</b> ICB assurance process, early flagging of risk with NHSEI. ICS CFOs.</p>						
<b>Gaps in controls or assurances</b>												
<ul style="list-style-type: none"> <li>ICB has an underlying deficit position of £(65.1)m at the end of March 2023, and a planned 2023/24 underlying deficit of £(57.3)m. There are no plan at present to bring to a break-even position in the short term.</li> <li>Development and approval of the detailed Medium-Term Financial Plan is not yet completed.</li> <li>A Financial Strategy and Recovery Plan is not completed.</li> </ul>												
<b>Updates on actions and progress</b>												
<b>Date opened</b>	<b>Action / update</b>							<b>BRAG</b>	<b>Target completion</b>			
13/06/23	Continue to monitor and report the financial position via the Finance Committee reporting							G	31/03/2024			
10/08/23	The M04 based 2023/24 Forecast Outturn underlying position is £(79.3)m deficit (M03 £(78)m), which against the plan of £(57.3)m is a worsening position of £(22)m as a result of unidentified efficiencies (£17m) and CHC growth (£5m).								31/03/2024			
<b>Visual Risk Score Tracker – 2023/24</b>												
<b>Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Score</b>	20	20	20	20	20							
<b>Change</b>	→	→	→	→	→							

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**BAF19**

<b>Risk Title</b>	<b>Discharge from inpatient settings</b>			
<b>Risk Description</b>	There is an increased risk to patients no longer meeting the 'Criteria to Reside' in both acute and community hospitals; numbers of which continue to fluctuate. The cause is insufficient pathway 2 & 3 beds for people needing onward care, particularly for people with complex needs, as the local care market is not designed to meet current acuity and care requirements.			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Tricia D'Orsi	Quality and Patient Safety Committee	Danny Edmonds	25/10/22	31/03/24

**Risk Scores**

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

Controls	Assurances on controls
<ul style="list-style-type: none"> <li>Daily review of all system discharge delays.</li> <li>Escalation process for problems.</li> <li>Deconditioning and reconditioning programmes have had good buy in from staff across sites and we have commissioned Exercise Trainers across multiple sites as a result of the regional Deconditioning Games.</li> <li>Single agreed system dashboard established and continuously developing to strengthen oversight.</li> <li>New Transfer of Care form and processes approved for use across system.</li> <li>The system has committed to commissioning of the Optica system, planned implementation starting in October 2023; this has the potential to reduce length of inpatient stay and streamline system data.</li> <li>Length of stay is improving across community and ICB commissioned beds.</li> <li>More positive outcomes have been recorded for patients returning home, as opposed to long term care placement.</li> <li>Key vacancies across the system are filled following successful recruitment.</li> <li>7-day discharge is embedded in East and Central localities.</li> </ul>	<p><b>Internal:</b> ICB Executive Management Team; UEC Board; Discharge Programme Board; Discharge Steering Group; ICB Quality and Safety Committee; Bi-weekly Discharge Touchpoint Meeting. Daily Integrated Discharge Team Meetings; Strategic Operational Delivery Group; system Clinical Oversight Meeting.</p> <p><b>External:</b> Trust Boards; 3 x Acute System Operations, Resilience and Transformation Boards; NHSE oversight.</p>

**Gaps in controls or assurances**

<ul style="list-style-type: none"> <li>Insufficient capacity within existing care market as local provision is not designed to meet current acuity and complex care requirements.</li> <li>Workforce pressures. Staff sickness and absence continue to impact on performance.</li> <li>Underutilisation of criteria led discharge. This is continues to be a system priority.</li> <li>7-day working needs to embed fully across the whole Norfolk and Waveney footprint. This is improving but is still a risk.</li> </ul>
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**Updates on actions and progress**

Date opened	Action / update	BRAG	Target completion
09/11/22	Roll out of criteria lead discharge to all wards has commenced.	<b>A</b>	31/10/23
09/11/22	Establish task and finish group to explore strengthening the role and contribution the VCSE sector can make to discharge. System	<b>B</b>	31/07/23

	workshop took place on 07/06/23. VCSE are embedded into pathway 0 follow up, 24hrs post-discharge.											
22/06/23	Additional ICB beds funded to commence 01/07/23. 12 in West, 23 in Central and 13 in East. These will support pathway 2 discharges. Funding runs until end of December 2023.										<b>B</b>	14/07/23
22/06/23	New allocation of £2.69m into the system has been utilised to increase pathway 2 capacity, over 2023-24 quarter 2 and 3.										<b>B</b>	14/07/23
22/06/23	System awarded capital investment for modular build at NCH&C, with a potential of 48 beds. Planned to mobilise in January 2024.										<b>G</b>	28/02/24
29/08/23	Roll-out of Optica system, this has the potential to reduce length of inpatient stay and streamline system data.										<b>G</b>	31/10/23
Visual Risk Score Tracker – 2022/23												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	15	12	12	12	12							
Change	→	↓	→	→	→							

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BAF21									
Risk Title		Grant Thornton Mortality Review							
Risk Description		Grant Thornton has been commissioned by Norfolk and Waveney and Suffolk and North East Essex Integrated Care Boards to review the collection, processing and reporting of data. The report identified the Trust's mortality data management processes to be unclear and have a reliance on multiple systems to record and produce the data. The report also noted inconsistencies in the categorising and grouping of expected and unexpected deaths and the decision making involved was unclear and inconsistent leading to data on the cause of death being unavailable for many community deaths. There is a risk that the ICS fails to learn from the tragic events reported in the review. This could potentially lead to missed opportunities for prevention of future deaths which could lead to further distress of bereaved families, friends and carers who lose trust and confidence in the service. There is a significant risk of reputational damage and national media interest.							
Risk Owner		Responsible Committee		Operational Lead		Date Risk Identified		Target Delivery Date	
Dr Frankie Swords		Quality and Safety Committee		Karen Watts		18/07/2023		31/03/2024	
Risk Scores									
Unmitigated			Mitigated			Tolerated (Target in 12 months)			
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total	
5	4	20	5	4	20	1	4	4	
Controls					Assurances on controls				
<ul style="list-style-type: none"> <li>NSFT have formulated an Action Plan for both Grant Thornton and Seagry recommendations with senior NSFT SROs aligned to specific actions.</li> <li>Trust development of a Standard Operating Procedure (SOP) to manage data recording and validation with auditable trail.</li> <li>Standardised reporting structure for mortality will be presented through the Trust Committee structure and agreed by the Board.</li> <li>Evidence of centrally produced mortality data via the development of a Trust Mortality Dashboard</li> <li>The Trust's Learning from Deaths quarterly Board report will include thematic analysis of key metrics such as age, diagnosis, cause of death and deprivation indices.</li> <li>Data sharing agreements in place and functional across ICS areas.</li> <li>Data quality Dashboard is in place and shared with the ICB.</li> </ul>					<p><b>Internal:</b> ICB EMT, Quality and Safety Committee, Board, System Quality Group, system Learning from Deaths Forum, ICB Serious Incident Oversight, LeDeR and Child Death Review.</p> <p><b>External:</b> Regional Quality Group, NHS England Oversight and Assurance of NSFT, NSFT Board, NSFT Quality Committee, NSFT Mortality Improvement Board, NSFT Co-production Groups and CQC.</p>				
Gaps in controls or assurances									
<ul style="list-style-type: none"> <li>The Trust needs to apply rigour to improve the processes around the reporting of all mortality, and the understanding of all deaths for patients on its caseload, or within six months of discharge, particularly for deaths in the community.</li> <li>Unclear and inconsistent categorisation and grouping of expected and unexpected deaths and decision making.</li> <li>Lack of clarity within public facing documents and reduced clinical insight into the mortality information reported resulting in a lack of confidence from external stakeholders, including regulators and the public, in the data, and in the Trust's understanding of it.</li> <li>NSFT is often reliant on other NHS providers for cause of death information for community patients. The Trust will need to take responsibility for the actions they are able to complete, and to be clear on the requirements of partner organisations around the additional information they need and which organisation holds it.</li> </ul>									

- There is a gap in the development of a Standard Operating Procedure (SOP) to manage mortality data recording and validation with auditable trail.
- There is currently a lack of national guidance regarding recording of mental health mortality data.
- There is a gap concerning the oversight of community related deaths.

**Updates on actions and progress**

<b>Date opened</b>	<b>Action / update</b>	<b>BRAG</b>	<b>Target completion</b>
10/07/23	Action Plan to be agreed and in place by end of July 2023, incorporating review undertaken by Experts by Experience. This has been drafted; further work is needed to enable coproduction and plan the oversight and assurance approach.	<b>A</b>	30/09/23
10/07/23	Technical work to enable evidence to be pulled from an automated update process from the NHS spine.	<b>A</b>	30/09/23
10/07/23	Development of a Standard Operating Procedure (SOP) to manage mortality data recording and validation with auditable trail.	<b>A</b>	30/09/23
10/07/23	Data analyst and clinical lead to commence in post summer 2023. Interim Trust Mortality Lead in place.	<b>G</b>	30/09/23
10/07/23	Power BI dashboard scoping exercise has commenced with IT, Seagry, Patient Safety Team and Mortality Team working together to produce specification.	<b>G</b>	31/11/23
21/08/23	Initial commissioning meeting held between NWICB and SNEEICB, to discuss oversight and assurance approach. NSFT did not attend; this is being followed up.	<b>B</b>	21/08/23
29/08/23	Action emerging from the commissioners meeting on 21/08/23: Correspondence with NSFT MD, confirming that the ICBs are supportive of NSFT setting up a task and finish group to review and agree the draft Action Plan. ICB MDs would like to be included in the membership and suggested stakeholders.	<b>A</b>	30/09/23
29/08/23	Action emerging from the commissioners meeting on 21/08/23: Commissioners requested clarity around the reporting of progress against the action plan; where it will be tracked and where it will be monitored and scrutinised.	<b>A</b>	30/09/23

**Visual Risk Score Tracker – 2022/23**

<b>Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
<b>Score</b>				20	20							
<b>Change</b>				New	➔							

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

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

**Summary of risks**

Ref.	Risk Title	Risk Owner / Operational Lead	Date risk identified	Target delivery date	Score at target delivery	2023-2024 Monthly Risk Rating											
						1	2	3	4	5	6	7	8	9	10	11	12
<a href="#">BAF12a</a>	Impact on Business Continuity in the event of a large-scale Cyber Attack on N365 National Tenant	Ian Riley	01/03/2023	31/03/2024	6	8	8	8	8	8							
<a href="#">BAF12b</a>	Impact on Business Continuity in the event of a Cyber Attack on the ICB	Ian Riley	01/03/2023	31/03/2023	6	9	9	9	9	9							
<a href="#">BAF13</a>	Personal data	Ian Riley	01/07/2022	31/03/2023	6	12	9	9	9	9							

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BAF12a								
Risk Title		Impact on Business Continuity in the event of a large-scale Cyber Attack on N365 National Tenant						
Risk Description		Current heightened risk of hostile cyber-attack affecting the UK may, via a ransomware, brute force, DDOS (Distributed denial of service) or social engineering attack, impact on the ICB's ability to maintain business continuity, if access to data stored within Office 365 on the national NHS tenant, is compromised.						
Risk Owner		Responsible Committee		Operational Lead		Date Risk Identified	Target Delivery Date	
Ian Riley		Board		Anne Heath		01/03/2023	31/03/2024	
Risk Scores								
Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	2	4	8	2	3	6
Controls					Assurances on controls			
<ul style="list-style-type: none"> <li>NCHC are already signed up to receive CareCERT alerts. Remedial action is implemented where necessary</li> <li>Windows 10, Threat Protection and MDE are in place for ICB and Primary Care devices</li> <li>Secure boundary protection is in place</li> <li>Ivanti, SCCM patching process to prevent Ransomware getting on the network</li> <li>The process for accessing the out of hours support provided by NHS Digital to resolve major incidents will be established</li> <li>As of November 2022, NHS Mail is protected by Microsoft Safe Links &amp; Attachments</li> <li>The local Cyber Resilience group provides early access to Cyber intelligence allowing organisations in the local health community to be better prepared for cyber-attacks.</li> <li>Annual IT Health checks (Penetration tests) undertaken to identify weaknesses in ICT/Cyber controls</li> <li>SDWAN (Software Defined Wide Area Network) implemented across the ICB</li> <li>The ICB's ICT provider are an exemplar in terms of Cyber Security</li> <li>Leaver processes for NHS mail accounts are now standardised for the ICB so all leavers have their NHS Mail accounts disabled</li> <li>MFA mandatory for non ICB Staff provided with an ICB NHS Mail address</li> <li>NHSE have confirmed (August 2023) that they monitor and provide technical resource to support business continuity, data recovery and cyber breach remediation.</li> </ul>					<p><b>Internal:</b> Cyber Security Assurance Manager, Head of Digital, IG Working Group, NWICB N365 Technical Workstream Delivery Group</p> <p><b>External:</b> National Cyber Security Operations Centre, NHSE, NCHC, MTI Technology Limited (technical partner to NHSE)</p>			
Gaps in controls or assurances								
<ul style="list-style-type: none"> <li>Making MFA mandatory for ICB staff provided with an NHS Mail address</li> <li>There is no regional Cyber Security Operations Centre (CSOC) available to provide expert technical resource to support business continuity, data recovery and cyber breach remediation – although there is evidence of NHSE providing this function to other organisations as needed.</li> </ul>								
Updates on actions and progress								
Date opened	Action / update					BRAG	Target completion	
01/03/23	Work with NCHC as part of their ICB IT Service Delivery to roll out MFA to all ICB staff before 31/03/24 deadline. how to get help if you have fallen for a phishing email						31/03/24	

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Visual Risk Score Tracker – 2023/24												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	8	8	8	8	8							
change	→	→	→	→	→							

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<b>Risk Title</b>										<b>Impact on Business Continuity in the event of a Cyber Attack on the ICB</b>																			
<b>Risk Description</b>										Risk via a Phishing attack on the ICB which could result in a data breach of patient/personal information and/or financial extortion. This could happen through one of the following top three risks identified by the IG Working Group: - <ol style="list-style-type: none"> <li>1. Ransomware attack</li> <li>2. Lack of user awareness</li> </ol> Phishing/social engineering																			
<b>Risk Owner</b>					<b>Responsible Committee</b>					<b>Operational Lead</b>					<b>Date Risk Identified</b>					<b>Target Delivery Date</b>									
Ian Riley					Board					Anne Heath					01/03/2023					31/03/2023									
<b>Unmitigated</b>										<b>Mitigated</b>										<b>Tolerated (Target in 12 months)</b>									
Likelihood			Consequence			Total			Likelihood			Consequence			Total			Likelihood			Consequence			Total					
5			4			20			3			3			9			2			3			6					
<b>Controls</b>										<b>Assurances on controls</b>																			
<ul style="list-style-type: none"> <li>From March 2024 MFA on NHS Mail will deploy as part of national policy from NHSE (MFA pilot for Digital IG Data and Finance staff being delivered)</li> <li>NCHC are already signed up to receive CareCERT alerts. Remedial action is implemented where necessary</li> <li>Windows 10, Threat Protection and MDE are in place for ICB devices</li> <li>Secure boundary protection is in place</li> <li>Since November 2022, NHSMail is protected by Microsoft Safe Links &amp; Attachments</li> <li>InTune with mobile device management rolled out to staff using ICB issued and personal devices to access NHS Mail and MS Teams.</li> <li>MFA mandatory for non ICB Staff provided with an ICB NHS Mail address.</li> <li>Cyber security behaviour change support and awareness package with clear guidance developed to include:                             <ul style="list-style-type: none"> <li>how to spot and report a phishing email</li> <li>how to get help if you have fallen for a phishing email</li> <li>campaign to improve password security</li> <li>campaign to raise awareness of giving your data away on social media</li> <li>campaign to encourage self-enrolment for MFA</li> <li>provision of a channel dedicated to cyber awareness and information</li> </ul> </li> <li>NHSE have confirmed (August 2023) that they monitor and provide technical resource to support business continuity, data recovery and cyber breach remediation</li> </ul>										<p><b>Internal:</b> Cyber Security Assurance Manager, Head of Digital, IG Working Group, NWICB Technical Workstream Delivery Group</p> <p><b>External:</b> National Cyber Security Operations Centre, NHS Digital, NCHC, MTI Technology Limited (technical partner to NHSE)</p>																			
<b>Gaps in controls or assurances</b>																													
<ul style="list-style-type: none"> <li>MFA mandatory for ICB provided with an NHS Mail address</li> <li>There is no regional Cyber Security Operations Centre (CSOC) available to provide expert technical resource to support business continuity, data recovery and cyber breach remediation – although there is evidence of NHSE providing this function to other organisations that needed.</li> </ul>																													
<b>Updates on actions and progress</b>																													
<b>Date opened</b>					<b>Action / update</b>					<b>BRAG</b>					<b>Target completion</b>														

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01/02/23	Phishing test was completed previously in 2022. Conduct Phishing Simulation to test user awareness of Phishing, providing specific Phishing Awareness training to those members of staff who click links and/or enter their credentials. The target date has been moved given the sensitivities of the staff consultation		06/11/23
01/03/23	Work with NCHC as part of their ICB IT Service Delivery to roll out MFA to all ICB staff before 31/03/24 deadline.		31/03/24

**Visual Risk Score Tracker – 2023/24**

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

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## BAF13

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

### Risk Scores

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

Controls	Assurances on controls
<ul style="list-style-type: none"> <li>Guidance from the ICS Establishment CoP suggests that all functions currently conducted by a CCG can transition to an ICB Constitution for NHS Norfolk and Waveney ICB allows for the transition of all functions delivered by the CCG</li> </ul>	<p><b>External:</b> ICS Establishment COP and EOE IG ICB Transition Group</p> <p><b>External:</b> IG Working Group and Population Health and Care Operational Delivery Group</p>

### Gaps in controls or assurances

<ul style="list-style-type: none"> <li>Functions established under the COPI Notice, which the ICB wishes to continue will need to move to BAU with supporting Data Sharing or Data Processing Agreements.</li> <li>Buy in from GP Practices to enable the ICB to continue to use primary care data for functions such as the Virtual Support Team, after the COPI Notice has expired.</li> </ul>
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### Updates on actions and progress

Date	Action	RAG	Target completion
11/01/23	PHM team are engaged with practices for signatures of agreements. IG team are seeking regular updates for assurance that agreements are being signed and continue to chase up for these.		31/03/2023
10/01/23	<p>NHSE Section 251 agreement has been extended to September 2023.</p> <p>Invoice validation to be in-housed and ICB has requested a change to ensure the ICB team are covered to continue this processing.</p> <p>The PHM team have an up to date list of practices that have signed up to the data processing contract (awaiting latest list to be sent to IG) which allows the ICB to process data on their behalf. The ICB will not process data for practices that have not signed up.</p> <p>The ICB has initiated and have all acute providers signed up to a PHM data sharing framework which allows for the primary care and acute data to be combined and the ICB and risk stratification supplier to support PHM projects.</p>		

### Visual Risk Score Tracker – 2023/24

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	12	9	9	9	9							
Change	➔	➘	➔	➔	➔							

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

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

### Summary of risks

Ref.	Risk Title	Risk Owner / Operational Lead	Date risk identified	Target delivery date	Score at target delivery	2023-2024 Monthly Risk Rating											
						1	2	3	4	5	6	7	8	9	10	11	12
<a href="#">BAF14</a>	#WeCareTogether People Plan	Ema Ojiako	01/07/22	01/04/24	3	12	12	12	12	12							
<a href="#">BAF15</a>	Staff Burnout	Ema Ojiako	01/07/22	31/03/23	4	12	12	12	12	12							
<a href="#">BAF16</a>	The resilience of general practice	Mark Burgis	01/07/22	31/03/23	12	16	16	16	16	16							
<a href="#">BAF17</a>	Financial Wellbeing	Ema Ojiako	01/08/22	Ongoing	12	12	12	12	12								
<a href="#">BAF18</a>	Resilience of NHS General Dental Services in Norfolk and Waveney	Mark Burgis	01/04/23	31/03/23	6	12	12	20	20	20							
<a href="#">BAF20</a>	Industrial action	Ema Ojiako	14/11/22	31/03/23	6	16	16	12	12	12							

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**BAF14**

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

**Risk Scores**

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
<b>4</b>	<b>4</b>	<b>16</b>	<b>3</b>	<b>4</b>	<b>12</b>	<b>1</b>	<b>3</b>	<b>3</b>

Controls	Assurances on controls
<p>ICB controls</p> <ul style="list-style-type: none"> <li>Staff Involvement group in place provides forum for reps from the ICB to discuss internal topics relating to our people</li> <li>SMT – review of ToR for this group to ensure the role and remit aligns to requirements of ICB, this will include oversight and management of some people functions</li> <li>OD plan implementation – Plan has been running for 24 months but would benefit from enhanced resource to address all elements of people within an effective organisation</li> <li>Director of People has commenced in post and will continue to progress work with ICB DoN and MD to collaborate on workforce transformation</li> <li>Director of people to Chair ICB People Board and Remuneration, people &amp; Culture Committee for oversight and assurance</li> </ul> <p>System Alignment</p> <ul style="list-style-type: none"> <li>Monthly Health and Wellbeing Board Systems Leads meeting to respond to the emerging needs and issues in place.</li> <li>Bi-weekly Workforce Workshops commenced which showcase workforce transformation activity and allow our staff across ICB and ICS to attend to hear more, ask questions, and collaborate on the #WCT programme</li> <li>Monthly Workforce Governance meetings in place to steer discussions on: growing our own; up skilling staff. <i>#WeCareTogether</i> People Plan has over40 key projects to help us achieve our goal.</li> <li>Inclusive Culture: Monthly EDI Systems Inclusions meeting to; develop a system plan to shape and support an inclusive and just culture; respond to any emerging needs and issues; support focus groups to enable staff to have a voice in shaping this work.</li> </ul> <p><i>#WeCareTogether</i> system wide People Plan in place since August 2020.</p>	<p><b>Internal:</b> EMT, SMT, SIG</p>

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### Gaps in controls or assurances

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

### Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
26/12/21	<ul style="list-style-type: none"> <li>• We now have 4 workstreams (system recruitment, reducing sickness, bank &amp; agency, e-rostering) mapped to our SOF 4 plan for workforce. These workstreams will be monitored at the monthly system finance meetings and the WDG. These themes will reduce workforce risks on implementation.</li> <li>• System pressures and conflicting priorities for organisations have impacted on the delivery of these programmes resulting in delays and a lack of decision making on core elements of the programmes.</li> <li>• Newton Europe diagnostic work will support plans for a review of HR process and practice with strategic input from Director of People. Director of People has commenced in post and is working with Director of Governance to realign portfolio's</li> </ul>	<b>A</b>	31/3/23
30/03/22	Workforce Dashboard to monitor high level milestones and assess progress in place.	<b>B</b>	Complete
01/04/22	EDI lead commenced in role to support focus on WRES and Inclusion across the system.	<b>B</b>	Complete
19/08/22	ICS people plan #WeCareTogether will be refreshed (national mandate) – resource secured to lead this work which will ensure ICB staff are included	<b>G</b>	Ongoing
14/11/22	Refresh continues with c250 people engaged since August to review progress since 2020 and consider where updates are required for the #WCT People Plan. Refresh launch planned for early 2023 alongside updated #WCT platform which will develop over time to be a single point of access for people seeking support to join N&W ICS and to reach their potential working with us	<b>G</b>	March 2023

### Visual Risk Score Tracker – 2023/24

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

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**BAF15**

<b>Risk Title</b>									
<b>Staff burnout</b>									
<b>Risk Description</b>									
<p>Burnout is measured by three elements.</p> <ul style="list-style-type: none"> <li>• Exhaustion - an imbalance between work demands and individual resources.</li> <li>• Individual strain - an emotional response of exhaustion and anxiety, which is heightened by not feeling effective</li> <li>• Defensive coping - changes in attitudes and behaviour, such as greater cynicism</li> </ul> <p>System pressures (increasing activity, workforce vacancies, sickness, and resilience) have increased the risk of fatigue and exhaustion. We are seeing increases in poor physical and mental wellbeing, low morale and motivation. The transition from CCG to ICB also presents a risk of staff feeling unsettling and anxious in line with a change process which will require focussed support to lead people. The narrative that we are failing to meet targets (clinical and financial) is constant. Individuals need to feel they are making a difference.</p> <p>This could lead to an increase in staff absence rates (short and longer term), retention and most worryingly significant mental and physical issues. If this happens this could have a significant impact on the services that they deliver.</p>									
<b>Risk Owner</b>		<b>Responsible Committee</b>			<b>Operational Lead</b>		<b>Date Risk Identified</b>		<b>Target Delivery Date</b>
Ema Ojiako		People and Culture			Jo Catlin		01/07/2022		31/03/23
<b>Risk Scores</b>									
<b>Unmitigated</b>			<b>Mitigated</b>			<b>Tolerated (Target in 12 months)</b>			
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total	
4	4	16	3	4	12	1	4	4	
<b>Controls</b>					<b>Assurances on controls</b>				
<ul style="list-style-type: none"> <li>• We are seeing an increase in ICB staff requesting support from System Workforce Team – in particular line management culture change, new ways of working, developing teams.</li> <li>• The Staff Involvement Group and Senior Management Team continue to flag issues regarding economic and cost of living rises – agreement to add as a new risk to ICB corporate risk register as the impact of lifestyle pressures will impact on people’s resilience and increase likelihood of burnout</li> <li>• Discussion at future EMT regarding the Internal People function is tabled, the incoming People Director is a HR professional and we will seek their guidance on future form and function</li> </ul> <p>Despite the 2022 pay increase, with the pension contribution changes some of our staff will be worse off. Add this to the cost-of-living pressures (see BAF17) this could further demotivate</p>					<p><b>Internal:</b> SMT, EMT, ICB Board, Staff Involvement Group, Wellbeing Guardian</p> <p><b>External:</b> ICS Boards, NHSE/I</p>				
<b>Gaps in controls or assurances</b>									
<ul style="list-style-type: none"> <li>• Changes in NHS legislation, increased/additional workload and pressures post pandemic</li> <li>• Issues are not new, they have been enhanced by the pandemic – longer term culture change required to support staff (especially in our approach to Flexible Working to support our people to obtain a better work/life balance)</li> <li>• Currently no dedicated budget or resource to support health and wellbeing initiatives</li> <li>• Change in roles for Health and Wellbeing, EDI, and Freedom to Speak up Guardians represents a risk until we identify replacements</li> </ul>									
<b>Updates on actions and progress</b>									
<b>Date opened</b>		<b>Action / update</b>					<b>BRAG</b>		<b>Target completion</b>

October 2021	<p>Established H&amp;WB Champions and Steering Group, utilising NHS H&amp;WB Diagnostic and resources to shape actions and approach</p> <ul style="list-style-type: none"> <li>H&amp;WB summit held in September to commence ICS H&amp;WB strategy</li> <li>Continued support at organisation and system level to support staff wellbeing, this includes a focus on financial wellbeing, and our CV19 Resilience hub for health and social care staff</li> <li>Presentation at Clinical Director and through Medical Director briefings highlighted H&amp;WB offers in place for Primary Care Workforce, this will also be captured in medical Director Blog in November for a wider audience</li> </ul> <p>Business case for ICB to implement Vivup, Employee benefit scheme to be proposed to ICB SMT on 17/11. Other Trusts in ICS already use or are implementing the use of Vivup so this will enable ICB to level up and offer equitable support for our staff</p>	<b>G</b>	31/01/23
May 2022	In response to NSS results, pilot new approach to wellbeing conversations, incorporating available resources and support. Fully implement in July 2022	<b>B</b>	Complete
May 2022	Communications and engagement review has now completed with findings to be presented to EMT in August/September	<b>B</b>	Complete
May 2022	<p>Refocussed Extended Senior Leadership agenda to focus on the People Promise values and to include regular updates and opportunities to receive updates, share information, and collaborate on the change process for the ICB.</p> <p>Meetings now held face to face to encourage collaboration and enhance relationships</p> <p>ICB Leadership Summit to be held 16/11 with EMT and Senior members of the ICB as a starting point in a redesign and development of how EMT and Snr leads work together in the ICB</p>	<b>G</b>	September 2022

**Visual Risk Score Tracker – 2023/24**

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

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**BAF16**

<b>Risk Title</b>	<b>The resilience of general practice</b>								
<b>Risk Description</b>	There is a risk to the resilience of general practice due to several factors including workforce pressures and increasing workload (including workload associated with secondary care interface issues). There is also evidence of increasing poor behaviour from patients towards practice staff. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health services take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services.								
<b>Risk Owner</b>	<b>Responsible Committee</b>		<b>Operational Lead</b>		<b>Date Risk Identified</b>		<b>Target Delivery Date</b>		
Mark Burgis	Primary Care		Sadie Parker		01/09/2020		31/03/2024		
<b>Risk Scores</b>									
<b>Unmitigated</b>			<b>Mitigated</b>			<b>Tolerated (Target in 12 months)</b>			
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total	
5	4	20	4	4	16	3	4	12	
<b>Controls</b>					<b>Assurances on controls</b>				
<ul style="list-style-type: none"> <li>Locality teams and strategic primary care teams prioritised around supporting the resilience of general practice. All practices have previously been supported to review business continuity plans</li> <li>PCN ARRS (additional roles reimbursement scheme) funding has increased again in 2023/24</li> <li>Primary care workforce and training team working closely with locality teams to ensure training available to support practices and PCNs in setting up and maintaining services</li> <li>Interface group with representation from primary, community and secondary care system partners</li> <li>Standard contract requirements on interface – gap analysis and action plans, including monitoring being reviewed by contracts team</li> </ul>					<p><b>Internal:</b> Executive Management Team, workforce steering group, primary care strategic planning meetings, establishment of new medical operational delivery group</p> <p><b>External:</b> Primary Care Commissioning Committee, NHS England via delegation agreement and assurance framework, Health Education England, Norfolk and Waveney Local Medical Committee</p>				
<b>Gaps in controls or assurances</b>									
<ul style="list-style-type: none"> <li>Practice visit programme, CQC inspections focused on where there is a significant risk or concern</li> <li>Vacancies within primary care, workforce, quality and locality teams impacts the level of support which can be provided to practices. Potential for organisational change to also impact on support available going forward</li> <li>Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position</li> <li>Progress on interface action planning process across Trusts impacted by ongoing pressures</li> <li>Reporting process for inappropriate transfers of workload from community and secondary care providers to general practice not yet fully utilised by practices, leading to under-reporting of issues</li> <li>Workforce and capacity shortages across community pharmacy and dental practices, and ongoing drug shortages, are having an impact on general practice and the rest of the system</li> <li>Lack of clarity on primary care budgets leading to delays (or potential ceasing) of work to support resilience and transformation in general practice</li> </ul>									
<b>Updates on actions and progress</b>									
<b>Date opened</b>	<b>Action / update</b>						<b>BRAG</b>	<b>Target completion</b>	
13/06/23	<ul style="list-style-type: none"> <li>Support from internal ICB teams for practices rated inadequate or RI continues. Bite size training sessions to share learning are ongoing</li> </ul>							30/09/23	

	<ul style="list-style-type: none"> <li>67 practices benefitted from the quality, stability and support payment with a total investment from the ICB of £788,020</li> <li>Interface reporting was encouraged intensively for 2 weeks in May to maximise understanding of issues facing practices. Significant increase in reporting with themes reported to the working group. Pace of developing Trust action plans is slow</li> <li>Ongoing support being provided by locality teams to support development of PCN access recovery plans in line with national contract requirements. System plan under development with regional assurance meetings underway</li> <li>Attended Norfolk Health Overview and Scrutiny Committee to discuss the issues and ICB plans to support patient access</li> <li>Comms campaign launched with focus on the additional roles forming part of modern general practice</li> <li>Agreement of final primary care budgets still awaited, causing delay to some areas of work</li> <li>Publication of national guidance to support investment of primary care system development funding to enable delivery of system and PCN access recovery plans, however budget availability may impact on this</li> </ul>		
10.08.23	<ul style="list-style-type: none"> <li>Quality, stability and support payments calculated for primary care networks – provisionally 11 PCNs will benefit with £680k due to be paid in August, which is a significant investment from the ICB. When added to the QOF QSSP, this totals nearly £1.3m.</li> <li>Winter resilience letter published which confirms no additional funding for primary care over and above access recovery funding.</li> <li>Interface group continues to make slow progress, the medical director has written to the Trusts to encourage them to address and progress the outstanding issues in private consultant referrals and ICE requesting for health care professionals. There will be a report to the November ICB Board meeting</li> <li>All 17 PCNs have submitted access recovery plans, however there has been limited interest from practices in the national GP improvement programmes. Feedback suggests this is due to the intensity of the programmes and lack of backfill support available. The national funding for transition support has now been made available for this year, the ICB is developing its communications to practices.</li> </ul>		31.11.23
Sept 2023	Covid and Flu vaccination programme start date has been brought forward to early Sept, accelerating rollout of vaccinations, starting with care home residents and eligible vulnerable patients. Aim is to vaccinate as many people by end Oct.		

**Visual Risk Score Tracker – 2023/24**

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

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**BAF17**

<b>Risk Title</b>	<b>Financial wellbeing</b>								
<b>Risk Description</b>	<p>There is a risk that in the current climate staff will become increasingly under pressure to maintain cost of living. As well as financial wellbeing, this will also impact on peoples physical, mental and social wellbeing – which is likely to impact on resilience and productivity at work.</p> <p>People may also consider alternative employment which offers more flexibility or increased income, take on secondary jobs, or access other avenues outside of workspace to increase financial wellbeing.</p> <p>We also anticipate this will affect working arrangements – for example, reluctance to attend f2f meetings because of fuel or parking costs, or an increase in requests for office working in the winter to reduce personal heating bills which will affect the space available at our sites (e.g. NCC).</p>								
<b>Risk Owner</b>	<b>Responsible Committee</b>			<b>Operational Lead</b>		<b>Date Risk Identified</b>		<b>Target Delivery Date</b>	
Ema Ojiako	People and Culture			Emma Wakelin		01/08/2022		ongoing	
<b>Risk Scores</b>									
<b>Unmitigated</b>			<b>Mitigated</b>			<b>Tolerated (Target in 12 months)</b>			
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total	
4	4	16	4	3	12	4	4	12	
<b>Controls</b>					<b>Assurances on controls</b>				
<ul style="list-style-type: none"> <li>Monthly Staff Involvement Group Meetings in place with representation from all Directorates provides a safe space to highlight risks and issues for staff wellbeing that can be responded to</li> <li>Weekly staff briefings will have regular inputs from SIG members with information and guidance for support and to demonstrate that we hear and are doing what we can to support staff needs</li> <li>Recognition that financial wellbeing can affect any member of staff regardless of salary – SMT and EMT to recognise this to ensure compassionate and mindfulness to all staff</li> <li>Identification of an Employee Reward and Benefit Programme. Many other organisations in our system offer this but the ICB does not have anything in place. They also offer an integrated Employee Assistance Programme (EAP) to support wellbeing and advice on financial management. We do have an EAP which we currently pay for, but sits in isolation under HR. Perhaps not utilised as much as it could be. Plans will include potential alignment to ICS Partner organisations to maximise offer for our system workforce.</li> <li>Close working with ICS partner organisations coordinated through the ICB System Associate Director of Workforce Transformation and HRD network. This includes a T&amp;F group for financial wellbeing with reps from NHS Providers, LA, and ICB. EoE Regional Teams (HEE/NHSEI) also provide support, resources and regular updates on national responses.</li> </ul>					<p><b>Internal:</b> SMT, EMT, ICB Board, Staff Involvement Group, Remuneration People &amp; Culture Chair</p> <p><b>External:</b> HRDs, N&amp;W People Board</p>				

### Gaps in controls or assurances

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

### Updates on actions and progress

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

### Visual Risk Score Tracker – 2023/24

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

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**BAF18**

<b>Risk Title</b>	<b>Resilience of NHS General Dental Services in Norfolk and Waveney</b>			
<b>Risk Description</b>	Primary Care Services became the responsibility of the Integrated Care Board from 1 <sup>st</sup> April 2023, the risk is the unknown resilience, stability and quality of dental services, and critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract, leading to a poor patient experience for our local population with a lack of access to NHS general dental services and Level 2 dental services.			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Mark Burgis	Primary Care	Sadie Parker	01/04/2023	31/03/2025

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

Controls					Assurances on controls			
<ul style="list-style-type: none"> <li>ICB primary care team recruited and in place working alongside newly recruited Quality Dental Nurse in Quality team and Finance colleagues, and Planned Care Team (for secondary care dental services)</li> <li>Ring fenced dental budget for investment</li> <li>Active engagement with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place</li> <li>Dental Development Group established to engage with key stakeholders to agree short term plan by Sept 2023</li> <li>Dental Services Delivery Group established reporting to PCCC</li> <li>Dental Strategy and local workforce plan to be in place by March 2024</li> <li>NHS England Long Term Workforce plan published June 2023</li> <li>NHS Business Services Authority performance/quality management reporting and quality framework in place with regular meetings established with the ICB. Access to eDen dental data management reports and dashboard for ICB staff.</li> <li>Clinical expertise provided by NHSE through the LPN and Dental Advisor roles for 2023/2024</li> <li>Oral Health Needs Assessment in final development to inform commissioning plans</li> </ul>					<p><b>Internal:</b> EMT, Primary Care Commissioning Committee, Dental Services Delivery Group</p> <p><b>External:</b> NHS England, Norfolk and Waveney LDC, regional Local Professional Network and Managed Clinical Networks, Healthwatch Norfolk/Suffolk, NHS Business Services Authority</p>			

Gaps in controls or assurances
<ul style="list-style-type: none"> <li>The level of the unmet need for general dental services and the associated financial consequence of this once addressed (if possible) given the transfer for funds was based on 2022-23 current expenditure which are below budget required to meet population need</li> <li>Concern around the financial consequences due to dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).</li> <li>Lack of access to NHS dentistry services is an area of quality concern. This impacts on some of our most vulnerable patient groups.</li> <li>Significant workforce shortfalls across general dental services, Level 2 services and secondary care dental services and a lack of comprehensive workforce data to support planning</li> </ul>

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- Lack of knowledge about the resilience and stability of existing dental services

Updates on actions and progress			
Date opened	Action / Update	BRAG	Target completion
Jan 2023	<p>As agreed at May Executive Management Team and PCCC, this content of this risk (previously on the transition of services) has been replaced by the resilience of NHS general dental services.</p> <p>Active engagement with the dental profession to understand the challenges they are facing. Monthly meetings with the LDC and LPN established.</p> <p>Dental Development Group has met twice with regular meetings established for 2023/2024 to agree short term commissioning plans by September 2023 and the Dental Strategy by March 2024</p> <p>Engagement with other ICBs in the region to agree regional approach to commissioning where appropriate and beneficial</p> <p>Workforce data analysis underway.</p> <p>There are no NHS dental practices accepting new NHS patients in Norfolk and Waveney – propose to increase risk rating to 20 due to the current state of provision.</p>		30/09/2023
Sept 2023	<p>The ICB has approved an Urgent Treatment Service pilot that is being mobilised and will be live during September for patients with an urgent dental need to receive urgent care. Nearly 30% of practices across Norfolk and Waveney have signed up to offer urgent treatment appointments. The pilot will be in place for 12 months with an option to extend for a further 6 months.</p> <p>A short term initiative for 2023/2024 to support children’s oral health education has also been agreed and providers have been invited to submit expressions of interest to the ICB. Other initiatives are under development as part of the ICB’s short term plan.</p> <p>The Dental Development Group has supported the ICB’s short term plan which will be published in September subject to final ICB approval by Primary Care Commissioning Committee and Executive Management Team. This includes identifying areas for access improvement in areas of greatest need using the Oral Health Needs Assessment as an evidence base to inform commissioning intentions, support to practices for quality improvement and workforce plans.</p> <p>Development of the ICB’s long term dental plan is underway and subject to approval will be published in March 2024. All opportunities are being taken to actively engage with the dental profession which will help inform these plans in addition to a wider stakeholder engagement.</p> <p>Meetings of the ICB Dental Services Operational Delivery Group are taking place enabling the ICB and key stakeholders to take a deep dive when making decisions about important and urgent matters related to NHS dental services within the Scheme of Delegation of the Primary Care Commissioning Committee.</p> <p>The year end process for activity in 2022/2023 is underway which has identified a high level of underperformance largely due to difficulties in recruitment. The ICB is working with all providers to manage the</p>		31/03/24

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	financial impact of clawback. A lack of access to NHS dental services also has an impact on patient charge revenue	
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Visual Risk Score Tracker – 2023/24												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	20	20	20							
Change	→	→	↑	→	→							

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**BAF20**

<b>Risk Title</b>	<b>Industrial Action (IA)</b>			
<b>Risk Description</b>	<p>Trade Unions representing NHS staff have advised the Secretary of State for health and Social Care that they are in dispute over the 2022/23 pay award. We have multiple professional groups now engaged in industrial action, including Nurses, Therapists, Paramedics and Junior Doctors. To date, strike action has affected the following local NHS organisations:</p> <ul style="list-style-type: none"> <li>NHS N&amp;W Integrated Care Board (ICB)</li> <li>Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT)</li> <li>Norfolk and Suffolk NHS Foundation Trust (NSFT)</li> <li>Norfolk Community Health and Care (NCH&amp;C)</li> </ul> <p>The system is also impacted by other strike actions that impact on our staff, including Teachers. There is an ongoing resilience risk, related to consecutive and simultaneous periods of IA.</p>			
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>
Emma Ojiako	Quality and Safety	Emma Wakelin	14/11/2022	31/03/2024

**Risk Scores**

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

**Controls**

**Assurances on controls**

- Ballot and any strike action that follows must comply with specific legal requirements. There are structured thresholds that need to be met before industrial action can be taken, at least 50% of all members eligible to vote needs to be met before industrial action can be taken.
- Only members of a union who have balloted members and received support for strike action in accordance with legal requirements can strike, those who are employed on Agenda for Change terms by an NHS employer.
- Only members of a union who are on duty for an employer on strike can strike, employees who are on long-term sick or maternity leave cannot strike.
- Employee protection, any employee who takes part in lawful industrial action is protected against unfair dismissal.
- NHSE have started negotiations at a national and local level, with established lines of communication with Trade Unions (TU) to manage the impact of any action.
- N&W Task and Finish Group for coordination has been set up with strategic oversight of Directors of Nursing (DoNs) and HRD.
- Multi-agency exercise planned for ICB and system partners to test emergency preparedness, week beginning 14/11/22.
- Communication plan through the national team to ICB Comms Lead in progress.
- ICB have reviewed clinical staff for potential redeployment.
- As of April 2023 the system has now managed a number of strike days; for nurses, junior doctors, physiotherapists and ambulance staff.

**Internal:** N&W Task and Finish Group, ICB Executive Management Team (EMT), System EMT, Quality & Safety Committee, ICB Board. Emergency Planning and Preparedness meetings.

**External:** NHSE regional and national oversight. Directors of Nursing (DoNs) and HRD networks.

<p>Processes are established for System incident command and control.</p> <ul style="list-style-type: none"> <li>The Norfolk &amp; Waveney system is managing IA well, mitigating risks and working together to maintain safety.</li> </ul>	
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**Gaps in controls or assurances**

- The impact of ongoing industrial action on staff and service users is significant. Impact on recovery of the elective programme and other high-risk areas such as UEC and discharge is as yet not fully known.
- There is the potential for this to impact on health inequalities.
- There is currently a lack of a consistent and streamlined national process for safety derogations, for organisations to follow. This is being mitigated as far as possible by local plans.

**Updates on actions and progress**

Date Opened	Action / Update	BRAG	Target Completion
14/11/22	NHS England has provided the ICB with advice and guidance on preparations to plan for minimal disruption to patient care, emergency services can operate as normal.	<b>B</b>	31/03/23
14/11/22	Negotiations have commenced at a national and local level to gain a clearer picture on how services will operate on days of strike action to ensure patient safety is not compromised	<b>B</b>	31/03/23
14/11/22	ICB will support Trusts to be prepared by, <ul style="list-style-type: none"> <li>Consolidating completion of Trust's self-assessment templates for return in the event of IA.</li> <li>Set up a N&amp;W Task and Finish Group for coordination with a rhythm of meetings.</li> </ul> Strategic oversight by Directors of Nursing (DoNs) and HRD	<b>G</b>	30/09/23
14/11/22	ICB will share information on confirmed industrial action, including information on derogations across the system. <ul style="list-style-type: none"> <li>ICB will work with system comms teams and our HRD and DoN networks to ensure information and system planning is consistent across the system including with TUs to manage impact of any action.</li> </ul>	<b>G</b>	30/09/23
14/11/22	Testing system preparedness will be coordinated with wider winter planning. Exercise Artic Willow planned for week commencing 14/11/22.	<b>B</b>	21/11/22
14/11/22	Communications will be through ICB Comms Lead content provided by National team including messaging for the public commenced. Guidance and support for decision making around operational delivery and engagement with staff taking industrial action will be shared by the Comms Team.	<b>G</b>	30/09/23
14/11/22	ICB have reviewed clinical staff for potential deployment. Face to face clinical skills training commenced for ICB staff	<b>B</b>	31/12/22

**Visual Risk Score Tracker – 2023/24**

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

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Agenda item: 14

<b>Subject:</b>	<b>Quality and Safety Committee Report</b>
<b>Presented by:</b>	Aliona Derrett, Quality and Safety Committee Chair Tricia D’Orsi, Executive Director of Nursing
<b>Prepared by:</b>	Evelyn Kelly, Quality Governance & Delivery Manager
<b>Submitted to:</b>	Integrated Care Board Meeting
<b>Date:</b>	26 September 2023

**Purpose of Paper**

To provide the Board with an update on the work of the Quality and Safety Committee for the period of 30 July to 26 September 2023.

<b>Committee:</b>	<b>Quality and Safety</b>
<b>Committee Chair:</b>	Aliona Derrett
<b>Meetings since the previous update:</b>	<b>03 August 2023, 14:00 – 17:00</b> <b>07 September 2023, 14:00 – 17:00</b>
<b>Overall objectives of the committee:</b>	
<p>To seek assurance that the Norfolk and Waveney system has a unified approach to quality governance and internal controls that support it to effectively deliver its strategic objectives and provide sustainable, high-quality care and to have oversight of local implementation of the NHS National Patient Safety Strategy. To be assured that these structures operate effectively, that timely action is taken to address areas of concern, and to respond to lessons learned from all relevant sources including national standards, regulatory changes, and best practice.</p> <p>To oversee and monitor delivery of the ICB key statutory requirements, including scrutiny of the robustness and effectiveness of its arrangements for safeguarding adults and children, infection prevention and control, medicines optimisation and safety, and equality and diversity. To ensure that patient outcomes from care are collected and measured, to inform outcomes-based commissioning for quality.</p> <p>To review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and the delivery of safe, timely, effective, and equitable care. To consider the effectiveness of proposed mitigations and to escalate concerns to risk owners and operational leads/forums as agreed by Committee Members.</p> <p>To approve ICB arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality. To seek assurance that commissioning functions act with a view to supporting quality improvement; developing local services that promote wellbeing and prevent adverse health outcomes, equitably, across all patients and communities in Norfolk and Waveney.</p>	
<b>Main purpose of meeting:</b>	<b>03 August 2023: regular meeting of the Committee covering all standing items plus the following focus areas:</b>

	<ul style="list-style-type: none"> <li>• Ambulance and Urgent &amp; Emergency Care (UEC) Resilience</li> <li>• Mental Health Transformation</li> <li>• Advancing Mental Health Equality (AHME)</li> <li>• NHS Patient Safety Incident Response Framework Update</li> <li>• Research and Evaluation Report</li> <li>• Learning from Adverse Events and Complaints Report</li> <li>• Safeguarding Adults and Children Report</li> <li>• Dementia Update</li> </ul> <p><b>07 September 2023: regular meeting of the Committee covering all standing items plus the following focus areas:</b></p> <ul style="list-style-type: none"> <li>• Briefing on Lucy Letby Learning</li> <li>• Briefing on National Paediatric Hearing Service Programme</li> <li>• LD&amp;A Strategy and Tricordant Review</li> <li>• Deprivation of Liberty Safeguards Risk</li> <li>• NSFT Mortality Review (Grant Thornton)</li> <li>• ICS Quality Strategy Update</li> <li>• ICS System Quality Group Report</li> <li>• Briefing on 'Learning from Patient Safety Events' System Go-Live</li> </ul>
<p><b>BAF and any significant risks relevant / aligned to this Committee:</b></p>	<p><b>Quality and Safety Committee BAF risks:</b>  BAF02: System Urgent &amp; Emergency Care  BAF03: Providers in CQC 'Inadequate' Special Measures  BAF04: Cancer Diagnosis and Treatment  BAF05a: Mental Health Transformation Programme  BAF05b: CYP Mental Health Transformation Programme  BAF06: Health Inequalities  BAF08: Elective Recovery  BAF09: NHS Continuing Healthcare  BAF10: EEAST Response Time and Patient Harms  BAF19: Discharge from Inpatient Settings  BAF20: Industrial Action  <b>NEW</b> BAF21: Grant Thornton Mortality Review (NSFT)</p> <p><b>Quality and Safety Committee Significant Risks:</b>  SR03: EEAST Special Measures &amp; Workforce Resilience  SR04: Surge Capacity to Support Local Acute Trusts  SR05: Workforce Absence and Moral Injury  SR06: Public Trust and Reputational Damage  SR07: BCG Immunisation  SR08: Eye Care (Ophthalmology)  SR09: Elective Long Waits  SR10: Care Provider Capacity System-Wide Impact  SR11: Compliance with Deprivation of Liberty Standards  SR13: Neuro-Developmental Service Provision  SR14: CYP Mental Health (Allocation of Case Managers)  SR15: CYP Mental Health (Crisis Team Capacity)  SR16: CYP Mental Health Waiting Lists  SR18: LD CAMHS Psychiatry Provision  SR19: CYP Podiatry Provision in Central Norfolk  SR20: CYP Speech and Language Therapy Provision  SR21: CYP Service Disruption (Changes in Workforce)</p>

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	<p>SR22: Digital Maternity Care Records  SR26: Deconditioning and Hospital Acquired Infections  SR43: Tuberculosis Service Capacity  SR44: Wheelchair Service Waiting Times  SR45: 12hr Decision to Admit Breaches: NOF 4 Exit Criteria  SR46: 12hr Decision to Admit Breaches: Patient Experience  SR47: Familial Hypercholesterolemia Services  SR48: Lynch Syndrome Pathway (Cancer)  SR49: Equitable Access to End of Life Care  <b>NEW</b> SR50: E3 Maternity Information System</p> <p>Committee also has oversight of a small number of risks that do not currently meet the BAF or Significant Risk threshold:</p> <p>QIC-LD-007 Learning Disability and Mental Health Hospital Discharge  QIC-All-006 s117 Mental Health Act Personal Health Budgets  LC001 Community Epilepsy Commissioning  LC002 Community Neurology Commissioning  LC003 Adult Speech &amp; Language Therapies Commissioning  LMNS04 Maternity &amp; Neonatal Workforce  <b>NEW</b> NQ45 BPAS CQC Improvement Plan  <b>NEW</b> NQ46 Learning from Patient Safety Events System Go-Live  <b>NEW</b> LMNS05 Smoking in Pregnancy</p>
<p><b>Key items for assurance/noting:</b></p>	<p><b>Committee Meeting on 03 August 2023:</b></p> <p><b>Ambulance and Urgent &amp; Emergency Care (UEC) Resilience</b>  <b>Assurance level: partial, with strong oversight</b></p> <p>Committee received its regular overview of serious incidents (SI), related to delayed conveyance and handover of patients into hospital Emergency Departments. Learning themes around system surge response, and alignment of rapid release and cohort care processes across localities are being fed into the system Front Door Working Group, where actions and interventions are being delivered. Committee noted that from 07 August 2023 the acute hospitals have all agreed to go to a 45-minute ambulance handover delay time, with an ambitious plan to keep reducing as we prepare for Winter 2023-24. Committee members were keen to receive regular updates on progress.</p> <p>Committee discussed the national plans for sub-division of the C2 <a href="#">ambulance response category</a>. Learning from early adopter Ambulance Services suggests that segmentation helps to enable enhanced oversight of more clinically urgent patients in this cohort. EEAST will be going live at the end of September 2023 and their Chief Nurse spoke to the work currently taking place with NNUH to review a cross sectional cut of patients across all response categories to determine if hospital conveyance was the best place for the patient, or if there was an alternative pathway that could have met their needs.</p> <p>A 90-second animation developed with the ICB Communication Team was shared prior to approval for publication, detailing the interventions in place across the system to improve flow and patient experience. This is intended to help keep frontline staff and service users sighted on the resilience work and improvements being made.</p>

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## **Mental Health Transformation**

### **Assurance level: partial**

Committee heard that the key challenges impacting on demand and capacity currently include increased acuity and need, following pandemic isolation and pressures, compounded by the current cost of living crisis. Increased demand for mental health services is particularly impacting on community services, crisis and eating disorder pathways. Challenges in social care and workforce capacity is also a national issue. The local Mental Health Transformation Programme, set up to deliver the NHS Long-Term Plan ambitions, is coordinating the review of services to ensure they meet current and future need. It has also set priorities to:

- Deliver expanded community services to support individuals and their families closer to home.
- Address pathway gaps, ensuring people can access information and support quickly, telling their story once.
- Improve suicide surveillance and targeted prevention.
- Introduce new roles in primary and secondary care and education settings to meet workforce challenges.
- Collaboratively develop a new Housing Support model for people with complex mental health needs.

Committee also heard that the CYP Mental Health Transformation Programme is delivering the new Integrated Front Door to increase access and improve outcomes and expanding Mental Health Support Teams in schools to prioritise prevention. Committee discussed demand and capacity in relation to 136 suites, which provide a temporary 'place of safety' for people who are detained by the Police under Section 136 of the Mental Health Act. The system Urgent and Emergency Care Steering Group is leading this work, with NSFT working in close partnership with the police. There has been some improvement in terms of lower activity, with better flow and system working to meet complex needs.

## **Advancing Mental Health Equality (AHME)**

### **Assurance level: partial, improvement programme in place**

NSFT attended to present their work around the 2019 National Collaborating Centre for Mental Health 'Advancing Mental Health Equality' Resource, which comprises of a 'toolkit', outlining a step-by-step process for commissioners and service providers to identify the mental health inequalities in their local areas, design services and initiatives to address these inequalities, deliver a measurable strategy, and evaluate impact. Committee received an overview of data relating to inequalities for people receiving care from local mental health services, alongside a focused report around Black men's experiences in mental health care, looking at disparities across ethnicity, including:

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- People of Black Caribbean and Black African heritage, South Asian and East Asian people are all significantly more likely to be compulsorily admitted into mental health care than White ethnic groups.
- In 2021 in England and Wales, Black people were more than four times as likely as White people to be detained under the Mental Health Act and ten times more likely to be subject to Community Treatment Orders.
- Young African-Caribbean men are more likely to access mental healthcare in crisis, and to be admitted via criminal justice routes.

The Trust has taken forward a three-year programme with the aim to seek better understanding of inequalities and challenges, testing ideas of change, implementing successful improvements, and evaluating outcomes, to improve practice around understanding and responding to mental health needs among minority ethnic communities. Committee highlighted the powerful message around health inequalities and noted other communities impacted, including Neurodivergent and Transgender people.

#### **NHS Patient Safety Incident Response Framework Update**

**Assurance level: partial, with strong oversight**

Committee received an update on system implementation of the new national NHS Patient Safety Incident Response Framework (PSIRF), which sets out the NHS approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This replaces the NHS Serious Incident Framework (2015), with PSIRF advocating for a more coordinated and data-driven approach, which also prioritises compassionate engagement with people who have been affected by patient safety incidents. PSIRF embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

#### **Research and Evaluation Report**

**Assurance level: full**

Committee received an update on the activity of the ICB Research and Evaluation Team from the first quarter, in addition to their 2022-23 Annual Report. The Team has continued to build collaborative relationships, with UEA Health and Social Care Partners, the Norfolk Initiative for Coastal and Rural Health Equalities (NICHE Anchor Institute) and the Clinical Research Network, whilst also taking forward development of the first ICS Research and Evaluation Strategy and successfully securing funding to help increase research and evaluation participation opportunities for our local communities. Key areas of focus for the year ahead include:

- Community engagement and involvement, with a focus on 'seldom heard groups.'

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- Embedding a culture of evidence and evaluation within service design, transformation, and service delivery, supporting quality across the ICS.
- Facilitating the delivery of high-quality research in out of hospital settings, expanding our support to non-NHS settings.
- Working with stakeholders locally, regionally, and nationally to build capacity and capability for high quality research.

### **Learning from Adverse Events and Complaints Report**

#### **Assurance level: partial, with strong oversight**

Committee members received the report which covered incidents, never events and complaints within the first quarter. Committee noted themes around inpatient falls, as well as delays in diagnosis and treatment. Local NHS Providers are linked into a systemwide Falls Reduction Programme, which brings the system together to share best practice and take forward improvement work, collectively. Partners are continuously reviewing their harm review processes to ensure that learning is taken forward from diagnosis and treatment delay. Committee noted a recent 'never event' reported by a local Maternity Service, and that early discussions have taken place about how to mitigate against the risk of this reoccurring. ICB complaint themes were highlighted; NHS Continuing Healthcare funding and perceived delays in process, access to GP appointments, Walk in Centre consultation enquiries and escalated concerns around provider care and treatment. The ICB Nursing & Quality Team has sight of all complaints and learning is used to inform quality assurance and improvement work. Committee noted that moving forwards, the new national PSIRF approach will help to create opportunities for collective learning activities across the system, building on the good work that has been established by the ICS Falls Reduction and Wound Management Programmes.

### **Safeguarding Adults and Children Report**

#### **Assurance level: partial, with strong oversight**

Committee members received the report for the last quarter, which covered Safeguarding Adults, Safeguarding Children, Looked After Children, and Child Death Review. The ICB Director of CYP and Maternity highlighted the national Working Together Guidance and Child Sexual Abuse consultations and encouraged colleagues across the system to respond. Committee heard that there has been considerable progress within the Child Death Review Team who support families as well as system partners, in learning from children's deaths. The team has embedded since its transfer to the ICB, and review timescales are currently sitting below the national average. Timely reviews are enabling partners to identify learning as quickly as possible, working with the system to ensure actions are in place.

### **Dementia Update**

#### **Assurance level: partial**

Committee reflected on the Dementia prevalence for people of all ages in Norfolk is higher than the national average and heard that Dementia care is subject to several inequalities, including living in

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rural locations and being from a minority ethnic background. Committee were updated on key priorities et to improve experiences of Dementia diagnosis and care, including the development of workforce knowledge and skills, better data collection, quality, and analysis, improved access to timely diagnosis, and improved experiences of end-of-life care for people with Dementia. Committee noted the importance of integrated working with the local authorities, particularly around support and day care services for people with Dementia. The ICB Clinical Advisor for Dementia highlighted the importance of exploring joint training opportunities across the system including the independent and voluntary sector.

#### **Briefing on BPAS CQC Inspection Improvement Plan**

**Assurance level: partial, with strong oversight**

Committee were briefed on a recent section 29a CQC warning notice given to the British Pregnancy Advisory Service (BPAS) who provide termination services across the UK. Early oversight indicates good work taking place to make required improvements, The ICB Director of Nursing and Quality is part of the national oversight group and is leading on oversight for the region, with NHSE colleagues.

#### **Committee Meeting on 07 September 2023:**

#### **Briefing on Lucy Letby Learning**

**Assurance level: partial, oversight approach evolving**

Committee noted the statement from Dame Ruth May, Chief Nursing Officer for NHS England, which acknowledged the appalling crimes committed and expressed profound apologies to the families for all they have been through. NHS England has issued a letter asking leaders and boards to ensure the following:

- All staff have easy access to information on how to speak up. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
- Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
- Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well. Boards are regularly reporting, reviewing, and acting upon available data.

#### **Briefing on National Paediatric Hearing Service Programme**

**Assurance level: partial, oversight approach evolving**

The Newborn Hearing Screening Programme has reviewed the data of every baby born in England (2018-2023) and identified four Trusts who had diagnosed significantly fewer babies with a permanent

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childhood hearing impairment (PCHI) than expected following initial hearing screening assessment. The review of these Trusts has identified root causes that have led to poor service delivery and outcomes, including lack of clinical governance and oversight, poor reporting of data, poor interpretation of results, and poor retention of diagnostic data. While none of the four Trusts identified sit within Norfolk and Waveney, NHS England has recognised this as an opportunity to support all providers and ICBs to improve the quality of these services and all ICBs are now requested to work with their Paediatric Hearing Services to implement a set of system recommendations for immediate action, as a matter of urgency.

### **LD&A Strategy and Tricordant Review Update**

#### **Assurance level: partial**

Committee received an update on collaborative work that is being undertaken, supporting the Norfolk County Council Learning Disability and Autism strategies, which inform both commissioning and investment into specialist services and pathways of care, and quality improvement, including:

- Strengthening the adult diagnostic pathway in Norfolk and Waveney.
- Commissioning additional support within the community, to avoid hospital admissions and enable more timely and effective discharges.
- Local implementation of recommendations made following review of the deaths of Oliver McGowan and Clive Treacey.
- Local delivery of the national STOMP and STAMP programmes, which address the over-prescribing of psychotropic medications, to adults and children with a Learning Disability, Autism, or both.

### **Briefing on Deprivation of Liberty Safeguards Risk**

#### **Assurance level: partial, risk escalated to Committee**

Committee were briefed on the challenge that local authorities are currently experiencing, with significant waiting lists to assess and authorise deprivations of liberty across Norfolk and Waveney. This impacts on people who lack the capacity to make decisions about their care and support arrangements, who are situated in a hospital, nursing, residential or care home. Whilst this responsibility sits with the local authorities as the supervisory body, Committee recognised the potential that this delay may impact the human rights of both those people receiving NHS Continuing Healthcare funded care and those receiving healthcare in general across Norfolk and Waveney. A formal risk will be added to the Committee register at the next meeting.

### **NSFT Mortality Review (Grant Thornton) Update**

#### **Assurance level: partial, risk escalated to Board**

The Trust's Director of Quality attended, and Committee discussed the opportunities for the ICB and the wider system to support NSFT to take forward learning from the review into mortality reporting processes, and ensure that oversight and assurance is robust,

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proportionate, and inclusive of partners and people, including bereaved families and friends. NSFT spoke to the need for a culture of engagement and approach that would be sensitive and respectful of people's lived experiences. Committee were briefed on one of the challenges illustrated by the report, in relation to information sharing. The Trust described how they have now set up a process to proactively search the national NHS spine to help identify individuals who have been discharged from their care, but who have died from any cause. The ICB Medical Director added that they have worked with HM Coroners, who have authorised the local authority Registrar Service to provide information on the cause of death for these individuals. The ICB Medical Director made a request to be included, alongside their counterpart in Suffolk and North East Essex, in the Trust's planning and approval of its approach to addressing the recommendations of the review, and understanding and responding to any learning from cases, with a focus on potentially preventable deaths. The ICB Medical Director formally asked to be invited to the Trust's Mortality Improvement Board.

### **ICS Quality Strategy Update**

#### **Assurance level: full**

Committee received an overview of the outcomes of the recent ICS Quality Strategy workshops, focusing on quality leadership, improving outcomes, delivering safe and sustainable care, and understanding health inequalities. It was agreed that a draft Implementation Plan would be brought to the next Committee Meeting for approval.

### **ICS System Quality Group Report**

#### **Assurance level: partial, with strong oversight**

Committee were provided with assurance around the work of the Group, including progress with the local delivery of NHSE and National Quality Board Programmes, including NHS Patient Safety Strategy, National Oversight Framework (NOF) and the transition of responsibility for Pharmacy, Optometry and Dental Services to the ICB. The ICB Director of Nursing Quality shared an overview of services receiving and enhanced level of assurance and support:

- Norfolk and Suffolk Foundation Trust
- East of England Ambulance Service Trust
- James Paget University Hospital Maternity Department
- British Pregnancy Advisory Service (BPAS)

System quality improvement programmes were also discussed:

- Falls Prevention and Wound Management
- Infection Prevention and Control
- Environmental Sustainability (Non-Sterile Glove Reduction)
- Dependence Forming Medications

### **Briefing on 'Learning from Patient Safety Events' System Go-Live**

#### **Assurance level: partial, with national oversight**

Committee were briefed on ongoing problems at a national level, around the compatibility of some digital incident reporting platforms, with the new LFPSE System. NHS England are aware and working

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	with software companies and provider organisations, having confirmed that there will be no penalties for organisations unable to begin reporting incidents via LFPSE by the end of September 2023. NHSE has shared guidance along with a manual reporting form as an interim solution and these will be shared with the ICB. System Quality Group has oversight.
<b>Items for escalation to Board:</b>	No additional escalations were requested. See risks and issues noted above.
<b>Items requiring approval:</b>	Committee approved the following ICB policies: <ul style="list-style-type: none"> <li>• <b>UPDATED</b> ICB Safeguarding Childrens Policy (August)</li> <li>• <b>NEW</b> ICB Safeguarding Supervision Policy (August)</li> <li>• <b>ANNUAL</b> Norfolk and Waveney LeDeR Report (September)</li> </ul>
<b>Confirmation that the meeting was quorate:</b>	<b>Quoracy (as per Governance Handbook):</b> there will be a minimum of one Non-Executive Board Member, plus at least the Director of Nursing or Medical Director. The August and September 2023 meetings were quorate, as defined above.

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

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Agenda item: 15

<b>Subject:</b>	<b>Finance Committee Report</b>
<b>Presented by:</b>	<b>Hein van den Wildenberg, Non-executive Member, Finance Committee Chair</b>
<b>Prepared by:</b>	<b>Emma Kriehn-Morris, Interim Director of Commissioning Finance</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Finance Committee up to including the 19<sup>th</sup> August 2023

<b>Committee:</b>	Finance Committee
<b>Committee Chair:</b>	Hein van den Wildenberg
<b>Meetings since the previous update</b>	Last update provided: 18.07.2023 Subsequent Meetings: 25.07.2023 & 29.08.2023
<b>Overall objectives of the committee:</b>	The objective of the committee is to contribute to the overall delivery of the ICS objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan and strategy, consistent with the ICS Strategic Plan and its operational deliverables.
<b>Main purpose of meeting:</b>	To gain assurance on the financial position of the (NHS entities in the) ICS and ICB.
<b>BAF and any significant risks relevant / aligned to this Committee:</b>	BAF 11 – Achieve the 2023/24 financial plan  BAF 11A – Underlying deficit position
<b>Key items for assurance/noting:</b>	The main items discussed at the Finance Committee were as follows,  <b><u>(NHS entities in) ICS</u></b> 1. The position year-to-date at July (Month 4) is a £20.3m deficit, which is £9.5m adverse against the plan. The three acute providers are adverse to plan driven by the impacts of unfunded Industrial Action, Independent Sector activity costs and delays in Efficiency identification and/or delivery.

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	<p>Whilst presently all six organisations report a full year forecast of break even, there remains significant risks to this delivery.</p> <p>The committee will monitor closely in the months ahead the expenditure trajectory versus budget and consider the probability of the presented risks materialising.</p> <p>2. The Year-to-Date system CDEL (Capital) expenditure as at July (Month 4) was £16.4m, £5.9m behind plan, due to slippage/delays in project roll-out and RAAC schemes.</p> <p><b>ICB</b></p> <ol style="list-style-type: none"> <li>1. The ICB has reported a year to date (Month 4) break-even position and forecasts a full year break even position.</li> <li>2. The estimated value of net potential risks to the full year position amounts to some £43m. these are items which have not yet crystallised but have been identified as having the possibility of causing a financial issue.</li> </ol>
<b>Items for escalation to Board:</b>	<ol style="list-style-type: none"> <li>1. The significant financial risk for the collective of NHS entities in the ICS in the 23/24 financial plan</li> <li>2. The ICB significant financial risk in the 2023/24 financial plan, both in absolute terms as in underlying terms.</li> </ol>
<b>Items requiring approval:</b>	None
<b>Confirmation that the meeting was quorate:</b>	Confirmed that both meetings were quorate.

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

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<b>Reference document(s):</b>	Not applicable.
<b>NHS Constitution:</b>	Not applicable.
<b>Conflicts of Interest:</b>	Not applicable.

## **Main messages for Finance Committee report to ICB Board.**

- 1. The points below follow from the July 25th finance committee where the Month 3 (June) position was considered.**

### **Part 1 (System overview: NHS entities within ICS)**

- The Revenue position year-to-date at June (Month 3) is a £17.2m deficit, which is £8.2m adverse against the plan. Whilst presently all six organisations report a full year forecast of break even, there remain significant risks to this delivery.
- Factors impacting the year-to-date deficit include phasing of efficiency delivery, impact of lost income from planned elective activity, and the impact of industrial action for pay costs.
- The estimated net value of potential risks to the full year position amounts to some £92.7m, these are items which have not yet crystallised and are therefore excluded from the forecast but have been identified as having the possibility of causing a financial issue.
- The agency costs for the first three months are £15m, £4.8m over budget. The forecast agency costs for the year are £11m over budget, £3.4m of which relates to Clinical roles, largely occurring within one acute hospital where all agency personnel were assumed to have ceased with an intention to recruit substantively to vacant roles.
- A Spotlight was held on the James Paget University Hospital (JPUH), where the CFO provided detail on the Financial Improvements Plan and Strategy as part of their wider board key priorities.

The period of review undertaken for activity and finances was noted as three years since 2019/20 (in essence last pre-covid year). Challenges exist in particular in relation to reduced activity against substantial increase in staff and therefore costs from employment and inflation, along with delivery of prior year (efficiency) plans utilising significant non-recurrent measures.

- The Medium-Term Financial Plan development and progress was shared noting utilisation of NHSE baseline allocations, convergence, and net growth rates. Based on draft modelling the system would move into an underlying surplus in 2028/29.

Next steps were agreed to progress the plans and ensure system consistency whilst allowing for recovery plans where required. Recurrent efficiencies and funded inflation are likely to be the most significant risk areas.

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## **Part 2 (ICB specific)**

- The ICB has reported a year to date (Month 3) break-even position and forecasts a full year break even position.
- The estimated value of potential risks to the full year position amount to £61.9m, these are items which have not yet crystallised but have been identified as having the possibility of causing a financial issue. These include as yet unidentified efficiency savings and reliance on investment slippage.
- Prescribing Rebates were presented and approved.
- Spotlights covered included:
  - Contracting Update. Contract volumes, Tender Waiver and breach process analysis provided. The impact on contracts as a result of transferred in services from NHSE regards Dentistry, Ophthalmology and Pharmacy was noted as a challenge and an area for improvement.

## **2. The points below follow from the August 29<sup>th</sup> finance committee where the Month 4 (July) position was considered.**

### **Part 1 (System overview: NHS entities within ICS)**

- The Revenue position year-to-date at June (Month 4) is a £20.3m deficit, which is £9.5m adverse against the plan. Whilst presently all six organisations report a full year forecast of break even, there remain significant risks to this delivery.
- Factors impacting the year-to-date deficit remain those of phasing of efficiency identification and delivery, impact of lost income from planned elective activity, and the impact of industrial action for pay costs.
- The estimated net value of potential risks to the full year position amounts to some £77.4m, these are items which have not yet crystallised and are therefore excluded from the forecast but have been identified as having the possibility of causing a financial issue.

The year-to-date agency costs are £19.4m, £5.9m over budget. The forecast agency costs for the year is £11m over budget, and £4m over the agency expenditure cap set by NHSE.

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- A detailed Spotlight on the Queen Elizabeth Hospital was deferred to a next meeting. Their CFO did provide a shorter update on the current year financial delivery which is noted as being at risk currently. The Financial Recovery Plan was noted as going through internal governance in the Trust later in September. Further focus is on the Medium-Term Financial Plan for a 5-to-10-year sustainability ambition.

Challenges were noted against delivery from restricted activity and bed availability. Theatres are scheduled to come online at the end of September to support elective recovery plans.

## **Part 2 (ICB specific)**

- The ICB has reported a year to date (Month 4) break-even position and forecasts a full year break even position.
- The estimated value of potential risks to the full year position amount to £43.0m, these are items which have not yet crystalised but have been identified as having the possibility of causing a financial issue. These include as yet unidentified efficiency savings and reliance on investment slippage all being considered and mitigated through the 'Closing-the-gap' event.
- Spotlights covered included:
  - Continuing Health Care (CHC) Update. Rising operational and financial pressures have resulted in a deteriorating forecast.

Operational issues arise from staff vacancies and sickness, care market capacity, and acute discharge demands. Financial issues arise from higher care costs, inflation, service demands, and increased patient care need and acuity presenting through increased days of care.

- Prescribing and Primary Care Rebates Update. GP Prescribing financial budgets are challenged by the stretched efficiency programme despite the excellent work delivered to date. A key contributor to the reduced efficiencies arises from the lost Edoxaban rebates now held centrally by NHSE. GP Prescribing benchmarking notes robust performance with an average unit *price* of £7.75 per item, but benchmarks unfavourably with higher *volume* of items showing in the upper quartile on national reporting.

The policy for rebate approval process was presented and agreed to in relation to rebated prescribing costs from the pharmaceutical industry.

- Mental Health Investment Standard (MHIS) Update. The M05 forecast indicates delivery on the MHIS with increased investment over awarded funding for the ICB to 8.8% or £16.2m. The independent MHIS audit for 2022/23 will

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be undertaken imminently to provide assurance of previously reported achievements against MHIS.

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Agenda item: 16

<b>Subject:</b>	<b>Primary Care Commissioning Committee Report</b>
<b>Presented by:</b>	<b>Debbie Bartlett, Local Authority Member</b>
<b>Prepared by:</b>	<b>Sadie Parker, Director of Primary Care</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Primary Care Commissioning Committee for the August and September 2023 meetings.

<b>Committee:</b>	Primary Care Commissioning Committee
<b>Committee Chair:</b>	Debbie Bartlett, Local Authority Member (Hein van den Wildenberg, Non-Executive Member chaired in September)
<b>Meetings since the previous update on 18 July 2023</b>	8 August 12 September
<b>Overall objectives of the committee:</b>	The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, and since 1 April 2023 the commissioning of dental, pharmaceutical and optometry services under a Delegation Agreement with NHS England.  All committee papers can be found <a href="#">here</a> .
<b>Main purpose of meeting:</b>	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any

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	resources received for investment in primary care.
<p><b>BAF and any significant risks relevant / aligned to this Committee:</b></p>	<p><b>BAF16 – the resilience of general practice</b>  <b>Current mitigated score – 4x4=16</b></p> <p>There is a risk to the resilience of general practice due to several factors including the ongoing Covid-19 pandemic, workforce pressures and increasing workload (including workload associated with secondary care interface issues). There is also evidence of increasing poor behaviour from patients towards practice staff. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health services take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services.</p> <p><b>BAF18– risk amended to the resilience of NHS dental services in Norfolk and Waveney</b>  <b>Current mitigated score – 5x4=20</b></p> <p>Primary Care Services became the responsibility of the Integrated Care Board from 1<sup>st</sup> April 2023, the risk is the unknown resilience, stability and quality of dental services, and critical challenges relating to the recruitment and retention of dentists and dental care professionals and the limitations of the national dental contract, leading to a poor patient experience for our local population with a lack of access to NHS general dental services and Level 2 dental services.</p>
<p><b>Key items for assurance/noting:</b></p>	<p><u>August</u></p> <ul style="list-style-type: none"> <li>Care market sector quality and assurance – a presentation was received setting out the challenges for the sector and it was noted we should be proud of the integrated approach taken in health and social care, acknowledging the quality ratings in Norfolk and Waveney were not as good as they could be and there was a challenge to turn this around. Committee reflected on the feedback from practices on the high turnover of care home staff which impacted the building of relationships with staff who often leave. New staff often wanted to establish new systems and change systems which sometimes generated more work. Workforce was agreed as a</li> </ul>

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key factor for improving relationships and integrated working to benefit patient care.

- Care Quality Commission reports for Bacon Road and Taverham practices in Norwich were noted. The practices had been taken out of special measures and had both improved their rating to requires improvement. This was in recognition of their hard work to turnaround the practices, but recognising systems needed to be embedded.
- General Practice Operational Delivery Group Report – the first meeting had taken place which had reviewed progress on the contractual E-declaration report for practices, the TIAA audit action plan, the Primary Care Network Contract and the uptake of Learning Disability Health Checks. The latter was being monitored closely, with uptake being behind the same period last year. Alternative provision would be explored with the aim of supporting uptake rather than providing a perverse incentive to practices.
- Finance Report.
- Prescribing Report.

#### September

- Estates Quarterly Report – committee noted the positive news that all wave 4b capital developments had now been approved by NHSE and were progressing well. It was also noted that the ICB was now responsible for all primary care estates, including rent reviews, following delegation of responsibility from NHSE.
- Digital Quarterly Report – members noted the update including the positive news that funding had been received to move 34 practices to Cloud-based Telephony. This would move the majority of practices to CBT systems, which was a key target of the national General Practice Access Recovery Plan. The shared care record phases 1 and 2 were now live and baseline information shows that staff are saving 30 minutes to an hour in gathering information about patients / clients.
- Care Quality Commission Report for Chet Valley Medical Practice – following a recent inspection, the practice had been rated as requires improvement (previously outstanding). There were two breaches of the regulations which have resulted in a requirement notice being issued to the practice. The practice had developed an

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	<p>action plan and was working closely with the CQC and the ICB to address the issues identified.</p> <ul style="list-style-type: none"> <li>• Pharmaceutical Services Regulation Committee Report – the first report from the PSRC hosted by Hertfordshire and West Essex ICB on our behalf was noted. This detailed activity in the first quarter of the financial year and would be brought every 3 months in future. Three market entry applications had been approved and three had been refused. One remedial breach notice had been issued in respect of failure to undertake the pre-contractual visit paperwork, and four pharmacies had been found in breach of their contract for not fulfilling their contractual notice period. There was one market entry refusal which had been appealed to NHS Resolution which had been granted.</li> <li>• Prescribing report.</li> <li>• Finance report.</li> </ul>
<p><b>Items for escalation to Board:</b></p>	<p>The resilience of general practice, summarised in BAF16 continues to be of concern in the system, despite the significant activity being undertaken. The ICB’s progress on its plan to recover access to primary care and address interface issues would be brought to the ICB Board in November and March.</p> <p>The resilience of dental services, summarised in BAF18 is of grave concern, with the short-term plan approved at the September meeting.</p> <p>The uptake of learning disability health checks continued to be below expected volume. Quarter one figures show a small increase in register sizes as expected. There has been a 3% decrease in the percentage of eligible patients receiving an LD HC in quarter one compared to last year and we are working closely with practices and NHS England to monitor and improve this position. Norwich locality was the only area to show an increase in the number of LD Health Checks delivered compared to the same period last year. While it is too early to forecast a trajectory of delivery for the year, it’s clear that unless there is a considered effort to increase delivery, Norfolk &amp; Waveney ICB will struggle to deliver the same number of checks as 2022/23 or achieve the national 75% target of LD Health Checks delivered.</p>

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<p><b>Items requiring approval:</b></p>	<p><u>August</u></p> <ul style="list-style-type: none"> <li>• Primary Care Estates - Revisions to Advice Note 2: Sale and Leaseback Proposals – members approved the changes to provide more detailed guidance and a staged approach through the revisions proposed.</li> </ul> <p><u>September</u></p> <ul style="list-style-type: none"> <li>• Members approved the risk register, including the decrease in risk score to 2x3=6 for PC15, wave 4b primary care hubs – loss of funding following the approval of the business cases by NHSE.</li> <li>• NHS Dentistry Short Term Plan – the committee approved the plan which also included our commissioning intentions which would inform our longer-term strategy to be proposed in March.</li> <li>• Primary Care Commissioning Principles – members approved the commissioning principles which were designed to support a sustainable primary medical care structure in line with the strategic direction of the NHS Long Term Plan and the Fuller report, support innovation and collaboration and provide best value and quality for patients. The framework would inform decision making for commissioning of primary care services, supporting a local collaborative approach and prioritising partnership working and negotiation with local system partners to create sustainable solutions that offer good quality, safe healthcare for patients and increase the resilience and stability of general practice. The framework also aims to support delivery of the ICS priority to strengthen primary care.</li> </ul>
<p><b>Confirmation that the meeting was quorate:</b></p>	<p>There are four voting members and three are required to be quorate. Both meetings were quorate with the following attendance:</p> <p><u>August</u>  Debbie Bartlett, Local Authority Member, Chair  Hein van den Wildenberg, Non-Executive Member  Steven Course, Executive Director of Finance  Karen Watts, Director of Nursing and Quality, deputizing for Patricia D’Orsi, Executive Director of Nursing and Quality</p> <p><u>September</u>  Hein van den Wildenberg, Non-Executive Member, deputizing as Chair</p>

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	James Grainger, Senior Finance Manager, deputizing for Steven Course, Executive Director of Finance Karen Watts, Director of Nursing and Quality, deputizing for Patricia D’Orsi, Executive Director of Nursing and Quality
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<b>Key Risks</b>	
<b>Clinical and Quality:</b>	Care Quality Commission inspection reports are brought to committee meetings
<b>Finance and Performance:</b>	Finance reports are noted monthly, detailed performance reports are reviewed on prescribing, learning disability and severe mental illness health checks uptake. Access data is reviewed annually through the GP Patient Survey report. The annual contractual e-declaration requirement for practices is reported.
<b>Impact Assessment (environmental and equalities):</b>	N/A
<b>Reputation:</b>	The committee meeting is held monthly in public and includes attendance from the Local Representative Committees, Healthwatch Norfolk and Suffolk and the Health and Wellbeing Boards in Norfolk and Suffolk
<b>Legal:</b>	Terms of reference, primary medical services contracts, premises directions and policy guidance manual
<b>Information Governance:</b>	Any confidential or sensitive information is heard in private
<b>Resource Required:</b>	Primary care commissioning, quality, finance, primary care estates, primary care workforce, primary care digital, prescribing, locality and BI teams
<b>Reference document(s):</b>	Primary medical services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
<b>NHS Constitution:</b>	N/A
<b>Conflicts of Interest:</b>	Arrangements are in place to manage conflicts of interest

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Agenda item: 17

<b>Subject:</b>	<b>Performance Committee Report</b>
<b>Presented by:</b>	<b>Dr Hilary Byrne</b>
<b>Prepared by:</b>	<b>Tessa Litherland</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Performance Committee for the period 25 July to 26 September 2023

<b>Committee:</b>	Performance Committee
<b>Committee Chair:</b>	Dr Hilary Byrne
<b>Meetings since the previous update on 25 July 2023</b>	<ul style="list-style-type: none"> <li>14 September 2023</li> </ul>
<b>Overall objectives of the committee:</b>	<ol style="list-style-type: none"> <li>1. Oversee the implementation of the IPR system as the primary source of performance metrics for the ICB Board, Performance Committee, Tier 3 and 4 Boards and Groups.</li> <li>2. Assure NHSE/I of progress against NOF4 measures and improvement of NOF segmentation.</li> <li>3. Assure the system and programme areas use benchmarking and best practice to improve areas of concern and drive ambition.</li> <li>4. The Committee will require assurance from the Programme Boards in relation to delivery and highlighting any appropriate risks. Receive robust improvement/recovery plans from the Programme Boards for measures as set out in the 2023/24 priorities and operational planning guidance, including UEC, General Practice and Maternity national improvement plans and other key performance indicators.</li> </ol>

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<p><b>Main purpose of meeting:</b></p>	<p>The Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that ensures a high performing system.</p> <p>The Committee exists to scrutinise the robustness of and gain and provide assurance to the ICB 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.</p>
<p><b>BAF and any significant risks relevant / aligned to this Committee:</b></p>	<p>No BAF items currently aligned to this committee.</p>
<p><b>Key items for assurance/noting:</b></p>	<ul style="list-style-type: none"> <li>• Membership within the Terms of Reference was discussed and agreed to widen to include providers as members rather than attendees.</li> <li>• NOF segmentation progress was noted and process to move out of NOF4 discussed, together with the Recovery Support funding for 2023/24.</li> <li>• Regular performance updates were received Elective and Cancer care. Key discussions were around the diagnostic staffing issues and its effect of performance. It was agreed to have a focus on this at the next committee.</li> <li>• Mental Health update was received and discussed, particularly the impact of and balance between repatriating Out of Area Placements, managing transfers from acute emergency departments and community services into local MH beds.</li> <li>• Learning Disability and Autism update was presented to the committee for the first time and will become a regular report going forward.</li> <li>• Community Services was another report being presented for the first time, and highlighted the work being done on wheelchair waiting times and looking at some of the less visible waiting lists in the community.</li> <li>• Urgent and emergency Care provided it's usual performance update but also a deep dive focus on ambulance handovers. The progress on developing the ambulance handover recovery plan was outlined, with confirmation the full plan would be available and sent to Region next week.</li> </ul>

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<b>Items for escalation to Board:</b>	<p>Items of concern to note:</p> <ul style="list-style-type: none"> <li>• Elective recovery detrimental impact seen from Industrial Action.</li> <li>• Diagnostics staffing issues resulting in increased waiting times.</li> <li>• Out of Area Placements for mental health beds above trajectory and not seeing improvement as planned.</li> <li>• Learning Disability and Autism, and Community Services now reporting to committee reducing risk of previously unseen/hidden waiting lists.</li> <li>• Ambulance handover plan not yet finalised.</li> </ul>
<b>Items requiring approval:</b>	Nothing requiring approval.
<b>Confirmation that the meeting was quorate:</b>	Yes, meeting was quorate.

Note: Please add a level assurance on each topic covered in red, this should be rated as none, partial or full.

<b>Key Risks</b>	
<b>Clinical and Quality:</b>	Identifying and improving poor performance will impact quality of service delivery and outcomes.
<b>Finance and Performance:</b>	It is important that there is scrutiny of performance and its management across the ICB, and this function is performed by the Performance Committee.
<b>Impact Assessment (environmental and equalities):</b>	Not applicable.
<b>Reputation:</b>	Ensuring effective committees is essential for maintaining the reputation of the ICB.
<b>Legal:</b>	Performance Committee is a committee of the ICB.
<b>Information Governance:</b>	Not applicable
<b>Resource Required:</b>	None.
<b>Reference document(s):</b>	Not applicable
<b>NHS Constitution:</b>	Not applicable
<b>Conflicts of Interest:</b>	Not applicable

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Agenda item: 18

<b>Subject:</b>	<b>Patients and Communities Committee Report</b>
<b>Presented by:</b>	<b>Aliona Derrett, Chair of the Patients and Communities Committee</b>
<b>Prepared by:</b>	<b>Rachael Parker, Executive Assistant - Norfolk and Waveney ICB</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>26 September 2023</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Patients and Communities Committee for the period to 26 September 2023

<b>Committee:</b>	Patients and Communities Committee
<b>Committee Chair:</b>	Aliona Derrett, Non-Executive Director
<b>Meetings since the previous update on 30 May 2023</b>	Monday 24 July 2023  Monday 25 September 2023 <i>*the update from this meeting will be included in November's update*</i>
<b>Overall objectives of the committee:</b>	<ul style="list-style-type: none"> <li>• Monitoring and coming back to the 'so what' conversation question during meetings</li> <li>• As part of the deep dive sessions – all presentations and presenters must include – as a result of doing this, <b>what has changed, including experience, outcomes and access</b>. This will be a core focus of the Committee to scrutinise these metrics.</li> <li>• How many people are we reaching/connecting with as part of engagement and co-production activities?</li> <li>• What evidence is there to identify how health inequalities are reducing?</li> </ul>
<b>Main purpose of meeting:</b>	To provide the ICB with assurance 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, and that takes account of

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	<p>and reduces the health inequalities experienced by individuals and communities.</p> <p>To scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.</p>
<p><b>BAF and any significant risks relevant / aligned to this Committee:</b></p>	<p>NA</p>
<p><b>Key items for assurance/noting:</b></p>	<p><b>Healthwatch Updates</b></p> <p>The Committee was pleased to receive an update on Healthwatch Norfolk's (HWN) 'Three hospitals, Three Weeks' project which saw the HWN team spend time at each of three acute hospitals in Norfolk and Waveney. Rich feedback was received from each hospital; emerging themes were that the care people received overall was very good, and staff and professionals caring for people were on the whole very kind, caring and professional. However, comments about the hospital environment were less positive, specifically the accident and emergency department at the Queen Elizabeth Hospital in Kings Lynn. Individual reports were being prepared along with an overarching report which is due in the Autumn and will compare and give ideas of the themes coming from all three hospitals.</p> <p>HWN also updated on the 'My Views Matter' report which was due to be published shortly. This was a piece of work visiting residential care settings for people with learning disabilities and autism. The Committee also heard about the Serious Mental Illness Partnerships Event which launched a piece of work for NSFT about carers for people that have serious mental illness and will ensuring their voice is listened to. This valuable piece of work will last for three years.</p> <p>The Committee also learnt about Healthwatch's tenth anniversary celebrations, and the initiative launched by Healthwatch England to celebrate anyone who has made a significant contribution to the work of Healthwatch during those ten years. The first Healthwatch Norfolk Hero had been announced at the recent HWN AGM and there will be further announcements in the lead up to the Healthwatch Norfolk live event in Norwich on 5 October, when the Healthwatch Heroes will receive their awards.</p> <p>The Committee also received an update on year two of the digital tools project which is a three-year project commissioned by the ICB to look at digital access to GP surgeries, the NHS app and public awareness, and the shared care record. Year two was specifically looking at how patients digitally access</p>

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primary care. The Committee agreed this work should be linked into the digital strategy at a system level. The Committee further agreed it was essential to remember inclusion health groups, and having bespoke approaches for some members of our communities who may not be able to transact digitally with the NHS.

### **Spotlight on: Children and Young People and Maternity (CYPM)**

The Committee heard about the work taking place in schools and communities with local authority colleagues around safeguarding, looked after children and maternity, with a big emphasis on coproduction and engagement with a range of organisations and parent forums, as well as maternity and neonatal partnerships. The Committee was reminded that the CYPM cohort in Norfolk and Waveney is large with nearly 300,000 individuals between 0-25 years of age which makes up 25% of the Norfolk and Waveney population, so early intervention and prevention really is key for this group. The Committee also heard about Flourish, the overarching system ambition to deliver outcomes and support for all children and young people in Norfolk.

Other areas of focus and discussion included oral hygiene, how experts by experience are an important part of engagement for specific pieces of work, the importance of speaking to families directly to understand where gaps are or to help with individual queries or complaints, and timescales for improvements linked to the Flourish framework.

### **Health Inequalities – NHS ‘Core20PLUS5’ Improvement Framework – defining the ‘Plus’ Groups for Norfolk and Waveney**

The Committee received an update on the work which had taken place in respect of Norfolk and Waveney ‘Plus’ population groups. The Population Health and Inequalities Board had recently agreed the locally defined ‘Plus’ groups which include people who may not live in the most deprived 20% areas of Norfolk and Waveney but who are known to experience inequalities in health outcomes or accessing care. It was noted that care was taken to ensure the chosen groups in Norfolk and Waveney aligned with those already chosen by Suffolk as a whole (due to the overlap with Waveney).

### **Discharge Transformation Programme Update**

The Committee heard that the Urgent and Emergency Care Board had identified three key priorities for 23/23, one of which is reducing length of stay across all settings. This priority will be delivered by improving and expediting discharge across all inpatient units. Norfolk and Waveney is adopting a ‘home first’ principle which aims to prevent admissions where patients don’t need to be in hospital. The Committee learnt about some

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	<p>specific programmes of work that were in progress and linked to discharge, which included Optica, a digital patient tracking system, and some other short-term pieces of work looking at understanding the overall ICB intermediate care model, and specific work around demand and capacity.</p> <p>The Committee were pleased to note that there had been some reductions in the overall long lengths of stay. The Committee agreed that current VCSE engagement with the discharge programme was very low, and this needed revisiting, as there will be many more organisations who can support the discharge transformation programme.</p> <p><b>Community Voices Update</b></p> <p>The Committee received the Community Voices update and noted the training and support to Community Champions being led by Great Yarmouth Borough Council, and the evaluation of the Insight Bank which is being completed by The University of East Anglia. There had been engagement with many other organisations and communicators who had received training and support.</p> <p>The Committee heard about a particular piece of work in Great Yarmouth and Waveney about increasing diversity in, and access to, research. The Community Voices team also highlighted two other projects being delivered including working with the ICB Cancer team to try and increase access to cancer screening, and a children and young people programme looking at childhood asthma, which has been funded by the Core20 Connectors Initiative. An ICS Health Inequalities Strategy is also being developed.</p> <p>The Committee agreed that the health inequalities strategy needs to link with the JFP. The Committee further agreed a process needs to be established to improve knowledge and awareness across the ICS about the Insight Bank. It was noted there is a lot of interest in the Norfolk and Waveney Community Voices work both regionally and at a national level.</p> <p><b>People and Community Update</b></p> <p>The Committee received an update on the recruitment of lived experience representatives for the Patients and Communities Committee. The Committee noted that although discussions had been ongoing for some time, it was important not to rush into the recruitment in order to ensure the relevant support mechanisms were in place. It was further noted that the ICB is liaising closely with HMRC to ensure the ICB has a suitable policy in place to reimburse lived experience representatives without compromising their benefit entitlements.</p>
<p><b>Items for escalation to Board:</b></p>	<p>None</p>

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<b>Items requiring approval:</b>	None
<b>Confirmation that the meeting was quorate:</b>	Yes

<b>Key Risks</b>	
<b>Clinical and Quality:</b>	The Committee's Chair is also the Chair of the Quality and Safety Committee so can bring oversight and awareness of both agendas to each Committee as required.
<b>Finance and Performance:</b>	The committee has attendees from the Integrated Commissioning Team to input in relation to provider performance.
<b>Impact Assessment (environmental and equalities):</b>	N/A
<b>Reputation:</b>	The committee is held bi-monthly in public and includes membership from: <ul style="list-style-type: none"> <li>- Healthwatch Norfolk and Suffolk</li> <li>- VCSE</li> <li>- Health and Wellbeing Boards in Norfolk and Suffolk</li> <li>- Public Health</li> <li>- Primary Care</li> <li>- Place</li> <li>- Health Inequalities</li> </ul> Recruitment of Lived Experience representation is in progress and should be complete by October 2023
<b>Legal:</b>	N/A
<b>Information Governance:</b>	N/A
<b>Resource Required:</b>	N/A
<b>Reference document(s):</b>	N/A
<b>NHS Constitution:</b>	The report supports the Patient and Communities elements of the NHS Constitution.
<b>Conflicts of Interest:</b>	Committee member's interests are documented and managed according to ICB policy.

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