Meeting of the Board of Norfolk and Waveney Integrated Care Board

Tue 23 January 2024, 13:30 - 15:30

Agenda

13:30 - 13:30
0 min

Meeting agenda

13:30 - 13:30
0 min

1. Welcome and introductions - Apologies for absence

00. 2024.01.23 NW ICB Public Meeting Agenda.pdf (3 pages)

13:30 - 13:30
0 min

2. Minutes from previous meeting and matters arising

02. DRAFT NW ICB Board Part 1 Minutes 28112023.pdf (8 pages)

13:30 - 13:30
0 min

3. Declarations of interest

03. ICB Board Register - Jan 24.pdf (4 pages)

13:30 - 13:30
0 min

4. Chair’s Action Log

04. Chairs Action Log January 2024.pdf (1 pages)
04.1 Contract Award Tender Outcome Report NW2023-10 Redacted.pdf (6 pages)

13:30 - 13:30
0 min

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

05. ICB Board Action Log Jan 2024.pdf (1 pages)

13:30 - 13:30
0 min

6. Chair and Chief Executive’s Report

06. 2024-01-23 - Chair and Chief Executive's Board report - Final.pdf (7 pages)

13:30 - 13:30
0 min

Learning from people, staff, and communities

13:30 - 13:30
0 min

7. We will hear about the importance of the Learning Disability Health Checks in keeping people living well, and listen to the lived experience of local people with Learning Disabilities about accessing them.

13:30 - 13:30
0 min

Items for Sharing and Board Consideration

13:30 - 13:30
0 min

8. Learning Disability Plan

- 08. ICB Public Board Report item LD Plan 23012024 (3).pdf (2 pages)
- 08.1 Norfolk Adults Learning Disablity Plan 2023-28 V1.pdf (43 pages)
- 08.2 Easy read LD plan 2023-2028 - V1.0.pdf (28 pages)
- 08.3 APPENDIX 1 - LD Plan 2023-2028 Detailed Delivery Plan V3.0.pdf (13 pages)
- 08.4 LD Plan 2023-2028 Equality Impact Assessment V1.0 April 2023.pdf (13 pages)

13:30 - 13:30
0 min

9. Mortality Review

- 09. 2024 01 23 Mortality Review Report Coversheet.pdf (2 pages)
- 09. GT Action Plan V14 20.12.2023.pdf (11 pages)
- 09. Hoscpaperv4final.pdf (8 pages)
- 09. Paper H- NSFT LFD ToRfinalV3.2.pdf (6 pages)

13:30 - 13:30
0 min

10. ICS Quality Strategy Implementation Plan and Matrix

- 10. 2024 01 Quality Strategy Implementation Plan Frontsheet for Board v1.0.pdf (2 pages)
- 10.1 2024 01 04 N&W ICS Quality Strategy Implementation Plan v5.0.pdf (21 pages)

13:30 - 13:30
0 min

11. Equality and Diversity Standard (EDS2) and WRES update

- 11. 0124 EDS2 Paper.pdf (3 pages)
- 11.1 EDS-2022-reporting-template 20240115v5.pdf (43 pages)
- 11.2 WRES 2022-2023.pdf (2 pages)

13:30 - 13:30
0 min

Finance and Corporate Affairs

13:30 - 13:30
0 min

12. Financial Report for Month 9

- 12. ICB Finance Report - Month 9 - Board.pdf (8 pages)

13:30 - 13:30
0 min

13. Governance Handbook

- 13. 2023.01.23 Changes to Gov Handbook FINAL.pdf (4 pages)
- 13.1 Appendix 1 DRAFT Commissioning and Performance Committee TOR - v1.pdf (9 pages)
- 13.2 Appendix 2 Committee Structure.pdf (1 pages)
- 13.3 Appendix 3 CP Slide - v1.pdf (1 pages)

13:30 - 13:30
0 min

14. Board Assurance Framework

- 14. BAF Paper for ICB Board Part 1- Jan 24.pdf (3 pages)
- 14.1 ICB Board Assurance Framework (BAF) 2023-24 LIVE V6.pdf (52 pages)

13:30 - 13:30
0 min

15. Report from the Quality and Safety Committee

- 15. 2024 01 23 - Q& Safety Committee Report to Board v1.0.pdf (7 pages)

13:30 - 13:30
0 min

16. Report from the Finance Committee

16. Fin Com Chair Report to Jan24 Board ~ Final.pdf (5 pages)

13:30 - 13:30
0 min

17. Report from the Primary Care Commissioning Committee

17. 24-01-05 PCCC paper for Board.pdf (5 pages)

13:30 - 13:30
0 min

18. Report from the Performance Committee

18. Performance Committee Report to Board - January 2024.pdf (4 pages)

13:30 - 13:30
0 min

19. Report from Patients and Communities

13:30 - 13:30
0 min

20. Report from the Audit and Risk Committee

13:30 - 13:30
0 min

21. Report from the Remuneration, People and Culture Committee

21. Workforce Remco Committee Report to Board - January 2024.pdf (6 pages)

13:30 - 13:30
0 min

22. Report from the Conflicts of Interest Committee

22. Jan 24 Board COI Committee Report.pdf (3 pages)

13:30 - 13:30
0 min

23. Questions from the Public

13:30 - 13:30
0 min

24. Any other business

NHS
Norfolk and Waveney
Integrated Care Board

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

Tuesday, 23 January 2024 1.30pm – 3.30pm

(In Public)

Virtual Meeting via Microsoft teams

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

Our goals:

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

Chair: Rt Hon. Patricia Hewitt

Item	Time	Agenda Item	Lead
1.	1.30	**Welcome and introductions - Apologies for absence**	Chair
2.		**Minutes from previous meeting and matters arising** To approve the part 1 public minutes of the previous Board meeting.	Chair
3.		**Declarations of interest** To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests. The Register is available via the ICB's website.	Chair
4.		**Chair's Action Log** To receive an update from the Chair on actions taken since the last meeting.	Chair
5.		**Action log – things we have said we will do** To make sure the ICB completes all the actions it agrees are needed.	Chair
6.	1.40	**Chair and Chief Executive's Report** To note an update from the Chair and the Chief Executive of the ICB about the work the ICB has done since the last meeting.	Chair and Tracey Bleakley

Item	Time	Agenda Item	Lead
		Learning from people, staff, and communities	
7.	1.50	We will hear about the importance of the Learning Disability Health Checks in keeping people living well, and listen to the lived experience of local people with Learning Disabilities about accessing them.	Tricia D'Orsi
		Items for Sharing and Board Consideration	
8.	2.05	**Learning Disability Plan** To share the Learning Disability Plan 2023 -2028 and to seek support and approval for the plan.	Tricia D'Orsi Amanda Johnson Lorna Bright
9.	2.20	**Mortality Review** To present a joint update to the ICB Board on actions being taken following the review of mortality.	Tricia D'Orsi
10.	2.30	**ICS Quality Strategy Implementation Plan and Matrix** To present the Board with a copy of the draft ICS Quality Strategy Implementation Plan for approval and to make recommendations for next steps as a system.	Tricia D'Orsi
11.	2.35	**Equality and Diversity Standard (EDS2) and WRES update** To present the final draft of the EDS2 2023 for noting.	Andrew Jones
		Finance and Corporate Affairs	
12.	2.45	**Financial Report for Month 9** To receive a summary of the financial position as at month 9	Steven Course
13.	3.00	**Governance Handbook** To share details of the Commissioning and Performance Committee terms of reference for Board approval.	Karen Barker
14.	3.05	**Board Assurance Framework** A review of the risks (things that might go wrong and how we can alleviate them) within the Integrated Care system.	Karen Barker
		Committees Updates and Questions from the Public	
15.	3.10	**Report from the Quality and Safety Committee**	Aliona Derrett
16.		**Report from the Finance Committee**	Hein Van Den Wildenberg
17.		**Report from the Primary Care Commissioning Committee**	Debbie Bartlett
18.		**Report from the Performance Committee**	Dr Hilary Byrne
19.		**Report from Patients and Communities** Verbal update as the meeting date of 22 January will not allow time for preparation of a full written report.	Aliona Derrett
20.		**Report from the Audit and Risk Committee** Verbal update as	David Holt

Item	Time	Agenda Item	Lead
		the meeting date of 16 January did not allow time for preparation of a full written report.	
21.		**Report from the Remuneration, People and Culture Committee**	Cathy Armor
22.		**Report from the Conflicts of Interest Committee**	David Holt
23.	3.20	**Questions from the Public.** Where questions in advance relate to items on the agenda.	Chair
	3.25	**Any other business**	Chair
Date, time and venue of next meeting: Hethel Engineering Centre, Chapman Way, Wymondham Road, Hethel, Norwich NR14 8FB			
Any queries or items for the next agenda please contact: nwccg.corporateaffairs@nhs.net			

Some explanations of terms used in this Agenda.

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

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

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

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

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

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

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

NHS Norfolk and Waveney Integrated Care Board

NHS Norfolk and Waveney Integrated Care Board

DRAFT Minutes of the meeting on Tuesday, 28 November 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 (SC), Director of Finance, NHS Norfolk and Waveney ICB
- Patricia D'Orsi (PD'O), Director of Nursing, NHS Norfolk and Waveney ICB
- Dr Frankie Swords (FS), Medical Director, NHS Norfolk and Waveney ICB
- Hein Van Den Wildenberg (HvdW), Non-Executive Member, NHS Norfolk and Waveney ICB
- David Holt (DH), 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)
- Stuart Keeble (SK), Local Authority Partner Member
- Debbie Bartlett (DB), Local Authority Partner Member

Participants and observers in attendance:

- Andrew Palmer (AP), Director of Performance, Transformation and Strategy, and Deputy Chief Executive, NHS Norfolk and Waveney ICB
- 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
- Ian Riley (IR), Director of Digital and Data, NHS Norfolk and Waveney ICB
- Ema Ojiako (EO), Director of People, NHS Norfolk and Waveney ICB
- Andy Yacoub (AY), Chief Executive, Healthwatch Suffolk

Attending to support the meeting:

- Sharon Brookes (SB), Chief Executive, Carers Voice Norfolk and Waveney (for item 7)
- Sophie Little (SL), Carers Voice Co-Production and Project Officer, Carers Voice Norfolk and Waveney (for item 7)
- Ros Peedle (RP), Carers Ambassador for Carers Voice Norfolk and Waveney (for item 7)
- Carolyn Fowler (CF), Executive Director of Nursing and Quality, Norfolk Community Health and Care NHS Trust (for item 7)
- Sadie Parker (SP), Director of Primary Care, NHS Norfolk and Waveney ICB (for item 8)
- Sarah Harvey (SH), Head of Primary and Community Care Strategic Planning, NHS Norfolk and Waveney ICB (for item 8)
- Chris Williams (CW), Senior Support Manager, NHS Norfolk and Waveney ICB (Minutes)

1.	**Welcome and introductions - apologies for absence**	
	The Chair and Councillor Wendy Fredericks welcomed everyone to the meeting. The Chair welcomed to the meeting Caroline Donovan, Interim Chief Executive of Norfolk and Suffolk NHS Foundation Trust, noting that she would shortly be replacing Stephen Collman as a Board member, once the necessary formalities had been completed. The Chair also noted that Stuart Keeble, the Director of Public Health for Suffolk County Council, had also now formally joined the Board as a Local Authority Partner Member. Apologies were received from the following Board members: • Emma Ratzer (ER), Voluntary, Community and Social Enterprise Sector Board Member	
2.	**Minutes from previous meeting and matters arising**	
	Agreed: The draft minutes from the meeting held on 26 September 2023 were approved as an accurate record of the meeting.	
3.	**Declarations of interest**	
	The Chair noted that declarations of interest are kept up-to-date and are available on the ICS's website.	
4.	**Chair's action log**	
	KB explained that there was one action regarding procurement for the Child and Families Therapeutic Service.	
5.	**Action log**	
	The report was noted.	
6.	**Chair and Chief Executive's Report**	
	TB introduced the item by highlighting key points from the report and the work being done to reduce ambulance handover delays and to improve ambulance response times. She noted that new ways of working had been trialled at the Norfolk and Norwich University Hospital over the weekend of 18 and 19 of November, which had gone well and would be implemented at the other two acute trusts in Norfolk from 1 December. The Chair and TB welcomed members of the public who had come to present a petition regarding Benjamin Court. It was noted that Norfolk County Council had changed how they provide some services so that they would be provided in the community instead of from Benjamin Court. TB explained that the ICB wanted to work with the local community to consider how the building could be used and that an engagement exercise would be run. The Board received the petition.	

	TB noted that five questions had also been submitted by members of the public regarding services at Bejamin Court. She summarised the questions received, provided a short response and noted that the full answers would be sent to the questioners and uploaded to the ICB's website. Questions and comments from Board members: • BB highlighted the system's conference and welcomed the sense of common purpose and collaboration by partners from across the system. • CA asked who would be conducting an investigation into what happened with OneNorwich Practices? MB explained that everyone was focussed on the safe transition of services, but that there would be an investigation into what had happened and what could be learned. He welcomed the response from all partners to the situation. • Councillor Wendy Fredericks commented that she was concerned the closure of services at Benjamin Court was done before any consultation. She added that there was pressures on services and asked if the facility could be used this winter to help. TB noted that NCC hadn't stopped the service and that it was being provided in people's homes. She added that the funding available to support services this winter had been fully committed, but that the ICB wanted to look at how it could be used in future. The report was noted.	
	Learning from people, staff, and communities	
7.	**Carers passport**	
	TD'O introduced the item by noting that at its first meeting in July 2022, the ICB Board heard about the challenges facing carers and the aim to introduce the carer's passport. SB, SL and RP gave a presentation and played a short video, highlighting that 2,200 passports had been issued since November 2022 and the significant benefits it was achieving for carers locally. They noted there was further work to do to raise awareness of the passport and that consideration was being given as to whether it could be rolled-out regionally or even nationally. Questions and comments from Board members: • JB acknowledged the great work done to introduce the passport and committed to working with the acute trusts to ensure it is embedded. • TB asked if more needed to be done to train staff. • PD'O questioned what more we could do to involve carers earlier, as we have done during this piece of work. • DB commented that some people don't think of themselves as a carer, they think carer refers to a paid carer, so a change of language could help broaden the reach. • RP explained that educating people is important to help both carers and professionals to understand more about carers, their rights and	

	how to help them. She noted that they had deliberately used a capital C for carer to signify that it is a position, a role and something the carer can be proud of. • SB noted that Carers Voice can prepare a sample passport to help with promotion and that they are producing packs for schools, but support with promoting the passport to primary care would be great. She added that being involved at the beginning and having an equal voice are key to coproduction. • CF explained that further work was needed to improve the identification of carers, on discharge and with regards communications and medicines management, as this is what carers say they want to focus on, as well as work on admission avoidance and keeping people at home. • AY asked if the ICB would commit as an employer to improve the identification and support of staff who are carers. **Action: EO to explore how the ICB could better identify and support its staff that are carers.** **Action: JB to raise awareness of the carers passport across the three acute trusts.** The report was noted.	
	Items for Sharing and Board Consideration	
8.	**Primary Care Recovery Plan**	
	MB and SP introduced the item by highlighting key points from the report, noting that the plan was fundamentally about making it easier for people to get care and support from primary care. Questions and comments from Board members: • DH asked for further detail about the resources and help available to support the resilience of general practice. SP explained that there was signficnat support available, but that practices need some resource available to support with transformation. She added that the plan sets out some of the national support programmes and noted that a number of ICB teams also work with PCNs and practices, including the ICB's locality, digital and workforce teams. • AD asked when the changes being made would be implemented and reported on. SP highlighted that there were different timescales for each piece of work and highlighted the good progress with complete care. She added that ICE requesting was a lot trickier to implement and a bigger programme of work, although the Queen Elizabeth Hospital had implement it. • HB explained that she was pleased to see the paper and that she appreciated the work going on behind the scenes to support primary care, adding that the challenges facing primary care were great. She noted that a recent audit by her practice highlighted the scale of requests they were receiving, and that as a system we need to think	

	about demand in other ways too, highlighting the imortance of recruiting and retenting partners in general practice. • FS commented that this work does take time, but what was different now is the strength of the relationships and commitment too. • Dr Outwin from the Local Medical Committee thanked the ICB for the chance to look at the report before it was published. She highlighted two areas that she felt appeared to be having a significant impact: the interface between primary and community care and recruitment. • The Chair noted that she was aware of correspondence regarding the issues raised by Dr Outwin. The Chair also said the ICB would consider putting the letter from the LMC on its website and that the issues raised would continue to be worked on. **Agreed:** The ICB Board noted the report and the progress made in delivering the ambitions of the Delivery Plan for Recovering Access to Primary Care and the General Practice and Secondary Care: Working better Together reports.	
	Finance and Corporate Affairs	
9.	**Financial Report for Month 7 and financial plan submission**	
	SC introduced the item, noting that the forecast outurn position for the ICB for the year remained a break-even position in line with our plan. He explained that the forecast outurn position for the Integrated Care System was also break-even as planned, but that the system had a year-to-date deficit position of £25.6m at month seven, which was adverse to our plan by £13.0m. He clarified that by Integrated Care System this referred to the combined position of the five NHS trusts in Norfolk and Waveney and the ICB. The report was noted.	
10.	**Emergency Planning Resilience and Response (EPRR)**	
	SC introduced the item by highlighting key points from the report. Questions and comments from Board members: • CA noted that ESR Medical had not been compliant last year and questioned what would happen if they had two years of non-compliance. SC explained that they were partially compliant and there were actions in place to support the organisation to get to fully compliant. He added that he would be more concerned if the trajectory was going in wrong direction. • The Chair asked how we coordinate our planning with other public sector organisations, as many issues require a response from a range of organisations. SC explained this was done through the Norfolk Resilience Forum, the Local Health Resilience Partnership and joint exercises, including desktop exercises and role play.	

	• SK noted that health services also feed into the Suffolk Resilience Forum and Suffolk Local Health Resilience Partnership. • AD asked if there was any element of independent assessment. SC explained that there wasn't through this process, however we had undergone a peer review. He added there's no requirement for a peer or independent review. **Agreed:** The ICB Board approved the contents of the paper.	
11.	**Governance Handbook**	
	KB introduced the item by highlighting key points from the report. **Agreed:** The ICB Board noted and approved the changes to the Governance Handbook set-out in the paper.	
12.	**Board Assurance Framework**	
	KB introduced the item by highlighting key points from the report. Questions and comments from Board members: • DH questioned whether the Board needed to revisit its appetite and trajectory for risk. • The Chair noted that the NHS was carrying a significant level of risk. • HvdW suggested that the risk relating to achieving our financial plan was left unchanged. • The Chair SC agreed with HvdW's suggestion. The Board received and reviewed the risks presented on the Board Assurance Framework.	
	Committees update and questions from the public	
13.	**Report from the Quality and Safety Committee**	
	AD noted that the committee had discussed mental health and discharge. CD commented it was good to see mental health was a high priority and that there was a focus on it. She added that crisis houses supported by the voluntary sector was something that could be looked into to see what more could be done. The Chair asked if the committee would be discussing Right Care, Right Person. AD explained it was on the committee's forward plan. The report was noted.	
14.	**Report from the Finance Committee**	
	The report was noted.	

15.	**Report from the Primary Care Commissioning Committee**	
	DB noted that the committee had discussed the resilience of primary care and the need to communicate well about the range of professionals available in general practice. She also highlighted the good work on the short-term dental plan, as well as the longer-term underlying issues. **Action: Emily Arbon to consider re-running the primary care communications campaign and to explore what GP practices are doing themselves, with a view to sharing good practice across the system.** **Action: IR to explore if the NHS App can be modified locally to support communications campaigns.** The report was noted.	
16.	**Report from the Performance Committee**	
	HB noted that the committee had discussed the National Oversight Framework, children and young people and neurodevelopmental disorder pathway delays, ambulance handovers and elective recovery. **Action: PD'O to bring a paper on neurodevelopmental disorders to a future meeting of the Board.** The report was noted.	
17.	**Report from the Patients and Communities Committee**	
	AD noted that the committee had discussed communications about the winter plan and digital transformation initiatives, including the NHS App. BB noted that Norfolk County Council was concerned about the switch over of telephone lines by BT, noting the risk from landlines no longer working in the event of a power cut. JB highlighted that there were risks from a health perspective too. **Action IR and SK link up re digital inclusion in Suffolk.** **Action: IR and SK to discuss how the ICB and Suffolk County Council could work together on digital inclusion in Suffolk.** The report was noted.	
18.	**Report from the Audit and Risk Committee**	
	The report was noted.	
19.	**Report from the Remuneration, People and Culture Committee**	
	CA noted that the committee had discussed the ICB organisational review and restructure, as well as upscaling of HR functions, agency costs and international recruitment.	

	The report was noted.	
20.	**Report from the Conflicts of Interest Committee**	
	DH noted it can be difficult to manage conflicts, but that the committee was working to be pragmatic so that people could continue to be involved in decision making as appropriate. The report was noted.	
21.	**Questions from the public**	
	The Chair noted that the responses to the five questions about Benjamin Court would be put on the website, alongside the response to a question about British Sign Language interpreters.	
22.	**Any other business**	
	No other business was raised.	
Date, time and venue of next meeting: **Tuesday, 23 January 2024, 1.30pm-3.30pm, via MS Teams**		
Any queries or items for the next agenda please contact: **nwccg.corporateaffairs@nhs.net**		

Minutes agreed as accurate record of meeting:

Signed: …… Date: ……...
Chair

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

Declared interests of the Board

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				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 adviser, FTI Consulting	2015	Present	Since January 2022 I have not done any work relating to
		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, Advisory Board, Oxford India Centre for Sustainable Development	2018	Present	No conflicts have arisen or foreseen
		ORA Singers			X	Direct	Chair, Board of Trustees, ORA Singers	2020	Present	No conflicts have arisen or foreseen
		Age UK Norfolk			X	Direct	Volunteer, Age UK Norfolk	2020	Present	Will declare in any relevant conversation
		Future Public Services Taskforce			X	Direct	Member, advisory board, Future Public Services Taskforce, Demos	Sep-23	Present	No conflicts have arisen or foreseen
Catherine Armor	Non-Executive Member, Norfolk and Waveney ICB	Educational Association			X	Direct	Trustee, Workers' Educational Association	Dec-23	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
		Norwich University of the Arts			X	Direct	Deputy Chair of Council, Norwich University of the Arts	2019	Present	
		Evolution Academy Trust			X	Direct	Trustee, Evolution Academy Trust	2022	Present	
		Cambridge University Press Pension Schemes		X		Direct	Trustee, Cambridge University Press Pension Schemes	2018	Present	
		East of England Ambulance Service NHS Trust				Indirect	Daughter-in-law is Technician for East of England Ambulance Service NHS Trust		Present	
		Brundall Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
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	Although risks are minimal this will always be declared as with Trust Board declaration of interests
		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		Withdrawal from any discussions and decision making in which the Practice might have an interest
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

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	
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
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		Low risk. If there is an issue it will be raised at the time.
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			Direct	GP and partner 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	X			Direct	Director MPT Healthcare	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.
		SNHIP PCN				Direct	Clinical Director SNHIP PCN	2023	Present	
		Norfolk Community Health Care				Indirect	Husband is an employee of NCHC	2021	Present	
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	Removal from any decision making that may involve the supplier
Aliona Derrett	Non-Executive Member, Norfolk and Waveney ICB	Norfolk and Norwich University Hospital 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 Norfolk	X			Direct	I am the Chief Executive Officer 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
		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.

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	
		MoldovaDAR Ltd	X			Direct	I am Director of MoldovaDAR Ltd	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
		St Stephen's Gate Medical Practice			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Caroline Donovan	Partner Member - Mental Health and Community	Norfolk and Suffolk NHS Foundation Trust	X			Direct	Chief Executive Officer, Norfolk and Suffolk NHS Foundation Trust	2023	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.
		CMD - Health	X			Direct	Director CMD - Health	2023	2023	Previous role in consultancy with no activity from October 2023
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		
Stuart Keeble	Director of Public Health and Communities for Suffolk and member elect of Norfolk and Waveney ICB	Nothing to Declare					N/A			N/A
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 decision will be taken in the best interests of the system with the necessary due-diligence taking place prior to final decision being made
Emma Ratzer	Partner Member - VCSE	Access Community Trust	X			Direct	I am the Chief Executive Officer of Access Community Trust, an organisation which holds contracts with NWICB	2009	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards Community Access Trust
		VCSE Assembly			X	Direct	I am CEO of a voluntary sector organisation operating in NWCCG and Independent Chair of NWVCSE Assembly	2021	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.

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

Declared interests of the Board

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				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	
		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		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
		Multiple patient charities		X		Direct	Ad hoc Clinical Advisor for multiple patient charities - Addison Self Help Group - Pituitary Patient Support Group - Turner syndrome Society	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
		British Medical Association		X		Direct	Member of the British Medical Association	1999	Present	Inform Chair and will not take part in any discussions or decisions relating to BMA
		Emerging Futures and St Martin's Housing Trust				Indirect	Husband is a mental health counsellor and undertakes work independently and with the private provider Better Help, and VCSE providers: Emerging Futures and St Martin's Housing Trust	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, St Martin's Housing Trust or Better Help
		Long Stratton Medical Partnership			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	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. 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
		Lakenham Surgery			X	Direct	Patient at a Norfolk and Waveney GP Practice	Ongoing		To be raised at all relevant meetings where discussions/decisions relate to the conflict declared

NORFOLK & WAVENEY ICB Chairs Action Log - Tuesday 23 January 2024				
Date	**Matter**	**Details of discussion**	**Decision**	**Date Reported to ICB Board**
06.12.23	Procurement for the Child and Families Therapeutic service	Emai to Chair from the Associate Director of Contracting and Procurement in relation to awarding this service. The full award report was shared with the Chair for information.	Chair approved the award 11.12.23 and conifrmed via email.	23-jan-24

Tender Award Report
Public Version

NHS Norfolk and Waveney ICB: The Child and Families (4-13 years inclusive) Therapeutic offer

Contract Award

Report Prepared By:
David Bailey Procurement Manager

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6. BENEFITS....6
7. RECOMMENDATION/S OF AWARD....6
APPENDIX A MODERATED SCORING ....**ERROR! BOOKMARK NOT DEFINED.**
APPENDIX B – FINANCIAL COSTS : ....**ERROR! BOOKMARK NOT DEFINED.**
APPENDIX C REGULATION 84 REPORT....**ERROR! BOOKMARK NOT DEFINED.**

Arden&GEM
Health and social care systems support

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

Recommendation Submitted By:

Name:

:

Date: 1st December 2023

Final Award decision to be approved by Norfolk and Waveney ICB Board

Davey Heidi
18/01/2024 10:36:10

1. Purpose

1.1. The Purpose of this report is to update the ICB of the outcome for of the Single stage procurement for the provision of the Child and Families Support Service across NHS Norfolk and Waveney ICB and to seek their approval to contract with Ormiston Families as the preferred provider as identified herein this paper.

2. Background

2.1 The key objectives of the Procurement are as set out within the Service Specification and includes but is not limited to:

- Children and young people (CYP) will be supported to have good emotional wellbeing and mental health enabling them to Flourish and Thrive
- Negative effects and wider impacts of poor emotional wellbeing and mental health will be reduced.
- All CYP and their families have a positive experience of using emotional wellbeing and mental health services and are treated with kindness and respect by all staff they come into contact with. CYP and their families should be made to feel comfortable, safe and welcome at all times.
- CYP and families (CYP&F) experience of all transitions is positive (including between services and completing treatment).
- Services are delivered at the right time to meet the needs of the CYP&F
- Practitioners are competent and confident to identify individuals whose emotional wellbeing and mental health needs would be better met by services offering support within other needs-based groupings within the Thrive Framework and know how to access this support on behalf of the individual
- Family members (including siblings) and carers feel competent and confident to effectively support the CYP they care for through advice, psychoeducation and upskilling to ensure they feel empowered to further support CYP at home
- All staff involved in providing this service will work in partnership with other services to ensure that system resource is used effectively to improve the health and wellbeing of CYP
- All staff will operate from an inclusive values base which recognises and respects diversity

2.2 The contract is for an initial period of 3 years with the option to extend for up to an additional 2 years. The total value in scope for this service and re-procurement going forwards is approx. £1.75m per annum (circa £5,25m over 3 years initial term).

3. Project team

3.1. The Project Team included representatives from the NHS Norfolk and Waveney ICB and AGEM CSU. The purpose of the Project Team was to develop the service specification including the eligibility criteria, financial modelling, the contract, tender documents and to undertake the evaluation of bids received.

3.2. There were 2 Conflicts of interest identified throughout the process. Both related to existing contract management and working relationships and were deemed not to be actual or perceived conflicts of interest. Both evaluators xxxxxxxxxx declared their interest and mitigated through the group evaluation and moderation process facilitated by NHS Arden and GEM CSU

3.3. The procurement process has been led by Arden & GEM CSU who provide the procurement service to the NHS Norfolk and Waveney ICB

4. Contract

4.1. The NHS Standard Contract was utilised as part of this tender. The contract is for an initial period of 3 years with the option to extend for up to a further 2 years (as required), based on quality and performance.

4.2. The contract is based on a block and the preferred provider will be paid a 12th of the annual contract value per month.

5. Summary of Offers

5.1. The Child and Families Therapeutic Service across NHS Norfolk and Waveney was procured under a Single stage procurement process, as agreed by NHS Norfolk and Waveney Executive Management Committee and the Contract and Procurement Steering Group.

5.2. A 1 Stage evaluation process was utilised with no providers excluded.

5.3. As part of the process followed, the Commissioner(s) set a financial envelope. Bidders were required to respond within the financial envelope. Any bidder who provided a response which breached the financial envelope was excluded. As a result, no bidders were excluded from the process.

5.4. The tender submissions were evaluated on the basis of the “Most Economically Advantageous Tender (MEAT). The tender was weighted as follows: 100% quality with price evaluated on a Pass/Fail basis.

5.5. The contract was publicly advertised in the Find a Tender Service (FTS), A counterpart notice was published on Contracts Finder in line with legislative requirements.

5.6. 8 Providers accessed the documentation. 1 Provider responded by the deadline. The bid was evaluated.

5.7. An assessment of the financial standing was carried out by Finance Subject Matter Experts from the Commissioner. Clarification queries were raised for 0 providers.

5.8. The outcome of the process is detailed in Appendix A, the financial envelope of the preferred provider is detailed in Appendix B and the regulation 84 report is contained within Appendix C.

5.9. Regulation 84 is a requirement for every contract under Public Contract Regulations 2015. It is a written report which in summary covers information including but not limited to, contracting authority name and address, the scope of the tender, the tender process and procedure and the outcome.

6. Benefits

6.1. The process has created efficiencies for the Commissioner in terms of;

- A Single provider,
- A Single contract,
- A Single service specification across Norfolk and Waveney which will ensure equity of access and improved quality of service to patients registered with a Norfolk and Waveney GP.
- Consolidated finances and a reduction in duplication of overhead and management charges.

6.2. The process has allowed for a fair, open and transparent process to be undertaken allowing open access for qualified providers to apply for the opportunity. The preferred bidder's submission will result in service efficiencies with increased numbers of young people accessing the service and a reduction of the existing waiting list.

7. Recommendation/s of award

7.1. Approval for a contract to be awarded to the preferred bidder Ormiston Families for a contracted period of 3 years initial term with an extension period of up to 2 years (as required).

NORFOLK & WAVENEY ICB Action Log Part 1 - Tuesday 23 January 2024							
No:	**Date of Meeting**	**Description**		**RESP**	**Due Date**	**ACTION / UPDATE**	**Status**
17	28-nov-23	Promotion of Carers Passports across the three acute sites	JB committed to raising awareness of the carers passports across the three hospital Trusts, embedding it wherever possible.	JB	23.01.24	JB meeting with Carers Passport team 12 January 2024 to establish a process for this that fits with existing links within Trusts.	Propose closure of action.
18	28-nov-23	As part of the system Equalities work the ICS/ICB are to understand the numbers of staff that have responsibilities as carers	EO to explore how the ICB could better identify and support its staff that are carers	EO	23.01.24	The ICS has recently launched and system wide Health and Well being strategy and is working with the ICB as well as system partners to will incorporate support for staff who are carers as part of this offer. We will also work with the relevant staff networks across the systems to support this work	Propose closure of action.
20	28-nov-23	Primary Care Communications Campaign	Emily Arbon to consider re-running the primary care communications campaign and to explore what GP practices are doing themselves, with a view to sharing good practice across the system.	EA	23.01.24	NHS Norfolk and Waveney continues to promote its Support Primary Care campaign to help raise the profile of Primary Care services. The campaign is promoted widely though Norfolk and Waveney ICS social media channels, local newspapers, the Norfolk and Waveney ICS website, GP practices and pharmacies. Next steps will see a campaign toolkit provided to ICS partner organisations. This will include Patient Participation Groups, local authority, district and parish councils, IC24, acute, community and mental health trusts, dental providers, Healthwatch, carers groups, VCSE organisations and housing associations.	Propose closure of action.
21	28-nov-23	Options regarding the flexibility of the NHS App	IR to explore if the NHS App can be modified locally to support communications campaigns.	IR	23.01.24	IR contacted Patrick Johnson in the NHSE NHS App team following the board meeting. The requested functionality is currently not possible on the App. There will be a new design being rolled out in Dec/Jan and there is a "campaign box" area on the App that will be available, but that will be for targetted national campaigs rather than local ones (IR will continue to liase closely with NHS team to follow the roadmap).	Propose closure of action.
22	28-nov-23	Neurodevelopmental disorder update	PD'O to bring a paper on neurodevelopmental disorders to a future meeting of the Board.	PD'O	23.01.24	Item placed on the Board forward planner. Details of which meeting it will come back to will be confirmed.	Propose closure of action.
23	28-nov-23	Digital Inclusion in Suffolk	IR and SK to discuss how the ICB and Suffolk County Council could work together on digital inclusion in Suffolk.	IR/SK	23.01.24	IR and SK contacted each other off line and shared the Suffolk and Norfolk contact details for the leads on digital inclusion. The teams are undertaking some joint work currently and jointly bidding for funds.	Propose closure of action.

Norfolk and Waveney
Integrated Care Board

Subject:	**Chair and Chief Executive's report**
Presented by:	**Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB** **Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB**
Prepared by:	**Rt Hon. Patricia Hewitt, Chair, NHS Norfolk and Waveney ICB** **Tracey Bleakley, Chief Executive, NHS Norfolk and Waveney ICB**
Submitted to:	**ICB Board**
Date:	**23 January 2024**

Purpose of paper:

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

Executive Summary:

The report covers the following:

A. Improving ambulance handovers and response times
B. Industrial action
C. System finances
D. A key milestone for improving care at our hospitals
E. OneNorwich Practices
F. The East of England Ambulance Services comes out of 'Special Measures'
G. National recognition for primary care
H. Meetings and visits

Report

A. Improving ambulance handovers and response times

We have three key objectives for winter:

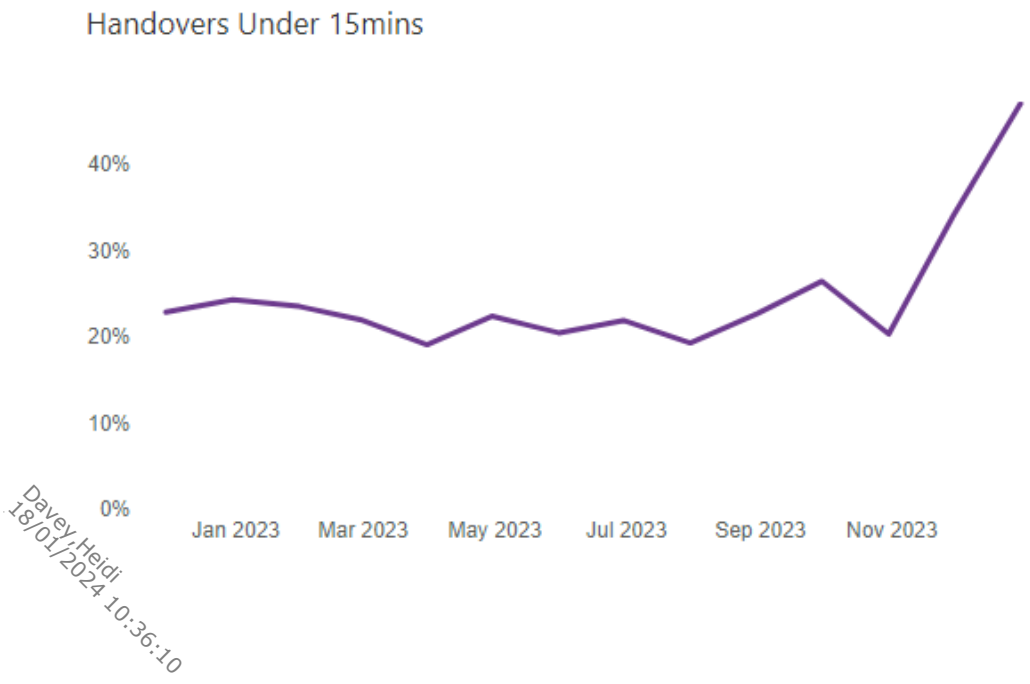
- To reduce the length of stay of patients
- To improve category two response times by reducing ambulance handover delays
- To increase use of the virtual ward

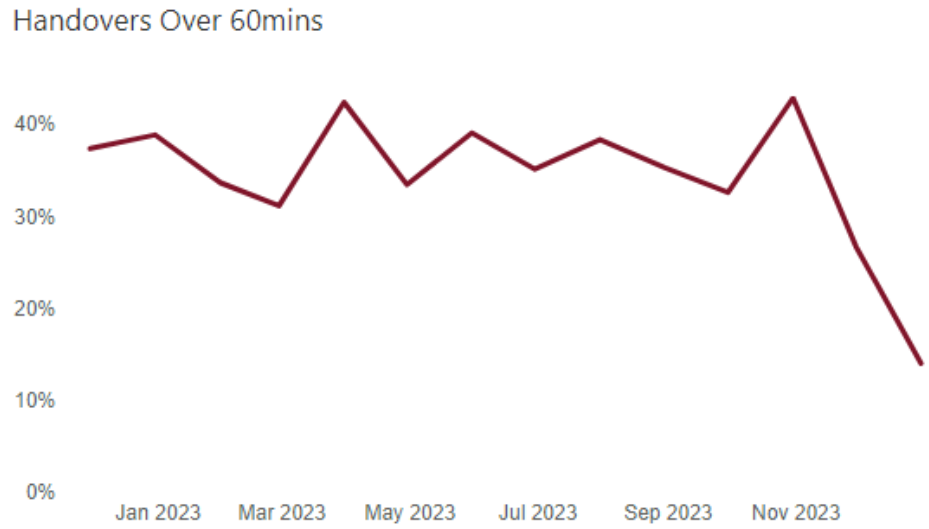
To achieve these objectives, we have a set of priority areas that we are working on as a system, combined with some provider specific actions. These were detailed in our report to our last meeting. We are making progress with each objective, and while it has been challenging, our performance has markedly improved from this time last year.

In particular, we want to highlight the significant progress we have made with our second objective and the real improvement we have made as a system with ambulance handovers. Patients are spending less time waiting in ambulances when they arrive at our hospitals. This in turn is enabling our ambulances to quickly get back on the road so they can get to the next person who needs help.

We trialled a new approach to improve handovers at the Norfolk and Norwich University Hospital over the weekend of 18 and 19 November, and then implemented this at the James Paget and Queen Elizabeth Hospitals on 1 December.

The two graphs below show the difference this has made. 47% of handovers were under 15 minutes in December, compared with 23% in December 2022. Only 14% of handovers were over an hour in December, compared to 39% in December 2023.





The changes we have made have improved ambulance response times, this has included the response to category two incidents. This is important as it measures how quickly ambulances get to people with a serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport. Last December, average category response times were 155 minutes. This December, they were 41 minutes.

There is more to do; we want handovers to be quicker and ambulance response times faster still, but the improvement we have made has been significant. It is safer for patients to be in a hospital than at home alone waiting for an ambulance. Of course, these changes do create other challenges within the hospitals, and we are very grateful to staff for being adaptable and changing how they work at an already busy time.

B. Industrial action

Winter is always a busy time for health services, particularly the week or so after Christmas, and this year that has coincided with six days of industrial action by junior doctors. 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.

We have learnt from each previous round of industrial action about how we can manage the challenge most effectively and minimise the risk to patients. At the end of the six days we were in a better position than we would have expected to be compared to a year ago, and in a stronger position than other systems.

Ambulance handovers continued to be good at the James Paget Hospital and the Norfolk and Norwich University Hospital during the Christmas period and through the industrial action. There were a high numbers of conveyances and some staffing challenges at the Queen Elizabeth Hospital during the first week of the new year. This was to be expected given the industrial action and we were able to manage it.

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.

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.

C. 2024/25 NHS priorities and operating planning guidance, including financial planning

We expect the 2024/25 NHS planning guidance to be published in the coming weeks once NHS England has concluded its discussions with the Government. We have started planning for next year and on 22 December NHS England sent a letter to systems that provides some direction for systems to help with planning. The letter notes:

- Financial allocations for 2024/25 have already been published.
- The overall financial framework will remain consistent, including the payment approach used to support elective recovery.
- System plans will need to achieve and prioritise financial balance.
- The priorities and objectives set out in 2023/24 planning guidance and the published recovery plans on urgent and emergency care, primary care access, and elective and cancer care will not fundamentally change.
- The coming year will require us to continue to focus on recovering our core service delivery and productivity.
- There will continue to be a target to reduce the cost of temporary staffing.
- NHS England will work with ICBs and providers to agree a standard set of metrics that all executive teams and boards should use as a minimum to track productivity alongside service delivery.

The current 2023/24 financial year has been challenging, to break even our plan included £116m of efficiencies as a system. We have worked well together, including to submit a balanced plan for the second half of the year which took account of the costs from the industrial action up to that point.

However, the latest round of industrial action in January 2024 again increases the risk of us not delivering our break-even financial plan. We do not know yet what financial support, if any, we will receive to mitigate this.

The next financial year will be harder and it is likely that the NHS's finances will continue to be challenging beyond next year. This will require us to work

collaboratively and to really deliver on the transformation we both want and need to make as a system.

D. A key milestone for improving care at our hospitals

Our three acute hospitals are working on one of the biggest pieces of digital transformation work we've ever undertaken – moving from paper-based patient records to electronic ones. The Electronic Patient Record (EPR) will drive improved standards of services at our acute hospitals. With secure, immediate access to live data, the new system will give clinical staff more time to deliver higher quality and safer care. For patients, this will mean they don't have to remember their medical history or repeat the same information to different members of staff, making their care more joined-up.

We are at a key point in the EPR programme – the development and approval of the Full Business Case. The ICB Board held an extraordinary meeting on 9 January in private to consider the draft business case. After considering the document and hearing from the Programme Director and the Chief Digital Information Officer at the Norfolk and Norwich University Hospitals NHS Foundation Trust, the ICB Board approved the Full Business Case. As Chief Executive, Tracey also wrote a letter of support to Alice Webster, the Chief Executive at the Queen Elizabeth and Senior Responsible Officer for the EPR Programme. The three acute hospital trusts are also in the process of approving the Full Business Case, and due to the importance and size of the investment, the business case will also be sent for national approval.

Our plan is for the EPR to go live in March 2026. This may sound like a long time away, but because of the scale and complexity of work the work required, this is a challenging timescale. It is a vital piece of work. The implementation of the EPR will transform how information about patients' health and care is stored, viewed and used, and it will provide a firm foundation for many more improvements in the years to come.

More information about the Electronic Patient Record can be found on our website: https://improvinglivesnw.org.uk/our-work/working-better-together/acute-hospital-collaborative/electronic-patient-record-epr/

E. OneNorwich Practices

Two local healthcare providers have been awarded caretaker contracts for four of the healthcare services provided by OneNorwich Practices, securing ongoing service provision for thousands of patients.

North Norfolk Primary Care, an alliance of GP practices that support delivery of local primary medical care services in North Norfolk, has been awarded a caretaker contract for the Norwich Walk-in Centre, the Vulnerable Adults Service, and the registered patient list of Norwich Practices Health Centre from OneNorwich Practices until March 2025.

Norfolk Community Health and Care NHS Trust, the trust that provides a wide range of health and care services across Norfolk, has been awarded the caretaker contract for the Lymphoedema Service until the service contract ends in April 2026.

These caretaker contracts will mean the local healthcare providers will be taking over the contracts until they need to be reprocured, giving the providers time to take on and stabilise these essential patient services.

More information is available one our website: https://improvinglivesnw.org.uk/two-local-care-providers-awarded-contracts-for-four-onenorwich-practices-services/.

F. The East of England Ambulance Services comes out of 'Special Measures'

It was good to see the continued improvement at the East of England Ambulance Service recognised. The Trust has been removed from the National Recovery Support Programme for challenged providers and systems (the programme was formerly known as Special Measures). The latest CQC report, published in July 2022, showed significant improvements on long-standing cultural issues. The report recognised the trust's efforts to improve leadership, culture, and safety for staff.

G. National recognition for primary care

It was really pleasing to see primary care in Norfolk and Waveney receive recognition at the prestigious General Practice Awards. The Vulnerable Adult Service, which was previously run by OneNorwich Practices, achieved first place in the Clinical Improvement – Public Health and Prevention category, while Caitlin Clarke won the accolade of Practice Manager for her role as business manager at the Beaches Medical Centre in Great Yarmouth.

More information is available one our website: https://improvinglivesnw.org.uk/national-recognition-for-primary-care-at-london-awards-ceremony/

H. Meetings and visits

We wanted to highlight some of the meetings we've attended and visits we've made to interesting local organisations.

As Chair, meetings and visits have included:

- I have met separately with Helen Whately MP, who is the Minister with responsibility for urgent and emergency care, and Amanda Pritchard, Chief Executive of NHS England. They were both delighted with our exceptional collaboration and progress on ambulance handovers.
- I attended a roundtable run by the NHS Confederation on the implementation of the reconfiguration powers contained within Schedule 6 of the 2022 Health and Care Act.

- I have attended a range of conferences, including the Northern Care Alliance's Health Inequalities Conference, the Healthcare Financial Management Association annual conference, the Disrupt Health Tech Conference and a Demos roundtable on the future of public services.
- I have had regular meetings with colleagues from our local NHS trusts. I met with the new Interim Chief Executive of Norfolk and Suffolk NHS Foundation Trust, and with Tracey met the Chair and Interim Chief Executive of Norfolk Community Health and Care NHS Trust. We also both also attended a meeting of the Acute Hospital Collaborative Committees in Common.

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

- I attended the launch of the ICB's Future Efficiency Focus Group, which is our new approach to identifying efficiencies to ensure that as an organisation we are using taxpayer's money as efficiently and effectively as possible.
- I attended an 'Embracing difference' workshop with voluntary, community and social enterprise sector colleagues, which was a follow-up to a conference held in the spring about how we can make person-centred care and support the norm and equip professionals and others to work in this way.
- I met with Jacob Lant, the new Chief Executive of National Voices, which is a coalition of over 200 health and care charities to discuss the work they are doing on equity of access to primary care.
- I have continued to work with regional colleagues on 1) how we can get the most out of the huge investment being made through the New Hospitals Programme in the East of England, and 2) improve care and services for people with Learning Disabilities and Autism.

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Learning Disability Plan 2023-2028**
Presented by:	**Tricia D'Orsi, Lorna Bright & Amanda Johnson**
Prepared by:	**Amanda Johnson, Business Lead – Working Age Adults Adult Services, Norfolk County Council**
Submitted to:	**ICB Public Board**
Date:	**23 January 2024**

Purpose of paper:

This presentation has been prepared outlining process taken to develop a new Learning Disability Plan (formerly known as Strategy) by Norfolk County Council & the Integrated Care Board, alongside the Norfolk Adults Learning Disability Partnership.

Executive Summary:

Supporting documents include the **Easy Read Learning Disability Plan** agreed with people with a Learning Disability, families and people who work with them. The supporting information for the development of the **full version Learning Disability Plan 2023 – 2028** is also included, plus **Appendix 1 – detailed Learning Disability Plan**, which details the detailed actions to be taken by practitioners in delivering the LD Plan over 5 years.

Report

As agreed by the Norfolk & Waveney Learning Disability and Autism Programme Board, ICB sign off for the Learning Disability Plan 2023 – 2028 will be by the Norfolk & Waveney Learning Disability & Autism Programme Board, Norfolk and Waveney ICB Quality & Safety Committee and the ICB Board meeting in public. The paper will also be signed off by Norfolk County Council processes before being presented to the Integrated Care Partnership & Health & Wellbeing Board on 6 March 2024 and Norfolk County Council Cabinet in March.

Recommendation to the Committee:

Request is for sign off the LD Plan 2023 – 2028 as part of the agreed ICB sign off process.

Key Risks	
Clinical and Quality:	
Finance and Performance:	

Impact Assessment:	NCC EqIA has been completed for the development of the LD Plan (**see attached**).
Reputation:	
Legal:	
Information Governance:	
Resource Required:	
Reference document(s):	
NHS Constitution:	
Conflicts of Interest:	
Reference to relevant risk on the Board Assurance Framework:	

Governance

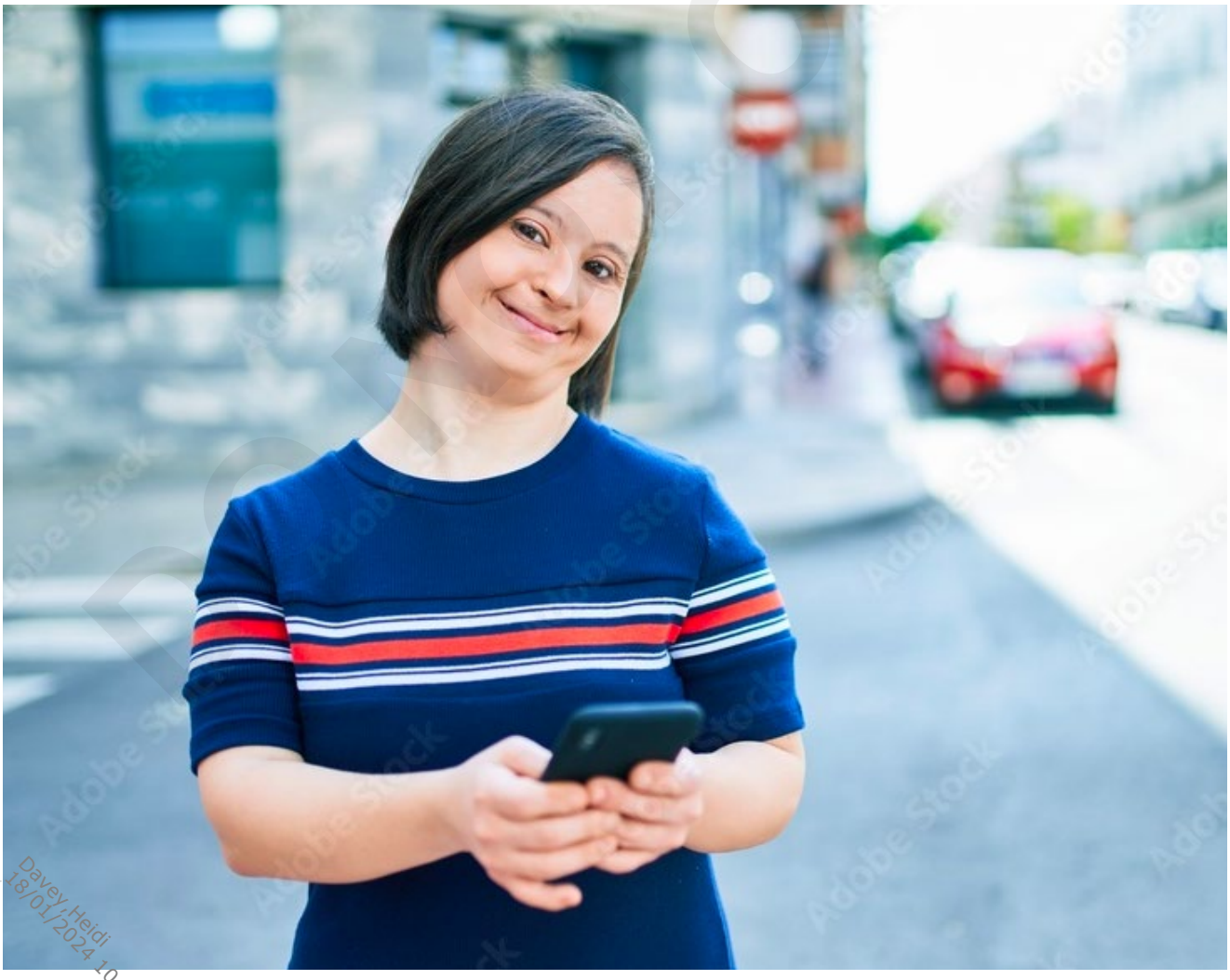
Committee approval with date(s)	

NORFOLK LEARNING DISABILITY PARTNERSHIP

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk Adults Learning Disability Plan (formerly called 'Strategy')

2023-2028



Norfolk County Council

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Foreword from the co-chairs of the Norfolk Adults Learning Disability Partnership Board

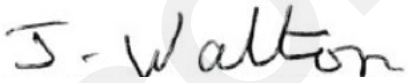
This plan, formerly known as 'Strategy' sets out our vision for adults with a learning disability and their carer(s) in Norfolk for the period from November 2023 – March 2028.

We are proud to present this Norfolk Adults Learning Disability plan because it has been developed with and based on the views of people with a learning disability and their parents and carers. This has been possible through a range of engagement, co-design and co-production with people across Norfolk to understand what is important to them and to make sure their ideas are expressed in this plan. This included the re-naming of the use of the word 'Strategy' to the word 'Plan' by people with a learning disability, as this was a word they understood better.

This plan does not try to cover everything we know about learning disability or every issue. It sets out the details of the five priority areas identified through the engagement and co-production and the key actions that will be taken by the different partners working together to deliver this plan over the next five years. Delivery of The Learning Disability Plan 2023 - 28 will be monitored by the Norfolk & Waveney Learning Disability and Autism Programme Board which includes people from Norfolk County Council and the Integrated Care Board and other health partners.

The Learning Disability Partnership Board will have a role to gather feedback from stakeholders on what is working well and what needs improving as part of reporting back to the Programme Board as part of the monitoring process. This way, people with a learning disability and their carers will be able to continue to be engaged in sharing their ideas and feedback and being part of making improvements to the plan as needed.

Rachel Gates (co-chair)
Co-chair Norfolk Adults Learning Disability Partnership Board & Assistant Director of Commissioning - LD, Autism & MH, Adult Services



June Walton (co-chair)
Self-advocate & co-chair Norfolk Adults Learning Disability Partnership Board

"I thought the process for the Learning Disability Plan was really good! People's voices were heard, and you can see them in the Plan. I liked how they went round all the locality groups in person to get people's views and see what people are finding challenging in each area. I find the easy read Learning Disability Plan clear to read and understand".
(Comments from June Walton, self-advocate and co-chair, about the process taken to develop the new plan). November 2023

1. Our ambitions for adults with a learning disability

This Adults Learning Disability plan was developed by the Norfolk Adults Learning Disability Partnership. This this includes Norfolk County Council (NCC) Adult Social Services, Norfolk and Waveney Integrated Care Board (ICB) and all those providers who work with NCC and the ICB, as well as people with a learning disability and their family and carers.

The Norfolk Adults Learning Disability Partnership

The Norfolk Learning Disability Partnership is independently coordinated by ASD Helping Hands who took on this role in October 2022. ASD Helping Hands also coordinate the Learning Disability Partnership Board who meet four times a year. Membership of the Learning Disability Partnership Board include people with a learning disability, family carers, people who work for NCC, the NHS and other organisations and charities.

The goal of the Norfolk Adults Learning Disability Partnership Board is to improve the lives of people with disabilities in Norfolk aged 18 and above and to help those who care for people with a learning disability. The Board do this by:

- talking about the issues that people with a learning disability can face;
- talking about the learning disability services that run in Norfolk;
- running locality groups across each area of Norfolk to talk about local issues that people are facing;
- working on priority outcomes outlined in the Norfolk Adult Learning Disability Plan;
- sharing information through their independent website.

The Norfolk Adults Learning Disability Partnership Board provided oversight for the process of developing the new Learning Disability Plan and will lead on ensuring stakeholders are involved in the process of gathering the feedback on whether the new plan is working or not.

The NHS Norfolk and Waveney Integrated Care Board (ICB)

The new Norfolk and Waveney Integrated Care System (ICS) was formed on July 1, 2022, and is made-up of a wide range of partner organisations, working together to help people lead longer, healthier and happier lives. The ICS includes the NHS Norfolk and Waveney Integrated Care Board (ICB) and Norfolk County Council (NCC), along with a range of other charitable organisations and partnerships.

The ICB plans and buys the healthcare services for the local population of Norfolk and Waveney and is accountable for the performance and finances of the NHS across Norfolk and Waveney. The values of the Norfolk and Waveney Integrated Care Board are outlined as: "Connected to; each other, the work we do, a common purpose, our partners across the system... and always to our patients/public. At all times being respectful, inclusive, and embracing new ways of working by being innovative and continually improving."

Norfolk County Council Adult Services

The Adult Services vision is 'to support people to be independent, resilient and well and hold aspirations for their future' and this is supported by the current 'Promoting Independence' approach which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The commitment in the approach is a vision for quality social work which builds on the strengths of individuals.

Promoting Independence is at the core of the Norfolk County Council Strategic plan 'Better Together, For Norfolk 2021-2025'. This ambitious plan aims to make Norfolk a place where we put people first, where everyone works together to create a better place to live and includes the vision statements:

- *"We want Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind."*
- *"We want our communities to feel safe, healthy, empowered and connected, their individual distinctiveness respected and preserved."*

Promoting Independence has these main elements:

Prevention and early help

Empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For working age adults with a disability, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

Staying independent for longer

Our social care teams will look at what extra input could help people's quality of life and independence – this might be some smart technology, some adaptations to their homes to prevent falls, or access via telephone or on-line to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills so they can live their lives as independently as possible. This could mean a spell of intensive reablement after a stay in hospital to restore their confidence and their ability to do as many day-to-day tasks as possible.

Living with complex needs

For some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. There is a focus on ensuring people in Norfolk access the right services for them at the right time. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

2. Introduction to our Norfolk Adults learning disability plan

Overview

In starting to develop this new plan, the focus was on involving those with a learning disability and their parent or carer from the start to ensure their involvement in how the plan was developed and in sharing their personal views and ideas for what needed to be part of the plan.

How the plan would be developed was agreed by the Norfolk Adults Learning Disability Partnership Board co-chairs in a Board pre-meeting in April 2023 before being agreed at the Board meeting in May 2023. In June, the Norfolk Making it Real Board, the independent reference group of people with lived experience who represent Think Local Act Personal and who provide leadership and guidance for NCC and members of the ICB around planned co-production activities, were consulted about the planned approach to involve people in developing a new learning disability plan.

With the agreement of the Making it Real Board, the process of a range of participation activities from consultation, engagement, co-design, and co-production were carried out with people with a learning disability across Norfolk, their parents and carers to understand what is important to them and to make sure their ideas were expressed in this plan. This included the renaming of the use of the word 'Strategy' to the word 'Plan' by people with a learning disability, as this was a word they understood better. Practitioners, commissioners and providers supporting people with a learning disability were also involved in developing this new plan.

Feedback received by partnership members from people with a learning disability and their carers outlined that they did not know what had been achieved in the previous 2018 – 2022 Learning Disability Strategy. So as part of starting the overall engagement process to develop a new plan, we shared with people a 'Looking Back – You Said, We Did' document outlining the different things that had been achieved by the various members of the Learning Disability Partnership and what was still to do.

Looking Back on the 2018 - 2022 Learning Disability Strategy - You Said, We Did summary - Full Version.
Full version Looking Back on Learning Disability Strategy 2018 - 2022

Looking Back on the 2018 - 2022 Learning Disability Strategy - You Said, We Did summary - Easy Read.
Easy Read Looking Back on Learning Disability Strategy 2018 - 2022

As part of putting the document together, partnership members shared the wide range of things they were doing in supporting people with a learning disability and their carer that were not necessarily being recognised and celebrated. Information about these 'hidden gems' of identified support were included in the documents that were shared.

This helped identify the commitment across the various organisations and providers supporting people with a learning disability and their carer in providing a wide range of innovative and practical support for individuals. It was agreed the new LD Plan would include actions that would be taken by different LD Partnership members and other providers, as part of making it clearer the range of support available to people with a learning disability and their carer.

What we still need to do

Gathering information for the 'Looking back' document also helped identify potential resources that could be part of helping to deliver the things not yet achieved in the previous strategy and new ideas being received. An example of this was the training for taxi drivers that had been developed in 2019 by About with Friends in North Norfolk. This training was well received by the taxi companies who had paid to attend the sessions which helped them better understand how best to support a person with a learning disability travelling in their taxi. Since then, there have been discussions about how this training could be made available to taxi drivers across Norfolk and so has been included as an action in the new plan.

The impact of the Covid pandemic meant that many people with a learning disability were shielding and therefore unable to go to work, other employment opportunities or feel comfortable going out into the community, as well as having an impact on what could be delivered in the previous LD Strategy. Information gathered as part of the 'Looking back' also identified the range of employment or training support different providers are helping individuals with, in addition to what is being offered by Norfolk County Council. It is planned that as part of the new plan, LD Partnership providers will agree the way to share information about the range of employment support they are offering as part of demonstrating the breadth of employment support and help to develop work skills or other work opportunities being offered across Norfolk.

One innovative example shared as part of the engagement with providers highlighted the individual support given by Stepping Stones in Norwich to one of their members who was able to move from a four-week work experience placement at Norwich Airport into a paid role at the Airport. The positive impact of this is reflected in the report given by the Airport manager who shared:

> *"(the individual) has received many compliments from customers and passengers. Their pleasant, outgoing, and smiley personality is a winner for those they meet. We are very proud to have them working with us."*

There is more information about some of the different types of employment support being offered by other providers in the 'Looking Back' summary. As part of developing this new plan, there is a commitment to finding ways to share the wide range of support being provided across Norfolk by all the different providers and organisations supporting a person with a learning disability, and proactively looking at ways to ensure people with a learning disability and their carer know about them.

National priorities and commitment to supporting people with a learning disability

Alongside the local support being provided across Norfolk, there are statutory and government policy requirements that members of the Learning Disability Partnership have a duty to provide and are part of making improvements to the support to be provided for people living with a learning disability in Norfolk, which are included as part of the overall approach to be taken in delivering the new LD Plan.

The National Disability Strategy

The National Disability Strategy, which was first published in July 2021, sets out the actions the government is committed to take to improve the everyday lives of all disabled people. This government strategy is incorporated into the approaches to be taken locally which includes a focus on improvements of the physical and social environments for people with a disability:

> *"Disabled people's aspirations for their lives are no different from non-disabled people's aspirations.*
>
> *"We all want to live fulfilling lives. We want to be safe and healthy. We want autonomy about where we live, how we live, and with whom we live. We want to go outside, meet other people, and go places. We want to easily access the support we need to live an independent life and to feel confident that we won't lose it. We want to be able to participate in society, to be valued, to go to work".*

However, disabled people's everyday experience is very different from non-disabled people. Every day many disabled people:

- wake up in a home that is not adapted to their needs;
- rely on an unpredictable transport network to get out and about;
- navigate inaccessible and inflexible workplaces or education settings;
- face limited choice and additional expense when shopping around for goods and services;
- use unresponsive and fragmented public services that do not meet their needs;
- feel excluded from leisure opportunities and socialising;
- find themselves barred from exercising rights such as voting and serving on a jury.

Building the Right Support

Updated in August 2022, this Building the Right Support national action plan outlines a commitment to strengthen community support for people with a learning disability and autistic people and reduce reliance on mental health inpatient care.

The key areas of focus set out in this action plan are:

- ensuring that people with a learning disability and autistic people of all ages experience high-quality, timely support that respects individual needs and wishes, and upholds human rights;
- understanding that every citizen has the right to live an ordinary, self-directed life in their community;

- keeping each person at the centre of our ambitions and ensuring that we consider a person's whole life journey;
- collaborating across systems to put in place the support that prevents crisis and avoids admission;
- ensuring that, when someone would benefit from admission to a mental health hospital, they receive therapeutic, high-quality care and remain in hospital for the shortest time possible;
- making sure that the people with a learning disability and autistic people who are in mental health hospitals right now are safe, and that they are receiving the care and treatment that is right for them;
- working together to ensure that any barriers to an individual leaving a mental health hospital, when they are ready to do so, are removed.

In 2022, the Norfolk Adults Safeguarding Board, Norfolk & Waveney ICB, NCC, including the Transforming Care Programme team, and other partners took part in a Peer Review of Norfolk's execution of the Building the Right Support national model in response to a Safeguarding Adults Review of support for people in a Norfolk specialist hospital.

As a result of the Peer Review and recommendations by the Norfolk Safeguarding Adults Board, a process of coproduction was started to agree better ways of working. This co-production included people with a learning disability and/or autism and their families. This was known initially as the 'Ethical Framework and there are plans for a new name to be coproduced to make the framework more understandable and training materials to be developed. The principles and ways of working developed as part of the Ethical framework will be aligned to the new LD Plan.

Implementation of the Building the Right Support is aligned to these local and national approaches:

Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy Norfolk and Waveney Integrated Care Strategy; and **Norfolk and Waveney Clinical Strategy**.

NHS Long Term Plan » Learning disability and autism where Learning Disability and Autism is one of the 4 priorities with a 3-year plan.

The NHS Long Term Plan was published in 2019, outlining the ambitions of the NHS over the next 10 years and including learning disability as one of its four clinical priorities. This includes improving community-based support, reducing the number of people with a learning disability in hospital settings and reducing health inequalities through a focus on increasing uptake of annual health checks and reducing overmedication of children and young people with a learning disability.

Norfolk & Waveney Mental Health and LD & Autism Inpatient Framework Delivery

As part of the national Mental Health (MH) and LD&A Quality Transformation Programme we will transform inpatient care. The key focus of this programme is to improve poor quality and outdated services, eliminate out of area placements, reduce extended hospital stays, enable equal access for all and ensure services are designed based on service user needs rather than diagnosis.

We will work with the Inpatient Provider Services, including the local authority, the voluntary sector, service users and wider partners to coproduce and deliver a three-year plan as part of this process. We will submit this plan to NHS England regional team, with the first draft due in March 2024 and final draft in June 2024. We will also align this programme with the delivery of the Learning Disability Plan.

Norfolk & Waveney ICB LD & Autism Funding Plan

We are reviewing our current and future funding commitments across the Integrated Care System for Learning Disabilities and Autism (LD&A). This plan will support the movement of the Service Development Funding (SDF) into the Integrated Care Board (ICB) funding baselines for 2024/2025. The plan is aligned to the NHS Long Term Plan, and the National Community Service Mapping, and aims to improve quality, reduce the number of inpatients, reduce waiting times and expand support within the community. We will also align the funding plan with the delivery of the Learning Disability Plan.

3. The local context – population data

To receive support from Norfolk Adult Services Learning Disability Team, a person aged 18 or older must have a learning disability, autism or both and be registered with a Norfolk GP. Depending on the individual's needs, they may get support from Adult Social Services or their local health and care services.

A learning disability is a permanent developmental disability which affects a person's ability to learn and cope with everyday activities, such as housework, socialising and managing money.

It will have been present since before the person turned 18 and usually from birth. A learning disability is permanent and affects a person's entire life. It is different from difficulties such as reading and writing problems (e.g., dyslexia). In April 2023, Health reported that there were 6683 adults in Norfolk registered as having a learning disability.

Norfolk population 2023

Using projecting adult needs and service information (PANSI), it is estimated that there are 12,714 working age adults with a learning disability in Norfolk. Out of those people, an estimated 2,892 have a moderate or severe learning disability.

Using the Projecting Older People Population Information System (POPPI), information to include people over the age of 65, estimates that there are 17,653 adults (aged 18 or over). Of these, it is estimated that 3,541 adults have a moderate or severe learning disability.

People being supported by Adult Social Services from April 2022 – March 2023

The published **figures for the Number of clients accessing long term support at the end of the year with a primary support reason of 'Learning Disability Support'** for 2022-23:

18-64	65+	Total
2338	315	2653

Gender

Gender	18-64	65+	Total
Female	971	148	1119
Male	1367	167	1534
Total	2338	315	2653

Female	Male
42%	58%

Ethnic Category

Ethnic Category	18-64	65+	Total	Ethnicity %
Black / African / Caribbean / Black British	13	0	13	<5%
Other ethnic group	12	0	12	<5%
No data	30	3	33	<5%
Mixed / multiple ethnic groups	29	1	30	<5%
White	2236	311	2547	96%
Asian / Asian British	18	0	18	<5%
Total	2338	315	2653	100%

We do not have sufficient reported information to be able to provide data in relation to reported religion or sexual orientation for people with a learning disability in Norfolk.

Population predictions from 2020 – 2040

The following information is taken from the Market position statement for Norfolk October 2023.

It is estimated, using projecting adult needs and service information (PANSI) and Projecting Older people Population Information System (POPPI), that in **2020** there were 17,322 adults living in Norfolk who have a learning disability, which is around 2% of the Norfolk population.

Of the 17,322 it is estimated that:

- 12,594 are aged between 18 and 64 years of age;
- 4,728 people (27% of adults with a learning disability and 1.8% of the total Norfolk population) are aged 65 years and above;
- 4% are 85 years old and over;
- 3,491 adults have a moderate to severe learning disability. 629 (18%) are aged 65 years old an`d above and 2% are aged 85 years old and above.

Population predictions of adults with learning disabilities in Norfolk

By **2040** it is estimated that:

- 33% of the learning disability population will be aged 65 years and above (highlighting that people with a learning disability are living longer);
- 6% of the learning disability population will be 85 years old and over;
- 21% of those with a moderate to severe learning disability will be 65 years old and over;
- 3% of those with a moderate to severe learning disability will be 85 years old and over.

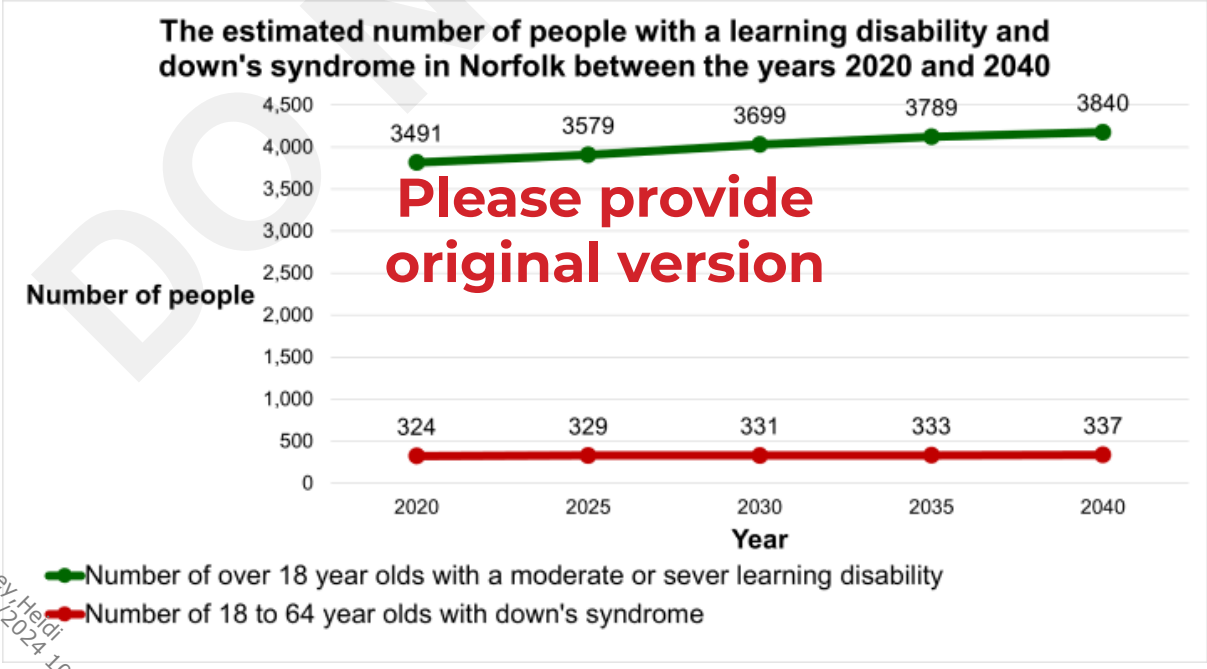
Not all people with a learning disability will be in receipt of services. People predicted to have a moderate or severe learning disability are more likely to be in receipt of services.

Population predictions by Norfolk districts.

Locality	2020	2025	2030	2035	2040
Breckland	534	550	570	588	599
Broadland	496	511	530	542	552
Great Yarmouth & Waveney	374	378	385	391	394
Kings Lynn and West Norfolk	566	567	575	580	583
North Norfolk	392	399	410	417	424
Norwich	597	608	629	642	644
South Norfolk	532	566	600	626	644
Total Norfolk	**3,491**	**3,579**	**3,699**	**3,786**	**3,840**

People aged 18 – 64 predicted to have Down syndrome 2020 – 2040

PANSI estimates the number of people with learning disabilities (moderate or severe and Down syndrome) from 2020 to 2040 in Norfolk will be:



Adults with a learning disability and dementia

People with a learning disability and those with Down Syndrome are living longer and more likely to develop health conditions associated with older age. People with a learning disability are at greater risk of developing dementia as they get older compared with the general population.

Three studies found the following prevalence rates of dementia among people with a learning disability:

- 13% of people over 50 years of age;
- 22% of people aged over 65 years of age.

For people with down's syndrome, the risk of developing dementia is significant with a higher estimated prevalence rate of:

- 36.1% of people aged 50-59 years old;
- 75% for people over 60 years old.

These estimations came from the research that is available on the social care institute for excellence website.

It is important that with people living longer, services adapt to be able to meet the needs of people with dementia who also have a learning disability or Down Syndrome. We need to grow the number of providers that have the settings and skills to support people with these needs.

4. What you told us

Gathering people's shared views and ideas

At the start of the process to develop a new LD Plan, there was a commitment to ensuring that the views and ideas of people with a learning disability and their carers were central. It was agreed that the easy read version of the LD Plan should be the first version of the LD Plan that was agreed. The information included would then form the basis of the more detailed plan that would be needed to outline the specific actions that would be taken by NCC, ICB and the organisations involved in working with and supporting people with a learning disability and their carers in delivering the LD Plan.

In September 2023, all of the ideas people shared were put together into the first draft of the easy read plan. This draft easy read plan was then shared with people across Norfolk and at the Partnership locality meetings to check it included what people had said and made sense.

Over eight months from April 2023 – November 2023, more than 361 people shared their ideas and these have been used to develop the new LD plan. The plan was developed by gathering the views and ideas of parents and carers, providers, practitioners, commissioners and adults and older young people with a learning disability. The Norfolk Adults Learning Disability Partnership provided ongoing oversight of the process and an update was shared with the Norfolk Adults Partnership Board in August 2023 to help develop the new LD Plan.

People were encouraged to share their ideas in various ways, including face-to-face meetings that took place across Norfolk, from June through to November 2023, as well as via email and post. In August 2023, an easy read and online survey was created to enable a wider range of people to share their ideas for the new plan, which was promoted by email, social media and word of mouth. The survey was hosted by the Norfolk Adults Learning Disability Partnership website and people were able to either complete the survey online or receive an easy read questionnaire by post. People contributed their ideas by post, email, as part of face-to-face meetings. Providers and independent organisations who had discussed the new plan with people with a learning disability they support, also provided feedback which was included as part of agreeing what would be in the new LD plan. This feedback included information from older young people with a learning disability (aged from 14 – 25 years) who are part of the independent Disability Real Action Group of Norfolk (DRAGONS) to ensure that the plan would be helpful for older young people with a learning disability who were approaching adulthood.

People we know were involved in developing the LD Plan over eight months:

- 201 people with a LD = 56%
- 63 unpaid carers = 17%
- 97 professionals & providers = 27%

People's expressed outcomes

People shared a range of things that are important to help them live a good life in Norfolk. The different things people told us have been grouped into five main areas.

The phrasing used to outline people's expressed outcomes comes from what people with a learning disability and / or their carers shared as part of face-to-face engagement, or what people told us through the online survey, by email, easy read questionnaire and from other information gathered from providers working with people with a learning disability.

1. Choices about where I live

- "I want to be able to choose who I live with."
- "I want help to stay living in my own home."
- "I would like to be able to move to my own home so that I can cook my own meals instead of these being made for me."
- "I want to move nearer the town so that I can be nearer my friend(s)."
- "I want to move somewhere that will let me have a dog."

2. Being healthy

- "I want support with health and dentist appointments."
- "I want support with my mental health."
- "I want help in choosing a healthy diet."
- "I want help to get exercise."
- "I want help in losing weight."
- "I want advice about sex and relationships."

3. Help to be an independent as possible

- "I want help with getting a job."
- "I would like to know about the different things there are for me to do in my neighbourhood."
- "I would like help learning to cook."
- "I would like to feel safe in my own home and when I am out and about."
- "I would like to know about what is on in the evenings and weekends that I could join."
- "I want help with managing my money and paying my bills on time."

4. Getting out and about

- “I want there to be more public transport where I live.”
- “I would like more people to be able to use accessible toilets.”
- “I would like to feel safe when I am out and about.”
- “I would like there to be training for people who provide transport for people with a learning disability.”
- “I would like there to be a festival for adults with a learning disability.”

5. Support for carers

- “I want to know what help is out there to support me as a carer.”
- “I want to be able to contact someone when things are getting more difficult for me as a carer.”
- “It is not clear to me how I can get help for me as a carer.”
- “I want to know what will happen when I am too old to continue in my role.”
- “I need regular breaks to support me to keep on being a carer.”
- “I would like to be able to join a carers’ support group.”

5. The agreed priorities for people with a learning disability and their carers

Throughout the process of engagement, consultation, coproduction and codesign, people shared their views and ideas about what was important to them as a person with a learning disability or as someone caring for a person with a learning disability. As part of asking people what things they felt they needed help with to live a good life in Norfolk, people were also asked about the things they felt they could do for themselves or already knew how to do with help. From this, we were able to identify five main priority areas that people with a learning disability and their carer felt they need support with to live a good life in Norfolk.

Five main priority areas

1. Choices about where I live

This was the top priority identified from the engagement process. People shared their positive experiences of moving into supported housing, as well as the help they had received to be able to stay living in their own home. Others shared their concerns about 'being forced into residential care' or not having any choice about where they might be moved to or who they would be living with as well as the challenges and highlights of living with others. These are reflected in the expressed outcomes about 'choices about where I live' and the actions to be taken as part of responding to what people have said.

This engagement identified the lack of knowledge about the housing options available for people with a learning disability. It was also identified that there are a range of providers who are supporting people with a learning disability to move into alternative accommodation that they provide or can help people to access, in addition to the options available with the support of Adult Services. Information about some of the additional support with housing being provided by independent charities and organisations was shared as part of the 'Looking Back' document.

2. Being healthy

People identified a range of goals they had to help them 'be healthy' and things they knew they needed to do or were already doing to improve their health. People shared good news stories about the ways they had been helped to lose weight and others spoke about the things they were hoping they would be able to do to feel healthier.

Help with mental health was identified by some people with a learning disability who outlined that they did not always know who they could get support from in the community to help with this.

As part of the support for mental health, people with a learning disability asked about whether support for people with a learning disability who were detained in secure units on a temporary or longer-term basis was included in the overall LD Plan. The work of NCC and the ICB, as part of the Transforming Care Programme, is focussed on supporting people with a learning disability to be able to move into some kind of housing in the community, to be supported to be as independent as possible when in the community and to be able to have help to get out and about. These aims are for all people living in Norfolk with a learning disability.

The additional specific support being provided by health to support people with a learning disability with mental health needs has been included in the 'Be Healthy' section of the LD Delivery Plan.

3. Help to be an independent as possible

There were a range of things identified by people with a learning disability that emphasises people's desire to be 'as independent as possible' and to be able to live a 'normal life' like other people. In the discussions around the kinds of support available to help people with a learning disability, there were additional areas of support and community resources identified by professionals who joined the meetings and so this information has been included in the LD Delivery Plan.

4. Getting out and about

At the start of the engagement process, there was an expectation that 'help to get out and about' would be higher on the list of priorities due to the many challenges being experienced around reduction in the number of taxis available and lack of transport in rural areas. With the focus on asking people what they could already do with help, people identified that they already felt confident in taking public transport or knew about, or were about to start, travel training, or already had help in place to get there where they needed to be, and so help with getting out and about is a priority area, but number four in this list.

5. Support for carers

Carers here are defined as family members or friends who provide unpaid support for someone with a learning disability. In speaking with people with a learning disability, they did not always recognise the 'caring' role played by their family member and thought that 'carer' referred to the paid carers they saw as part of their day-to-day care and support. Family carers themselves do not always recognise themselves as a 'carer' and entitled to support.

Support for unpaid carers was identified as a very important part of any support for a person with a learning disability, though current data does not give an accurate indication of how many carers of someone with a learning disability are accessing any kind of support to help them as a carer in Norfolk.

Support for unpaid carers was also highlighted as key issue in the summer 2023 engagement with Norfolk residents - called Conversations Matter. Conversations Matter listened to residents' experiences of adult social care and to better understand their expectations and how we can help them. The engagement feedback has formed the basis for how the Promoting Independence Strategy will be updated, which outlines the vision and priorities for Adult Social Services in Norfolk, including our ambitions to better support unpaid carers, and this new approach will sit alongside the new LD Plan.

Although Carers Matter Norfolk took on the role for NCC of providing carer's assessment, information, support and advice in 2021, some carers expressed confusion about whether Carers Matter Norfolk could be used to support them, and others shared that knew of friends who had received excellent support and were hoping to try and access support for themselves. Figures from Carers Matter Norfolk suggests they provided support to 113 carers of someone with a learning disability in 2022. As part of the new LD Plan, there is a commitment to improving the data in relation to numbers of carers for someone with a learning disability receiving carer support, and also in sharing the range of caring support that can be provided by other providers, as part of helping carers have access to different types of support.

Help with transition to Adult Services – a new NCC Preparing for Adult Life Service (PfAL)

This LD Plan is focussed on the support for adults with a learning disability but also includes planning for the needs of those young people who are transitioning into adulthood. A focus is on young people who from the age of fourteen will be supported by the NCC PfAL team, as they are likely to be supported by Adult Social Services when the turn eighteen.

The new PfAL team was designed in partnership with young people and their carers, as well as professionals from all the different agencies supporting young people and adults. This new service started in January 2020 and is funded by both Adult Services and Children's Services and supports young people with a disability from aged 14 as they prepare for adulthood.

Children who are currently being supported by Children's Services or Specialist Health services and who are likely to still need support after they turn 18, can be referred from the age of 15 onwards to the PfAL team for an initial Care Act assessment. Each Norfolk locality has their own transition social worker who will make the referral.

There are four preparing for adult life outcomes which are – employment, being healthy, being part of your community and being independent and these outcomes align with the expressed outcomes in the new LD Plan.

The Preparing for Adult Life team works with a wide range of people from education, health, Children's Services, Adult Services and the voluntary sector as part of carrying out a Care Act (2014) assessment and helping to develop a 'transition care and support plan' for each person.

People have told us that they really like the new Preparing for Adult Life Service as it has helped them to understand everything that is being done to help a person who is moving from Children's Services to being supported by Adult Services.

Young people and their families have said that they like that finding the right place to live, being healthy, being part of your community and thinking about work or further education and training is included as part of a person's transition plan.

6. Actions and outcomes

In drawing up the LD Plan, the specific actions that would be needed to help support the expressed outcome and who would lead on carrying out each action has been identified. A detailed LD Delivery Plan was drawn up (Appendix 1) to help practitioners in carrying out their specific actions and ensuring they are gathering the suggested evidence to demonstrate the measures of success that will enable a person with a learning disability and their carer to know whether the plan is working or not. This detailed non-easy read plan will also be published on the Norfolk Adults Learning Disability Partnership Board website.

Members of the Norfolk Adults Learning Disability Partnership, including NCC and the ICB and all those providers who work with people with a learning disability and their carers, are included in having a role to play in carrying out the actions to help people achieve their desired outcomes.

Specific Actions linked to outcomes and who is leading on each area

1. Choices about where I live

"I want to be able to choose who I live with"

a) Adult Services Operational Teams will support people to think about where they would like to live and who they would like to live with as part of their Care Act assessment & plan of support;

b) NCC Specialist Housing Team will develop promotional / educational materials to help the Council provide better information about the different types of housing being developed and how to help people find a place to live;

c) NCC Specialist Housing Team will provide more easy read information to explain the specialist housing options in Norfolk. (See also current easy read Supported housing information).

Types of Supported Living we now offer:

- Supported Living in shared housing is a shared house where people have their own bedrooms. It has shared spaces where people can come together, like a living room and kitchen;
- Supported Living for enablement are shared homes or groups of homes where people live on their own, that are close together. People live in them for a short time to build their skills and confidence, so they can move into more independent housing;
- Supported Living in community housing are Individual homes that are close together. People live on their own, but with support available. There might be some shared spaces where people can come together;

- Supported Living for higher care and support needs are homes for people who need more help to do the things that want to do. They are self-contained houses or bungalows;

d) LD Partnership members will share information about the housing support they are providing;

e) Through the Promoting Independence pilot for Life Opportunities, Adult Services LD Commissioners will work with providers and individuals to identify established friendship groups who require accommodation to help them in choosing who they want to live with.

"I want help to stay living in my own home"

a) Adult Services Operational Teams will support people to think about where they would like to live and what help they might need to stay living at home, as part of their Care Act assessment & plan of support;

b) Adult Services Operational Teams and NCC Assistive Technology Team will make sure that people have the right equipment and technology to feel safe and happy in their home;

c) Support from Integrated Housing Adaptation Teams to help people access Disabled Facility Grants available through district councils.

"I would like to be able to move to my own home so that I can cook my own meals instead of these being made for me"

a) Specialist Housing Team & Adult Services LD Commissioners are investing in building more types of housing to support people with a learning disability to live as independently as possible, which can include having access to a kitchen;

b) Specialist Housing Team will publish information on the **Specialist Housing** website;

c) Adult Services Operational Teams & LD Commissioners will support people to develop the skills they need to move into their own home.

"I want to move nearer the town so that I can be nearer my friend(s)"

a) Development of housing solutions in market towns by Specialist Housing Team so that people are close to local facilities.

"I want to move somewhere that will let me have a dog"

a) Adult Services & Specialist Housing will explain about the different types of housing available;

b) Development of a range of housing solutions across Norfolk, including working with landlords to encourage pets to be permitted in housing is carried out by Specialist Housing Team & LD Partnership providers.

2. Being healthy

"I want support with health and dentist appointments"

a) Primary Care will support people to register with a local doctor and to receive an annual health check and health action plan (which includes dental check information);

b) Primary Care & Community Health teams will support people to register with a dentist;

c) Primary Care & Community Health teams will identify those individuals who need extra support and preparation to attend appointments, such as desensitisation support for blood tests and preparation for screening appointments;

d) Acute & Community Health teams will involve the familiar carer in a person's support where this is needed;

e) Acute & Community Health teams will support staff at hospitals to make sure they make decisions about people with a LD in the right way;

f) Acute & Community Health teams will provide information about the named LD nurses at hospitals;

g) Acute & Community Health teams and Advocacy Support will involve advocacy & care coordination support for those with complex health profiles and limited social support.

"I want support with my mental health"

a) Medicines Optimisation, Community Learning Disability Teams, and LD Psychiatry Service will work with health professionals, care providers, families, and learning-disabled people to ensure no one is on too much medication;

b) NHS providers and private inpatient hospital will monitor the progress of anyone held in seclusion or segregation in inpatient settings and provide support to ensure efforts are made to mitigate this from happening;

c) Hertfordshire Partnership Foundation Trust (HPFT) and Norfolk & Suffolk Foundation Trust (NSFT) are going to Transform Inpatient Provision;

d) Intensive Support will be available to Learning Disabled people entering a crisis in the community, who have been flagged to the Intensive Support Services through the use of the Dynamic Support Register;

e) Small Supports Project and Individual Service Funds project will support more people to access a Personal Health budget;

f) Small Supports Project and Individual Service Funds project will transform our approach in services to understand behaviour and how to mitigate risk, in a positive way, building on people's strengths with the use of the Positive Behaviour Support approach.

"I want help in choosing a healthy diet"

a) Primary Care, Specialist Dieticians, Community Health teams and all care providers will support people to eat better (and this will be recorded as part of the health action plan);

b) Primary Care, Specialist Dieticians, Community Health teams and all care providers will work with all care environments to train staff around supporting residents with better nutrition and building more exercise into social activities.

"I want help to get exercise"

a) Community Health teams and all care providers will support people to live healthier lives by exercising more;

b) Community Health & LD Partnership members will share information about the different groups and activities available in the local area to support better health. (This includes information available from **Active Norfolk**)

"I want help in losing weight"

a) Community Health teams and all care providers will work with all care staff to help learning disabled people lose weight and be more active;

b) Primary Care, Community Health teams & Specialist LD nursing services will support people to live healthier lives (and this will be recorded as part of the health action plan).

"I want advice about sex and relationships"

a) Specialist LD services and Norfolk care providers will support people with information and training about sex and relationships;

In the community people can self-refer to access free Integrated Contraception and Sexual Health Service (**ICaSH**).

"I would like to be sent a text to remind me about my health appointment"

a) Primary, Acute & Community Health teams will provide information for people in a way they understand, such as using hospital passports;

b) Primary, Acute & Community Health teams will ensure that person centred reasonable adjustments are made in communicating with a person with LD as part of helping individuals to access their health care support. This includes supporting people who cannot use technology or text messages.

3. Help to be an independent as possible

"I want help with getting a job"

a) Employment Team (Adult Services) & Life Opportunities providers supported by LD Commissioners will support people who are currently being supported by Adult Social Services, into paid employment through help from the Norfolk Employment Service or the Life Opportunities – Skills & Employment pathway with Day Services;

b) Adult Services Employment Team will support people with a LD and / or autism into employment through the Local Supported Employment (LSE) Scheme;

c) Adult Services Employment Team (Skills & Employment Team) will work with employers to become 'Disability Confident' and more able to support someone with a LD at work;

d) As a partnership, LD Partnership members will share information about the types of **employment support** we are offering and will also signpost people to things such as supported internships, apprenticeships or vocational training.

"I would like to know about the different things there are for me to do in my neighbourhood"

a) LD Commissioners & Adult Services Operational Teams will help people to find out about the different activities they can do as part of the Life Opportunities - Promoting Independence or Enriching Lives support from day services;

b) As a partnership, LD Partnership members, including links with Community Connectors, Libraries, Adult Learning, Social prescribers & Development workers will agree the best way to work together with the different organisations and available resources as part of identifying the range of community support & activities available for people with a LD.

See Information about **social prescribers**.

See Information about **Community Connectors**.

See Information also available from **Norfolk Community Directory**.

See Information about courses from **Adult learning**.

c) As a partnership LD Partnership members will identify the best ways of sharing information about the range of activities available in each area for a person with a LD, to help people know about what is available in their area as each locality may have different things available.

"I would like help learning to cook"

a) As part of a person's Care Act assessment or Review, & plan of support Adult Services Operational Teams will discuss how to help a person develop their independence skills;

b) LD Commissioning of Day Services will help people to develop life skills through the Life Opportunities - Promoting Independence support from day services;

c) As a partnership, LD Partnership members will share information about the types of support to develop independence skills we are offering and other local information such as **Adult learning**.

"I would like to feel safe in my own home and when I am out and about"

a) Adult Services Operational Teams, Health teams, Adult Safeguarding Team and Norfolk Safeguarding Adults Board will take any safeguarding concerns seriously and will encourage an individual to talk to someone they trust and ask for their help to report this **safeguarding concern**.

Easy read **protecting adults** information.

b) LD Commissioning of Day Services will support people with complex needs to learn skills to keep themselves safe through the Life Opportunities – Enriching Lives support from day services;

c) LD Partnership members, Adult Services, Health teams and Norfolk Safeguarding Adults Board will support the commitment to safeguarding principles in helping someone with a LD to understand about **keeping themselves safe**.

See other training resources available:

Making Safeguarding Personal - YouTube

Tricky Friends animation | Norfolk Safeguarding Adults Board

"I would like to know about what is on in the evenings and weekends that I could join"

a) As a partnership, LD Partnership members, including links with Community Connectors, Libraries, Social prescribers & Development workers will agree the best way to work together with the different organisations and available resources as part of identifying and sharing information about the range of community support & activities available in the evenings and at weekends for people with a LD.

"I want help with managing my money and paying my bills on time"

a) LD Commissioning of Day Services will help people to develop life skills around handling money through the Life Opportunities – Skills & Employment support from day services;

b) As part of a person's Care Act assessment or Review, & plan of support Adult Services Operational teams and NCC Finance team can discuss support for a person to develop the money management skills and possible support from the Money Support Service;

c) As a partnership, LD Partnership members will share information about the types of support with money management skills we are aware of locally.

4. Getting out and about

"I want there to be more public transport where I live"

a) LD Partnership with links with Active Norfolk, Community Connectors and other agencies will work together with partners involved in making improvements to public transport to share ideas for improvements;

b) LD Partnership members to identify key links to help explore ways to enable people to use their bus pass to travel to work for free before 09:30 (currently, people with a bus pass pay the reduced 'concessionary' rate if they travel before 09:30);

c) LD Commissioners and Specialist Housing Team will consider the availability of good transport links when developing new housing provisions.

"I would like more people to be able to use accessible toilets"

a) LD Partnership members to identify key people to help with this, including links with Community Health, Community Connectors, Social Prescribers & Development workers to work together with partners to identify ways of improving **access to toilets** for the disabled across Norfolk.

See information about **Changing Places**.

"I would like to feel safe when I am out and about"

a) Adult Services Operational teams, Preparing for Adult Life Service & LD Commissioners will support people to feel confident in travelling independently using travel training such as Titan for Adults or other travel training provided as part of Life Opportunities – Skills & Employment support from day services;

b) LD Partnership members will help people to develop skills around being able to travel independently, including help to access support from Adult Learning if appropriate;

c) As a partnership, LD Partnership members, including links with Community Connectors, Social prescribers & Development workers will work together to identify how the Safe places Scheme could be re-started to help people find a 'safe place' when they are out in the community.

"I would like there to be training for people who provide transport for people with a learning disability"

a) LD Partnership members will explore what training we could use to help taxi and bus drivers in supporting people with a LD.

"I would like there to be a festival for adults with a learning disability"

a) As a partnership, LD Partnership members and possible help from other partners will work together to explore the various options and funding help to plan for a festival for adults with a LD in Norfolk.

5. Support for carers

"I want to know what help is out there to support me as a carer"

a) Adult Social Services & Carers Matter Norfolk will clarify what support carers can access using the Norfolk County Council website and the types of support available from Carers Matter Norfolk. Carers Matter Norfolk offer printed resources to organisations / people who request them;

b) Health partners, LD Partnership members and Carers' Voice will share information about the different groups and support available in the local area to help carers.

"I want to be able to contact someone when things are getting more difficult for me as a carer"

a) Adult Social Services will provide contact information for carers for when things are changing or getting more challenging (Tel: **0344 800 8020** or Text Relay (18001 0344 800 8020);

b) Carers Matter Norfolk provide telephone support for carers and offer a resource of information and access to a range of possible support, including linking with Adult Social Services as needed.

"It is not clear to me how I can get help for me as a carer"

a) As part of our Care Act assessment or review of the person you care for, Adult Services Operational Teams & Health partners will also discuss possible support for you as a carer (this may include support to specifically recognise yourself as an (unpaid) carer);

b) Adult Services Operational Teams & Health partners will provide information about help for carers through an online form or by completing a Carers online request;

c) Carers Matter Norfolk will provide information about how to get support from Carers Matter Norfolk.

"I want to know what will happen when I am too old to continue in my role"

a) As part of our Care Act assessment or review of the person you care for, Adult Social Services will discuss with you planning for the future care of the person with a LD, such as helping the person develop their independence skills or planning for alternative care or move into own housing;

b) Carers can complete a Carer's Emergency plan or by calling Tel: **0344 800 8020** or through Carers Matter Norfolk.

"I need regular breaks to support me to keep on being a carer"

a) As part of our Care Act assessment or review of the person you care for, Adult Social Services will look at providing replacement care for the person you care for, to allow the unpaid carer to have a break;

b) Adult Social Services, Health partners & care providers will work together with health & care providers in providing carer break / respite;

c) Carers Matter Norfolk offer planned short-term breaks which can be accessed by contacting them via their website or by their Carer Advice Line.

"I would like to be able to join a carers' support group"

a) LD Partnership members will identify and share information about the range of carer support available in each area, including carer support groups;

b) Carers Matter Norfolk have a full list of carer support groups and provide information about these on their website, newsletter, or by telephoning (Tel: **0800 083 1148**).

7. How will you know if it's successful?

Within this plan is the commitment to provide evidence for people and their families about what is being achieved and what is still to happen. In drawing up the LD Delivery Plan, the success criteria for each outcome were aimed to be SMART that is Specific, Measurable, Achievable, Realistic and have a Timescale to when it was likely to be achieved.

Within the LD Plan, information is given as to which department will provide a report or update on their planned actions and whether this is provided every 6-months or annually.

Responsibility for the delivery of the LD Plan 2023 - 28 will be led by the Norfolk & Waveney Learning Disability and Autism Programme Board which includes people from NCC and the ICB and other health partners. It was agreed that the Norfolk Adults Learning Disability Partnership Board will have a role to monitor what is, and what is not, being delivered from the Partnership's perspective and to feed this into the Programme Board. In this way, people with a learning disability and their carers will be able to continue to be engaged in sharing their ideas and feedback and being part of making improvements to the plan as needed.

As well as providing information and updates for the Norfolk & Waveney Learning Disability and Autism Programme Board, it was identified that the Norfolk Adults Learning Disability Partnership Board have a key role to play in sharing information from the programme Board about the progress towards agreed actions and where any changes to the LD Plan that have been suggested are being made.

Success criteria linked to expressed outcomes

1. Choices about where I live

"I want to be able to choose who I live with"

a) Individuals report that they felt able to choose where they live and who they live with (or live by themselves);

b) Specialist Housing produce four case study videos and an animated educational overview video to help individuals and carers understand the different housing options available;

c) Easy read information will be available to provide clear information to support people to understand the different housing schemes;

d) LD Partnership website will share good news stories and data about people helped to find their choice of home;

e) Report from Life Opportunities Programme outlines how people are being helped to increase their friendship skills as part of helping them choose who they want to live with.

"I want help to stay living in my own home"

a) Individuals are supported to make a choice about where they will live and understand the possible care options to enable them to stay at home;

b) More people will benefit from home adaptations to meet their needs;

c) Data about numbers supported will be shared annually.

"I would like to be able to move to my own home so that I can cook my own meals instead of these being made for me"

a) 181 new homes for people with LD and / or autism made available across Norfolk. Implementation of Small Support Programme for bespoke housing opportunities is carried out;

b) Information about the different types of housing available is published on the Specialist Housing website;

c) Increase in number of people being supported to develop independence skills to manage their own home, or with specific support.

"I want to move nearer the town so that I can be nearer my friend(s)"

a) Responding to what people have told us, the majority of new homes to be in market towns or the city, and to be in a range of locations covering all districts across Norfolk.

I want to move somewhere that will let me have a dog

a) Supported Living webpages that remain up to date with the information people need to make decisions about their housing;

b) Good news stories from providers about range of housing support being provided is shared on LD Partnership website and communicated more widely. Scheme is introduced to support responsible pet ownership.

2. Being healthy

"I want support with health and dentist appointments"

a) A minimum of 75% of people with LD will have an annual health check and 100% of those people will have a health action plan as part of their annual health check;

b) More people will be able to register with a dentist;

c) More people will attend screening appointments and feel better prepared for medical appointments;

d) The health action plan is shared with the community teams and family / carer, as well as the person with a LD. Health will request evidence from providers about how they support individuals and their carers;

e) Evidence of compliance with Mental Capacity Act and good documentation / medical records. Health will provide information about the experience of the patient, family and carer as they navigate health services;

f) People will be able to find information about support for a person with a LD in hospital;

g) People with LD and their familiar carers receive advocacy support to help in understanding complex health needs and plan of support.

"I want support with my mental health"

a) There will be a reduction in pharmacological responses to managing learning disabled people in the community;

b) There will be a reduction in the cases/incidents that require seclusion or segregation;

c) An improvement in poor quality and outdated services, sees less people needing to go out of county for an inpatient admission; a reduction in length of stay and ensuring needs led admission, on basis of needs not diagnosis;

d) There will be a reduction in hospital admission or admission avoidance work of learning-disabled people as we work with people more proactively before a crisis emerges;

e) There will be an increase in people entitled to NHS Continuing Healthcare and subject to Section 117 aftercare being considered for Personal Health budgets;

f) A better understanding of behaviour will emerge with the continued effort to roll out Positive Behaviour Support training and extra support for care providers, in this area of specialism. Implementation of the pilot of the specialist positive behaviour support service and see a corresponding increase in quality improvement in LD services.

"I want help in choosing a healthy diet"

a) Increase in the number of people with LD being supported to eat better;

b) Care Quality reports will outline improved focus on weight management.

"I want help to get exercise"

a) Increase in the number of people being supported to increase their levels of exercise;

b) Information about the range of different activities available to help people with LD live healthier lives is shared across the LD partnership.

"I want help in losing weight"

a) Increase in the number of people with LD being supported to lose weight;

b) Increase in the number of people with LD being supported to live more healthy lives.

"I want advice about sex & relationships"

a) People with LD, and their carers, can receive information and support to be able to discuss sex and relationships as outlined by the Care Quality Commission.

"I would like to be sent a text to remind me about my health appointment"

a) People receive information about their health in a way they understand;

b) People receive individualised support. Familiar carers are involved in the decision-making around the person's care and support in line with the Mental Capacity Act.

3. Help to be an independent as possible

"I want help with getting a job"

a) There is an increase in the number of people with a LD, known to Adult Social Services, getting into paid employment (goal of 10% by 2028);

b) There is an increase in the number of people with a LD and / or autism being supported into employment (goal of 30% of LSE participants by March 2025);

c) Information about number of Norfolk employers who are registered as 'Disability Confident' is published on gov.uk website;

d) LD Partnership members share information and good news stories about people with LD they have supported into employment.

"I would like to know about the different things there are for me to do in my neighbourhood"

a) As part of the Life Opportunities Scheme, individuals are able to choose a range of activities they can access, including things like gardening and working with animals;

b) LD Partnership Board develops wider network of members to extend ability of the LD Partnership to broaden knowledge about range of support being provided across Norfolk;

c) People with LD, their families and care providers are able to find out about a wide range of activities available for a person with LD in Norfolk.

"I would like help learning to cook"

a) Increase in number of people being supported to develop independence skills;

b) Report from Life Opportunities Programme outlines how people are being helped to increase their life skills;

c) LD Partnership members share information and good news stories about types of skills they have supported people with LD to develop.

"I would like to feel safe in my own home and when I am out and about"

a) Safeguarding report outlines Norfolk's partnership work in seeking to keep people safe and free from abuse and neglect;

b) Report from Life Opportunities Programme outlines how people are being supported to keep safe through the Enriching Lives support;

c) Safeguarding report outlines Norfolk's partnership work in making sure people with a LD and staff supporting them receive updated safeguarding training to support people with a LD from abuse or neglect.

"I would like to know about what is on in the evenings and weekends that I could join"

a) Information about activities and events for people with LD that are on in the evenings or at the weekends is made available.

"I want help with managing my money and paying my bills on time"

a) Report from Life Opportunities Programme outlines how people are being helped to increase their life skills;

b) People feel able to discuss possible support to help them manage their money and find support to help with this;

c) LD Partnership members share information and good news stories about how they have supported people with LD to develop money management skills.

4. Getting out and about

"I want there to be more public transport where I live"

a) The LD Partnership members are able to link with relevant agencies to provide feedback & make improvements;

b) The LD Partnership works together with partners to agree possible ways to make changes so that people can use their bus pass before 09:30;

c) Information about new housing and access to public transport and shops is made available.

"I would like more people to be able to use accessible toilets"

a) LD Partnership works together with partners to agree possible ways to make changes.

"I would like to feel safe when I am out and about"

a) Report from Life Opportunities Programme outlines how people are being helped to increase their skills around traveling independently;

b) LD Partnership members share information and good news stories about types of travel training skills they have supported people with LD to develop;

c) Shops and other places display the 'Safe Places' sign and have staff who can support a person with a LD who asks for help 'to be safe'

"I would like there to be training for people who provide transport for people with a learning disability"

a) LD Partnership works together with About with Friends to agree possible ways to provide training for taxi drivers across Norfolk.

"I would like there to be a festival for adults with a learning disability"

a) LD Partnership works together with other agencies & organisations in identifying planning for a festival for adults with a LD in Norfolk.

5. Support for carers

"I want to know what help is out there to support me as a carer

a) Support for carers is made clearer

(Carers Matter provide a Carer Advice Line for people to call (Tel: **0800 083 1148**). and an online self-assessment service. They have a team of Community Advisers who can provide a Care Act Carer's Assessment and Carer's support plan, as well as a range of other types of community support based on the individual carer's needs. They can also refer carers to other organisations as needed);

b) The range of support for carers across Norfolk is identified and shared through the LD Partnership website and other communications, including Carers' Voice Norfolk.

"I want to be able to contact someone when things are getting more difficult for me as a carer"

a) Carers will be able to make to make contact with Adult Services (as expressed within NCC's Customer Service Charter - Norfolk County Council);

b) Carers will be supported in their caring role and to support their physical health & wellbeing.

"It is not clear to me how I can get help for me as a carer"

a) Information for carers is kept up to date;

b) As in point a)

c) Carers Matter Norfolk provides up to date information that can help carers access support for themselves.

"I want to know what will happen when I am too old to continue in my role"

a) Carers are supported to discuss their concerns and make plans for the future;

b) Carers are able to plan for what can happen for the person they care for should something happen to them.

"I need regular breaks to support me to keep on being a carer"

a) Carers receive support to take regular breaks from their caring responsibilities;

b) Carers are able to access a break away from being a carer;

c) Carers Matter Norfolk provides up to date information that can help carers access a range of support.

"I would like to be able to join a carers' support group"

a) LD partnership members identify & share information about range of carer support they identify;

b) Carers Matter Norfolk provides up to date information that can help carers access a range of support.

8. Agreed ways of collecting feedback

As part of developing the Learning Disability Plan, people were able to codesign how they would like to be involved in the ongoing monitoring and feeding back on whether the new plan is working or not. All the feedback was used to design the process that will be used for monitoring the plan, and people were able to identify the wide range of ways that they would like to be involved in giving feedback.

Face to face meetings

Zoom meetings

Using email and/or an online survey

Social media

Using games or tools that help people who do not want to speak, to share their ideas

Having audio or video recordings of the Plan available

Sharing your ideas with someone else who can speak for you

Sending a postcard

It was also highlighted from the 'Looking Back' document and the overall engagement process that there needs to be a commitment by all the LD Partnership members in providing improved communications. This will ensure that more people with a learning disability, their families and the people working or supporting them, are able to find out about how the plan is working and to receive updates in a format they can access, as well as being given the opportunity to engage in providing feedback on whether they feel the plan is working or not. In this way it is envisioned that people living in Norfolk and their carers will feel they are receiving support as part of the agreed LD Plan 2023 – 2028.

Norfolk County Council

Our plan about making life better for people with a learning disability and their carers in Norfolk

this plan is about our work from 2023 to 2028

Norfolk **Adults** Learning Disability Plan 2023 – 2028

About this Plan (1)

We are the Norfolk Adults Learning Disability Partnership, and this includes Norfolk County Council and the NHS Norfolk and Waveney Integrated Care Board and all those providers who we work with.

This plan is about how we will work together to make life better for adults with a learning disability, and their carers, in Norfolk.

All people with a learning disability should have a good, safe and healthy life.

About this Plan (2)

From April 2023 to November 2023, people living in Norfolk with a learning disability and their carers helped make this plan.

More than 201 people across Norfolk with a learning disability and 63 unpaid carers shared their ideas for the new plan.

About this Plan (3)

97 professionals and people from the voluntary sector also shared their ideas for the new plan.

There were other people with a learning disability who shared their ideas with someone who supports them. These ideas were then shared for the plan, but we do not know how many people did this.

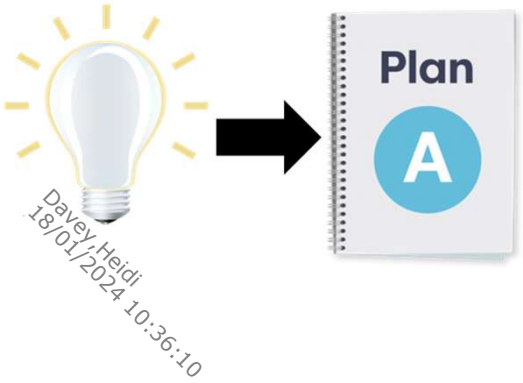
About this Plan (4)

People shared their ideas in face to face meetings across Norfolk or through the easy read and online survey.

This was shared through social media and the Learning Disability Partnership website.

About this Plan (5)

People also sent their easy read questionnaires to us by post *and* other people sent us their ideas by email.



All the ideas and things people had said or written were put together into a first version of the new Learning Disability Plan.

About this Plan (6)

This draft plan was then shared with people to check that it included what people had said and that it made sense.

There were 5 main things people told us were important to support people with a learning disability living in Norfolk.

We have used the words of people with a learning disability and their carers to describe what is important to them in each section.

About this Plan (7)

There are different organisations and charities who support people with a learning disability and their carers.

This easy read plan will describe the main things that the different organisations will do to help.

1. Choices about where I live

I want to move somewhere that will let me have a dog

I want to move nearer the town so that I can be near my friends

I would like to be able to move somewhere that I can cook my own meals instead of these being made for me

I want help to stay living in my own home

I want to be able to choose who I live with

1. The main things we will do

Adult Services and Norfolk County Council Housing Services will share information about the different types of housing for people with a learning disability and what new supported housing is being built.

Members of the Learning Disability Partnership and other providers will share information about the housing support they help people with.

1. The main things we will do

Adult Services and other providers will support people with a learning disability to live independently.

Adult Services will provide equipment or other changes to support a person in the home and to help keep them safe.

2. Being healthy

I want support with my mental health

I want help to get to exercise

I would like to be sent a text to remind me about my health appointment

I want advice about sex and relationships

I want support with health and dentist appointments

I would like help with losing weight

I want help in choosing a healthy diet

2. The main things we will do

Primary Health teams will help people to register with a local doctor and to have an annual health check and health action plan.

Health and learning disability providers will help people register with a local dentist.

Health staff will provide extra support to people with learning disabilities to help them be able to attend hospital and other medical appointments.

2. The main things we will do

Health will provide information about the named learning disability nurse at hospital and how to get help from them.

Specialist learning disability nurses and care providers will support people with information and training about sex and relationships.

Members of the Learning Disability Partnership will share information about the different groups and activities going on in the local area to support better health.

3. Help to be as independent as possible

I would like to feel safe in my own home and when I am out and about

I want help with getting a job

I would like help learning to cook

I want help with managing my money and paying my bills on time

I would like to know about the different things there are for me to do in my neighbourhood

I want to know about what is on in the evenings and weekends that I could join

3. The main things we will do

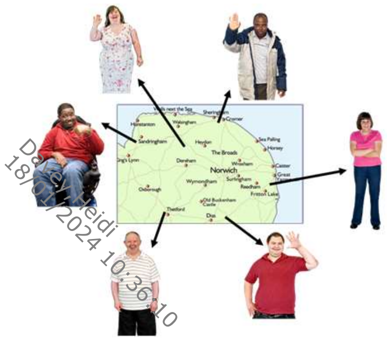
Members of the Learning Disability Partnership, other providers and professionals will work together to find out about the different activities in each area and agree the best way to tell people about these.

Adult Services and learning disability providers will help people with a learning disability into a paid job or other work experience and volunteering opportunities.

3. The main things we will do

Norfolk County Council and learning disability providers to tell people about the help for people to manage their money.

Members of the Learning Disability Partnership will tell people about the different groups and activities going on in the local area to help a person feel more independent.



Learning Disability Partnership to develop a wider network of members to develop support available across Norfolk.

4. Getting out and about

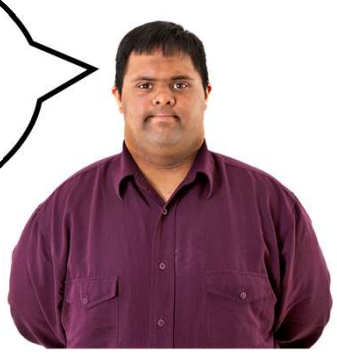
I want there to be more public transport where I live

I would like there to be a festival for adults with a learning disability

I would like there to be training for people who provide transport for people with a learning disability

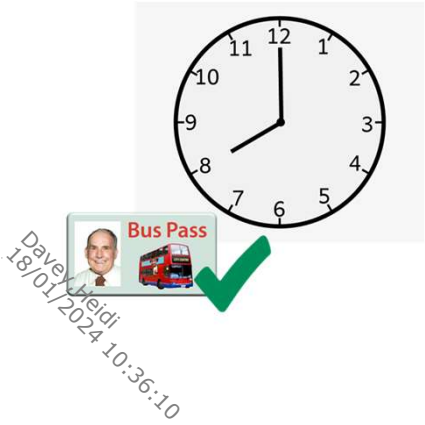
I would like to feel safe when I am out and about

I would like more people to be able to use accessible toilets



4. The main things we will do

Adult Services and learning disability providers to help people with travel training.



Learning Disability Partnership members to look at ways to help people to use their bus pass to travel to work before 09:30.

4. The main things we will do

Members of the Learning Disability Partnership will work together to find out how 'Safe places' can be re-started to help people feel safe when they are out and about.

Adult Services, Health partners and other Learning Disability Partnership members to link with About with Friends to see what training is available for taxi drivers to support people with learning disabilities.

5. Support for unpaid carers

I want to know what help is out there to support me as a carer

I want to know what will happen when I am too old to continue in my role

I want to be able to contact someone when things are getting more difficult for me as a carer

It is not clear to me how I can get help

I would like to be able to join a carers support group

I need regular breaks to support me to keep on being a carer

5. The main things we will do

Adult Services, including Business Lead for Carers and Norfolk Carers Matter will make it clearer what support carers can get and how they can get this.

Adult Services and Norfolk Carers Matter will provide contact information for carers to use for when things are changing or getting harder for them.

Members of the Learning Disability Partnership will collect and share information about what support is available nearby for carers, such as carer support groups.

How we will check whether the plan is working or not (1)

As part of putting this plan together, people with learning disabilities, carers and other professionals and providers shared their ideas for how they can provide feedback on whether the new plan is working or not.

It was agreed that people will be helped to share their ideas in different ways, and to make sure their ideas are at the centre.

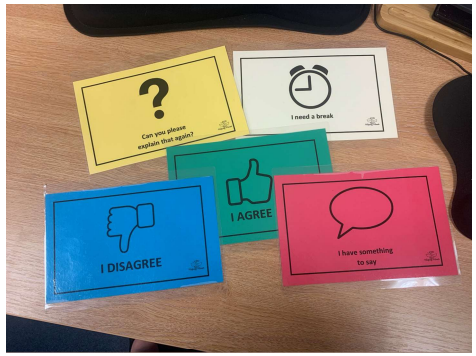
How we will collect feedback (1):

Face to face meetings

Zoom meetings

Using email and / or an online survey

How we will collect feedback (2):



Using games or tools that help people who do not want to speak, to share their ideas

Having audio or video recordings of the Plan available

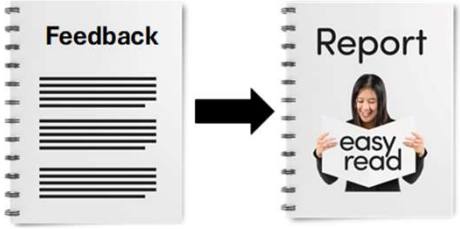
Sharing your ideas with someone else who can speak for you

How we will collect feedback (3):

Social media

Sending a postcard

How we will check whether the plan is working or not (2)

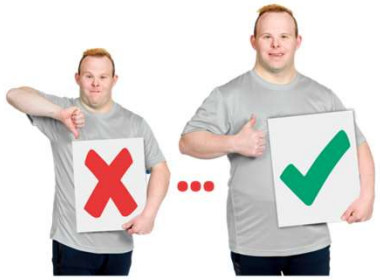


Every 6 months, members of the Learning Disability Partnership Board will gather together all the feedback from as many people as possible and put this into a report.

The Learning Disability Partnership Board will share this report with the Norfolk and Waveney Learning Disability and Autism Programme Board every 6 months.

This Programme Board includes people from the NHS, Norfolk County Council and organisations they work with.

How we will check whether the plan is working or not (3)



The Programme Board are responsible for checking whether the Learning Disability Plan is working or not and looking at what changes are needed to make it better.

Members of the Learning Disability Partnership will share information to let people know how the plan is working.

This information will be shared in different ways so that as many people as possible can hear how the Learning Disability Plan is working, or what changes are being made.

Detailed Delivery Plan for the agreed Learning Disability Plan 2023 - 2028

Delivery of The Learning Disability Plan 2023 - 28 will be led by the **Norfolk & Waveney Learning Disability and Autism Programme Board** which includes people from Norfolk County Council and the Integrated Care Board and other health partners.

The **Learning Disability Partnership Board** will have a role to monitor what is, and what is not, being delivered from the Partnership's perspective and to feed this into the Programme Board.

The Learning Disability Partnership Board will support sharing information from the partners in relation to progress towards agreed actions to assist in improved communications and updates on 'You said, what we are doing / have done'.

There are five identified priority areas:
1. Where I live;
2. Being Healthy;
3. Being independent;
4. Getting out and about; and
5. Support for unpaid carers.

Please click on each of the Tabs below to identify the specific actions and who is responsible for carrying out the action and reporting back on progress being made.

Detailed Delivery Plan for the agreed Learning Disability Plan 2023 - 2028

1 CHOICES ABOUT WHERE I LIVE

Expressed outcome (shared by people in co-production or in the online survey)	Key Actions (what will be done to help achieve this)	Timescale (when will we realistically achieve this?)	Who will be doing this (and any partners)	Who will report back on this to the Programme Board?	How will you know if we are successful?	Latest Update	Completed? (YES/NO)
(i) I want to be able to choose who I live with.	a) We will support people to think about where they would like to live and who they would like to live with as part of their Care Act assessment & plan of support.	Ongoing	Adult Services Operational Teams	Assistant Director Integrated Operations	Individuals report that they felt able to choose where they live and who they live with (or live by themselves)		
	b) We will develop promotional / educational materials to help the Council provide better information about the different types of housing being developed and how to help people find a place to live	2024	Specialist Housing team (NCC)	Specialist Housing report	Production of 4 case study videos and an animated educational overview video to help individuals and carers understand the different housing options available.		
	c) We will provide more easy read information to explain the specialist housing options in Norfolk. (See also current easy read Supported housing information).	2024 - 2028	Specialist Housing team (NCC)	Specialist Housing report	Easy read information will be available to provide clear information to support people to understand the different housing schemes.		
	d) LD Partnership members will share information about the housing support they are providing.	2024 - 2028	LD Partnership members	Report from LD Partnership Board	LD Partnership website will share good news stories and data about people helped to find their choice of home.		
	e) Through the Promoting Independence pilot for Life Opportunities, we will work with providers and individuals to identify established friendship groups who require accommodation to help them in choosing who they want to live with.	2024 - 2025	LD Commissioning	Assistant Director Integrated Operations	Report from Life Opportunities Programme outlines how people are being helped to increase their friendship skills.		
(ii) I want help to stay living in my own home.	a) We will support people to think about where they would like to live and what help they might need to stay living at home, as part of their Care Act assessment & plan of support.	Ongoing	Adult Services Operational Teams	Adult Services Operational Teams	Individuals are supported to make a choice about where they will live and understand the possible care options to enable them to stay at home.		
	b) We will make sure that people have the right equipment and technology to feel safe and happy in their home.	Ongoing	Adult Services and support from Assistive Technology team	Assistant Director Integrated Operations	More people will benefit from home adaptations to meet their needs.		
	c) Support from Integrated Housing Adaptation Teams to help people access Disabled Facility Grants available through district councils,	Ongoing	Integrated Housing Adaptation Teams	Assistant Director Housing & Capital programme	Data about numbers supported will be shared annually.		

(iii) I would like to be able to move to my own home so that I can cook my own meals instead of these being made for me.	a) We are investing in building more types of housing to support people with a learning disability to live as independently as possible, which can include having access to a kitchen.	2026	Specialist Housing Team & LD Commissioning	Assistant Director Integrated Operations	181 new homes for people with LD and / or autism made available across Norfolk. Implementation of Small Support Programme for bespoke housing opportunities is carried out.		
	b) We will publish information on the Specialist Housing website.	Ongoing	Specialist Housing Team	Specialist Housing report	Information about the different types of housing available is published on the Specialist Housing website.		
	c) We will support people to develop the skills they need to move into their own home.	Ongoing	Adult Services Operational Teams & LD Commissioning	Assistant Director Integrated Operations	Increase in number of people being supported to develop independence skills to manage their own home, or with specific support.		
(iv) I want to move nearer the town so that I can be nearer my friend(s).	a) Development of housing solutions in market towns so that people are close to local facilities.	2026	LD Commissioning and Specialist Housing Team	Specialist Housing report	Responding to what people have told us, the majority of new homes to be in market towns or the city, and to be in a range of locations covering all districts across Norfolk.		
(v) I want to move somewhere that will let me have a dog.	a) We will explain about the different types of housing available.	Ongoing	Adult Services & Specialist Housing	Specialist Housing report	Supported Living webpages that remain up to date with the information people need to make decisions about their housing.		
	b) Development of a range of housing solutions across Norfolk, including working with landlords to encourage pets to be permitted in housing.	2026 - 2028	Specialist Housing Team & LD Partnership providers	Specialist Housing report & report from LD Partnership Board	Good news stories from providers about range of housing support being provided is shared on LD Partnership website and communicated more widely. Scheme is introduced to support responsible pet ownership.		

Detailed Delivery Plan for the agreed Learning Disability Plan 2023 - 2028

2 BEING HEALTHY

Expressed outcome (shared by people in co-production or in the online survey)	Key Actions (what will be done to help achieve this)	Timescale (when will we realistically achieve this?)	Who will be doing this (and any partners)	Who will report back on this to the Programme Board?	How will you know if we are successful?	Latest Update	Completed? (YES/NO)
(i) I want support with health and dentist appointments.	a) Support to register with a local doctor and to receive an annual health check and health action plan (which includes dental check information). See helpful LeDeR video. Form to complete before health check.	Ongoing	Primary Care	Annual LeDeR report	A minimum of 75% of people with LD will have an annual health check and 100% of those people will have a health action plan as part of their annual health check.		
	b) We will support people to register with a dentist.	2024 - 2028	Primary Care & Community Health teams	Norfolk & Waveney ICB	More people are able to register with a dentist.		
	c) We will identify those individuals who need extra support and preparation to attend appointments, such as desensitisation support for blood tests and preparation for screening appointments.	Ongoing	Primary Care & Community Health teams	Norfolk & Waveney ICB	More people attend screening appointments and feel better prepared for medical appointments.		
	d) We will involve the familiar carer in a person's support where this is needed.	2024 – 2028	Acute & Community Health teams	Norfolk & Waveney ICB	The health action plan is shared with the community teams and family / carer, as well as the person with a LD. Health will request evidence from providers about how they support individuals and their carers.		
	e) We will support staff at hospitals to make sure they make decisions about people with a LD in the right way.	2024 – 2028	Acute & Community Health teams	Norfolk & Waveney ICB	Evidence of compliance with Mental Capacity Act and good documentation / medical records. Health will provide information about the experience of the patient, family and carer as they navigate health services.		
	f) We will provide information about the named LD nurses at hospitals.	2024 – 2028	Acute & Community Health teams	Norfolk & Waveney ICB	People will be able to find information about support for a person with a LD in hospital.		
	g) We will involve advocacy & care coordination support for those with complex health profiles and limited social support.	2024 – 2028	Acute & Community Health teams & Advocacy support.	Norfolk & Waveney ICB	People with LD and their familiar carers receive advocacy support to help in understanding complex health needs and plan of support.		
(ii) I want support with my mental health.	a) We will work with health professionals, care providers, families, and learning-disabled people to ensure no one is on too much medication.	Ongoing	Medicines Optimisation, Community Learning Disability Teams, LD Psychiatry Service.	Norfolk & Waveney ICB	There will be a reduction in pharmacological responses to managing learning disabled people in the community.		

	b) We will monitor the progress of anyone held in seclusion or segregation in inpatient settings and provide support to ensure efforts are made to mitigate this from happening.	Ongoing	NHS providers and private inpatient hospital	Norfolk & Waveney ICB	There will be a reduction in the cases/incidents that require seclusion or segregation.		
	c) We are going to Transform Inpatient Provision	2024 – 2028	Hertfordshire Partnership Foundation Trust (HPFT) / Norfolk & Suffolk Foundation Trust (NSFT).	Norfolk & Waveney ICB and NHSE	An improvement in poor quality and outdated services, sees less people needing to go out of county for an inpatient admission; a reduction in length of stay and ensuring needs led admission, on basis of needs not diagnosis.		
	d) **Intensive Support** - Intensive Support will be available to Learning Disabled people entering a crisis in the community, who have been flagged to the Intensive Support Services through the use of the Dynamic Support Register.	2024 – 2028	Norfolk Community Health Care / HPFT	Norfolk & Waveney ICB	There will be a reduction in hospital admission or admission avoidance work of learning-disabled people as we work with people more proactively before a crisis emerges.		
	e) We will support more people to access a Personal Health budget.	2024 – 2028	Small Supports Project and Individual Service Funds project.	Norfolk and Waveney ICB and Norfolk County Council.	We will see an increase in people entitled to NHS Continuing Healthcare and subject to Section 117 aftercare being considered for Personal Health budgets.		
	f) We will transform our approach in services to understand behaviour and how to mitigate risk, in a positive way, building on people's strengths with the use of the Positive Behaviour Support approach.	2024 – 2028	Small Supports Project and Individual Service Funds project.	Norfolk & Waveney ICB and Norfolk County Council.	A better understanding of behaviour will emerge with the continued effort to roll out Positive Behaviour Support training and extra support for care providers, in this area of specialism. Implementation of the pilot of the specialist positive behaviour support service and see a corresponding increase in quality improvement in LD services.		
(iii) I want help in choosing a healthy diet.	a) We will support people to eat better (and this will be recorded as part of the health action plan)	Ongoing	Primary Care, Specialist Dieticians, Community Health teams and all care providers	Norfolk & Waveney ICB	Increase in the number of people with LD being supported to eat better.		
	b) We will work with all care environments to train staff around supporting residents with better nutrition and building more exercise into social activities	2024 - 2028		Annual LeDeR report & Care Quality reports.	Care Quality reports will outline improved focus on weight management.		
(iv) I want help to get exercise.	a) We will support people to live healthier lives by exercising more.	Ongoing	Primary Care, Community Health teams and all care providers	Norfolk & Waveney ICB & Assistant Director Integrated Operations	Increase in the number of people being supported to increase their levels of exercise.		

	b) We will share information about the different groups and activities available in the local area to support better health. (This includes information available from Active Norfolk).	2024 - 2028	Primary Care, Community Health & LD Partnership members	Report from LD Partnership Board	Information about the range of different activities available to help people with LD live healthier lives is shared across the LD partnership.		
(v) I want help in losing weight.	a) We will work with all care staff to help learning disabled people lose weight and be more active.	2024 - 2028	Primary Care, Community Health teams and all care providers	Norfolk & Waveney ICB	Increase in the number of people with LD being supported to lose weight.		
	b) We will support people to live healthier lives (and this will be recorded as part of the health action plan).	ongoing	Primary Care, Community Health teams & Specialist LD nursing services	Annual LeDeR report	Increase in the number of people with LD being supported to live more healthy lives.		
(vi) I want advice about sex & relationships.	a) We will support people with information and training about sex and relationships. In the community people can self-refer to access free Integrated Contraception and Sexual Health Service (ICaSH).	2024 - 2028	Primary Care & ICaSH services, Specialist LD services and Norfolk care providers	Norfolk & Waveney ICB & Assistant Director Integrated Operations	People with LD, and their carers, can receive information and support to be able to discuss sex and relationships as outlined by the Care Quality Commission.		
(vii) I would like to be sent a text to remind me about my health appointment.	a) We will provide information for people in a way they understand, such as using hospital passports.	2024 – 2028	Primary, Acute & Community Health teams	Norfolk & Waveney ICB	People receive information about their health in a way they understand.		
	b) We will ensure that person centred reasonable adjustments are made in communicating with a person with LD as part of helping individuals to access their health care support. (This includes supporting people who cannot use technology or text messages)	2024 – 2028	Primary, Acute & Community Health teams	Norfolk & Waveney ICB	People receive individualised support. Familiar carers are involved in the decision-making around the person's care and support in line with the Mental Capacity Act.		

Detailed Delivery Plan for the agreed Learning Disability Plan 2023 - 2028

3 HELP TO BE AS INDEPENDENT AS POSSIBLE

Expressed outcome (shared by people in co-production or in the online survey)	Key Actions (what will be done to help achieve this)	Timescale (when will we realistically achieve this?)	Who will be doing this (and any partners)	Who will report back on this to the Programme Board?	How will you know if we are successful?	Latest Update	Completed? (YES/NO)
(i) I want help with getting a job.	a) We will support people who are currently being supported by Adult Social Services, into paid employment through help from the Norfolk Employment Service or the Life Opportunities – Skills & Employment pathway with Day Services.	2024-2028	Employment Team (Adult Services) & Life Opportunities providers supported by LD Commissioning	Assistant Director Integrated Operations	There is an increase in the number of people with a LD, known to Adult Social Services, getting into paid employment (goal of 10% by 2028).		
	b) We will support people with a LD and / or autism into employment through the Local Supported Employment (LSE) Scheme.	LSE Scheme ends March 2025	Employment Team	Assistant Director Integrated Operations	There is an increase in the number of people with a LD and / or autism being supported into employment (goal of 30% of LSE participants by March 2025)		
	c) We will work with employers to become 'Disability Confident' and more able to support someone with a LD at work.	Ongoing	Employment Team (Skills & Employment Team)	Assistant Director Integrated Operations	Information about number of Norfolk employers who are registered as 'Disability Confident' is published on gov.uk website.		
	d) As a partnership, we will share information about the types of employment support we are offering and will also signpost people to things such as supported internships, apprenticeships or vocational training.	2023 - 2028	LD Partnership members	Report from LD Partnership Board	LD Partnership members share information and good news stories about people with LD they have supported into employment.		
(ii) I would like to know about the different things there are for me to do in my neighbourhood.	a) We will help people to find out about the different activities they can do as part of the Life Opportunities - Promoting Independence or Enriching Lives support from day services.	2024 – 2028	LD Commissioning & Adult Services Operational Teams	Assistant Director Integrated Operations	As part of the Life Opportunities Scheme, individuals are able to choose a range of activities they can access, including things like gardening and working with animals.		
	b) As a partnership, we will agree the best way to work together with the different organisations and available resources as part of identifying the range of community support & activities available for people with a LD. See Information about social prescribers. ~~See Information about Community Connectors~~ See Information also available from Norfolk Community Directory.	2024 – 2028	LD Partnership members, including links with Community Connectors, Libraries, Adult Learning, Social prescribers & Development workers.	Report from LD Partnership Board	LD Partnership Board develops wider network of members to extend ability of the LD Partnership to broaden knowledge about range of support being provided across Norfolk.		

	See Information about courses from Adult learning.						
	c) As a partnership we will identify the best ways of sharing information about the range of activities available in each area for a person with a LD, to help people know about what is available in their area as each locality may have different things available.	2024 - 2028	LD Partnership members	Report from LD Partnership Board	People with LD, their families and care providers are able to find out about a wide range of activities available for a person with LD in Norfolk.		
(iii) I would like help learning to cook.	a) As part of a person's Care Act assessment or Review, & plan of support we will discuss how to help a person develop their independence skills.	Ongoing	Adult Services Operational Teams	Assistant Director Integrated Operations	Increase in number of people being supported to develop independence skills.		
	b) We will help people to develop life skills through the Life Opportunities - Promoting Independence support from day services.	2024 – 2028	LD Commissioning	Asst Director Integrated Operations	Report from Life Opportunities Programme outlines how people are being helped to increase their life skills.		
	c) As a partnership, we will share information about the types of support to develop independence skills we are offering and other local information such as Adult learning.	2024 - 2028	LD Partnership members	Report from LD Partnership Board	LD Partnership members share information and good news stories about types of skills they have supported people with LD to develop.		
(iv) I would like to feel safe in my own home and when I am out and about.	a) We will take any safeguarding concerns seriously and will encourage an individual to talk to someone they trust and ask for their help to report this Safeguarding concern. See easy read protecting adults information.	Ongoing	Adult Services Operational Teams, Health teams, Adult Safeguarding Team and Norfolk Safeguarding Adults Board	Norfolk Safeguarding Adults Board report	Safeguarding report outlines Norfolk's partnership work in seeking to keep people safe and free from abuse and neglect.		
	b) We will support people with complex needs to learn skills to keep themselves safe through the Life Opportunities – Enriching Lives support from day services.	2024 – 2028	LD Commissioning	Assistant Director Integrated Operations	Report from Life Opportunities Programme outlines how people are being supported to keep safe through the Enriching Lives support.		
	c) We will support the commitment to safeguarding principles in helping someone with a LD to understand about keeping themselves safe. **See other resources:** Making Safeguarding Personal - YouTube Tricky Friends animation | Norfolk Safeguarding Adults Board	2024 – 2026	LD Partnership members, Adult Services, Health teams and Norfolk Safeguarding Adults Board	Norfolk Safeguarding Adults Board report	Safeguarding report outlines Norfolk's partnership work in making sure people with a LD and staff supporting them receive updated safeguarding training to support people with a LD from abuse or neglect.		

(v) I would like to know about what is on in the evenings and weekends that I could join.	a) As a partnership, we will agree the best way to work together with the different organisations and available resources as part of identifying and sharing information about the range of community support & activities available in the evenings and at weekends for people with a LD.	2024 - 2028	LD Partnership members, including links with Community Connectors, Libraries, Social prescribers & Development workers.	Report from LD Partnership Board	Information about activities and events for people with LD that are on in the evenings or at the weekends is made available		
(vi) I want help with managing my money and paying my bills on time.	a) We will help people to develop life skills around handling money through the Life Opportunities – Skills & Employment support from day services.	2024 – 2028	LD Commissioning	Assistant Director Integrated Operations	Report from Life Opportunities Programme outlines how people are being helped to increase their life skills.		
	b) As part of a person's Care Act assessment or Review, & plan of support we can discuss support for a person to develop the money management skills and possible support from the Money Support Service.	Ongoing	Adult Services Operational teams and NCC Finance team	Assistant Director Integrated Operations	People feel able to discuss possible support to help them manage their money and find support to help with this.		
	c) As a partnership, we will share information about the types of support with money management skills we are aware of locally.	2024 - 2028	LD Partnership members	Report from LD Partnership Board	LD Partnership members share information and good news stories about how they have supported people with LD to develop money management skills.		

Detailed Delivery Plan for the agreed Learning Disability Plan 2023 - 2028

4 GETTING OUT & ABOUT

Expressed outcome (shared by people in co-production or in the online survey)	Key Actions (what will be done to help achieve this)	Timescale (when will we realistically achieve this?)	Who will be doing this (and any partners)	Who will report back on this to the Programme Board?	How will you know if we are successful?	Latest Update	Completed? (YES/NO)
(i) I want there to be more public transport where I live.	a) We will work together with partners involved in making improvements to public transport to share ideas for improvements.	2023 – 2028	Links with Active Norfolk, Community Connectors and other agencies	Report from LD Partnership Board	The LD Partnership members are able to link with relevant agencies to provide feedback & make improvements.		
	b) We will explore ways to enable people to use their bus pass to travel to work for free before 09:30 (currently, people with a bus pass pay the reduced 'concessionary' rate if they travel before 09:30)	2024 - 2025	LD Partnership members to identify key links to help with this.	Report from LD Partnership Board	The LD Partnership works together with partners to agree possible ways to make changes so that people can use their bus pass before 09:30.		
	c) We will consider the availability of good transport links when developing new housing provisions.	Ongoing	LD Commissioning and Specialist Housing Team	Specialist Housing report	Information about new housing and access to public transport and shops is made available.		
(ii) I would like more people to be able to use accessible toilets.	a) We will work together with partners to identify ways of improving access to toilets for the disabled across Norfolk. See information about Changing Places.	2025 - 2026	LD Partnership members to identify key people to help with this, including links with Community Health, Community Connectors, Social Prescribers & Development workers.	Report from LD Partnership Board	LD Partnership works together with partners to agree possible ways to make changes		
(iii) I would like to feel safe when I am out and about.	a) We will support people to feel confident in travelling independently using travel training such as Titan for Adults or other travel training provided as part of Life Opportunities – Skills & Employment support from day services	Ongoing	Adult Services Operational teams, Preparing for Adult Life Service & LD Commissioning	Assistant Director Integrated Operations	Report from Life Opportunities Programme outlines how people are being helped to increase their skills around traveling independently.		
	b) We will help people to develop skills around being able to travel independently, including help to access support from Adult Learning if appropriate.	2024 – 2028	LD Partnership members	Report from LD Partnership Board	LD Partnership members share information and good news stories about types of travel training skills they have supported people with LD to develop.		

	c) As a partnership, we will work together to identify how the Safe places Scheme could be re-started to help people find a ‘safe place’ when they are out in the community.	2025 - 2026	LD Partnership members, including links with Community Connectors, Social prescribers & Development workers.	Report from LD Partnership Board	Shops and other places display the ‘Safe Places’ sign and have staff who can support a person with a LD who asks for help ‘to be safe’.		
(iv) I would like there to be training for people who provide transport for people with a learning disability.	a) We will explore what training we could use to help taxi and bus drivers in supporting people with a LD.	2024 - 2025	LD Partnership members	Report from LD Partnership Board	LD Partnership works together with About with Friends to agree possible ways to provide training for taxi drivers across Norfolk.		
(v) I would like there to be a festival for adults with a learning disability.	a) As a partnership, we will work together to explore the various options and funding help to plan for a festival for adults with a LD in Norfolk.	2026-2027	LD Partnership members and possible help from other partners.	Report from LD Partnership Board	LD Partnership works together with other agencies & organisations in identifying planning for a festival for adults with a LD in Norfolk.		

Detailed Delivery Plan for the agreed Learning Disability Plan 2023 - 2028

5 SUPPORT FOR UNPAID CARERS

Expressed outcome (shared by people in co-production or in the online survey)	Key Actions (what will be done to help achieve this)	Timescale (when will we realistically achieve this?)	Who will be doing this (and any partners)	Who will report back on this to the Programme Board?	How will you know if we are successful?	Latest Update	Completed? (YES/NO)
(i) I want to know what help is out there to support me as a carer.	a) We will clarify what support carers can access using the Norfolk County Council website and the types of support available from Carers Matter Norfolk.	Ongoing	Adult Social Services & Carers Matter Norfolk	Report from Operational Business lead – Carers & Carers Matter	Support for carers is made clearer. (Carers Matter provide a Carer Advice Line for people to call (Tel: 0800 083 1148).and an online self-assessment service. They have a team of Community Advisers who can provide a Care Act Carer's Assessment and Carer's support plan, as well as a range of other types of community support based on the individual carer's needs. They can also refer carers to other organisations as needed).		
	Carers Matter Norfolk offer printed resources to organisations / people who request them.						
	b) We will share information about the different groups and support available in the local area to help carers.	2024-2028	Health partners, LD Partnership members & Carers' Voice	Report from LD Partnership Board	The range of support for carers across Norfolk is identified and shared through the LD Partnership website and other communications, including Carers' Voice Norfolk.		
(ii) I want to be able to contact someone when things are getting more difficult for me as a carer.	a) We will provide contact information for carers for when things are changing or getting more challenging (**Tel: 0344 800 8020** or Text Relay (18001 0344 800 8020)	Ongoing	Adult Social Services	Assistant Director Integrated Operations	Carers will be able to make to make contact with Adult Services (as expressed within NCC's Customer Service Charter - Norfolk County Council)		
	b) Carers Matter provide telephone support for carers and offer a resource of information and access to a range of possible support, including linking with Adult Social Services as needed.	Ongoing	Carers Matter Norfolk	Report from Operational Business lead – Carers & Carers Matter	Carers will be supported in their caring role and to support their physical health & wellbeing		
(iii) It is not clear to me how I can get help for me as a carer.	a) As part of our Care Act assessment or review of the person you care for, we will also discuss possible support for you as a carer. (This may include support to specifically recognise yourself as an (unpaid) carer)	Ongoing	Adult Services Operational Teams & Health partners	Assistant Director Integrated Operations	Information for carers is kept up to date.		
	b) We will provide information about help for carers through an online form	Ongoing	Adult Services Operational Teams & Health partners	Assistant Director Integrated Operations	As in point a)		
	or by completing a Carers online request.						

	c) We will provide information about how to get support from Carers Matter Norfolk.	Ongoing	Carers Matter Norfolk	Report from Operational Business lead – Carers & Carers Matter	Carers Matter Norfolk provides up to date information that can help carers access support for themselves.		
(iv) I want to know what will happen when I am too old to continue in my role.	a) As part of our Care Act assessment or review of the person you care for, we will discuss with you planning for the future care of the person with a LD, such as helping the person develop their independence skills or planning for alternative care or move into own housing.	Ongoing	Adult Social Services	Assistant Director Integrated Operations	Carers are supported to discuss their concerns and make plans for the future.		
	b) Carers can complete a Carer's Emergency plan or by calling Tel: 0344 800 8020 Or through Carers Matter Norfolk.	Ongoing	Carers Matter Norfolk	Report from Operational Business lead	Carers are able to plan for what can happen for the person they care for should something happen to them.		
(v) I need regular breaks to support me to keep on being a carer.	a) As part of our Care Act assessment or review of the person you care for, we will look at providing replacement care for the person you care for, to allow the unpaid carer to have a break.	Ongoing	Adult Social Services	Assistant Director Integrated Operations	Carers receive support to take regular breaks from their caring responsibilities.		
	b) We will work together with health & care providers in providing carer break / respite.	2023-2028	Adult Social Services, Health partners and care providers	Assistant Director Integrated Operations	Carers are able to access a break away from being a carer.		
	c) Carers Matter Norfolk offer planned short-term breaks which can be accessed by contacting them via their website or by their Carer Advice Line.	Ongoing	Carers Matter Norfolk	Report from Operational Business lead – Carers & Carers Matter	Carers Matter Norfolk provides up to date information that can help carers access a range of support.		
(vi) I would like to be able to join a carers' support group.	a) We will identify and share information about the range of carer support available in each area, including carer support groups.	2023 - 2028	LD Partnership members	Report from LD Partnership Board	LD partnership members identify & share information about range of carer support they identify.		
	b) Carers Matter Norfolk have a full list of carer support groups and provide information about these on their website, newsletter, or by telephoning (Tel: 0800 083 1148).	Ongoing	Carers Matter Norfolk	Report from Operational Business lead – Carers & Carers Matter	Carers Matter Norfolk provides up to date information that can help carers access a range of support.		

Norfolk County Council

Equality impact assessment (EqIA) template

Tip: You have a ‘duty of inquiry’.

This means you must consider what evidence is required to undertake this assessment and whether further information may be needed. If you do not have relevant evidence, there is a duty to acquire it.

Your assessment must be genuine and objective.

It may be considered inadequate if issues are only partially considered, missed or if relevant evidence is missing from the assessment.

1. Title of EqIA

Working in partnership with people to develop a new Norfolk Adults Learning Disability Plan 2023-2028.

2. What is the aim of the proposal? (max. 250 words)

Tip: Summarise here the aim of your ‘proposal’ in max. 250 words.

Your ‘proposal’ could be anything – a change to a service; an existing or new service, policy, or procedure; a way of working; a project or a funding bid.

In developing a new Norfolk Adults Learning Disability Plan (formerly known as ‘Strategy’) there is the commitment to ensuring that people with a learning disability and their parent or carer in Norfolk are involved from the start, and have an ongoing role in how the plan is co-designed, including how they will be involved in the ongoing evaluation and monitoring of the finished plan, as part of regular reviews of the plan over the next five years.

3. Context to the proposal

Tip: Summarise any context it is important to be aware of – e.g., the proposal may be required to meet legal requirements or achieve savings.

If this information is available in another document, you can provide a hyperlink to avoid repeating the same information.

A new Norfolk Adults Learning Disability Plan (formerly known as ‘Strategy’) needs to be developed as the previous LD Strategy was for 2018-2022. This new LD Plan will be developed in partnership with members of Norfolk Adults LD Partnership which includes Norfolk County Council, Norfolk & Waveney

Integrated Care Board and the various organizations who work with NCC and the ICB. The LD Partnership also includes people with a learning disability and carers, as well as professionals and providers.

In responding to feedback from people about the previous 2018-2022 LD Strategy, it was identified that people did not know what had been achieved, and what still needed doing. As a result, an easy read and non-easy read 'Looking Back on the LD Strategy 2018-2022 – You said, we did' will be shared with people as part of starting the process to gather people's ideas about what needs to be in the new LD Plan 2023 – 2028.

It is acknowledged that as many people as possible will be helped to share their views and ideas to be included as part of developing a new LD Plan, and so people will be enabled to share their ideas in a range of ways including face-to-face meetings across Norfolk from June through to November 2023 and through feedback received by email, by post or through an online and easy read survey. Providers working with people with a LD will also be asked to help in consulting with people with a LD as part of gathering their views and ideas to develop the agreed LD Plan.

The Norfolk Adults LD Partnership Board will be responsible for gaining agreement from Board members for the suggested easy read LD Plan. Alongside the easy read plan, there will be a non-easy read plan outlining the context for the LD Plan and providing more details of the specific actions to be taken by practitioners to meet the identified outcomes expressed by people with a LD and their parent or carer.

4. Who will the proposal impact on?

Tip: Please select all groups that may be affected.

☐ Everyone in Norfolk

☒ A particular group or cohort of people - please state who they are:

Adults with a learning disability living in Norfolk and their unpaid carer, as well as professionals working with these people as part of providing support for people with a learning disability and their carer to live a good life in Norfolk.

☐ Employees

☒ External organisations

☐ Other - Please state if anyone else will be affected:

Click or tap here to enter text.

5. The numbers of people affected

Tip: Please estimate (as accurately as possible) the overall number of residents, service users and/or employees directly affected by your proposal.

It is estimated that there will be 3541 people with a primary support reason of 'Learning Disability Support' being supported by Adult Social Services in 2023. From Health records, it is reported that in April 2023, there were 6683 adults in Norfolk registered as having a learning disability. Unpaid carers of people with a LD are also to be supported but there are no specific figures at this time, but it is intended that future recording will enable a clearer picture of carers involved to be developed.

There is no specific data about number of people across Norfolk working to support people with a LD but this LD Plan will involve everyone supporting a person with a LD and their carer to live a good life in Norfolk, and will have the opportunity to contribute their ideas in the development of a new LD Plan.

6. The demographic profile of the people affected

Tip: Please estimate the protected characteristics of the people affected:

- Age range
- Sex
- Disability
- Ethnicity/race
- Sexual orientation
- Religion/belief
- Gender reassignment
- Members of the armed forces, their families, or veterans.

For example, "The majority of service users affected will be over the age of 65 and include people with a range of disabilities including…".

The majority of service users will be adults (aged 18 or over) with a moderate to severe learning disability.

Figures indicate that 42% of LD service users are female and 58% male.

96% of service user with a LD report that they are white. Figures for other ethnic groupings can only be recorded as less than 5%.

There is insufficient data to report on reported sexuality, religious belief or gender reassignment for people with a LD.

There is no specific data about members of the armed forces who may have an adult child or carer with a LD but it is hoped that information about support as part of the new LD Plan will be made widely known across Norfolk.

7. Evidence gathering

Tip: This section considers what will happen if the proposal goes ahead.

Please tick all the statements that apply.

If the proposal goes ahead:

☒ It will help to deliver our Council vision and strategy.

If you cannot tick this, please explain why: Click or tap here to enter text.

☒ Service users will not experience any reductions in the quality, standards, or level of services or benefits they **currently** receive.

If you cannot tick this, please explain why: Click or tap here to enter text.

☒ Service users who currently receive a service or benefit will continue to do so. Something will not be taken away from them which they have previously had access to.

If you cannot tick this, please explain why: Click or tap here to enter text.

☒ No changes are proposed to eligibility criteria for services or benefits.

If you cannot tick this, please explain why: Click or tap here to enter text.

☒ The proposal will not change how service users experience existing services or benefits – e.g., opening hours or travel arrangements.

If you cannot tick this, please explain why: Click or tap here to enter text.

☐ The proposal will not lead to new or increased costs for service users or employees.

If you cannot tick this, please explain why: In developing this new LD Plan, it is not intended that there will be increased costs for service users but if as a result of the consultation, it is agreed that there are to be some agreed ways of making changes to delivery of services, then this could have a cost impact.

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☒ There will be no changes to staffing structures or staff terms or conditions.

If you cannot tick this, please explain why: Click or tap here to enter text.

☒ If we consult on the proposal, this will be accessible for disabled people. We will include people with different protected characteristics.

If you cannot tick this, please explain why: Click or tap here to enter text.

8. Potential impact for each protected characteristic

Tip: You've considered what will happen if the proposal goes ahead.

You now need to think about how it could impact specifically on people with protected characteristics – for example:

- Whether it presents an opportunity to promote equality for people with protected characteristics.
- Whether it could unintentionally disadvantage people with protected characteristics.

You might find it helpful to remind yourself about the typical barriers that people with protected characteristics face when accessing services and employment. If so, we've included examples in **Annex 1**.

8.1. People of different ages

- Will the proposal unintentionally disadvantage people of different ages – or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

8.2. Disabled people

- Will the proposal unintentionally disadvantage disabled people – or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

Tip: If you intend to use physical premises, equipment, furniture, physical or digital information or technology to deliver your proposal, please follow the Council's agreed procedures for implementing this, to ensure that access for disabled people is built into the design. For guidance, email accessibility@norfolk.gov.uk

8.3. People from different ethnic groups

- Will the proposal unintentionally disadvantage people from different ethnic groups – or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all.. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

8.4. People with different sexual orientations

- Will the proposal unintentionally disadvantage people with different sexual orientations – or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all.. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

8.5. Women and men

- Will the proposal unintentionally disadvantage women or men – or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

8.6. Non-binary, gender-fluid and transgender people

- Will the proposal unintentionally disadvantage non-binary, gender fluid or transgender people – or will it promote equality and ease of access? . It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

8.7. People with different religions and beliefs

- Will the proposal unintentionally disadvantage people with different religions and beliefs – or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

8.8. People from the armed forces, their families, and veterans

- Will the proposal unintentionally disadvantage people from the armed forces, their families, and veterans, or will it promote equality and ease of access? It is intended that the development of this new LD Plan for adults with a learning disability and their carer will be made available to all. The proposal is not designed to disadvantage anyone based on age and promotes equal access to all services.

9. Additional information

Tip: You can use this section to provide any other relevant information. Click or tap here to enter text.

10. Mitigating actions / reasonable adjustments

Tip: If your assessment identified that the proposal could disadvantage people with a protected characteristic, you must consider whether it is possible to mitigate this via an action or reasonable adjustment.

If so, you must record this here.

We have included some actions as a suggestion – delete if not appropriate.

No.	Action	Lead	Date (dd/mm/yy)

11. Conclusion

This proposal is assessed to have the following impact:

☒ **Positive** impact on people with protected characteristics.

☐ **Detrimental** impact on people with protected characteristics that can be mitigated.

☐ **Detrimental** impact on people with protected characteristics that cannot be fully mitigated.

Davey Heidi 18/01/2024 10:36:10

☐ **Positive and detrimental** impacts on people with protected characteristics.

☐ **No impacts** on people with protected characteristics.

12. Advice for the decision-maker responsible for this proposal

Tip: Before making a final decision on the proposal, the decision-maker must:

- Note their duty to give due regard to the Public Sector Equality Duty.
- Give a 'proper and conscientious focus' to this assessment, 'with rigour and an open mind', before deciding whether the proposal should go ahead.
- This means assessing the extent of any detrimental impact and the ways in which this could be eliminated or mitigated before approving the adoption of the proposal.

The proposal can still go ahead even if there are detrimental impacts. as long as the decision maker has:

- Given due regard to equality and the findings of this assessment.
- Taken reasonable steps to mitigate detrimental impact.
- Confirmed that the impact is lawful and a proportionate means of achieving a legitimate aim.

- **Please explain here** (if applicable) why it may be necessary to go ahead with the proposal, even if it could have a detrimental impact on some people: Click or tap here to enter text or mark as not applicable.

13. Evidence used to inform this assessment

Tip: You need to record the evidence you used to inform this assessment.

Select all that apply:

☒ Norfolk population data (provide links to any population data you draw upon, e.g. Norfolk's Story):

Information has been gathered from POPPI, PANSI and from the Market position statement for Norfolk Care.

☒ Data about existing or future service users - please state:

Predictions are taken from the Market position statement for Norfolk Care

☐ Data about the workforce - please state:

Click or tap here to enter text.

☒ Legislation - please state:

Care Act 2014

National Disability Strategy 2021

Building the Right Support updated August 2022

Transitional Integrated Care Strategy and Joint health and Wellbeing strategy

NHS Long Term Plan – Learning Disability & Autism 2019

☒ National/local research - please state:

Norfolk and Waveney Integrated Care strategy

https://www.scie.org.uk/dementia/living-with-dementia/learning-disabilities/

☒ Consultation (Tip: Please provide details of any consultation)

Remember - if a proposal constitutes a change to an existing service or benefit or a removal of an existing service or benefit those affected may have a 'legitimate expectation' to be consulted.

Information from Ethical Framework consultation led by Curators of Change will be used to inform the LD Plan. Information from the consultation 'Conversations Matter' to ask people what Adult Social care means to them will be used to inform what is written into the new LD Plan.

☐ Consultancy - please state:

Click or tap here to enter text.

☒ Advice from in-house/external experts - please state:

As part of developing the new LD Plan, providers supporting people with a learning disability will be involved as part of drawing on their expert support in helping to consult with people with a LD for their views. This will include consulting with the older young people's forum (aged 14 – 25 years with a LD) Disability Real Action Group of Norfolk, Opening Doors and the Making it Real Board throughout the process to develop a new LD Plan.

☐ Other - please state:

Click or tap here to enter text.

14. Administrative information

Tip: You can update this assessment at any time to inform service planning and commissioning.

Author (name and job title): Amanda Johnson, Adult Services Business Lead – Working Age Adults

Norfolk County Council

Decision-maker (e.g., Full Council, a committee, elected member, working group or officer with delegated responsibility): Craig Chalmers, Director Community Social Work, Adult Services & Lorna Bright, Assistant Director of Integrated Operations (Mental Health and Learning Disabilities)

EqIA start date: 03/04/2023

Contact further information: Amanda.johnson@norfolk.gov.uk

IN TRAN communication for all

If you need this document in large print, audio, Braille, alternative format or in a different language please contact Click or tap here to enter text.on Click or tap here to enter text.or Click or tap here to enter text. (Text relay)

15. Annex 1

Examples of common barriers that people with protected characteristics may face when accessing services or employment:

People of different ages

Older and younger people may experience discrimination or negative beliefs that restrict their professional or social opportunities.

Both older and younger people are likely to be on lower incomes.

Older age is associated with lower use of digital technology and an increased likelihood of disability or long-term limiting health conditions.

Disabled people

Disabled people face barriers to physical environments, information, and communication (as sometimes do people with other protected characteristics).

The nature of these barriers varies tremendously depending upon the nature of someone's disability. It is important to carefully consider the barriers faced by people with physical or mobility impairments; people who are blind or D/deaf; people with learning disabilities; people who are neurodiverse; people with mental health issues or people with a combination of impairments or long-term health conditions.

Disabled people are more likely to experience reduced lifelong outcomes compared to non-disabled people in relation to education, employment, health and housing and barriers to social, sport, leisure, and transport opportunities.

Disabled people may be under-represented in some services; public life; the workforce and participation. They may be more likely to be on a lower income, experience discrimination, hate incidents and social isolation.

People from different ethnic groups

People from some ethnic minority groups (which includes Gypsies, Roma, and Travellers) experience reduced lifelong outcomes compared to White British people and they may be less likely to do well in education, employment and health, and experience barriers in housing, sport, and leisure opportunities.

People from some ethnic minority groups may be under-represented in some services; public life; the workforce; participation; or over-represented (e.g., in criminal justice). They may be more likely to be on a lower income, experience hate incidents and cultural stereotyping.

People from some ethnic groups (for example Gypsies and Travellers) may have low literacy skills or may not access public sector websites.

People with different sexual orientations

Consider how you will provide welcoming spaces for people of all sexual orientations.

Some public services assume that heterosexuality is the 'norm'. For example, heterosexual couples are usually presented in marketing materials but rarely lesbian or gay couples.

People with different sexual orientations may experience barriers to some services and workforce opportunities, discrimination and hate incidents.

Women and men

Women and men experience different lifelong outcomes - e.g., they may have different experiences or be treated differently in education, employment, health, housing, social, sport and leisure opportunities.

Women may experience different life stages to men – e.g., pregnancy, maternity, menopause which can impact them in many ways. Women and men may have different experiences of caring or parenting.

Women and men may be under or over-represented in some services; public life; the workforce, consultation, and participation. They may experience sex discrimination or barriers to accessing support services.

Non-binary, gender-fluid and transgender people

Consider how you will provide welcoming spaces that recognise gender diversity (unless you are categorised as a separate or single-sex service).

Check whether your business systems can record a person's sex if the person does not identify as 'female' or 'male', and whether you can meet the needs of non-binary, gender-fluid and trans people.

People who are non-binary, gender fluid or trans may be under-represented in public life and participation. They may experience barriers to some services and workforce opportunities, discrimination and hate incidents.

Remember that some transgender people do not identify as 'trans' – they may identify as 'female', 'male' or non-binary.

People with different religions and beliefs

Consider how you will provide welcoming spaces for people with different religions and beliefs.

This includes being aware of prayer times, festivals, and cultural practices, where this is appropriate.

“Belief” can refer to an individual’s philosophical beliefs where these are genuinely held and fundamentally shape the way a person chooses to live their life - for example ethical veganism may be a protected belief.

Measures to promote inclusion for people with different beliefs should not impact on the rights of others – e.g., the rights of women or gay people.

People with different religions or beliefs may face barriers to some services; public life; participation and workforce opportunities. They may experience discrimination and hate incidents.

People from the armed forces, their families, and veterans

People from the armed forces, whether serving, their spouse, partner, family, or a veteran, experience a range of barriers to accessing public services – due to the unique obligations and sacrifices of their role.

This includes being regularly posted to different locations; separation; service law and rights; unfamiliarity with civilian life; hours of work and stress.

Norfolk and Waveney
Integrated Care Board

Agenda item: 09

Subject:	**Update on the Norfolk and Suffolk Foundation Trust (NSFT) Mortality Review**
Presented by:	**Tricia D'Orsi, ICB Executive Director of Nursing**
Prepared by:	**NSFT, Norfolk and Waveney ICB and Suffolk and North East Essex ICB**
Submitted to:	**ICB Board**
Date:	**23 January 2024**

Purpose of paper:

This paper provides a joint update to the ICB Board on actions being taken following the Grant Thornton review of mortality recording and reporting in mental health services in Norfolk and Suffolk (June 2023). The papers shared have been developed collaboratively by Norfolk and Suffolk NHS Foundation Trust (NSFT), NHS Norfolk & Waveney Integrated Care Board (N&W ICB) and, NHS Suffolk and North East Essex Integrated Care Board (SNEE ICB) for the Norfolk and Suffolk HOSCs.

Executive Summary:

The paper provides a general update on progress to improve recording of and learning from deaths, including responding to recommendations made by Grant Thornton in 2023. Improvements made by NSFT are highlighted as well as areas where further work is required. It describes the next steps on how system partners intend to take forward the broader work on learning from deaths.

To date, mortality improvement has been managed by a trust mortality improvement meeting and an external collaborative working group chaired by SNEE ICB Medical Director. These groups are being replaced with a partnership meeting as part of the trust's governance structure, which will perform due diligence on any incomplete work from previous groups.

This meeting will review the validity of the Trust's new mortality dataset and will draw out themes and trends as the meeting embeds. The Trust is part of the Norfolk and Waveney and SNEE ICS Learning from Deaths (LFD) Forums, which bring together partners to review mortality data across multiple sources, identify trends and themes early and share learning to enable improvements across service areas and care pathways. The forums also strengthen relationships across provider clinicians including the Medical Examiner and Public Health teams.

The clinical leadership for learning from deaths and for mortality reporting has been strengthened at the Trust with the new Board level Governance and Safety Advisor leading on clinical engagement internally. Dedicated resources are now available to improve current relationships and partnership working with key organisations e.g., Hospital Bereavement Offices, Coroners and GPs, and access IT systems where the cause of death is available. The attached appendices to the HOSC report provide a detailed update on the Grant Thornton Action Plan and oversight of the Trust Learning from Deaths Action Plan Management Group which reviews evidence against each recommendation.

Recommendation to the Board:

To review the report shared and note the papers shared to both, Health Overview and Scrutiny Communities which outline the future governance arrangements and commitment to co-production.

Key Risks	
Clinical and Quality:	Learning from Mortality is a key area of quality and patient safety.
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	The review raised significant media interest and as such, there is reputational risk associated with the progress of the Action Plan.
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	https://improvinglivesnw.org.uk/independent-review-published-on-mortality-reporting-and-recording-at-the-norfolk-and-suffolk-nhs-foundation-trust/
NHS Constitution:	Patient safety and learning culture is central to the NHS Constitution.
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	Submitted to Board (23/01/24)

Appendix 1
Grant Thornton Action Plan 31.05.2023 –updated V14 20.12.2023
Grant Thornton - Norfolk and Suffolk Foundation Trust's mortality recording and reporting report (May 2023) – 16 recommendations.

Grant Thornton - Norfolk and Suffolk Foundation Trust's mortality recording and reporting (May 2023) Improvement Plan.								
DATA								
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Timescale**	**Actions**	**Updates**	**Status - Green Completed /On time Amber - Timescale slipped but on track for completion Red - Outside of timescale**	**Evidence /Reasons for delay**
1	Improve the mortality data pathway to automate and digitise the production of mortality reporting, removing manual processes for transferring and transforming the data, and introducing an audit trail where user interaction is required. The data pathway covers data entry by clinical and service staff, clinical system configuration for capturing and codifying data, export process from clinical systems, data management within data warehouse (or through manual intervention), rules and categorisations applied to support reporting, the presentation of reporting outputs, and	**High**	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	3 months –August 2023	1. Seagry consultancy and NSFT to review the technology, solutions and processes used to capture, collate and report mortality data. Interoperability, system upgrade requirement as and when required should be included as part of this review.	The new solution (developed by Seagry and completed and supported by NSFT ICT) went live on the 6th November. Solution remains in early life support – some changes have been made and others requested, which will be handled through appropriate change control. Power BI dashboard is in place. A schedule of all Mortality / Patient Safety reports has been created to ensure all requirements are covered and that all reporting is issued from this central source. **20th December** – Mortality Data Pathway on Sharepoint in place and operational. Early implementation support has been in place since launch date. Sharepoint being used by Mortality and Patient Safety Teams. The mortality dashboard is scheduled to be taken to the Monthly Operations meeting on the 18th January as a formal 'launch' to Care Groups.	**Completed**	

	the process for validating these outputs.				2. Seagry Consultancy will produce a list of actions with assigned owners to support improvement, processes and tools to assist NSFT in mortality reporting.	Seagry are no longer actively involved (although available should support be required). Actions were created and completed with any outstanding being passed to NSFT ICT.	**Completed**	
					3. A single overarching Standard Operating Procedure (SOP) will be implemented following this work. This will include the formal change management process required when reporting requirements change. The SOP will include inputting of data, extracting of data, validating of data and reporting of data within a given timeframe.	**20th December 2023** SOP in final states with anticipated completion date of the 22nd December 2023. This is due to be on the agenda of the Learning from Deaths Group on 19th January 2024 for approval and the GTPMB on the 5th February 2024.		Reason for delay – December 2023. Draft SOP was completed but required updates from changes requested during early life support of the new system.
					4. An audit trail will be incorporated into the process as described in action 1.	Sharepoint has a built-in audit trail of who has inputted information - Completed.	**Completed**	
2	Develop standard operating procedures (SOPs) for each stage of the data recording process, and ensure these are kept up to date	**Medium**	**Executive Lead** Chief Nursing Officer **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding and Medical Director for Quality	6 months- November 2023	1. An overarching SOP will be developed which will detail each stage of the mortality data pathway.	As for Recommendation 1.3 Overarching Flowcharts for data management and inputting by Patient Safety Team and Mortality Team in place. Mortality and Patient Safety SOPs in place Data SOPs require minor amendment following Early Life Support. **20th December 2023** SOP in final states with anticipated completion date of the 22nd December 2023. This is due to be on the agenda of the Learning from Deaths Group on 19th January 2024 for approval and the GTPMB on the 5th February 2024.		Reason for delay – Draft Overarching SOP. December 2023. was completed but required updates from changes requested during early life support of the new system.
					2. The SOP will include roles and responsibilities within the process.	SOPS contain roles and responsibilities	**Completed -**	

					3. The SOP will describe the formal change management process when mortality reporting requirements change.			
					4. The Learning from Deaths policy will incorporate the requirements of the SOPs.	Once finalised, links will be incorporated into the policy to lead the reader the SOPS and overarching flowcharts.		**December 2023** – Once Overarching SOP has been approved, the links will be incorporated into the Learning from Deaths policy.
3	Develop reporting tools or method of measuring incomplete data fields to feed back into the organisation, and support training.	**Medium**	**Executive Lead** Chief Finance Officer	6 months- November 2023	1. Reporting tool to be developed to measure the data fields missing on clinical record system, such as demographics. All Data fields must be made as mandatory as much as technically possible to eliminate missing data and avoid human errors.	IT fields are already mandatory in Lorenzo (where the system allows this to be enacted). In support of this IT Data Quality Dashboard is in place and shared within the Data Quality Group and is accessible through Power BI. This is available to be used as team level to monitor and manage data quality.	Completed for specific action. New action fed into other workstreams.	
			Lead for Delivery Chief Digital Officer		2. To be reported and included in the Care Group Quality and Performance metrics and scrutinised in the Trust's Quality and Performance Meeting.	As for 3.1	**Completed**	
4.	Use the Spine as the definitive reference source of identifying deaths, and update this information on a weekly basis.	**High**	**Executive Lead** Chief Nursing Officer **Lead for Delivery** Chief Digital Officer and Director of Nursing, Patient Safety and Safeguarding.	3 months –August 2023	1. Develop a system that utilises NHS Spine's automatic update to Lorenzo to reduce the need for manual downloads.	As for recommendation 1 Robotic Process Automation has been implemented.	**Completed**	
					2. A weekly report will be generated to validate any reporting of Death to Trust against the Spine. This assurance check will be included as part of SOP.	NHS Spine data now automatically downloads each day. This has replaced the requirement for a manual download from NHS Spine.	**Completed**	

REPORTING								
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Timescale**	**Actions**	**Updates**	**Status - Green Completed /On time Amber - Timescale slipped but on track for**	**Evidence / Reasons for delay**

							completion **Red - Outside of timescale**	
5	Agree a standardised reporting structure for board reports, to include thematic analysis and consistent presentations of figures, axis and scales. Clearly define the Trust's methodology for mortality recording and reporting within Board reports . Any changes should be clearly documented and the impact upon historically reported figures should be described to provide continuity.	**High**	**Executive Lead** Chief Nursing Officer **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding and Medical Director for Quality	3 months –August 2023	1. The proposed standardised reporting structure for mortality will be presented through the Committee structure and agreed by the Board.	A review of Mental Health Learning from Deaths Board papers available publicly across providers to benchmark/ establish best practice standard that adheres to the National Quality (NHSE) requirements for mortality reporting has been completed. Review of National Learning from Deaths reporting requirements completed	**Completed**	
					2. The Learning from Deaths quarterly Board report will include thematic analysis of key metrics such as age, diagnosis, cause of death and deprivation indices.	Standardised reporting structure presented to the Learning from Deaths group on the 18th November with minor amendments made following feedback. Standardised reporting structure presented GT PMB agenda for meeting on 04.12.23. Minor amendments recommended. First full Learning from Deaths report agreed to be tabled for March/ April Board 2024.	**Completed**	
6	Align the internal dashboard with external reporting to ensure that volumes on the internal dashboard clearly reconcile to numbers within Board reports.	**High**	**Executive Lead** Chief Finance Officer **Leads for Delivery** Chief Digital Officer, Director of Nursing, Patient Safety and Safeguarding and Medical Director for Quality	3 months –August 2023	1. The Trust are working with Seagry Consultancy to agree the Mortality data pathway. Part of this work will include further development of Mortality Dashboard.	A schedule of reports has been created to identify all the reports / data that were previously shared internally and externally relating to Mortality. The new Power BI mortality dashboard is in place. The dashboard is live to a limited number of users. This will be made more widely available and communicated to the Care Groups (currently planned January 18th) and the first Board report will be in March 2024. All reporting will come from this dashboard to ensure that it is consistent and reconcilable from Care Group to Board level		

					2. This will be underpinned by the work completed as part of recommendations 1 and 5.	As per update 1		
					3. The ability for Care Groups to drill down within the dashboard will be enhanced so they are able to interrogate their and other Care Groups data.	Clinical Teams Roadshows are planned to commence in February 2024. This will include team based training with Clinical Team Leaders and Matrons as well as within the Care Group clinical governance meetings. February start date will enable 2 months of data to be available to share with the teams.		Reason for delay. The data within the Mortality dashboard needs to build so it is of benefit to the teams.
					4. The improved dashboard will be supported by the Patient Safety Team and Mortality Team attending Care Group Governance meetings.	As per update 1 and 3		
					5. The newly developed dashboard will be available on the Trust's intranet.	As per update 1		
7.	Work with public health and, when in post, medical examiner to identify key themes in the data and identify and implement timely targeted interventions	**Medium**	**Executive Lead** Chief Medical Officer **Lead for Delivery** Director of Operations (Medical Directorate) and Medical Director of Quality	**6 months-November 2023**	1. The Norfolk and Waveney ICB have implemented a bi-monthly Learning from Deaths forum. This includes Public Health and Medical Examiners. NSFT are a member of this forum with data shared as part of this meeting.	Trust is part of the ICB LFD (Norfolk) – Public Health and Medical Examiners attend. The Trust has an established working relationship with Public Health England through various forums and work programmes. An additional improvement for focus is to utilise the expertise of Public Health in assisting the Trust to increase the understanding and analysis of our data.	**Completed**	
					2. Learning and themes from NSFT Mortality reviews will be shared with the ICB so wider system learning can be considered.	Once reporting template is ratified by NSFT governance structures, report will be shared through agreed routes. The ICBs attend the Learning from Deaths group and the Mortality Scrutiny Groups. ICB Norfolk and Waveney Learning from Deaths meeting in place	**Completed**	To note, Learning from Deaths meeting for SNEE discussed and remains with the ICB to take forward.
					3. Development of Care Group reports and attendance of Mortality Team and Patient Safety Team to local governance meetings to share learning and implement targeted interventions.	As per action 11 roadshows and team attendance. Plan to focus on data quality alongside importance for each Care Group to understand place based learning for our population.		Reason for delay – to ensure adequate data is available within the dashboard to demonstrate to teams.

					4. Within the Learning from Deaths committee, the Mortality team will share local, regional and national data and learning to guide where improvements need to focus.	Established as regular agenda point for discussion.	**Completed**	
					5. Ensure that NSFT are part of the membership of the Learning from Deaths forum in Suffolk and North East Essex (SNEE) ICB when commenced.		**Completed**	October 2023 - Meeting has been held with SNEE ICB to progress a Learning from Deaths Forum
					6. NSFT will continue to attend regional and national forums	Attendance at national Learning from Deaths in place. Early discussions have been held with a number of mental health trusts and the Royal College of Psychiatrists to set up a specific national Learning from Deaths forum.	**In Place**	
					7. NSFT to be members of the Norfolk and Waveney ICB LeDeR forum.		**In Place** with meetings occurring monthly - **Completed**	
8	Use clinical input to update the cause of death groupings which are presented as part of the dashboard, and used in Board reports, so that it is clear where the Trust is awaiting data (pending), or the Trust feels this data will not be accessible, or will remain unknown.	**High**	**Executive Lead** Chief Finance Officer (SIRO) and Chief Medical Officer **Leads for Delivery** Chief Digital Officer Director of Nursing, Patient Safety and Safeguarding	3 months –August 2023	1. Review the data collected in the Trust Mortality dashboard to include all patient demographics, cause of death, diagnosis, medication etc.. to enable the drilling down both locally and strategically of key metrics. This will include 2 'unknown' cause of death categorisations 'awaiting cause of death' and cause of death not available'.	Clinical Lead in post who will lead on clinical decision making for case selection criteria (which cases need to be subject to a Structured Judgement Review in line with national guidance) and supervise the clinical classification of the cause of death recorded on Sharepoint	**Completed**	
					2. The Mortality process, criteria and screening will describe this requirement as part of the overarching SOP (Recommendation 2).	Process of case selection criteria in place after appropriate committee agreement and follows national guidance. Available on the NSFT Intranet as part of the Mortality SOP (ratified within the LfG Group in October 2023)	**Completed**	
CLINICAL ENGAGEMENT								
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Timescale**	**Actions**	**Updates**	**Status - Green Completed /On time**	**Evidence / Reasons for delay**

							Amber - Timescale slipped but on track for completion **Red - Outside of timescale**	
9	Establish a process of validation and use of mortality reporting and analysis at service level, aligned to corporate reporting	**High**	**Executive Lead** Chief Finance Officer **Leads for Delivery** Chief Digital Officer and Director of Nursing, Patient Safety and Safeguarding and Medical Director of Quality	3 months –August 2023	1. New Mortality Data Pathway as outlined in Recommendations 1, 3, 5 and 6 will detail the process for capturing, collating, validating and reporting mortality data.	As per update for action 1 and 6	**New SharePoint Mortality Data pathway went live on the 6th November 2023**	
					2. Care Groups and Trust committees will be able to utilise the revised Mortality dashboard to drill down into individual Care Groups as well as maintain oversight from a Trust perspective.	The new Power BI mortality dashboard is in place. The dashboard is live to a limited number of users. This will be made more widely available and communicated to the Care Groups (currently planned January 18th) and the first Board report will be in March 2024.		Reason for delay – to ensure adequate data is available within the dashboard to demonstrate to teams.
					3. The mortality data will be centrally produced, therefore the data will be consistent from 'Ward to Board'.	As for update stated above in 9.1.	**Completed**	
					4. The dashboard will be available without patient details on the Trust intranet for all staff to review.	As for update stated above in 9.1.		Reason for delay – to ensure adequate data is available within the dashboard to demonstrate to teams.
10	Review the process of retaining patients on caseloads, and subsequent discharge from caseloads, to ensure it results in consistent data across the services	**Low**	**Executive Lead** Chief Finance Officer and Chief Operating Officer **Lead for Delivery** Chief Digital Officer and Deputy Chief Operating Officer	9 months- February 2024	1. The guidance which details the process for administration staff to follow describing the steps to be taken when discharging a patient from the service will be shared with all Business Managers to action.	There is guidance in place for staff to assist in discharging patients from electronic systems. This guidance is to be reviewed in line with this recommendation through workstreams relating to Standard Operating Procedures for core business		
					2. Further guidance will be developed for administration staff as to the process to follow when a person on the team's caseload is found to be deceased.	This links to action 1 and will be finalised and issues once the Sharepoint process is ratified and live. Therefore completion date TBC but will be well within expected time frame		
					3. Caseload Reviews should be carried at a minimum 6 monthly with the involvement of Medical, Nursing, Therapies and Local Manager input and should be embedded in local teams standard practice.	Full schedule for this action is next be addressed and will be staggered post 'go live'.		

11.	Create supporting training programme for all staff who input data into systems that have an impact upon mortality data. Ensure that the implications and impacts of incorrect or incomplete data entry are understood by staff.	**Medium**	**Executive Lead** Chief Finance Officer **Leads for Delivery** Chief Digital Officer, Deputy Chief Operating Officer, Medical Director of Quality	6 months- November 2023	1. Implement training programmes focusing on the importance of mortality reporting dependent on the role the member of staff fulfils.	Training is included in the go-live plan for the new Sharepoint process with 3 dates completed during October 2023. In addition, a daily IT, Mortality and Patient Safety Team huddle occurred following the Go Live launch**.**	**Completed**	
					2. To be supported by learning bulletins which highlight the importance of accurate mortality data reporting and how this can assist in improving clinical care.	As for 11. 1		Roadshows due to commence in February. This will be supported by a 'Learning from Deaths Matters' newsletter
PARTNERSHIP WORKING								
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Timescale**	**Actions**	**Updates**	**Status - Green Completed /On time Amber - Timescale slipped but on track for completion Red - Outside of timescale**	**Evidence / Reasons for delay**
12	Establish links with primary care networks to explore opportunities to improve the completes of the Trust's mortality data (including cause	**Medium**	**Executive Lead** Director of Strategy and Partnerships **Lead for Delivery** Director of Nursing, Patient Safety and	6 months- November 2023	1. In order to inform the ICB where their assistance can be best be focused, the Trust will complete an audit of the available cause of death data.	Mortality Team are currently achieving approx. 80% of Cause of Death from various sources. A small number of GP Practices have been identified where the Cause of Death is difficult to obtain. Further attempts are being made to remedy this. If unsuccessful, to be shared with the ICBs	**Completed**	

	of death), supported and enabled by the ICB		Safeguarding, Medical Director of Quality and Director of Operations- (Medical Directorate)		2. NSFT will develop a standardised process led by the Mortality Team for contacting GPs, Coroners, Medical Examiners and clinical data systems to obtain the cause of death wherever possible.	Scoping work already under way to improve the current established relationships with local Acute hospitals Bereavement Offices, Medical Examiner and GP Practice Managers by direct liaison with the key leads/ supported by ICB. **Additional action being undertaken by the Trust** Exploration are ongoing with Registrars office in Suffolk to apply for direct access to CoD for an individual, which will negate the need to have multiple manual processes for establishing cause of death. Timings of this application process are outside NSFT control/ influence- indicative time frame 4-6 months.		
					3. This recommendation will be shared with the ICBs through the dissemination of this report and to be added as an agenda items on ICB Learning from Deaths Forums where/when in place.	Update will be through NW ICB LfD forum once information is available. Will work with Suffolk leads specifically until their forum is established.		
13	Explore opportunities for formal data sharing agreements between the Trust and primary and secondary care in the region	**Medium**	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	6 months- November 2023	1. Establish formal data sharing agreements between the Trust, Primary and Secondary care within the region.	Data sharing agreements already in place with Acute Hospitals prior to GT action plan being implemented- completed April 2023	**Completed**	

GOVERNANCE								
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Timescale**	**Actions**	**Updates**	**Status - Green Completed /On time Amber - Timescale slipped but on track for completion Red - Outside of timescale**	**Evidence / Reasons for delay**

14	Update the Trust's Learning from Deaths policy to ensure the Trust's governance addresses the issues in this report and explicitly reference community deaths. Ensure the governance in relation to all mortality is clearly understood by clinical and corporate staff involved in the production and reporting of mortality information.	**High**	**Executive Lead** Chief Nursing Officer and Chief Medical Officer **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding, Medical Director for Quality and Director of Operations – (Medical Directorate).	3 months –August 2023	1. Following confirmation of the revised mortality data pathway, the Learning from Deaths policy will be reviewed and updated to include the SOP referenced in Recommendation 2. This will include the nationally defined focus of mortality being both community and inpatient deaths.	The Learning from Deaths Policy has been updated to reflect the action. Policy has been presented to the Learning from Deaths Group in October 2023 and will now be presented to the Clinical Governance Group in December.	**Completed**	
					2. The Learning from Deaths policy will be supported by a 'policy on a page' which will be available to all staff.	In progress		Reason for delay – Learning from Deaths policy updated and signed off which enables the development of a Policy on a Page.
					3. The circulation of information and learning bulletins 'Learning from Deaths Matters' will be published and disseminated throughout the Trust.	This will be incorporated in to the Roadshows commencing in February 2024.		
					4. This will be supported by learning events.	As for 14.4		Due to commence in February 2024
15	Establish a clear improvement plan to address the issues identified in this report, and report progress to a board committee	**High**	**Executive Lead** Chief Nursing Officer and Chief Medical Officer. **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding, Director of Operations- (Medical Directorate) and Medical Director of Quality	3 months –August 2023	1. The improvement plan will be monitored through the Learning from Deaths and Incidents committee and reported quarterly to the Quality Committee.	Initial oversight of work that was taking place prior to the GT action plan being published was reported through Executive team, supported by CMO and CNO. Separate formal Programme Board has been commenced with CEO as Chair. This will run monthly as a Programme Management Board which includes Executive and Delivery Leads for the duration of the live action plan.	**Completed**	
16	Introduce a process of assurance over mortality reporting: Introduce a clear audit trail and series of checks to ensure adherence with SOPs, and report outcomes	**High**	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	3 months –August 2023	1. An audit process will be developed and implemented every 6 months. The audit will test the comprehensiveness of the mortality data pathway with the findings reported to the Learning from Deaths and Incidents Committee.	Sharepoint list has a built-in audit trail of who accessed the record and ability to edit data field and data populated. Audit timetable will be ratified once Sharepoint process goes live. Therefore date TBC- please cross reference to action 1.		

	to executive leads on a regular basis. Introduce or commission patient level data reviews to provide assurance over the accuracy of data recording. Link to the clinical validation process established under recommendation 9				2. External verification will be sought by an external consultancy team who are experienced in data within the NHS.	Consideration currently underway source expert on mortality patient data review to provide assurance over the accuracy of data recording.	This action has been dependent on the implementation of the data pathway	

Norfolk and Suffolk NHS Foundation Trust   Norfolk and Waveney Integrated Care Board   Suffolk and North East Essex

Update on actions being taken following the Grant Thornton review of mortality recording and reporting in mental health services in Norfolk and Suffolk

Purpose

This paper provides a joint update to both Norfolk and Suffolk, Health Overview and Scrutiny Committees (HOSC's) on actions being taken following the Grant Thornton review of mortality recording and reporting in mental health services in Norfolk and Suffolk (June 2023). The paper has been developed collaboratively by, Norfolk and Suffolk NHS Foundation Trust (NSFT), NHS Norfolk & Waveney Integrated Care Board (N&W ICB) and, NHS Suffolk and North East Essex Integrated Care Board (SNEE ICB).

The paper provides a general update on progress to date and next steps as well as addressing specific questions raised by the Suffolk HOSC.

Introduction

In 2022 NSFT asked NHS Norfolk and Waveney and NHS Suffolk and North East Essex ICBs to commission an independent review to assess mortality reporting at NSFT between April 2019 and October 2022.

In September 2022, Grant Thornton UK LLP were commissioned to undertake the review, following a procurement process. The review was commissioned for a specific purpose – to provide an independent audit of the processes used by NSFT to collect and report data relating to mortality.

It was not designed to investigate the circumstances of individual deaths or to compare the levels of mortality reported by or related to NSFT with other NHS trusts in the UK.

The Grant Thornton report was published on 28 June 2023. A copy of the report can be read here:

https://improvinglivesnw.org.uk/independent-review-published-on-mortality-reporting-and-recording-at-the-norfolk-and-suffolk-nhs-foundation-trust/.

Caroline Aldridge, Anne Humphrys, and Emma Corlett published a comprehensive response to the Grant Thornton report 'Forever Gone: Losing Count of Patient Deaths' (7th July 2023) www.learningsocialworker.com..

The response was subsequently presented to both ICB Boards and the NSFT Board and a Collaborative Working Group was established based on the key 'principles of co-production. With membership from the two ICBs, NSFT, Norfolk and Suffolk Healthwatch, and the authors of 'Forever Gone: Losing Count of Patient Deaths' (7th July 2023).

The work of this Group is to be commended for its commitment and focus on service improvement. The discussions of the Collaborative Working Group, including a draft action plan, will feed into the work of the new Trust Learning from Deaths Action Plan Management Group, which is described in more detail later in this paper.

The expectations in relation to reporting, monitoring and Board oversight of mortality incidents are set out in NHS England's National Quality Board's 'Learning from Deaths' guidance (March 2017), and builds on the recommendations made by the Mazars investigation into Southern Health (Dec 2015), the CQC report 'Learning, Candour and Accountability publication' (Dec 2016) and the Learning Disabilities Mortality Review (LeDeR) which is managed by NHS England.

The Learning from Deaths framework (LfD) places particular responsibility on Trust Boards to ensure their Trust has robust systems for recognising, reporting and reviewing or investigating deaths where appropriate. The LfD states *'the aim of this process is to ensure that all deaths of people under the Trusts' care are reviewed at the appropriate level and organisational learning occurs'*.

As trusts follow differing approaches to who is included, mortality data is not comparable between Trusts. As such the NSFT will continue to evolve processes and refine reporting over time in accordance with local and national learning. This is in addition to the detailed reporting and investigation of deaths meeting the national criteria and local priorities under the Patient Safety Incident Response Framework (PSIRF). To note, PSIRF has replaced the Serious Incident Framework (2015) as of 2023.

Since 2023 NSFT as with most other NHS mental health trusts follow the Mazars Framework which was written to assist trusts in developing a case selection process for Structured Judgement Reviews.

The three main categories are:

- Natural Expected – e.g., person on end-of-life care
- Natural Unexpected – e.g., cardiac arrest, stroke, diabetes
- Unnatural Unexpected – deaths that potentially meet the Patient Safety Incident Response Framework Priorities e.g., all unexpected inpatient deaths, which is nationally mandated.

Further clarification is set out below in relation to the NSFT working definitions for managing and reporting mortality data.

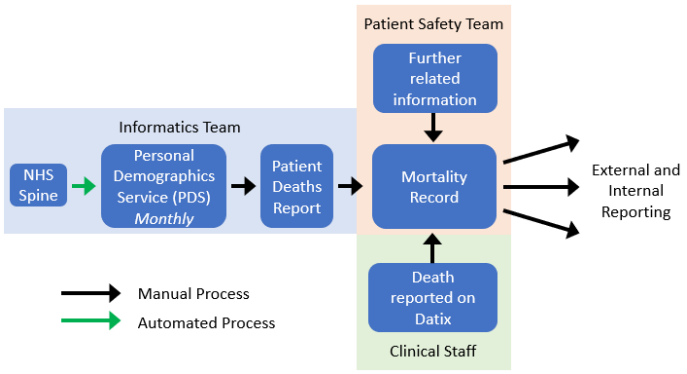
What progress has been made against the actions and timescales set out in the Grant Thornton report action plan?

To improve the NSFT management and reporting of mortality data NSFT have developed a new system. This comprises two key components:

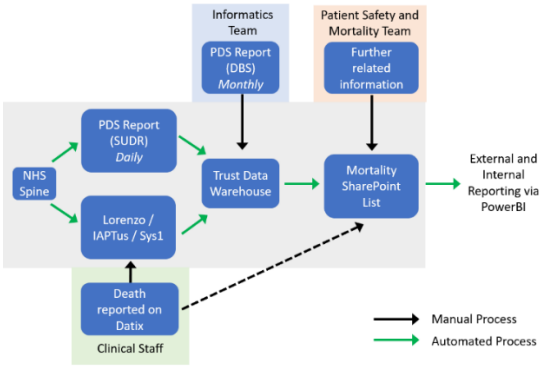
- A Microsoft SharePoint list, which holds data on all patient deaths that have occurred during care at NSFT or within 6 months of discharge from NSFT services,
- A Microsoft PowerBI dashboard which displays the patient data and allows users to view the information according to a range of different perspectives, such as age, gender and ethnicity.

Work started on this new process in April 2023, and it was put live on the 6th November 2023 (covering deaths notified after the 1st November) and addresses many of the Grant Thornton recommendations. A before and after comparison is shown below, highlighting the benefits of the new approach.

Old mortality recording and reporting process



New mortality recording and reporting process



Old	New	Benefit of process change
Mainly manual process	Largely automated process	• Reduced risk of transcription error • Time saving for staff in collating information • Deaths entered manually will be visible in our PowerBI dashboard the next day
Two sources of data	Multiple sources of data	• A more complete and accurate set of mortality data
Run monthly	Run daily	• More regular and up-to-date reporting • Missing information can be quickly identified, and clinical systems updated overnight
Data in different places	Data within a single place	• Easier to manage • Mortality data can be combined with other sources for greater insight
Manual reporting	Automated reporting	• A single consistent reporting source (Power BI) • Time saving for staff to create reports • Greater accuracy of reporting • Potential for more interactive and insightful reports
Limited process documentation	Standard Operating Procedures	• Agreed approach and accountability • Enables complete overview of Trust's end to end Mortality process
Limited audit control	Audit control	• Good governance and visibility of all changes that are made

Key to the clarity of reporting are the specific definitions we use which are:

- **Deceased whilst patient** – The patient has an open referral or hospital stay (a referral without a discharge/end date) within one of our Electronic Patient Record systems.
- **Within 6 months of discharge** –
  - The patient had a recorded contact (regardless of attendance or cancellation) where the date of the contact took place within the 6 months prior to their death.

    OR
  - The patient had a referral or hospital stay where the referral was ended/discharged within the 6 months prior to their death

    OR
  - The patient had a continuation note added to their record within the 6 months prior to their death.

If actions are outstanding what are the reasons for this?

There are 3 principal areas where actions continue beyond the initial date of delivery within the NSFT Grant Thornton action plan:

1. **Completion of the PowerBI dashboard**. The dashboard is in place and functioning as expected, however we expect that there may be changes to the way the data is presented as part of the final sign-off of the new reporting mechanism.

2. **Standard Operating Procedures (SOP)** have been created for each area of the process, and a draft over-arching SOP that places each within the end-to-end process. Some minor changes are needed as part of the early life support of the new system and then the over-arching SOP can be signed off.

3. **External verification** (action 16) has not yet been sought as the new system is still in early life support. The intention is for the new system to be reviewed as part of the Trust's Internal Audit schedule for 24/25.

The NSFT Grant Thornton action plan was last updated on the 20th December 2023 by the NSFT Grant Thornton Action Plan Programme Management Board and is at appendix 1 of this paper. It shows progress to date, any outstanding actions, rationale for any delays and proposed completion dates.

Next Steps

The Trust has established a new Learning from Deaths Action Plan Management Group (Appendix 2) which will replace the current internal executive led Grant Thornton Action Plan Programme Management Board. The group will have a significantly increased membership which will include NSFT Executives, service users, carers, including bereaved relatives, who will be recruited through the existing NSFT networks. SNEE and N&W ICB Quality/Safety Representatives, both Healthwatch organisations and Public Health leads from the respective Local Authorities. The full membership is set out in the groups terms of reference at appendix 2. The scope of the Group has also been expanded beyond the Grant Thornton action plan.

The Trust Learning from Deaths Action Plan Management Group will be accountable for executive oversight and seeking assurance on the progress of actions resulting from:

- The Grant Thornton report Action Plan
- Any outstanding actions from the Verita report action plan
- Draft action plan from the Mortality review Collaborative Working Group
- Any outstanding actions from regulation 28 reports to prevent future deaths.
- Any outstanding actions from historical thematic reviews

The Group will provide the governance framework for the reporting of progress to the NSFT CEO/Management Group, The Trusts Quality Committee, and through it, the Board as well as to the Quality Committees and Boards of the two ICBs.

The groups first meeting will take place on the 23rd January 2024 and monthly thereafter.

The following is a response to specific questions the HOSCs have requested a response to:

What arrangements are in place to ensure partners across the health system in Suffolk and Norfolk are playing their part in supporting delivery against these actions?

ICBs in Norfolk and Suffolk are invited to safety meetings established within the governance of NSFT. To create additional momentum, a collaborative working group was established in September 2023 to respond to the concerns raised by the authors of Forever Gone at the public boards of both ICBs and the trust. The group comprised representatives of both ICBs, the Trust, Healthwatch Suffolk and Norfolk, and bereaved relatives. The discussions of the collaborative working group, including a draft action plan, will feed into the work of the Trust Learning from Deaths Action Plan Management Group.

What work has taken place since Norfolk Health Overview and Scrutiny Committee made its recommendations on 14 September 2023 for a co-produced action plan to be developed?

It is important to note that NSFT, N&W ICB and SNEE ICB are all fully committed to co-production and working in partnership to improve mental health services for our local populations. The collaborative working group met on seven occasions between 29th September and 27th November 2023. Following a contracting process where the principles of co-production and collaboration were explored, a draft action plan was rapidly developed to address some of the concerns highlighted at the three public boards by the authors of Forever Gone. The discussions of the collaborative working group, including a draft action plan, will feed into the work of the Trust Learning from Deaths Action Plan Management Group.

Bereaved relatives worked with Healthwatch Suffolk and Norfolk to explore principles of coproduction in complex grief. The output from these discussions was reflected in the draft action plan.

What evidence exists to demonstrate that a wide range of views from people with lived experience have been taken into account through co-production work?

The collaborative working group was designed as an exercise in coproduction with bereaved relatives occupying active roles in the work, often leading discussion, and challenging statutory partners in their thinking. This is reflected in the output from that group. The Learning from Deaths Action plan Management Group will also include people with lived experience.

What is the learning from the co-production work?

Coproduction with people experiencing complex grief requires special attention, and standard models may not be appropriate. Bereaved relatives have unique perspectives on heath and care services and are advocates for patients who have died. People with lived experience of complex grief may not be able to engage in coproduction work on the same basis as patients or carers, and the process of coproduction in this group can be triggering. Support mechanisms for bereaved relatives need to be provided proactively to facilitate effective coproduction.

What are the key challenges for the wider system in reducing the number of deaths of people experiencing poor mental health?

There is an absence of national benchmarking and guidance. There remains a lack of clarity on the number of preventable deaths in patients with mental health problems (and outside

hospitals in general), and who is accountable for prevention (not all of this will lie with the mental health trusts). Systems for understanding cause of death across different providers in the system are developing, and the implementation of statutory medical examiner system in 2024 will assist with this.

Mortality for mental health trusts became an NHS priority as a response to The Five Year Forward View for Mental Health (NHSE 2016), where it was identified that people with severe and prolonged mental illness are at risk of dying on average 15-20 years earlier than other people. Thus, the health inequalities present for people with severe mental health issues and learning disabilities, should the focus of prevention and early intervention, learning and improving the physical health care provision for this group of people. In 2021, NHS E included in scope people with autism.

What specific actions can system partners (including the local authority) take to achieve the necessary improvements?

NHS Suffolk and North East Essex Integrated Care Board response

Improvement in managing mortality data, learning from deaths and service improvement requires work from all system partners. Greater clarity of information (including cause of death) across health sectors (including community services and primary care) will fundamentally change the way that the trust can monitor the outcomes of its patients and learn from cases where improvements in care may have been possible. The local authority Registrar offices manage rich information on cause of death and stronger links with these offices should be encouraged. Similarly, close links exist already with the Suffolk Coroner, and these should be developed further to facilitate early sharing of information and learning. Finally, the implementation of the statutory medical examiner system across England in April 2024 will require a discussion between the attending doctor and the medical examiner's office for every death, to improve quality of medical certification of death. A greater awareness of the need to understand mortality linked to mental health conditions can be developed through this new statutory system. Medical Examiners and their teams are meeting monthly across Suffolk to track and manage progress against statutory implementation, alongside the recent publication of draft guidelines for the new regulations.

Multidisciplinary system level forums are effective where learning from deaths can be shared, best practice identified, themes and trends explored, and signals of increased mortality identified and understood. These are customary practice in all secondary care providers and are increasingly implemented at ICS level to leverage the power of working across end-to-end patient pathways, rather than within organisations. This forum in Suffolk (Trauma Informed Mortality Meeting) will meet for the first time on 18th March 2024, with invited representatives from primary care, acute and mental health providers, local public health services and bereaved relatives. Engagement from all these constituents is essential to the effectiveness of the group.

NHS Norfolk & Waveney ICB response

Learning Theme 1. Data Management

The ICB participates in the Trust's internal Mortality Meeting, which has driven the implementation of a new data management system set up in early November. The new format meeting is looking at validity of the Trust's new mortality dataset and the ambition will be to draw out themes and trends as the meeting embeds. NHS Spine now automatically downloads each day as definitive source of patient-level data. Reporting tools in place and

reported as part of Data Quality Dashboard. Work to be completed with clinical teams to improve recording consistency.

Learning Theme 2. Reporting

The Trust is part of the ICS Learning from Deaths (LFD) Forum, hosted by the ICB, co-chaired by the ICB Medical Director and NCC Director of Public Health, which brings together partners to review mortality data across multiple sources, identify trends and themes early and share learning to enable improvements across service areas and care pathways. This forum enables partners to flag, escalate and collaborate on risk mitigation and quality/safety improvement. NSFT has a focussed item scheduled for January 2024 LFD Forum. The Trust has already shared learning from an internal Falls Review. Themes from PFD Reports and a separate flagged mortality trend in a specific care group (crisis) which has prompted a thematic review which will be shared with the Forum. Process with Medical Examiners to scrutinise all deaths occurring at NSFT agreed and in place in Norfolk & Waveney locality. Medical Examiner scrutiny of all community deaths also on track to be in place for April 2024.

Learning Theme 3. Clinical Engagement

The clinical leadership for learning from deaths and for mortality reporting has been strengthened at the trust with the new Board level Governance and Safety advisor leading on clinical engagement internally, with all reporting through the NSFT Quality Assurance Committee. The NSFT Medical Director for Quality attends the ICB Learning from Deaths forum for reporting and learning purposes, as well as to engage and strengthen relationships with all other provider clinicians including the Medical Examiner and Public Health teams.

Learning Theme 4. Partnership Working

Dedicated resources are now available to improve current relationships and partnership working with key organisations e.g., Hospital Bereavement Offices, Coroners and GPs, and access IT systems where the cause of death is available. Data and Information Sharing Agreements are already in place. Access to information held by the Norfolk Registration Service has been agreed through the Norfolk Senior Coroner’s Office; this has been supported by the ICB Medical Director. The system LFD Forum provides a platform for partners to collaborate and/or share learning and good practice and discuss staff training needs. NSFT has made progress with embedding links to GP Practices to support information flow.

Learning Theme 5. Improvement Plan Governance and Oversight

The ICB attended a weekly Collaborative Working Group between the two ICBs, NSFT, Norfolk and Suffolk Healthwatch. This meeting has now been subsumed into a new Trust Learning from Deaths Action Plan Management Group which reviews evidence against each recommendation and will include Public Health leads from both Local Authorities.

Broader NSFT Improvement Journey

The new Chief Executive, Caroline Donovan joined the NSFT in November 2023 and has already set four strategic priorities:

Improving Health, Improving Care, Improving Culture, and Improving Value.

The four strategic priorities are underpinned by ten Large-scale change programmes. One of which is learning from deaths.

The new Cheif Executive is happy to attend a future HOSC to update on NSFT's improvement journey.

Conclusion

In conclusion the paper provides a general update on progress in relation to the NSFT Grant Thornton Action Plan, highlighting improvements made by NSFT as well as areas where further work is required. Recognises the intensive and comprehensive work of the Collaborative Working Group and the next steps on how system partners intend to take forward the broader work on learning from deaths.

Appendix 2

Trust Learning from Deaths Action plan Management Group

TERMS OF REFERENCE

1.0 CONSTITUTION

1.1 The Trust Learning from Deaths Action plan Management Group will be accountable for executive oversight and seeking assurance on the progress of actions resulting from:

- The Grant Thornton report Action plan
- Any outstanding actions from the Verita report action plan
- Recommendations from the Mortality review Collaborative Working Group
- Any outstanding actions from regulation 28 reports to prevent future deaths.
- Any outstanding actions from historical thematic reviews

1.2 The Group will provide the governance framework for the reporting of progress to the CEO/Trust Management Group, The Trusts Quality Committee and Integrated Care Boards (ICB'S) Quality Committees.

2.0 PURPOSE

2.1 Providing a governance framework for executive oversight on progress of the respective action plans

- To drive improvement (engine room) through receiving updates on the progress of each actions against trajectory from the Executive Lead or deputy each meeting which details progress to date, emerging risks and issues requiring support from the Group to achieve the required actions within the stated timeframe.

3.0 MEMBERSHIP

3.1 Governance and safety Advisor (Chair)
Chief Medical Officer (Deputy Chair)
Chief Nurse
Chief Operating Officer
Norfolk Healthwatch
Suffolk Health Watch
Lived Experience Representatives including bereaved relatives
Head of carers participation and experience

SNEE and N&W ICB Quality/Safety Representatives
Chief Digital Office
Head of Legal Services
Nominated members of the Mortality and Patient Safety Teams.
Communications Lead.
Administration Support.

The above will be the core the membership with the flexibility to co-opt others to attend the meeting where appropriate.

3.2 The Group will be considered quorate when the Chair or nominated deputy, two Executive directors, one lived experience representative and representatives from the Mortality and Safety teams are present.

4.0 ATTENDANCE AT MEETINGS

- All members are expected to attend – absenteeism is an exception.
- Meetings will start and end on time.
- Papers to be presented should be concise, with cover sheet and required outcomes, a long document may be circulated for more detailed information where appropriate.

4.1 Authority to cancel meeting: Chair or Deputy Chair

5.0 FREQUENCY OF MEETINGS

5.1 Meetings will be held monthly and for a duration of two hours.

6.0 AUTHORITY

6.1 To act on behalf of the Trust Management Group making decisions, where appropriate in relation to scrutiny and sign off of action plans within the Groups terms of reference.

7.0 DUTIES AND RESPONSIBILITIES

7.1 Ensuring collective and individual responsibility and accountability for the successful delivery of the agreed actions and any emerging safety risks.

- Clear decisions made and then properly communicated.
- Clear recommendations to the Trust Management Group meeting on key risks, issues and decisions.
- Provide rigorous scrutiny of the evidence underpinning actions being progressed.

- Following the above responsibility, agree actions have been achieved and if sign off can be approved.
- Decisions which are unresolved within the meeting will be escalated to the Trust Management Group for resolution.
- To identify and share with the Trusts Learning from deaths group any learning and ensure sharing of good practice.

8.0 ACCOUNTABILITY AND REPORTING

8.1 The Group is accountable to, and reports to the Trust Management Group. The group also reports into the trust Quality Committee and the two ICB Quality Committees (via the ICB Learning from Deaths forum)

9.0 COMMITTEE SECRETARY

9.1 The Medical Directorate Business manager will support the meeting administration and update of relevant documents.

- Request for updates, risks and completion trajectory will be requested from each of the Executive Leads and Delivery Leads 7 working days prior to the meeting.
- Notes of the meeting will be taken detailing required actions.
- An action log will be completed and presented at each Group meeting.
- An updated action plan and meeting papers will be circulated 5 working days before the Group for consideration.

All papers relating to the meeting and evidence of completion of actions will be held in a central document repository.

10.0. Review

10.1 End of March 2024

Date Approved: 02/01/2024

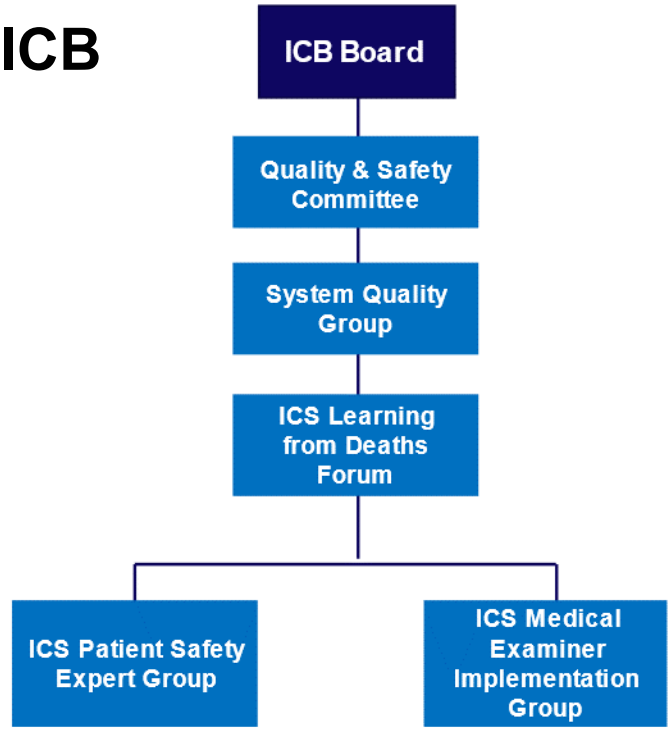
Review: Initial review end of March 2024

Appendix 1:

DRAFT SNEE ICB QUALITY STRUCTURE

Learning from Deaths Reporting Structure

Norfolk & Waveney ICB



NSFT Quality Structure

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	Draft ICS Quality Strategy Implementation Plan
Presented by:	Tricia D'Orsi, Executive Director of Nursing
Prepared by:	Evelyn Kelly, Quality Governance & Delivery Manager
Submitted to:	ICB Board
Date:	23 January 2024

Purpose of paper:

To present the Board with a copy of the draft ICS Quality Strategy Implementation Plan for approval and to make recommendations for next steps as a system.

Executive Summary:

Development of the first systemwide Quality Strategy and its approach to measure and monitor progress and impact has been an extensive piece of work, from scoping through to definition of its objectives and metrics. This first iteration of our implementation plan focusses on the delivery of quality by developing our local system in line with national guidelines, and setting out our 2024 objectives and metrics across each of the four priorities;

- Well-led through a culture of compassionate leadership.
- Focussed on improving care quality and outcomes.
- Using insights around health inequalities and population health to achieve fair outcomes.
- Ensuring services are safe and sustainable, for now and for future generations.

The plan sets out objectives that develop the structures, systems and processes in place to manage ICS quality functions and provide a clear line of sight on quality, effective sharing of intelligence and data triangulation, and a proactive approach to supporting improvement and managing risks, as set out in the National Quality Board guidance and in the Norfolk and Waveney Quality Strategy. Each objective has a set of associated metrics that will be used to measure impact and progress. This includes a focus on improving outcomes around urgent and emergency care (UEC) and mental health which are priority areas within the ICS Clinical Strategy and the Joint Forward Plan.

Development of a set of co-produced outcome measures which reflect patient voice and what matters most to people living and working in Norfolk and Waveney, is a key objective of year one and will be undertaken in the first quarter of the year. This will take place alongside further development of the ICB Quality Dashboard and collaborative work with the local authorities to develop shared metrics around social care quality and Flourish outcomes for children, young people and families.

Once approved the recommendation is for the plan to be taken through Provider Boards and other quality and clinical leadership forums to ensure that a system approach is taken to delivering on the strategy objectives.

A further recommendation is made for the plan to be tabled at the Integrated Care Partnership meeting to support a joined up partnership approach to deliver on the strategy objectives.

ICB Quality & Safety Committee will have oversight of progress, with escalation and overview provided to Board as requested.

Recommendation to Board:

- The Board is asked to receive and respond to the content of the draft ICS Quality Strategy Implementation Plan and approve it for delivery.
- To approve the recommendation for the plan to be taken through Provider Boards and other quality and clinical leadership forums to ensure that a system approach is taken to delivering on the strategy objectives.
- To approve the recommendation for the plan to be tabled at the Integrated Care Partnership meeting to support a joined up partnership approach to deliver on the strategy objectives.

Key Risks	
Clinical and Quality:	The ICS Quality Strategy supports the collaboration approach to quality across the system.
Finance and Performance:	None
Impact Assessment (environmental and equalities):	None
Reputation:	The ICS Quality Strategy provides strategic direction for the ICS commitment to quality.
Legal:	None
Information Governance:	None
Resource Required:	BI support to embed metric reporting.
Reference document(s):	Norfolk & Waveney ICS Quality Strategy 2022-25
NHS Constitution:	The ICS Quality Strategy (2022-2025) provides strategic direction for the ICS commitment to quality.
Conflicts of Interest:	None
Reference to relevant risk on the Board Assurance Framework	This is relevant to all quality risks.

Item 5. Front Sheet
Quality Strategy Draft Implementation Plan

Purpose of Item: The ICS Quality Strategy Draft Implementation Plan is shared with the Board for approval. The Plan is to be read with the Board coversheet which describes proposed next steps.

Recommendation to Board: Approval of the Plan.

Key Risks	
Clinical and Quality:	The strategic oversight of Quality and Patient Safety has a significant impact on the quality and clinical effectiveness of commissioned services.
Finance and Performance:	Quality has a significant impact on the financial and operational performance of the ICB.
Impact Assessment:	N/A
Reputation:	Quality is central to the reputation of the ICB and its commissioned services.
Legal:	N/A
Information Governance:	N/A
Resource Required:	N/A
Reference Document(s):	Norfolk & Waveney ICS Quality Strategy 2022-25
NHS Constitution:	The Strategy supports the clinical quality and patient safety elements of the NHS Constitution.
Conflicts of Interest:	N/A
Reference to relevant risk on the BAF and Significant Risk Register:	N/A

Process/Committee approval with date(s):	Final draft plan submitted to Board, January 2024.

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Norfolk and Waveney Integrated Care System

Norfolk & Waveney ICS Quality Strategy

Year 1 Implementation Plan

23 January 2024

Final draft for ICB Board Approval

1. Introduction

Improving lives together
Norfolk and Waveney Integrated Care System

The Norfolk and Waveney ICS Quality Strategy has been developed with system partners, with its foundations in the National Quality Board (NQB) Shared Commitment to Quality, as our framework for quality improvement and assurance in the developing landscape of our Integrated Care System (ICS).

This first iteration of our implementation plan focusses on our main the delivery of quality by developing our local system in line with national guidelines, setting out our 2024 objectives and metrics across each of the four priorities:

Well-led through a culture of compassionate leadership.

Focussed on improving care quality and outcomes.

Using insights around health inequalities and population health to achieve fair outcomes.

Ensuring services are safe and sustainable, for now and for future generations.

We will continue to work closely with all our ICS partners, including Healthwatch, to offer opportunities for a diverse range of voices to be heard and to use patient, carer, and community feedback to improve care.

2. Quality Oversight

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Organisations must deliver their core responsibilities, whilst ensuring that the structures, systems and processes in place to manage these functions provide a clear line of sight on quality, effective sharing of intelligence and data triangulation, and a proactive approach to supporting improvement and managing risks, as set out in the National Quality Board guidance and in the Norfolk and Waveney Quality Strategy. Locally, we set the following additional aims to be taken forward through the Quality Strategy, to strengthen the system's oversight of quality:

- Strengthening our approach to using quality data and insights through our **System Quality Dashboard**, triangulated across national benchmarking, local performance, regulators and lived experiences, to identify unwarranted variation and provide early warning signs to support risk stratification, improve services and share learning.

- Aligning with the system's Joint Forward Plan and Clinical Strategy, to ensure there is a quality assurance and support focus on the priorities of **Mental Health** and **Urgent & Emergency Care**.

- Developing our approach to **commissioning for quality** and ensuring that commissioning and provision of care is always focussed on quality of care and safety for our public and people.

3. Measuring Impact

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Metrics for measuring the impact of the Quality Strategy will be collected, monitored and reported through the System Quality Dashboard. Oversight will be through the ICB Quality & Safety Committee, with the following focus:

- System structures that empower staff and drives a culture that continuously learns, adapts and improves;
- Processes that enable system quality management, research and evidence-based practice;
- Regulatory ratings of organisations and the system as a whole and quality indicators benchmarked against national data;
- Outcomes and experiences of people living and working in Norfolk and Waveney.

Alongside the strategy metrics, we will measure outcomes and experiences, from sources such as: Norfolk and Waveney Community Voices Bank, NHS Friends and Family Test, Mental Health DIALOGUE+ and Health of the Nation tools, public health outcomes, CORE20+, Maternity experience, mortality and learning from deaths, long-term condition outcomes, NHS Staff Survey results, patient and community feedback, learning from adverse incidents, learning from safeguarding practice, freedom to speak up and whistleblowing, and provider progress with Quality Accounts and PSIRF priorities.

4. Objectives and Metrics

NB. Metric thresholds will continue to be refined and developed, with formal BI review of collection status and data quality and pending the release of 2024/25 Operational Planning guidance and other relevant national or local targets as they update.

Priority 1: Well-led through a culture of compassionate leadership.

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Objective	By Who?	By When?	Oversight	Goal for Achievement
1. To hold a system workshop to define what a well-led system looks like in Norfolk and Waveney.	Tricia D'Orsi and Ema Ojiako	January 2024	ICB Board	Hold a workshop with system partners, considering the CQC KLOEs alongside local OD priorities.
2. To continue to embed a values-led and compassionate approach to collective quality management, through the System Quality Group.	Tricia D'Orsi	March 2024	System Quality Group	Undertake a review of Terms, Agenda and reporting templates. Consider an annual self-assessment focussed on values and psychological safety.
3. To support the objectives of the system 'Just and Restorative Culture' workstream with a focus on using quality and patient safety processes as an enabler.	Karen Watts and Karen Barker	June 2024	System Quality Group feeding into System Workstream	Continue to link into the workstream with a quality and patient safety focus e.g. learning from adverse incidents, NHS Patient Safety Incident Review Framework, complaint responses and Freedom to Speak Up.

Impact: the system approach to quality assurance and improvement is underpinned by caring and inclusive values and supported by behaviours of compassionate leadership; attending, understanding, empathising and helping.

Priority 1: Well-led through a culture of compassionate leadership.

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Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
1	QS01	Compassionate Culture	Tracking of 'compassionate and inclusive' metrics from the Annual NHS Staff Survey people promise theme.	All NHS Organisations	Annual NHS Staff Survey & People Pulse	Continuous improvement
2	QS01	Equality & Diversity	Proportion of staff in senior leadership roles (Board-level) who belong to a protected characteristic, including but not limited to race, gender, age and disability.	All NHS Organisations	NHS Workforce Race Equality Standard Data	Reflective of Local Population
3	QS01	Leadership	CQC well-led ratings across providers.	All Registered Providers	CQC Ratings	Good
4	QS03	Speaking Up	Number of whistleblowing disclosures and actions undertaken.	All NHS Organisations	Corporate Data	Continuous improvement
5	QS03	Workforce Wellbeing	Improvement in staff vaccination uptake rates.	All NHS and Social Care Organisations	Vaccination Data	Continuous improvement
6	QS03	Workforce Wellbeing	Improvement in staff vacancy rates.	All NHS Organisations	ICB Workforce Data	6%
7	QS03	Workforce Wellbeing	Improvement in staff sickness rates.	All NHS Organisations	ICB Workforce Data	6%

Priority 2: Focussed on improving care quality and outcomes.

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Objective	By Who?	By When?	Oversight	Goal for Achievement
4. For the system to improve its understanding of quality across the whole system, drawing from data across health, social care, public health and the VCFSE sector and aligning to the ICS Clinical Strategy priorities.	Karen Watts	June 2024	System Quality Group	Further development and finalisation of the System Quality Dashboard.
5. To embed person-driven quality outcome measures into our collective quality management approach.	Karen Watts	September 2024	System Quality Group	Explore use of an agreed tool to ensure we are measuring outcomes systematically and using this data to inform quality priorities.
6. To develop the system's 'Place-based' approach to Quality assurance, oversight and governance.	Karen Watts and Anne Borrows	June 2024	ICB Quality & Safety and Patients & Communities Committees	Establish a local framework that sets out interdependencies, roles and responsibilities, and governance.
7. To support the ICS Clinical Strategy objectives around improving Mental Health and Urgent & Emergency Care by using quality and patient safety processes as an enabler.	Karen Watts	December 2024	ICB Quality & Safety Committee	Enhanced quality assurance and support, focussed on mental health and UEC pathways, to improve patient experience and service resilience.

Impact: the system approach to quality assurance and improvement is reflective of a whole system, whole pathway, approach.

Priority 2: Focussed on improving care quality and outcomes.

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Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
8	QS04	Cancer	Reduction in total patients waiting over 62 days to begin cancer treatment compared with system baseline.	Acute Hospitals	ICB Performance Dashboard	378 by March 2024
9	QS04	Community	Proportion of Urgent Community Response referrals reached within two hours.	Community Providers	ICB Performance Dashboard	70%
10	QS04	Community	Hospital readmissions post discharge.	Acute Hospitals	ICB Quality Dashboard	*To be negotiated through Right Care NoW*
11	QS04	Community	Proportion of unallocated 'red-line' urgent CNT visits.	Community Providers	ICB Quality Dashboard	100%
12	QS04	Community	Proportion of unallocated routine CNT visits.	Community Providers	ICB Quality Dashboard	100%
13	QS04	Community	Utilisation of virtual ward capacity.	Community Providers	ICB Performance Dashboard	100%
14	QS04	Continuing Healthcare	Compliance with NHS CHC standard for 28 day decisions.	ICB	ICB Quality Dashboard	85%
15	QS04	Continuing Healthcare	Funded Nursing Care reviews completed in year.	ICB	CHC Dashboard	85%
16	QS04	Discharge	Hospital discharge activity across pathway 1, 2 and 3.	Acute Hospitals	ICB Quality Dashboard	NNUH – 32pd JPUH - 20pd QEHKL - 15pd
17	QS04	Discharge	Achieving or exceeding the national target to reduce hospital occupancy.	Acute Hospitals	ICB Quality Dashboard	96%
18	QS04	Maternity	Neonatal deaths per 1,000 total live births.	Acute Hospitals	LMNS Dashboard	Annual reduction of 10% on previous year
19	QS04	Maternity	Maternal deaths per 1,000 total live births.	Acute Hospitals	LMNS Dashboard	0
20	QS04	Maternity	Stillbirths per 1,000 total live births.	Acute Hospitals	LMNS Dashboard	Annual reduction of 10% on previous year

Priority 2: Focussed on improving care quality and outcomes.

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Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
21	QS07	Mental Health	Number of children and young people accessing mental health services as a % of trajectory.	Mental Health Trust	ICB Quality Dashboard	100%
22	QS07	Mental Health	Proportion of people waiting for talking therapies less than 6 weeks from referral.	Mental Health Trust	ICB Quality Dashboard	75%
23	QS07	Mental Health	Inappropriate adult acute mental health 'out of area' placement bed days.	Mental Health Trust	ICB Quality Dashboard	Zero Tolerance
24	QS07	Mental Health	Reduction in proportion of patients with mental health needs spending more than 12 hours in an emergency department.	Mental Health Trust	ICB Quality Dashboard	Zero Tolerance
25	QS07	Mental Health	Number of people restrained per 1000 bed days, whilst admitted for mental health treatment.	Mental Health Trust	ICB Quality Dashboard	17
26	QS07	UEC	Ambulance hospital handover handover time	Ambulance Service	ICB Performance Dashboard	<30mins
27	QS07	UEC	Improvement in average C1 ambulance response times.	Ambulance Service	ICB Performance Dashboard	7 mins
28	QS07	UEC	Improvement in average C2 ambulance response times.	Ambulance Service	ICB Performance Dashboard	18 mins
29	QS07	UEC	Reduction in proportion of patients with physical health needs spending more than 12 hours in an emergency department.	Acute Hospitals	ICB Performance Dashboard	Zero Tolerance
30	QS07	UEC	Increase in SDEC activity.	Acute Hospitals	ICB Quality Dashboard	30% of acute activity
31	QS07	UEC	Number of NHS 111 Calls answered within 60 secs.	Integrated Urgent Care Provider	ICB Quality Dashboard	95%
32	QS07	UEC	CAS validation of C3/4/5 calls that result in an Ambulance disposition (% of calls validated).	Integrated Urgent Care Provider	ICB Quality Dashboard	*To be negotiated through UEC*
33	QS07	UEC	CAS validation of C3/4/5 calls that result in an ED disposition (% of calls validated).	Integrated Urgent Care Provider	ICB Quality Dashboard	*To Be Negotiated through UEC*

Priority 2: Focussed on improving care quality and outcomes.

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Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
34	QS04	Patient Experience	Improvement in system Friends and Family Test scores.	All NHS Providers	Published FFT Scores	*Individual Provider Targets*
35	QS04	Primary Care	Good overall patient experience of GP services.	Primary Care	Annual Survey	80%
36	QS04	Primary Care	Overall patient experience of being treated with care and concern by healthcare professional at last GP appointment.	Primary Care	Annual Survey	90%
37	QS04	Primary Care	Overall patient experience of being involved in decisions about care and treatment at last GP appointment.	Primary Care	Annual Survey	95%

Priority 3: Using insights around health inequalities and population health to achieve fair outcomes.

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Objective	By Who?	By When?	Oversight	Goal for Achievement
8. To embed Core20+ datasets, as it develops, into the System Quality Group as a key area of assurance, oversight and support.	Mark Burgis and Karen Watts	June 2024	System Quality Group	Use Core20+ data as part of the SQG evidence-base for understanding system quality risks and priorities.
9. To embed ICS Community Voices insights, as the bank develops, into the System Quality Group as a key area of assurance, oversight and support.	Mark Burgis and Karen Watts	September 2024	System Quality Group	Use qualitative community insights as part of the SQG evidence-base for understanding system quality risks and priorities.

Impact and 'so what?': the system approach to quality assurance and improvement systematically uses health inequalities and population health data as a key source of assurance, oversight and support. Carers are supported to engage with the strategy.

Priority 3: Using insights around health inequalities and population health to achieve fair outcomes.

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Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
38	QS08	Health Inequalities	Performance against Core20PLUS5 metrics (adult and CYP).	System	HIOG Data	Continuous improvement
39	QS08	Health Inequalities	Equitable access to cancer screening, hypertension, diabetes, obesity and COPD for people with a severe mental illness and learning disability and autism.	System	Programme Dashboards	Comparable access rates with general population
40	QS08	LD&A	Number of people aged 14 and over with a learning disability receiving an annual health check.	Primary Care	LD&A Dashboard	75% of Eligible Cohort
41	QS08	LD&A	Transforming Care Programme inpatients.	ICB & LA	LD&A Dashboard	Maximum 12 adult Patients, 2 CYP
42	QS08	LD&A	Provider Collaborative inpatients.	ICB & LA	LD&A Dashboard	Maximum 11 adult patients, 2 CYP
43	QS08	LD&A	Adult Autism Diagnostic Waiting List.	ICB & LA	LD&A Dashboard	18 Weeks for Adults
44	QS08	LD&A	CYP Neurodevelopmental Disorder Diagnostic Waiting List.	ICB, NCHC and JPUH	LD&A Dashboard	Quarterly reduction of numbers waiting and longest waiting
45	QS08	LD&A	Oliver McGowan Training uptake.	All NHS and Social Care Organisations	LD&A Dashboard	10% of the workforce trained by March 24
46	QS08	Maternity	Smoking at time of delivery.	LMNS	ICB Maternity Dashboard	6%
47	QS08	Mental Health	Number of people with severe mental illness receiving an annual health check.	Primary Care	ICB Quality Dashboard	75% of Eligible Cohort
48	QS08	Mental Health	Achievement of national Dementia Diagnosis Rate.	Primary Care	Programme Dashboards	66.70%
49	QS08	Personalisation	Personalised Care and Support Plans.	ICB	ICB Quality Dashboard	12159 in Year
50	QS08	Population Health	Five-year survival rate for all cancers.	System	ICB Performance Dashboard	60%
51	QS08	Primary Care	Support from local services or organisations to help manage long term condition/s, disability or illnesses.	System	GP Annual Survey	70%

Priority 4: Ensuring services are safe and sustainable, for now and for future generations.

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Objective	By Who?	By When?	Oversight	Goal for Achievement
10. To embed the NHS Patient Safety Strategy principles of a safe and just culture within and across system organisations.	Frankie Swords and Tricia D'Orsi	December 2024	ICB Quality & Safety Committee	Delivery of core elements of the NHS Patient Safety Strategy across the system as per national implementation plan.
11. To continue to develop the system approach to quality risk management.	Frankie Swords, Karen Watts and Karen Barker	December 2024	ICB Quality & Safety Committee	Further development of the system approach to quality risk management.
12. To embed the use of evaluation evidence, Clinical Quality Risk Assessment and Equality Impact Assessment into ICS EMT decision making, regarding any new services, changes or decommissioning.	Tricia D'Orsi and Karen Watts	June 2024	ICB Board	Embed a set of principles that shape ICS EMT decision making.
13. For all staff within the ICS to be aware of their safeguarding roles and responsibilities to babies, children, young people and adults.	Tricia D'Orsi and Rebecca Hulme	December 2024	ICB Quality & Safety Committee and Safeguarding Partnerships	Ensure that all service users and their families are protected from harm.
14. To deliver the ICS Infection Prevention & Control (IP&C) and Antimicrobial Stewardship Strategy (AMS).	Tricia D'Orsi and Karen Watts	December 2024	ICB Quality & Safety Committee	Progress with workstreams: AMS, CDI Reduction, MRSA, GNBSI, Glove Reduction and IP&C Training and Education.

Impact: the system is focussed on ensuring that services are as safe as they can be, to work and receive care in, and works together to consider sustainability to enable services and communities to meet the needs of future generations.

Priority 4: Ensuring services are safe and sustainable, for now and for future generations.

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Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
52	QS10	Harm Free Care	Reduction in reported Never Events.	All NHS Providers	ICB Quality Dashboard	Zero Tolerance
53	QS10	Harm Free Care	Increasing healthcare professional referrals into falls prevention initiatives for older people.	All NHS Inpatient Providers	ICB Quality Dashboard	90% Eligible Cohort
54	QS10	Harm Free Care	Reduction in reported Hospital Acquired Pressure Ulcers.	All NHS Inpatient Providers	ICB Quality Dashboard	Zero Tolerance
55	QS10	Harm Free Care	Reduction in reported Mixed Sex Accommodation Breaches.	All NHS Inpatient Providers	ICB Quality Dashboard	Zero Tolerance
56	QS10	Harm Free Care	Percentage of VTE assessments carried out.	All NHS Inpatient Providers	ICB Quality Dashboard	95% Target
57	QS14	IP&C	Reduction in system infection rates of C.Difficile.	All NHS Providers	ICB Quality Dashboard	Annual ceiling: 328
58	QS14	IP&C	Reduction in system infection rates of E.Coli.	All NHS Providers	ICB Quality Dashboard	Annual ceiling: 678
59	QS14	IP&C	Reduction in system infection rates of MRSA.	All NHS Providers	ICB Quality Dashboard	Zero Tolerance
60	QS14	IP&C	Reduction in system infection rates of Pseudomonus.	All NHS Providers	ICB Quality Dashboard	Annual ceiling: 84
61	QS14	IP&C	Reduction in system infection rates of Klebsiella spp.	All NHS Providers	ICB Quality Dashboard	Annual ceiling: 190
62	QS14	IP&C	Prescribing of broad-spectrum antibiotics in primary care.	Primary Care	ICB Primary Care Committee	At or below 10%
63	QS14	IP&C	Prescribing of total antibiotic items in primary care.	Primary Care	ICB Primary Care Committee	25% overall reduction
64	QS10	Patient Safety	Compliance with National Patient Safety Alert actions.	All NHS Organisations	TBC	100% Compliance

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Working with Carers to understand how they wish to engage with the ICS Quality Strategy, will be a focus within the first six months of the strategy delivery period.

Additional objective: including Carers within the ICS Quality Strategy

Objective	By Who?	By When?	Oversight	Goal for Achievement
15. To strengthen how the system brings carer experience into its quality assurance, oversight and governance approach.	Mark Burgis, Carolyn Fowler and Carers Voice	July 2024	ICB Quality & Safety Committee	Co-produce an approach to engaging carers in the strategy in the first six months and continuously review.

Metric	Objective	Category	Metric	Responsible Agent	Proposed Dataset	Threshold
65	QS04	Carers	Increase in percentage of uptake of the Norfolk and Waveney Carers Identity Passport.	ICB	Carers Voice Data	2500 applications

5. Qualitative Measures and Patient Voice

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Metric	Objective	Category	Metric	Responsible Agent	Learning Forum	Threshold
66	QS10	Mortality	Learning from Child Death Reviews.	Safeguarding Partners	Child Death Overview Panel	Qualitative
67	QS10	Mortality	Learning from the lives and deaths of people with a learning disability and autistic people.	ICB LeDeR Team	LeDeR Review	Qualitative
68	QS10	Patient Safety	Learning from Patient Safety Incidents.	All NHS Providers	Patient Safety Incident Review Framework	Qualitative
69	QS10	Safeguarding	Learning from Safeguarding Reviews.	Safeguarding Partners	Safeguarding Partnerships	Qualitative
70+	All Objectives	Patient Voice	Collecting and responding to the views, feedback and wishes of people living in Norfolk and Waveney.	Whole System	N/A	*To be developed with Patients and Communities*

Qualitative Measures

- Focussed on using learning from practice, mortality and adverse incidents.
- Evidence will be gained through action working groups taking forward recommendations. Oversight to ICB Board through its Quality & Safety Committee and shared with partners through the System Quality Group.

Patient Voice

- Using and promoting standardised Patient Reported Outcome Measures (PROMs) and broader insights from community voices to ensure that the patient voice and outcomes are delivered through the strategy objective to develop this alongside ‘organisational’ metrics.

6. Further Development of Shared Metrics

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Social Care Quality

- As the strategy for quality improvement across social care embeds, we will work with local authority teams to introduce social care metrics to the plan; aligning with the aspirations of our partners and identifying opportunities to collaborate on delivery across both strategic groups.

- This will be part of next steps for strategy delivery and will build on cross-sector working already taking place in the Norfolk and Waveney system.

Flourish Outcomes for Children and Young People

- As the metrics that underpin the Flourish ambition to improve outcomes for children, young people and families continue to develop, we will work with local authority and wider partner teams to introduce additional CYP metrics to the plan; aligning with the aspirations of our partners and identifying opportunities to collaborate on delivery across both strategic groups, through a quality lens.

- This will be part of next steps for strategy delivery and will build on cross-sector working already taking place through the Norfolk and Waveney CYP Collaborative as well as across ICB and local authority commissioning and transformation teams.

7. Enablers and Interfaces

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Other strategies and plans that have an interface / interdependency with the Quality Strategy:

- NHS Long Term Plan and NHS Patient Safety Strategy
- NHS Three Year Delivery Plan for Maternity and Neonatal Services
- ICS Joint Forward Plan
- ICS Clinical Strategy
- ICS Health Inequalities Framework for Action
- ICS People Plan and Workforce Health & Wellbeing Strategy
- ICS Infection Prevention & Control and Antimicrobial Stewardship Strategy
- ICS Research and Evaluation Strategy
- ICS Mental Health Strategy
- Public Health Self-Harm and Suicide Prevention Strategy
- ICS Learning Disabilities and Autism Strategy
- Provider Organisation Quality Account and PSIRF Priorities
- Primary and Community Care Plans
- ICS Social Care Quality Improvement Programme
- Flourish Ambition for Children's Services

Enabling functions that will be needed to support Quality Strategy delivery:

- ICB Digital, Data, BI and IG support for the Quality Strategy Metrics and Dashboard
- ICB Project Management Office support for the Quality Strategy
- ICB Research and Evaluation Team lead on Evidence and Continuous Quality Improvement

8. Year One Timeline

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Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Approve Plan						Review					Year 2 Refresh
QSO1: Well-Led Workshop											
QSO2: SQG Values											
QSO3: Just and Restorative Culture											
QSO4: System Quality Dashboard											
QSO6: Place Quality Framework											
QSO8: Embed Core20 at SQG											
QSO12: Embed CQRA/EIA at ICS EMT											
QSO15: Quality Strategy Carers Engagement											
QSO5: System Quality Outcome Measures											
QSO9: Develop use of Community Insights at SQG											
QSO7: Mental Health & UEC Quality Focus											
QSO10: NHS Patient Safety Strategy											
QSO11: Embed System Quality Risk Management Approach											
QSO13: Raise Awareness of Safeguarding Roles and Responsibilities											
QSO14: Deliver ICS Infection Prevention & Control Strategy											

Reports on progress will come to the ICB Quality and Safety Committee every month as a standing item.

ICS System Quality Group will be the main platform for collective activities and socialisation.

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Equality Delivery System (EDS2) annual submission**
Presented by:	**Andrew Jones, Interim Deputy Director of People** **(Ema Ojiako, Executive Director of People)**
Prepared by:	**Dawn Turner** **HR Business Partner**
Submitted to:	**ICB Board**
Date:	**23 January 2024**

Purpose of paper:

To present the final draft of the EDS2 2023 for noting prior to publication.

Executive Summary:

EDS2 is an annual improvement tool which aims to improve services for patients and working environments for staff by promoting equality and challenging discrimination. This a requirement for NHS commissioners and providers, with the reporting template to be submitted to NHSE and published online.

The reporting template includes a rating system, based on self-assessed scores of: (1) Undeveloped (2) Developing (3) Achieving (4) Excelling. In this year's submission the ICB is "achieving" across several areas, with an overall rating of "developing". This is a fair and measured assessment, reflecting that some actions that are still underway, but not yet completed – particularly within the area of inclusive leadership.

An action plan is included within the reporting template, with actions for 2024 that will take forward the key areas of focus. This will be further developed during the year, with a renewed focus following successful implementation of the ICB organisational change.

Continued importance will be placed on the NHS EDI Improvement Plan (the national plan launched in 2023) and its six high-impact actions to address the widely known intersectional impacts on discrimination and bias.

1. Measurable objectives on EDI for Chairs Chief Executives and Board members
2. Overhaul recruitment processes and embed talent management processes

3. Eliminate total pay gaps with respect to race, disability and gender
4. Address Health Inequalities within their workforce
5. Comprehensive induction and onboarding programme for international recruited staff
6. Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

The ICB will also align with the Strategic Health and Wellbeing priorities and work closely with the Health Inequalities team to progress key actions as required.

Recommendation:

The ICB Board is asked to note the contents of the attached report.

Key Risks	
Clinical and Quality:	
Finance and Performance:	Potential need to allocate resources to provide a comprehensive EDI agenda – as well as staffing resources to deliver the work
Impact Assessment (environmental and equalities):	
Reputation:	Lack of focus on EDI for staff (and ICS Partner Organisations) could lead to loss of reputation through not following national guidance and requirements.
Legal:	Contractual issues could arise if Equality Impact Assessments are not taking place. Grievance cases maybe brought if staff are harassed and bullied and ICB is not seen to commit to an EDI agenda and education for leaders and managers. Public Sector Equality Duty (PSED), Workofrce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are legal requirements for the organisation, and the EDS2 is part of the standard NHS Contract.
Information Governance:	
Resource Required:	Staff time Allocation of funds where relevant
Reference document(s):	

NHS Constitution:	Duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population. Duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.
Conflicts of Interest:	None
Reference to relevant risk on the Board Assurance Framework	

Governance

Process/Committee approval with date(s) (as appropriate)	

Classification: Official

Publication approval reference: PAR1262

NHS England

NHS Equality Delivery System 2022

EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS.....2

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation		**NHS Norfolk and Waveney ICB**	**Organisation Board Sponsor/Lead**
			tbc
Name of Integrated Care System		Norfolk and Waveney ICS	

EDS Lead	Mark Burgis - Executive Director of Patients and Communities - (Domain 1) and Ema Ojiako – Executive Director of People (Domain 2 & 3)		**At what level has this been completed? ICB and ICS**	
				***List organisations**
EDS engagement date(s)	Throughout November and December		**Individual organisation**	Norfolk & Waveney ICB Norfolk & Waveney ICS
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	Norfolk Community Health and Care, East of England Ambulance Service, James Paget University Hospitals, Norfolk and Norwich University Hospitals, The Queen Elizabeth Hospital Kings Lynn, East Coast Community

				Healthcare, Norfolk and Suffolk Foundation Trust

Date completed	January 2024	**Month and year published**	February 2024
Date authorised	January 2024	**Revision date**	February 2025

Completed actions from previous year	
Action/activity	**Related equality objectives**
NHS Norfolk and Waveney ICB has been undergoing an extended period of organisational change as a result of the national directives. A new draft structure was proposed in July 2023 and at the time of writing this submission in January 2024 the final structure is still unknown. Many of the actions identified last year in relation to Domain 1 are reliant on the final structure which includes resource and leadership around Health Inequalities. The proposed structure also includes resource to develop the complaints function so that it links with patient engagement and learning opportunities within the ICB and ultimately across the ICS. The ICB has been undertaking a piece of work in partnership with system partners to co-produce a Health Inequalities Framework which aims to build on existing assets within the ICB and offer co-ordinated leadership to the ICB and ICS in promoting health equity. This work has driven the current on-going review of the template and process involved in completing Equality Impact Assessments (EIAs), as well as the resources required to support their successful completion. The Personalisation function within the draft structure which would support Domain 1B - Individual service users health needs are met – has been reduced. The Norfolk and Waveney Community Voices programme is developing a new way to listen to our underserved communities by working with trusted communicators already operating in those communities, usually within the VCSE (Voluntary, Community & Social Enterprise) sector, local authorities and housing associations.	

The informal network of patient engagement and experience leads at NHS trusts and organisations across the ICS continues to meet and dedicates regular meetings to EDS2. The required three areas of focus for this year's submission – Children and Young People's services; Learning Disability and Autism (LD&A) services; and Mental Health services - were agreed by this group as a system, based on patient experience feedback gathered at the Trusts. A plan is being developed to implement the new national EDS guidance around co-producing future submissions with local people and communities.	
Domain 2 continues to be reliant on the outcome of the organisation change programme although progress is being made. We will continue to ensure inequalities don't take place during the restructure and will ensure that panellists and interviewers have completed relevant EDI refresher training. We will also ensure the smooth transfer of staff from one team to another where reasonable adjustments are in place, and these are continued to be agreed. There is much planning and preparation with regard to Leadership, Management and Team Development which we hope to implement following the announcement of the new organisational structure and throughout 2024. The Staff Opinion Survey 2022 presents a positive picture however, the ICB is undertaking a large-scale organisation change and it is important that we continue to focus on supporting our staff through this challenging and stressful time. With regard to our EDI improvement plans whilst there is much passion and enthusiasm across the ICB to support action plans, time and dedicated resource must be secured to ensure implementation can be achieved. Our staff groups and networks provide an excellent foundation to implement, educate and communicate many initiatives which we may undertake but protected time amongst these groups and networks are needed to sustainably support and drive forward the EDI improvement plan. Also working with our Partners across the ICS will enable us to work with larger scale organisation to ensure we can support our staff to join established networks for support.	Staff report positive experiences of their organisation Managers support their staff to work in culturally competent ways within a work environment free from discrimination

Our focus must remain on our anti racism, antibullying and harassment policies with education being a key priority and support to our Freedom to Speak Up Guardians. With consideration to various campaigns and education activity throughout 2024 and beyond. Our regular staff briefings continue to provide an excellent communication method to reach our staff to provide education and continue to demonstrate the ICB's values of, at all times being respectful, inclusive and embracing new ways of working by being innovative and continually improving. We also may consider greater health initiatives to support those staff with long term conditions and provide education to support our managers who have members of staff who have protected characteristics and how we can continue to make reasonable adjustments to support them at work.	
Domain 3 continues to be reliant on the outcome of the organisation change programme although progress is being made. We must continue to support our Leadership and Management Team to champion the EDI initiatives and through education programmes ensuring the spotlight remains on an 'EDI conversation' which challenges how we do things. We might also consider how EDI objectives might form part of all employee's appraisal process.	Senior leaders regularly demonstrate their commitment to promoting equality within and beyond their organisations

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly.

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**1) LD&A Services:** **Autism Diagnostic Services** • We commission 2 pathways in Norfolk & Waveney to carry out Autism Assessments. In Norfolk this is provided by Autism Service Norfolk (ASN) which is run by Norfolk Community Health & Care (NCHC) commissioned by Norfolk County Council (NCC), joint funded by the Integrated Care Board (ICB). In Waveney this is provided by Mind Professionals and Skylight Psychiatry, commissioned by the ICB • Both pathways carry out assessments which meet NICE guidance standards on adults aged 18+ who do not have a suspected Learning Disability (LD). Those with a suspected LD are assessed by the community LD teams in Norfolk (NCHC) and Waveney (Norfolk & Suffolk Foundation Trust) **LD Community Services** • Commissioned by the ICB and provided by NCHC in Norfolk and NSFT in Waveney, these services support those with a Learning Disability with their physical health, mental health, Speech & Language, Occupational Therapy, social inclusion, avoidance of admission and readmission to inpatient services, and to provide intervention and treatment etc	**2 (Achieving)**	1) Andy Hudson/ Jo Yellon/Bertone Santos Socorro

		Norfolk & Waveney Intensive Support Service • Commissioned by the ICB and provided by NCHC and Hertfordshire Partnership Foundation Trust (HPFT), to support people with a Learning Disability to avoid inpatient admission and readmission. This service supports people and/or professionals to manage behaviours of distress and offers assessment and treatment. It also supports individuals who are registered on the Dynamic Support Register (DSR) **Norfolk & Waveney Inpatient LD Service** • Based at Astley Court, commissioned by the ICB and provided by HPFT, this is an 8-bedded inpatient assessment & treatment unit providing comprehensive intensive, responsive treatment for adults with a learning disability who have behaviours of distress or mental health needs. Supports service users to return to the community as quickly as possible, involving service users, families and carers in the service user's recovery and reintegration **2) Children's and Young People's Services** • Any **gaps in provision** across the ICS footprint caused by the legacy of CCG commissioning are known and understood by NHS NWICB teams. Work is active to ensure consistency in outcomes are achieved across all localities, regardless of postcode. NHS NWICB has established strong collaborative partnerships with the local authority and NHS trusts to develop plans to address these. • **CYP Autism/Neurodiversity Services** - Current waits to access assessment are more than five years. Families are waiting too long to be seen and feel unsupported while doing so. There is insufficient capacity to meet the		2) Rebecca Hulme

		demand. Strategic planning and short-term initiatives are underway, but the impact will take time to benefit families. • **CYP Mental Health Services** - There are significant waits across Norfolk & Waveney for CYP Mental Health Services and a significant transformation programme of work has begun. Many programmes of work have been delivered to increase capacity across the system including an integrated front door for all requests for support, the launch of a professional's therapeutic pathway and dedicated CYPMH support on acute paediatric hospitals. A number of procurements have taken place in the last 6 months for new and existing services to address commissioning gaps. Positive impact of these changes is expected over the next 12 months. **3) Adult Mental Health Services** • **Let's Talk....Mental Health** – a period of engagement to check that mental health priorities from 2019 are still accurate and relevant following the COVID-19 pandemic. A summary of the work undertaken to address capacity in response to lived experience feedback is available on the ICS website. • **The NWICB Health Inequalities Framework** – the ICB MH Commissioning teams have had significant input into the development of the framework to ensure that inequalities around mental health as a protected characteristic are consistently reflected in commissioning and service provision across the system. • **Place based commissioning** – Locality leads for mental health have been identified at place level to ensure access		3) Emma Willey

		requirements are understood, and needs are met at a local level across Norfolk and Waveney as a large rural area. **4) ICB summary:** • **NWICB Joint forward plan** - Our local communities are at the heart of our plan. Local people have told us what our priorities should be, and from that we have set our eight ambitions for improvement. • As an Integrated Care Board and in line with our system wide **people and communities approach**, we publish a quarterly engagement report. • **Quality assurance and oversight** of provider performance and waiting lists, including waiting list harm reviews and elective recovery program. • **Provider monthly reporting** aligned to standard NHS contract and schedule 4 requirements. • **ICB Patient choice** policy, PIDMAS system and DMAS. • **ICS Program improvement board** reviewing service equality across N&W system. • Sharing of soft intelligence with the **CQC**		
	1B: Individual patients (service users) health needs are met	**1) LD&A Services:** Work to ensure individual needs are met includes: • The **LeDeR** (Learning from Lives and Deaths - People with a Learning Disability and Autistic People) team. • **Care (Education) & Treatment Reviews (C(E)TRs), Dynamic Support Registers (DSR) and Commissioner Oversight Visits (COVs) which C(E)TRs, the DSR and COV** provide the framework for one systemic approach which aligns the interdependencies between each element for scrutiny of the safety, physical health, provision of care,	**3 (Excelling)**	1) Andy Hudson/ Jo Yellon/Bertone Santos Socorro

		quality of life and to ensure individual's needs are known and being met and they are receiving the right support. • A pilot **Weight Management** project to support the residential care service to help people maintain a healthy weight through diet and exercise, including co-production of easy read supplements and social prescribing for holistic care planning • **Reasonable Adjustments** by adopting the Reasonable Adjustment Digital Flag (RADF). LD&A teams are already working to familiarise different services (including primary care, residential services, community health etc) with RADF, and develop a broader oversight structure to roll out this work across our system • An **end-of-life** resource pack for health and social care professionals has been created in response to learning from LeDeR to signpost and support people caring for individuals with learning disabilities and autistic people during end-of-life care • **Annual Health checks** for people with LD aged 14+ via their GP practice to have vital health checks performed such as physical checks including urine test, respiratory test, blood pressure and others, mental health and wellbeing. Ongoing work is being carried out by the ICB to increase the health check intake and quality • An **Ethical Framework** has been written and coproduced by service users, who have communicated how they would like their health needs to be met • **LD & Autism (Adults) Strategies** based on extensive system-wide stakeholder engagement to gather the views of service users and their families on what "meeting the health needs" looks like. The LD Plan (renamed to make it		

		more accessible) is currently being signed off at various system boards, including boards chaired by Experts by Experience. The Autism Strategy first draft is in process of completion. • The ICB commissions **Opening Doors**, a charity, to coproduce any LD work, including development of strategies, health check experience, commissioning, and others. They also act as a facilitator to gather the voices of service users around health needs, service access, experience, service gaps and inequalities. **2) Children's and Young People's Services** • Further work to commission **holistic pathways** for children and young people are needed. Mostly, children, and young people (once seen) access the right support to address their physical health needs. Access to support to maintain positive mental health while waiting should expand. Despite emerging collaborative work across trusts, there are 'critical' specialist areas e.g. Dental & ENT services, where children's outcomes are worsening as a result of long waits or poor access to provision • **CYP Learning Disability, Learning Difficulty and Autism/Neurodiversity Services** - NHS NWICB have recently expanded the starfish provision to ensure children with a learning disability are more effectively supported. This has had a positive impact on families. However, families report a significant lack of support to meet their child's health needs before and after a diagnosis of Autism, specifically to address mental health needs and broader socio-educational outcomes. The commissioned pathway		2) Rebecca Hulme

		needs to expand to include provision for broader health needs. • **CYP Mental Health Services** - The ICB commissions a CYP participation service (Youth in Mind) to ensure that CYP are involved in co-production in a meaningful way. CYP have developed a CYP Mental Health Charter which highlights what is important to young people and how they like to receive services. We encourage providers to work using CYPIAPT principals and demonstrate active use of clinical outcomes to evidence individual health needs are met. The launch of the integrated front door aims to ensure that when CYP and families request support for emotional wellbeing/mental health, that they receive the most appropriate support to meet their needs. A key element of the professional therapeutic pathway is to ensure that tailored packages of care can be delivered, with a particular focus on disadvantaged children and to reduce health inequalities. **3) Adult Mental Health Services** • **Norfolk & Waveney ICS Mental Health Co-Production Strategy** – currently being co-produced in partnership with Rethink Mental Illness and local lived experience representatives the strategy promotes personalisation and equalities and on completion will include an open online toolkit of resources for all system partners to use. • **Mental Health I-Statements** - coproduced with experts by experience and are based around the principles of personalised care. They are currently evolving further and will be integrated into service delivery and patient outcome reporting processes over the next 6 months.		3) Emma Willey

		• **Equality Impact Assessments (EIAs)** - have been used in relation to 22/23 commissioning of services – e.g. NHS Talking Treatments re-procurement. A review of the ICB's whole EIA process is currently under review as part of the development of the Inequalities Framework. **4) ICB Summary:** • NWICB provides service users with **access to individual services** via Individual patient pathways (IPP), Individual Funding Request (IFR), Personal Health Budgets (PHB) and Personal Wheelchair Budgets (PWB) • The **Health Inequalities Oversight Group (HIOG)** provides strategic leadership over the Core 20 priorities for adults and Children & Young people, working alongside health inclusion groups. • **Harm Free Care** - Shows professional curiosity regarding adverse events relating to patient safety and clinical care. It ensures procedures reflect current legislation, including national and local standards, escalates concerns in relation to patient safety and standards of clinical care, and describes a collegiate response to disseminate learning across the organisation. • **Implementation of the Patient Safety Incident Response Framework (PSIRF)** - to develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. • **Learning from deaths forum** - identifying themes and trends and the Role of the medical examiner, • **Enhanced oversight** and support of providers requiring improvement.		

		• **Quality Summit** co-delivered with NHSE regional team. • Whole system **Quality Strategy and Dashboard** in development		
	1C: When patients (service users) use the service, they are free from harm	**1) LD&A Services:** • **LeDeR -** has a well-established team of reviewers from multiple nursing specialties. Performance for review completion is high, mostly exceeding targets for completion of reviews within 6 months. Governance processes are strong, inclusive of experts by experience and the representative of the wider system. Learning is shared widely, and actions holders are held to account for improvements. • **Commissioning Approach -** We have robust contract monitoring which includes metrics around safeguarding, incidents, and patient experience and complaints. We act promptly on these quality metrics to ensure that we address patient harm as well and learning from past experiences and sharing best practice. Specific incidents are addressed by an open-door culture where incidents can be discussed promptly. Commissioner oversight visits are carried out frequently, where the inpatient facility is inspected, and any concerns can be raised. All of our Transforming Care Programme inpatient facilities are CQC inspected. All serious incidents are escalated to the LD&A Programme Board and ICB Quality and Safety Committee. **2) Children's and Young People's Services** • Mostly, **children, and young people** (once seen) access the right support to address their physical health needs.	**3 (Excelling)**	1) Andy Hudson/ Jo Yellon/Bertone Santos Socorro 2) Rebecca Hulme

		Evidence has shown that children have experienced harm because of long waits e.g. surgical treatment is no longer viable as children have aged beyond the critical stage of development. Other services can show children's outcomes are worsening as a result of long waits or poor access to provision e.g. Dental and ENT services. • **CYP Learning Disability, Learning Difficulty and Autism/Neurodiversity Services** - Further work is needed to improve crisis response community provision, but children and families do not report harm when accessing the service. Known commissioning gaps have agreed action plans in place to mitigate risk. • **CYP Mental Health** - Due to long mental health waiting lists a significant number of CYP were presenting in crisis, the impact of Covid also had a significant impact on CYP presenting in crisis with an eating disorder. Both the crisis and the eating disorder team have positively transformed provision and the quality of services. The LD/&A Navigator team work closely with the Professional Therapeutic Pathway to ensure that CYP at risk of presenting in crisis can access immediate mental health support and we are replicating this service with a Mental Health Navigator team. Work continues to address waiting lists to reduce the number of CYP presenting in crisis whilst they wait for support **3) ICB Summary:** • **Harm Free Care** - Shows professional curiosity regarding adverse events relating to patient safety and clinical care. It ensures procedures reflect current legislation, including national and local standards, escalates concerns in relation		

		to patient safety and standards of clinical care, and describes a collegiate response to disseminate learning across the organisation. • **Implementation of the Patient Safety Incident Response Framework (PSIRF)** - to develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. • **Learning from deaths forum** - identifying themes and trends and the Role of the medical examiner, • **Enhanced oversight** and support of providers requiring improvement. • **Quality Summit** co-delivered with NHSE regional team. • Whole system **Quality Strategy and Dashboard** in development		
	1D: Patients (service users) report positive experiences of the service	**1) LD&A Services:** • **Patient's stories on the LD&A board –** a person's life and experience remain a paramount focus for all LeDeR reviews. Speaking to someone who knows the person well gives reviewers a rich view of the persons hopes, wishes and passions as well as their experiences. This is over and above what can be gathered from medical and social care notes. Patient stories are weaved throughout our annual reports, to balance out any focus on data and quantitative information. • **Ethical framework -** Extensive work was carried out to collect the views of service users about their experiences of the LD&A services across Norfolk & Waveney. These experiences have formed the Ethical Framework principles.	**2 (Achieving)**	1) Andy Hudson/ Jo Yellon/Bertone Santos Socorro

		• **Commissioning Approach -** As part of our contract monitoring, we require providers to perform surveys on patient experience and outcomes. NSFT uses Dialog+ to collect patient views on services. We require all providers to have a robust complaints policy in place. **2) Children's and Young People's Services** • Feedback regarding **experience of the service is positive**, with demonstrable good practice across clinical services and teams. Families feel understood and well supported once seen. • **CYP Learning Disability, Learning Difficulty and Autism/Neurodiversity Services** - Families report a positive experience for community provision e.g. LD CAMHS and NDD assessment services. • **CYP Mental Health Services** - CYP and families provide lots of positive feedback once they receive services. The use of PROMs continues to be a priority, with a key provider sharing best practice and learning across the system. • **Overall**, this experience is negatively impacted by lengthy waits and poor broader provision across education, health and care. **3) Adult Mental Health Services** • **Community Transformation (CT) listening activity** – run in partnership with Rethink Mental Illness and people and communities experiencing inequalities – identifies broad themes and insight into experiences of people with lived experience which is regularly reported to the CT Steering Group.		2) Rebecca Hulme 3) Emma Willey

		• Reporting on specially commissioned services – many of these services are provided by VCSE organisations. For example, the Steam Cafes and REST mental health hubs.  Leaf STEAM Norfolk Report - Sept 2023.pc **4) ICB Summary:** • Healthwatch are members of the System Quality Group • Learning and action - E.g. In September 2023, NHS Norfolk and Waveney met with members of the Deaf community who use British Sign Language (BSL) to communicate, and their support network, Deaf Connexions. The feedback we received highlighted the challenges faced by people who use BSL to communicate and their families and carers when accessing healthcare. Using this patient experience information, the ICB pulled together an information sheet with a summary of the challenges reported and some suggested actions and considerations for health and care providers across Norfolk and Waveney Integrated Care System to take into account.		
Domain 1: Commissioned or provided services overall rating			**10**	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The ICB will continue focus and commit to the Norfolk and Waveney ICS Health and Wellbeing Plan to providing healthy work environments, with relevant and timely wellbeing support to enable our workforce to be well at work, feel valued, have a sense of belonging which includes promoting and maintaining good physical and psychological wellbeing and supporting those who need addition help. There continues to be a health and wellbeing page on the ICB intranet where staff can find information and advice on mental wellbeing, keeping active, staying healthy at work and healthy eating. There continues to be staff activity clubs including running and yoga. Staff have been actively signposted to seek annual flu jabs and in house clinics have been run on site at County Hall. In February 2023 the Employee Assistance Programme (EAP) was launched and has provided 24/7 support for mental health, physical, financial or personal issue staff maybe facing. The page on the intranet also signpost staff to self-help workbooks, podcasts and blogs and also sign posts other agencies. There is also a support and resource hub section on our intranet to support our staff whilst we are going through our organisation change. The hub signposts staff to Organisational Change Buddies and Mental Health First Aiders	2 Achieving	HR / OD Ema Ojiako

		Our Health and Wellbeing Champions continue to champion areas on Mental, Women's, Men's, Financial, physical and Social Health We have also launched this year support for Financial Wellbeing signposting staff to support lines and web chats together with helpful information on finances, pensions and redundancy. We will also be supporting further Welfare Officers to provide support to those staff involved in investigation and disciplinary procedures. The ICB's Teams channels continue to provide and signpost staff to health and wellbeing information with dedicated channels on Equality, Diversity and Inclusion, Finance Matters, Menopause, HR, Learning and Development, Mindfulness, Staff Rewards, Discounts and Benefits. We also have a Learning Hub and a Career Resource Portal which provides resources and leadership and management support. We also have a Staff Involvement Group which was established to ensure the ICB had the opportunity to engage and listen to the views of staff and help to inform both organisational decision making and organisational planning. This group has been very helpful in discussing the organisational change programme.		

		The ICB also has weekly Staff Briefings where staff are regularly signposted to health and wellbeing initiatives. The Staff Opinion Survey (2022) noted that 69.6% (national comparator 65.6%) of staff who answered the survey said “My organisation takes positive action on health and well-being”		

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	The Equality, Diversity and Inclusion Policy was reviewed in May 2023 together with the Dignity at Work Policy in June 2023. Continued importance will be placed on the EDI Improvement Plan to prioritise the 6 high impact target actions to address the widely-known intersectional impacts on discrimination and bias and in particular target 6 - eliminate conditions and environment in which bullying, harassment and physical harassment occurs. The ICB also supports an EDI Staff Group with 12 dedicated members meeting every two months creating awareness and sharing resources. The EDI Staff Group also has an EDI page and resource hub on the ICB's intranet site. The EDI Staff Group will be actively involved as we continue to develop the ICB's EDI Improvement Plans, initiatives, and address inequalities in the workplace. The ICB is committed to the implementation of the Antiracism Strategy and this work has been delayed due to the large rescale of the organisation. An Antiracism Strategy and high-level plan will continue to be developed throughout 2024. The ICB has created a system wide micro aggression portal to allow all staff the opportunity to informally and anonymously log incidences of bullying and harassment. Whilst we are pleased to report only a few incidences, 5	1 Developing	HR/OD Ema Ojiako

		have been reported, although one is too many. This tool is also on the ICB staff intranet and will be a tool for colleagues in the ICB to continue to log incidences. We will use the themes identified to address issues through a series of leadership and development workshops to train and support managers which will be delivered throughout 2024. Findings will also be fed into the N&W ICB anti-racism strategy mentioned above. These commitments and plans, will also support the ICB values of at all times being respectful, inclusive and embracing new ways of working by being innovative and continually improving. Together with the NHS People Promise and the ICB's Eight Ambitions of the Joint Forward Plan. The ICB also works closely with the Freedom to Speak Up Guardian to collaboratively address issues and improve experience. We will be further supporting our Guardians in 2024 and will be hoping to increase the number of Guardians available and we hope will represent the diversity of the staff. The Staff Opinion Survey 2022 detailed headline results which were published in March 2023. The response rate was 67.9% with 424 responses from a usable sample of 624. Key responses noted (national comparator)		

		51% (44.9%) the last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? 68.3% (64%) I am confident that my organisation would address my concern. 78.3% (72.3%) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc). 71.5% (65.6%) I feel safe to speak up about anything that concerns me in this organisation However, The people I work with are understanding and kind to one another dropped to 78% from 84.2 from 2021 to 2022 I am confident that my organisation would address my concern fell from 76.2% to 68.3% The people I work with are polite and treat each other with respect dropped from 87.8% to 79.3%. If I spoke about something that concerned me, I am confident my organisation would address my concern increased from 60.9% to 64.5%.		

Percentages are too small to compare, however these in numbers are a concern (one is too many)		
13a	In the last 12 months, how many times have you personally experienced physical violence at work from patients/service users, their relatives or other members of the public	4 of our staff answered 1-2 times *(1 reported it, 3 did not)*
13b	In the last 12 months, how many times have you personally experienced physical violence at work from managers?	2 of our staff answered 1-2 times *(1 reported it, 1 answered N/A)*
13c	In the last 12 months, how many times have you personally experienced physical violence at work from other colleagues?	2 of our staff answered 1-2 times *(1 reported it, 1 answered N/A)*
16a	In the last 12 months, have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	2 answered 'yes'
16b	In the last 12 months, have you personally experienced discrimination at work from a manager / team leader or other colleagues?	15 staff answered 'yes'
16b	On what grounds? 1 x Ethnicity, **5 x Gender**, 1 x Sexual Orientation, 2 x Disability, **5 x Age** (remaining answered 'other' or didn't select)	
No significant change from last year/nor significantly different from the comparator, however we must work to reduce		
14a	In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public? 14a	33 staff reported 1-2 times 14 staff reported 3-5 times 2 reported 6-10 times **2 reported more than 10 times**
14b	In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from managers?	26 staff reported 1-2 times **3 staff reported 3-5 times**
14c	In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from other colleagues	40 reported 1-2 times 10 reported 3-5 times **2 reported 6-10 times**
15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	31 answered 'no' 129 'don't know'

The Staff Opinion Survey has shown that the ICB is significantly better than the comparable average however, much works still needs to be done as there appears to be a slight downward trend.

It is important and clear that we must continue to focus and work hard to reduce any harassment, bullying or abuse at work.

Our anti racism strategy, together with the EDI improvement Plan and WRES & WDES objectives and action plan will highlight areas of concern that we will continue to address throughout 2024/2025.

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	As noted in section 2A staff have access to the Employee Assistance Programme. We continue to signpost all staff through the regular staff briefings to support available, our intranet provides much support and guidance, and our Teams Channels promote and remind staff of support available should they need this. We also are able to refer staff to Occupational Health and Counselling Support if required. Staff may also log micro-aggressions anonymously and safely and also speak to the Freedom to Speak Up Guardians.	2 Achieving	HR / OD Ema Ojiako

	2D: Staff recommend the organisation as a place to work and receive treatment	The 2022 Staff Opinion Survey noted 67.9% said they would recommend my organisation as a place to work. Although this dropped percentage did drop from 71.9% from 2021. Whilst unfortunately we have seen a downwards trend, we are still above the national average (60%) by 7.9%. However, it is important to note that we are going through a large-scale change programme, and this is extremely unsettling and worrying for staff. It will be important to rebuild and reenergise the staff once the new structures and teams are known. Leadership and Management Support is being developed, to support managers as they work with their teams going forward. We continue to recognise the importance of our staff groups particularly the Staff Involvement Group to ensure we listen to their views which in turn help the ICB to improve our working environments. Also our EDI staff group to ensure we support and empower all staff to achieve their potential through creating positive change. We continue to be supportive of those staff with protected characteristics and we need to ensure that we allow protected time for our staff to engage with internal networks or to join networks with larger employers in the ICS where peer membership will be higher.	2 Achieving	HR / OD Ema Ojiako

		The Executive Management Team continue to remain committed to implementing the Improving Staff Equity through partnership working – NHS employers. The ICB continues to send representatives to Workforce Inclusion Leads across the ICS and work with NHSE colleagues to support this initiative. There continues to be fund raising activities and links to the Norfolk County Council Sports and Social Club through our shared office space at Norfolk County Council in Norwich. We will continue to focus on improving the monitoring and quality of exit interviews and how this feedback and can improve working conditions and this will help to inform future ICB EDI plans. Regular one to one and appraisals should continue to provide staff with the opportunity for staff to receive support, both personally and professionally. Coffee connections continued to be successfully run through out 2023 encouraging staff to meet someone new in the organisation talking about work or social activities.		
Domain 2: Workforce health and well-being overall rating			7	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	As part of the EDI improvement plan the higher impact objective 1 -measurable objectives on EDI for Chairs, Chief Executives and Board members. Smart objectives have been developed and appraisals will be carried out in January to March 2024. These objectives and plans also reference the NHS Leadership and competency framework.	1 Developing	HR / OD Ema Ojiako

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	All public Board papers are on the website. There is a section on EIA at the end of every Board paper that presenters ensure is completed. Work on addressing Health Inequalities has been delegated to the Patients and Communities Committee. The Equality agenda is overseen by the People and Culture Committee as part of the broader People agenda. The EDI Board champion role is being reviewed as part of the organisational change. Although the development of the EDI improvement plan now sits with the HR and Organisational Development teams, and they will work closely with the EDI staff group and EDI leads across the ICS. A review of the EIA process is still underway to ensure process is effectively followed for all future projects and programmes of work.	1 Developing	

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Appraisal process is in place and appraisal refresher training sessions will continue to be offered to all managers. Leadership and management support programmes will be delivered following the launch of the new organisational structure. These refresher training sessions will be rolled out throughout 2024/25. Mentoring and coaching support is in place for System Leaders and Board members. All directorates and managers of people have access to performance dashboards to review and monitor progress against performance. There are dashboard reporting in place to measure key metrics relating to PHM and patient outcomes which are presented to Board regularly.	2 Achieving	
Domain 3: Inclusive leadership overall rating			4	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): **Peter Passingham (Unison Rep) date tbc**	**Independent Evaluator(s)/Peer Reviewer(s):** **Heather Farley, Chair of Equality Diversity & Inclusion Group (ICB) reviewed & commented on 8 January 2024 and submitted for further**

	discussion and review at the EDI staff Group meeting on 23 January 2024.

EDS Organisation Rating (overall rating):
Organisation name(s):
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	**Year(s) active**
Mark Burgis - Executive Director of Patients and Communities - (Domain 1) and Ema Ojiako – Executive Director of People (Domain 2 & 3)	April 2023 -
EDS Sponsor	**Authorisation date**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			

	1D: Patients (service users) report positive experiences of the service	Co-produce the 2024 EDS2 submission in line with guidance.	Develop a co-production plan in partnership with patient engagement and experience leads across the system.	December 2024

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Effective communication of health and wellbeing offers to staff	Continue to promote activities through staff briefings, intranet and Teams Channels. Continue to support staff network groups and champions. Continue to provide Employee Assistance Programmes. More signposting is required around asthma and diabetes. Consider FAQs or your need to know for newly diagnosed for line managers (Raj Todd & Evelyn Kelly)	Summer 2024

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Race at Work Charter to be adequately resourced against commitments. Anti racism strategy and action plan to be developed and in line with EDI policy and Dignity at work Policy. To review Micro-aggression Portal and promotion campaign and that Freedom to Speak up Guardians can promote. Continue the roll out of the Just and Restorative Culture Training To review information staff opinion survey when published in March 2024 and how we can improve our working environment.	To review activity and links to EDI and EDI improvement plan and implement. Link and partner with other ICS organisations. To provide education and awareness on race, equality, diversity and inclusion.	Summer 2024 Ongoing Autumn 2024 Ongoing March 2024 onwards

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Access to pastoral support through Freedom to Speak Up Guardians, Welfare Officers and Mental Health Support	Continue to promote and support activities. Continue to support the Employee Assistance Programme Continue to provide support and the resource hub especially through the organisational change. To continue to support and further recruitment of Freedom to Speak up Guardians.	Ongoing
	2D: Staff recommend the organisation as a place to work and receive treatment	Continuing to improve the working environment for all staff – giving them a sense of belonging, value opportunities to feel psychologically safe and to thrive.	EMT to support the implementation the EDI improvement action plan, anti-racism strategy and initiatives and action plans borne out of the PSED, WRES and WDES data. Dedicated resource is also needed. Consideration been given to the formation of a working group to come together to prioritise the EDI agenda and improvement plans. Deputy HR Director to champion and support this activity.	Ongoing Spring/Summer 2024 Spring/Summer 2024

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive	3A: Board members, system leaders (Band 9 and VSM) and those with line	Review appraisal information and feedback.		

	management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Review how leadership framework can facilitate future training and development (including compassionate leadership) EDI improvement action plan committed to and supported.	Review plan as part of SMT and agree action plans	Summer 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed		A review of the EIA process to ensure process is effectively followed for all future projects and programmes of work.	Autumn 2024
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients		Leadership and management support programmes will be delivered following the launch of the new organisational structure. These refresher training sessions will be rolled out throughout 2024/25.	Summer 2024

Patient Equality Team
NHS England and NHS Improvement
england.eandhi@nhs.net

Submission Template
Workforce Race Equality Standards 2022/23 template

Answer Required
Auto Populated
N/A

INDICATOR		DATA ITEM		MEASURE	2022 WHITE	2022 BME	2022 ETHNICITY UNKNOWN/NULL	2023 WHITE	2023 BME	2023 ETHNICITY UNKNOWN/NULL	Notes
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		**1a) Non Clinical workforce**		**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	**Verified figures**	
		1	Under Band 1	Headcount	0	0	0	0	0	0	
		2	Band 1	Headcount	0	0	0	0	0	0	
		3	Band 2	Headcount	1	0	0	1	0	0	
		4	Band 3	Headcount	44	4	0	62	5	0	
		5	Band 4	Headcount	69	1	1	76	1	0	
		6	Band 5	Headcount	67	2	0	67	2	0	
		7	Band 6	Headcount	57	2	0	59	2	0	
		8	Band 7	Headcount	94	2	0	91	2	0	
		9	Band 8A	Headcount	67	5	1	69	5	1	
		10	Band 8B	Headcount	47	1	1	47	1	1	
		11	Band 8C	Headcount	31	1	0	30	1	0	
		12	Band 8D	Headcount	20	1	0	23	1	0	
		13	Band 9	Headcount	7	1	0	6	0	0	
		14	VSM	Headcount	35	5	11	13	3	3	
			1b) Clinical workforce of which Non Medical								
		15	Under Band 1	Headcount	0	0	0	0	0	0	
		16	Band 1	Headcount	0	0	0	0	0	0	
		17	Band 2	Headcount	0	0	0	0	0	0	
		18	Band 3	Headcount	20	0	0	0	0	0	
		19	Band 4	Headcount	7	0	0	0	0	0	
		20	Band 5	Headcount	48	0	0	7	0	0	
		21	Band 6	Headcount	23	2	3	49	4	1	
		22	Band 7	Headcount	24	0	0	23	0	0	
		23	Band 8A	Headcount	21	0	0	25	2	0	
		24	Band 8B	Headcount	4	0	0	23	0	0	
		25	Band 8C	Headcount	4	0	0	5	1	0	
		26	Band 8D	Headcount	3	0	0	4	0	0	
		27	Band 9	Headcount	8	0	0	3	0	0	
		28	VSM	Headcount	0	1	2	2	0	0	
			Of which Medical & Dental								
		29	Consultants	Headcount							
		30	*of which Senior medical manager*	Headcount							
		31	Non-consultant career grade	Headcount							
		32	Trainee grades	Headcount							
		33	Other	Headcount							
2	**Relative likelihood of staff being appointed from shortlisting across all posts**	34	Number of shortlisted applicants	Headcount							
		35	Number appointed from shortlisting	Headcount							
		36	Relative likelihood of appointment from shortlisting	Auto calculated							
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated							
3	**Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation** **Note: This indicator will be based on year end data.**	38	Number of staff in workforce	Auto calculated	701	28	19	685	30	6	
		39	Number of staff entering the formal disciplinary process	Headcount							
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated							

Submission Template
Workforce Race Equality Standards 2022/23 template

	Answer Required
	Auto Populated
	N/A

INDICATOR		DATA ITEM		MEASURE	2022 WHITE	2022 BME	2022 ETHNICITY UNKNOWN/NULL	2023 WHITE	2023 BME	2023 ETHNICITY UNKNOWN/NULL	Notes
4	**Relative likelihood of staff accessing non-mandatory training and CPD**	42	Number of staff in workforce	Auto calculated	701	28	19	685	30	6	
		43	Number of staff accessing non-mandatory training and CPD:	Headcount							
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated							
9	**Percentage difference between the organisations' Board voting membership and its overall workforce** **Note: Only voting members of the Board should be included when considering this indicator**	46	Total Board members	Headcount							
		47	*of which: Voting Board members*	Headcount							
		48	*: Non Voting Board members*	Auto calculated	0	0	0	0	0	0	
		49	Total Board members	Auto calculated	0	0	0	0	0	0	
		50	*of which: Exec Board members*	Headcount							
		51	*: Non Executive Board members*	Auto calculated	0	0	0	0	0	0	
		52	Number of staff in overall workforce	Auto calculated	701	28	19	685	30	6	
		53	Total Board members - % by Ethnicity	Auto calculated							
		54	Voting Board Member - % by Ethnicity	Auto calculated							
		55	Non Voting Board Member - % by Ethnicity	Auto calculated							
		56	Executive Board Member - % by Ethnicity	Auto calculated							
		57	Non Executive Board Member - % by Ethnicity	Auto calculated							
		58	Overall workforce - % by Ethnicity	Auto calculated	93.7%	3.7%	2.5%	95.0%	4.2%	0.8%	
		59	Difference (Total Board -Overall workforce)	Auto calculated							

Improving lives **together**

Norfolk and Waveney Integrated Care System

Integrated Care Board Finance Report

November 2023

(Month 08, 2023-24)

ICB Board – Part One: 23rd January 2024

Contents

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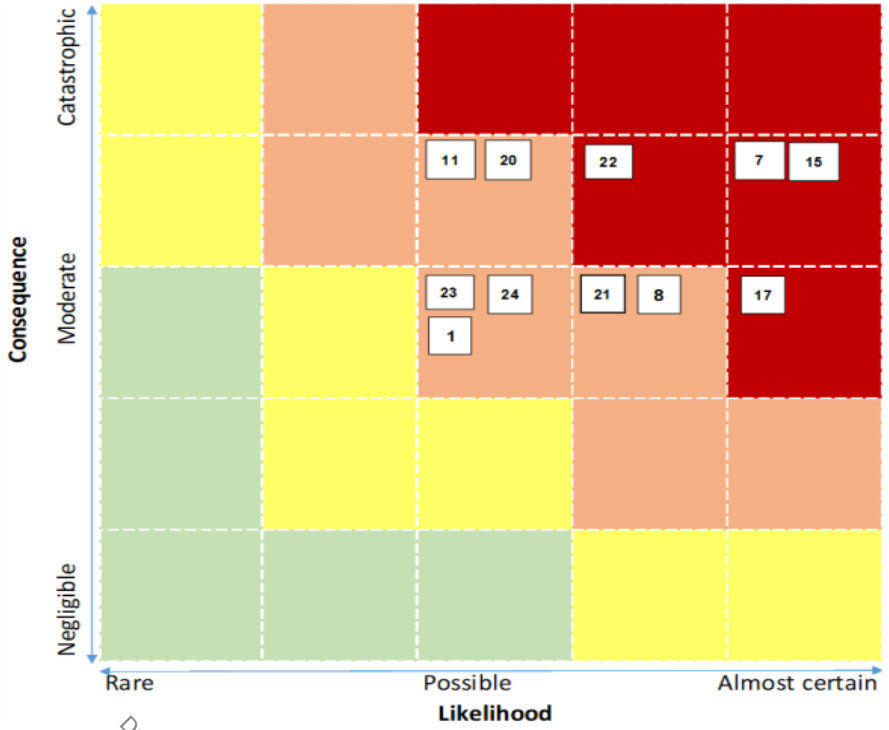
1. Executive Highlights

- This report represents the November 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**, in line with plan, but includes some offsetting variances, the major items being:
  - Full delivery of 17m of Pipeline Efficiencies. As part of the closing the gap exercise, £17.0 of pipeline efficiencies were identified of which £14.8m have been progressed to delivery stage – leaving £2.2m still being finalised (this balance is forecast to be delivered but with a commensurate risk included). The £17m achievement is spread across all directorates (albeit it on different spread than the original unidentified efficiency targets)
  - £(19.3)m Continuing HealthCare (CHC) pressures as result of increases in High Costs Learning Disability packages and Fast Track packages (excludes unidentified efficiency)
  - £(4.0)m Prescribing Pressure due to the Edoxaban Prescribing Rebate loss, national stock pressures, diabetes prescribing and increase in Oxygen Costs
  - £(12.0)m Pressure in Acute, including £10m anticipated system support required for QEH
  - £17m Anticipated underspend in Dental contracts
  - £15.3m of combined smaller favourable benefits to include Prior Year, contract negotiations and other planning benefits.
- **The Underlying position at M08 is £(96.4)m deficit**, a deterioration of £(39)m against the £(57.4)m financial plan for 2023/24. £(17.5)m relates to delivery of efficiencies in a Non-Recurrent Way, and a further £(27.6)m due to Operational Pressures in CHC, Acute Independent Sector, Prescribing and Mental Health Packages. This is a further deterioration of £(6.5)m against M07 underlying deficit of £(89.9)m.
- 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 **M08 the £75m planning risk is reassessed as being £13.5m** net risk on a probability basis, which is excluded from the forecast. This risk has decreased from M07 (£26.3m). Remaining risks include the operational pressures in Prescribing and Acute spend, along with risk to delivery of the efficiency schemes now identified.

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	Sep-23	Oct-23	Nov-23
Achievement of Plan	1	Achieve the 2023/24 financial plan **(BAF 11)**	12	16	12	12
	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	12	12
	21	Impact of Direct Commissioning transfer	9	12	12	12
	22	Re-Organisation: Running Costs Reduction, Increased Pay Costs and Cost of Delivery	9	16	16	16
	23	Debt and Working Capital Management (NCC)	6	9	9	9
Demand and Capacity	7	Continuing Health Care demand growth	9	20	20	20
	11	ERF: RTT backlog and Acute demand management	9	12	12	12
	24	Patient Choice (Learning Disabilities & Autism)	9	9	9	9
Efficiency	8	Efficiency, transformation development/delivery	8	12	12	12

Extreme	6	4	4
High	5	7	7
Moderate	0	0	0
Low	0	0	0
Total Risks	11	11	11

As at M08 (November) 11 Key Financial Risks remain open. This is a consistent risk assessment to that reported in October (M07).

Whilst risk FinCOM 15 'Underlying Deficit' risk-scoring remains consistent, the actual reported underlying position continues to deteriorate which remains a cause for concern. The ICB will commence a financial strategy and recovery plan when the 2024/25 Financial Plans have concluded.

Emerging Risk: Cash

An additional risk has arisen since M08 in relation to the ICB's cash availability and potential negative impact on payments to system providers in March 2024. This matter is being discussed urgently with National Treasury colleagues to seek an increase in the ICB's Cash Drawdown Allowance (CDA) so that payments to providers are not impacted and the ICB BPPC high-performance is maintained. Should this not be secured in January, this matter will be escalated.

3. Statement of Financial Position (SOFP)

The Statement of Financial Position presents the aggregate closing position of the ICB as at 30th November 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 prepayments and accrued income. The £10.7m balance is made up of aged debtors of £4.1m (including NHSE £1.7m and NCC £1.3m), net of a provision against this balance of £1.4m and prepayments and accrued income of £8m.

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 £54m since year end, driven principally by ICB and system invoice accrual timing. The £172m balance is made up of trade creditors of £6m, 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 £40m and ICB and system invoice accruals of £90m.

Provisions include legal, staffing and estates costs.

As part of the improvement in working capital with Norfolk County Council, outstanding non-PO transactions stand at £4.7m.

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 month's 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 month's commitment at a time.

NHS NORFOLK & WAVENEY ICB STATEMENT OF FINANCIAL POSITION	Position as at 31/03/23	Position as at 31/10/23	Position as at 30/11/23
ASSETS EMPLOYED			
Non-Current assets			
Right-of-use Assets	1,152	1,005	1,005
Accumulated Depreciation	(147)	(252)	(268)
Total non-current assets	1,005	753	737
Current assets			
Trade and Other Receivables	8,676	12,163	10,701
Cash and Cash Equivalents	1,649	518	429
Total current assets	10,325	12,681	11,130
Current liabilities			
Trade and Other Payables	(225,918)	(169,671)	(171,585)
Lease Liabilities	(219)	(191)	(191)
Provisions for liabilities and charges (including non-current)	(4,732)	(4,732)	(4,732)
Total current liabilities	(230,869)	(174,594)	(176,508)
Long Term liabilities			
Non-Current Payables	(686)	(686)	(686)
Non-Current Lease Liabilities	(775)	(559)	(520)
Total non-current liabilities	(1,461)	(1,245)	(1,206)
Net assets employed	(221,000)	(162,405)	(165,847)
FINANCED BY TAXPAYERS EQUITY			
General fund	(221,000)	(162,405)	(165,847)
Total taxpayers equity	(221,000)	(162,405)	(165,847)

4. ICS Financial Summary

Revenue position:

The ICS reported position for M8 is,

- £16.1m Year to Date deficit, adverse to plan by £5.6m.
- Full year Forecast Breakeven, on plan.

The most significant variance year to date is at QEH. This is primarily driven by the under-delivery of the CIP programme, and the trust not closing down bed capacity as planned.

Revenue surplus/(deficit) £m	Month 8 YTD			Forecast Outturn		
Organisation	Plan	Actual	Variance	Plan	Actual	Variance
JPUH	(1.0)	(0.4)	0.6	0.0	0.0	0.0
NNUH	(2.8)	(2.9)	(0.1)	0.0	0.0	0.0
QEH	(2.8)	(8.9)	(6.1)	0.0	0.0	0.0
NSFT	(4.1)	(4.1)	0.0	0.0	0.0	0.0
NCH&C	0.2	0.2	0.0	0.0	0.0	0.0
Provider Subtotal	**(10.5)**	**(16.1)**	(5.6)	**0.0**	**0.0**	0.0
ICB	0.0	0.0	0.0	0.0	0.0	0.0
N&W System Total	**(10.5)**	**(16.1)**	(5.6)	**0.0**	**0.0**	0.0

Capital position (System Capital Delegated Expenditure Limit – System CDEL):

- Overall the position shows a £2.2m forecast overspend against the N&W plan after inclusion of IFRS16 expenditure and allocations. This is driven primarily by the £2.5m difference between the original 2023/24 IFS planned expenditure and the reduced allocation.

- The system is liaising with regional colleagues re: potential additional CDEL resource to cover the IFRS 16 allocation gap.

		2023/24 System CDEL FOT								
		System CDEL (excl. IFRS 16)			IFRS 16 Impact			System CDEL (inc. RAAC & IFRS 16)		
		PLAN	ACTUAL	VARIANCE	PLAN	ACTUAL	VARIANCE	PLAN	ACTUAL	VARIANCE
Norfolk and Waveney ICS		£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
RM1	NNUH	14,635	15,513	878	8,137	8,137	0	22,772	23,650	878
RMY	NSFT	12,580	9,402	(3,178)	2,419	1,905	(514)	14,999	11,307	(3,692)
RY3	NCHC	4,755	7,314	2,559	0	300	300	4,755	7,614	2,859
RCX	QEH	31,728	40,094	8,366	0	0	0	31,728	40,094	8,366
RGP	JPUH	14,850	14,917	67	70	420	350	14,920	15,337	417
	Total	**78,548**	**87,241**	**8,693**	**10,626**	**10,762**	**136**	**89,173**	**98,003**	**8,829**
	Hellesdon Balance	0	242	242	0	0	0	0	242	242
	Total System Position	**78,548**	**87,483**	**8,935**	**10,626**	**10,762**	**136**	**89,173**	**98,245**	**9,071**
RCX	QEH RAAC	6,966	0	(6,966)	0	0	0	6,966	0	(6,966)
RY3	NCHC RAAC	2,347	0	(2,347)	0	0	0	2,347	0	(2,347)
	IFRS16 PFR plan vs Allocation Variance	0	0	0	(2,495)	0	2,495	(2,495)	0	2,495
	Adj. System Position	**87,861**	**87,483**	**(378)**	**8,131**	**10,762**	**2,631**	**95,991**	**98,245**	**2,253**

Glossary of terms (1)

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

Glossary of terms (2)

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 13

Subject:	**Changes to the Governance Handbook**
Presented by:	**Karen Barker, Executive Director of Corporate Affairs and ICS Development**
Prepared by:	**Karen Barker, Executive Director of Corporate Affairs and ICS Development**
Submitted to:	**ICB Board**
Date:	**23 January 2024**

Purpose of paper:

To seek approval of changes to the Governance Handbook, including the introduction of the Commissioning and Performance Committee to replace the current Performance Committee.

Executive Summary:

As part of the work on the governance review, the Board has previously considered the need for a change in the committees reporting to it.

It is proposed that the Performance Committee is replaced with a Commissioning and Performance committee. It is proposed that this committee is an assurance committee, but that it would also have some specific decision-making powers. These are set out in section 6 of the proposed terms of reference attached at appendix 1.

The Commissioning and Performance committee would fulfil a number of functions which currently either do not have a formal reporting line directly into the ICB's governance or which are currently undertaken by the Chief Executive.

The proposed new committee table is attached at appendix 2.

Report

What is the rationale for the change?

Currently most decisions within the ICB (except those reserved to Board) are taken through the ICB's Executive Management Team ("ICB EMT") with final sign-off by the ICB CEO and/or ICB CFO. The number and complexity of the decisions coming through this route is making the ICB's business very difficult to work through at times and is leaving less time in ICB EMT for the forward planning that the executives need to focus on.

Some decisions are also taken at the Integrated Care System's EMT (which comprises of chief executives and directors from across the system.) It has been agreed by the ICS EMT that this meeting should have a strategic leadership focus.

It is therefore proposed that a new Commissioning and Performance Committee is established and that it is a decision-making committee. In particular, decisions on business cases which are outside of the financial plan would go to this committee for consideration. Each year the ICB produces a financial plan and attached to that are the various projects and pieces of work - reflecting the overall Integrated Care Strategy, Joint Forward Plan and agreed priorities - that will enable the ICB to achieve the financial plan. There are inevitably things that will not go as planned or other matters that arise within the year which were not expected. It is therefore proposed that this committee consider those within a specific financial limit.

There are also some items which need to be formally considered within the ICB governance. For example, the new procurement regime means that the application of the provider selection regime in each business case needs to be formally considered. It is proposed that this is fed into the new committee, along with work about medicines and clinical policies.

Organisational Change- Commissioning and Performance team

The ICB's organisational restructure will also introduce a new commissioning and performance team, which would align with the business of the proposed new Commissioning and Performance Committee. The new team will be led by the Executive Director of Commissioning & Performance, a new role that will incorporate the following portfolios: Adult & Older Person's Mental Health, Planning and PMO and Commissioning. The Executive Director of Commissioning and Performance will be one of the members of the proposed new committee.

Bringing together these interlinked functions will help to create a more integrated commissioning 'engine room' for the organisation, to lead and support on strategic commissioning, savings and investment priorities, collaborative commissioning for Places and Provider Collaboratives and VCSE commissioning. It will also support the transfer of specialised commissioning from the region and ensure better alignment with the contracting and procurement teams. Finally, this portfolio adds capacity to support essential system planning activities and will allow a greater focus on performance and outcomes.

By aligning this new executive team and the proposed new committee, we will ensure more effective assurance and oversight by the ICB Board of these crucial functions.

Proposed membership of the new committee

It is proposed there would be ten members of the new committee, with a mix of ICB and system colleagues. Four members would be from providers across the system, four from within the ICB and two would be non-executive or partner members of the ICB Board. Traditionally a commissioning committee would have consisted mostly of members from the Board of the commissioning organisation, but clearly this is not the right approach within the context of a statutory Integrated Care System and our role as the statutory NHS ICB.

Interface with the system

The ICB is accountable for (amongst other things) the performance and finance of the NHS in Norfolk and Waveney. Hence the committee must be seen in that context. Because we now work within the wider integrated care system, involving a wide range of partners, it is proposed that this committee would also provide oversight from the NHS perspective for arrangements as to any future joint commissioning, as well as joint commissioning we currently do with partners, for example regarding children and young people's mental health.

For the avoidance of doubt, as set out in the proposed terms of reference, the committee would have oversight with regard to the NHS part of the system and would not be accountable or responsible for any local authority finances.

Practicalities of the meeting

It is proposed that the committee would be held monthly and in public. There may follow directly after the meeting held in public, a private part two meeting if there were items under the remit of the committee which should be excluded from the public domain as per the terms of reference.

Programmes reporting into the Commissioning and Performance Committee

In parallel with the work to establish the proposed new committee, a review of all the governance arrangements which sit below the committee structure is currently being undertaken. This is helpful in light of the organisational changes that the ICB is also working through. To that end the "tier 3" programme board structure is being rationalised across the system, directorate by directorate. The programme boards that are proposed to report into the new Commissioning and Performance Committee so far are included in the attached diagram (appendix 3.)

Recommendation to the Board:

The Board are asked to approve the proposed changes to the Governance Handbook to enable the establishment of the Commissioning and Performance Committee.

Key Risks	
Clinical and Quality:	N/A
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	N/A
Reputation:	It is important to the organisation and the system that decision making is clear and timely.
Legal:	It is important we ensure that committees are properly constituted and effective.
Information Governance:	N/A
Resource Required:	N/A
Reference document(s):	N/A
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	

Norfolk and Waveney Integrated Care Board (ICB)

ICB Commissioning and Performance Committee

DRAFT Terms of Reference

Revision History

Revision Date	Summary of changes	Author(s)	Version Number

Approvals
This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number

1. INTRODUCTION

The Commissioning and Performance Committee is a meeting established by the Norfolk and Waveney ICB to provide assurance to the ICB Board as to the matters set out below and make decisions within these terms of reference.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2. PURPOSE OF THE COMMITTEE

The Committee exists to provide assurance and oversight and make decisions (within its delegations) on the commissioning of services to ensure better outcomes for the population of Norfolk and Waveney. It will also consider the management of risk in all its work.

The Committee will provide regular assurance updates to the ICB Board in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

The Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Committee holds only those powers as delegated in the Scheme of Reservation and Delegation and set out in these Terms of Reference as determined by the ICB Board.

4. MEMBERSHIP AND ATTENDANCE

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than ten members of the Committee including at least two who are Non-Executive or Partner Members of the Board of the ICB. Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Chair and Deputy chair

If a Chair has a conflict of interest then the deputy chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Members

- Partner Member for Primary Care (Chair)
- One non-executive (Deputy Chair)
- ICB Executive Director of Commissioning and Performance
- ICB Medical Director
- ICB Executive Director of Finance
- ICB Executive Director of Strategy and Transformation and Deputy Chief Executive
- One member from the Norfolk and Waveney Acute Trust Collaborative
- One member from community services
- One member from mental health services and
- One member from local authorities.

- NHS England Regional Director of Finance or nominated Deputy (Investment Oversight Panel only.)

Attendees

Other individuals including;

- Chief Executives from within the system
- Representatives from Local Authorities
- Representatives from primary care
- Representatives from the VCSE sector
- Representatives from community providers
- Representatives from secondary providers
- System senior responsible officers for any programme

may be invited to attend all or part of any meeting as and when appropriate. to assist it with its discussions on any particular matter.

5. MEETING QUORACY AND DECISIONS

The Committee shall meet on at least a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

In accordance with the Standing Orders, the Committee will normally meet virtually unless face to face meeting is deemed necessary.

A public notice of the time and place of meetings to be held in public and how to access the meeting shall be given electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Quoracy

The quorum for the meeting will be five Members. This must include:

- at least one of either the Chair or deputy Chair,
- at least two ICB Executive Directors.
- At least one non-ICB member

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf. For the avoidance of doubt the deputy will be counted as part of the quorum.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out below on urgent decisions may be followed.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee or their nominated deputy may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

Urgent decisions

In the event that an urgent decision is required, if it is not possible for the Committee to meet virtually an urgent decision may be exercised by the Committee Chair and relevant lead ICB director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum two other members).

The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification and noted in the minutes.

6. RESPONSIBILITIES OF THE COMMITTEE

The responsibilities of the Committee will be authorised by the ICB Board.

Decision Making/Recommendations:

The Committee shall:

6.1 Make decisions on the whole value of a business case for Commissioning and Decommissioning (outside of the financial plan) under £1,000,000, (except where matters are delegated to Primary Care Commissioning Committee).

6.2 Make recommendations to Chief Executive/CFO or the Board on business cases over £1,000,000 which are outside of the financial plan as per the ICB's financial limits. Any business case brought under sections 6.1 or 6.2 above must be approved by the Director who is responsible for the portfolio to which the proposal relates and also include comments on finance before it is presented to the Committee.

6.3 Consider and make decisions on clinical policies as recommended by the Clinical Policy Development Group.

6.4 Consider and make decisions on recommendations from the medicines optimisation programme board.

Oversight and Assurance

6.5 Provide oversight and seek assurance that the operational arrangements in place across the ICB to support the commissioning of services/care to the local population are in line with the agreed system and place strategic plans. In particular to gain assurance as to the projects that were agreed as part of the financial plan to ensure they are on track.

6.6 Oversee the process for any further delegation of commissioning functions to the ICB from NHS England.

6.7 Provide oversight to the Individual Funding Request panels.

Investment Oversight Panel- Only applicable when the system or any part of it is subject to financial special measures.

6.8 The Committee shall also serve as an Investment Oversight Panel. Accordingly any part of the system that is proposing expenditure of over £50,000 (double lock) or the system in aggregate that is proposing expenditure of over £100,000 that will exceed the budget and/or the approved plan (triple lock) will be required to present its case to the Investment Oversight Panel. This process will apply even where additional funding is being provided to support the change, to ensure that expenditure increase is minimised.

6.9 In approving or rejecting the case the panel will have consideration to the items in appendix 1 to these terms of reference

Strategic Commissioning

Provide the health oversight and assurance needed to support the delivery of the joint commissioning agenda with Local Government. For the avoidance of doubt the committee is not accountable or responsible in anyway for any Local Government finances.

Provide oversight and seek assurance that the commissioning arrangements in place across the ICB to deliver delegated or joint services with NHS England are delivering in line with agreed principles.

The Committee will be the formal point of engagement for the ICB with the East of England Specialised Services Joint Commissioning Committee or equivalent committee, and will oversee the ICB's relationship with the regional specialised services commissioning team and will consider specialised services matters on behalf of the ICB.

The Committee will oversee and support the development of future models of collaborative commissioning with Provider Collaboratives and Alliances.

Performance

The Committee shall:

Conduct and lead oversight of both NHS system and commissioned provider performance, including evaluation of health services, provider resilience and failure and performance review and management.

Hold the system to account and provide challenge to the system where this is required to address opportunities to improve performance and outcomes.

Determine where a peer review or 'deep dive' approach is required to support improvement in the system; overseeing the subsequent review and ensuring the learning is implemented.

Direct improvement resources when required in the system, including defining the parameters of any new improvement plans, peer review of existing plans where expected outcomes are not delivered and coordinating with regulators where formal improvement or intervention support is required.

Approve the KPIs and outcome metrics for use across the system and negotiate any metrics or improvement trajectories with NHSE where relevant to NOF segmentation or the Recovery Support Programme (RSP), as may be required from time to time.

Take into account the duty of the ICB to harness innovation, best practice and the use of evidence and evaluation in commissioning decisions, to ensure this is consistently adopted across the system.

Agree and coordinate any support and intervention carried out by NHSE, other than in exceptional circumstances.

Procurement

The Committee shall approve the application of the Provider Selection Regime process for the procurement of any business cases that it approves under its delegation as set out above.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Committee is directly accountable to the ICB Board. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a written report on assurances received, escalating any concerns where necessary.

The Committee will receive scheduled assurance reports from any programme boards which report into it and also the deliberation prioritisation panel.

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

Members must demonstrate that they have considered the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and more frequently if required. The Committee shall undertake a review of its effectiveness and terms of reference at six months from establishment. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

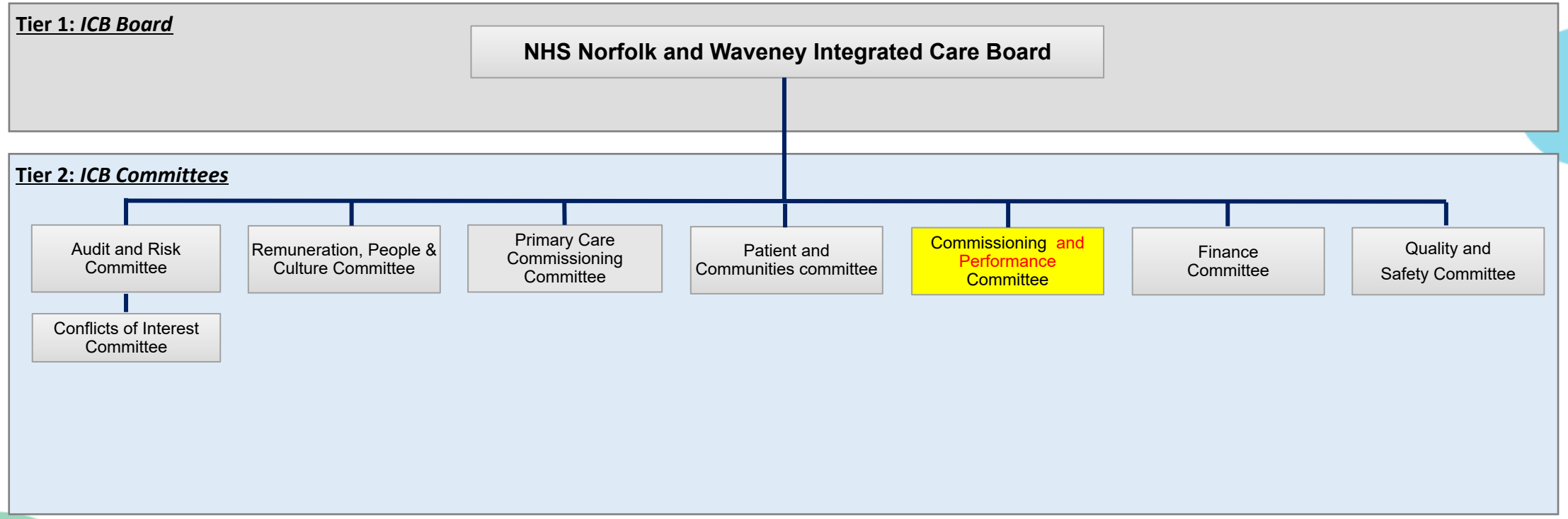
Appendix 1:

- The priority ranking of investments proposed, for which a scoring matrix can be used to help with consistency;
- The operational and clinical risks associated with not making the proposed investment, and how/whether these risks can be mitigated if the investment is not approved;
- Any other risks relevant to the decision;
- What alternatives have been explored to the proposed investment, such as a lower level of expenditure, and/or alternatives leveraging the wider system;
- Whether invest to save proposals have a sufficiently detailed and persuasive case to proceed including the likely return and the risk of successful delivery;
- Investments that are proposed to be funded with non-system resources are at least fully funded and do not present a future risk to the system's financial position; and
- The system's financial position and ability to absorb the proposed investment within the system's agreed financial plan.
- The equality, diversity and inclusion implications of the proposal.

Date of approval:

Date of review:

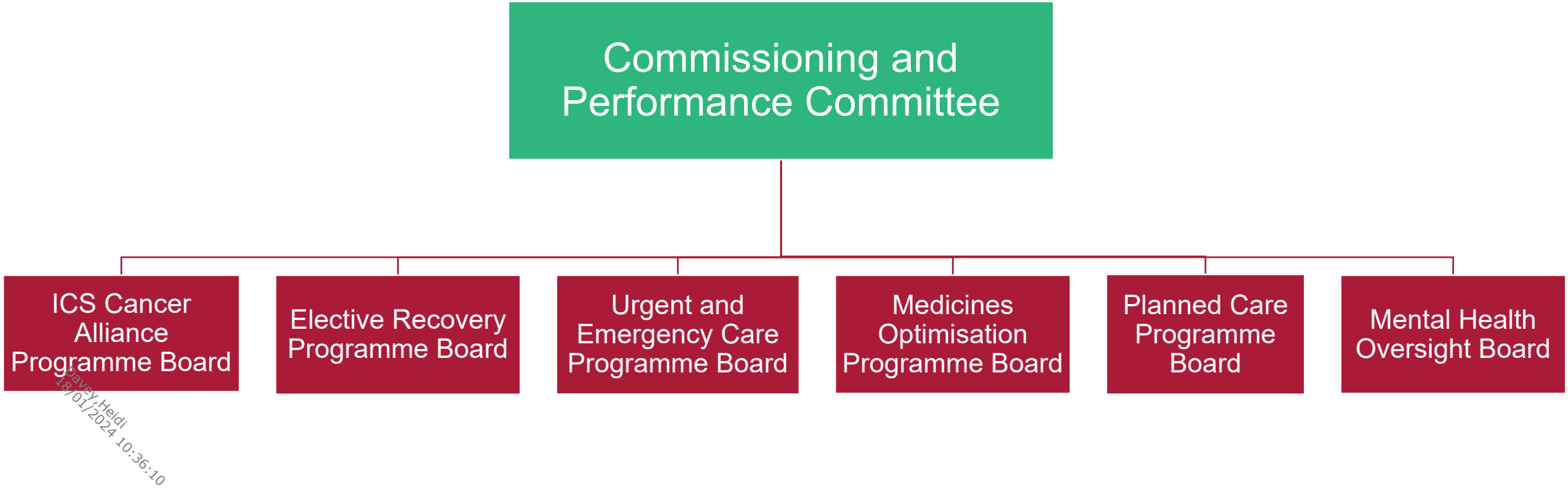
Proposed ICB Board Assurance Committees



Norfolk and Waveney ICB Governance Structure

Medical Director – Commissioning and Performance Committee

Improving lives together
Norfolk and Waveney Integrated Care System



NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 14

Subject:	**Board Assurance Framework (BAF)**
Presented by:	**Karen Barker, Executive Director of Corporate Affairs and ICS Development**
Prepared by:	**Martyn Fitt, Corporate Affairs Manager**
Submitted to:	**Integrated Care Board - Board Meeting**
Date:	**23 January 2024**

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 28 November 2023:

- **BAF04 Timely cancer diagnosis and treatment**. The risk is proposed to close and be replaced BAF23. BAF23 relates to the 'System failure to meet access standards for cancer diagnosis and treatment' and has been added to the BAF with a risk rating of 4x4=16

- **BAF10 EEAST Response Time and Patient Harms**. The risk rating has decreased to 4x4=16.

- **BAF11 Achieve the 2023/24 Financial Plan**. The risk rating has decreased to 4x3=12 in M07
- **BAF12a and BAF12b Cyber**. Both risk ratings have decreased to 2x3=6.
- **BAF13 Personal Data**. Risk rating has decreased to 2x3=6
- **BAF17 Financial Wellbeing**. This risk is proposed for closure.
- **BAF19 Right Care Now**. The risk title changed to better describe the programme and risk rating has increased to 4x4=16.
- **BAF22 Specialised Commissioning**. Risk rating has decreased to 4x3=12.

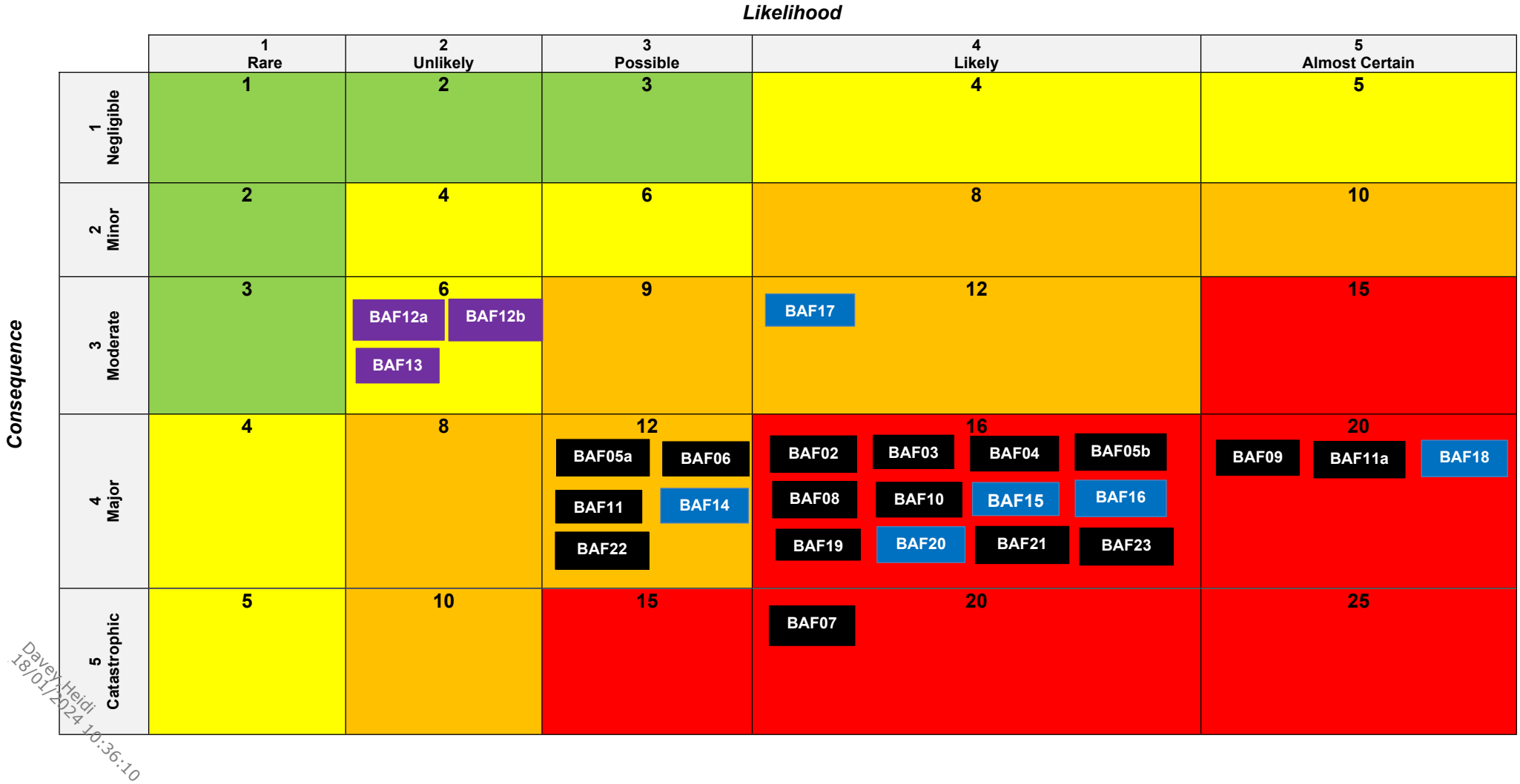
Recommendation to Board:

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

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

APPENDIX 2: RISK VISUAL

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



Norfolk and Waveney
Integrated Care Board

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

Version:	6	Date:	15 January 2024

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
BAF02	System Urgent & Emergency Care (UEC) Pressures	Mark Burgis	01/07/22	31/03/24	12	16	16	16	16	16	16	16	16	16			
BAF03	Providers in CQC Special Measures (NSFT)	Tricia D'Orsi	01/07/22	31/12/24	8	12	12	12	16	16	16	16	16	16			
BAF04	Timely cancer diagnosis and treatment	Dr Frankie Swords	01/07/22	31/03/24	8	9	16	16	16	16	16	16	16	Closed in M09			
BAF05A	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	12	12	12	12			
BAF05B	Barriers to Full Delivery of the Mental Health Transformation Programme (CYP)	Patricia D'Orsi	01/07/22	31/03/24	8	16	16	16	16	16	16	16	16	16			
BAF06	Health Inequalities and Population Management	Dr Frankie Swords / Mark Burgis	01/07/22	31/03/24	4	12	12	12	12	12	12	12	12	12			
BAF07	RAAC Planks	Steven Course	01/07/22	31/03/24	15	20	20	20	20	20	20	20	20	20			
BAF08	Elective Recovery	Dr Frankie Swords	01/07/23	31/03/24	12	16	16	16	16	20	20	16	16	16			

BAF09	NHS Continuing Healthcare	Tricia D'Orsi	01/07/23	31/03/24	9	16	16	16	16	20	20	20	20	20			
BAF10	EEAST Response Time and Patient Harms	Tricia D'Orsi / Mark Burgis	01/07/22	31/03/24	9	16	16	16	16	16	16	20	20	16			
BAF11	Achieve the 2023/24 Financial Plan	Steven Course	01/07/22	31/03/24	12	16	16	16	16	16	16	12	12	12			
BAF11A	Underlying Deficit Position	Steven Course	01/07/22	31/03/24	12	20	20	20	20	20	20	20	20	20			
BAF19	Right Care Now	Tricia D'Orsi	25/10/22	31/03/24	6	15	15	12	12	12	15	15	15	16			
BAF21	Grant Thornton Mortality Review	Dr Frankie Swords	18/07/23	31/03/24	4				20	20	20	16	16	16			
BAF22	Delegation of 59 Specialised Services to N&W ICB from NHS England on 1 April 2024	Andrew Palmer	3/10/23	31/03/24	9							16	16	12			
BAF23	System failure to meet access standards for cancer diagnosis and treatment	Dr Frankie Swords	22/11/23	31/03/24									16	16			

BAF02				
Risk Title	**System / Urgent & Emergency Care (UEC) Pressures**			
Risk Description	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. 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.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
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".
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
	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

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 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.	

- All acute hospitals have ambulance handover plans to improve handover performance and accommodate surges in demand.

- **Specific controls to improve discharge (cross-reference with BAF19):**
  - Discharge Director is supporting Trusts to ensure best practice is in place via a 30,60,90-day plan and 100-day discharge challenge.
  - Capacity and Demand modelling work is taking place and funding made available to support an increase in capacity using non-recurrent winter funding.
  - Circa 210 beds and 190 domiciliary packages of care equivalent to an acute bed have been mobilised across N&W until 31st March 2023.
- 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).
- 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.

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 31st 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 31st May and 31st 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	16	16	16	16			
Change	↓	→	→	→	→	→	→	→	→			

BAF03

Risk Title	**Providers in CQC Special Measures (NSFT)**			
Risk Description	There is a risk that services provided by Norfolk & Suffolk Foundation Trust (NSFT) do not meet the required standards in a timely and responsive way. If this happens, people who use our services will not receive access to services and care that meets the required quality standard. This may lead to clinical harm, poor patient experience and delays in treatment or services.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Tricia D'Orsi	Quality & Safety	Karen Watts	01/07/2022	31/12/2024

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**
• The report published on 28/04/22 gave an overall reduced rating of inadequate. The Trust was able to provide adequate assurance to mitigate the need for a Section 31 enforcement notice during the inspection. • The Trust's Improvement Plan is over seen by an Improvement Board with a focus on the areas set out in the section 29a letter and Must Do's issued in April 2022. Stakeholder engagement has been strengthened. Evidence Assurance Panel established with attendance by ICB MD and DoN. • Transformation plans continue to progress alongside Quality Improvement. • ICB attending Trust Quality and Safety Reviews (QSR) with frontline teams and working closely with NHSE. • The Trust was reinspected, with its report published in February 2023. The overall rating increased from 'inadequate' to 'requires improvement.' • The Trust will continue to receive enhanced support from NHSE to sustain improvements and to support exit from NOF 4 criteria in 2024. • A new model of care is currently being piloted in Suffolk. • High-level oversight of Grant Thornton actions in place. Bereaved families, Healthwatch and ICBs included.	**Internal:** Clinical Governance Meetings, Quality and Safety Committee, ICB Executive Management Team (EMT), System EMT, and ICB Board. Trust CQC Evidence Panel chaired by ICB. **External**: ICB attendance at Key Trust Meetings, Care Quality Commission, System Quality Group, Norfolk and Suffolk Healthwatch organisations, NHSE/I Oversight and Assurance Group, NSFT Quality Improvement Board, NSFT Quality Pillars and NSFT Quality Committee, Evidence Assurance Panel. Norfolk and Suffolk HOSCs.

Gaps in controls or assurances

- High levels of patient acuity are being reported. Capacity is not currently able to meet demand, particularly in the community.
- Workforce pressures. Impact of 'inadequate' rating on staff wellbeing and morale. Significant change within top leadership level.
- Long term sustainability of improvements, to BAU, is required to move out of NOF4 status.
- Publication of the Grant Thornton Review of mortality reporting (see BAF 21) led to adverse media attention. High-level oversight is in place, however there is still work required to ensure that the evidence of progress is shared and monitored consistently.
- Continued work to improve data validation across the Trust.
- The Trust has commenced a restructure of Care Groups and has had significant changes in senior leadership.

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
24/06/23	New model of care is being piloted in Suffolk.	G	31/03/24
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.	B	30/11/23

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	16	16	16	16			
Change	↓	→	→	↑	→	→	→	→	→			

BAF05A				
Risk Title	**Barriers to full delivery of the Mental health transformation programme (Adults)**			
Risk Description	There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet the need. If this happens, individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Jocelyn Pike	Quality & Safety	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**
• System wide governance framework in situ • Finance & Planning working group meet monthly to drive robust financial arrangements and deliver planned MHIS investment. • System commitment to increase knowledge skills and expertise and develop additional capacity through use of digital. • MH Workforce Programme Manager working with system partners to implement the N&W MH workforce strategy/ transformation. • Ongoing work with Population health management team to proactively contact and offer support/ physical health assessment and vaccination. • Co-developed eating disorder strategy to direct implementation of national ambitions • Working in partnership with Norfolk and Suffolk Constabularies to implement a system wide collaborative approach to Right Care Right Person	**Internal:** SMT, EMT, Board **External**: N&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,

Gaps in controls or assurances

- Impact of pandemic and cost of living crisis on mental health and well-being of population leading to increased need for support and adding to capacity pressures and resilience of providers
- Organisational development required to drive forward internal cultural change. Cultural shift required as a system to enable successful transformation and ensure mental health is better understood and regarded as 'everyone's business.'
- Cultural, digital and operational collaboration to enable access and easily navigable mental health services, is at an early stage of development.
- Conflicting priorities across complex system transformation agenda
- Intra-system Electronic Patient Record connectivity, especially at the interface of primary/secondary/social care and third sector provision, remains a challenge and priority to address.
- Ability to recruit, retain and train a viable number of staff to enable service expansion and meet the MH and well-being needs of the N&W population.
- Limited influence on alternative provision within a tightly prescribed talking therapies model – National NHSEI and HEE guidance is restrictive and does not allow local flexibility.
- 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 embed ~~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 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. Stocktake of Community Transformation underway to understand current position regarding recruitment, activity and spend against original transformation ambition and plans.	**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	12	12	12	12			
Change	→	→	→	→	→	→	→	→	→			

BAF05B				
Risk Title	**Barriers to full delivery of the Mental health transformation programme (CYP)**			
Risk Description	There is a risk that during a period of unprecedented mental health demand and acuity of need, current system capacity and models of care are not sufficient to meet demand. If this happens individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Jocelyn Pike	Quality & Safety	Rebecca Hulme	01/07/2022	31/03/2024

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
• 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 • Working in partnership with Norfolk and Suffolk Constabularies to implement a system wide collaborative approach to Right Care Right Person • Intensive day support unit now open for eating disorders and parent support offer in place. • Professional Therapeutic Pathway in place • Integrated Front Door phase one in place. • Enhanced support offers for 18–25-year-olds in wellbeing hubs. • Gender Identity Service in place	**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. • Lack of clarity regarding workforce capacity to deliver support at required levels. • Ability to recruit, retain and train a viable number of staff to enable service expansion and meet the MH and well-being needs of the N&W population.

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
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. Update 02/01/2024. Recruitment remains problematic. Workforce information requested from NSFT through newly re-established SPQRG	R	31/01/24
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. Update 02/01/2024. Recruitment remains problematic. Workforce information requested from NSFT through newly re-established SPQRG	R	31/01/24
08/11/23	Castle Green Integrated Intensive Day Support/Short Breaks Unit paper presentation and prioritisation matrix complete. Risks identified regarding financial implications. Presented to deliberation panel – scoring ratified and funding identified. Awaiting next steps. Need to confirm with NHSE due to capital funding allocation	A	31/03/24
08/11/23	CYP Collaborative continues to develop. System workshop scheduled for 15/12/23 to progress system working and opportunities for stakeholders to align resource. Update 02/01/24Workshop completed 15/12/2023. Priorities for workstreams proposed and will be established within January 2024	A	31/01/24
02/01/24	Additional capacity within Professional Therapeutic Pathway identified using winter funding. Monitor impact through waiting list updates.	A	31/03/24
02/01/24	Integrated Front Door further role out to include NSFT direct referrals scheduled to commence April 2024	A	31/03/24
02/01/24	Recruitment to mental health care navigator team commenced. Some delays due to organisational restructure – Project Manager in post, recruiting to programme lead role.	G	31/03/24
02/01/24	Castle Green Integrated Intensive Day Support/Short Breaks Unit paper presentation and prioritisation matrix complete. Risks identified regarding financial implications. Presented to deliberation panel – scoring ratified and funding identified. Awaiting next steps. Need to confirm with NHSE due to capital funding allocation	R	31/03/2023

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	16	16	16	16			
Change	→	→	→	→	→	→	→	→	→			

BAF06

Risk Title	Health inequalities and Population Health Management
Risk Description	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. 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.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
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
• Specialty advisors leading on CORE20PLUS5, HI, PHM and on HI in CVD. • The NCC deputy DPH is now leading the PHM team working closely with the health inequalities SRO and Clinical Lead. • The NCC deputy DPH is leading PHM. . • Plus groups now defined for N&W. • PHM and HI strategies are under development and key workstreams identified. • Health Improvement Transformation Group (HITG) focussing on Primary Prevention reports to the ICP, established with key priorities including smoking and physical activity. • Protect NoW used to target multiple groups to address inequalities using PHM systems. • Community Voices gathering insights into HI and connecting with local communities	**Internal:** PHM and addressing HI has been identified as a priority in our JFP. 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 & 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 PHM Maturity Matrix completed and reviewed **External**: Health & Wellbeing Partnerships, Place Boards, Clinical and Operational steering groups

Gaps in controls or assurances

- 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.
- Capacity and lack of data – poor co-ordination relating to HI across the system, particularly with reference to Core20+5 & VCSE integration agenda, resources in wider system (i.e. local government) to support agenda.
- NHSE HI funding not ring-fenced to support emerging work programmes and respond to system priorities.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
31/01/24	Engagement events held and draft PHM strategy and ICS HI Framework for action (including wider determinants of health) under development.	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	12	12	12	12	12			
Change	→	→	→	→	→	→	→	→	→	→			

BAF07

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

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Steven Course	Board/Finance Committee	Steven Course	01/07/2022	31/03/2024

Risk Scores

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

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

Gaps in controls or assurances

- Lack of approval of region-wide scoping piece prevents full evaluation and plan of service transition and recovery

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
16/02/22	Scoping piece to assess service transition and recovery post RAAC failure to concluded	**G**	ongoing
05/06/23	QEH approved for new hospital	**G**	ongoing
12/12/23	RAAC works at JPUH reduced to support ambulance handover capacity. works for the HSDU and kitchen will continue and will complete a significant area, so the overall programme is not significantly impacted	**A**	Ongoing

Visual Risk Score Tracker – 2023/24												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score	20	20	20	20	20	20	20	20	20			
Change	→	→	→	→	→	→	→	→	→			

BAF08

Risk Title	Elective recovery			
Risk Description	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.			
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
5	**4**	**20**	**4**	**4**	**16**	**3**	**4**	**12**

Controls	**Assurances on controls**
• The Elective Recovery Board meets bi-weekly to oversee all workstreams to improve performance and reduce harm. • Each Provider has completed waiting list validation, all patients clinically prioritised. • Unified process of clinical harm review and prioritisation in line with national guidance. • Workstreams in place to expand capacity, share learning, maximise efficiency and reduce variation in waiting times, including through mutual aid, and to transform care pathways to accelerate elective recovery, each led by a chief operating officer or medical director. • 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. • EMT agreement to commission elective capacity through independent sector providers. • Introduction of national PIDMAS system to assist with offering alternative choice of provider to long wait patients.	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 are expected to ensure zero 65+ week waits for non-admitted patients by end Nov to ensure delivery of admitted March 2024 target. 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. QEH de-escalated from Tier 2 to non-tier in Feb 2023. JPUH escalated to Tier 2 in June. NNUH remains on Tier 1 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.
- Impact industrial action on elective recovery and administrative resources to support validation and booking processes.
- Critical incidents declared at trusts due to intense pressure on emergency capacity.
- Staffing challenges at the Trusts with consultant sickness and vacancies.
- ICB admin resource to manage PIDMAS requests as well as limited Trust resource to undertake clinical and administrative validation of these requests.
- Limited capacity within the ICS and East of England to accommodate PIDMAS requests within timescales.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
03/01/24	• PIDMAS process implemented on 31/10/23 with 11,581 patients contacted (40+waiters). 437 PIDMAS requests received by ICB. Capacity identified for 13 to be treated locally and 78 to be added to the national DMAS system as they were willing to travel nationally. • New paediatric theatres at NNUH opened January 24releasing main theatre capacity for gynaecology surgery.	R	

	• Providers continuing to maximise use of Insourcing and Outsourcing opportunities to assist with T&O, dermatology, gynaecology and ENT backlogs. • JPUH currently forecasting 214 78-week breaches for end of Dec. • NNUH currently forecasting 766 breaches. • QEH forecasting 5 breaches – all due to patient choice. • Two more junior doctor strikes Dec & Jan impacting elective services and ability to deliver recovery targets.		

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	20	16	16	16			
Change	→	→	→	→	↑	→	↓	→	→			

BAF09

Risk Title	**NHS Continuing Healthcare**
Risk Description	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.

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
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
5	**4**	**20**	**5**	**4**	**20**	**3**	**3**	**9**

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.
- Implementation of increased financial control.
- Increased staff establishment.

Assurances on controls

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 – ongoing.
- 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

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. **11/10/23** ICB restructure consultation period extended so unable to recruit to posts.	**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	20	20	20	20	20			
Change	→	→	→	→	↑	→	→	→	→			

BAF10

Risk Title	EEAST Response Time and Patient Harms			
Risk Description	Clinical risks to patients awaiting ambulances in community – C1 and C2 response times including inability to undertake rapid release of ambulances. System-wide pressures continue affecting ambulance handover and inter-facility transfers resulting in patient harms.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Tricia D'Orsi / Mark Burgis	Quality & Safety	Karen Watts	01/07/2022	31/03/2024

Risk Scores

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

Controls	**Assurances on controls**
• Daily sit-rep ensures ICB is sighted on real-time demand and resource. • HALO role across all Acute sites to support Emergency Departments (ED). • 999 / 111 multi-disciplinary approach via CAS at IC24 to manage some ambulance calls and dispositions • Pre-alert and rapid release processes in place with safety netting for patients waiting to be seen. Ambulance and ED revalidations embedded. • Proactive public comms to promote appropriate use of NHS service options. This is reinforced across seasonal campaigns. • UEC Tactical Group continues to review system-wide SIs and identify trends / themes. • Interfacility transfers have improved with processes in place between organisations. • In August 2023, the ICB launched the Unscheduled Care Coordination Hub (UCCH) with the aim of reducing conveyances, this replaces and builds on the work of the previous 'Virtual Open Room' which triaged people waiting for an ambulance and re-routed appropriate calls directly into other community services. • System has agreed to a zero tolerance position for ambulance handovers >30min as of November-December 2023. This has resulted in a reduced number of adverse incidents and has supported improved ambulance response times in the community for C1 and C2.	**Internal:** EMT, N&Q Senior Team, ICB Clinical Lead for UEC and UEC Commissioning Team, ICB Quality and Safety Committee, ICB Board, Provider Governance Forum. **External**: Regional Commissioning Consortium, NHSE Regional Team, OAG and CQC.

Gaps in controls or assurances

- The Trust has seen prolonged periods of high activity. 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.
- Discharge pressures, with high numbers of patients with no criteria to reside, are improving but still impacting on patient flow through the acute hospitals. The occupancy and utilisation of escalation areas has increased as an unintended consequence of 30min ambulance handover improvement, ongoing impact of IA and seasonal pressures, including infectious illnesses.

- Significant challenge remains in social care re: capacity and workforce required to support packages of care in the community.
- 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.
  During the festive period, there have been some delays due to congested flow in the hospitals.

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
01/11/23	Partners have been asked to ensure frontline staff are able to access support, including management oversight and access to wellbeing resources and interventions.	G	31/03/24
03/01/24	All ambulance handovers equal or greater than 8hrs are to be reported to NHSE regional and national teams and the Department of Health.	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	16	20	20	16			
Change	↓	→	→	→	→	→	↑	→	↓			

BAF11

Risk Title	Achieve the 2023/24 financial plan			
Risk Description	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			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
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
5	**4**	**20**	**3**	**4**	**12**	**3**	**4**	**12**

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

- No contingency reserve in plan.
- £75m of unmitigated risks against the plan at the point of final submission, of which £52.2m (70%) assumed credits embedded within the plan relating to Efficiencies and project slippage.
- As at M08 (November 2023) the £75.0m planning risks have been re-assessed to £7.3m on a probability basis. This significant improvement arises from H2 system redress moving CHC risks into the forecast, securing the 5% efficiency plans and continued project management deferral. The remaining planning risks relates to unfunded Restructuring Costs, Prescribing, CHC appeals and Identified Efficiency delivery.
- In addition to the remaining £7.3m Planning Assumption Risks a further £6.3m of Net Risks have been noted at the end of M08 (November 2023) resulting in a Total net risk of £13.6m (M08 £26.3m). The new in-year risks arises from ERF/Independent increased ICB pressures, CHC appeals, and prescribing/community pharmacy increases.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
13/06/23	Review of monthly year to date performances and assess forecast out-turn evaluated risks and mitigations.	G	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	16	16	16	16	16	16	12	12	12			
Change	↑	→	→	→	→	→	↓	→	→			

BAF11A

Risk Title	Underlying deficit position			
Risk Description	If the ICB underpins its financial position via non-recurrent funding, then, this provides a risk to future years financial sustainability due to lower allocations based on historic expenditure.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Steve Course	Finance	Emma Kriehn Morris	01/07/2022	31/03/2024

Risk Scores

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

Controls	Assurances on controls
• Analysis and understanding of underlying recurrent position, including drivers of the deficit on a monthly basis. • ICS Medium Term Financial Model has been developed on consistent assumptions. • 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. • Key lines of Inquiries (KLOEs) have been reviewed and provide assurances as to strong financial governance and best practice adoption.	**Internal:** Board Reports and Minutes, Audit Committee reports and Internal Audit work plan, Finance Committee reports. **External:** ICB assurance process, early flagging of risk with NHSEI and Protocol conditions.

Gaps in controls or assurances

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 is no plan at present to bring to a break-even position in the short term. A Financial Strategy and Recovery Plan will be developed once the MTFP commencing in 2024/25 has concluded for the ICB.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
13/06/23	Develop ICS and ICB medium term financial plan to determine likely future underlying position. Developed in draft.	G	30/09/2023
13/06/23	Identify mitigations to risk in plan to include unidentified efficiencies. Ensure new schemes deliver on a recurrent basis.	A	31/12/2023
08/01/24	The M08 Forecast Outturn underlying position is £(96.5)m deficit (M07 £(89.8)m), which against the plan of £(57.3)m is a worsening position of £(39.2)m. Principal drivers are non-Recurrent efficiencies, and significant operational pressures through CHC & IPP packages.	R	31/03/2024

Visual Risk Score Tracker – 2023/24

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

BAF19

Risk Title	**Right Care NoW Programme**
Risk Description	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. Risk previously named 'Discharge from inpatient settings. Renamed January 2024 to align with new programme title.

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
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
5	**4**	**20**	**4**	**4**	**16**	**2**	**3**	**6**

Controls	**Assurances on controls**
• Daily review of all system discharge delays. • Escalation process for problems. • Local authority incentives in place to support care market. Supplementary P1 capacity/reablement commissioned by NCC. • NCC trialling Social Work support to Community wards to reduce long length of stay (LLOS). • Seasonal funding has set up 10 additional beds coming online to support discharge. • Unmet care need list is being monitored through NCC. • Single agreed system dashboard established and continuously developing to strengthen oversight. • New Transfer of Care form and processes approved for use across system. • The system has committed to commissioning of the Optica system, implementation has been delayed, planned to commence Q4 2023-24. This has the potential to reduce length of inpatient stay and streamline system data. • 7-day discharge is embedded in the Central locality. • 7-day Discharge Hub has been set up in Central. Hub Managers participate in LLOS meetings at Acute sites.	**Internal:** 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. **External:** Trust Boards, Trust Discharge Programmes e.g. HomeFirst, 3 x Acute System Operations, Resilience and Transformation Boards; NHSE oversight. Local Authorities.

Gaps in controls or assurances

- Insufficient capacity within existing care market as local provision is not designed to meet current acuity and complex care requirements.
- Workforce pressures. Staff sickness and absence continue to impact on performance.
- Underutilisation of criteria led discharge. This continues to be a system priority.
- 7-day working needs to embed fully across the whole Norfolk and Waveney footprint. This is improving but is still a risk.
- Local authority funding allocation for discharge support is split across SCC and NCC. There is yet no central breakdown for the system, which can be accessed by Discharge Programme Board.
- Breakdown and oversight of current ICB funding; what is recurrent and what is non-recurrent is unclear to Discharge Programme Board.
- Modular build is due for completion by 01/04/24. Recruitment is in progress. This will provide an additional 48 beds from 01/04/24. However, funding for the current 47 ICB commissioned beds runs out on 31/01/24, which reduces the impact of the modular build capacity. This potentially means a deficit of circa 47 beds between

01/01/24 to 31/03/24. This could potentially be longer if the modular build is delayed. A decision is required on the longer-term commitment for additional ICB funded beds.												
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.								**A**		31/03/24	
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.								**G**		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.								**A**		31/03/24	
19/10/23	SCC are pulling together the local authority funding allocation plan on behalf of both areas.								**G**		31/01/24	
19/10/23	ICB is pulling together an outline plan for ICB funds, detailing what is recurrent and non-recurrent, for Discharge Programme Board. This will outline funding gaps for 24/25.								**G**		31/01/24	
01/11/23	A paper has been received by ICB EMT, to explore future funding streams to support discharge.								**G**		31/01/24	
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	15	15	15	16			
Change	→	↓	→	→	→	↑	→	→	↑			

BAF21

Risk Title	**Grant Thornton Mortality Review**
Risk Description	Grant Thornton was commissioned by Norfolk and Waveney and Suffolk and North East Essex Integrated Care Boards to review the collection, processing and reporting of data. This found the processes to be unclear and rely on multiple systems to record and produce the data, with inconsistencies in the categorising and grouping of expected and unexpected deaths and unclear and inconsistent decision making and reporting of 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**	**4**	**4**	**16**	**1**	**4**	**4**

Controls

- NSFT have formulated an Action Plan for both Grant Thornton and Seagry recommendations with senior NSFT SROs aligned to specific actions including consistent categorisation and grouping of unexpected v expected deaths, and improve the understanding of all deaths for patients on its caseload, or within six months of discharge. Approved by board and both ICSs.
- Trust has developed an Standard Operating Procedure (SOP) to manage data recording and validation with auditable trail.
- Standardised automated reporting in place, approved through Trust Committee structure and agreed by the Board.
- Data sharing agreements in place and functional across ICS areas.
- Data quality Dashboard is in place and shared with the ICB, trust mortality dashboard under development.
- Work with HM Coroners to enable sharing of cause of death data.

Assurances on controls

Internal: ICB EMT, Quality and Safety Committee, Board, System Quality Group, system Learning from Deaths Forum, ICB Serious Incident Oversight, LeDeR and Child Death Review.

The Trust's Learning from Deaths quarterly Board report now includes thematic analysis of key metrics such as age, diagnosis, cause of death and deprivation indices.

External: Regional Quality Group, NHS England Oversight and Assurance of NSFT, NSFT Board, NSFT Quality Committee, NSFT Mortality Improvement Board, NSFT Co-production Groups, Norfolk HOSC and CQC.

Gaps in controls or assurances

- There is currently a lack of national guidance regarding recording of mental health mortality data with a gap concerning the oversight of deaths occurring in the community.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
31/01/24	Mortality plan approved and update provided to N&S HOSCs January 2024	G	30/01/24

Visual Risk Score Tracker – 2022/23

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

<table>
<tr><th colspan="9">BAF22</th></tr>
<tr><td colspan="2">Risk Title</td><td colspan="7">Delegation of 59 Specialised Services to N&W ICB from NHS England on 1 April 2024</td></tr>
<tr><td colspan="2">Risk Description</td><td colspan="7">This risk is written in the context of the timing of what we need to do to transition safely between now and 31 March 2024 and how that aligns with the timing of the ICB re-structure and full recruitment to the structure, specifically the appointment of the commissioning team and the Director of Commissioning and Performance. It is likely there will be a gap of a number of months between delegation and the team being fully appointed.

Inadequate current capacity / bandwidth within the areas of Finance, BI, Quality, IG, Contracting, Complaints, Comms & Engagement, Workforce and Commissioning may lead to issues post-transfer.</td></tr>
<tr><td colspan="2">Risk Owner</td><td colspan="2">Responsible Committee</td><td colspan="2">Operational Lead</td><td>Date Risk Identified</td><td colspan="2">Target Delivery Date</td></tr>
<tr><td colspan="2">Andrew Palmer</td><td colspan="2">Transformation Board</td><td colspan="2">Liz Joyce</td><td>3/10/23</td><td colspan="2">31/03/24</td></tr>
<tr><th colspan="9">Risk Scores</th></tr>
<tr><th colspan="3">Unmitigated</th><th colspan="3">Mitigated</th><th colspan="3">Tolerated</th></tr>
<tr><td>Likelihood</td><td>Consequence</td><td>Total</td><td>Likelihood</td><td>Consequence</td><td>Total</td><td>Likelihood</td><td>Consequence</td><td>Total</td></tr>
<tr><td>4</td><td>4</td><td>16</td><td>3</td><td>4</td><td>12</td><td>2</td><td>4</td><td>8</td></tr>
<tr><th colspan="4">Controls</th><th colspan="5">Assurances on controls</th></tr>
<tr><td colspan="4">
• Fortnightly N&W ICB internal T&F group in place and the NHSE lead for Spec Comm in N&W will be joining the group from January.
• It has been reiterated by NHSE that the EoE Commissioning Team are the commissioning resource for the ICBs in regard to specialised services and we should be working closely with them.
• Working with the other five ICBs and NHSE to complete the Safe Delegation Checklist, which has developed into five workstreams: Strategy & Planning, Governance & Clinical Leadership, Quality, Finance, Contracting & BI and Workforce & OD. N&W is represented on each.
• The regional Finance Sub-Committee and Finance workstream is discussing the proposed risk-share model.
• The Strategy & Planning Workstream has proposed a 2024/25 work programme with a framework of principles to inform future strategic planning and resource prioritisation across the six ICBs and NHSE and will develop a strategy over the next few months. Maintaining the status quo in year one is a key part of this, as ICBs will not be in a position to undertake significant pathway transformation work in 2024/25.
• The NHSE lead for Spec Comm in N&W is also part of the System Contracting Development Group
• Caveats that must be met before N&W ICB could accept delegation were fully supported by the ICB Board (Sept 2023)
• BLMK ICB confirmed as the host for the eastern region.
• NHSE staff are not TUPE transferring to BLMK ICB until 1 April 2025, so they have stability and a
</td><td colspan="5">Internal: Monitoring reports to Quality & Safety Committee, Finance Committee, Transformation Board

Report going to the Audit Committee on 18/01/2023.

External: Monitoring meetings: Specialised Services Joint Commissioning Committee (SSJCC) which reports to the NHS EoE Regional Executive Team, five workstream meetings hosted by NHSE and a Joint Endeavour Group hosted by BLMK. NHSE are joining the Joint Endeavour Group from January.</td></tr>
</table>

confirmed employer. Their line management will be via BLMK ICB and the ICBs • BLMK ICB have recruited a Managing Director to lead the multi-ICB workstream on behalf of all ICBs, a Finance Director and Programme Manager. • Integrated Performance Reports are being produced monthly and shared with the ICBs, but the information is high level • ICBs are being asked to review draft documentation as it is produced: The draft Collaboration Agreement includes the EoE Specialised Commissioning Team arrangements within that as a schedule. Comments requested by 12/01/24. • Arden & GEM CSU manage the BI functionality and this contract will remain with NHSE	

Gaps in controls or assurances

- Cancer infrastructure to support the BAU implementation of nationally defined best practice pathways and personalised care in cancer care is being raised as a significant cost pressure by providers for local commissioning. There are also provider concerns about the lack of population based annual increases in funding for oncology capacity/infrastructure as this has paused since the pandemic. There is a risk that the restructuring of spec comm will delay the recommencement of this population-based approach.
- There is no established relationship yet with the acute Specialised Commissioning Provider Collaborative. N&W ICB will need to understand and plan for commissioning specialised services which may include ICB individual access to data for secondary use purposes on behalf of other ICBs. ICB IG Leads engagement with the developing operating models is limited and there is potential that the appropriate due diligence relating to delegation / sharing agreements, DPIA's etc. may not be in place and reviewed within the timeframe for implementation. Without the due diligence being undertaken the ICB cannot manage the risks associated with the transition appropriately.
- The ICB's are not well sighted yet on the issues that are being brought forward by Clinical Networks, and expectations need to be managed through the Strategy & Planning workstream.
- Budget for HCDs and Devices is staying with NHSE for 2024/25. The drugs spend is volatile and activity and HCD are inextricably linked – the ICB will be in control of one element but not both
- The HCD budget for Spec Comm is part block for the known drugs/activity i.e. those drugs that have been embedded for a while, and PbR for all new drugs agreed in-year. (This is a different model to acute HCD contacting which is all block). There will be some other unknowns for HCD activity e.g. for those patients who choose out of area providers, the ICB will get pass through invoices and other add-ons. The mitigation is that in an ideal scenario the initial (transferring) provider would seek prior approval but this is not always the case, or possible.
- The available BI reports are not yet understood, and the ICB does not have identified commissioner leadership to review this with the NHSE Commissioning lead.
- No commissioning team leadership in post yet to resolve issues and promote a positive culture to develop Spec Comm services, within the ICB and with partners
- Commissioning team leadership will be required for local end to end pathway transformation, to integrate with other ICB commissioned services.
- The operational working relationship with hospitals in Cambridgeshire and London will need to be developed / improved
- Linked to the point above, Data Quality in the eastern region is deemed by NHSE to be good, that is not the case outside our region.
- N&W ICB is not yet well sighted on local Performance issues (e.g. RTT or Quality). NHSE has confirmed that waiting lists for specialised services are not separated out by Providers. There is no data available for out of region providers in terms of waiting list size.
- There is a risk that a proposed reduction in communications and engagement resource at NWICB will impact on our capacity to effectively communicate and engage with the local population in pathway changes
- Clinical leadership and the role of Providers within the new arrangements has not yet been discussed with them as the ask is unclear
- The Delegation Agreement is not yet available for review

- Matrix working across teams in the revised ICB structure is not yet established or understood – clarity regarding leadership and responsibilities needs to be developed.
- There remains a risk that the distance to target funding gap within the east of England for specialised services may drive an expectation that this gap is closed by using non-specialised funding, leading to pressures on budgets for existing services.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
01/12/23	The six ICB's and NHSE are listing out what the leadership roles and responsibilities are (ICB's will lead on these) and what the day-to-day commissioning role is (NHSE will continue to lead on this via BLMK hosted function) so there is transparency.	G	29/02/2024
01/12/23	Proposed finance principles to support 2024/25 planning and provisional baselines have been shared with all ICB's. Aims and Principles of the delegated decision-making framework have been shared with all ICB's with the main feedback being that an escalation framework will need to be developed rather than using a vote. Both documents were discussed at N&W ICB EMT 18/12/23 and Spec Comm delegation / transition is on the Audit Committee agenda on 18/01/24	G	29/02/2024
01/12/23	The Safe Delegation Checklist meetings have been superseded by five workstreams: Quality, Governance and Clinical Leadership, Strategy & Planning, Finance, Contracting & BI and Workforce & OD. These will oversee the completion of the Safe Delegation Checklist, but the focus is on safe transition rather than completion of the checklist as a task in itself.	G	31/03/2024
01/12/23	The Governance workstream is leading the development of a bespoke Collaboration Agreement. This has been shared with the six ICB's for feedback by 12/01/24 ready for the next stage of discussions.	G	15/01/2024
01/12/23	NHSE Programme Manager is developing a project plan of key dates and writing up the current governance framework.	A	29/12/2023

Visual Risk Score Tracker – 2023/24

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

BAF 023

Risk Title	System failure to meet access standards for cancer diagnosis and treatment.			
Risk Description	There is a risk that patients will come to harm due to the failure to meet access standards for cancer diagnosis and treatment.			
Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Dr Frankie Swords	Quality & Safety	Sheila Glenn	22/11/2023	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
Controls: The system Cancer Programme Board works in partnership with the regional cancer Screening and Imms team and North EOE Cancer Alliance, to optimise uptake/coverage of screening, and support system transformation projects to expand diagnostic and treatment capacity/transform how care is delivered to improve timeliness and efficiency. Unified prioritisation and harm review process for patients on waiting lists to ensure that elective capacity is used to deliver care to patients in order of clinical priority Quarterly presentation of key themes from cancer significant incidents at the Cancer Programme Board to share learning. Local communication plan in place to educate patients on worrying symptoms and encourage earlier presentation.. Range of partnership transformation projects to support raising awareness of the signs and symptoms of cancer in health inclusion groups and areas of deprivation. Non-specific symptoms (NSS) pathway in place via the system cancer Rapid Diagnostic Service. New cancer clinical decision support tool (C the Signs) in place to improve quality and reduce variation in urgent suspected cancer referrals. Additional transformation resource allocated to address backlogs in challenged pathways. Alliance FDS project focused on supporting rapid improvement of these pathways. Trusts have revised cancer recovery plans, transformation resource diverted to support additional breast activity. Mutual Aid being negotiated for radiotherapy from other Centres.	There are particular concerns re skin, gynae prostate and colorectal cancer pathways, and there is concern that recent industrial action has potentially exacerbated this. Additional cancer transformation resource has been allocated to address backlogs in these pathways. The Alliance FDS project is focused on supporting the rapid improvement of these pathways. **Assurance on controls:** Assurance on controls: Internal: Bi-monthly trust updates re transformation and operational delivery into the system Cancer Programme Board. Monthly updates on Cancer Tiering to the ERB with escalation of performance issues to the system Performance Committee. Escalation of issues/challenges is to the Transformation Board. Fortnightly regional/national support meetings for cancer Tier 1 trust (NNUH) also attended by the EOE North Cancer Alliance. This risk links to ERB risk (BAF 08) re clinical harm reviews/reprioritisation. Escalation of oncology medical staffing to People Board re provider cancer specialty workforce development plans and to influence/improve funding arrangements to support introduction of proposed new skill mixes into trusts. **External controls:** Oversight via PHE, NHS E and the NHSE Cancer Alliance. Insignificant medical staff in oncology across whole system to meet demand for subsequent adjuvant treatments.

Gaps in controls or assurances

Surges in demand in urgent suspected cancer referrals, workforce resilience/capacity and ongoing industrial action continue to impact on reduction of backlogs. Administrative capacity/processes to safely manage backlogs and waiting lists, exacerbated by industrial action. . Little spare capacity to support mutual aid and complex surgery is provided by the NNUH as Cancer Centre which impacts on QEH and JPUH.
Insignificant medical staff in oncology across whole system to meet demand for subsequent adjuvant treatments: Oncology medical staffing agreed as highest priority for system cancer workforce plan. System workforce steering group in place to baseline medical staffing across the 3 trusts with Alliance support. Ongoing skill mix redesign projects for the non-medical workforce (cancer nursing, therapeutic radiography and pharmacy).

Updates on actions and progress			
Date opened	**Action / update**	**BRAG**	**Target completion**
22/11/23	System workforce steering group leading work to baseline medical staffing across the 3 trusts with Alliance support. Ongoing skill mix redesign projects for the non-medical workforce. New breast oncologist has been appointed to NNUH due to start imminently. Regional escalation for support re Mutual aid, remote clinics, and reruitment/retention. Work with quality team to ensure trusts prioritise patients approaching the end of the adjuvant treatment window to prevent harm occurring/patient support in place. NSS pathway and cancer Rapid Diagnostic Service funded via fixed term funding, awaiting prioritisation process for future commissioning	**R**	March 2024

Visual Risk Score Tracker – 2023/24												
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Score								16	**16**			
Change								New	➔			

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

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

Summary of risks

Ref.	Risk 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
BAF12a	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	8	8	6	6			
BAF12b	Impact on Business Continuity in the event of a Cyber Attack on the ICB	Ian Riley	01/03/2023	31/03/2024	6	9	9	9	9	9	9	9	6	6			
BAF13	Personal data	Ian Riley	01/07/2022	31/03/2023	6	12	9	9	9	9	6	6	6	6			

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	3	6	2	3	6

Controls	Assurances on controls
• NCHC are already signed up to receive CareCERT alerts. Remedial action is implemented where necessary. • Windows 10, Threat Protection and MDE are in place for ICB and Primary Care devices. • Secure boundary protection is in place. • Ivanti, SCCM patching process to prevent Ransomware getting on the network. The process for accessing the out of hours support provided by NHS Digital to resolve major incidents will be established. • As of November 2022, NHSMail is protected by Microsoft Safe Links & Attachments • 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. • Annual IT Health checks (Penetration tests) undertaken to identify weaknesses in ICT/Cyber controls. • SDWAN (Software Defined Wide Area Network) implemented across the ICB. • The ICB's ICT provider are an exemplar in terms of Cyber Security • Leaver processes for NHS mail accounts are now standardised for the ICB so all leavers have their NHS Mail accounts disabled. • MFA enabled for all ICB staff. • MFA mandatory for non ICB Staff provided with an ICB NHS Mail address. • NHSE have confirmed (August 2023) that they monitor and provide technical resource to support business continuity, data recovery and cyber breach remediation.	**Internal:** Cyber Security Assurance Manager, Head of Digital, IG Working Group, NWICB N365 Technical Workstream Delivery Group **External**: National Cyber Security Operations Centre, NHSE, NCHC, MTI Technology Limited (technical partner to NHSE)

Gaps in controls or assurances

- 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.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
01/03/23	Completed –Digital led project delivered MFA to ICB so rolled out to all active staff on NHS Mail in ICB as of 05/01/24 ahead of the target date of 31/03/24 Only 7 enforced entablements via NCHC IT service where needed.	G	31/03/24

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	8	8	6	6			
change	→	→	→	→	→	→	→	↓	→			

BAF12b

Risk Title	**Impact on Business Continuity in the event of a Cyber Attack on the ICB**
Risk Description	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: - 1. Ransomware attack 2. Lack of user awareness Phishing/social engineering

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

Risk Scores

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

Controls	**Assurances on controls**
• 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) • NCHC are already signed up to receive CareCERT alerts. Remedial action is implemented where necessary. • Windows 10, Threat Protection and MDE are in place for ICB devices. • Secure boundary protection is in place. • Since November 2022, NHSMail is protected by Microsoft Safe Links & Attachments • InTune with mobile device management rolled out to staff using ICB issued and personal devices to access NHS Mail and MS Teams. • MFA mandatory for non ICB Staff provided with an ICB NHS Mail address. • Cyber security behaviour change support and awareness package with clear guidance developed to include: • how to spot and report a phishing email • how to get help if you have fallen for a phishing email. • campaign to improve password security. • campaign to raise awareness of giving your data away on social media. • campaign to encourage self-enrolment for MFA. • MFA rolled out to all staff in ICB. • provision of a channel dedicated to cyber awareness and information. • NHSE have confirmed (August 2023) that they monitor and provide technical resource to support business continuity, data recovery and cyber breach remediation.	**Internal:** Cyber Security Assurance Manager, Head of Digital, IG Working Group, NWICB Technical Workstream Delivery Group **External**: National Cyber Security Operations Centre, NHS Digital, NCHC, MTI Technology Limited (technical partner to NHSE)

Gaps in controls or assurances

- 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.

Updates on actions and progress

Date opened	**Action / update**	**BRAG**	**Target completion**
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	**A**	15/01/24

	their credentials. The target date has been moved given the sensitivities of the staff consultation.		
01/03/23	Completed –Digital led project delivered MFA to ICB so rolled out to all active staff on NHS Mail in ICB as of 05/01/24 ahead of the target date of 31/03/24 Only 7 enforced entablements via NCHC IT service were needed.	G	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	9	9	6	6			
Change	→	→	→	→	→	→	→	↓	→			

BAF13

Risk Title	Personal data
Risk Description	There is a risk that the ICB's constitution and statutory / delegated functions will not permit it to process personal data without consent, 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 yet been given legal right to access personal confidential data. There is a subsequent risk of health inequalities due to surgeries not signing up to data sharing and sub licensing

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

Risk Scores

Unmitigated			Mitigated			Tolerated (Target in 12 months)		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	5	20	2	3	6	1	3	3

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

Gaps in controls or assurances

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

Updates on actions and progress

Date	Action	RAG	Target completion
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.	G	31/03/2023
01/1123	The IG and PHM team are working with the practices data who have signed data processing agreements, (95 of the 105). A documented use case process for any processing of the data is completed as and when data is required to support PHM initiatives. This requires sign off from ICB DPO and Practices DPO. The section 251 for risk stratification which has been submitted and approved till September 2024 covers the use of our risk stratification supplier identifying patients who meet a criteria identified and verified by a clinical lead to offer interventions to improve health outcomes. The ICB has signed new assurance statements and as such the ICB can continue to process data for invoice validation in line with the S251 for invoice validation, which has been extended for a further year to Sept 2024. The development of the Data hub and its information sharing agreement and DPIA is being implemented with updated agreements and DPIA. the use of the data will be approved by a joint controller group made up of all contributors to the Data Hub and ICS who will consider each use case to process data, to determine if it is lawful, fair, and transparent and compliant.	G	01/09/24

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	6	6	6	6			
Change	→	↓	→	→	→	↓	→	→	→			

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
BAF14	#WeCareTogether People Plan	Ema Ojiako	01/07/22	01/04/24	3	12	12	12	12	12	12	12	12	12			
BAF15	Staff Burnout	Ema Ojiako	01/07/22	31/03/23	4	12	12	12	12	12	12	16	16	16			
BAF16	The resilience of general practice	Mark Burgis	01/07/22	31/03/23	12	16	16	16	16	16	16	16	16	16			
BAF17	Financial Wellbeing	Ema Ojiako	01/08/22	Ongoing	12	12	12	12	12	12	12	12	12	Closed in M09			
BAF18	Resilience of NHS General Dental Services in Norfolk and Waveney	Mark Burgis	01/04/23	31/03/23	6	12	12	20	20	20	20	20	20	20			
BAF20	Industrial action	Ema Ojiako	14/11/22	31/03/23	6	16	16	12	12	12	12	16	16	16			

BAF14

Risk Title	**#WeCareTogether People Plan**
Risk Description	There is a risk that there is failure in the implementation of our *#WeCareTogether* People Plan in respect to improving health and wellbeing, creating new opportunities, maximising skills of our staff and creating a positive and inclusive culture at work. If this happens then we will not achieve our goal to be the 'best place to work'. This may lead to increased sickness and turnover, high vacancies and poor patient care, and our people may experience bullying and discrimination.

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Ema Ojiako	People and Culture	Emma Wakelin	01/07/2022	01/04/24

Risk Scores

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

Controls	**Assurances on controls**
#WeCareTogether system wide People Plan has been in place since August 2020 – this requires a refresh in line with the publication of NHS Long term Plan for Workforce released in June 2023 People Board in place with an operating model of Networks, Groups, and Stakeholders contributing to and leading delivery of the strategy. Good linkages with both NHS and Social Care Providers. Alignment to local workforce strategies within NHS Provider organisations and the NCC Adult Social Care Workforce Strategy. N&W ICB Change Programme will see a change in form and function for Workforce and the People Directorate, moving to a greater collaborative and convening style of leadership to work more closely with system partners to delegate and take shared responsibility for transformation across the ICS. N&W ICB Senior Team will review portfolios and ensure the right skills are in place to deliver against our agenda.	**External:** Norfolk and Waveney people Board and associated stakeholder Networks and Groups including HRDs, DoNs, Education, OD and Culture & Inclusion Leads **Internal:** N&W ICB Remuneration and Culture Committee

Gaps in controls or assurances

- ICB Change Programme will result in a change of form and function for the People Directorate. The change programme is led by the ICB Executive Director of People and some of the Senior Team which is causing a delay in external transformation activities.
- 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.
- Ongoing system pressures exacerbate the risk of poor wellbeing and resilience for our workforce, increasing our collective challenge to retain and recruit workforce.

Updates on actions and progress

Date opened	**Action / update**	**BRAG**	**Target completion**
26/12/21	• We now have 4 workstreams (system recruitment, reducing sickness, bank & agency, e-rostering) mapped to our SOF 4 plan for workforce. These workstreams will be monitored at the monthly system finance meetings and the WDG. These themes will reduce workforce risks on implementation.	**A**	31/3/23

	• System pressures and conflicting priorities for organisations have impacted on the delivery of these programmes resulting in delays and a lack of decision making on core elements of the programmes. • Newton Europe diagnostic work will support plans for a review of HR process and practice with strategic input from Director of People. • Director of People has commenced in post and is working with Director of Governance to realign portfolios.		
30/03/22	Workforce Dashboard to monitor high level milestones and assess progress in place.	**B**	Complete
01/04/22	EDI lead commenced in role to support focus on WRES and Inclusion across the system.	**B**	Complete
19/08/22	ICS people plan #WeCareTogether will be refreshed (national mandate) – resource secured to lead this work which will ensure ICB staff are included	**G**	Ongoing
14/11/22 1/4/23	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. Refresh of People Plan postponed in recognition of the pending publication of the NHS Long Term Plan for Workforce and the commencement of the N&W ICB Change Programme.	**R**	~~March 2023~~ 2024 - TBC
30/6/23 Sep 2023	Publication of the NHS Long Term Plan for Workforce – sets the intention for transformation over the next 5 years, awaiting further information from region regarding objectives and deliver timeframes. NHSE launched delivery plan and objectives for the LTP, this is now being socialised with N&W stakeholder groups to ensure alignment to local NHS Provider Workforce Plans, integration with Social Care, and N&W ICS JFP.	**G**	Dec 2023 Summer 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	12	12	12	12			
Change	→	→	→	→	→	→	→	→	→			

BAF15

Risk Title	**Staff burnout**
Risk Description	Burnout is measured by three elements. • Exhaustion - an imbalance between work demands and individual resources. • Individual strain - an emotional response of exhaustion and anxiety, which is heightened by not feeling effective. • Defensive coping - changes in attitudes and behaviour, such as greater cynicism. System pressures (increasing activity, workforce vacancies, sickness, and resilience) have increased the risk of fatigue and exhaustion. We are seeing increases in poor physical and mental wellbeing, low morale, and motivation. The transition from CCG to ICB pre pandemic, and now the ICB Change Programme which launched at the start of this year, presents a high risk of staff feeling unsettled and anxious in line with a change process which will require focussed support to lead people from our Executive and Senior Leaders. Consequences from burnout 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.

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

Risk Scores

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

Controls	**Assurances on controls**
• We are seeing an increase in ICB staff requesting support from the People Team – in particular line management culture change, new ways of working, developing teams. • The Staff Involvement Group and Senior Management Team flag issues regarding economic and cost of living rises – agreement in 2022 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. This risk will be reviewed in Nov 2023 given the current macro context and mitigations implemented for financial wellbeing under risk BAF17. • Staff wellbeing is a key consideration of the ICB Change Programme, with the Org Change Working Group regularly reviewing and factoring in updates from our staff, Change Buddies and Staff Involvement Group into the planning, response, and actions for the Change programme. • Additional HR expertise has been enabled to support the pace and scale of the Change programme, and to maintain BAU for our staff from a HR perspective. • ICB is participating in this year's staff survey which was open in Sep/October. Outcomes from the survey will be released in the new year by NHS England.	**Internal:** SMT, EMT, ICB Board, Staff Involvement Group, Wellbeing Guardian **External**: ICS Boards, NHSE/I

Gaps in controls or assurances
• Changes in NHS legislation, increased/additional workload and pressures post pandemic remain. • Issues are not new; they have been enhanced by the pandemic – longer term culture change required to support staff (especially in our approach to Flexible Working to support our people to obtain a better work/life balance). • Currently no dedicated budget or resource to support health and wellbeing initiatives. • Change in roles for Health and Wellbeing, EDI, and Freedom to Speak up Guardians represents a risk until we identify replacements. • ICB Change Programme is a highly emotive process for our staff. Increased effort required by our Executive, Senior leaders, HR and Finance colleagues, and our wellbeing leads to minimise the impact of a change cycle on individuals. We must ensure that support is in place for operational and exec leads aligned to the process to ensure people do not burn out.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
October 2021	Established H&WB Champions and Steering Group, utilising NHS H&WB Diagnostic and resources to shape actions and approach. • H&WB summit held in September to commence ICS H&WB strategy. • Continued support at organisation and system level to support staff wellbeing, this includes a focus on financial wellbeing, and our CV19 Resilience hub for health and social care staff. • Presentation at Clinical Director and through Medical Director briefings highlighted H&WB offers in place for Primary Care Workforce, this will also be captured in medical Director Blog in November for a wider audience. • Business case for ICB to implement Vivup, Employee benefit scheme to be proposed to ICB SMT on 17/11. Other Trusts in ICS already use or are implementing the use of Vivup so this will enable ICB to level up and offer equitable support for our staff.	G	31/01/23
May 2022	In response to NSS results, pilot new approach to wellbeing. conversations, incorporating available resources and support. Fully implement in July 2022.	B	Complete
May 2022	Communications and engagement review has now completed with findings to be presented to EMT in August/September.	B	Complete
May 2022	Refocussed Extended Senior Leadership agenda to focus on the People Promise values and to include regular updates and opportunities to receive updates, share information, and collaborate on the change process for the ICB. Meetings now held face to face to encourage collaboration and enhance relationships. 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. Summit postponed; however regular Extended Senior leadership meetings are taking place (most recently on 6/11). Awaiting EMT agreement on resource to lead the Phase 3 of the Org Change Programme – ICB Readiness and Implementation of new operational model.	A	April 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	12	16	16	16			
Change	→	→	→	→	→	→	↑	→	→			

BAF16

Risk Title	**The resilience of general practice**
Risk Description	There is a risk to the resilience of general practice due to several factors including 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.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/09/2020	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**	**4**	**16**	**3**	**4**	**12**

Controls	Assurances on controls
• 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. • PCN ARRS (additional roles reimbursement scheme) funding has increased again in 2023/24. • 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. • Interface group with representation from primary, community and secondary care system partners. • Standard contract requirements on interface – gap analysis and action plans, including monitoring being reviewed by contracts team.	**Internal:** Executive Management Team, workforce steering group, primary care strategic planning meetings, establishment of new medical operational delivery group **External**: Primary Care Commissioning Committee, NHS England via delegation agreement and assurance framework, Health Education England, Norfolk and Waveney Local Medical Committee

Gaps in controls or assurances

- Practice visit programme, CQC inspections focused on where there is a significant risk or concern.
- 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 as vacancy controls restrict recruitment and add pressure to others in the teams.
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction nationally with general practice through GP patient survey, consistent with national position.
- Progress on interface action planning process across Trusts impacted by ongoing pressures.
- Reporting process for inappropriate transfers of workload from community and secondary care providers to general practice under-utilised by practices, leading to potential under-reporting of issues.
- 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.
- Lack of additional funding for primary care budgets leading to delays (or potential ceasing) of work to support resilience and transformation in general practice.

Updates on actions and progress

Date opened	Action / update	BRAG	Target completion
13/06/23	• Support from internal ICB teams for practices rated inadequate or RI continues. Bite size training sessions to share learning are ongoing.	B	30/09/23

	• 67 practices benefitted from the quality, stability and support payment with a total investment from the ICB of £788,020 • 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. • 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. • Attended Norfolk Health Overview and Scrutiny Committee to discuss the issues and ICB plans to support patient access. • Comms campaign launched with focus on the additional roles forming part of modern general practice. • Agreement of final primary care budgets still awaited, causing delay to some areas of work. • 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.		
10.08.23	• 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. • Winter resilience letter published which confirms no additional funding for primary care over and above access recovery funding. • 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. • 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.	**B**	30.11.23
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.	**B**	31.10.23
Nov 2023	• 2 GP Practices have contacted the ICB stating that they are facing resilience issues, including workforce challenges, and are at risk. These practices have been contacted and supported by the ICB to ensure that patient services can continue to be provided. • Further GP Practice resilience issues have been identified through the LD Health Check programme and the completion of the annual practice E-Dec Declaration statement. • 62 Applications have been received from GP Practices applying for the £340k winter monies identified in November. Further funding may potentially be identified and released in the New Year. • The CQC have advised they will be implementing their Transformational inspection programme from the 9th January 2024. • System primary care access and improvement plan has been received by ICB Board. Work continues our interface processes. The ICB is linking with another ICB in England to learn from them and continually improve our processes. • A vacancy in the primary care team has been recruited to on a 3-month secondment, however, there remains concerns about capacity in the team. There is also no dedicated support for the interface programme in	**A**	31.03.24

	the ICB structure. It is expected these matters can be rectified once the ICB's organisational change process has completed. • In October 2023 a 12 month "Work Well Webinar Programme" launched which is based on the themes identified in the June 2023 Health and Wellbeing Survey. These include Burnout, Stress and Harassment) in the survey to support Health and Wellbeing for primary care. • Recruitment is pending for a Primary Care Health and Wellbeing Fellowship, which will help drive this agenda forward. • Primary Care Workforce (PC1 and PC17) has shown an 2% growth in general practice workforce across the system during 23/24. In addition, Primary Care Network Additional Roles Reimbursement Scheme has shown a 42% growth in workforce across the system during 23/24.		

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	16	16	16	16			
Change	→	→	→	→	→	→	→	→	→			

<table>
<tr><th colspan="9">BAF17</th></tr>
<tr><td colspan="2">Risk Title</td><td colspan="7">Financial wellbeing</td></tr>
<tr><td colspan="2">Risk Description</td><td colspan="7">There is a risk that in the current climate staff will become increasingly under pressure to maintain cost of living. As well as financial wellbeing, this will also impact on peoples physical, mental, and social wellbeing – which is likely to impact on resilience and productivity at work.

People may also consider alternative employment which offers more flexibility or increased income, take on secondary jobs, or access other avenues outside of workspace to increase financial wellbeing.

We also anticipate this will affect working arrangements – for example, reluctance to attend f2f meetings because of fuel or parking costs, or an increase in requests for office working in the winter to reduce personal heating bills which will affect the space available at our sites (e.g. NCC).</td></tr>
<tr><td colspan="2">Risk Owner</td><td colspan="3">Responsible Committee</td><td>Operational Lead</td><td>Date Risk Identified</td><td colspan="2">Target Delivery Date</td></tr>
<tr><td colspan="2">Ema Ojiako</td><td colspan="3">People and Culture</td><td>Emma Wakelin</td><td>01/08/2022</td><td colspan="2">ongoing</td></tr>
<tr><th colspan="9">Risk Scores</th></tr>
<tr><th colspan="3">Unmitigated</th><th colspan="3">Mitigated</th><th colspan="3">Tolerated (Target in 12 months)</th></tr>
<tr><td>Likelihood</td><td>Consequence</td><td>Total</td><td>Likelihood</td><td>Consequence</td><td>Total</td><td>Likelihood</td><td>Consequence</td><td>Total</td></tr>
<tr><td>4</td><td>4</td><td>16</td><td>4</td><td>3</td><td>12</td><td>4</td><td>3</td><td>12</td></tr>
<tr><th colspan="5">Controls</th><th colspan="4">Assurances on controls</th></tr>
<tr><td colspan="5">External
Flexible working policies in place which supports staff to manage their wellbeing through a mix of home working and office – impact on reduction in travel time, fuel consumption and parking fees.
Local initiatives for staff to manage their financial wellbeing are in place and localised to ICS Employing organisations.
Utilisation of Apprenticeship Levy provides funded support for staff increase their skills, competencies, and enhance career progression.
Employee Reward and Benefit Programme. plus Employee Assistance Programme (EAP) to support wellbeing and advice on financial management are in place.
Close working with ICS partner organisations coordinated through the ICB System Associate Director of Workforce Transformation and HRD network. This includes a T&F group for financial wellbeing with reps from NHS Providers, LA, and ICB.
EoE Regional Teams (HEE/NHSEI) also provide support, resources and regular updates on national responses.
Internal ICB – additional enhancements
Monthly Staff Involvement Group Meetings in place with representation from all Directorates provides a safe space to highlight risks and issues for staff wellbeing that can be responded to.
Weekly staff briefings will have regular inputs from SIG members with information and</td><td colspan="4">Internal: SMT, EMT, ICB Board, Staff Involvement Group, Remuneration People & Culture Chair

External: HRDs, N&W People Board</td></tr>
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guidance for support and to demonstrate that we hear and are doing what we can to support staff needs. • Recognition that financial wellbeing can affect any member of staff regardless of salary – SMT and EMT to recognise this to ensure compassionate and mindfulness to all staff. • Employee Assistance Programme (EAP) to support wellbeing and advice on financial management implemented in 2023 with regular communications, links, and information shared with staff to encourage utilisation of the platform via Vivup.	

Gaps in controls or assurances

- This is a macro issue, outside of our control. The country's economic climate shows no sign of easing.
- Financial constraints in the N&W system prevent large scale additional enhancements for staff for prolonged periods of time.

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
13/11/23	Recommendation that this risk is now closed give the broader macro context of cost of living in the UK. Satisfaction that adequate controls are in place to monitor financial wellbeing through existing ICS and ICB networks and groups – including People Board, HRDs, and the ICS Health and Wellbeing Leads Network Close working with HRDs and staff networks will allow our system to consider rising issues, and promotion of resources and support for our staff include Employee Assistance Programmes.	C	28/11/23

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	12	12	12	Closed			
Change	→	→	→	→	→	→	→	→				

BAF18

Risk Title	**Resilience of NHS General Dental Services in Norfolk and Waveney**
Risk Description	Primary Care Services became the responsibility of the Integrated Care Board from 1st 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.

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
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**	**4**	**3**	**12**

Controls

- 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).
- Ring fenced dental budget for investment.
- Active engagement with dental contractors, LDC and Local Professional Network (and Managed Clinical Networks), regular dental newsletter in place.
- Dental Development Group established to engage with key stakeholders to agree short term plan by Sept 2023.
- Dental Services Delivery Group established reporting to PCCC.
- Dental Strategy and local workforce plan to be in place by March 2024.
- NHS England Long Term Workforce plan published June 2023.
- 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.
- Clinical expertise provided by NHSE through the LPN and Dental Advisor roles for 2023/2024
- Dental Data Review being updated to inform commissioning plans.
- Primary care workforce and training team working closely with delegated commissioning team to ensure workforce retention programmes and training support is linked to the Dental Delivery Plans.

Assurances on controls

Internal: EMT, Primary Care Commissioning Committee, Dental Services Delivery Group

External: NHS England, Norfolk and Waveney LDC, regional Local Professional Network and Managed Clinical Networks, Healthwatch Norfolk/Suffolk, NHS Business Services Authority

Gaps in controls or assurances

- 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.
- Concern around the financial consequences due to dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).

- Lack of access to NHS dentistry services is an area of quality concern. This impacts on some of our most vulnerable patient groups.
- 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.
- 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	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. Active engagement with the dental profession to understand the challenges they are facing. Monthly meetings with the LDC and LPN established. 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 Engagement with other ICBs in the region to agree regional approach to commissioning where appropriate and beneficial Workforce data analysis underway. 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.	**B**	30/09/2023
Sept 2023	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. 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. 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. 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. 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. 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.	**A**	31/03/24

	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 financial impact of clawback. A lack of access to NHS dental services also has an impact on patient charge revenue.		
Dec 2023	The Mid-Year Review of contracts achieving less than 30% by Sept has been completed by the ICB with NHS BSA to support. A number of practices at risk of achieving their activity by end of year have been contacted by the ICB to discuss how they can be supported. The key reason relates to recruitment challenges. The ICB has agreed a targeted reinvestment of monies freed up from contract terminations during 2023 to improve access and providers will be invited to bid for additional funding during Q4 2023/2024. Launch of Dental Workforce Retention Programmes and CPD training packages to support the upskilling and recruitment of the dental workforce supply. These are linked to the short-term dental workforce plans approved by the Primary Care Commissioning Committee in October 2023. To date the success of these incentives has increased N&W dental workforce by the following: • 3 x NHS Foundation Dentists - 2-year employment contract, once qualified. • 7 x NHS Dental Professionals – 1 year employment signed contracts. • 3 x NHS Dental Professional - 1 year employment contract offered, awaiting signature. • 3 x NHS Dental Practices being supported with International Tier 2 Visa Sponsorship • 2x NHS Clinical Dental Fellowships in place to support with Children and Young People and Health Inequalities programmes The ICB has agreed in principle to supporting a review of UDA values. Practices with UDA values less than the current ICB average of £30 will be contacted individually during Q4 to agree their new contracts. The aim is to support recruitment and enable local providers to be more competitive in offers to dental performers.	**A**	31/03/2024

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	20	20	20	20			
Change	→	→	↑	→	→	→	→	→	→			

BAF20	
Risk Title	**Industrial Action (IA)**
Risk Description	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: • NHS N&W Integrated Care Board (ICB) • Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT) • Norfolk and Suffolk NHS Foundation Trust (NSFT) • Norfolk Community Health and Care (NCH&C) The 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.

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Ema Ojiako	People Board	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**	**4**	**16**	**3**	**3**	**9**

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. • Communication plan through the national team to ICB Comms Lead in progress. • ICB have reviewed clinical staff for potential redeployment. • As of Nov 2023 the system has now managed 15 strike periods for nurses, junior doctors, physiotherapists and ambulance staff. • Robust and clear processes are established for System incident command and control in place with 'hot debriefs' in place following each	**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. ICS EMT, N&W Emergency Preparedness, Resilience & Response networks

incident to ensure a cycle of continuous improvement. • The Norfolk & Waveney system is managing IA well, mitigating risks and working together to maintain workforce morale, wellbeing, and relationships with staff groups. • Additional support for senior leads is available and will be enhanced as we move into winter. This will include leadership circles, Schwartz rounds, and access to trauma informed coaching as required. • A focus on Gold and Silver on call commander support and resilience during IA periods is under review – co-design through our System Control Centre and People Teams.	

Gaps in controls or assurances

- The sustained, cumulative action is impacting on staff morale, creating increased work for remaining staff and frontline impact of distressed and upset patients. This presents a risk of burnout and staff absence exacerbating stress and moral injury associated with delivering care in such challenging circumstances.
- The impact on our on senior leaders who are leading the incident response should be recognised given the time, pressure, and additional energy required to make sound planning and responsive decisions leading up to, during and revering from each incident. 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 emerging with immediate impacts (i.e. significant risk to system resilience and patient safety for each strike action period) and longer term (ie delays to elective and planned activity, workforce resilience),
- There is the potential for this to impact on health inequalities.
- There is 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	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	31/03/23
14/11/22	ICB will support Trusts to be prepared by, • Consolidating completion of Trust's self-assessment templates for return in the event of IA. • Set up a N&W Task and Finish Group for coordination with a rhythm of meetings. Strategic oversight by Directors of Nursing (DoNs) and HRD	G	30/09/23
14/11/22	ICB will share information on confirmed industrial action, including information on derogations across the system. • ICB will work with system comms teams and our HRD and DoN networks to ensure information and system planning is consistent across the system including with TUs to manage impact of any action.	G	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	21/11/22
14/11/22	Communications will be through ICB Comms Lead content provided by National team including messaging for the public commenced. Guidance and support for decision making around operational delivery and engagement with staff taking industrial action will be shared by the Comms Team.	G	30/09/23
14/11/22	ICB have reviewed clinical staff for potential deployment. Face to face clinical skills training commenced for ICB staff	B	31/12/22

13/11/23	ICB command and control approach has evolved in the last 12 months. The preparation, response, and recovery for each incident are led jointly through the N&W System Control Centre and People/Workforce, working with system partners to mitigate risks. Industrial action for medical workforce is anticipated – we await updates from GMC for the next round of IA. Our Winter preparations include assumptions for IA during this period which includes workforce and system resilience plans to mitigate as far as possible the impact on our patients and workforce.	**G**	Ongoing
13/11/23	Risk title amended to articulate that the risk focus is for Workforce relating to IA. SRR includes a new risk SRR52 which focuses on the impact of IA on quality and patient safety which is proposed to be included in the SRR in November.	**G**	13/11/23

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	12	16	16	16			
Change	↑	→	↓	→	→	→	↑	→	→			

Agenda item: 15

Norfolk and Waveney
Integrated Care Board

Subject:	**Quality and Safety Committee Report**
Presented by:	Aliona Derrett, Quality and Safety Committee Chair Tricia D'Orsi, Executive Director of Nursing
Prepared by:	Evelyn Kelly, Quality Governance & Delivery Manager
Submitted to:	Integrated Care Board Meeting
Date:	23 January 2024

Purpose of Paper

To provide the Board with an update on the work of the Quality and Safety Committee for the period of 28 November 2023 to 23 January 2024.

Committee:	**Quality and Safety**
Committee Chair:	Aliona Derrett
Meetings since the previous update:	**07 December 2023,14:00 – 17:00** *January 2024 meeting cancelled due to system pressures and IA.*

Overall objectives of the committee:

To seek assurance that the Norfolk and Waveney system has a unified approach to quality governance and internal controls that support it to effectively deliver its strategic objectives and provide sustainable, high-quality care and to have oversight of local implementation of the NHS National Patient Safety Strategy. To be assured that these structures operate effectively, that timely action is taken to address areas of concern, and to respond to lessons learned from all relevant sources including national standards, regulatory changes, and best practice.

To oversee and monitor delivery of the ICB key statutory requirements, including scrutiny of the robustness and effectiveness of its arrangements for safeguarding adults and children, infection prevention and control, medicines optimisation and safety, and equality and diversity. To ensure that patient outcomes from care are collected and measured, to inform outcomes-based commissioning for quality.

To review and monitor those risks on the 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.

To approve ICB arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality. To seek assurance that commissioning functions act with a view to supporting quality improvement; developing local services that promote wellbeing and prevent adverse health outcomes, equitably, across all patients and communities in Norfolk and Waveney.

Main purpose of meeting:	**07 December 2023: regular meeting of the Committee covering all standing items plus the following focus areas:** • NSFT National Oversight Framework Update from Region • Mental Health Urgent and Emergency Care (UEC) • Adult Eating Disorder Provision • Dementia Pathway • Ambulance Response Times • Biomarker Update • Adult Neuro-Rehabilitation Service Provision Mapping • Assurance Report from the ICS System Quality Group
BAF and any significant risks relevant / aligned to this Committee:	**Quality and Safety Committee BAF risks:** BAF03: Providers in CQC 'Inadequate' Special Measures 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 BAF21: Grant Thornton Mortality Review (NSFT) **NEW** BAF23: Failure to Meet Cancer Access Standards **PROPOSE TO CLOSE** BAF04: Cancer Diagnosis and Treatment, as this is now superseded by BAF23. **Quality and Safety Committee Significant Risks:** SR03: EEAST Special Measures & 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 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 SR19: CYP Podiatry Provision in Central Norfolk SR20: CYP Speech and Language Therapy Provision SR22: Digital Maternity Care Records SR26: Deconditioning and Hospital Acquired Infections SR42: Discharge & Short-Term Feeding Tubes 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

	SR50: E3 Maternity Information System SR51: Delegation of Specialised Commissioning Oversight SR52: Industrial Action Clinical Impact **NEW** CYP MH Delay to the Development of Castle Green **CLOSED** SR08: Eye Care (Ophthalmology), as this is now part of the Elective Recovery risk. **Committee also has oversight of a small number of risks that do not currently meet the BAF or Significant Risk threshold:** QIC-All-026 s117 Mental Health Act Personal Health Budgets LC001 Community Epilepsy Commissioning LC002 Community Neurology Commissioning LC003 Adult Speech & Language Therapies Commissioning LMNS04 Maternity & Neonatal Workforce NQ45 BPAS CQC Improvement Plan NQ46 Learning from Patient Safety Events System Go-Live LMNS05 Smoking in Pregnancy QICSGA29 Deprivation of Liberty Safeguards Backlog NQ47 Pharmacy Workforce **CLOSED** CYP137e CYP MH Integrated Front Door
Key items for assurance/noting:	**<u>07 December 2023</u>** **NSFT National Oversight Framework Update from Region** Dr April Brown presented the findings of a review undertaken by the NHSE Recovery Support Team, which sought to determine factors impacting on sustaining improvement. The Trust presented their proposal to mitigate risks to sustainability informed by this learning. The ICB were invited to draw on the learning being shared to inform support going forwards. The ICB Executive Director of Nursing reflected on the challenges presented by change in senior leadership within the Trust and that the new Interim CEO presented a focused vision of the next steps and changes needed to be made within the Trust, at their recent Improvement Board. **Mental Health UEC Progress and Challenges** The Norfolk and Waveney system remains in NOF4 with a specific target to reduce and sustain a reduction in A&E 12-hour Decision to Admit (DTA) breaches for patients requiring Mental Health inpatient care. This set against the national target to achieve 0 patients in inappropriate out of area placements by 01 April 2024. Committee discussed the progress to date, challenges that remain and potential next steps to address both ambitions as a system. Planned improvements discussed included a roll-out of ‘red to green’ work around inpatient discharge processes, which has demonstrated a reduction in length of stay on its pilot ward. Full implementation across all inpatient wards is planned to take place by March 2024. The Trust is reviewing its bed management structure and is focused on ensuring that all admissions have a clear purpose and that community resources have been explored fully before inpatient care is offered, with requests for placement outside of the area requiring approval by

	the Trust's Chief Operating Officer. It was noted that NSFT have not placed any patient out of area since September 2023. Within the community, two further Crisis Houses are planned to open January 2024. It is anticipated that this will reduce demand for inpatient admission by providing an alternative supported pathway for service users in crisis. It was noted that the relationship building between the crisis sites and the Trust's Crisis Resolution & Home Treatment Team (CRHT) continues to be key to the success of this provision. Committee reflected on the positive system approach, which has enabled progress across the mental health and UEC space. Committee Members requested a further discussion around drug and alcohol dual diagnosis with mental health. **Adult Eating Disorder Provision** The NHS Long Term Plan (2019) sets out the need to transform and invest further in eating disorders services. Committee received a report on service improvements and changes within the Norfolk Adult Community Eating Disorder Service (NCEDS), with a focus on pathway development and service user experience. With ICB investment, the service has extended its offer over the last three years and average wait from referral to treatment is now four to five weeks, with 94% of people reporting a positive experience. Additional services have been commissioned to provide a wider pathway of support and more integrated care. Following the Parliamentary Health Service Ombudsmen report from coronial inquests into deaths of people living with eating disorders, work has taken place to support the management of high-risk patients, establishing a clear wait list protocol, clinical guidelines for staffing responsibilities and competencies, auditing of care planning and physical health monitoring, Medical Emergencies in Eating Disorders (MEED) processes and transition between services. Norfolk and Waveney will also be one of the first systems in the country to provide a pathway and treatment offer for adults with Avoidant Restrictive Food Intake Disorder (ARFID), which is disordered eating associated with sensory and anxiety issues, rather than body image and weight. Committee Members noted the significant amount of positive work undertaken to develop the local offer. **Dementia Pathway** A joint presentation from NSFT and Alzheimer's UK provided an overview of developments in Dementia diagnosis and peri-diagnostic support. Committee was asked to note the information and support the widening of dementia awareness and the support offer across the ICS. Learning from the recent Memory Impairment Nurse (MIN) Pilot and Care Home Memory Assessment Service was highlighted as an area to consider for future funding. NSFT discussed their workforce development programme, including upskilling of staff across primary care, mental health teams and psychological therapy in line with NICE guidance and the Additional Roles Reimbursement Scheme (ARRS) for Dementia and frailty, supported by NHSE. Committee were briefed on the work around developing Dementia diagnosis across the system, tiered according to complexity (aligning with national direction). Strategic links with the ICS Older People's Board and

	Ageing Well were noted and the ICS Data Hub development of a whole system dementia dashboard was welcomed. It was noted that the joint work on the presentation reflects the collaborative approach required in the system to ensure people with dementia are diagnosed and supported effectively. The ICB Chief Nurse requested an action for a further discussion around ensuring that people with learning disabilities including Down's syndrome can access early diagnosis and support with reasonable adjustments. **Ambulance Response Times** Committee received an update on the Rapid Improvement Programme related to ambulance handover, reducing to 30 minutes as soon as possible, to achieve better patient experience, safer care and improve response times to emergency calls within the community. Each Acute Hospital has identified five actions to support this, with the Norfolk and Norwich University Hospital adopting a zero-tolerance approach to handovers exceeding the 30-minute target. Committee noted that learning from the Norfolk and Waveney Unscheduled Care Hub is being shared across the region, as an intervention that is improving access to community services that offer an alternative to conveyance where appropriate; keeping patients out of hospital and enabling ambulance resources to focus on the most critical calls. The Ambulance Service and the ICB UEC Team continue to monitor the impact of 'C2 segmentation' which is a national initiative to improve response times to serious conditions including heart attack and stroke. Committee noted feedback provided to system leads regarding frailty scoring and promotion of RESPECT end of life planning, embedded within system plans, to improve patient outcomes and experience. Committee received assurance that patient harm continues to be monitored closely and the system is continuing to develop its 'out of hospital' offer, to support people to have their care needs met in the safest and most appropriate setting. **Biomarker Update** In 2021, Norfolk and Waveney took part in a national cancer innovation feasibility study of a new biomarker blood test for lung cancer in asymptomatic people with a significant history of smoking. In July 2023, information was received that the test may not be as sensitive as initially understood, especially in identifying early lung cancers, with a risk that results may have given false reassurance to some participants. Committee heard that a duty of candour has been applied, which means that efforts have been made to contact all participants to inform them of the situation and to provide reminders of signs and symptoms to be aware of. Committee supported the approach to ensure that participants are informed and supported. It was confirmed that the test is no longer being used. **Adult Neuro-Rehabilitation Service Provision Mapping** The Norfolk and Waveney Stroke and Neurological Pathway is an integrated service provided in partnership by our local Community Providers, Acute Hospitals and Ambulance Service. Key challenges include inherited variation in service provision, rurality impacting recruitment and response times, ICS financial pressures and

	increasing demand with a high local prevalence of need and a projected 50% increase over the next 20 years. Variation within the current service delivery model creates inequality of patient experience, and potentially, clinical outcomes. The paper recommended that neuro-rehabilitation service provision is reviewed against the ICS prioritisation matrix with a collective focus on commissioning, quality, and finance to determine what is needed to address the pathway variation and maximise our local resources, to commission and deliver person-centered care. It was suggested that this is led by the ICB Community Commissioning Team. **Assurance Report from the ICS System Quality Group (SQG)** AN update was provided on the work of the SQG, which covers quality oversight, risk identification and collective system quality improvement. Committee noted quality improvement work taking place at scale as a system, including: • Falls prevention • Pressure ulcer and wound management • Hydration and urinary tract infection prevention • Catheter care • Non-sterile glove reduction and sustainability SQG received an update from the ICB Research and Evaluation Team covering activity within the team between July-September 2023, providing an overview of the impact of research and evaluation activities on the quality and safety of services experienced by our population and its positive impact on staff and services. SQG also receives regular updates on local implementation of the NHS Patient Safety Strategy, Patient Safety Incident Response Framework (PSIRF) learning from safeguarding reviews and learning from mortality, including Prevention of Future Death Reports. It was noted that as any emerging themes or new risks around quality and safety are identified they will be escalated to Committee for additional oversight.
Items for escalation to Board:	No additional escalations were requested. See risks and issues noted above.
Items requiring approval:	Committee approved the following ICB plans: • ICS Quality Strategy Implementation Plan • ICS Learning Disability Plan These plans are both coming to January ICB Board for ratification.
Confirmation that the meeting was quorate:	**Quoracy (as per Governance Handbook):** there will be a minimum of one Non-Executive Board Member, plus at least the Director of Nursing or Medical Director. The December 2023 meeting was quorate, as defined above.

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 16

Subject:	**Finance Committee Report**
Presented by:	**Hein van den Wildenberg, Non-executive Member, Finance Committee Chair**
Prepared by:	**Emma Kriehn-Morris, Director of Commissioning Finance**
Submitted to:	**Integrated Care Board – Board Meeting**
Date:	**23rd January 2024**

Purpose of paper:

To provide the Board with an update on the work of the Finance Committee up to including the 23rd January 2024

Committee:	Finance Committee
Committee Chair:	Hein van den Wildenberg
Meetings since the previous update	Last update provided: 20.11.2023 Subsequent Meetings: 21.11.2023 & 19.12.2023
Overall objectives of the committee:	The objective of the committee is to contribute to the overall delivery of the ICS objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan and strategy, consistent with the ICS Strategic Plan and its operational deliverables.
Main purpose of meeting:	To gain assurance on the financial position of the (NHS entities in the) ICS, and ICB.
BAF and any significant risks relevant / aligned to this Committee:	BAF 11 – Achieve the 2023/24 financial plan BAF 11A – Underlying deficit position
Key items for assurance/noting:	The main items discussed at the Finance Committee were as follows, **<u>H2 2023/24 Operational Delivery Plan</u>** An extra ordinary committee meeting was held to review and make recommendations to ICB Board the financial redress proposals for half two (H2) in both the (NHS entities in the) ICS and ICB.

Redress proposals were made following national NHSE directions as a direct result of the industrial action and the consequential loss of elective activity. Working within the changing guidance parameters and fully utilising the additional funds awarded, the NHS entities in the ICS as a whole were able to identify measures to retain a system in-year break-even position as was required in the conditions of the funding.

This was premised, amongst others, on there being no further industrial actions after November 21st.

(NHS entities in) ICS

1. The position year-to-date at November (Month 8) is a £16.1m deficit, which is £5.6m adverse against the plan. This is driven by the impacts of unfunded Industrial Action, Independent Sector activity costs and delays in Efficiency identification and/or delivery.

2. The Year-to-Date system CDEL (Capital) expenditure as at November (Month 8) was £56.6m, £12.9m behind plan, due to slippage/delays in project roll-out and RAAC schemes.

   Core capital expenditure (excluding the impact of capitalised leases) was £40.5m ytd, £6.3m behind plan. For the financial year, the system is forecasting to deliver the CDEL expenditure as per the financial plan but is looking for support in relation to the impact of capitalised leases CDEL.

3. Due to the risk and pressures on N&W forecast outturn, the N&W ICS (NHS entities only) system continues to act under the self-imposed 'double lock' process for agreeing unplanned investment proposals that will negatively impact upon the system's forecast outturn. The 'double lock' means that for those expenditures, the relevant NHS organisation cannot make such decision by itself, but requires system level review and scrutiny.

ICB

1. The ICB has reported a November year to date (Month 8) break-even position and forecasts a full year break even position.

2. The estimated value of net potential risks to the full year position amounts to some £26m an improvement over risks previously reported (£28m M06), these are items which have not yet crystalised but have been identified as having the possibility of causing a financial issue.

Spotlights

	Several Spotlight topics were presented and discussed at the ICS Committee: - **Better Care Fund:** The committee were appraised of work between the ICB and Norfolk County Council regards establishing scheme principles and measures to review performance against expenditure, both core and discretionary services. - **Elective Recovery Plan**: The Associate Director of Financial Management presented revised conditions of the Elective Recovery Fund (ERF) and the performance to date against which the system is seeking through over-performance to secure additional funding. - **Medium Term Financial Plan:** The Associate Director of Financial Planning presented the draft Medium Term Financial Plan (MTFP) submitted to NHSE at the end of September. A significant 2023/24 underlying deficit exit position of ca £200m for the NHS entities in the ICS was noted. This includes a ca £90m underlying deficit exit position for the ICB. - **ICB**: The committee engaged on: o A review of **ICB Pay Costs** and an update on the Restructure progress and associated financials. o **Primary Care Estates**, including the impact of the new hospital programme and the W4B programme. o **Pharmacy, Ophthalmology and Dentistry**: a review of the financial performance to date with a focus on unmet need within Primary Dental.
Items for escalation to Board:	1. Whilst the financial risks to delivery of a balanced 23/24 plan have reduced since the last report to Board, they remain significant. The re-confirmed delivery of a balance 23/24 plan also assumes no further industrial action since November 21st. 2. N&W ICS System remains under the self-imposed 'double lock' on unplanned revenue expenditure that will negatively impact upon the system's forecast outturn. 3. The work on the Medium Term Financial Plan shows a ca. £200m underlying deficit 2023/24 exit position for the NHS entities in the ICS. This includes ca £90m underlying deficit 2023/24 exit position for the ICB, as a result of reliance on non-recurrent measures during 2023/24. 4. Work on the 2024/25 budget, and more broadly Medium Term Financial Plan will continue. Formal planning guidance had not been issued at the time of the committee meeting.
Items requiring approval:	None

Confirmation that the meeting was quorate:	Confirmed that both meetings were quorate.

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

Main messages

Only the most recent financial results at the time of preparing this report, i.e. November 2023, are included in this report. These were discussed by the Committee at their December 19th meeting.

1. **The points below follow from the December 19th Finance Committee where the Month 8 (November) position was considered.**

Part 1 (System overview: NHS entities within ICS)

- The Revenue position year-to-date at November (Month 8) is a £16.1m deficit, which is £5.6m 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.

- Efficiency savings are £0.7m behind plan at £64.4m, and on plan for the full year forecast of £116.2m.

The Spotlight for this meeting was on the Elective Recovery Fund (ERF) and the Medium-Term Financial Plan (MTFP). The areas discussed were,

- **Elective Recovery Fund**. An update on the revised funding for ERF by way of reducing activity levels to 100% was presented noting the change in the original ambitions from 107%, followed by a further reduction to 105% in the summer of 2023 both as a result of the Industrial Action impact on elective activity and financial pressures. The Norfolk and Waveney system benefited from £46m of the national funding, which included ICS system partner and independent private provider activity. The current outlook points to a potential modest overperformance against the updated targets.

- **Medium Term Financial Plan (MTFP)**. The draft MTFP was submitted on 29th September to NHSEI having developed five scenarios. The option undertaken was to align to expected planning guidance assumptions but where known these not to be achievable allow for individual organisation impacts (for example exceptional growth in CHC costs within the ICB). Based on the month 07 underlying forecast, the underlying deficit exit position at the end of 2023/24 is ca. £200m.

Part 2 (ICB specific)

- The ICB has reported a November year to date (Month 8) break-even position and forecasts a full year break even position.

- The underlying deficit of the ICB continues to deteriorate away from plan, with a Month 8 position of ca. £90m. This represents a £32.5m worsening driven by non-recurrent efficiency delivery and mitigations.

- The estimated value of potential risks to the full year position amount to some £ 26.3m, 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. This is down from the £28m previously report to the Board.

- The ICB is required to reduce their running costs by 30% by 2025/26 and this equates to a £5.9m overall reduction in running costs. As part of the reduction the ICB is currently going through a restructuring process. Any redundancy costs incurred are not included in the budget and pose a financial pressure in the current financial year.

- Progress against the restructure target of £5.9m was discussed as was the growth since the legacy CCGs from April 2020.

Norfolk and Waveney
Integrated Care Board

Agenda item: 17

Subject:	**Primary Care Commissioning Committee Report**
Presented by:	**Debbie Bartlett, Local Authority Member and Chair of PCCC**
Prepared by:	**Sadie Parker, Director of Primary Care**
Submitted to:	**Integrated Care Board – Board Meeting**
Date:	**23 January 2024**

Purpose of paper:

To provide the Board with an update on the work of the Primary Care Commissioning Committee for the December committee meeting.

Committee:	Primary Care Commissioning Committee
Committee Chair:	Debbie Bartlett, Local Authority Member
Meetings since the previous update on 28.11.23:	There was no meeting in November 2023 12 December 2023
Overall objectives of the committee:	The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, 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 here.
Main purpose of meeting:	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.
BAF and any significant risks	**BAF16 – the resilience of general practice** **Current mitigated score – 4x4=16**

relevant / aligned to this Committee:	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. **BAF18 – the resilience of NHS dental services in Norfolk and Waveney** **Current mitigated score – 5x4=20** Primary care services became the responsibility of the Integrated Care Board from 1st April 2023; the risk is the 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.
Key items for assurance/noting:	• General optical services and optometry update – this was the first update received since the delegation of responsibility in April. Committee was interested in understanding more about the potential for optometry to improve outcomes for people, for example, poor eyesight is a key contributor to falls. • Primary care complaints and contacts – an increase in complaints about primary care was noted from the point of complaints delegation on 1 July 2023. Main complaint themes related to access to both medical and dental primary care services. Committee noted the publication of the short term dental plan and the system capacity and access improvement plan and would review the impact of these on complaints over time. • Pharmacy First – the publication of the nationally agreed contract changes was presented, which

	was a significant development involving clinical pathways and additional services in community pharmacy. The changes were welcomed by all and a further report would be brought in due course to update on implementation and early impact. • Reports from the general practice and dental operational delivery groups were noted. • A report from the regional ICBs Pharmaceutical Services Regulation Committee was noted. There were no market entry applications, remedial or breach notices for Norfolk and Waveney. There was one application granted on appeal for fitness decisions for approved applications for new inclusions on the pharmaceutical list and one not approved due to incomplete information. There was also a change of Superintendent approval. • Finance and prescribing reports were noted.
Items for escalation to Board:	The resilience of general practice, summarised in BAF16 continues to be of concern in the system, despite the significant activity being undertaken. 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. The resilience of dental services, summarised in BAF18 is of grave concern, with the short-term plan approved at the September meeting. The risks in the dental budget through the lower-than-expected level of patient charge revenue being collected, and the significant underspend is of great concern to committee members. The financial claw back of underperformance process has the potential to place struggling contractors at further resilience risk. The impact of ongoing vacancies on capacity in the locality and primary care teams due to the organisational change process is leading to delays in key areas of strategic work and a focus on short term resilience issues.
Items requiring approval:	• A proposal to review only BAF risks in detail at committee meetings was agreed. This would be accompanied by a summary sheet of the remaining risks, which would be monitored in detail at the general practice or dental operational delivery groups.

Confirmation that the meeting was quorate:	There are four voting members and three are required to be quorate. The meeting was quorate with the following attendance: Debbie Bartlett, local authority partner member and chair of the committee Steven Course, executive director of finance, ICB Karen Watts, director of nursing and quality (deputising for Patricia D'Orsi, executive director of nursing) Hein van den Wildenberg, non-executive member

Key Risks	
Clinical and Quality:	Care Quality Commission inspection reports are regularly reviewed.
Finance and Performance:	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. A primary care dashboard is being developed.
Impact Assessment (environmental and equalities):	All papers considered include consideration of the ICB's duty to reduce health inequalities.
Reputation:	The committee meeting is held in public and includes attendance from the Local Representative Committees, Healthwatch Norfolk and Suffolk and the Health and Wellbeing Boards in Norfolk and Suffolk
Legal:	Terms of reference, primary medical services contracts, premises directions and policy guidance manual
Information Governance:	Any confidential or sensitive information is heard in private
Resource Required:	Primary care commissioning, quality, finance, primary care estates, primary care workforce, primary care digital, prescribing, locality and BI teams
Reference document(s):	Primary care services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
NHS Constitution:	N/A
Conflicts of Interest:	Arrangements are in place to manage conflicts of interest

Norfolk and Waveney
Integrated Care Board

Agenda item: 18

Subject:	**Performance Committee Report**
Presented by:	**Andrew Palmer**
Prepared by:	**Tessa Litherland**
Submitted to:	**Integrated Care Board – Board Meeting**
Date:	**23 January 2024**

Purpose of paper:

To provide the Board with an update on the work of the Performance Committee for the period 29 November 2023 to 23 January 2024.

Committee:	Performance Committee
Committee Chair:	Dr Hilary Byrne. Deputy Chair – Andrew Palmer
Meetings since the previous update on 28 November 2023:	• 11 January 2024
Overall objectives of the committee:	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. 2. Assure NHSE/I of progress against NOF4 measures and improvement of NOF segmentation. 3. Assure the system and programme areas use benchmarking and best practice to improve areas of concern and drive ambition. 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.

Main purpose of meeting:	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. 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.
BAF and any significant risks relevant / aligned to this Committee:	No BAF items currently aligned to this committee.
Key items for assurance/noting:	• Progress continues on the National Oversight Framework (NOF) improvement metrics, particularly the >12hr Emergency Department waits, which shows Norfolk and Waveney in the top quartile in November 2023. • Regular updates were received from: o Urgent and Emergency Care - activity remains a concern, particularly with the ongoing Industrial Action. However, the significant improvements to ambulance handover times at the acute hospitals is also leading to improvements in the ambulance response times in the community. o Mental Health (MH) – There has been a significant improvement in the number people and bed days classed as Out of Area Placements (OoAP). Work is ongoing to improve the lengths of stay which in turn will help improve the long waits to admit to a bed locally. o Children and Young People – Large portfolio of work including CYP MH, Maternity, Looked after Children and Safeguarding. Work ongoing to develop robust data gathering and monitoring, to ensure greater transparency of CYP services. o Elective, Cancer and Diagnostics – Elective waiting times continue to be an issue due to the Industrial Action and UEC pressures. The Trusts are looking at ways to improve the waiting times through using alternative NHS and Independent Providers. Cancer 62 day backlog continues to reduce at NNUH and good engagement across the Alliance on the Faster Diagnostic Standard

	projects. Medical Oncology staffing highlighted as a risk. Community Diagnostic Centre sites development continues at pace. CT and MRI performance continues to cause concern. o The Learning Disability and Autism team have good oversight of the Transforming Care Patients, including their Care and treatment reviews and regular Commissioner oversight visits. LD annual health checks had a slow start at the beginning of the year but seeing an increase in the second half. • Deep Dive areas: o Neuro Developmental Disorders (NDD). Waiting list size and extended waiting times was raised as a risk. The team is conducting a review of the current model and provision to consider future commissioning options. o Local Maternity & Neonatal Services (LMNS). The local maternity network is working well with good collaboration between the units. The fragility of the maternity IT system has been raised as a risk with the ICB and Regional team, as well as with the Company providing the system.
Items for escalation to Board:	Items to note: • UEC still remains a concern however the improvement in ambulance performance is a significant shift. • Out of Area Placements for mental health beds is seeing an improving trend. • There remains focus on reducing the size of the elective waiting list. • NDD waiting times was raised as a risk. The team is conducting a review of the current model and provision to consider future commissioning options. • Maternity IT system fragility was raised as a risk.
Items requiring approval:	Nothing requiring approval.
Confirmation that the meeting was quorate:	Yes, meeting was quorate.

Key Risks	
Clinical and Quality:	Identifying and improving poor performance will impact quality of service delivery and outcomes.
Finance and Performance:	t is important that there is scrutiny of performance and its management across the ICB, and this function is performed by the Performance Committee.
Impact Assessment (environmental and equalities):	Not applicable.
Reputation:	Ensuring effective committees is essential for maintaining the reputation of the ICB.
Legal:	Performance Committee is a committee of the ICB.
Information Governance:	Not applicable
Resource Required:	None.
Reference document(s):	Not applicable
NHS Constitution:	Not applicable
Conflicts of Interest:	Not applicable

Norfolk and Waveney
Integrated Care Board

Agenda item: 21

Subject:	**Remuneration, Culture and People Committee Report**
Presented by:	**Cathy Armor**
Prepared by:	**Ben Smith - Associate Director of Workforce Efficiencies**
Submitted to:	**Integrated Care Board – Board Meeting**
Date:	**23 January 2024**

Purpose of paper:

To provide the Board with an update on the work of the Workforce directorate with regards to it works across its People functions, organisational developments, workforce transformation and efficiency and productivity for the period November 2023 to January 2024.

Committee:	**Remuneration, Culture and People Committee**
Committee Chair:	Cathy Armor
Meetings since the previous update on November 2023	23rd November 2023 – 23rd January 2024
Overall objectives of the committee:	The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary: • Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including staff on very senior managers grade, including all board members, excluding the Chair and Non-Executive Members. The ICB Board has also delegated the following functions to the Committee: The Committee will hold a part 1 meeting to cover issues as to system people and culture priorities only. This section of the meeting will contribute to the overall delivery of the ICB objectives by providing oversight and

	assurance to the Board on the strategic People and culture agenda for the ICB and its partner constituents. It will do this by scrutinising the delivery of the strategic people priorities in order to provide assurance to the ICB Board that risks to the delivery of the people agenda are being managed appropriately. The committee will receive relevant risks from the Board Assurance Framework (namely those relating to People and Culture agenda) to review assurance on risk mitigation and controls including any gaps in control for the risks allocated to the Committee. The Committee will also have oversight and provide assurance to the Board that the ICS is delivering against the ten outcomes-based functions with their partners in the ICS against an agreed set of Key Performance Indicators: namely: 1. Supporting the health and wellbeing of all staff 2. Growing the workforce for the future and enabling adequate workforce supply: 3. Supporting inclusion and belonging for all, and creating a great experience for staff 4. Valuing and supporting leadership at all levels, and lifelong learning. 5. Leading workforce transformation and new ways of working 6. Educating, training, and developing people, and managing talent 7. Driving and supporting broader social and economic development 8. Transforming people services and supporting the people profession 9. Leading coordinated workforce planning using analysis and intelligence 10. Supporting system design and development: It will also play a key role in ensuring that NHS partner organisations meet expectations in relation to the system people and culture strategic priorities and committee will ensure compliance against any obligations outlined in the NHS People Plan. The part 1 duties of the Committee will be driven by the system's objectives, performance, and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

Main purpose of meeting:	To provide an update on key actions relating to the ICS workforce over the previous 2-month period. Specifically: • Issues relating to Industrial action. • Workforce planning • ICB Change Management Programme • Staff survey results • Improving Lives Together Programme (Newton Europe) • Recruitment and Retention • Productivity • ED&I • ICS workforce performance and scrutiny Health & Wellbeing strategy
BAF and any significant risks relevant / aligned to this Committee:	N/a

Key items for assurance/noting:	**Industrial Action**
	• 16th and 17th rounds of industrial action for Norfolk and Waveney happened in December and January with Junior Drs
	• Longest period to date in January – 6 days
	• Resulted in cancellations of day and outpatient services, elective cancellations and a reduction in elective activity.
	• Focus was given on patient safety through two lenses.
	  • Admission avoidance – community response through community providers, IC24, EEAST, social care, VCSE
	  • Maintaining flow at front door – ambulance offloads and discharge
	• Reviews ongoing to manage impact going forward including impact on admin staff (sickness levels increasing), and how system can manage staff better on strike days.
	
	ICB Change programme
	• ICB consultation is progressing at pace.
	• VR appeals panels have been conducted, and formal offers and settlement agreements are in progress.
	• Directorate structures are in the process of being finalised.
	• The outcome report is scheduled to be published next month, with the Filling of Posts stage set to commence shortly after.

	Organisational Development (OD) • Significant work continuing to support the ICB change programme. • Continued support for ICS Board development and the development of and ICS OD strategy in progress • Diagnostics for Culture and Health & Wellbeing being launched. • ICS Inclusion action plan still in progress **Upscaling HR services** • Four (4) areas identified for collaborative development. • Recruitment Pathways, (ii) Collaborative Bank, (iii) Leadership Development, (iv) 3rd Party contracts • Programmes aim to reduce corporate running costs with a focus on consolidation, standardisation, and automation to deliver services at scale across the ICS • Outline business case for NHSE has been approved and finding given to support programme. **Workforce planning and Education** • Workforce planning conversations taking place across the system. Note: National planning guidance has been delayed so full requirements not yet clear • Workforce/education planning meetings taking place with every organisation, supporting planning cycle and commissioning. Meetings in January are addressing requirements for 24/25 plans. • Clinical Education developments to support workforce requirements in line with Long Term Workforce Plan • Increased placement capacity work ongoing, this month focus on physio placements, working with HEI's **Agency Reduction Programme** • Agency costs are £12m above plan YTD driven mainly by underperformance at QEHKL. • ICB are giving targeted support to QEHKL as a result of their current position. • Agency KPI is currently 4.3% against a YTD planned KPI of 3.1% (and an NHSE target of 3.7%)

	• Long serving agency workers in system are being reviewed. • NHSE Workforce productivity diagnostic tool to be sent out for Acute providers – review being undertaken on staffing growth vs temporary staffing usage. **EoE Productivity and Efficiency** • Region have set out a number of 'high impact actions' that all systems must look to deliver. • Plans are needed for how providers will eliminate Off-framework usage, will ensure price-cap compliance, develop a collaborative bank and review skill mixes. • N&W are progressing work across each of them and feeding into the system oversight group.
Items for escalation to Board:	N/a
Items requiring approval:	N/a
Confirmation that the meeting was quorate:	Yes

Key Risks	
Clinical and Quality:	N/a
Finance and Performance:	N/a
Impact Assessment (environmental and equalities):	N/a
Reputation:	N/a
Legal:	N/a
Information Governance:	N/a
Resource Required:	N/a
Reference document(s):	N/a
NHS Constitution:	N/a
Conflicts of Interest:	N/a

Norfolk and Waveney
Integrated Care Board

Agenda item: 22

Subject:	**Conflicts of Interest Committee Report**
Presented by:	**David Holt**
Prepared by:	**Martyn Fitt, Corporate Affairs Manager**
Submitted to:	**Audit and Risk Committee**
Date:	**23 January 2024**

Purpose of paper:

To provide the Board with an update on the work of the Conflicts of Interest Sub Committee for the period 28 March 2023 to 23 January 2024

Committee:	Conflicts of Interest Committee
Committee Chair:	David Holt, Non Executive Member
Meetings since the previous update on 11 May 2023	• 16 November 2023
Overall objectives of the committee:	This Conflicts of Interest Committee contributes to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.
Main purpose of meeting:	In addition to the standing items, the main purpose of the meeting was to brief and assure the committee on the following items: **1. Conflicts of Interest general update** The Committee was presented with a paper which focused on 5 key areas. These were as follows: • Mandatory training – an update was provided informing the committee that the new mandatory training module produced by NHSE is expected in November 2023. • Training Needs Analysis – a TNA is to be created based on an assessment of the organisations needs. This will be completed in Q4 and will feed into the ICB's 2024/25 COI Work Plan.

	• Annual DOI process – As of the date of the meeting the ICB's DOI returns stood at >50%. With a plan in place to capture the remaining DOIs. • Website Audit – the ICB has carried out an audit of its website to ensure it is publishing key information and how its website compares to other ICBs. • TIAA Audit – the ICB is midway through its annual audit of conflicts of interest. This year the audit has been joined with secondary employment and business interests. **2. Conflicts of Interest Advice and Risk Log** The Committee was provided with a copy of the ICB's COI Advice and Risk Log. It recorded 54 cases where the team has been contacted for advice or has been required to make a decision regarding simple/complex COI issues. An update on the progress of some of the ICB's internal projects to develop COI was shared with Committee. **3. Primary Care Commissioning Committee and COIs** A Committee member raised an item under AOB relating to complex COI issues which are arising within the PCCC. These issues are the result of a number complicated factors relating to the contractual arrangements for dentistry.
	The Committee has responsibility for oversight of the ICB risk management process and the full Board Assurance Framework.
Key items for assurance/noting:	• Future planning and direction of travel of the sub-committee to re-focus on carrying out deep dives into key issues/themes. • Mandatory training to be in place by January and ready to roll out to ICB staff
Items for escalation to the Board:	None
Items requiring approval:	No items for approval
Confirmation that the meeting was quorate:	Yes

Key Risks	
Clinical and Quality:	Internal audit reports provide assurance on internal control processes
Finance and Performance:	The Committee monitors the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

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