



**Suffolk and  
North East Essex**  
Integrated Care Board

**Norfolk and Waveney**  
Integrated Care Board

# An In Common meeting of NHS Suffolk and North-East Essex Integrated Care Board & NHS Norfolk and Waveney Integrated Care Board.

27 January 2026

The meeting will be held in the Elizabeth Room, Endeavour House, 8 Russell Rd, Ipswich IP1 2BX.

The meeting will start at 10.00am.

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Members of the public are welcome to attend the meeting or watch live on the [SNEE ICB YouTube channel](#).

Questions for the Board relating to agenda items can be sent to [tom.mccolgan@snee.nhs.uk](mailto:tom.mccolgan@snee.nhs.uk) before 12 noon on 22 January 2025. Questions can also be asked during the meeting by those present or watching live on YouTube at the discretion of the Chair.

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## Agenda

### General Business

Time: 10.00am.

Item 1: **Welcome, introductions and apologies for absence.**

Purpose: to note.

Lead: Will Pope, Chair.

Time: 10.01am.

Item 2: **Notification of any questions from members of the public for response at the appropriate time on the agenda.**

Purpose: to note.

Lead: Will Pope, Chair.

Time: 10.02am.

Item 3: **Declarations of interest.**

Declarations of interest made by members of the Integrated Care Board - declarations are listed in the SNEE [Register of Interests](#) and NWICB [Register of Interests](#) available online.

Purpose: to note.

Lead: Will Pope, Chair.

Time: 10.05am.

Item 4: **Minutes of the previous Integrated Care Board meeting.**

To approve as a correct record the minutes of the SNEEICB Board meeting on 25 November 2025 and NWICB Board meeting on 26 November 2025.

Purpose: to confirm.

Lead: Will Pope, Chair.

Time: 10.10am.

Item 5: **Matters arising from the previous Integrated Care Board meetings and review of outstanding actions.**

Purpose: to note & endorse actions taken.

Lead: Will Pope, Chair.

Time: 10:15am.

Item 6: **General update.**

To receive an update from the ICB's Chief Executive.

Purpose: verbal update.

Lead: Ed Garratt, ICB Chief Executive.

## **Strategy**

Time: 10:25

Item 7: **Assertive Outreach Teams.**

Purpose: Information.

Lead: Lisa Nobes, Executive Director of Nursing with NSFT and EPUT.

Time: 10:55.

Item 8: **ICB Cost Reduction and Transition Programme Update.**

Purpose: Information.

Lead: Ed Garratt, Chief Executive and Amanda Lyes, Executive Director of People, Governance, and Corporate Services.

Time: 11:15.

Item 9: **Emergency Preparedness, Resilience, and Response Core Standards(NWICB)**

Purpose: Approval.

Lead: Dr Frankie Swords, Accountable Emergency Officer NWICB and Amanda Lyes, Executive Director of People, Governance, and Corporate Services.

## **Finance, Performance and Scrutiny**

Time: 11:20.

Item 10: **Performance Report for January 2026.**

Purpose: Information.

Lead: Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital, and Commissioning.

Time: 11:40.

Item 11: **Finance Report**

Purpose: Information.

Lead: Howard Martin, Executive Finance and Contracts Director.

## Governance and Corporate Business

Time: 12:00pm.

Item 12: **Integrated Care Partnership Committee Update.**

Purpose: Verbal Update.

Lead: Susannah Howard, Integrated Care Partnership Director.

Time: 12.05pm.

Item 13: **Board Assurance Framework – January 2026.**

Purpose: to approve.

Lead: Amanda Lyes, Executive Director of People, Governance, and Corporate Services.

Time: 12.10pm.

Item 14: **Committee minutes and highlight reports.**

Purpose: to note.

Lead: Committee Chairs.

Time: 12.20pm

Item 15: **Attendance Log.**

Purpose: to note.

Lead: Will Pope (Chair).

Time: 12.23pm

Item 16: **Any Other Business.**

Purpose: to note.

Lead: Will Pope (Chair).

Time: 12.25pm.

Item 17: **Questions from the public – Maximum 10 minutes**

Please note questions should relate to the items under discussion and must be a question rather than statement. Where individuals deviate from this requirement they will be asked to stop and will not be invited to take any further part in the meeting.

Lead: Will Pope (Chair).

The next meeting of the Board is due to be held on **25 March 2026.**

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### Exclusion of the Press and Public

The Integrated Care Board is recommended to exclude representatives of the press, and other members of the public, from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

Minutes of a meeting of the Suffolk and North East Essex Integrated Care Board held on 25 November 2025 at 10am in The Old Library, Colchester.

**Present:**

**Members of the Board**

Prof. William Pope, Chair of the Integrated Care Board  
Kirsten Alerderson, Member – VCSFE Assembly Chair  
Sarra Bargent, ICB Deputy Director of Nursing (*deputy member*)  
Dr Freda Bhatti, Partner Member – Primary Care Essex Representative  
Cath Byford, Partner Member – Norfolk and Suffolk NHS Foundation Trust (*deputy member*)  
Dr Ewen Cameron, Partner Member – West Suffolk NHS Foundation Trust  
Dr David Cargill, Partner Member – Primary Care Suffolk Representative  
Dr Ed Garratt, ICB Chief Executive  
Nick Hulme, Partner Member – East Suffolk and North Essex NHS Foundation Trust  
Howard Martin, ICB Executive Finance and Contracts Director  
Clement Mawoyo, Partner Member – Suffolk County Council (*deputy member*)  
Moira McGrath, Partner Member – Essex County Council  
Kris Murali, Non-Executive Member – Audit  
Phanuel Mutumburi, Non-Executive Member – Patient and Community Engagement  
Elaine Noske, Non-Executive Member – Quality and Safety & Chair of the West Suffolk Alliance  
Dr Frankie Swords, ICB Executive Medical Director  
Janet Wood, Non-Executive Member – Finance

**Regular Attendees**

Maddie Baker-Woods, Executive Primary Care and Neighbourhood Director (Suffolk)  
Amanda Lyes, Executive Director of People, Governance and Corporate Services  
Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning

**Also Present**

Helen Bowles, Integrated Work and Health Lead  
Rory Doyle, Associate Director – Integrated Strategic Partnerships  
Tom McColgan, ICB Governance and Risk Manager (*minutes*)  
Simon Morgan, ICB Associate Director of Communications  
Wendy Scott, Deputy Director of Nursing  
Andrew Urquhart, ICB Sustainability Lead

**1. Welcome, introductions and apologies for absence.**

- 1.1. Apologies had been received from Lisa Nobes, Executive Director of Nursing; and Gareth Everton, Suffolk County Council Representative; and Susannah Howard, Integrated Care Partnership Director.
- 1.2. The Chair noted that it was Nick Hulme's final meeting as a Board Member as he had announced that he would be retiring as Chief Executive of ESNEFT at the end of December 2025.

**2. Notification of any questions from members of the public for response at the appropriate time on the agenda.**

2.1. The Chair noted that seven questions had been received in advance of the meeting and would be put to the Board at the appropriate point on the agenda.

### **3. Declarations of interest.**

3.1. No members present declared any interests relating to the items on the agenda.

### **4. Minutes of the previous Integrated Care Board meeting.**

4.1. The minutes of the previous meeting were agreed as a correct record.

### **5. Matters arising from the previous Integrated Care Board meetings and review of outstanding actions.**

5.1. The Board noted that the action log should record that there would be a further report on the Sustainability Review at a future meeting.

5.2. The Board noted the actions carried forward from previous meetings.

### **6. General update.**

6.1. Ed Garratt, ICB Chief Executive provided an update to the Board:

- Ed Garratt drew the Board's attention to the letter which NHS England had sent to all ICBs, NHS Trusts and Foundation Trusts requesting action on racism including antisemitism. The Board welcomed the actions set out in the letter but expressed disappointment that there was a need for the letter in the first place. Amanda Lyes, Executive Director of People, Governance, and Corporate Services spoke to the 95% compliance with mandatory training relating to antiracism and confirmed that the actions in the letter would be carried forward by the ICB's People Committee. The Board emphasised the need to go beyond mandatory training and to achieve a lasting culture change.
- The ICB had launched a consultation on a new staffing structure with staff. Ed Garratt thanked staff for their professionalism during a difficult and uncertain time.
- The system had maintained 95% of planned activity during the recent industrial action staged by resident doctors.
- The National Neighbourhood Pilot sites in both Suffolk and North East Essex and Norfolk & Waveney were progressing well and had been featured on an ITV Anglia report. The Board welcomed the highlighted instances of primary medical care providers collaborating in Ipswich and Tendering.
- The Board congratulated Dr Tanvir Alum, ICB Deputy Medical Director on his election to the Royal College of General Practitioners (RCGP) UK Council and his appointment to a role with the Asian Professionals National Alliance.

- Zeb Soanes had been appointed the University of Suffolk's Chancellor at the University's final graduation ceremony of 2025.
- The Board joined Ed Garratt in thanking Nick Hulme for this work as the Chief Executive of East Suffolk and North Essex Foundation Trust and wished him well on his retirement from the NHS. Nick had worked in the system for 10 years and helped establish the Sustainability and Transformation Partnership which evolved into the Integrated Care Partnership, he led on the Covid vaccination campaign, and most recently had overseen the rollout of a new Electronic Patient Record system at ESNEFT. Nick Hulme thanked the Members of the Board for the work that they did. He stated that he felt that SNEE Integrated Care System provided a blueprint for system working that others could follow. He stressed the importance of the NHS and the need for NHS leaders to ensure that it worked to safeguard it for the future.

6.2. The Board **NOTED** the update.

## **7. Heart of Greenstead Project Update.**

7.1. Rory Doyle, Associate Director – Integrated Strategic Partnerships provided an update on the Heart of Greenstead Project. The works to extend Hawthorn Surgery into a vacant neighbouring space had been delivered on time and on budget. He highlighted the new library building, children's hub, and the bike hire provision.

7.2. The Board welcomed the update particularly the programme's focus on integrating services across all the providers in the area and the way that it sought to improve the wider determinants of health. The Board hoped that the positive progress on the Project would continue and that it would have a lasting legacy for the community.

7.3. The Board **NOTED** the update.

## **8. National Neighbourhood Health Implementation Programme.**

8.1. Maddie Baker-Woods, Executive Primary Care and Neighbourhood Director (Suffolk) presented the report stating that all three Alliances were included in a national pilot which would run across 43 pilot sites in total. Each area had been asked to focus on a specific cohort and to identify activity which would have a demonstrable positive impact. The pilot was a learning exercise but it was important that it was also a practical exercise which would benefit patients. She provided an overview of the areas of focus for each Alliance and confirmed that the pilots would be reported back both through the Alliance Committees and to Board.

8.2. Maddie Baker-Woods also noted that a question had been submitted in advance of the meeting by a member of the public about the use of private investment to fund capital investment related to neighbourhood care. She confirmed that none of the programmes running across SNEE included any proposed capital investment, privately funded or otherwise, and the focus was about using the existing capital and workforce more effectively including co-locating services within the existing healthcare estate.

8.3. The following points were raised during the Board's consideration of the report:

- The Board noted that the key performance indicators for each of the pilots were still to be finalised but would likely include areas around reduction in need for secondary care and reduction in emergency admissions. The KPIs would be included as part of the implementation plans for the pilot programmes. The Board also emphasised that the KPIs must capture the impact on patient outcomes and health inequalities.
- The Board welcomed the fact that the three alliances had adopted different schemes focusing on different cohorts and that the three alliances in Norfolk and Waveney ICB had done similar thus maximising the learning across Norfolk and Suffolk allowing best practice to be taken forward.
- The Board reflected on the 5% model around which the pilot work in North East Essex Alliance was using based on health inequalities. Allocating resources according to inequalities would lead to investments being focused on areas with the highest need which may lead to areas with relatively less inequality feeling 'left behind' by the pilot work.

8.4. The Board **NOTED** the paper and supported the three pilot programmes.

## 9. Winter Plan Update.

9.1. Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning provided an update on the implementation of the Winter Plan which would run from 1 November – 31 March 2026. He stated that it had been a challenging third quarter in terms of demand pressures across the healthcare system. There were particular challenges in Suffolk and North East Essex on patient handover delays and mental health in Essex. There had also been some capacity issues in the System Operations Centre including a change in leadership as the ICB's Director of Operations moved into a new role at ESNEFT. The ICB had secured funding to maintain software which allowed real time reporting of demand data across the system and EEAST had made available non-recurrent funding which in SNEE would be used to build capacity and resilience over the winter.

9.2. The following points were raised during the Board's discussion of the update:

- The Board noted that flu vaccines were available to social workers, over 65s, and all care home residents. The Board heard how the County Councils were promoting vaccine take up among both staff and residents.
- The Board heard that ESNEFT had appointed Directors of Operation for Colchester and Ipswich Hospitals and they would be working particularly to improve the offload of patients from ambulances. The Board also considered instances where hospital visits could, and should, have been avoided and how the system could implement learning from these. The Board hoped that the neighbourhood work which was being piloted across the Alliances set out under item 8 would have a positive impact on this area particularly around frailty.
- The Board noted the 56% improvement in ambulance handover times achieved by WSFT and heard that the Trust was endeavouring to deliver the optimum process but that the

complex nature of Urgent and Emergency Care meant that the performance would be challenging to maintain.

- The Board considered the challenges to the mental health system and the significant delays in mental health care and the impact that it had on those experiencing mental health crisis in the community. The Board noted the good examples of care technology that had been deployed to help supplement capacity. The Board noted that the ICB was seeking to implement a mental health emergency department model.

9.3. The Board **NOTED** the update.

**10. SNEE Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) Annual Report for 2024/25.**

- 10.1. Sarra Bargent, Deputy Director of Nursing was joined by Wendy Scott, Deputy Director of Nursing: Clinical Services and Learning Disabilities and Autism to introduce the LeDeR Annual Report for 2024/25. They highlighted the key data from the report including the significant disparity in life expectancy for adults with learning disabilities compared to the Suffolk and Essex averages, and that respiratory conditions remained the leading primary cause of death for people with a learning disability. They also spoke to the two patient stories in the report; David and Stephen. David had a poor experience of the system having contact with several services but failures to communicate effectively between services left David without the support he needed. David's Sister reported frustrations with the way that services had behaved. Stephen had a more positive experience with services working together to provide the required level of treatment and care.
- 10.2. Wendy Scott also spoke to the provision of the Oliver McGowan Training which was being delivered across health and social care in SNEE and the workshop which the ICB had funded bringing around 100 professionals together. She particularly highlighted the workshop session on aspiration pneumonia and the fact that many of the professionals present reported never having training on how to position someone when assisting them with drinking and eating.
- 10.3. Wendy Scott finished her introduction by reminding the Board that LeDeR was not a statutory function. She stated that as part of the changing role of the ICB, LeDeR would not continue in its current form. The ICB would instead seek to implement a wider process and framework to more effectively support learning and improvement.
- 10.4. During the Board's consideration of the report the following points were raised:
- The Board expressed shock at the 20 year gap in life expectancy between those with learning disabilities and those without. However, the Board also recognised that the disparity in life expectancy for those with a learning difficulty (and those with a serious mental illness) had been present for some time; it was not enough to be shocked, action was needed. The Board highlighted the important of learning with individuals with lived experience, experts by experience.
  - The Board supported the ICB's ambition to be more proactive in how it supported learning and improvement including setting up a taskforce. The Board noted that the Quality Committee had received a report in October.

- The Board expressed disappointment that there had not been better take up of the Oliver McGowan training across the system. The Board did welcome the ICB's approach to offering the training at cost through the Training Hub and noted that ESNEFT, NSFT, WSFT, and Community Dental Services were providing the training to staff. The Board recognised that there were challenges with providing cover to allow staff, particularly clinicians, to complete the training especially the all day, in-person tier two training. The Board was keen that the ICB continue to help partners to improve take up of the training particularly in primary care.
  - The Board was keen to ensure that the new ICB Strategy and Plan showed a genuine commitment to Learning Disability and Autism Services.
- 10.5. The ICB Board **NOTED** the report and requested that officers bring a further report to the Board in March.

## **11. ICB Work and Health Strategic Plan – Fit for Work, Fit for Life.**

11.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services was joined by Helen Bowles, Integrated Work and Health Lead to speak to the report. They highlighted that 6% of the population economically inactive due to health needs which was about a third of all economically inactive individuals. The number of fit notes issued by General Practice had increased to around 150,000 annually and was expected to continue to increase. Work was a wider determinate of health with good quality secure employment being shown to improve healthy life expectancy.

11.2. During the Board's consideration of the report the following points were raised:

- The Board welcomed the report and strategy recognising that the health and care system was one of the biggest employers in the region and so there was a real opportunity for the ICB and providers to implement the strategy through their own organisations. The significant infrastructure projects in Suffolk, including the new hospital build in West Suffolk, also provided great opportunities to help boost skills and employment.
- The Board also reflected on the vital role that the Voluntary Sector could play in helping people into work. One in seven in work was a family carer and local voluntary sector organisations had a strong track record of working with employers to help them enable carers to stay in work.
- The Board recognised the particular challenges facing young people which could often start in education.
- The Board requested that a further report be brought to Board in due course to provide an update on the implementation of the strategy.

11.3. The Board **APPROVED** the Work and Health Strategic Plan – Fit for Work, Fit for Life

## **12. 2025 ICB Cost Reduction and Transition Programme Update.**

12.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services presented the report highlighting the launch of a consultation with staff on a new combined

staffing structure. She spoke to the support which had been put in place for staff and engagement with Trade Unions. She also drew the Board's attention to the risks set out in the report and the controls the ICB had put in place to manage them. Janet Wood, Non-Executive Member provided an update on the work of the Transition Committee.

12.2. The Committee **NOTED** the report.

### **13. Research in Primary Care.**

13.1. Dr Frankie Swords, Executive Medical Director presented the report highlighting the work that the team based in Norfolk and Waveney ICB had undertaken in partnership with GPs. She spoke to the research capability funding that the ICB had accessed and emphasised that the work was not just about supporting researchers but also about improving patient and public understanding.

13.2. The Board welcomed the report and supported increasing engagement with GPs in Suffolk through the Suffolk GP Collaborative. The Board recognised the need to increase the relevance of research to local populations as highlighted by the Research Engagement Network and the call from Government for research to build an evidence base around interventions to support the three shifts set out in the NHS 10 year plan.

13.3. The Board **NOTED** the report.

### **14. Green Plan.**

14.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services was joined by Andrew Urquhart, ICB Sustainability Lead to present the report. They highlighted that the SNEEICB and NWICB Green Plans had been aligned and that the ICBs had worked in collaboration with providers and local authorities to develop the Green Plan. They also emphasised that the Green Plan would need to be revised in the new year to account for the new model for Social Value.

14.2. The Board **APPROVED** the SNEE ICB Green Plan.

### **15. Emergency Preparedness, Resilience, and Response Core Standards.**

15.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services presented the report highlighting the positive outcome and good work across the system.

15.2. The Board welcomed the report and noted the praise that both the SNEEICB and NWICB Teams had received nationally.

15.3. The Board accepted the outcome of the Core Standards self-assessment.

### **16. Freedom to Speak Up Report – Q1 & Q2 2025-26.**

16.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services presented the report which provided an update on the arrangements for freedom to speak up provision launched in April 2025.

16.2. The Board welcomed the report particularly the extension of the freedom to speak up guardian offer to primary medical care providers. The Board noted the Remuneration Committee's intention to collect feedback on the service from users but the very limited number of contacts in the first six months of the year had meant that a survey of users had not yet been undertaken.

16.3. The Board **NOTED** the report.

## **17. Medium Term Planning update – 2026/27.**

17.1. Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital, and Commissioning presented the report highlighting that planning was moving from an annual cycle to a three year cycle. There was a shortened timeframe for 2026/27, but the ICB was able to build upon the work which had already been done across SNEE and NWICB.

17.2. Howard Martin, Executive Finance and Contracts Director spoke to the financial planning elements of the report stating that a three year revenue allocation and four year capital allocation had been received for the anticipated new Norfolk and Suffolk ICB footprint. He highlighted the significant change in approach to system financial accountability with a return to organisational accountability and away from a 'system control total'. For 2026/27 West Suffolk Foundation Trust would receive deficit funding and ICB running cost allowances would be set to the equivalent of £19 per head of population.

17.3. The Board **ENDORSED** the approach being taken to develop the Integrated Needs Assessment, Population Health & Commissioning Strategy and the Population Health Improvement Plan within the context of the national timelines set out within the Framework(s).

## **18. SNEE Integrated Care Board Performance report for November 2025.**

18.1. Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital, and Commissioning presented the report. He highlighted the improved performance across the system but there were still challenges around cancer pathways in both Trusts; 62 day performance in ESNEFT and faster diagnosis in breast and lower GI at WSFT. The mental health trusts were achieving their targets across five indicators but improvement was needed in children's contacts and dementia diagnosis.

18.2. Maddie Baker-Woods, Executive Primary Care and Neighbourhood Director (Suffolk) spoke to the primary care performance in the report particularly on access to emergency dental care. She referenced that the Board had received a written question on the topic of emergency access to dental care and the provision of dental service more generally. She stated that she was sorry to hear about the difficulty accessing emergency dental care reported in the question and that while access to urgent dental care was improving there was still a lot of work to do particularly around communicating how to access the urgent appointments. She stated that she would provide a full response in writing.

18.3. The Board also heard about the task forces in place at ESNEFT around frailty, flow, cancer, and diagnostics and that NHS England's performance monitoring of diagnostics at WSFT had been stepped down.

18.4. The Board **NOTED** the report.

## **19. Finance Report.**

19.1. Howard Martin, Executive Finance and Contracts Director presented the report emphasising that system control totals remained in place for 2025/26. He stated that the system had a £6.9m deficit but was £2m ahead of plan. WSFT were on plan but ESNEFT was £5.8m off plan and there was a significant risk that they would not be able to recover by the end of the financial year. ESNEFT had a good track record of delivering financial plans and it was likely that it was a non-recurrent issue causing ESNEFT to be off track resulting by significant changes at the Trust. The ICB and EEAST were both delivering to plan and the SNEE System overall was on track but with some significant headwind.

19.2. Howard Martin also provided an update on the implementation of the new financial ledger system which had been introduced for all ICB's nationally in October. He stated that while the local team had done their best to ensure a smooth implementation that there had been significant challenges with the system which may impact the production of the accounts particularly around the end of the year.

19.3. The Board also noted the impact of recent industrial action on the Trusts which had caused financial pressures for which no additional funding expected.

19.4. The Board **NOTED** the report.

## **20. Integrated Care Partnership Committee Update.**

20.1. The item was withdrawn as Susannah Howard, Integrated Care Partnership Director had sent her apologies.

## **21. Governance Handbook and Constitution.**

21.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services presented the report.

21.2. Janet Wood, Non-Executive Member provided an update on the Essex Joint Committee.

21.3. The Board **APPROVED** the report.

## **22. Board Assurance Framework – November 2025.**

22.1. Amanda Lyes, Executive Director of People, Governance, and Corporate Services presented the report highlighting the successful implementation of the 'EPIC' Electronic Patient Record System at ESNEFT and the recommendation to de-escalate the risk set out in the report.

22.2. The Board noted that the BAF entries relating to system mental health and delivery of the finance plan needed to be updated.

22.3. The Board **APPROVED** the Board Assurance Framework.

## **23. Committee minutes and highlight reports.**

23.1. The Highlight reports were noted.

## **24. Attendance Log.**

24.1. The attendance log was noted.

## **25. Any Other Business.**

25.1. No other matters were raised.

## **26. Questions from the public – Maximum 10 minutes**

26.1. The Chair noted that a number of questions had been submitted in advance of the meeting and asked that the ICB's Associate Director of Communications read the questions in turn.

### **Question submitted by Mike Hope**

*'I see Dr Ed Garratt has gone on record as saying that NHS contracts with the US tech data giant Palantir for a federated data platform should be considered on their merits and have nothing whatsoever to do with assisting Israeli genocide in Gaza. I note that this is not the view of very many clinicians locally and nationwide, who consider the ethical stance of Palantir to be lethal and refuse to engage with it.*

*Can Ed or others confirm as to whether Palantir's joint offer with Multiverse of data apprenticeships for NHS staff (seemingly to encourage take-up of the unpopular FDP) has been received by the ICB or the Trusts, and whether there are any plans for local NHS staff to engage with this'*

26.2 Amanda Lyes, Executive Director of People, Governance, and Corporate Services responded that it was the ICB's understanding that the apprenticeships mentioned in the question would not be launched until 2026. She confirmed that there currently no plans to offer them locally.

### **Question from John Rae**

*'ATV Today published an [article](#) where a study revealed where you were going to struggle most with finding a dentist. Ipswich was revealed as being the worst place in England with a score of 0 out of 100. Norwich in fifth place didn't fare much better with a score of 1.15 out of 100.*

*'Back in 2023 you took over dental commissioning and mentioned the increased hours and availability of making a dental appointment. A friend of mine in Ipswich recently broke a tooth and was unaware of 111 so instead of phoning them he tried to get a dental appointment. No NHS dental surgeries would take him on and after trying 4 private dental surgeries one eventually gave him an appointment. He was offered two options - have the tooth removed (£250) or have root canal and a cap (£2,400+). Not being in an overly well paid job and unable to access an NHS dentist he didn't have a choice, so he opted for removal.*

*'You've now appointed a Dental Educator Lead with a view to improving NHS Dental care in Suffolk and NE Essex. How long will it be before we can see improvements? Ed Garratt in 2023 said it would not be a quick fix and if my friend's ability to find an NHS dentist confirmed the NHS Study indicating Ipswich as the worst place in England then no progress has been made since then. How long does it take to fix NHS dental care in Ipswich and make appointments available?*

*'How long before you attract more dental practitioners to this area 1 year, 5 years, 10 years or is it so vague you can't give a definite answer?*

*'What was the outcome of your SNEE Training Hub, and did they address the lack of NHS dental practices in Ipswich, Suffolk or NE Essex?*

*'It's all very well making Suffolk and NE Essex a destination for dental workers nearing graduation and for those coming in from overseas, but do we have the surgeries able to expand their locations to fit in all these new recruits or is the ICB suggesting we build new dental practices and if so how long is it going to take for either of these options to lift Ipswich from the bottom of the NHS data on dentistry?*

*'I hope my friend doesn't break another tooth in the foreseeable future.'*

26.3 The Chair noted that Maddie Baker-Woods, Executive Primary Care and Neighbourhood Director (Suffolk) had had to leave the meeting but would provide a full response to Mr Rae in writing.

26.4 The Chair noted that in addition to the questions submitted for today's meeting Mr Dooley had submitted a follow up response to a question he had asked previously which the Board noted.

**Previous question and response:**

*Q: Given that Ed referred to Essex University as being rated 12th in a University league table but didn't refer to the Hospital Trusts league table positions that the SNEE commissions will he now for the purposes of the minutes address this deficit, and in so doing explain how a supposedly outstanding ICB can commission such relatively poorly performing Trusts ( both in the 80s amongst 134 similar Trusts) and does he look forward to being the Chief Officer of Norfolk and Suffolk ICB where the QE2 hospital in Kings Lynn is currently rated the worst in the UK?*

**ICB response** *Everyone within the system is determined to further improve the rankings you've referred to, and significant work has, and continues, to take place to ensure this happens. I do look forward to developing a close working relationship with colleagues at the QE2 hospital in Kings Lynn. I know everyone in that trust is working very hard to improve their position.*

**Additional statement noted by the Board:** *I don't doubt all that stuff about working hard. However, as the former manager of Norwich City FC can testify it's results and outcomes that matter, and the results from ESNEFT and West Suffolk Hospital are not satisfactory let alone outstanding, but unlike the former Manager of Norwich City there appears to be no consequences for those Trusts and the ICB that commissions them. Yet again Ed's non answer refuses to address the reality gap between an apparently 'outstanding' ICB and obviously not 'outstanding' Foundation Trusts, reminiscent of the teacher who claims to have taught students though the outcome was that they failed to learn!*

*The more examples of the lack of seriousness from the ICB in addressing reasonable questions from the public that there are the more justifiably angry I become. Sadly, on the evidence from the new Chief Medical Officer's response to my question about General Practitioners to which she managed to talk about her knee, clearly personnel may change but the rubbish generated doesn't.*

**Question from Anthony Dooley originally put to the Board in September 2025**

*Now that the UN has declared Israel's actions in Gaza as a genocide... would Nick Hulme like to show similar emotional intelligence and sensitivity towards staff at ESNEFT by following*

*Caroline's lead and emailing all staff? One of his staff has a brother imprisoned for nearly a year as one of the Filton 18, e.g.?*

26.5 Nick Hulme, Partner Member – ESNEFT Chief Executive responded that he would not be emailing all staff as he did not consider it relevant to his role.

**Question from Mr Dooley in relation to 10.2 in the minutes.**

*'Why do the minutes not make explicit the reason that 'the board recognised the tensions in the country and the impact this was having on staff'? Will you make a statement condemning those politicians and others who have stoked racism, and commit to opposition to that Racism by issuing a public statement from this meeting?'*

*'Further, could you state your response to the proposed so called anti racism online 'training' for all NHS Staff that claims that the definition of antisemitism includes criticism of Israel, that is responsible for the genocide in Gaza, and the murder of more than 250 Gazan civilians since the so called 'ceasefire'?''*

26.6 Ed Garratt, ICB Chief Executive responded that it was not within the Board's scope to discuss international politics no matter what views Board Members may hold privately. The Board had received and discussed a letter from NHS England on anti-racism and had committed to taking forward appropriate action locally but could not issue statements on international politics.

**Question relating to item 8 on the agenda.**

*'If Maddie has not addressed these in her 'Information' could she state her understanding on how in implementing the Neighbourhood Health Programme finance will be raised, particularly on the possibility that the government will resurrect the disastrously expensive PFI approach even if it uses different words? You know, if it quacks like a duck etc. Also, who are considered the stakeholders in this process, and what will be the process of engagement?'*

26.7 The Chair noted that Maddie Baker-Woods, Executive Primary Care and Neighbourhood Director (Suffolk) had responded to the points raised by Mr Dooley under item 8 on the agenda.

**Question relating to item 10 on the agenda.**

*'Could Amanda set out how the social determinants of health are to be addressed in the Health Strategic Plan given what we know about their importance as Marmot has reported twice? I am, of course, referring to the need ,for example, of affordable social housing without issues of damp etc, and the other social determinants of Health.'*

26.8 Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital, and Commissioning responded:

"The Question raises a good point. Marmot's original review (*Fair Society, Healthy Lives*, 2010) and the 10-year follow-up (2020) show that health inequalities stem largely from the conditions in which people are **born, grow, live, work, and age**. A point that has been made many times at Board and through the work that we've done.

"I'm particularly drawn to the Marmot framework's six core policy objectives,

- **Give every child the best start in life** (early years investment, parenting support).
- **Enable all people to maximise capabilities and control over their lives** (education, skills).
- **Create fair employment and good work for all.**

- **Ensure a healthy standard of living for all.**
- **Create and develop healthy and sustainable places and communities** (housing, transport, green space).
- **Strengthen the role and impact of ill-health prevention.**

“Three of these will be specifically addressed in the ICB’s new Strategy and Plan (highlighted in red) and the other three will be part of the scope of the proposed two Neighbourhood Health Plans which are due to be in place for April 2026 and will be led by local government through the Health and Wellbeing Board. I am confident that we will be addressing these through our work but as always the drafts will be brought to a future public Board meeting and comments on these will be welcome.”

26.9 The Chair noted that a question had been submitted by James Webb which Amanda Lyes, Executive Director of People, Governance, and Corporate Services would respond to in writing:

**Question from James Webb**

*“What are the ICB member’s plans over the next 5-10 years, in terms of integrating T Levels, along with the recently announced V Levels, into its strategic workforce development plans, specific to the curriculum areas listed below, in order to meet some of the business’s and/or organisation’s human capital needs well into the future?”*

Curriculum Areas:

- Healthcare
- Science
- Digital
- Business & Administration
- Finance
- Accounting
- Legal
- Engineering
- Construction”

26.10 Response provided by Amanda Lyes:

*“In relation to the question on integrating T-Levels. I understand you have spoken to colleagues at the ICB as well as from our partners at MSE ICB. From these meetings, along with updates, you were also e-introduced to colleagues at our respected providers (ICB members) for them to outline their own plans for T-Levels.*

*From a SNEE ICB position, we have recently appointed a T-Level Co-ordinator to work across the system with the remit of influencing health and care providers to increase T-level placements in health and social care settings. This role is a funded role for 30 months (commenced in October ’25) and will work with system partners to integrate T-Levels into strategic workforce plans.*

*In addition, the ICB is working with NHS England on the development and sharing of T-Level resources to support local employers, with a particular focus on reducing barriers to placement uptake and improving the quality and consistency of learner experience across the system.*

*We are also meeting regularly with the newly appointed T-Level Co-ordinator to receive updates, provide strategic support from an ICB perspective, and ensure alignment with wider system workforce priorities.*

*In addition, the ICB has a role in the Work and Health agenda and through implementation of the Fit for Work, Fit for Life strategy and health and work plans, the ICB will contribute systems leadership and leverage our role as a strategic commissioner in supporting areas such as T-Levels as part of the overall supply improvement agenda in health and care professions."*

The meeting ended at 1.30pm

## NHS Norfolk and Waveney Integrated Care Board

### DRAFT Minutes of the meeting on Wednesday 26 November 2025

#### PART 1 – Meeting in public

**Diss Business Hub, Diss Business Park, Hopper Way, Diss IP22 4GT**

**Board members present:**

- Ed Garratt (EG), Chief Executive Officer, NHS Norfolk & Waveney ICB
- David Holt (DH), Non-Executive Member, NHS Norfolk and Waveney ICB
- Stuart Keeble (SK), Local Authority Partner Member
- Howard Martin (HM), Executive Director of Finance, NHS Norfolk and Waveney ICB
- Dr Antonia Moussakou (AM), Partner Member – Primary Medical Services (PMS)
- Professor Will Pope (WP), Chair, NHS Norfolk & Waveney ICB
- Emma Ratzer (ER), Voluntary, Community and Social Enterprise Sector Board Member
- Dr Faisal Sethi (FSe), Partner Member – NHS Trusts (Community & Mental Health)
- Dr Frankie Swords (FS), Executive Medical Director, NHS Norfolk and Waveney ICB
- Hein Van Den Wildenberg (HvdW), Non-Executive Member and Vice Chair, NHS Norfolk and Waveney ICB
- Ian Wake (IW), Local Authority Partner Member

**Participants and observers in attendance:**

- Mark Burgis (MB), Executive Director of Primary Care and Neighbourhood Health (Norfolk and Waveney), NHS Norfolk & Waveney ICB
- Amanda Lyes (AL), Executive Director of People, Governance & Corporate Services, NHS Norfolk & Waveney ICB
- Alex Stewart (AS), Chief Executive, Healthwatch Norfolk
- Richard Watson (RW), Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning, NHS Norfolk & Waveney ICB
- Karen Watts (KW), Director of Nursing and Quality, NHS Norfolk and Waveney ICB (*for Lisa Nobes, Executive Director of Nursing, NHS Norfolk & Waveney ICB*)
- Clara Yates (CY), Associate Director of Research & Development, NHS Norfolk & Waveney ICB (*Agenda item 11*)

**Attending to support the meeting:**

- Jane Bacon (JB), Executive Assistant, NHS Norfolk and Waveney ICB (Minutes)
- Heidi Davey (HD), Head of Corporate Governance, NHS Norfolk and Waveney ICB
- Amy Metcalf (AM), Deputy Head of Communications & Engagement, NHS Norfolk and Waveney
- Chris Williams (CW), Head of Communications and Engagement, NHS Norfolk & Waveney ICB

<b>1.</b>	<b>Welcome and introductions - apologies for absence</b>	
	The Chair welcomed everyone to the meeting.	
	Dr Antonia Moussakou, PMS Partner Member, Richard Watson, Deputy Chief Executive and Executive Director of Strategy, Digital and	

	<p>Commissioning and Amanda Lyes, Executive Director of People, Governance &amp; Corporate Services were welcomed to their first Board meeting.</p> <p>Apologies were received from the following Board members:</p> <ul style="list-style-type: none"> <li>• Cllr Fran Whymark (FW), Integrated Care Partnership Member</li> <li>• Lisa Nobes (LN), Executive Director of Nursing, Norfolk &amp; Waveney ICB</li> <li>• Cathy Armor (CA), Non-Executive Member, NHS Norfolk and Waveney ICB</li> <li>• Jonathan Barber (JBa), Partner Member – NHS Trusts (Acutes)</li> </ul> <p>It was noted that Karen Watts, Director of Nursing and Quality was deputising for Lisa Nobes.</p> <p>The Board was confirmed as quorate.</p>	
<b>2.</b>	<b>Questions</b>	
	<p>There were no questions received in advance of the meeting.</p> <p>Two late questions had been submitted and would be published on the website, with the corresponding responses, following the meeting.</p>	
<b>3.</b>	<b>Minutes from previous meeting and matters arising</b>	
	<p><b>Agreed:</b>          The draft minutes from the meeting held on 24 September 2025 were approved as an accurate record.</p>	
<b>4.</b>	<b>Declarations of interest</b>	
	<p>The Chair noted that the declarations of interest register was kept up-to-date and was available on the ICB's website.</p> <p>No declarations of interest declared.</p>	
<b>5.</b>	<b>Chair's action log</b>	
	<p>The Chair noted that there were no actions to approve.</p>	
<b>6.</b>	<b>Matters arising from the previous Integrated Care Board meetings and review of outstanding actions</b>	
	<p>The Chair reviewed all due actions with the Board.</p> <p>The following was noted:</p> <p>Winter Plan: FW to investigate and confirm what arrangements are in place for social and domiciliary care in terms of flu vaccination.</p> <p>National oversight framework: To be raised as an item for discussion at the December planning session.</p>	<p style="text-align: center;"><b>FW</b></p> <p style="text-align: center;"><b>HM</b></p>
<b>7.</b>	<b>Chair and Chief Executive's Report</b>	

	<p>EG shared a letter received from NHSE, requesting assistance in implementing important initiatives supporting a shared commitment to fostering an inclusive, respectful, and professional environment for colleagues, patients and visitors, across the NHS and assuring communities of our commitment to tackling hatred in all its forms. He reiterated a zero-tolerance stance to all forms of hatred, antisemitism, Islamophobia, racism and to any form of discriminatory behaviour.</p> <p>AL advised that in response to the letter a number of actions have been taken collectively. A paper is being prepared for the Remuneration Committees and People Boards of both N&amp;W and SNEE ICBs on the issue. Once the updated training model is received, all staff will undertake this.</p> <p>DH asked if we should be circulating the letter more widely. AL confirmed that the letter had been cascaded across staff networks within the system.</p> <p>EG provided an update to the Board as follows:</p> <ul style="list-style-type: none"> <li>• The ICB has launched a staff consultation with the proposed new structure designed to enable the new organisation to deliver its purpose as an effective strategic commissioner, but this would result in a significant reduction in posts. EG acknowledged the professional of staff.</li> <li>• The system had maintained 95% of planned activity during the recent industrial action, staged by resident doctors. Tried and tested plans were implemented to continue to minimise disruption to patients and noted this latest action came at an already challenging time for the NHS with influenza pressures.</li> <li>• The National Neighbourhood Pilot sites in both Suffolk and North East Essex (SNEE) and Norfolk &amp; Waveney were progressing well and had been featured on an ITV Anglia report.</li> <li>• Dentistry developments were highlighted with specific mention to Diss, including £450,000 of investment to expand capacity, with the dental practice having recently taken on more than 400 new patients.</li> <li>• Congratulations were noted to RW and his team on the publication of the National Strategic Commissioning Framework for England.</li> <li>• Recent visits visited in Norfolk and Suffolk included the College of West Anglia and Cromer Hospital.</li> <li>• A productive Carers Conference took place in Norwich which was both a privilege to attend and to listen to inspiring colleagues in social care. The event was a great success and productive.</li> </ul> <p>The Board noted the update.</p>	
<p><b>8.</b></p>	<p><b>ICB Transition</b></p>	
	<p>AL provided a summary of the transition of ICBs:</p> <ul style="list-style-type: none"> <li>• Staff consultation commenced on 19 January 2026 and will conclude on 12 January 2026.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Applications to the staff voluntary redundancy (VR) scheme closes on 5 January 2026, with VR Panels arranged for the following week.</li> <li>• Staff are being encouraged to feed back on the proposed structure to help shape a stronger organisational footprint.</li> <li>• The organisation remains committed to supporting staff, with various forums and support mechanisms in place. All will continue throughout the transition period.</li> <li>• We continue to work in partnership with trade unions through the process.</li> <li>• All transition activity will continue to be shared with the Transition and Merger Committee, and Remuneration Committees to ensure governance processes are followed.</li> <li>• HvdW noted that the Transition and Merger Committee meets every two weeks and is making very good progress against timelines.</li> <li>• Progress updates were reported to the Committee at each meeting.</li> </ul> <p><b>Agreed:</b> The ICB Board noted the update.</p>	
<b>Learning from People, Staff and Communities</b>		
<p><b>9.</b></p>	<p><b>Our lived experience item today will focus on how the local health system is helping and supporting patients to access and use the NHS App and wider digital services.</b></p>	
	<p>KW introduced the lived experience item, focusing on how the local health system is supporting patients to access and use the NHS App and wider digital services.</p> <p>The following points were noted from the presentation:</p> <ul style="list-style-type: none"> <li>• The programme is focused on empowering patients digitally.</li> <li>• The NHS App is a key tool in enabling access to services.</li> <li>• Patients benefit from telling their story only once, reducing duplication and improving continuity of care.</li> <li>• Progress has been made, resulting in an improved patient experience.</li> <li>• The system is confidential, empowering, and increases access to services</li> <li>• Barriers and lack of awareness remain, which need to be addressed.</li> <li>• Older adults are experiencing improved access through digital support.</li> <li>• The Shared Care Record enables all health professionals to access full records, enhancing clinical decision-making.</li> </ul> <p>Healthwatch has evaluated the impact of digital services and concluded that while these tools show significant improvement, there remain barriers related to awareness, deprivation, system access and engagement with hard-to-reach groups.</p> <p>The recommendations have been designed to build trust within our communities and tailor the App to better meet the needs of the hard-to-reach communities.</p> <p><b>Questions and comments from the Board:</b></p>	

	<ul style="list-style-type: none"> <li>• AM raised concerns that general practices often receive requests from relatives to access patients' records which can act as a barrier and make access via the app more difficult. KW advised that work is being done with the digital team to address this.</li> <li>• FSe commented on digital exclusion and queried if there is a facility for proxy access and if so, how this can be integrated into safety plans.</li> <li>• FS commented on the benefits of the shared care record and the improved patient experience when working with patients.</li> <li>• FSe noted that accessing the information would increase/help with patients 'at the front door'.</li> </ul> <p>Due to technical difficulties, the patient experience video was unable to be shared with the Board.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• HD to circulate the link to the Patient experience video and accompanying presentation to Board members.</li> <li>• The link to Healthwatch survey to be shared with Board members</li> </ul> <p><b>Agreed:</b> The Board discussed and noted the contents of the paper.</p>	<p>HD</p>
<b>Strategy and Partnerships</b>		
<b>10.</b>	<b>Joint Quality and Health Impact Assessments</b>	
	<p>KW presented the work on the Joint Quality Health Impact Assessments.</p> <p>Quality Impact Assessments (QIA) and Equality &amp; Health Inequalities Assessments (EHIA) are not a new process. However, in October 2024 the ICB identified an opportunity to centralise the processes which were taking place across individual commissioning teams. This provided the opportunity to:</p> <ul style="list-style-type: none"> <li>• Bring QIA and EHIA together so that the processes are more aligned and to enable a collective discussion around quality, accessibility and equity of health outcomes, drawing from a multi-disciplinary panel.</li> <li>• Refresh templates and guidance and update policies to reflect best practice e.g. national frameworks.</li> <li>• Formalise approval and feedback via panel. This provides more robust centralised governance around the completion of the impact assessments and a better oversight of potential risks and mitigations, as well as providing live feedback that helps improve the confidence and skills of colleagues completing them.</li> <li>• A more central and coordinated approach has also helped ensure there is consistency across teams and enabled continuous reflection and process improvement to ensure that the ICB process continues to embed and develop, especially as new national guidance emerges.</li> </ul> <p>The ICB QIA and EHIA Panel is a multidisciplinary panel made up of ICB subject experts across the clinical quality, CYP and health inequalities teams. It is co-chaired by the ICB Director of Nursing &amp; Quality and the ICB</p>	

	<p>Clinical Advisor for Health Inequalities and Health Inclusion. The panel meets on a weekly basis.</p> <p>Themes from panel outcome:</p> <ul style="list-style-type: none"> <li>• Consideration of cumulative impact of contract changes across the VCSE landscape.</li> <li>• Importance of embedding quality KPI, activity and accessibility information.</li> <li>• Flagging opportunities for additional consultation with staff and service users.</li> <li>• Recommended review of demographic data to ensure that sufficient community insights are being used.</li> <li>• Encouraging collaborative and joined up impact assessments across commissioning teams to identify duplications and gaps and share good practice.</li> </ul> <p>The document is a live working document and is shared across the system.</p> <p><b>Questions and comments from the Board:</b></p> <ul style="list-style-type: none"> <li>• RW asked how assurance is gained that recommendations from the panel are enacted.</li> <li>• KW responded that regular conversations are taking place with project owners to embed quality aspects within projects.</li> <li>• KW will add quality impact assessment monitoring into page 61 of the development slides.</li> <li>• DH queried whether the same approach would be applied to the “must-do services”</li> <li>• KW advised that this would form part of the longer-term development and would progress accordingly.</li> <li>• SK noted that it was great to see inequalities linked but how does this play into commissioning intentions. Also, there is a debate on health inequalities and how it is embedded into the wider strategy when prioritising work.</li> <li>• FSe emphasised the importance of understanding the QIA and EHIA, and how these connect within an integrated system, noting they should form part of the process.</li> <li>• MB observed that this raises the question of training for teams going forward, so that responsibility is collectively owned.</li> </ul> <p><b>Agreed:</b> The Board discussed and responded to the content of the report, noting activity, themes and supported the plans for future development.</p>	
11.	<p><b>Report from the Quality and Safety Committee</b></p>	
	<p>KW presented the Quality and Safety report highlighting the key points:</p> <ul style="list-style-type: none"> <li>• Risk register - Risk 047: Tuberculosis Service Provision risk has increased to 20. This reflects the fragile position of current specialist community provision and the need for a more resilient and sustainable model for the future.</li> </ul>	



	<ul style="list-style-type: none"> <li>The importance of prioritising the vaccination programme was reiterated. Norfolk &amp; Waveney currently rank first nationally for flu vaccination uptake, with strong support from primary care colleagues in delivering the programme.</li> </ul> <p><b>Questions and comments from Board:</b></p> <ul style="list-style-type: none"> <li>IW paid tribute to all those involved in the vaccination programme. He noted variation in coverage across trusts for healthcare workers and asked whether this is being addressed.</li> <li>A question was raised regarding why the Covid ambition is lower than the 2024/25 performance.</li> <li>The vaccination team confirmed that they are working closely with providers to increase uptake of vaccinations.</li> <li>It was noted that different levels of Covid ambition are set nationally, and work is ongoing to increase uptake locally.</li> <li>FS commented that despite strong vaccination performance, a high number of unvaccinated patients are still being admitted to hospitals. She also highlighted that norovirus is prevalent, resulting in bay closures.</li> </ul> <p><b>Agreed:</b> The paper was received and noted.</p>	
<p><b>13.</b></p>	<p><b>Report from Patients and Communities Committee</b></p>	
	<p>MB presented the item, highlighting key points from the report.</p> <ul style="list-style-type: none"> <li>Ageing Well Programme and Dementia: Updates were received on dementia initiatives.</li> <li>Primary Care Access and Outcomes: The update covered dentistry, pharmacy, and general practice, with a focus on workforce initiatives, digital inclusion, and targeted interventions for underserved communities.</li> <li>VCSE Sector Resilience and Strategic Monitoring: Concerns were raised regarding the closure of voluntary organisations and the need for strategic monitoring of sector resilience. It was agreed that this issue would be addressed through the Assembly's risk register and action plan.</li> <li>Spotlight on Waiting Times and Patient Stories: The committee reviewed illustrative case studies demonstrating the impact of extended NHS waiting times, assessed elective care performance, and discussed measures to address delays, communication issues, and health inequalities.</li> </ul> <p><b>Comments and questions from the Board:</b></p> <ul style="list-style-type: none"> <li>FS noted that the report states Norfolk and Waveney remain among the highest nationally for referrals to the weight management programme.</li> <li>EG asked what factors are driving the higher referral levels.</li> <li>FS explained that the difference lies in the use of data to identify patients who would benefit from the programme, supported by a dedicated team that makes access straightforward.</li> </ul>	

	<p><b>Agreed:</b> The Board received and noted the report.</p>	
<p><b>14.</b></p>	<p><b>Norfolk &amp; Waveney Green Plan</b></p>	
	<p>AL presented the Norfolk &amp; Waveney Green Plan, which has been co-produced with Suffolk ICB. Key points from the presentation included:</p> <ul style="list-style-type: none"> <li>• NHS England Green Plan guidance was issued in February 2025. All ICBs and Trusts are required to follow the minimum guidance. All Trusts and systems are required to have a green plan published with Board approval by the end of November 2025.</li> <li>• N&amp;W (&amp; SNEE) Green Plans are more ambitious than the national guidance requirements, including twelve themed/priority areas versus the required nine. The additional themes are air pollution/air quality, green spaces/nature/biodiversity and waste/recycling).</li> <li>• The core strategic approach in the Green Plan is to deliver sustainable value; reducing environmental and financial cost whilst maintaining (or improving) the quality of care we provide and creating a positive social impact. To achieve this, the approach is via the sustainable care principles lens (prevention, patient self-care/empowerment, lean &amp; lower carbon) to deliver what is termed a ‘three up and three down’ outcome.</li> <li>• “Three down” being: reducing carbon emissions, air pollution and waste whilst at the same time supporting “Three up” which is: increasing/improving nature (including green spaces and water), climate resilience and social value (to tackle inequalities) in support of the NHS 10-year plan. This approach will be underpinned by strategic commissioning, our partnerships and integration with local authority and other partners.</li> <li>• In light of ICB clustering, the N&amp;W &amp; SNEE sustainability leads have worked together and drafted the respective plans in a style that will facilitate them being merged into a single plan during 2026/27.</li> <li>• The N&amp;W Green Plan showcases the progress made by the organisation on the Green &amp; Sustainability agenda, it is fully compliant with latest guidance and is “owned” and commits to delivery by our current N&amp;W theme leads/subject matter experts.</li> <li>• We can demonstrate that our statutory obligations are discharged through our general duties as per section 14Z44 of the Health &amp; Care Act 2022 and the Procurement (Social Value Acts) and complies with CQC ‘well led sustainability’.</li> </ul> <p><b>Comments and questions from the Board:</b></p> <ul style="list-style-type: none"> <li>• DH asked whether data collection has been included within the report.</li> <li>• EG queried whether the focus on sustainability will remain in light of restructuring.</li> <li>• AL acknowledged this will be a challenge but confirmed work is ongoing to take it forward.</li> <li>• FS commented that the paper is dry and suggested including practical examples (e.g., medicines waste, walking aid recycling scheme) to bring the document to life.</li> <li>• ER highlighted the importance of including blue spaces alongside green space initiatives.</li> </ul>	

	<ul style="list-style-type: none"> <li>• SK asked what timely climate-related issues could be prioritised to improve patient outcomes.</li> <li>• FSe noted that sustainability projects often occur at organisational level and suggested the Board consider this work at a future development session to address the bigger picture.</li> </ul> <p><b>Action:</b> To consider a future development session to provide input into the Green Plan and ensure momentum is maintained on this essential work.</p> <p><b>Agreed:</b> The Board noted and approved the plan as presented and are committed to develop the plan further.</p>	<b>AL</b>
<b>15.</b>	<b>Primary Care Research Report</b>	
	<p>CY presented the report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The report outlined current research support and activity provided to primary care.</li> <li>• Funding has been allocated to develop community research hubs linked with general practice, aimed at increasing participant recruitment, particularly in areas experiencing health inequalities.</li> <li>• Collaboration with Grove Surgery, Breckland, supported a successful application for a Primary Care Commercial Research Delivery Centre (PC-CRDC), one of only 14 nationally. This centre will expand access to innovative commercial research, including new medicines and vaccines.</li> <li>• CY introduced the team from Breckland who were part of the successful bid for the primary care commercial research delivery centre.</li> <li>• Engagement of primary care in research activity is dependent on a trained, connected, and motivated workforce. Since April 2025, £180,000 has been invested in primary care research capacity and capability building at practice and PCN level. This investment has enabled growth in both commercial and non-commercial research, with one practice restarting research after a three-year gap.</li> </ul> <p><b>Comments and questions from the Board:</b></p> <ul style="list-style-type: none"> <li>• Thanks were expressed to the team for the successful outcome of the research bid.</li> <li>• FSe noted that, from a provider perspective, it would be beneficial to connect with the research team to take this work forward.</li> </ul> <p><b>Action:</b> It was agreed that an update on research activities will be received every six months.</p> <p><b>Agreed:</b> The Board received and noted the report.</p>	<b>CY</b>
<b>16.</b>	<b>Report from Primary Care Commissioning Committee</b>	
	<p>HvdW presented the report noting the meeting on 1 October 2026 is covered in the Board pack, chaired by IW which was taken as read.</p>	

	<p>On Wednesday 19 November 2026 the next meeting was held, chaired by HvdW.</p> <p>The key points covered:</p> <ul style="list-style-type: none"> <li>• Committee in private reviewed the draft Commissioning Intentions for Primary Care. Whilst high level, the Committee was supportive and are keenly awaiting formal guidance on Neighbourhood Health.</li> <li>• The October 2025 GP contract variation introduces several key requirements designed to improve patient access, experience etc. including Online Consultations during core hours, implementing “You and Your General Practice”, GP Connect. The ICB’s focus has been on ensuring all practices meet the new obligations, with targeted support and assurance processes in place. There has been strong national interest with weekly monitoring/compliance reports achieving progress across all contractual areas.</li> <li>• A risk review of BAF02 Primary Care Resilience risk tool place. A deep dive of primary care risks is underway, due for completion in Q3 2025/26, taking a more patient centric approach and communities needs.</li> <li>• The Strategic Estates Report was received noting:             <ul style="list-style-type: none"> <li>○ Primary Care Utilisation and Modernisation Fund. This is capital funding to support the better utilisation of the existing general practice estate. 4 schemes have received full approval (total circa £460k) for completion by March. The other 3 are at an earlier stage in approval process.</li> <li>○ Opening of the primary care hub in Rackheath with completion soon.</li> <li>○ Highlighting the issue that (Community Infrastructure Levy) CIL funding is not available in parts of our geography. CIL is a charge that local authorities impose on new developments to help fund infrastructure needed to support growth, including health facilities, so we are hopeful that Greater Norwich will re-assess their position. CIL funds have a vital role to play in our ability to invest in and expand healthcare infrastructure to manage the growing demand</li> </ul> </li> </ul> <p><b>Agreed:</b> The report was received and noted.</p>	
<p><b>17.</b></p>	<p><b>Norfolk &amp; Waveney VCSE Partnering</b></p> <p>MB presented the paper, which highlighted the work undertaken to date, the challenges and opportunities of sector working across Norfolk &amp; Waveney and SNEE and outlined proposals for moving forward as Norfolk &amp; Suffolk ICB, while amplifying the community voice.</p> <p>An open letter was shared with the Board, setting out asks and recommendations, many of which align with national policy and the ICB’s strategic commissioning framework.</p> <p>The Board was asked to endorse the following recommendations:</p>	

	<ul style="list-style-type: none"> <li>Continued support of the VCSE Assembly models, building on learning from the past four years and ensuring the sector is supported and empowered to work with the ICB on identified actions.</li> <li>Development of a progressive ICB organisational policy for partnership working, enabling stronger collaboration with the VCSE sector and continued investment in community engagement.</li> <li>Embedding the commitment to partnership working with the VCSE sector into the Population Health Commissioning Strategy and commissioning intentions.</li> </ul> <p><b>Questions and comments from Board:</b></p> <ul style="list-style-type: none"> <li>EG questioned if spending on the voluntary sector has increased over the last 3 years and what has been the impact of the spending.</li> <li>ER raised a concern regarding transformation work, noting the fear that the voluntary sector could be viewed solely as a delivery service. ER emphasised that the sector should be recognised as an important partner, rather than simply referenced within policy.</li> </ul> <p><b>Action:</b> MB to report back to Board the level of voluntary sector funding (reported under AOB). <b>Note under item 28 below.</b></p> <p><b>Agreed:</b> The Board approved the recommendations.</p>	<p><b>MB</b></p>
<b>Commissioning, Delivery and Performance</b>		
<b>18.</b>	<b>Financial Report for Month 6 2025/26</b>	
	<p>HM introduced the item, highlighting key points from the report.</p> <ul style="list-style-type: none"> <li>Following a reforecast, the Norfolk &amp; Waveney System position has improved by £51million, with £44million lying within the Norfolk Group and £7million with NSFT and has been balanced off with the equivalent deficit support funding.</li> <li>Deficit support funding for future years is being withdrawn and will be dependant on in-year delivery.</li> <li>Q1 and Q3 positions has improved.</li> <li>Whilst system control totals are being reviewed for 2026/27 it is critical that we deliver to plan for 2025/26 to access the deficit support funding.</li> <li>M7 System Financial Performance - The system position year-to-date at month 7 is a £14.6million deficit, which is £8.4million adverse against the plan.</li> <li>The month 7 forecast outturn for the system is breakeven per the plan, however there is a net risk of £3million being reported against this. Risks and Mitigations - The system forecast is breakeven, within that there has been £52.7million of unplanned cost pressures included, offset by £52.7million of mitigations.</li> <li>Within the Norfolk group of providers QEH is most worrying of providers but did report an improved plan. NNUH saw a decline in their position due to redundancy costs.</li> <li>Noted it is a worrying system position and the ICB remains in constant dialogue with system partners on the position.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The ICB is reporting on plan and is being achieved through non-recurrent mitigations.</li> <li>• Have more confidence that ICB will deliver its plan and is attributable to Medicines Optimisation and Continuing Health Care.</li> <li>• Following a review of the ICBs underlying deficit, the review has shown that the £100million deficit is closer to £45million. A full report is being presented to the Finance Committee in common in December.</li> <li>• Advised board re BAF 08 – reduced risk in financial delivery but this needs to go through the Finance Committee for approval and the risk should be reported as previously.</li> <li>• Implementation of the new ISFE2 system – suffered multiple critical defects and is a national issue which has led to risks on how we are paying suppliers etc. and is being escalating through the appropriate channels. The Norfolk &amp; Waveney finance teams are working hard to mitigate the issue.</li> <li>• Overall, it is a very challenging position for Norfolk Group trusts and working as a system to mitigate the position and deliver to plan.</li> </ul> <p><b>Comments and questions from the Board:</b></p> <ul style="list-style-type: none"> <li>• DH asked whether the revised position sits within the ICB envelope.</li> <li>• HW confirmed that it does.</li> <li>• EG emphasised the need to consider public messaging on how the financial position is being managed.</li> <li>• FSe queried what external assurance is in place over the position.</li> <li>• HW advised that an external review has been commissioned, with a paper scheduled to come to the Board in January.</li> </ul> <p><b>Agreed:</b> The report was noted by the Board.</p>	
<p><b>19.</b></p>	<p><b>Report from the Finance Committee</b></p>	
	<p>HvdW presented the report from the Finance Committee for assurance to the Board, noting highlights were already reported under agenda item 18.</p> <p>A change in financial risk BAF08 was noted, which requires Committee approval. It was agreed that the previous risk should remain in place until approval is secured.</p> <p><b>Agreed:</b> The report was noted by the Board.</p>	
<p><b>20.</b></p>	<p><b>Medium Term Planning update – 2026/27</b></p>	
	<p>RW presented the medium-term planning update and highlighted the following:</p> <ul style="list-style-type: none"> <li>• In October, the <i>Medium-Term Planning Framework – Delivering Change Together 2026-27 to 2028-29</i> was published. The framework sets out a view of what effective medium-term planning looks like and reinforces the integrated approach and priorities, jointly agreed at national level.</li> </ul>	

- This umbrella framework will be underpinned by numerical plans covering workforce, finance, performance trajectories, and Board assurance statements

In November, the Strategic Commissioning Framework (SCF) was published and clearly defines the ICB's role as strategic commissioner with a set of clear expectations and timelines, setting out a four-stage approach of:

- 1) Understanding the context
- 2) Developing a long-term population health strategy
- 3) Delivering the strategy through the payor function (allocating resources to incentivise outcomes)
- 4) Evaluating impact

The SCF sets out a requirement for ICB's to:

- Develop an Integrated Needs Assessment (INA) by March 2026 at the latest.
- Set an overall 5-year Strategy by January 2026.
- Develop a 5-year Population Health Improvement Plan (PHIP) by January 2026 which will support the delivery of the Strategy and the requirement of each ICB to have a Joint Forward Plan.
- This is the first high level draft and has been shared with partners and sets out the commissioning intentions. The plan sets out no more than 5 clear intentions for each of the domains.
- Thanks were expressed to all involved in the plan.
- The plan will be discussed at the next Board development session and will be presented to the Board at the end of January for approval.
- Work is taking place on the detailed planning submission and statement from the Board will need to be included within the submission.

#### **Comments and questions from the Board:**

- It was noted that the JPUH had been explicit that the plan was not triangulated. The Board discussed how this risk should be managed and mitigated.
- HvdW highlighted that workforce is a significant driver of costs and queried whether the relevant investment is in place.
- It was confirmed that each organisation is responsible for its own plans but will work closely with partners to ensure delivery.

HM reported the following:

- From 2026/27 there will be a return to direct organisational accountability.
- There is a clear steer from the national team on fair share of allocations.
- West Suffolk will continue to receive support deficit funding, amounting to £13million.
- There is a clear move from block contracts to activity-based contracts.

DH highlighted that, in moving activity from the acutes to community, acute providers will need early indication of funding reductions and suggested signalling to partners now. Discussion ensued with agreement that acute providers should be warned early in the process.

	<p>Members were encouraged to send any comments on the proposals to RW.</p> <p><b>Agreed:</b> The committee endorsed the process and timeframe for the plan.</p>	
<p>21.</p>	<p><b>Integrated Performance Report (IPR) and Quality and Safety (C&amp;S) Performance Report ICB Board</b></p>	
	<p>RW and MB provided highlights from the IPR &amp; Q&amp;S Performance reports:</p> <ul style="list-style-type: none"> <li>• Cancer: Faster Diagnosis Standard (28-day) and 62-day combined standards are not being met across the system and are below planned position. There is variation across modalities / cancer sites and there is no assurance that performance will meet plans.</li> <li>• Elective: Diagnostics and referral to treatment (RTT) times are off the planned position. There is significant variation across specialities. Urgent and cancer cases, and those who have been waiting the longest times are being prioritised, further impacting on some treatment time standards. The ICB and NHSE are providing oversight and support as appropriate. Contractual escalations have been made with JPUH and NNUH with regards 65-week waiting times.</li> <li>• Mental Health: Acute discharges followed up within 72 hours performance has slightly decreased but remains above target.</li> <li>• Since March 2025 there had been a reduction in the average length of stay, whilst this increased in August, the system is performing within expected limits.</li> <li>• UEC: 111 call response times shows continued improvement. Category 2 ambulance response times have increased through August and September. There is currently no assurance that trajectories will be met with plans in place at each site and remains a top concern as we go through the winter period.</li> <li>• It was agreed to undertake a deep dive of ambulance handovers post the winter period.</li> <li>• Primary care: In September, data for general practice appointments recorded, shows 655,285, exceeding the 2025/26 operational plan by 49,600 appointments. The ICB remains confident that practices will continue to meet or surpass planned activity levels. Quarter 3 data (October–January) will be critical in assessing the impact of the 1 October contractual changes, which aim to ensure consistent online access for patients.</li> </ul> <p>Dental: activity delivery for general dental activity has been higher month-on-month this year compared to the same period last financial year. There is confidence that overall practices will deliver on their activity.</p> <ul style="list-style-type: none"> <li>• Orthodontic services is on target to deliver 100%. A number of orthodontists have accepted the offer to reduce waiting lists with increased activity up to 110% this year.</li> </ul> <p><b>Action:</b> Add to forward planner Deep Dive of Ambulance Handover targets post winter period.</p>	

	<p><b>Comments and questions from the Board:</b></p> <ul style="list-style-type: none"> <li>AM commented on diagnostics, noting that although access in the West has improved, issues remain with the reporting of diagnostics. In particular, histology reports are not consistently reaching GPs.</li> <li>AM will raise this issue with MB outside of the meeting.</li> </ul> <p><b>Agreed:</b> The ICB Board received and noted the reports.</p>	<b>MB</b>
<b>22.</b>	<b>Report from the Commissioning and Performance Committee</b>	
	<p>HvdW noted that the original meeting had been cancelled due to quoracy but that a one-hour meeting had taken place with voting members two days previously, which was quorate.</p> <p>Key points covered included:</p> <ul style="list-style-type: none"> <li>In recent months the IFR panels have amalgamated and now incorporate all drugs, mental health and non-drugs submissions within one administrative and panel function. Plans are ongoing to include dentistry funding requests. To reflect the changes, the IFR policy has been reviewed, and the Committee approved the updated IFR policy.</li> <li>The committee approved the Specialist-to-Specialist Policy (<i>previously named 'Consultant-to-consultant' policy</i>). The aim is to clarify referral process between specialists. The policy incorporates the latest changes in national guidance. A final check is being done with Access teams in the acute trusts.</li> <li>The ToR of the Committee was reviewed and updated ready to recommend to Board when appropriate.</li> <li>An update on the Medium-Term Planning process, including the development of a five-year commissioning strategy was received. The Committee noted the tight deadlines and the need for alignment between various plans.</li> <li>Scheduled Care Board – Activity, Reprofile and RTT Risks escalation: One of the acutes had not been able to reprofile activity to return to plan by year-end, risking the system's ability to meet 18-week and 52-week RTT standards. This could impact the overall system position and next year's planning baseline. The Committee approved the increase in RTT risk mitigated score from 16 to 20, with a request to consider impact on the BAF07 Elective Recovery risk.</li> <li>Escalation received concerning a deficit of approximately 30,000 diagnostic activities. This under-delivery may affect both current diagnostic and elective pathways, and next year's revenue allocation, which will be based on this year's activity.</li> <li>UEC Board – UTC (Urgent Treatment Centre): Noted the need for a consistent approach to UTC development across the three acute hospitals, ensuring alignment with UEC strategy and importance of ensuring coordination.</li> </ul> <p><b>Comments and questions from the Board:</b></p> <ul style="list-style-type: none"> <li>RW noted that independent sector activity will need to be managed, with the contracts team working on this and including IAPs.</li> </ul>	

	<ul style="list-style-type: none"> <li>• AS emphasised the need to be mindful of public messaging regarding independent sector activity.</li> <li>• FS commented that there is a national piece of work underway to approve the specialist referral policy.</li> </ul> <p><b>Action:</b> RW and AS to meet to discuss independent sector activity.</p> <p><b>Agreed:</b> The report was noted by the Board.</p>	<b>RW/AS</b>
<b>System Oversight</b>		
<b>23.</b>	<b>Board Assurance Framework</b>	
	<p>AL presented the Board Assurance Framework, taking the paper as read.</p> <p>It was noted that Risk 8 has decreased but will revert to its previous rating. Work will be undertaken to ensure better alignment of risk scores going forward.</p> <p>Joint work is taking place across Norfolk &amp; Waveney and SNEE on aligning BAFs, which may culminate in a future development session.</p> <p><b>Agreed:</b> Risk 8 to revert back to previous rating of 16.</p> <p>The ICB Board noted the contents of the report.</p>	
<b>24.</b>	<b>Report from the Audit &amp; Risk Committee</b>	
	<p>DH presented the Audit &amp; Risk Committee report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Committee received a transition overview, update, and risks, including implications for auditor planning.</li> <li>• A briefing was provided by the Executive Director of Finance on the financial position, which was flagged to the Audit Committee.</li> <li>• Regarding the organisational restructure, the ICB is still awaiting a definitive response from NHSE on the way forward. Options are being considered to progress the restructuring process in the absence of national funding for redundancy costs.</li> <li>• Concerns regarding ISFE2 were noted, with a report to be presented back to a future Committee.</li> </ul> <p><b>Agreed:</b> The Board received and noted the report.</p>	
<b>25.</b>	<b>Constitution and Governance Handbook</b>	
	<p>AL presented the Constitution and Governance Handbook for approval.</p> <p>The following changes to the Scheme of Reservation and Delegation were highlighted:</p> <ul style="list-style-type: none"> <li>• Page 20: “Clinical Advisors” amended to “Clinical Stewards.”</li> </ul>	

	<ul style="list-style-type: none"> <li>Pages 30–31: Executive Director job titles updated to reflect the new Designate Executive Director Structure.</li> </ul> <p><b>Agreed:</b> The Board approved the changes.</p>	
<b>Remaining Committees Reports and Questions from the public</b>		
<b>26.</b>	<b>Report from Primary Care Commissioning Committee</b>	
	No report submitted as the next scheduled meeting date is after the Board meeting.	
<b>27.</b>	<b>Questions from the Public</b>	
	<p>There were four members of the public present at the meeting:</p> <p>A member of public commended the dedication of the ICB on the investment in research for the improvement in services.</p> <p>The two questions received in advance of the meeting and responses have been uploaded onto the website.</p>	
<b>28.</b>	<b>Any other business</b>	
	<p>MB responded to the question raised under item 11 regarding VCSE spend. It was noted that in 2022–2024 overall spend in the voluntary sector was broadly similar; however, spend on contracts decreased, while spend on grants increased by 15%. MB confirmed that this information will be included in future reports.</p> <p>No further items were raised under Any other Business.</p> <p>The meeting closed at 16:17.</p>	
<p><b>Date, time, and venue of next meeting: 27 January 2026, 10am – 2pm at Endeavour House, Elizabeth Fink room, Ipswich.</b></p>		
<p><b>Any queries or items for the next agenda please contact:</b> <a href="mailto:nwicb.corporateaffairs@nhs.net">nwicb.corporateaffairs@nhs.net</a></p>		

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

Signed: .....  
Chair

Date: .....

**NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD  
MATTERS ARISING (Action log) for January 2026**

**Actions arising**

Agenda Item	Action	Lead	Update	Target Date
<b>Intensive and Assertive Outreach Review Presentation</b>	All actions on the action plan are on track to be completed within the timeframe. A detailed action plan will be shared with the July meeting.	Lisa Nobes	NSFT will not have reviewed this at their Board meeting to allow it to be presented to our July meeting. Therefore, this has been placed on the forward planner for the September meeting. Completed. This item has been moved to the November meeting. This item has been placed on the agenda for the January meeting to align with the SNEE agenda also.	28 January 2026
<b>Integrated Performance Report (IPR)</b>	MD to include workforce data in the Integrated Performance Report.	Richard Watson	MD to include data. Target date of November 2025. The IPR will contain workforce data moving forward from the January 2026 meeting.	28 January 2026
<b>Winter Plan</b>	FW to investigate and confirm what arrangements are being put in place for social and domiciliary care in terms of flu vaccination.	Cllr Fran Whymark	Verbal update to meeting. FW to provide a short-written update and circulate to Board members. FW offered apologies for the November meeting. Action required for January meeting.	28 January 2026
<b>Report from Quality and Safety Committee</b>	Quality Committee to undertake a deep dive on Tuberculosis Service Resilience to discuss increased risk and reasons why.	Karen Watts/Lisa Nobes	The Risk Deep Dive in December at the Quality Committee focused on Tuberculosis Service resilience capacity. This action is therefore closed.	28 January 2026 <b>Propose closure of action</b>
<b>Learning from People Staff and Communities - Lived Experience</b>	HD to share Patient Experience video, accompanying presentation and Healthwatch survey with Board members.	Heidi Davey	Items shared with board members following the meeting. Action completed.	28 January 2026 <b>Propose closure of action</b>
<b>Quality and Safety Report</b>	RW to provide answer to member of public question: <i>'What actions are being taken to reduce waiting times in A&amp;E?'</i>	Richard Watson	Response was uploaded to the website during the meeting. Action completed.	December 2025

	Response to be uploaded to the N&W ICB website.			<b>Propose closure of action</b>
<b>Norfolk &amp; Waveney Green Plan</b>	To consider a future development session to provide input into the Green Plan and ensure momentum is maintained on this essential work.	Amanda Lyes		28 January 2026
<b>Primary Care Research Report</b>	CY to provide an update on Research activities to Board every six months. To be added to forward plan.	Clara Yates	Item added to forward plan. Action completed.	28 January 2026 <b>Propose closure of action</b>
<b>Norfolk &amp; Waveney VCSE Partnering</b>	MB to report back to Board of level of funding regarding the spending increase within the voluntary sector?	Mark Burgis	As noted in the Board minutes for the Nov meeting final section.	28 January 2026 <b>Propose closure of action</b>
<b>IPR &amp; Q&amp;S Performance Reports</b>	Deep dive on, Ambulance handover targets - post winter period, to be added to forward planner.	Mark Burgis	Item was taken to Board development session on 16 <sup>th</sup> December. Action completed.	December 2025 <b>Propose closure of action</b>
<b>Commissioning and Performance Committee</b>	RW to meet with Alex Stewart to discuss independent sector activity.	Richard Watson		28 January 2026

**INTEGRATED CARE BOARD  
ACTION LOG**

**Actions arising at the meeting held on 25 March 2025:**

Agenda Item	Action	Lead	Update	Target Date
SNEE Integrated Care Board Performance report for March 2025.	Board Members stated that they would welcome a future development session focused on ambulance call out time times particularly focusing on category one and two call performance.	Richard Watson	On the Board Development forward plan	June 2026

**Actions arising at the meeting held on 20 May 2025:**

Agenda Item	Action	Lead	Update	Target Date
Assurance from the findings of CQC Section 48 Report (Assertive Outreach)	A further report to come to Board following the publication of the national framework and completion of action plans by both mental health trusts.	Lisa Nobes/ NSFT/ EPUT	On the agenda	January 2026

**Actions arising at the meeting held on 23 September 2025:**

Agenda Item	Action	Lead	Update	Target Date
Lampard Inquiry	To bring a further update to the Board on progress of the Lampard Inquiry and the ICB's involvement.	Lisa Nobes		March 2026
Deep Dive Reports: SEND Suffolk.	To bring a further report detailing the progress on the actions adopted by the ICB following the NHSE/DfE led deep dives.	Lisa Nobes		March 2026
Sustainability Review	To receive a further update on the implementation of the recommendations of the Sustainability review.	Richard Watson		March 2026

**Actions arising at the meeting held on 25 November 2025:**

Agenda Item	Action	Lead	Update	Target Date
National Neighbourhood Health Implementation Programme.	To provide quarterly updates to Board	Maddie Baker-Woods & Mark Burgis		March 2026
SNEE Learning from lives and deaths – people with a learning disability and autistic people (LeDeR) Annual Report for 2024/25.	To receive an update report in March 2026	Lisa Nobes		March 2026
ICB Work and Health Strategic Plan – Fit for Work, Fit for Life.	To receive an update report in due course	Amanda Lyes		TBC
Research in Primary Care.	To produce a regular annual report to Board	Dr Frankie Swords		TBC

# ICB Public Board Update

## Intensive and Assertive Outreach Review and Action Plan

### Integrated Care Board Public Board Presentation

**Prepared collaboratively by:**

Martin Keegan (Norfolk and Waveney ICB)

Beth Manning (Norfolk and Suffolk NHS Foundation Trust)

# Contents

<b>Title</b>	<b>Slide</b>
Refresh after last board update	3
Timeline since last public board	4
Updated ICB Action Plan	5
Identification and on-going monitoring	6
Policy updates	7
Workforce training	8
Next steps	9

# Refresh after last board update

At the last public board, we looked at this item of work and covered:

- Timeline review
- NSFT policy review
- Cohort identification
- Positive achievements so far
- Barriers and challenges identified through the review
- Integrated Care Board Action Plan

# Timeline since last public board

Date	Actions
May 2025	<p>Presentation to Norfolk and Waveney ICB Public Board – 21/05/2025</p> <p>Phase two of cohort identification within NSFT and allocation of care care-co-ordinator</p>
June 2025	NSFT public board
Sept 25	New clinical audit tool and quality service review process implemented in NSFT
Sept 25	Workforce training and development plan (for NSFT) developed
Sept 25	New performance dashboard developed to monitor quality of care and treatment on on-going basis
Sept 25	NHS England assurance template submitted setting out progress made, challenges and further actions in nine areas.
October 2025	<p><b>NHS England confirm this is no longer a national assurance programme with no further submissions required. Guidance previously produced is not mandated.</b> However, Norfolk and Waveney and Suffolk ICBs alongside NSFT continue with this work as planned. Programme continues with a stocktake and refresh late November.</p>
January 2026	<b>Business case in development</b> for further funding to commission an intensive and assertive service

# Updated ICB Action Plan

	Scope	Lead	Deadline	Progress
<b>Implement quality improvement approach to address immediate provider priorities</b>	In collaboration with wider system partners, develop a plan to ensure all service users in this group are identified, across all domains and relevant service lines, including 18-25s with mechanisms to do so on an ongoing basis	Chief Operating Officer NSFT	Q3, 24/25	Complete
	Deliver plan to ensure all service users in this group are identified.	Chief Operating Officer NSFT	Q4, 24/25	Continually in progress
	Review key policies.	Chief Operating Officer NSFT	Q4, 24/25	Complete
	Provide assurance against policy implementation in practice.	Chief Operating Officer NSFT	Q4, 24/25 - Q1, 25/26	Complete
	Strengthen risk assessment and safety planning through immediate and medium-term training scheme.	Chief Operating Officer NSFT	Q4 - 25/26	In progress
<b>Governance</b>	Implement robust assurance arrangements to enable immediate steps are taken to address key gaps identified.	Interim Associate Director Adult Mental Health Norfolk and Waveney ICB	Q3, 24/25	Complete
		Deputy Director of Nursing, SNEE ICB		
	Ensure lived experience and carer voice informs quality improvement measures and strategic planning response	Chief Operating Officer NSFT	Q3, 24/25	Continually in progress

# Identification and on-going monitoring

Significant work carried out to identify this cohort, identifying over 300 people under NSFT care.

Guidance has been developed to clarify how people should step up and down from this cohort along with metrics to monitor the care provided. These metrics include percentages receiving an allocated care co-co-ordinator, a care plan, and a recent risk assessment.

A new risk matrix has also been developed to identify high risk people among this group based on a range of agreed clinical criteria, including:

- Date the person was last seen
- Number of Did Not Attends (DNAs)
- Whether they are detained under the Mental Health Act, with those under a Community Treatment Order (17A) especially relevant.
- Whether the person is waiting for an inpatient bed.

# Policy updates

A list of eight key policies were identified for updating in relation to the cohort; they were completed and approved through Trust governance. The policies are:

- Transfer between NSFT Mental Health Teams (within secondary and to primary care)
- Discharge from in-patient care
- Discharge from Trust services
- Clinical risk assessment and management
- Community Treatment Orders (CTOs)
- Care Programme Approach (CPA) and non-CPA
- Missing persons and failure to return from leave
- Did not attend, unable to attend or 'was not brought' appointments including non-access domiciliary visits and leaving mid-appointment

The Trust's confidentiality policy has also been updated to specifically reference this user group

# Workforce training development

We have identified a range of ways we can upskill staff to support these patients by integrating further insight about this cohort into existing and new training schemes.

Existing training includes:

- Formulation training
- Trauma informed care for severe mental health
- Formulation based risk assessments
- NHS England psychosis and bipolar training
- Historical, Clinical, Risk Management-20 (HCR-20)

Tying in with new training being developed for the Trust:

- Dual diagnosis – co-occurring with substance use
- Person-centred care planning
- Carers awareness and information governance training

We will also consider any new training that will be required, subject to the way the service is designed and resourced.

# Next steps

Good progress has been made despite the lack of any additional funding on this issue at a national level.

Work has focused on cohort identification, assurance, and strengthening partnership working.

In order for an Intensive and Assertive service to be delivered, it needs to be commissioned with additional funding. A Business Case is being developed to support this decision.

Irrespective of this, further work will continue on:

- Continuing to embed carer and lived experience involvement into design of the service
- Continue to strengthen partnership working with Adult Social Care (ASC), Police, Multi-Agency Public Protection Arrangements (MAPPA) etc.
- Implement the workforce training plan

Thank You .....

Thank You

Any Questions?



Essex Partnership University  
NHS Foundation Trust

# Assertive Outreach

*January 2026*

EPUT

# Context and NHS Timeline

In June 2023, three people tragically lost their lives in Nottingham following failures in mental health care for Valdo Calocane, a patient with severe mental illness.

The Independent Mental Health Homicide Review (Feb 2025) highlighted systemic gaps in managing high-risk individuals who disengage from services.

NHSE responded by sending a letter to all ICBs and NHS Trusts to review Assertive Outreach functions, requiring updated action plans by June 2025, focusing on:

- Personalised risk assessment
- Joint discharge planning
- Multi-agency collaboration
- Family involvement
- Eliminating out-of-area placements

Goal: Prevent similar tragedies by strengthening intensive community support for people with Serious Mental Illness (SMI).

## Timeline:

**July 2024:** NHSE issued guidance for ICBs to review community services for SMI patients who struggle to engage.

**Sept–Dec 2024:** ICBs completed reviews and presented initial action plans to boards.

**Feb 2025:** Nottingham review triggered urgent updates; NHSE sent out a letter asking for revised action plans by June 2025.

**Spring 2025:** National webinars reinforced principles of Assertive Outreach but stressed “short-term actions with minimal resource implications.”

**Summer/Autumn 2025:** NHSE confirmed no new funding; systems asked to deliver improvements within existing budgets.

# Intensive and Assertive Community Treatment should be embedded across community teams have robust governance

## Service Model

- Delivered by experienced MDTs in community settings
- Integrates clinical & social support (psychiatric, psychological & social care)
- Small caseloads (max 15 patients per clinician) for intensive support
- Frequent face-to-face interactions & daily engagement to prevent and manage crises
- No arbitrary time limits; includes out-of-hours provision

## Governance

- Robust structures from ICBs to service level to understand and manage risk
- Data-driven approach for monitoring clinical & operational safety
- Regular policy reviews
- Clear clinical & operational escalation procedures when required
- Track policy deviations to adjust resources & ensure compliance

As part of action plans Trusts and ICBs should ensure:

- Use local expertise and data to enhance governance, improve risk identification and system-wide learning.
- Ensure dedicated staff with caseloads limited to 15 patients.
- Establish multi-agency governance forums for collaborative review of intensive community treatment cases.
- Ensure local serious incident policies comply with PSIRF and incorporate lessons learned into clinical practice
- Regularly review policies to ensure they are current, practical for staff, and include clear escalation processes for unmet deliverables.



The model  
&  
governance

# Options Appraisal

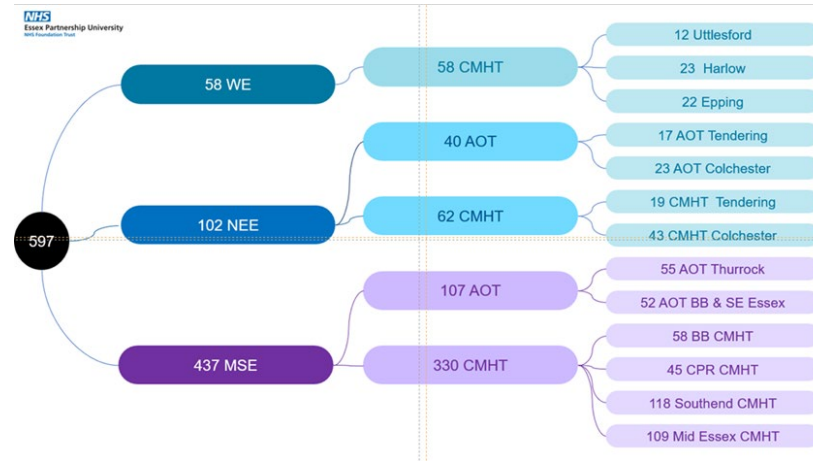
## Approach:

Research was undertaken into the Dartmouth Assertive Community Treatment (DACT) model, to establish a gold, silver and bronze standard of service.

SNEE, MSE and West Essex ICB's worked alongside EPUT colleagues to put together an options appraisal, costing the resource needed to achieve a high fidelity model, and the risks, benefits/return on investment of each option.

Current Position: Essex AOT provision is fragmented and inconsistent across the 3 ICBs.

597 high-risk patients identified; current caseloads up to 35:1.



## Options Considered:

**Option 1:** High-fidelity AOT model (£7.76m) – clinically strongest but unaffordable.

**Option 2:** Needs-based model (£5.02m) – moderate improvements but lacks crisis cover.

**Option 3:** Do nothing – unacceptable risk of harm, reputational and legal consequences.

**Option 4:** Absorb AOT into Community First – aligns with national frameworks, uses existing resources, and integrates assertive outreach into neighbourhood models of care.

**Recommendation:** Proceed with Option 4 by embedding assertive outreach within the Community First Programme, addressing gaps and risks without additional funding. Focus on integrated, place-based care and proactive engagement for high-risk cohorts.

**Risk:** There is significant risk now that the Trust has identified this cohort. There are ongoing discussions for the risk to be held centrally by NHSE.



Essex Partnership University  
NHS Foundation Trust

**Thank  
you**

**Dr Pillay  
Pavarthi**

**EPUT**

# Board Meeting In Common

**Agenda Item number: 8**

**Date:** 27 January 2026

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**Title:** ICB Transition and Merger Update

**Lead Director:** Amanda Lyes, Designate Executive Director of People, Governance and Corporate Services

**Author:** Lizzie Mapplebeck, Associate Director of Strategic Change

**Purpose:** For information

**Recommendation:** The Board are asked to note the content of the report.

**Related item on the Board Assurance Framework:** SR34, BAF09, BAF10

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## 1. Background

- 1.1. On 13 March 2025, the government made two key announcements in relation to a national NHS financial reset.
  - NHS England will be abolished, and its functions fully integrated with the Department of Health and Social Care (DHSC) within two years.
  - Integrated Care Boards (ICBs) are expected to make 50% cuts by December 2025, performing the role of strategic commissioner.
- 1.2. On 07 April 2025, Suffolk and North East Essex (SNEE) ICB and Norfolk and Waveney (N&W ICB) (the ICBs) received running cost information and fair share arrangement information.
- 1.3. SNEE is required to reduce running costs from £34 per head of population (equates to £37.4m) to £19 per head of the population (adjusted from £18.76 to reflect the 3.6% NHS pay settlement), this equates to savings of £16.5m (45%).

- 1.4. N&W is required to reduce running costs from £44 per head of population (equates to £51.7m) to £19 per head of the population (adjusted from £18.76 to reflect the 3.6% NHS pay settlement), this equates to savings of £29.3m (57%).
- 1.5. Together SNEE ICB and N&W ICB are required to make savings of £45.8m (52%).
- 1.6. The ICBs are committed to delivering this cost reduction to support the Government's ambition of delivering more funding for frontline services. The ICBs will need to significantly change their organisational structures and way of working to achieve these savings. This will include merging and transferring organisational boundaries and reducing pay and non-pay.
- 1.7. A ministerial statement was published on 09 September 2025 which announced the formation of three new ICBs for the East of England on 01 April 2026:
  - Norfolk and Suffolk ICB (Norfolk and Waveney and Suffolk)
  - Central East ICB (Bedfordshire, Luton, Milton Keynes, Cambridgeshire, Peterborough and Hertfordshire)
  - Essex ICB (North East Essex, West Essex and Mid and South Essex)
- 1.8. Following the announcement of the three new ICBs, the current six East of England ICBs have entered into a period of transition to deliver the national requirements.

## **2. Consultation and Voluntary Redundancy**

### **2.1. Launch of Consultation and Voluntary Redundancy**

- 2.1.1. Following guidance from NHS England regional teams, all six East of England ICBs entered into a period of consultation with their Agenda for Change (AfC) staff.
- 2.1.2. Executive Directors completed an exercise to review current structures and find ways to reduce duplication and become a sustainable organisation that will meet both the financial requirements and ensure the new ICB is able to meet statutory requirements and function effectively as a strategic commissioner.
- 2.1.3. SNEE and N&W ICBs received approval to start a consultation period to implement new structures that will achieve the required savings, while simultaneously developing an organisational structure that allows the ICBs to meet our statutory requirements and function effectively as strategic commissioners.
- 2.1.4. Alongside the approval to commence consultation, the ICBs also received approval to run a voluntary redundancy (VR) scheme to run concurrently with the consultation.
- 2.1.5. The purpose of running a VR scheme provides the ICBs with the opportunity to rebalance the roles and skills alongside compulsory redundancy to achieve the pay cost reduction whilst maintaining good motivation and morale.

2.1.6. NHS England issued a model voluntary redundancy scheme for use by ICBs on 11 November 2025. The ICBs used the model scheme in its entirety.

2.1.7. The ICBs launched both consultation and VR on 19 November for a period of 55 calendar days and 48 days respectively. The VR scheme closed on 05 January, and the consultation period closed on 12 January 2026.

## 2.2. Update on Voluntary Redundancy

2.2.1. On the 05 January, following the closure of the VR Scheme, the ICB immediately commenced the processing of all VR expressions of interest. In total, across SNEE and N&W 312 VR applications were received, of which 126 were received from SNEE staff and 186 were received from N&W staff.

2.2.2. All applications received were reviewed at a VR panel, the purpose of the VR Panels was to review the applications against a set criterion, score the applications and determine the outcome of the applications.

2.2.3. There were three key criteria, each carrying a score of 10, five or zero. Any application that scored zero (for anyone of the three criteria) was rejected. The criteria to enable scoring was:

- a) Is the loss of the role sustainable in the longer term and does not lead to the creation of a vacancy (that is unable to be filled internally), loss of key skills or impact business continuity?
- b) Does acceptance of voluntary redundancy meet the return-on-investment criteria and considered good value for money?
- c) Is agreement to voluntary redundancy in the public interest?

2.2.4. In total seven VR Panels took place, the schedule is a below

Ref	Directorate	Day	Time	Panel Membership
Panel One	People, Governance and Corporate	Wednesday 07 January	8am to 10am	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: Nick Oldfield HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Amanda Lyes
Panel Two	Contracts and Finance	Wednesday 07 January	12pm to 2pm	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Howard Martin

Ref	Directorate	Day	Time	Panel Membership
Panel Three	Strategy, Digital and Commissioning	Wednesday 07 January	3pm to 5pm	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Richard Watson
Panel Four	Medical	Thursday 08 January	8am to 10am	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Frankie Swords
Panel Five	Nursing	Thursday 08 January	12pm to 2pm	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Lisa Nobes
Panel Six	Primary Care and Neighbourhood Health	Thursday 08 January	3pm to 5pm	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Mark Burgis, Maddie Baker-Woods and Lynn Stimson
Mop up	Mop up session	Friday 09 January	9am to 12pm	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck SME: Richard Watson and Lisa Nobes
Consistency	Consistency Panel	Friday 09 January	1pm to 3pm	Chair: Phaniel Mutumburi Finance: Howard Martin HR SNEE: El Mackin HR N&W: Laura Norton Programme: Lizzie Mapplebeck

- 2.2.5. An observer (NEM from N&W) attended all panels.
- 2.2.6. In total, 289 applications were approved and 23 were rejected.
- 2.2.7. Staff were made aware of the VR Panel outcome on Monday 12 January and were informed of their right to appeal until 27 January 2026.
- 2.2.8. A VR Appeals Panel has been scheduled for 28 January to hear any appeals. The VR Appeals Panel membership consists of the same roles but with different representatives to ensure a level of independence and fairness.
- 2.2.9. The final approved VR applications will be documented in a business case and presented to RemCom for approval on 29 January.
- 2.2.10. Following RemCom approval, the business case will be submitted to the NHS England regional team for approval. The ICB has been informed regional approvals will be provided within four days.
- 2.2.11. Upon receiving formal approval from the regional team, staff will be notified of the outcome and exit dates will be agreed.
- 2.2.12. Staff will exit the organisation from February 2026.

### 2.3. Update on Consultation

- 2.3.1. The ICBs held a genuine and meaningful consultation with its employees for 55 days, the ICB talked and listened to affected employees and Trade Union representatives. During the consultation period, staff had the opportunity to provide feedback on the proposed structures via a feedback form.
- 2.3.2. The consultation adhered to the ICBs Change Management Policy.
- 2.3.3. On the 12 January, following the closure of consultation an independent agency began the task of collating, sorting and theming the feedback. The ICB expects to receive this feedback late January.
- 2.3.4. Once feedback has been received, Executive Directors will make amendments to structures.
- 2.3.5. Final structures will be shared with staff in February alongside staff outcome letters which will set out individual staff positions (e.g. slot in, ringfence, at risk) and next steps.
- 2.3.6. The process of applying and interviewing for roles will take place over a period of 10 weeks, enabling a redundancy business case to be submitted to region (and then NHS England Executive HR Group) in May 2026.

### **3. Transition and Merger Update**

- 3.1. The Joint ICB Transition and Merger Committee continues to meet regularly to support the Chief Executive and ICB Boards in ensuring the maintenance of appropriate governance processes and effective decision making during the abolishment of SNEE ICB and N&W ICB and establishment of Norfolk and Suffolk ICB and Essex ICB.
- 3.2. The Transition Committee is not itself part of the governance process, rather a support to the Chief Executive and both ICB Boards in considering how to efficiently progress at pace whilst both recognising the impact that such change may have on constituent organisations and their governance.
- 3.3. The Transition Committee is chaired by the Transition Director. To support the Transition Committee and delivery of the programme a small programme team has been established comprising of a N&W and SNEE Programme Director.
- 3.4. A robust programme framework and structure continues to operate to support a well-managed, efficient and effective programme approach. The programme framework includes 13 workstreams, each workstream has an identified N&W ICB lead and a SNEE ICB lead.
- 3.5. The 13 workstreams are supported and guided by the programme team who bring the joint workstreams leads together on a fortnightly basis as a Joint Working Group for assurance and programme management purposes. The programme team provide the Transition Committee with assurances on delivery and management of risk on behalf of the Joint Working Group.
- 3.6. A formal due diligence checklist has been developed by NHS England. The checklist has been developed from checklists supporting previous change programmes (CCG mergers and ICB establishment) as a practical tool for use by ICBs to provide evidence of appropriate due diligence to support the transfer of people (staff) and property (in its widest sense - including all assets and liabilities, such as information), where it will be appropriate to apportion staff and property from 'sending' ICBs to 'receiving' ICBs.
- 3.7. At the end of February 2026, the Chief Executive will be requested to provide written assurance to the Chief Executive of NHS England of due diligence to enable the signing of the legal instruments to enact the proposed changes. The due diligence checklist will be used to support the due diligence exercise.
- 3.8. Completion of the full due diligence checklist is not itself mandated by NHS England, however, the ICBs have completed the due diligence checklist in great detail and provided this to regional teams for purposes of assurance during formal checkpoint assurance meetings.
- 3.9. Two formal checkpoint assurance meetings have taken place, the first in October 2025 and the second in December 2025. SNEE and N&W received assurance from the regional team at both sessions.

- 3.10. Checkpoint assurance meeting three is due to take place on 18 February 2026 and checkpoint assurance meeting four is scheduled for 27 February 2026. There are no concerns to note regarding readiness for these sessions.
- 3.11. Checkpoint assurance meeting four requires SNEE ICB to submit a formal Transfer Schedule in addition to the due diligence checklist. The Transfer Schedule is a comprehensive 'list' of staff and property from sending organisations (SNEE ICB) to receiving organisations (Essex ICB).
- 3.12. The Transfer Schedule is the basis on which the Chief Executive will formally confirm that an appropriate level of due diligence has been undertaken. This will support the legal transfer of staff and property, close down of ICBs, establishment of new ICBs and boundary changes to be enacted on 1 April 2026.
- 3.13. The Transfer Schedule has been drafted and there are no concerns to note.

#### **4. Board Logistics**

- 4.1. In preparation for the anticipated creation of a Norfolk and Suffolk ICB a calendar of Board meetings has been prepared for the coming year which maintains the principle established by both existing Boards to meet across their footprints:
- 1 April 2026 – Virtual meeting upon establishment of the ICB
  - 20 May, 10am – Meeting – in person, Norwich
  - 15 July, 10am – Meeting – in person, Bury St. Edmunds
  - 23 September, 10am – Meeting – in person, Great Yarmouth
  - 25 November, 10am – Meeting – in person, Ipswich
  - 27 January 2027, 10am – Meeting – in person, Diss
  - 24 March, 10am – Meeting – in person, King's Lynn
- 4.2. As part of the NHS England's due diligence process a draft of the Norfolk and Suffolk ICB constitution is being prepared for review by the NHSE regional team. The draft will follow the model constitution guidance (in line with the existing SNEE and NW constitutions).
- 4.3. To support the formation of the new Board the Chair has recruited four non-executive members of the board from amongst the seven incumbent non-executive members across both SNEE and NW ICBs following a competitive internal recruitment process.
- 4.4. The nomination process for the partner members and other members will commence in due course once the proposed membership of the Norfolk and Suffolk ICB Board has been finalised following Board's consideration of the draft constitution in February.

#### **5. Patient and Public Engagement**

- 5.1. A full Equalities and Health Inequalities Impact Assessment has been completed; this has been co-produced by the ICB Staff Networks and Staff Reference Group and will be available on the intranet during the consultation period.
- 5.2. No formal engagement with patients or public regarding the consultation has been undertaken.



Agenda item: 9

<b>Subject:</b>	<b>Norfolk Local Health Resilience Partnership (LHRP) NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2025/26</b>
<b>Presented by:</b>	<b>Frankie Swords, Executive Medical Director, NHS Norfolk and Waveney ICB, Accountable Emergency Officer (AEO)</b>
<b>Prepared by:</b>	<b>Grant Rundle, EPRR Manager, NHS Norfolk and Waveney ICB</b>
<b>Submitted to:</b>	<b>NHS Norfolk and Waveney ICB Board</b>
<b>Date:</b>	<b>27 Jan 2026</b>

**Purpose of paper:**

Approval

**Executive Summary**

**NHS core standards for EPRR annual assurance process 2025/26**

NHS England is subject to an annual statutory obligation to formally assure both its own preparedness and that of the wider NHS in England in relation to emergency response capabilities. To satisfy this requirement, NHS England instructs commissioners and providers of NHS-funded services to participate in an Emergency Preparedness, Resilience and Response (EPRR) core standards annual assurance process.

This document outlines the key aspects of the core standards annual assurance process as it applies to the Norfolk Local Health Resilience Partnership (LHRP).

**Recommendation to the Board:**

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

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

## GOVERNANCE

<b>Process/Committee approval with date(s) (as appropriate)</b>	N/A
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## **1. NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) annual assurance for 2025/26.**

### **1.1 Introduction**

NHS England holds a statutory obligation to ensure both its own preparedness and that of the wider NHS in England to effectively respond to emergencies. To facilitate this, the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) have been established. These standards serve as a unified reference point for all NHS organisations, forming the foundation upon which the EPRR annual assurance process is built.

The legislative framework that underpins EPRR within the health service is grounded in several key pieces of legislation. These include the Civil Contingencies Act 2004, the Civil Contingencies Act 2004 (Contingency Planning) Regulations 2005, the NHS Act 2006, and the Health and Care Act 2022. Collectively, these acts impose specific EPRR responsibilities on both NHS England and the broader NHS in England, ensuring a consistent and robust approach to emergency preparedness across the health sector.

### **1.2 Process**

As part of the EPRR annual assurance process, organisations within the Norfolk Local Health Resilience Partnership (LHRP) were required to conduct self-assessments against the individual core standards relevant to their specific organisation type. Each organisation carefully evaluated each standard, assigning a rating to reflect its current level of compliance. These compliance ratings formed the basis for determining each organisation's overall EPRR annual assurance status.

To enhance the reliability and consistency of these assessments, a peer review workshop was held for LHRP members. The purpose of this workshop was to foster a collaborative environment that encouraged the sharing of learning and enhanced confidence in the organisational ratings assigned to each core standard. The session provided a supportive setting where EPRR leads could openly discuss the core standards, offer constructive challenges to one another's self-assessment ratings, and ensure the robustness of their respective action plans. In addition, the workshop facilitated the sharing of best practice examples and enabled participants to address common challenges encountered during the core standards assessment process.

Following the peer review workshop, organisations were required to formally submit their completed self-assessments to NHS Norfolk and Waveney Integrated Care Board (ICB). Each organisation then participated in a dedicated one-to-one "confirm and challenge" session. The aim of these sessions was to clarify any outstanding points and provide further evidence as needed to strengthen confidence in the assurance ratings. NHS England's regional EPRR team also conducted a similar confirm and challenge session with NHS Norfolk and Waveney ICB's own self-assessment, ensuring an additional layer of scrutiny and validation.

Upon completion of these steps, a consolidated Norfolk LHRP assurance return was prepared and submitted to the NHS England regional EPRR team on 2 December 2025.

### **1.3 NHS core standards for EPRR**

The applicability of each NHS EPRR core standard is determined by the specific function and statutory responsibilities of the organisation concerned. As a result, each type of NHS organisation is required to assure itself against a differing number of core standards, reflecting the unique nature of their roles within the health system. Number of core standards by organisation type:

- Acute Providers: 62 core standards
- Community Service Providers: 58 core standards

- Mental Health Providers: 58 core standards
- Ambulance Services: 58 core standards
- Integrated Care Boards: 47 core standards
- NHS 111: 43 core standards
- Non-Emergency Patient Transport Services: 42 core standards

The NHS EPRR core standards are organised into ten central domains, ensuring a comprehensive approach to emergency preparedness, resilience, and response. These domains are as follows:

1. Governance
2. Duty to risk assess
3. Duty to maintain plans
4. Command and control
5. Training and exercising
6. Response
7. Warning and informing
8. Co-operation
9. Business continuity
10. Chemical, biological, radiological, nuclear (CBRN) and hazardous material (HAZMAT)

#### 1.4 EPRR core standards 2025/26

The compliance level for each core standard is defined as:

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

An overall assurance rating is determined by evaluating the percentage of NHS core standards for EPRR with which the organisation is 'Fully Compliant'. The specific percentage thresholds are used to assign the appropriate assurance rating, ensuring a consistent and transparent assessment process.

Overall EPRR assurance rating	Criteria
<b>Fully Compliant</b>	The organisation is fully compliant against 100% of the relevant NHS EPRR core standards
<b>Substantial Compliance</b>	The organisation is fully compliant against 89-99% of the relevant NHS EPRR core standards
<b>Partial Compliance</b>	The organisation is fully compliant against 77-88% of the relevant NHS EPRR core standards.
<b>Non-compliant</b>	The organisation is fully compliant up to 76% of the relevant NHS EPRR core standards.

## 1.5 Assurance levels summary

The submitted outcomes of the Norfolk LHRP overall assurance ratings for EPRR core standards 2025/26 were:

Organisation	2025/26
NHS Norfolk & Waveney ICB	Substantial Compliance
JPUH NHS Foundation Trust	Substantial Compliance
NNUH NHS Foundation Trust	Substantial Compliance
QEHKL NHS Foundation Trust	Substantial Compliance
Norfolk Community Health and Care NHS Trust	Substantial Compliance
Norfolk and Suffolk NHS Foundation Trust	Partial Compliance
East Coast Community Healthcare CIC	Substantial Compliance

All providers within the LHRP are aware of the specific core standards where full compliance has not yet been met. In response to these gaps, each organisation has identified targeted actions designed to facilitate progress towards achieving full compliance.

The LHRP working group remains committed to fostering a collaborative and supportive environment. Through this approach, member organisations are provided with guidance and encouragement to undertake and complete the necessary actions, ensuring ongoing improvement in compliance across the partnership.

The East of England Ambulance Service Trust, operating as a regional service, submits its annual assurance return via the Suffolk LHRP. In addition, Integrated Care 24 (IC24) and HTG Non-Emergency Patient Transport Service submit their respective returns through the Essex LHRP, while Cambridgeshire Community Services NHS Trust fulfils this requirement through the Cambridgeshire LHRP.

East of England Ambulance Service Trust	Substantial Compliance
Integrated Care 24	Partial Compliance
HTG Non-Emergency Patient Transport Service	Partial Compliance
Cambridgeshire Community Services NHS Trust	Substantial Compliance

Each of these organisations has developed action plans to address core standards where full compliance has not yet been achieved. Their inclusion in this report serves to provide a comprehensive overview, reflecting their contribution to the wider work of the Norfolk LHRP.

## 1.6 Deep Dive

Alongside the annual assurance process, a deep dive is normally conducted to gain valuable additional insight into a specific focus area. The outcome of the deep dive is used to identify areas of good practice and further development to guide the enhancement of local arrangements.

Considering announcements regarding the restructuring of NHS England and Integrated Care Boards (ICBs), the national team has taken the decision not to undertake a deep dive as part of this year's assurance process. This measure reflects the transitional nature of the current organisational landscape.

Additionally, NHS England, East of England, has confirmed that there will be no supplementary regional focus areas introduced for this period. As a result, the primary focus for the 2025/26 annual assurance will remain on existing standard assurance activities and the progression of ongoing action plans.

This approach has been adopted to ensure that attention is directed towards established assurance requirements and the continued implementation of action plans. By maintaining the current focus, the process avoids introducing further targeted scrutiny during a period of organisational change, thereby supporting stability and continuity across all relevant bodies.

## **1.7 Areas of notable good practice during core standards process**

During the core standards process for 2025/26, organisations had the opportunity to raise and discuss areas of good practice encountered:

- **Norfolk LHRP core standards launch event**

This year provided a beneficial development for the Norfolk Local Health Resilience Partnership (LHRP), as it was the first occasion on which a core standards launch event was held involving all organisations. This initiative stemmed from a recommendation made during last year's process. The event was scheduled promptly, taking place soon after the core standards information was cascaded from the national and regional teams. The session provided a valuable forum for all providers to discuss the intended process for the year ahead, as well as to raise any queries or concerns they might have. Initial feedback from participants indicates that the session was a positive addition, and there are plans to repeat this collaborative approach in future years.

- **Improved core standards spreadsheet**

The introduction of a more user-friendly core standards spreadsheet for 2025/26 was noted as a welcome improvement. Appreciation is extended to the national team for its development of this resource. The enhanced spreadsheet has proven beneficial, saving providers time during the self-assessment process, an outcome that is consistently valued across organisations.

- **Extended LHRP EPRR peer review session**

For the 2025/26 cycle, the LHRP Emergency Preparedness, Resilience and Response (EPRR) peer review session was again extended, taking place over a full day. This format was positively received by EPRR representatives, as it facilitated mutual support in meeting core standards assurance requirements. Additionally, the extended session enabled a thorough exchange of best practices and a discussion of the challenges encountered throughout the process.

- **Organisational internal engagement**

Engagement from staff within the organisations was exemplary throughout the core standards process. All departments responded promptly, submitting contributions where necessary. This proactive approach not only demonstrated a strong commitment to EPRR but also contributed to the overall efficiency and effectiveness of the process. The willingness of staff across all areas to participate fully and meet timelines ensured a smooth and coordinated completion of assurance returns

- **LHRP collaboration**

The LHRP continues to foster an environment of open and accountable communication, enabling the consistent sharing of good practice across the health economy. This approach ensures that all partners remain informed and engaged, supporting transparency and collective progress. This is characterised by positive peer relationships and a strong willingness among organisations to assist one another. This collaborative spirit not only enhances the process of developing plans but also contributes to improved outcomes for all involved. By working together and openly exchanging knowledge and expertise, the LHRP maximises collective learning and strengthens the overall resilience and preparedness of the health system.

- **NHSE regional EPRR submission timeline**

The NHS England (NHSE) Regional EPRR team demonstrated an awareness of the significant input required from organisations within the LHRP to meet the demands of the core standards process, particularly with the range of concurrent events taking place during the period. In recognition of this, the deadline for the final submission to NHSE was set for 2 December 2025. This extended timeframe allowed organisations additional flexibility to complete the assurance return in its entirety, whilst continuing to manage competing demands. This consideration was particularly valuable for EPRR teams, which operate with limited resources. Considering the positive impact observed, it is recommended that this approach to submission timelines be continued in future years.

## **1.8 Common challenges/issues encountered during core standards process**

During the core standards process for 25/26, organisations had the opportunity to raise and discuss areas of challenge and any issues encountered:

- **Challenges arising from concurrent events and EPRR workstreams**

This year has presented challenges for EPRR teams due to the simultaneous demands of multiple significant events and ongoing workstreams. The increased focus on the national Tier 1 pandemic exercise, alongside the requirement to ensure robust winter planning preparedness, has intensified these challenges. The overlap of these critical activities with the core standards assessment period has become a notable concern, as organisations have had to manage their routine responsibilities whilst responding to heightened national expectations and emergent risks. It is important that the concurrency of these events is acknowledged as a substantial challenge for all involved.

- **Impact of organisational change programmes**

The current climate of ongoing change programmes across the NHS has introduced a level of uncertainty for staff at all levels. This uncertainty has placed an additional burden on individuals and teams, who must adapt to evolving structures and expectations whilst maintaining high standards of emergency preparedness and response. Recognising the impact of these organisational changes is essential in understanding the broader challenges faced during this period.

## **1.9 Recommendations for the national assurance process**

These recommendations are designed to strengthen the national core standards process, ultimately improving its primary goals and outcomes.

- **Need for Digital Review System**

The revised spreadsheet is welcome this year, however, a digital process would be quicker, and easier for all. We would recommend that this be considered for national development.

- **Need for a Continuous Monitoring and Review System**

The current approach to the core standards process concentrates the majority of activity into the autumn months, providing only a snapshot of compliance. This method risks overlooking issues of non-compliance that may arise at other times during the year. We suggest that revising and redesigning the process to enable continuous monitoring and review throughout the year would be extremely beneficial. Such a transformation would allow for a more accurate and ongoing assessment of organisational readiness, ensuring that standards are met consistently, and enabling timely identification and resolution of any issues as they arise.

To resolve this, the development of digital solutions by NHSE will not only allow organisations to streamline processes as above, but also to enhance interoperability, flexibility to update in real time, and improve the clarity and consistency of guidance and standards. This shift would help ensure that teams are better equipped to manage both routine and emergent challenges, while supporting continuous monitoring and review. Ultimately, a digital transformation has the potential to strengthen preparedness and resilience across all levels of the organisation.

- **Ambiguity and inflexibility in core standards**

The current wording and content of the core standards present significant challenges that hinder the assurance process and complicate efforts to achieve consistent compliance across organisations. Ambiguity in the language and lack of clarity in the guidance often result in differing interpretations, making it difficult for teams to make definitive judgements about compliance. This uncertainty can slow progress and create confusion, particularly when organisations face unique operational realities that are not adequately accounted for in the standards.

Given these issues, we would also suggest that a review of both the wording and content of the core standards would be beneficial. Such a review would aim to improve clarity, remove ambiguity, and ensure that the guidance is consistently understood and applied across all organisations. By addressing these challenges, the assurance process can become more robust, and organisations will be better equipped to meet their obligations in a manner that reflects their specific circumstances and operational needs

### **1.10 LHRP next steps/ development activity**

The Local Health Resilience Partnership (LHRP) will maintain oversight of progress regarding actions associated with core standards that have not yet achieved full compliance. To facilitate improvement and consistency across the system, the LHRP will provide a collaborative support network, enabling organisations to share best practice and address challenges collectively.

Regular update reports will be submitted to the LHRP Executive Group by the Working Group. These reports will detail the progress made, highlight any persistent areas of concern, and propose solutions to support organisations in achieving compliance with the core standards.

<b>Subject:</b>	Integrated Performance Report Assurance
<b>Presented by:</b>	Richard Watson, Designate Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning – NHS Suffolk and North East Essex Integrated Care Board and NHS Norfolk and Waveney Integrated Care Board
<b>Prepared by:</b>	ICB Collaborative Commissioning and Performance Team with contributions from teams working in subject areas.
<b>Submitted to:</b>	Norfolk and Waveney ICB Board meeting
<b>Date:</b>	27 <sup>th</sup> January 2026

**Purpose of Paper:**

To provide assurance to the ICB Board of performance against plan. The paper will:

- highlight key successes
- draw attention to areas of concern
- describe remedial actions for areas of concern

**Executive Summary:**

Committee are asked to note:

1. **Cancer:** NB – a change to the format of Cancer data has resulted in a delay in representation in the Data Hub (IPR) reports. National data for October has been used in narratives.

**FDS (Faster Diagnostic Standards):** N&W ICB delivery is at 77.2% in October, a key improvement from August data shown. NNUH have made a significant improvement in delivery to meet planned position.

**62 Day:** N&W ICB performance remains below trajectory at 64.6% and against planned year-end position of 71.1%. At a trust level JPUH and QEH remain over 10 percentage points off year-end plans. NNUH are close to year-end plan however this plan was lower than other Trusts.

**Assurance level: concerning**

2. **Elective:** Diagnostics and referral to treatment (RTT) times are in a negative variance to the planned position. All areas are failing on assurance and there is significant variation across specialities with some critical to recovery e.g. Audiology, MRI, ENT. Urgent cases and suspected cancer cases, and those who have been waiting the longest times are being prioritised, further impacting some treatment time standards.

The ICB and NHSE are providing oversight and support as appropriate.

The current position at the start of Q4 is likely to make 2026/27 and achievement of Medium-Term Planning ambitions more challenging. All Trust are engaged with

national opportunities to reduce waiting times and total waiting list size through Jan-March (Q4) which is anticipated to improve this position.

**Assurance level: concerning.**

3. **Mental Health:** areas of delivery to be noted. 12-hour decision to admit is a focus as part of the wider crisis pathways and management of acute / urgent care.

**Assurance level: average.**

4. **UEC:** some areas show common cause improvement, however, there is currently not assurance that trajectories will be met. 111call response time worsened though NHS Norfolk and Waveney remain a top national performing area with a local joint focus on average and longest call waiting times. Category-2 Ambulance response times have been a particular challenge and 12-hour delays in A&E indicate system and acute flow pressures.

Collaboration and joint working through winter pressures, Industrial Action and a system Level 2 Critical Incident have been commended.

**Assurance level: concerning**

**Primary Care and Dental** – performance assurance and risk will be reported via the Primary Care Commissioning Committee reporting.

## Report

### 1. Cancer

#### Overall Level of Assurance

Assurance Level	Supporting Statement
Concerning	<p>Cancer delivery is behind planned positions for September/October, however, is demonstrating improvement.</p> <p>The Oct-25 28-day FDS delivery improved 6 percentage points August to October, and one provider (NNUH) met their in-month plan. There is variation across Trusts and cancer body sites, due to a range challenges with some key themes such as: diagnostic delays; workforce challenges; demand profile changes. Cancer SDF and tiering funding supporting trusts in their recovery.</p> <p>Cancer 62-day performance improved by 4.5 percentage points August to October. There is variation across Trusts and cancer body sites. Oncology capacity is an issue and plans for support via cancer SDF funding to be considered in January 2026.</p> <p>Early (stage 1 and 2) Cancer diagnosis rates are behind plan.</p>

Risks				
<b>Are any performance risks recorded?</b>		Yes		
<b>Risk Reference No(s)</b>		BAF07 (InPhase reference; 010) (BORR) 043; 116; (ORR) 057; 050; 051; 075		
<b>Committee with Risk Oversight</b>		Commissioning & Performance		
<b>Key concern(s) - description</b>	<b>Metric(s) connected to this concern</b>	<b>Remedial Actions in Place</b>	<b>Recovery Trajectory</b>	<b>Contractual Escalation</b>
High referral levels into 2ww/Cancer pathways impacting on waiting times and backlogs.	28-day FDS standard (C&P-1), 62day Combined Performance (C&P-2)	Y	Y	N
Delays in diagnostic testing and workforce constraints.	DM01: 6-week diagnostic (C&P-3)	Y	Y	Y
Backlog of long wait patients delaying treatment start dates.	Acute Trust Cancer Waiting Lists and trajectories.	Y	Y	N
Oncology workforce shortages.	62-day standard (C&P-2)	Y	N	N

<b>Key success(es) - description</b>	<b>Metric(s) connected to this success</b>
Implementation of the BMS guidance for women on HRT or with unscheduled bleeding on gynae pathways. This shall free up capacity on the USC pathway. Benefits realisation in progress.	Gynae FDS performance.
N&W ICB have agreed to commissioning the Lynch pathways to consent patients for testing for the syndrome and potential onward referral for genetic counselling. This will lessen wait times for genetic counselling. Delayed trust mobilisation due to local governance processes.	Genetic counselling waiting times.
NNUH have maximised their use of teledermatology within their current capacity. Planned implementation of telederm at JPUH and QEH from January 2026.	Skin FDS performance.
Rapid Cancer Action Team pathway reviews to commence in Lung, gynae and Prostate which will focus on the 62-day metric and associated improvements. These are now underway.	62 Day performance.

## 2. Elective Care and Diagnostics

### Overall Level of Assurance

<b>Assurance Level</b>	<b>Supporting Statement</b>
Concerning	<p><b>Diagnostics (DM01):</b> The confirmed performance for Oct-25 shows common cause concern, with all providers below planned position. Trust-level reporting identifies variation across providers as well as across test type. Providers have significant plans in place to recover the position, primarily through additional activity (through both insourcing and outsourcing) through to the end of 2025/26.</p> <p><b>Referral to treatment (RTT):</b> The Oct-25 position for 18-week and 52-week RTT, for the system and all providers in Norfolk and</p>

	<p>Waveney, is negative to the planned position. 18-week waits are 15,000 above plan, 52-week waits are 2,460 above plan. In addition, the system, and 2 Trusts within the system, continue to work to eliminate 65-week waits.</p> <p>Current focus on long waits and cancer pathways will challenge recovery in the immediate term, and any non-delivery of 2025/26 standards will add further work to future years in order to meet the constitutional 18-week standard by 31<sup>st</sup> March 2029.</p> <p>All providers are engaged with a number of nationally driven and resourced (through NHSE) ‘Sprint’ opportunities that impact RTT through additional capacity and reduce the overall waiting list.</p> <ul style="list-style-type: none"> <li>• Validation Sprint – a continuation of work through 2025/26 to ensure those on waiting lists still require elective care.</li> <li>• Outpatient Sprint (Q4) – supporting delivery above plan for first outpatient appointments</li> <li>• 52-week Sprint (Q4) - supporting delivery above plan for elective activity to reduce 52-week waiting list.</li> </ul> <p>Additional capacity will be brought onboard swiftly through outsourcing and insourcing. These Sprints are currently confirmed for Q4 2025/26 but will improve the 2025/26 year-end position, including eliminating 65-week waiting times at NNUH and reducing the number of people waiting 52-weeks.</p> <p>Current reliance on additional capacity places some risk on the deliverability as the additional capacity cannot be guaranteed and plans must become sustainable within current resources. Plans into 2026/27 will be challenging and require whole system focus.</p> <p>Risks reference below have all been reviewed at Commissioning and Performance Committee and mitigated scores increased.</p>
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<b>Risks</b>	
<b>Are any performance risks recorded?</b>	Yes
<b>Risk Reference No(s)</b>	BAF07 (InPhase 010) BORR 076; 077
<b>Committee with Risk Oversight</b>	Commissioning & Performance

<b>Key concern(s) - description</b>	<b>Metric(s) connected to this concern</b>	<b>Remedial Actions in Place</b>	<b>Recovery Trajectory</b>	<b>Contractual Escalation</b>
Modality variation in Diagnostics waiting times, with reliance on routes for additional capacity that may not be deliverable (e.g. availability of insourcing).	DM01: 6-week diagnostic (C&P-3)	Y	Y	N
Impact of delayed diagnostics and treatment – patient outcomes and experience, and reputational impact.	DM01: 6-week diagnostic (C&P-3) RTT standards (C&P-4/5/6)	Y	Y	N

Long waiting times (65-week RTT) has not yet been eliminated and there is risk that the system will not achieve the revised national elimination ambition.	RTT standards (C&P-4/5/6)	Y	Y	Y
Delivery of the 2025/26 planned elective standards may not be achieved as a system	RTT standards (C&P-4/5/6)	Y	Y	N

Key success(es) - description	Metric(s) connected to this success
The three acute provider Trusts in Norfolk and Waveney are utilising the newly formed Group model to support challenged areas across the system and seek collective solutions.	DM01: 6-week diagnostic (C&P-3) RTT standards (C&P-5/6) First appointment in 18-week (C&P-4)

### 3. Mental Health

#### Overall Level of Assurance

Assurance Level	Supporting Statement
Average	Significant work continues to address the variations in Out of Area Placements and the 12-hour A&E decision to admit breaches. However, these are complex, multifaceted issues involving system level and provider level factors.

Risks	
Are any performance risks recorded?	Yes
Risk Reference No(s)	BAF - 006 BORR - 048
Committee with Risk Oversight	Commissioning & Performance

Key concern(s) - description	Metric(s) connected to this concern	Remedial Actions in Place	Recovery Trajectory	Contractual Escalation
12-hour A&E decision to admit breaches – the latest data shows a downward trend following months of an improved picture. The current variation is not considered acceptable, and we continue to work closely with NSFT as part of their clinical transformation work priority pillar to support improved performance. Whilst there is no recovery trajectory this is being continuously monitored and is affected by system pressures. Benchmarking data does show that this performance is comparable to or slightly better than the national average.	C&P12	N	N	N

Key success(es) - description	Metric(s) connected to this success
Talking Therapies performance in respect of first treatment within 18 weeks continues to overperform or meet target.	C&P12
Mental Health Acute Discharges followed up within 72 hours has now met or surpassed the target for over 12 months.	C&P14

#### 4. Urgent and Emergency Care

##### Overall Level of Assurance

Assurance Level	Supporting Statement
Concerning	<p>The focus of the UEC Board for 25/26 is based around the national priorities to improve patient outcomes. For UEC this is to improve A&amp;E waiting times and ambulance response times compared to 2024/25. Performance is showing improvement in some areas however there is no assurance that N&amp;W will meet the planned trajectory.</p> <p>Trajectories are being monitored by UEC Board each month. Winter pressures have had a significant impact on these standards, and the system declared a Critical incident in early January.</p> <p>Recent report to Commissioning and Performance Committee noted the high level and positive impact of collaboration and coordinated team-work during the periods of pressure in the system – Industrial Action of the recent critical incident.</p>

Risks	
Are any performance risks recorded?	Y
Risk Reference No(s)	BAF - 003
Committee with Risk Oversight	Commissioning & Performance

Key concern(s) - description	Metric(s) connected to this concern	Remedial Actions in Place	Recovery Trajectory	Contractual Escalation
Ambulance turn-around times are impacting on wider performance areas and poses a risk to patient safety (in the community and at the ED front doors) and quality of care.	C&P8, Ambulance Response times.	In progress	In progress	N
Recovery plans are required where performance is not achieving plan or contractual standards.	All where performance is of concern.	In progress	In progress	N

Key success(es) - description	Metric(s) connected to this success
111 validation rates continue to be high, meaning less C3-C5 ambulances and less patients directed to ED from 111 With regard to Ambulance activity this additional capacity is being used for higher	C&P8, Ambulance Response times.

<p>acuity calls. UCCH continues to evolve and operate, with overnight options working now, call before convey is also well used in N&amp;W and the EEAST hear and treat rate is consistently the highest in the EoE region</p>	
<p>Virtual ward strategic review has taken place, with an outcome of all providers signing up to a new model workshop this has been completed and now a draft specification developed, this will come to a future meeting.</p>	











**Recommendations to ICB Board:**













- |   |
|---|
| <ul style="list-style-type: none"> <li>• Recognition of key areas of achievement in mental health.</li> <li>• Improvement in delivery of Cancer standards through September and October.</li> <li>• Challenges in diagnostic and RTT delivery, with the strong possibility that planned standards are not met by the end of 2025/26 (31<sup>st</sup> March 2026) and the impact this will have on the starting position for 2026/27 and the resulting gap to plan.</li> <li>• The performance delivered in UEC over winter period to date, and the impact of positive working across the system.</li> </ul> |
|---|

**Governance**

<p><b>ICB Board Approval</b></p>	<p>Norfolk and Waveney ICB Board  Agenda Item:  Date: 27<sup>th</sup> January 2026</p>
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**Reference Document**  
**Summary MDC Icons and How to Interpret Them**  
[Making Data Count link](#)

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> If the process limits are far apart, you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.	<b>Something's going on!</b> Your aim is to have low numbers, but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	<b>Investigate</b> to find out what is happening/ happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of a CONCERNING nature where the measure is significantly LOWER.	<b>Something's going on!</b> Your aim is to have high numbers, but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	<b>Something good is happening!</b> Your aim is high numbers, and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	<b>Find out what is happening/ happened.</b> <b>Celebrate</b> the improvement or success. Is there <b>learning</b> that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	<b>Something good is happening!</b> Your aim is low numbers, and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	<b>Something's going on!</b> This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	<b>Investigate</b> to find out what is happening/ happened. Is it a one-off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	<b>Something's going on!</b> This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies <b>within</b> those limits, then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies <b>outside of those limits in the wrong direction</b> , then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies <b>outside of those limits in the right direction</b> , then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

		Assurance			
					
Variation/Performance		<b>Excellent</b> • This metric is improving. • Your aim is high numbers, and you have some. • You are consistently achieving the target because the current range of performance is above the target. <b>Celebrate and Learn</b>	<b>Good</b> • This metric is improving. • Your aim is high numbers, and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved. <b>Celebrate and Understand</b>	<b>Concerning</b> • This metric is improving. • Your aim is high numbers, and you have some. • HOWEVER, your target lies above the current process limits so we know that the target will not be achieved without change. <b>Celebrate but Take Action</b>	<b>Excellent</b> • This metric is improving. • Your aim is high numbers, and you have some. • There is currently no target set for this metric. <b>Celebrate</b>
		<b>Excellent</b> • This metric is improving. • Your aim is low numbers, and you have some. • You are consistently achieving the target because the current range of performance is below the target. <b>Celebrate and Learn</b>	<b>Good</b> • This metric is improving. • Your aim is low numbers, and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved. <b>Celebrate and Understand</b>	<b>Concerning</b> • This metric is improving. • Your aim is low numbers, and you have some. • HOWEVER, your target lies below the current process limits so we know that the target will not be achieved without change. <b>Celebrate but Take Action</b>	<b>Excellent</b> • This metric is improving. • Your aim is low numbers, and you have some. • There is currently no target set for this metric. <b>Celebrate</b>
		<b>Good</b> • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. <b>Celebrate and Understand</b>	<b>Average</b> • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved. <b>Investigate and Understand</b>	<b>Concerning</b> • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER, your target lies outside the current process limits and the target will not be achieved without change. <b>Investigate and Take Action</b>	<b>Average</b> • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric. <b>Understand</b>
		<b>Concerning</b> • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target. <b>Investigate and Understand</b>	<b>Concerning</b> • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed. <b>Investigate and Take Action</b>	<b>Very Concerning</b> • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change <b>Investigate and Take Action</b>	<b>Concerning</b> • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • There is currently no target set for this metric. <b>Investigate</b>
		<b>Concerning</b> • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target. <b>Investigate and Understand</b>	<b>Concerning</b> • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed. <b>Investigate and Take Action</b>	<b>Very Concerning</b> • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change <b>Investigate and Take Action</b>	<b>Concerning</b> • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • There is currently no target set for this metric. <b>Investigate</b>
					
					<b>Unsure</b> <b>Investigate and Understand</b> • This metric is showing a statistically significant variation. • There has been a one-off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
					<b>Unknown</b> <b>Watch and Learn</b> • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric



# Norfolk and Waveney ICB Board – Board Performance Pack

January 2026

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Improving lives **together**

Norfolk and Waveney Integrated Care System

## Report Overview

The ICB Board Report has been created to support the oversight of key metrics by providing actionable information.

The metrics have been agreed by the ICB Board & any changes must go through this board.

## Navigating the Report

Interactive buttons in the header of each tab allow you to navigate to different screens of the report, or clear the filters on the current page.

The data in the report is interactive - if you select a particular area the other charts will update to reflect the selected field, deselecting or clicking on the clear filters button will revert the page to the default view. Select multiple areas by holding down ctrl and clicking on each area.

Data in the report can also be filtered using the available drop down filters on the page, or if the filter pane (to the right) is in use, additional filters can be found there.

If you have any queries please contact the team email address below, and your query will be routed to the appropriate team member.

## Information Governance Notes

Under The Data Protection Act 2018 S.171(1) - It is an offence for a person to knowingly or recklessly re-identify information that is de-identified personal data without the consent of the controller responsible for de-identifying the personal data

This report could contain potentially identifiable factors that could be deemed as special category data (sensitive data) and therefore it is not permissible to share outside the relevant departments/organisations. Not following this is a breach of the DPA 2018 S.171 (1) above, and risks the ceasing of this data flow from NHS Digital as it will be seen as a breach of the contract the CCG has with NHS Digital (NHSX). Access to Power BI reports is monitored for auditing purposes and your access may be removed if necessary.

## Report Version History

Date	Version	Change Notes
30/10/25	2.00	Repointed to Snowflake
06/06/25	1.01	Transformed Reporting date to start of month to fix axis alignment issues.
18/03/25	1.00	Initial Deployment



# ICB Board

SPC headlines for core 15 ICB Board metrics: December 25



Variation indicates consistently **P**assing the target



Variation indicates inconsistently hitting passing and falling short of the target



Variation indicates consistently **F**alling short the target



No Target



Special Cause of Improving nature or lower pressure due to **H**igher or **L**ower Values



Common Cause - No significant change



Special cause of concerning nature or higher pressure due to **H**igher or **L**ower Values



	Cancer - 28 Day FDS Performance - ICB	RTT - 18 Week Performance - ICB	Dental - % of Units of Dental Activity (UDA) delivered - ICB Dental - % of Units of Orthodontic Activity (UOA) delivered - ICB Mental Health - E.H.37 Average LOS In Adult Acute MH Beds - ICB
	Mental Health - Acute Discharges Followed Up Within 72 Hours - ICB UEC - Mean C2 Ambulance Response Times (Mins) - ICB	Cancer - 62 Day Combined Performance - ICB UEC - Total A&E 4hr Performance - Provider	Primary Care - Total GP Appointments - ICB



Search:

### Variation



Common Cause



Concern (High)



Concern (Low)



Improvement (High)



Improvement (Low)

### Assurance



Capable



Not capable



Unreliable

Metric No.	Metric Name	Latest Date	Result	Target	Target Type	Variation	Assurance	Metric Data Source
1	Cancer - 28 Day FDS Performance - ICB	Aug 25	71.2%	74.7%	Trajectory			National
2	Cancer - 62 Day Combined Performance - ICB	Aug 25	60.1%	67.2%	Trajectory			National
3	UEC - Mean C2 Ambulance Response Times (Mins) - ICB	Nov 25	45.13	30.0	Target			Provider Submission
4	UEC - Total A&E 4hr Performance - Provider	Dec 25	76.1%	75.3%	Trajectory			National
5	RTT - 18 Week Performance - ICB	Nov 25	56.1%	58.1%	Trajectory			National
6	Mental Health - Acute Discharges Followed Up Within 72 Hours - ICB	Nov 25	81.8%	80.0%	Target			National
7	Mental Health - E.H.37 Average LOS In Adult Acute MH Beds - ICB	Nov 25	51.0	58.5	Trajectory			National
9	Primary Care - Total GP Appointments - ICB	Nov 25	642,369	671,667	Trajectory			GPAD
10	Dental - % of Units of Dental Activity (UDA) delivered - ICB	Oct 25	45.9%		Target			National
11	Dental - % of Units of Orthodontic Activity (UOA) delivered - ICB	Oct 25	29.0%		Target			National

The Board are asked to note the following in relation to the data updates:

- Cancer metrics require a re-write of coding to map national updates into the IPR and Board reports, due to national changes. Therefore, October data has been provided in the narrative.
- Following narrative submission, national reporting schedules updated and therefore the following metrics have updated positions since the narrative was written:
  - UEC – mean C2 Ambulance Response Times (mins)
  - RTT - 18week performance
  - Mental Health – Acute Discharges Followed up within 72-hours
  - Mental Health – Average LOS in Adult Acute MH Beds



### Metric Description

Percentage of N&WICB patients treated within 28 days following an urgent referral for Cancer

**BAF**

**BAF07**

### System Position - Summary and Context

Data format changes have delayed local publication: Oct-25 performance was 77.2%, against year-end plan 80.2%

All Trusts un-validated data shows improved positions through Q3 with key improvements at QEH and NNUH. Improvements that are seen in local data for Nov 2025 is largely expected to have been sustained through December.

### Root Causes and Contributing Factors

- Diagnostic delays in endoscopy, radiology, and histopathology - shortening the pathway time for treatment.
- Workforce shortages (consultants, diagnostic staff) and sickness leading to reduced capacity.
- High referral volumes across 2ww pathways and key tumour sites (skin, colorectal, urology, gynae) and backlog recovery
- Operational pressures - admin gaps and ERS processes impacting booking and flow

### Associated Metrics, Insights and Impacts

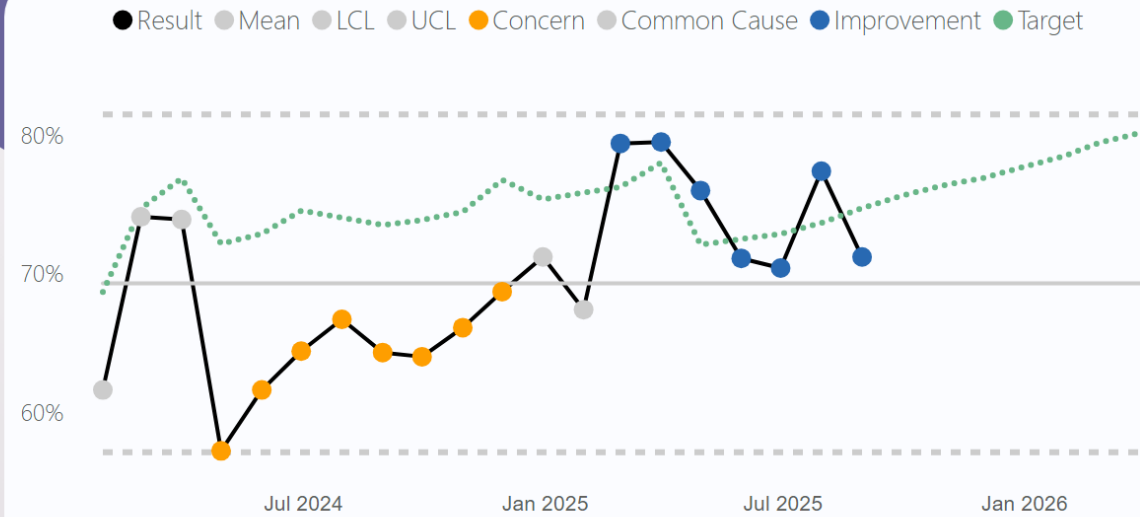
Delays in achieving a diagnosis can increase patient anxiety, impact timely treatment initiation, and contribute to poorer clinical outcomes, particularly for aggressive or fast-progressing cancers.

Interconnected Metrics: Cancer 62-day; DM01; Early (stage 1 and 2) Cancer diagnosis standards

### Key Actions and Risks to Actions

1. Provide additional diagnostic capacity through multiple routes such as additional clinics and weekend working, and Community Diagnostic Centres utilisation, with a focus on histology recovery.
2. Implement and embed Best Practice Timed Pathway and other productivity analysis findings
3. Grow one-stop clinics and nurse-led pathways
4. Maintain grip and control through provider-level PTL reviews

Oversight: Cancer Transformation Group to Commissioning and Performance Committee, to 31/3/26



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Aug 25	National	71.2%	74.7%		



### Metric Description

Percentage of N&WICB patients treated within 62 days for Cancer first definitive treatment.

**BAF**

**BAF07**

### System Position - Summary and Context

Data format changes have delayed local publication: Oct-25 performance was 64.6%, a 4.5 percentage point improvement from Aug and against the year-end plan of 71.1%. Variation is seen across providers in Norfolk and Waveney and by cancer body site.

Un-validated data indicates Q3 improvement, especially at QEH, however currently there is no assurance of sustained delivery.

### Root Causes and Contributing Factors

- Backlog of long-wait patients in key tumour sites (urology, colorectal, lung, gynaecology) continues to delay treatment starts.
- Diagnostic delays in histopathology, radiology, and endoscopy (notably lower GI, upper GI, and head & neck pathways) are compressing treatment windows.
- Workforce challenges (Oncologists, Anaesthetists and diagnostic) limiting capacity in pathways.
- Patient choice and clinical complexity also add to delays

### Associated Metrics, Insights and Impacts

Diagnostics and 28-Day FDS performance directly influences 62-day outcomes, as delays earlier in the pathway compress the treatment window.

Theatre and diagnostic capacity constraints continue to impact delivery timelines.

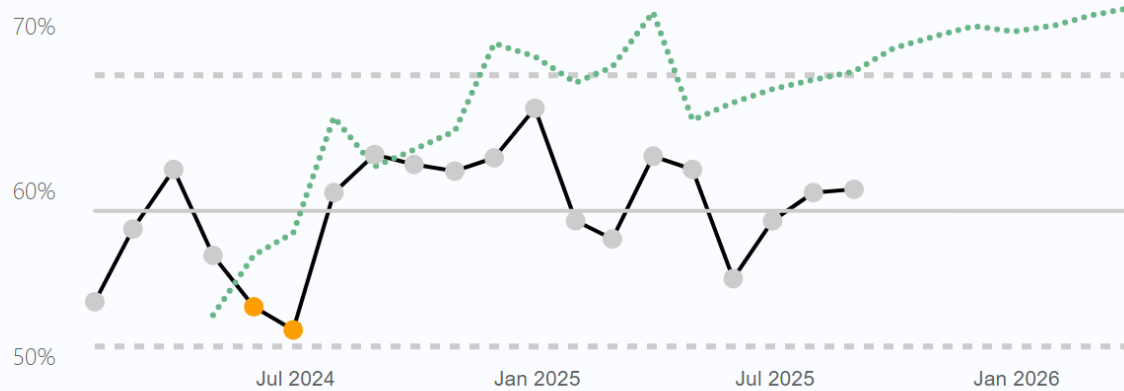
Patient outcomes and experience may be negatively affected by treatment delays, particularly for fast progressing cancers - patient harms are monitored

### Key Actions and Risks to Actions

1. Additional diagnostic capacity through additional staffing, clinics and maximising system capacity
2. Implement and embed Best Practice Timed Pathways (BTPs) across high-pressure tumour sites
3. Targeted histopathology and endoscopy recovery support, including backlog clearance and recruitment
4. Strengthen tumour site level oversight of PTL, with escalations and prioritisation
5. Whole system work on key identified specialities

Oversight: Cancer Transformation Oversight Group to Commissioning and Performance Committee, actions to 31/3/26

● Result ● Mean ● LCL ● UCL ● Concern ● Common Cause ● Improvement ● Target



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Aug 25	National	60.1%	67.2%		

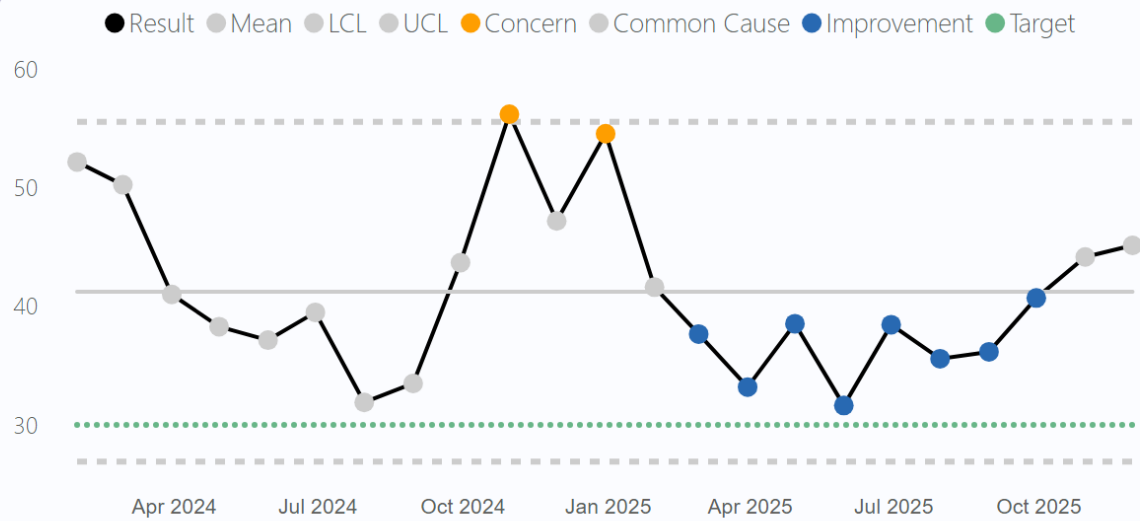


### Metric Description

The average minutes taken for all Category 2 ambulance dispatches from the clock start time to the time the first ambulance arrives on scene.

**BAF**

**BAF06**



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Nov 25	Provider Submission	45.13	30.0		

### System Position - Summary and Context

Norfolk and Waveney C2 response times increased from 44.16 minutes in October to 45.13 minutes in November. Winter pressures, industrial action and the expected rise in respiratory conditions have negatively impacted on the hospitals ability to offload Ambulances which in turn has increased the time to respond to calls in the community.

### Root Causes and Contributing Factors

Hospital Ambulance offload delays continue to have an an impact on C2 performance as this reduces the Ambulance services capacity to respond.

### Associated Metrics, Insights and Impacts

All incidents and concerns relating to response times are monitored to ensure that any issues impacting patient safety are reviewed promptly, and any resulting harms are thoroughly investigated. Findings are used to inform ongoing operational improvements and to mitigate future risks, ensuring that patient care remains safe and effective across the Norfolk and Waveney system.

### Key Actions and Risks to Actions

UCCH continues to focus on the pre-dispatch management of C3–C5 calls. The volume of “call before convey” interventions has increased, and hear and treat rates remain above 20%, consistently among the highest in the region.

Our NHS 111 provider continues to validate lower-acuity ambulance calls and reduce unnecessary conveyances wherever possible, with validation performance exceeding 90% on most days. These measures support patient safety while helping to manage demand and maintain flow across the urgent care and emergency care system.



### Metric Description

The percentage of A&E attendances across all department types that spend less than 4 hours from arrival to departure.

**BAF**

**BAF06**

### System Position - Summary and Context

ICS performance across the three acute providers improved in December, with 4-hour performance increasing to 76.1%, up from 75.17% in November. This exceeded the planned trajectory for December of 75.3%.

Performance by individual site was as follows: NNUH 80.9%, JPUH 73.5%, and QEH 66.2%. Both NNUH and JPUH remained above their submitted trajectories, while QEH was 2 percentage points below plan.

### Root Causes and Contributing Factors

90% plus of patients ringing NHS111 who end up with a Emergency Department (ED) disposition are reviewed by a clinician in the local NHS111 service and directed to other NHS services to meet their clinical needs. However we still continue to see significant numbers of patients self presenting to the ED who have not made contact with other parts of the NHS.

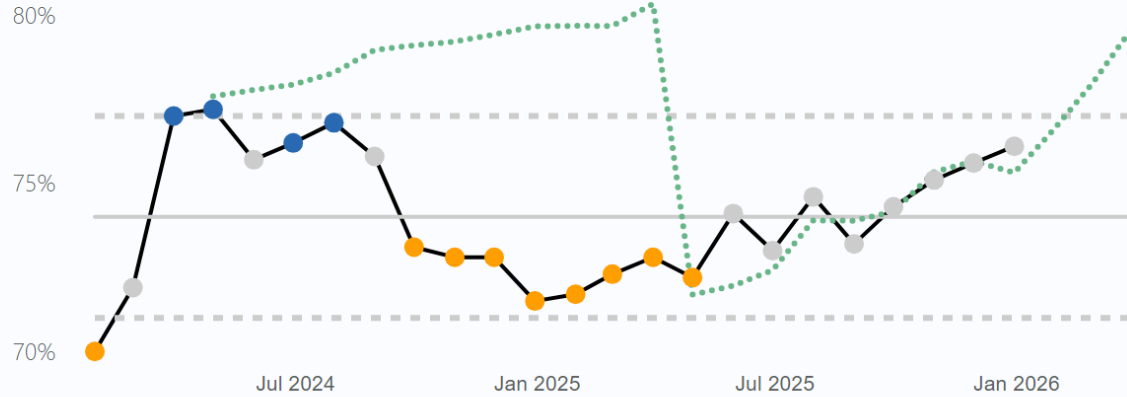
### Associated Metrics, Insights and Impacts

The system remains on plan at c76% however the NHS constitutional standard is 95% of patients seen treated and discharged within 4 hours. Given that we are not meeting this constitutional standard any associated impact on quality is closely monitored.

### Key Actions and Risks to Actions

The N&W UEC Board continues to monitor performance and activity data in line with plans to ensure we remain on trajectory.

● Result ● Mean ● LCL ● UCL ● Concern ● Common Cause ● Improvement ● Target



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Dec 25	National	76.1%	75.3%		



### Metric Description

Percentage of N&WICB patients at the end of the month who are waiting under 18 weeks against the RTT standard.

BAF

BAF07

### System Position - Summary and Context

Oct-25 performance shows common-cause decline after a 11-months of special cause improvement, though noting 4 consecutive months of declining performance July-Oct. The 3.7 percentage points behind the planned ICB position equates to over 15,000 more people waiting over 18-weeks than planned.

The position is expected to improve through November and December, with 2 Trusts anticipating to meet the 2025/26 end of year plan.

### Root Causes and Contributing Factors

- Workforce shortages, vacancies, and sickness reducing capacity - including in diagnostics at the start of pathways.
- Activity year-to-date is below plan in key elective areas with financial pressures limiting recovery activity.
- Referral/demand profile changes in pressured specialities are being investigated.
- Focus on long waiting patients, urgent and Cancer pathways.

### Associated Metrics, Insights and Impacts

- Diagnostics and 52-week Referral to Treatment (RTT) standards and long waiting times of 65-weeks.
- RTT analysis for key groups is being undertaken routinely. Recent analysis of Health Inclusion and Inclusion Health population data is informing further analysis and actions.
- Harm reviews are taking place for those on elective waiting lists, with a report due to be presented at Patients and Communities Committee.

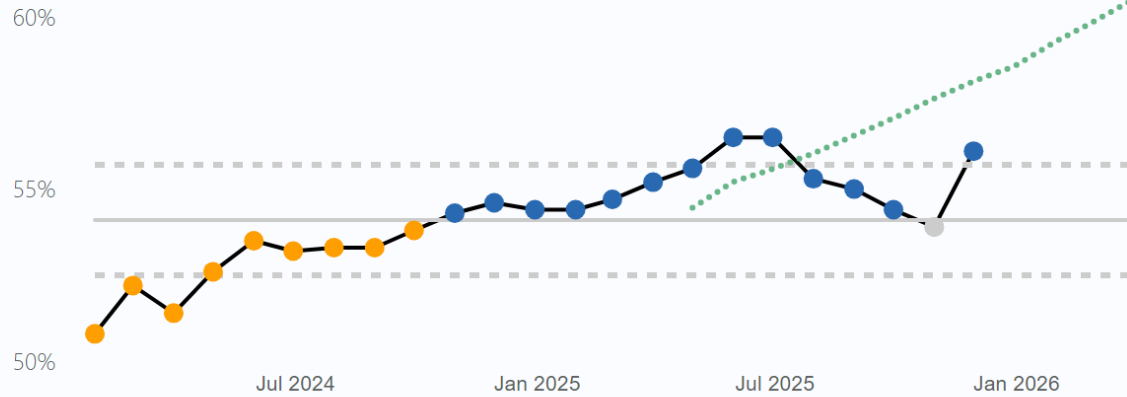
### Key Actions and Risks to Actions

1. Productivity plans within each provider, supported by specialist advisers as needed.
2. Demand management programme in place, aligned with national/local initiatives.
3. Outpatient and theatre capacity expanded through WLIs, in-sourcing, and enhanced waiting list management.
4. NHSE Q4 (2025/26) Sprint activity for validation, Outpatients and Cancer

Risks: recruitment delays, variable WLI/in-sourcing uptake, financial constraints.

Oversight: Scheduled Care Board and Commissioning and Performance Committee oversee to 31/3/26

● Result ● Mean ● LCL ● UCL ● Concern ● Common Cause ● Improvement ● Target



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Nov 25	National	56.1%	58.1%		



### Metric Description

Percentage of adult acute admissions discharged and eligible for a follow up contact seen within 72 hours

BAF

None

### System Position - Summary and Context

Target has been met again this month, current performance is 89.5%. We met the target last month where the Trust's position was in line with national/regional benchmarks. It also notes that the SPC chart provides assurance that the Trust is meeting the target, with some acceptable variations during certain periods.

### Root Causes and Contributing Factors

The root causes of delays in acute discharges followed up within 72 hours are multifaceted and involve both system-level and provider-level factors. Demand pressures, staffing shortages, discharge planning delays, and communication gaps are key challenges. Additionally, regional variation and external factors, such as a patient-level barriers to access, also contribute to delays. Addressing these root causes will require system-wide improvements in capacity, staffing and coordination between inpatient and community services, alongside better support for patients facing external barriers.

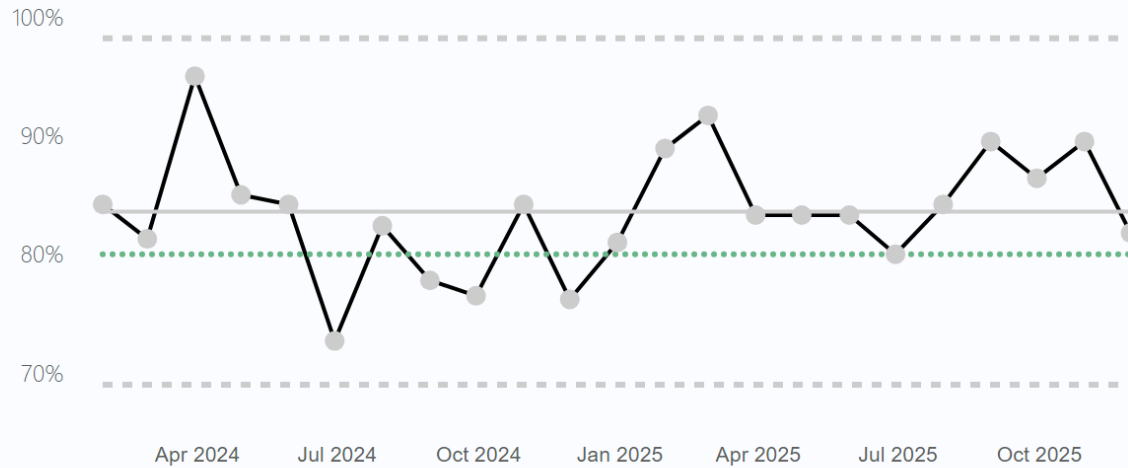
### Associated Metrics, Insights and Impacts

The quality impact of timely follow-up care cannot be overstated; it is integral to improving patient outcomes, ensuring patient safety, and enhancing the overall patient experience. However, health inequalities persist, with certain populations facing more significant barriers to accessing follow-up care.

### Key Actions and Risks to Actions

The key actions outlined focus on enhancing discharge planning, increasing capacity in community teams, improving communication between inpatient and community services, and targeting high-risk patients for follow-up. These actions are designed to sustain the positive performance of 80% for acute discharge follow-up within 72 hours and to ensure continued improvement where necessary. The risks associated with these actions primarily relate to staffing challenges, IT integration issues, and resource constraints, which need to be carefully managed to avoid delays or disruptions in service delivery.

● Result ● Mean ● LCL ● UCL ● Concern ● Common Cause ● Improvement ● Target



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Nov 25	National	81.8%	80.0%		

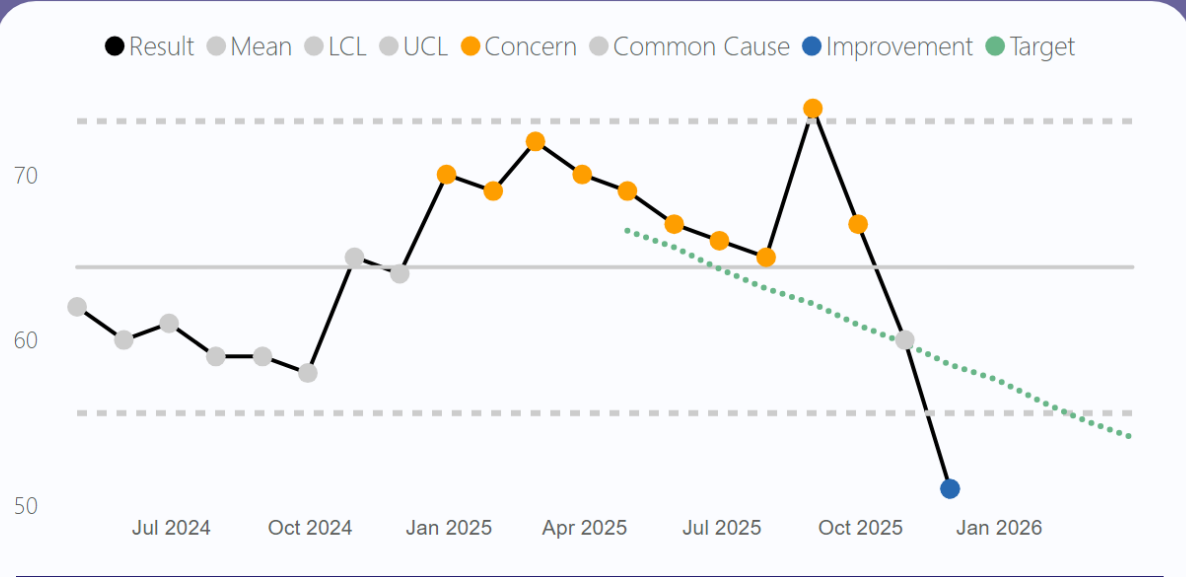


### Metric Description

Rolling 3 month figure showing the NHSE calculated average length of stay (LOS) for those aged 18 and over in Adult, Older Adult and PICU Mental Health Beds. Average is the total bed days for these discharges divided by total discharged inpatient spells where final ward is Adult, Older Adult or PICU

**BAF**

**None**



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Nov 25	National	51.0	58.5		

### System Position - Summary and Context

There has been a continued reduction in average length of stay, from March 2025 (72), down to 65 last month and now down to 60, bringing performance closer to target levels and broadly in line with national and regional benchmarks. The SPC chart provides a level of assurance, indicating that the current performance is stable with some expected, acceptable variation. There is no indication of special cause variation, suggesting the system is performing within expected limits.

### Root Causes and Contributing Factors

The length of stay in adult acute mental health beds is influenced by a range of system-level and provider-level factors. Key drivers include high demand for inpatient beds, delays in discharge planning, and workforce challenges across both inpatient and community settings. Inconsistent availability of step-down and community support services contributes to prolonged admissions, as does variation in access to housing, social care, and appropriate follow-up support. Regional disparities and patient-level complexities, such as social or clinical needs that cannot be quickly met, also play a significant role. Tackling these issues will require improved coordination across the system, enhanced community provision, and a focus on timely, person-centred discharge pathways.

### Associated Metrics, Insights and Impacts

Length of stay has a direct impact on quality of care, patient safety, and experience. Extended admissions can lead to increased risk of institutionalisation, delayed recovery, and reduced bed availability. Overly short stays may compromise stability and readiness for discharge. Health inequalities are evident, with some groups. This metric is closely interconnected with others, including bed occupancy, delayed transfers of care, community follow-up, and readmission rates, all of which influence and are influenced by the average length of stay.

### Key Actions and Risks to Actions

1. Strengthening discharge planning processes – multi-agency discharge planning from the point of admission.
  2. Expanding community capacity – investment in crisis response, home treatment, and step-down services
  3. Improving flow through acute pathways – enhancing bed management and reducing internal delays, particularly through digital tools and real-time tracking.
  4. Targeted support for complex discharges – introducing dedicated roles or panels to address housing, social care, and legal barriers.
- All of which are in place.



### Metric Description

Total number of General Practice Appointments per Practice

BAF

BAF02

### System Position - Summary and Context

November saw an under delivery of 29,300 appointments compared to target, this variance is within expected range. To date, we are running at around 2k below plan but 120k or 2.4% above last year for the same period Apr-Nov. The trends for the % of face to face appointments; appointments with a GP; same day appointments has remained consistent (around 70%; 33% and 40%) throughout the year.

### Root Causes and Contributing Factors

Work continues to build a common and collective understanding around the various different data sources and soft intelligence. This informs ongoing conversations between commissioning managers and providers around variations in the number and type of appointments being recorded. This work should put us in a good position to collectively identify and understand challenges with demand and capacity and agree plans and support required to address these.

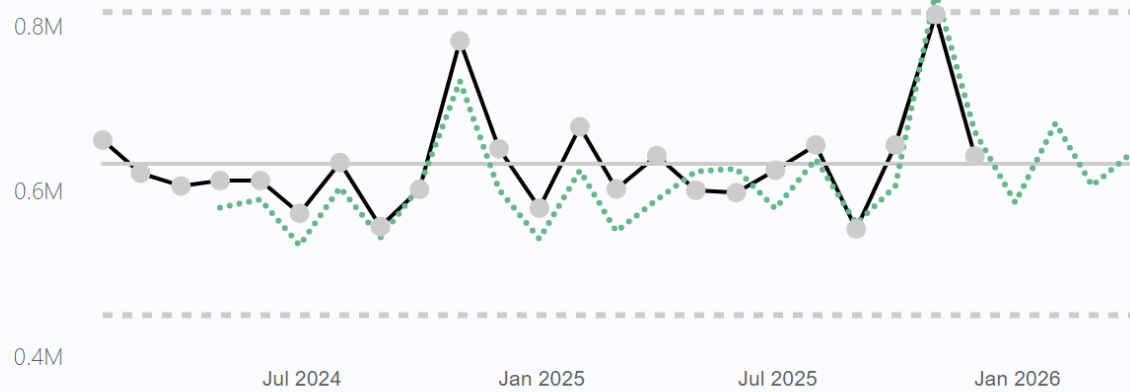
### Associated Metrics, Insights and Impacts

Metrics within the GP dashboard and soft intelligence are combined to support identification of where additional support to understand, and address, variation in experience and access is required.

### Key Actions and Risks to Actions

Ongoing review of data, conversations to support coding/recording is happening to support conversations with GP surgeries to identify areas where systems can support effective working to ensure that appointment availability aligns with clinical need and supports a positive patient experience. This will be reported through GP Action Plan updates to the Primary Care Commissioning Committee

● Result ● Mean ● LCL ● UCL ● Concern ● Common Cause ● Improvement ● Target



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Nov 25	GPAD	642,369	671,667		

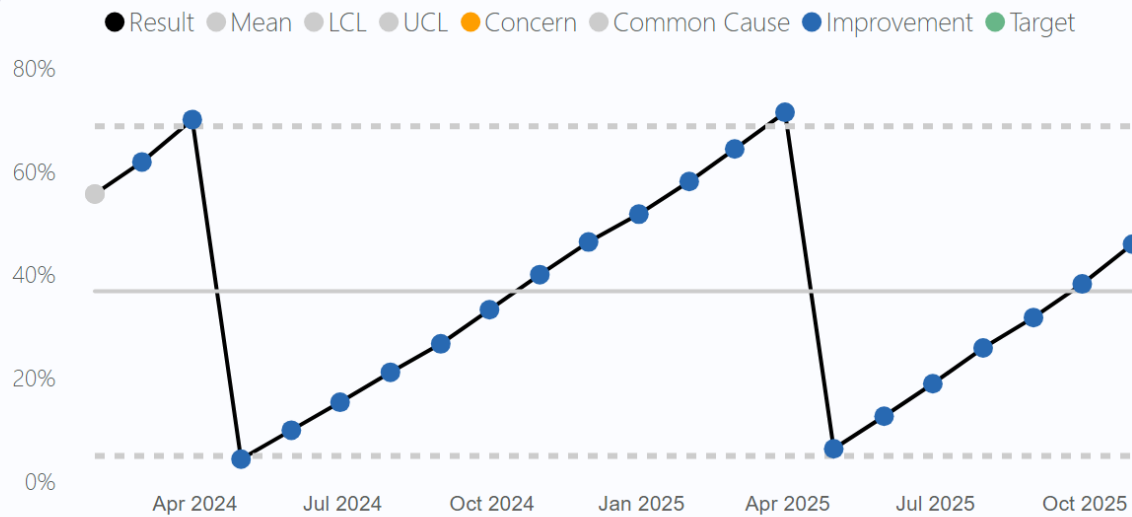


### Metric Description

Percentage of units of dental activity (UDA) year to date delivered against the total annual contracted UDAs for the ICB.

**BAF**

**BAF02**



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Oct 25	National	45.9%			

### System Position - Summary and Context

ICB to deliver higher level of activity 25/26, month on month activity is higher than same months in 2024/2025. Majority of practices achieved at least 30% of their activity target by Sept

ICB funding up to 110% over-performance for contractors to see new patients.

Dental workforce numbers are higher this year than in 2019 for the first time due to investment in primary care workforce programmes

### Root Causes and Contributing Factors

Investment in dental workforce schemes and support to contractors, including the option to shift towards a mix of flexible commissioning and national contract activity is resulting in improved resilience and increased activity. Additional investment of more than £2m for new patients has also impacted increase in activity delivery this financial year.

### Associated Metrics, Insights and Impacts

Unscheduled Care target to deliver additional 21,520 appointments in 2025/2026. 23 local providers offer urgent care appointments, >97% utilisation and 0.8% Did Not Attends. An additional 28 providers signed up in Oct 2025

Increase in new patients seen by children and adults

Oral health needs data review

### Key Actions and Risks to Actions

Delivery of Year 2 ICB Long Term Dental Plan

Procure new contracts

Rebase targeted underperforming contracts to release monies for reinvestment

Deliver dental workforce schemes for 2025/2026

Risk that workforce schemes may not deliver sufficient increase in workforce (dentists and dental care professionals)

Risk of increased costs for dental practices may result in unsustainable NHS dental services



### Metric Description

Percentage of units of orthodontic activity (UOA) year to date delivered against the total annual contracted UOAs for the ICB.

**BAF**

**BAF02**

### System Position - Summary and Context

Orthodontic activity on target to deliver target trajectory by year end. Current activity is ahead month on month from last year.

ICB has agreed to fund up to 110% to enable orthodontic providers to reduce waiting lists, all providers have accepted the offer.

### Root Causes and Contributing Factors

Orthodontic activity is claimed on commencement of treatment. Orthodontic contracts expire 31 March 2027 however treatment can take 18 - 24 months to complete.

### Associated Metrics, Insights and Impacts

Lack of access to general dental services leads to a lack of shared care between general dentist and orthodontist whilst patient in active treatment and inability for individuals to be referred for orthodontic treatment start.

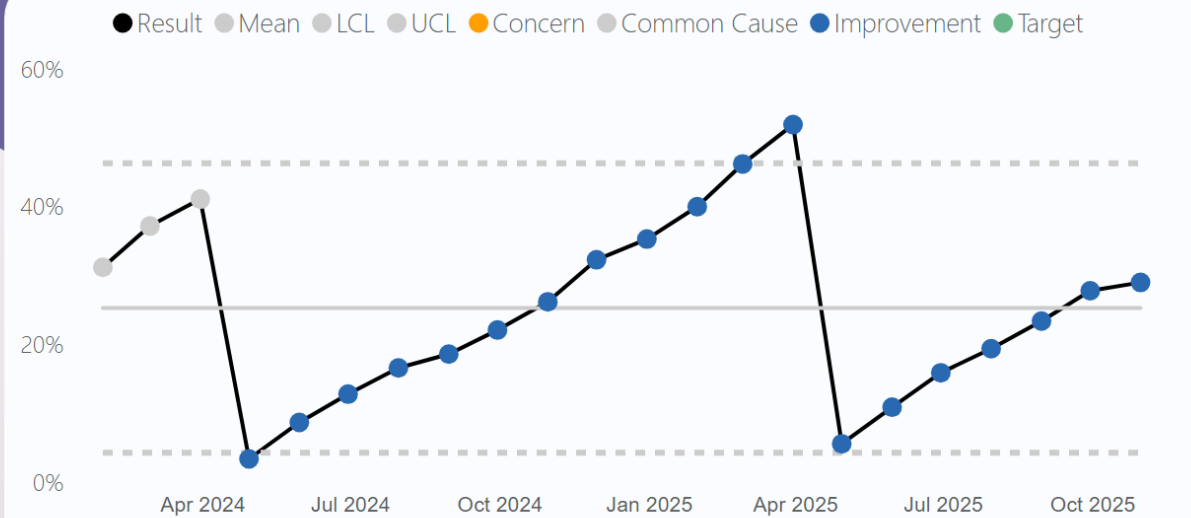
Orthodontic Needs Assessment completed September 2025.

Risk to orthodontic workforce sustainability in the long term without planned intervention.

### Key Actions and Risks to Actions

Plan to secure longer more sustainable orthodontic services going forward

ICB has agreed to fund 10% additional activity this year to enable orthodontic providers to reduce waiting lists, all providers have accepted the offer.



Latest Date	Metric Data Source	Result	Target	Variation	Assurance
Oct 25	National	29.0%			



**The table below contains a further breakdown about the metrics contained within the report**

Metric Order	Metric ID	Metric Name	Metric Owner Business	Metric Description	Metric Technical Description
1	3009	Cancer - 28 Day FDS Performance - ICB	dianesmith8@nhs.net,alison.weston7@nhs.net	Percentage of N&WICB patients treated within 28 days following an urgent referral for Cancer	Per Cancer Waiting Times (CWT) N&WICB Data published by NHSE. Numerator: Number of patients receiving communication of diagnosis for cancer or ruling out of cancer, or a decision to treat if made before a communication of diagnosis, within 28-days following an urgent referral for suspected cancer, an referral for breast symptoms where cancer was not initially suspected or an urgent referral from an NHS Cancer Screening Service, within a given month. Denominator: Total number of patients receiving communication of diagnosis for cancer or ruling out of cancer, or a decision to treat if made before a communication of diagnosis, following an urgent referral for suspected cancer, an referral for breast symptoms where cancer was not initially suspected or an urgent referral from an NHS Cancer Screening Service, within a given month.
2	3845	Cancer - 62 Day Combined Performance - ICB	dianesmith8@nhs.net,alison.weston7@nhs.net	Percentage of N&WICB patients treated within 62 days for Cancer first definitive treatment.	Per Cancer Waiting Times (CWT) N&WICB Data published by NHSE. Numerator: Number of patients receiving a first definitive treatment for cancer within 62 days of receipt of: an urgent GP (or other referrer) referral for urgent suspected cancer; a breast symptomatic referral; an urgent screening referral; or consultant upgrade, within a given month/quarter. Denominator: Total number of patients receiving a first definitive treatment for cancer following receipt of: an urgent GP (or other referrer) referral for urgent suspected cancer; a breast symptomatic referral; an urgent screening referral; or consultant upgrade, within a given month/quarter.
3	10273	UEC - Mean C2 Ambulance Response Times (Mins) - ICB	ross.collett@nhs.net,rebecca.quinton3@nhs.net,charlene.fr eeman1@nhs.net,peter.spears@nhs.net,kirstyn.moppett@nhs.net,emma.howell7@nhs.net	The average minutes taken for all Category 2 ambulance dispatches from the clock start time to the time the first ambulance arrives on scene.	Average response times for C2 priority Numerator: Total Response Time (Mins) Denominator: Total Call Outs
4	3806	UEC - Total A&E 4hr Performance - Provider	ross.collett@nhs.net,rebecca.quinton3@nhs.net,charlene.fr eeman1@nhs.net,peter.spear	The percentage of A&E attendances across all department types that spend less than 4 hours from arrival to departure.	Percentage of all A&E attendances that left the department within 4 hours Numerator: The number of patients in all A&E department types that left within 4 hours Denominator: The number of patients in all A&E department types Data



The table below contains links to additional reporting and analytics which provide further detail for relevant reporting areas to support the board.

Reporting Area	Report Name	Report Description	Report URL
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Suffolk and North East Essex  
Integrated Care Board  
Performance Report  
January 2026



# Finance, Performance & Workforce Committee 23 October 2025



**CAN DO**  
HEALTH & CARE  
Suffolk & North East Essex  
Integrated Care System

## The Finance, Performance & Workforce Committee (FWPC) last met on the 18 December 2025 and discussed the following items:

- **2024/25 Financial Position** –The Committee were in receipt of the SNEE Finance Report Month 8 highlighting a YTD System deficit £8.3m vs £7.5m plan (ESNEFT £10.1m deficit; £7.8m adverse to plan). EEAST surplus narrowing as planned; WSFT favourable YTD with month deficit at £1m aligned to year-end run-rate; ICB stable within expected tolerances. EEAST were on track to breakeven by year-end via additional private ambulance capacity and targeted investments. Risks: historic OOH provision likely to settle next year; potential VAT risk £2m on fleet purchases; elevated workshop/vehicle repair costs being addressed. PTS now favourable. WSFT are confident to deliver year-end plan; focus on exit run-rate for 2025/26 (target £12.8m). Preserving limited non-recurrent mitigations for unforeseen pressures. ESNEFT reported a Month 8 actual deficit £11.6m; CIP delivery £3.3m in-month (cumulative £18.4m vs £26.8m target). Industrial action £0.3–0.4m impact. Routine elective services (Oaks) costs remain high to protect 52-week delivery. Capital YTD underspend due to additional asbestos at Clacton STAR project; options to bring forward pharmacy robots to achieve capital breakeven. Cash balances c.£27.5m. Winter pressures acknowledged.
- **Workforce** – The Committee was in receipt of the Workforce Plans December 2025 highlighting the system focus on agency and bank usage, recruitment, sickness absence, flu vaccination rates and risk mitigations for the remainder of the financial year. EEAST reported establishment controls in place; recruitment challenges for Emergency Operations Centre call handlers—using temp-to-perm and seeking break-glass terms from January to maintain pipelines. Sickness following seasonal trend; flu vaccination at 52%; turnover 8.25% with expected rise due to corporate efficiency programme. Agency spend currently under plan; key risk is timely approval of break-glass for call handlers. ESNEFT at Month 8 were 1.3 WTE ahead of plan, ahead in terms of recruitment and 60 WTE, agency slightly under. Focus on consultants and admin/clinical coding recruitment with bank usage reduced by 40 WTE month-on-month following rate reductions with Flu uptake at 46%. The recent staff survey response was 50.7%. WSFT reported that controls remain in place; minor blip at month 8 linked to industrial action and transitional nursing factors. Flu vaccination rates acceptable; no material workforce risks flagged for winter.
- **Productivity** – The Committee was in receipt of the Planning Performance and Productivity Report November 2025 key points: ESNEFT reported a 6.3% improvement in implied productivity, attributed to focused efforts on EPIC benefits realisation, divisional accountability, and targeted reductions in admin and clerical roles, with ongoing work to centralise booking and improve efficiency. ESNEFT & WSFT identified additional productivity opportunities in outpatients and diagnostics, referencing national best practice initiatives and the need for continued focus on coding and activity capture to improve reported productivity.
- **Operational Performance** – The Committee was in receipt of the Performance Report December 2025 highlighting that Region is increasingly leading where performance is significantly off trajectory with ongoing meetings and governance structures in place to address these issues. ESNEFT UEC: Post-EPIC stabilisation shows improving 4-hour flow and ambulance handovers across both sites. Non-recurrent measures in place to bridge bed gaps (notably at Colchester). Meeting with Region planned 15 January to review recovery trajectory. ESNEFT Elective: Total waiting list decreased by 5,034 since 5 Oct; diagnostics improving; cancer PTL reduced by 593 in last week, with January positioned as a “catch-up month”. 52-week position on track (all dated patients by end March; with 92% of cohort dated/treated). Cancer standards are not expected to be met in January due to recovery focus. Performance was being closely monitored with regional engagement. WSFT highlighted improvements in workforce metrics, removal from cancer and elective tiers, ongoing challenges in diagnostics, and plans to meet targets by March, with improved ratings and a focus on sustaining progress.
- **Business Planning** -The approach for the upcoming planning cycle was outlined confirming that the FWPC meeting in the diary for 15 January would be cancelled and that the Finance Committee in common on 22 January 2026 would focus on planning triangulation and resolving the ESNEFT issue, with outputs feeding to the ICB Board on 27 January 2026 ready for the National submission on 12 February.

# Performance Summary

Key Theme		Areas of improvement	Areas requiring further work
	<b>Urgent and emergency care</b>	Improvement in ED 12 hour waits (SNEE 9.9% against the 11% overall target)	SNEE's average C2 mean increased to 41mins. EEAST resourcing positive but lost hours for patient handover impacting A2H
	<b>Elective and diagnostics</b>	18-week RTT performance consistent at WSFT, 62.1% against the target of 61.6%.  Continued reduction in 52+ week waiters at WSFT, now below ESNEFT at around 2.4% against a target of 1%.	WSFT diagnostic performance remains a particular challenge (national outlier), specifically in relation to NOUS, endoscopy, audiology and DEXA.
	<b>Cancer care</b>	62-day performance is above the 75% target at WSFT (86.4%) in Nov-25. SNEE combined performance is still below target at 69.6%, however.	The percentage of patients receiving a diagnosis or having cancer ruled out within 28 days of an urgent referral continues to decline at both Trusts in Nov-25, with a combined SNEE performance of 67.1% against the 80% national target.
	<b>Mental health</b>	Four of the eight national metrics are on plan at Oct-25  The talking therapies targets of 50% for reliable recovery and 68% for reliable improvement both continue to be met.	The number of CYP accessing MH services is now 7.6% behind plan in Oct-25  Individual placement and support access has fallen significantly and is now 28% below plan
	<b>Primary and community care</b>	Appointments in general practice delivered to plan in last three months  Dental activity remains above plan	Community 52+ week waits remain a cause for concern







Group	Metric	Performance Month	Target	Achievement	Target achieved	Variation	Assurance
Reduce wait time for elective care	Patients waiting no longer than 18 weeks for treatment	Nov-25	61.6%	56.4%			
	Patients waiting no longer than 18 weeks for 1st appointment	Jan-26	70.7%	59.0%			
	Reduce patients waiting over 52 weeks for treatment	Nov-25	1%	2.99%			
	Improve 62 day cancer standard	Nov-25	75%	69.9%			
	Improve 28 day cancer FDS	Nov-25	80%	67.1%			
Improve A&E waits and Ambulance responses	Improve A&E 4 hour performance	Dec-25	78%	73.8%			
	Reduce patients waiting over 12 hours in ED	Dec-25	11%	9.99%			
	Reduce C2 ambulance response time	Dec-25	00:30:00	00:41:36			
Improve access to GP & dentists	Improve experience of GP access	Dec-25	73.6%	75.30%			
	Increase urgent dental appointments	Oct-25	93,012	105,612			
Improve MH and LD care	Reduce average LOS in adult acute MH beds	Oct-25	54	60			
	Increase CYP access	Oct-25	14,266	12,945			
	Reduce reliance on IP care for LD & Autistic patients	Oct-25	6	8			
Address inequalities and shift towards prevention	Increase patients with Hypertension being treated according to NICE guidance	Mar-25	71.2%	72.5%			
	Increase patients with CVD being treated according to NICE guidance	Jun-25	50.1%	51.0%			

**3** metrics are currently achieving their target value. These are,

- Reduce patients waiting over 12 hours in ED
- Improve experience of GP access
- Increase urgent dental appointments

**12** metrics are currently failing their target value. These are,

- Reduce reliance on IP care for LD & Autistic patients
- Reduce patients waiting over 52 weeks for treatment
- Reduce C2 ambulance response time
- Reduce average LOS in adult acute MH beds
- Patients waiting no longer than 18 weeks for treatment
- Patients waiting no longer than 18 weeks for 1st appointment
- Increase patients with Hypertension being treated according to NICE guidance
- Increase patients with CVD being treated according to NICE guidance
- Increase CYP access
- Improve A&E 4 hour performance
- Improve 62 day cancer standard
- Improve 28 day cancer FDS

		Capable Process	Unreliable Process	Failing Process
		 <p>Will <b>consistently pass</b> the target if nothing changes</p>	 <p>Will <b>not consistently pass or fail</b> the target if nothing changes</p>	 <p>Will <b>consistently fail</b> the target if nothing changes</p>
Variation	 <p>Improving variation (high or low)</p>	<p><b>Lowest Risk</b></p>	<p><b>Low Risk</b></p>	<p><b>Variable Risk</b></p> <p>52 weeks wait - RTT</p>
	 <p>No significant change</p>	<p><b>Low Risk</b></p>	<p><b>Variable Risk</b></p> <p>12 hour waits in ED 62-day cancer standard A&amp;E 4 hour waits Adult acute MH LoS C2 Ambulance responses CVD treated GP access experience Hypertension treated Urgent dental appts</p>	<p><b>High Risk</b></p> <p>18 weeks wait - RTT 28-day cancer FDS</p>
	 <p>Concerning variation (high or low)</p>	<p><b>Variable Risk</b></p>	<p><b>High Risk</b></p> <p>Reduce reliance on IP care for LD &amp; Autistic patients</p>	<p><b>Highest Risk</b></p> <p>18 weeks 1st appt CYP access</p>

# Urgent & Emergency Care performance summary narrative

## Achievements

SNEE as lead Ambulance Commissioner has continued to lead regional work on the UEC demand management, particularly C5 cases to IUC providers. Principle agreements now in place and SNEE expect go-live in early January (delayed due to change freezes over Christmas).

Our additional schemes to strengthen UCR are successfully operating and Hear & Treat has been improved.

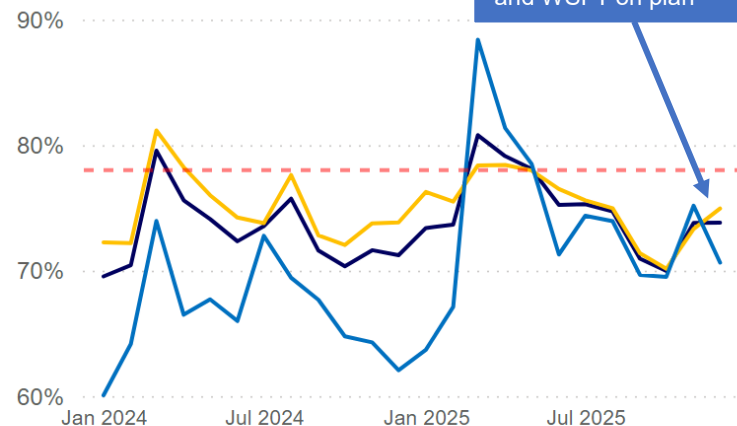
Our pre-Christmas drive to reduce occupancy was positive to support flow over the holiday period

## Areas of development

- C2 Mean - Monthly performance increased to 41mins. EEAST resourcing positive but lost hours for patient handover impacting A2H
- A2H - Positive at WSFT but very challenged at Ipswich (1hr 11 ave.) and Colchester 1hr 08 ave. Lost hours for ESNEFT was 4,772 the worst across the EoE
- A&E 4 hours - Significant improvement in ESNEFT 4hr performance to 74.6% (below plan) and 70.6% (on plan) at WSFT.
- ED 12 hours - Improvement in the run up to Christmas to our lowest levels, but back at 17.7% for ESNEFT and 10.3% WSFT by month end
- Patient handover remains the area of concern for both ESNEFT sites, continued use of corridor care and EEAST cohorting

## A&E 4 Hour Waits (Target 78%)

● SNEE ● ESNEFT ● WSFT



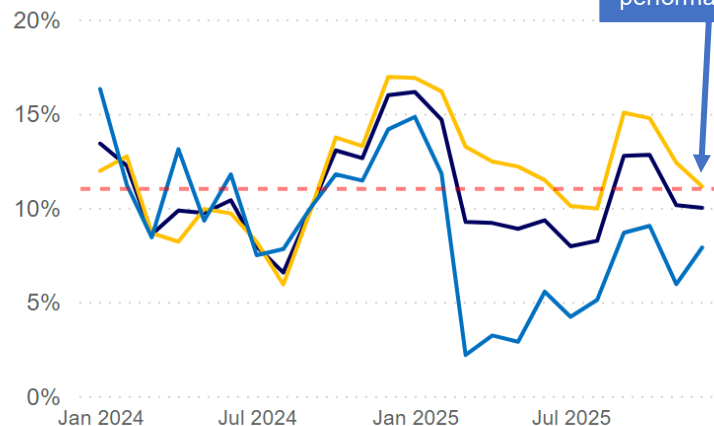
Dec-25

Provider Current Month Var. Ass.

SNEE	73.8%		
ESNEFT	74.9%		
WSFT	70.6%		

## 12 Hour Waits in ED (Target 11%)

● SNEE ● ESNEFT ● WSFT



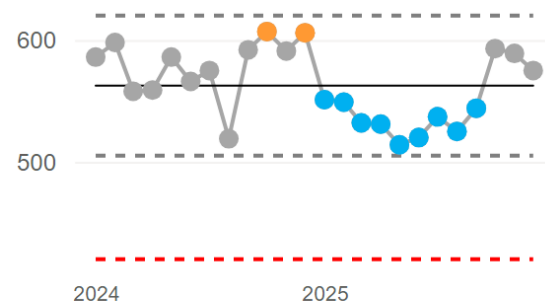
Dec-25

Provider Current Month Var. Ass.

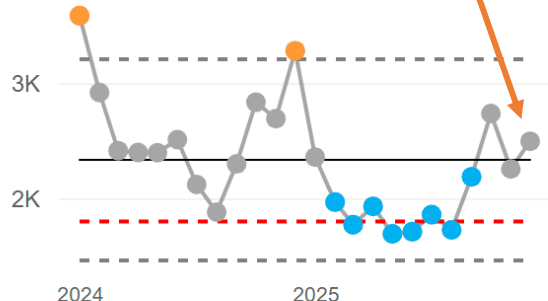
SNEE	9.9%		
ESNEFT	11.1%		
WSFT	7.9%		

## Mean ambulance response times

Category 1



Category 2



Dec-25

Category 1  
Target 7 mins  
00:09:35

Category 2  
Target 30 mins  
00:41:36

## G&A Bed Occupancy (Target 92%)

Oct-25

94.3% of general & acute beds occupied in ESNEFT/WSFT

95.7% at ESNEFT

94.2% at WSFT

C2 Mean - Monthly performance increased to 41mins. EEAST resourcing positive but lost hours for patient handover impacting A2H

4hrs - Significant improvement in ESNEFT 4hr performance to 74.9% (below plan) and 70.6% (on plan) at WSFT.

12hrs - Improvement in the run up to Christmas to our lowest levels, but back at 17.7% for ESNEFT and 10.3% WSFT by month end

# Elective & diagnostics performance summary narrative

## Achievements

- A&G -In November, the ICB's Planned Care Group received a paper setting out findings from the H1 review of A&G across SNEE. All recommendations were supported and include working with key specialties to maximise use of A&G as agreed through Prim & Sec. Care Interface Group with focus on improved secondary care turnaround times; progressing opportunities for Advice and Refer pathways; reallocation of A&G underspend to maximise funding in-year; and finalising and launching SNEE-wide referral forms/criteria for outstanding specialties
- RTT - Please note ESNEFT EPIC go live 2/10 and a 60 day stabilisation period - performance and data quality implications. As of 10/12, ESNEFT remains confident it will continue to clear 65ww by 21st Dec and achieve its 52ww plan at the end of March. The Trust's 18w performance has remained ahead of trajectory, including the planned impact around EPIC go-live, but noting that the trajectory to the end of the year is steep and challenging.

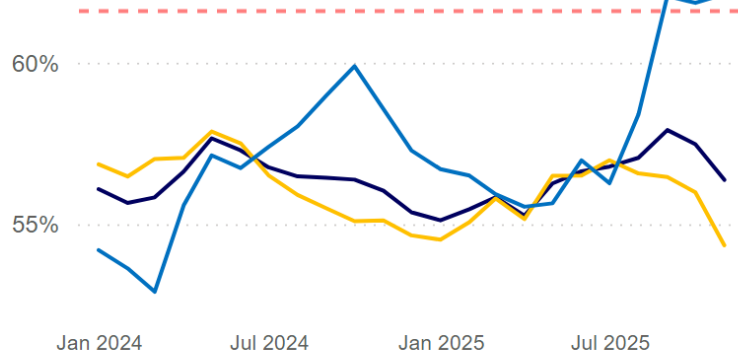
## Areas of development

- Tiering - Region Chaired an escalation mtg with ESNEFT on 10th Dec which included RTT and diagnostic performance albeit the main focus was cancer. Daily reporting has now ceased for RTT performance - a sign of improved confidence in delivery.
- At the end of September, ESNEFT had a total waiting list size of 93,053. As expected, the number of patients waiting rose during the EPIC stabilisation period. At 10/12, the Trust had 1,380 more patients than at the end of September - lower than expected. During the 5 weeks up to 7th December the Trust had 5,440 less patients waiting as a result of improvement activity.
- 52+ weeks - whilst the number of patients had been falling at ESNEFT, they were slightly above trajectory. In recent months numbers have not reduced in line with trajectories, however at the end of November 87% of the total cohort of patients were dated and/or treated.
- WSFT remains in Tier 1 governance for elective and diagnostics. The Trust remains confident in its ability to clear 65ww by 21/12. The 52-week position continues to improve, with November at 784 against a plan of 599. Total waiting list size remains largely static with extra validation resource secured in Dec.
- Diagnostics - WSFT diagnostic performance remains a particular challenge (national outlier), specifically in relation to NOUS, endoscopy, audiology and DEXA. Actual deliver is above plan (55,97% v 51.89% DMO1). Newmarket CDC actual performance against plan is circ. 51%.

## Patients Treated Within 18 Weeks (Target 61.6%)

● SNEE ● ESNEFT ● WSFT

WSFT performance improvement remains above target



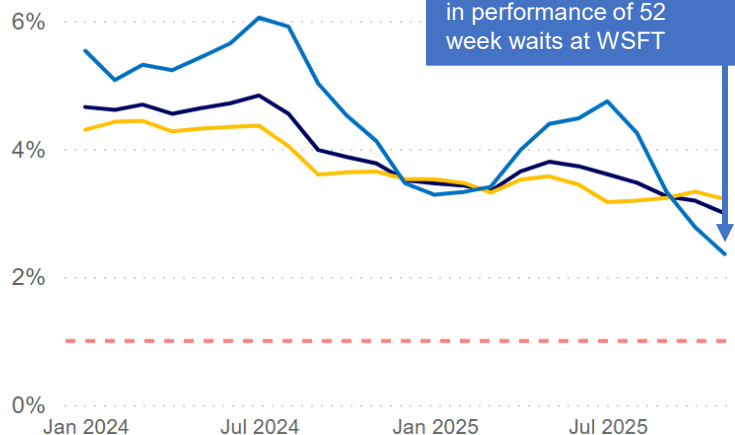
Nov-25

Provider	Current Month	Var.	Ass.
SNEE	56.4%		
ESNEFT	54.3%		
WSFT	62.1%		

## Patients Waiting 52+ Wks for Treatment (Target 1%)

● SNEE ● ESNEFT ● WSFT

Continued improvement in performance of 52 week waits at WSFT



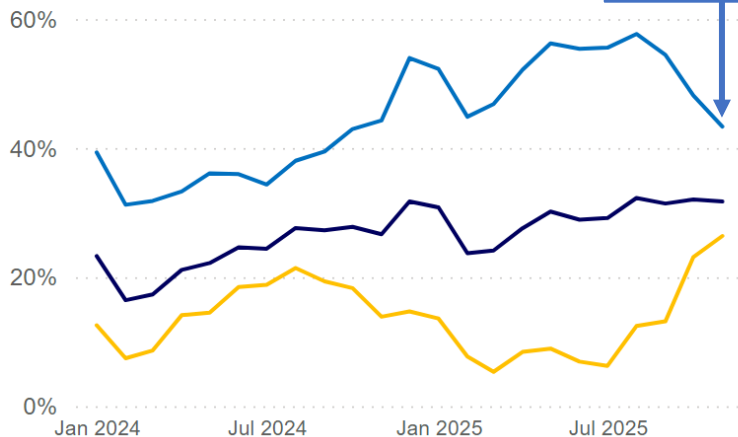
Nov-25

Provider	Current Month	Var.	Ass.
SNEE	3.0%		
ESNEFT	3.2%		
WSFT	2.4%		

## Diagnostics Tests - Waiting 6+ Weeks

● SNEE ● ESNEFT ● WSFT

WSFT diagnostic performance improvement



Nov-25

Provider	Current Month	Var.
SNEE	31.7%	
ESNEFT	26.4%	
WSFT	43.3%	

## Referral to Treatment (RTT)

As of 10/12, ESNEFT remains confident it will continue to clear 65ww by 21st Dec and achieve its 52ww plan at the end of March

WSFT remains confident in its ability to clear 65ww by 21/12. The 52-week position continues to improve, with November at 784 against a plan of 599. Total waiting list size remains largely static with extra validation resource secured in Dec.

## Diagnostics

WSFT diagnostic performance remains a particular challenge (national outlier), specifically in relation to NOUS, endoscopy, audiology and DEXA. Actual deliver is above plan (55.97% v 51.89% DMO1). Newmarket CDC actual performance against plan is circ. 51%.

# Cancer performance summary narrative

## Achievements

- WSFT breast pathway is in recovery and the 62 day performance has been recovered overall with 79% achieved in July.
- WSFT Unscheduled bleeding pathway now live.
- Nurse led skin telederm pathway now live at Ipswich to support improvement of wait times and efficiency of clinical resource.
- Collaboration with Astra Zeneca to deliver a targeted capsule sponge pilot in NEE has been approved and signed off.
- Expansion of skin analytics telederm pathway across West Suffolk is in final stages of agreement with West Suffolk LMC.
- C the Signs centrally rolled out across all of SNEE

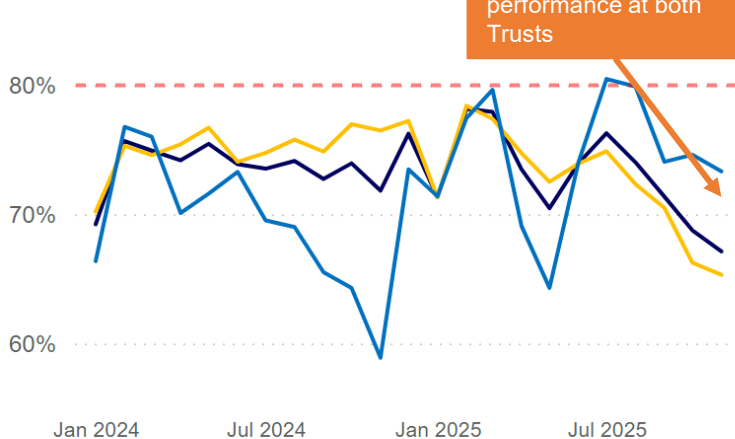
## Areas of development

- ESNEFT LGI pathway remains challenged, pathology delays are a contributing factor. Endoscopy capacity remains a challenge at Colchester site and expected until new endoscopy suite opens in the Autumn.
- WSFT financial position continues to impact cancer pathways and the Trusts ability to plan for future challenges and sustainable development.
- The WSFT breast pathway while in recovery, remains fragile even though 62 day performance increased to 79% in July.
- While the 28-day is in a positive position, WSFT skin performance in 62-day standard is being impacted by plastics capacity
- EPIC implementation continues to cause some challenges at ESNEFT

## 28-Day Faster Diagnosis Standard (Target 80%)

Nov-25

● SNEE ● ESNEFT ● WSFT

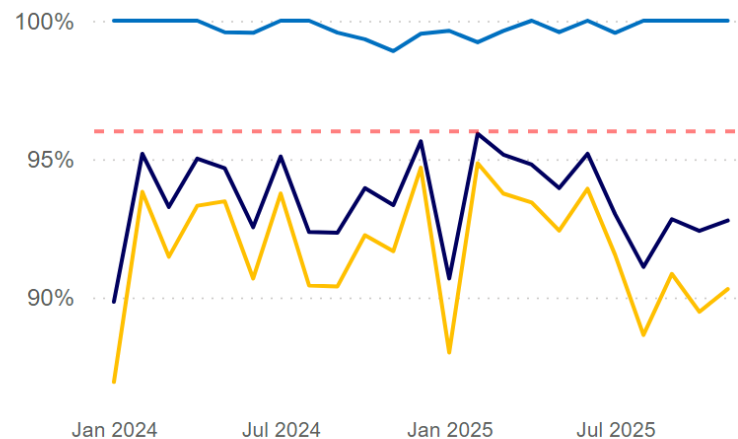


Provider	Current Month	Var.	Ass.
SNEE	67.1%		
ESNEFT	65.3%		
WSFT	73.3%		

## 31-Day Combined (Target 96%)

Nov-25

● SNEE ● ESNEFT ● WSFT

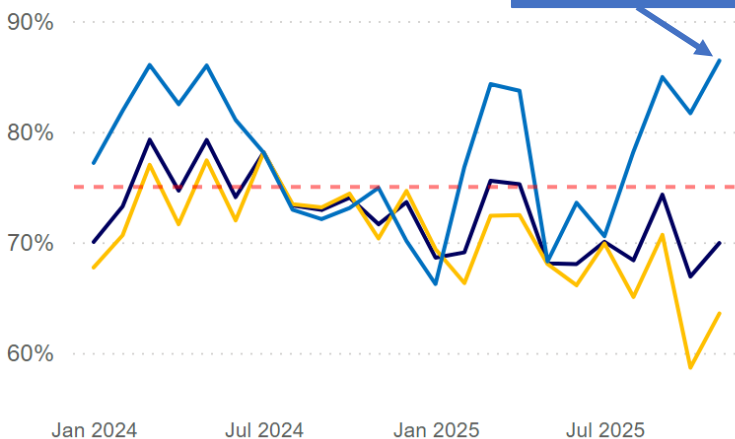


Provider	Current Month	Var.	Ass.
SNEE	92.8%		
ESNEFT	90.3%		
WSFT	100.0%		

## 62-Day Combined (Target 75%)

Nov-25

● SNEE ● ESNEFT ● WSFT

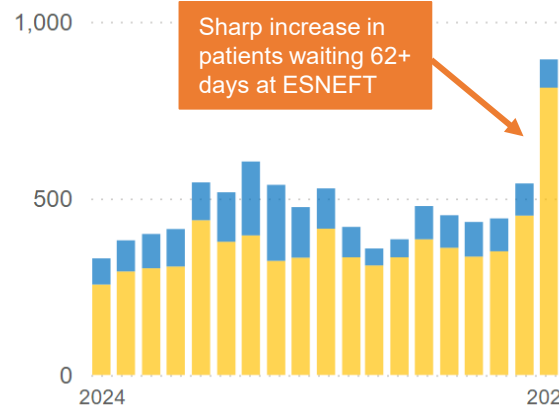


Provider	Current Month	Var.	Ass.
SNEE	69.9%		
ESNEFT	63.6%		
WSFT	86.4%		

## Cancer PTL 62 Day Standard (Urgent Suspected Cancer)

Nov-25

● ESNEFT ● WSFT



Cancer types with lowest performance:

### 28 Day Faster Diagnosis Standard

ESNEFT  
Other cancer, lower GI, gynaecological

WSFT  
Non-specific symptoms, testicular, urological malignancies, breast

### 62 Day Combined

ESNEFT  
Lower GI, head & neck, lung

WSFT  
Gynaecological

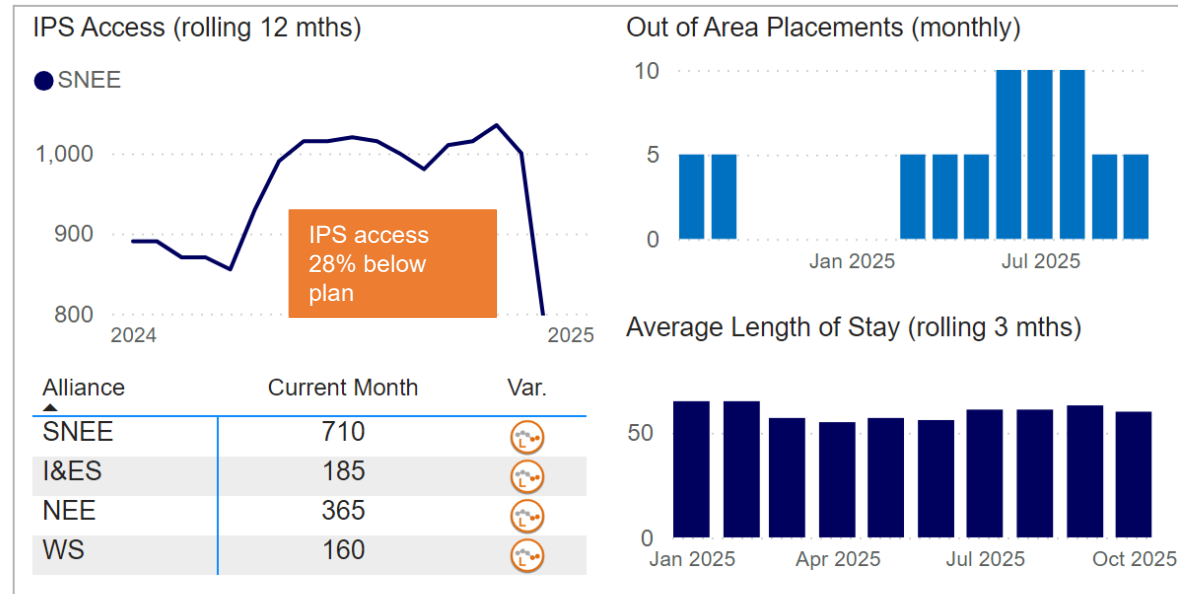
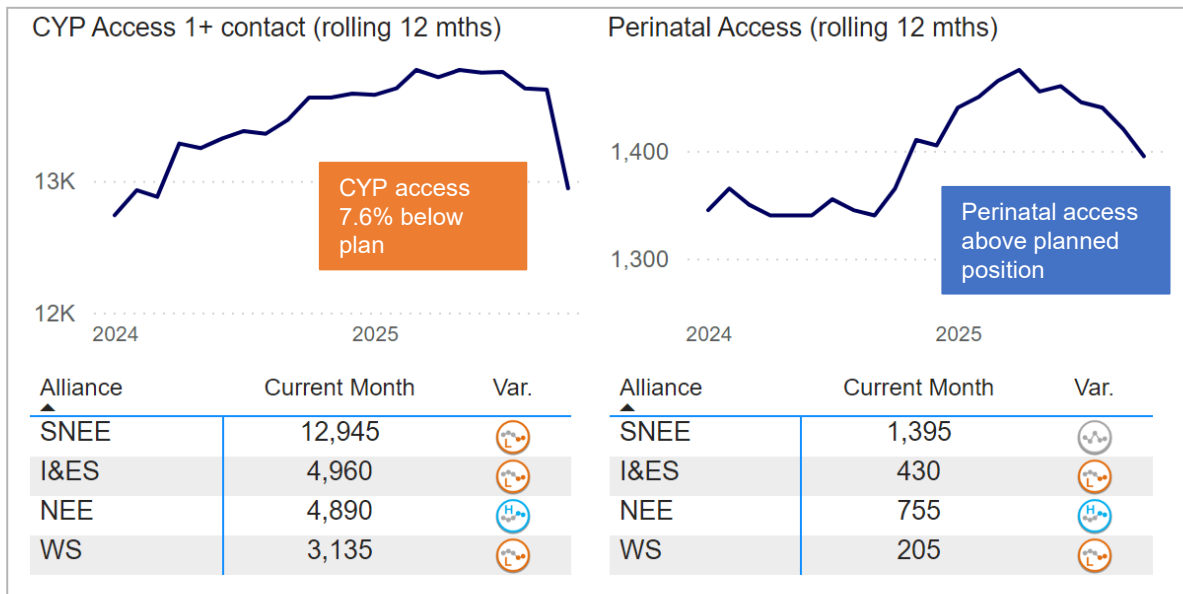
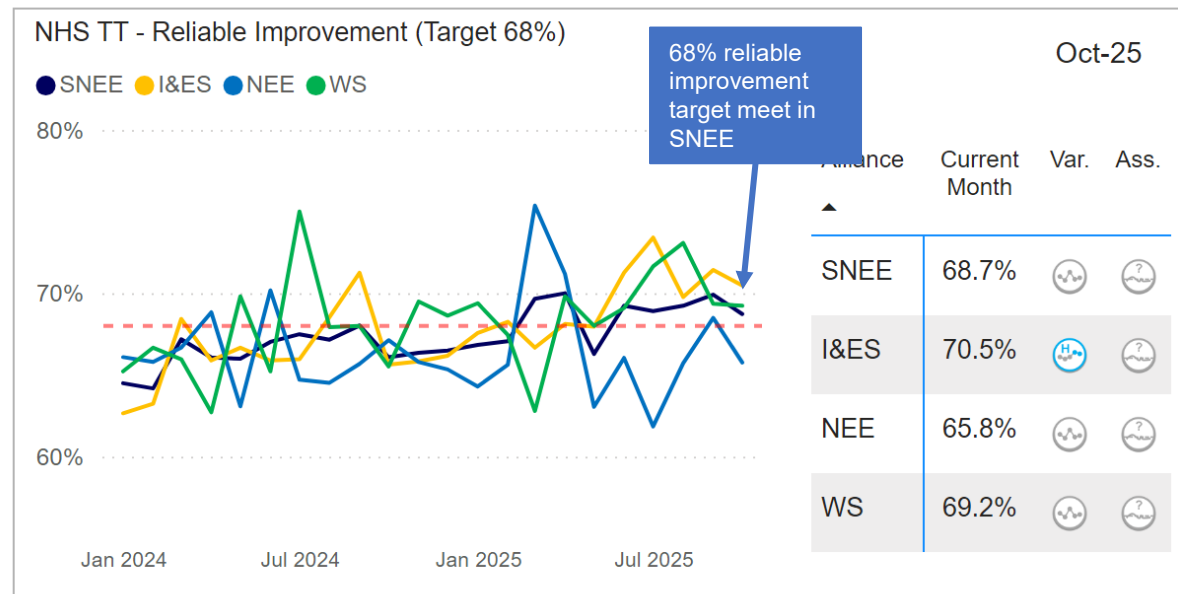
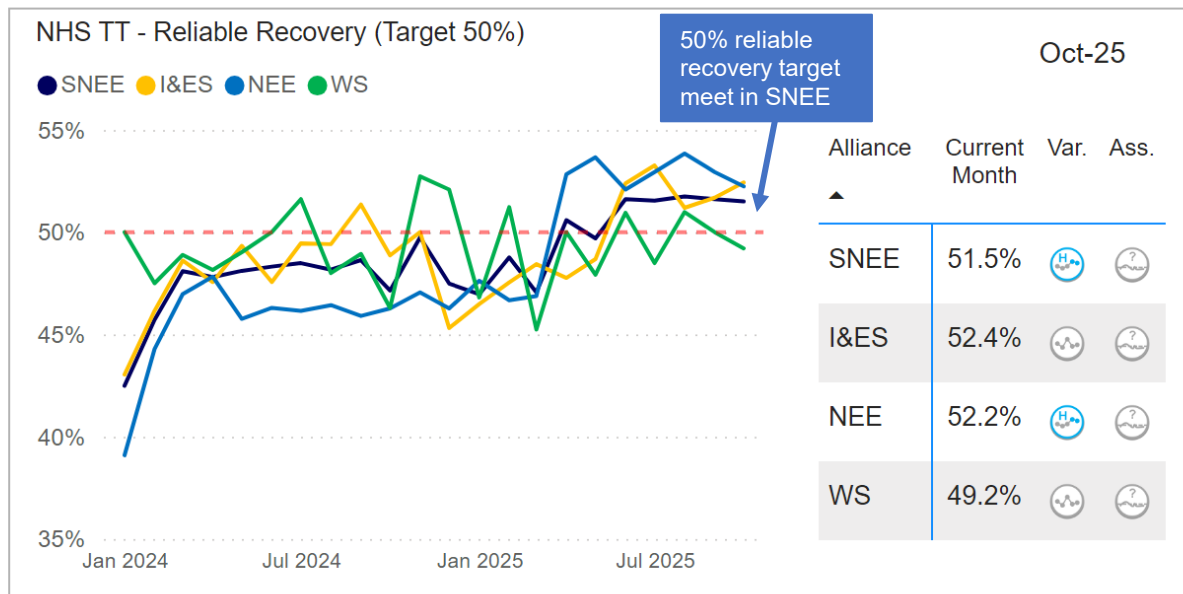
# Mental health performance summary narrative

## Achievement

- Four of the eight metrics are meeting plan and nil concerns:
  - Perinatal access
  - NHS Talking Therapies reliable recovery
  - NHS Talking Therapies reliable improvement
  - OAPs Active at the end of the period (inappropriate only)

## Areas of development

- Four of the eight metrics are not meeting plan:
  - Significant Improvement - Monthly NHS Talking Therapies completing a course of treatment
  - Significant Reduction - Individual Placement and Support (IPS, Rolling 12 Month
  - Marginal Reduction - CYP accessing MH services (1+ contacts)
  - Marginal Reduction - Mean LoS for Adult Acute, Older Adult Acute and PICU discharges
- EPUT Out of Area Placements. EPUT inappropriate out of area placements pan Essex have levelled out at an average of 55 patients over the last month (to 13.11.25). SNEE ICB and the other 2x Essex ICB's have formally written to EPUT to request a Recovery Action Plan to evidence how this will be recovered.
- SNEE ICB chaired two Multi Agency Discharge Events (MADE) events covering 4x EPUT NEE acute mental health wards in October. The outcome's have been captured and will form part of a pan Essex conversation on discharge and flow with EPUT.
- The development of a mental health assessment service at the EPUT Kingswood Centre which is co-located on the ESNEFT- Colchester Hospital site has now been formally agreed by NHSE. Building work will begin in December 2025 with services becoming operational in Q1 26/27.
- In addition, North East Essex is continuing to experience a high volume of mental health presentations at Colchester Hospital's A&E. Action Plan is in place.



# Primary care performance summary narrative

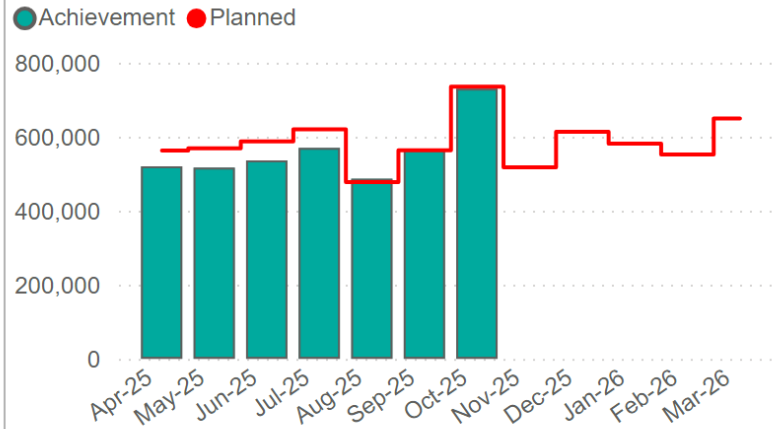
## Achievements

- Access and Experience domain – 8 practices showing negative variation (same position)
- GP Workforce domain – 5 practices showing negative variation (1 more than December)
- Clinical Outcomes and Care Quality domain - 5 practices showing negative variation (same position)
- Vaccination and screening domain – no negative variation, 11 positive variation (same position)
- Medicines Management domain - no negative variation (same position)

## Areas of development

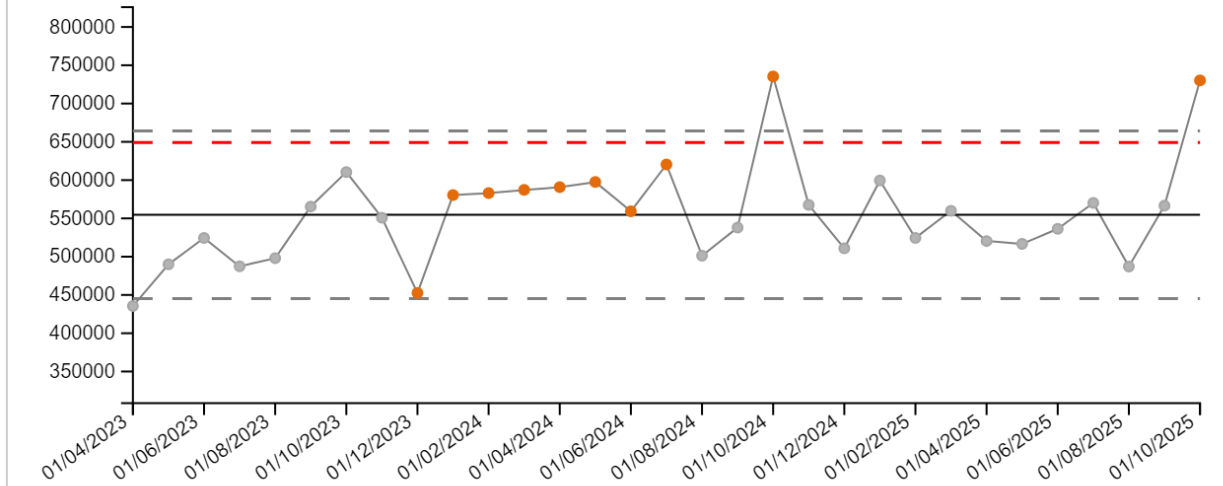
- Currently reviewing all Local Enhanced Services in preparation for March '26 including SDF investment.
- A review of all primary care funding, included delegated and local funds to start in April with Norfolk.
- Some interface issue remain with plans in place to address these.
- Working with Xytal to discuss with them the development of a series of three workshop mini series on the topics of Demand and Capacity, Total Triage and Workforce Planning – to share more widely some of the tools and skills which are taught in the 15 week PLS programmes with Practices

Appointments in general practice, by month, against plan - SNEE

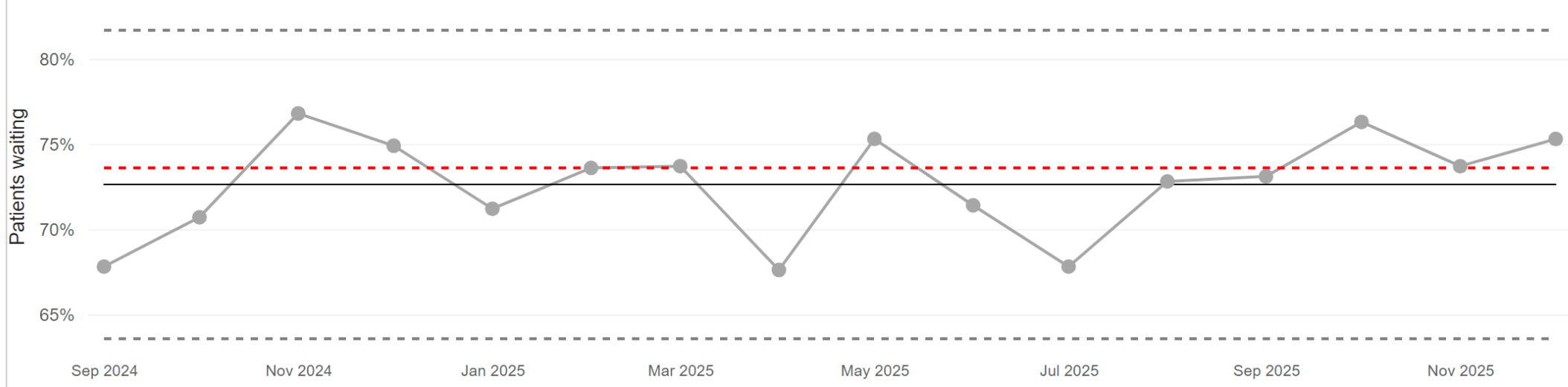


	Plan	Achievement
Apr-25	562,606	520,427
May-25	569,045	516,683
Jun-25	587,232	536,362
Jul-25	620,296	570,042
Aug-25	477,410	487,088
Sep-25	563,622	566,529
Oct-25	735,518	730,160
Nov-25	517,262	517,262
Dec-25	613,441	613,441
Jan-26	581,676	581,676
Feb-26	551,823	551,823
Mar-26	649,186	649,186

Appointments in general practice, by month - SNEE

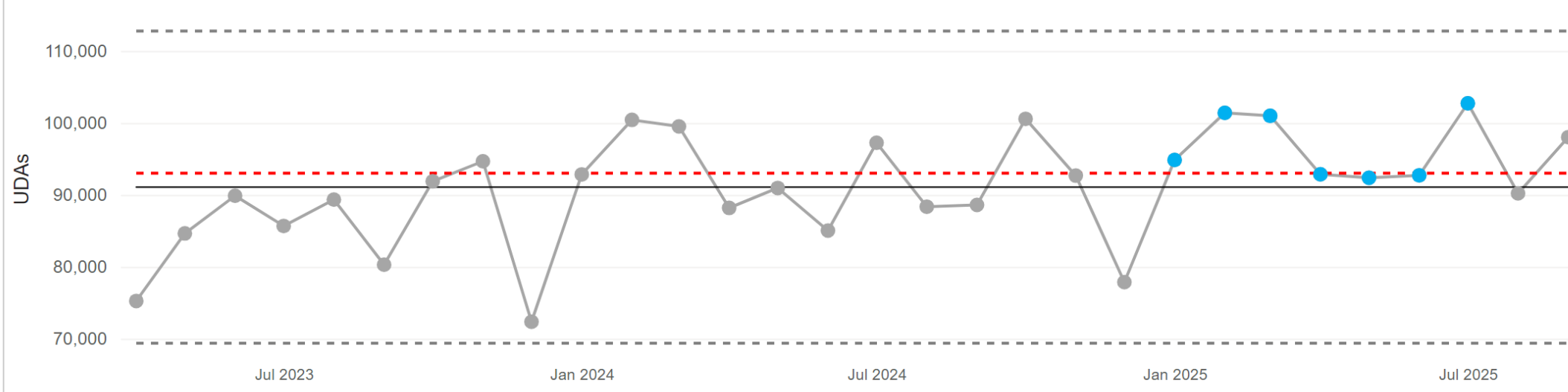


Improve community services waiting times, with a focus on reducing long waits of over 52 weeks



Date	Achievement
01/02/2025	73.60%
01/03/2025	73.70%
01/04/2025	67.60%
01/05/2025	75.30%
01/06/2025	71.40%
01/07/2025	67.80%
01/08/2025	72.80%
01/09/2025	73.10%
01/10/2025	76.30%
01/11/2025	73.70%
01/12/2025	75.30%

Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels



Date	Achievement
01/10/2024	100,557
01/11/2024	92,658
01/12/2024	77,859
01/01/2025	94,834
01/02/2025	101,389
01/03/2025	100,975
01/04/2025	92,848
01/05/2025	92,366
01/06/2025	92,705
01/07/2025	102,716
01/08/2025	90,193
01/09/2025	98,006

# **NHS Suffolk and North East Essex ICB Finance Report**

**Month 09 2025/26**

# System Finance Dashboard

Month 09 2025/26

# System Summary Position at Month 09 2025/26



Suffolk and  
North East Essex

## Summary Performance - Key Financial Indicators

Org Name	Full Year Forecast Surplus / (Deficit)				YTD Surplus / (Deficit)				Efficiency Variance to Plan		Charge against capital allocation		Capital DEL (Prov)		Agency Ceiling v FOT £m	Bank Ceiling v FOT £m
	Plan £m	Forecast £m	Variance £m	Variance %	Plan £m	YTD £m	Variance £m	Variance %	YTD £m	FOT £m	Forecast Variance vs Plan £m	YTD as % FOT	Forecast Variance £m	YTD as % FOT		
Suffolk And North East Essex ICB	20.6	20.6	-	0.0%	15.4	15.4	-	0.0%	3.0	4.9	-	0.0%	0.0	0.0	16.5	74.9
East Of England Ambulance Service NHS Trust	0.1	0.1	-	0.0%	1.0	5.1	4.1	1.1%	0.1	-	1.3	63.6%	(5.5)	54.6%	(4.2)	(3.6)
East Suffolk And North Essex NHS Foundation Trust	-	-	-	0.0%	(2.7)	(10.7)	(8.0)	(0.9%)	(9.5)	(8.4)	(2.2)	71.2%	(2.8)	48.3%	(10.8)	(50.8)
West Suffolk NHS Foundation Trust	(20.7)	(20.7)	(0.0)	(0.0%)	(19.1)	(16.3)	2.8	0.9%	(0.0)	0.0	(1.0)	51.9%	22.5	42.2%	(1.6)	(17.3)
<b>Total</b>	<b>0.0</b>	<b>-</b>	<b>(0.0)</b>	<b>0.0%</b>	<b>(5.3)</b>	<b>(6.4)</b>	<b>(1.0)</b>	<b>(0.0%)</b>	<b>(6.4)</b>	<b>(3.5)</b>	<b>(1.9)</b>	<b>0.0%</b>	<b>14.2</b>	<b>0.0%</b>	<b>(0.2)</b>	<b>3.3</b>

At month 9 the year to date system position is worse than plan by **£1m**. This has been driven by the position at ESNEFT which is now **£8m** worse than plan year to date. The Trust's Financial Recovery Plan indicated a likely forecast deficit of **£16m**. A review of the Trusts expected position and any potential system mitigations will be concluded by the end of January.

- **ESNEFT** - The Trust now has a deficit of £10.7m year to date which is £8m adverse variance to plan. Year to date CIP is £8.5m under plan, mainly in relation to savings assumed for temporary pay, medicines optimisation and other non-pay elements. Additionally, the Trust has continued to incur expenditure linked to insourcing services and outsourcing as the Trust attempts to fulfil performance targets, and temporary staff utilisation (agency and bank). Management resource required to implement major strategic projects such as EpicEPR has limited capacity to progress other key pieces of work, notably CIP identification and delivery.
- **EEAST** – Year to date the Trust has reported a surplus of £5.1m which a variance of £4.1m to plan. The Forecast remains at a £0.1m surplus in line plan. The favourable variance is driven by pay costs, in particular emergency operations, call handling and clinical advice service. Plans are being delivered to recruit to vacancies in these areas, plus additional overtime and private ambulance provision to support performance. The operational pressures for winter 2025/26 will see an increased level of expenditure to achieve required operational performance meaning the Trust is expecting to return to plan by year end.
- **WSFT** - At month 9 the Trust is reporting a £16.3m deficit year to date which is better than plan by £2.8m. Pay continues to reduce in line with plan, reflecting the reductions seen in WTE. Reductions in pay through held vacancies, reduced activity levels and non-pay controls contribute to this favourable variance.
- **ICB** – The month 9 position is on plan. Pressures in ADHD and ASD assessments and ongoing treatment are being mitigated by underspends in other areas such as continuing healthcare. Acute activity risk continues to be managed through contractual processes to keep expenditure broadly in line with funding from NHS England.

# System Dashboard at Month 09 2025/26



## Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)				Full Year Surplus / (Deficit)			
	Plan £m	Actual £m	Variance £m	%	Plan £m	Forecast £m	Variance £m	%
Suffolk And North East Essex ICB	15.4	15.4	-	0.0%	20.6	20.6	-	0.0%
Providers	(20.8)	(21.8)	(1.0)	0.1%	(20.6)	(20.6)	(0.0)	0.0%
<b>ICS Total</b>	<b>(5.4)</b>	<b>(6.4)</b>	<b>(1.0)</b>	<b>(0.0%)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>

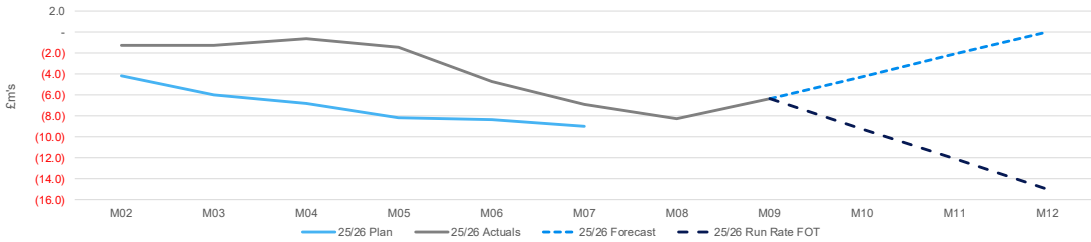
## System Run Rate and Bridge

Extrapolated YTD	Anticipated allocation	Impact of other run rate changes	Unidentified mitigations	Forecast	Other risks /mitigations to delivery	Total risks and unidentified mitigations
(15.0)	(0.7)	15.6	0.1	0.0	2.9	3.0

## System Agency /Bank Expenditure

	Ceiling	YTD spend	YTD % of Cap	YTD % of total pay	Forecast	FOT % of Cap	FOT % of total pay
<b>Agency</b>	16.5	12.0	72.7%	1.1%	16.7	101.2%	1.2%
<b>Bank</b>	74.9	55.4	73.9%	5.2%	71.7	95.6%	5.1%

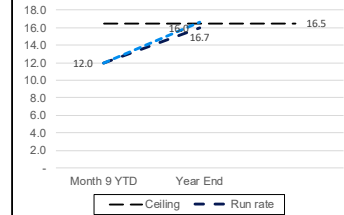
## Surplus / Deficit Run Rate



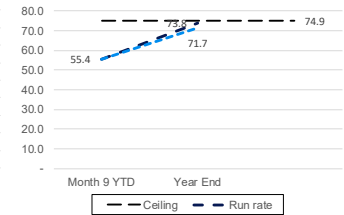
## Mental Health Investment Standard

Target MHIS Spend 2025/26	Forecast 2025/26	Excess / Shortfall 2025/26	MHIS Achieved in 2025/26?
197.0	197.0	0.0%	Yes

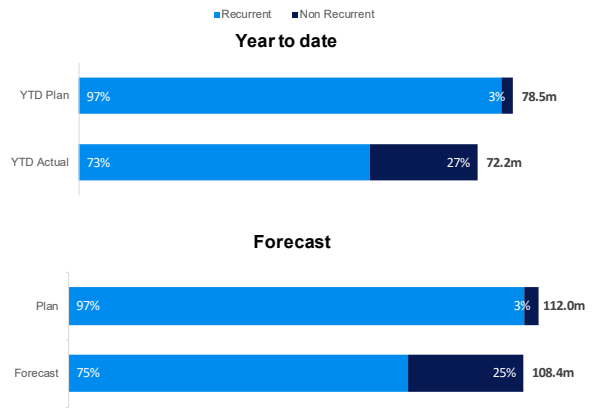
## Agency run rate



## Bank run rate



## System Efficiencies



## System Capital Allocation

	Capital allocation	Variance to allocation	Variance %
Providers	100.3	11.6	11.6%
ICB	6.0	1.3	22.3%
<b>System</b>	<b>106.3</b>	<b>12.9</b>	<b>12.2%</b>

## System I&E Summary

	Plan				Actual				Variance			
	YTD £m	YTD £m	YTD £m	YTD %	YTD £m	YTD £m	YTD £m	YTD %	Plan Year Ending £m	Forecast Year Ending £m	Variance Year Ending £m	Variance Year Ending %
<b>System Revenue Resource Limit</b>	<b>(2,153.8)</b>								<b>(2,865.2)</b>			
<b>ICB Net Expenditure</b>												
Acute Services	1,031.6	1,033.0	(1.5)	(0.1%)	1,368.7	1,370.5	(1.8)	(0.1%)				
Mental Health Services	176.8	181.1	(4.2)	(2.4%)	235.4	241.3	(5.9)	(2.5%)				
Community Health Services	173.7	171.7	2.1	1.2%	231.6	229.5	2.1	0.9%				
Continuing Care Services	101.5	99.0	2.5	2.5%	135.3	133.3	2.0	1.5%				
Primary Care Services	176.1	175.9	0.1	0.1%	234.4	232.8	1.6	0.7%				
<i>Memo: Prescribing</i>	150.1	150.1	0.0	0.0%	199.6	199.3	0.3	0.1%				
Other Commissioned Services	12.2	12.2	0.0	0.4%	16.5	16.5	0.0	0.1%				
Other Programme Services	5.3	5.3	0.0	0.0%	6.9	6.6	0.3	4.1%				
Reserves / Contingencies	10.7	16.8	(6.1)	(56.8%)	18.4	25.4	(7.1)	(38.5%)				
Delegated Specialised Commissioning	188.4	188.4	-	0.0%	249.5	249.5	0.0	0.0%				
Delegated Primary Care Commissioning	250.5	244.0	6.6	2.6%	332.6	324.4	8.2	2.5%				
ICB Running Costs	11.4	11.0	0.5	4.1%	15.3	14.7	0.6	3.7%				
<b>Total ICB Net Expenditure</b>	<b>2,138.3</b>	<b>2,138.3</b>	<b>-</b>	<b>0.0%</b>	<b>2,844.6</b>	<b>2,844.6</b>	<b>0.0</b>	<b>0.0%</b>				
<b>ICS Providers I&amp;E - Adjusted Financial Performance</b>												
Income	(1,583.4)	(1,606.2)	22.8	(1.4%)	(2,111.8)	(2,150.3)	38.6	(1.8%)				
Pay	1,049.6	1,058.8	(9.1)	(0.9%)	1,396.8	1,415.1	(18.2)	(1.3%)				
Non-Pay	533.4	548.9	(15.5)	(2.9%)	707.1	728.6	(21.4)	(3.0%)				
Non Operating Items	21.1	20.3	0.8	3.9%	28.4	27.3	1.1	3.9%				
<b>TOTAL Provider Surplus/(Deficit)</b>	<b>(20.8)</b>	<b>(21.8)</b>	<b>(1.0)</b>	<b>0.1%</b>	<b>(20.6)</b>	<b>(20.6)</b>	<b>(0.0)</b>	<b>0.0%</b>				
<b>TOTAL ICS Surplus/(Deficit)</b>	<b>(5.4)</b>	<b>(6.4)</b>	<b>(1.0)</b>	<b>(0.0%)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>				
Less Non-Recurrent Deficit Support Funding	-	-	-	0.0%	-	-	-	0.0%				
<b>ICS Surplus/(Deficit) excluding Non-Recurrent Deficit Support Funding</b>	<b>(5.4)</b>	<b>(6.4)</b>	<b>(1.0)</b>	<b>(0.0%)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0%</b>				

## System efficiency % of allocation

	YTD	Forecast
System efficiency % of allocation	3.4%	3.8%
ICB efficiency % of allocation	0.8%	0.9%
Provider efficiency % of gross operating Expenses	11.3%	12.7%

## Unidentified efficiency %

	Forecast	
	ICB	Providers
Unidentified efficiency %	0.0%	0.0%
High risk %	37.2%	9.9%
Medium risk %	57.6%	55.3%
Low risk %	5.2%	34.8%

## Cash

	Prior Year	Year to Date	Forecast
Providers	105.0	15.2	19.2
ICB (Prior month)	2.6	1.9	
<b>System</b>			

## Number of organisations missing BPPC target

	Providers		ICB
	Non NHS	NHS	Total
Current Month	2	2	2
Prior Month	3	3	3

# ESNEFT Dashboard at Month 09 2025/26

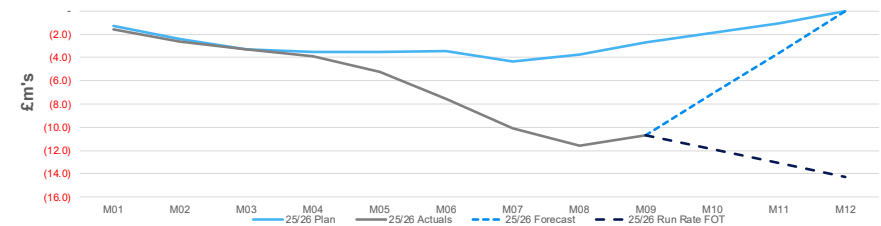


## Suffolk and North East Essex

### Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)				Full Year Surplus / (Deficit)			
	Plan £m	Actual £m	Variance £m	%	Plan £m	Forecast £m	Variance £m	%
Income	896.9	919.9	23.1	2.6%	1,195.9	1,233.8	37.9	3.2%
Pay	(536.4)	(556.7)	(20.3)	3.8%	(714.6)	(737.2)	(22.5)	3.2%
Non-Pay	(348.4)	(359.4)	(11.0)	3.1%	(461.4)	(477.3)	(15.9)	3.4%
Non Operating Items	(14.8)	(14.5)	0.2	(1.6%)	(19.8)	(19.3)	0.5	(2.7%)
Surplus/(Deficit) - Adj Financial Performance	(2.7)	(10.7)	(8.0)	(0.9%)	-	-	-	0.0%

### Surplus / Deficit Run Rate



### Run Rate and Bridge

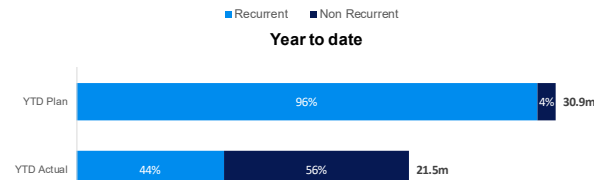
YTD	Extrapolated YTD	Efficiency delivery	Impact of other run rate changes - Non Cash	Impact of other run rate changes - Cash	Unidentified mitigations	Forecast	Efficiency Risk	Other risks / mitigations to delivery of forecast	Total risks and unidentified mitigations
(10.7)	(14.2)	6.9	-	7.4	-	-	3.3	(3.3)	-

### Agency / Bank Expenditure

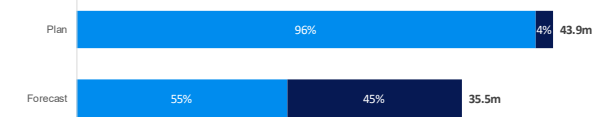
	Plan YTD	Actual YTD	Variance YTD	Plan Year Ending	Forecast Year Ending	Variance Year Ending
	Agency - All Providers	(12.0)	(12.0)	0.0	(16.0)	(16.7)
Agency - East Suffolk And North Essex NHS Foundation Trust	(7.3)	(9.1)	(1.8)	(9.7)	(10.8)	(1.1)
Bank - All Providers	(53.2)	(55.4)	(2.1)	(70.8)	(71.7)	(0.9)
Bank - East Suffolk And North Essex NHS Foundation Trust	(36.7)	(39.7)	(3.0)	(48.8)	(50.8)	(2.0)

	Agency spend as % of total pay bill		Bank spend as % of total pay bill	
	YTD	Forecast	YTD	Forecast
System Average	1.1%	1.2%	5.2%	5.1%
East Suffolk And North Essex NHS Foundation Trust	1.6%	1.5%	7.1%	6.9%

### Efficiencies



### Forecast

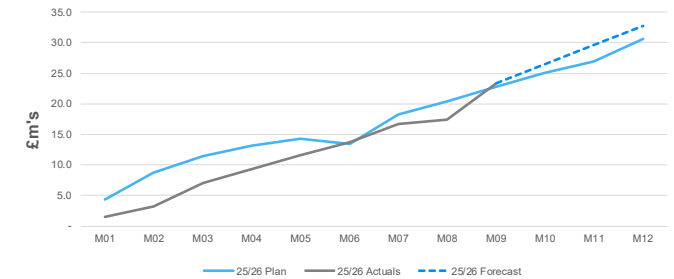


	YTD	Forecast
System efficiency % of allocation	3.4%	3.8%
All Providers efficiency % of gross operating expenses	11.3%	12.7%
East Suffolk And North Essex NHS Foundation Trust efficiency % of gross operating expenses	2.3%	2.9%

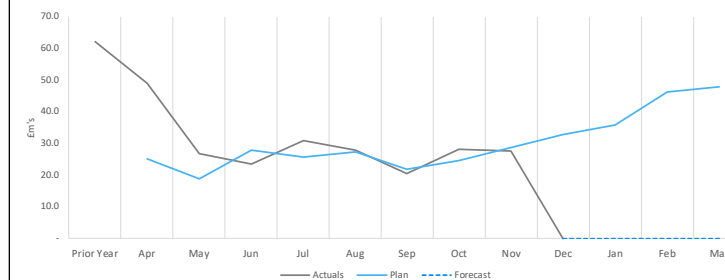
	High risk %	Med risk %	Low risk %
All Providers	9.9%	55.3%	34.8%
East Suffolk And North Essex NHS Foundation Trust	9.9%	90.1%	0.0%

	Fully Developed - in delivery	Fully Developed - delivery not yet started	Fully Developed	Plans in Progress	Opportunity	Unidentified
All Providers	76.3%	4.0%	80.3%	11.9%	7.8%	0.0%
East Suffolk And North Essex NHS Foundation Trust	81.6%	9.3%	90.9%	0.0%	9.1%	0.0%

### Charge against capital allocation



### Cash



### BPPC Performance

East Suffolk And North Essex NHS Foundation Trust	Non NHS	NHS	Total
Current Month	93.5%	84.9%	92.6%
Prior Month	93.2%	86.1%	92.6%
Movement	0.2%	(1.1%)	0.1%

System BPPC (Providers only)	Non NHS	NHS	Total
Current Month	92.3%	80.1%	91.1%
Prior Month	91.5%	80.7%	90.6%
Movement	0.8%	(0.5%)	0.5%

# ESNEFT Headlines at Month 09 2025/26



**Suffolk and  
North East Essex**

## Revenue

- After adjusting for non control total items (including charitable donations and PFI UK GAAP) the Trust reported a surplus of £0.9m in month. This represents a small adverse variance of £0.2m against Control Total. The actual surplus reported was supported by the Trust receiving national funding of £3.2m for industrial action by resident doctors in November and December. In part offsetting this, the Trust continued to incur overspends linked to: a shortfall in CIP performance, continued expenditure linked to insourcing services and outsourcing as the Trust attempts to fulfil performance targets, and temporary staff utilisation (agency and bank).
- The cumulative position has moved to a deficit of £10.7m. This is behind plan by £8m.
- In 25/26 the Trust is attempting to implement / embed major strategic developments that will have a profound long-term transformative impact: notably a new EPR and surgical capacity (ESEOC and the Green Surgical Hub). Unfortunately, EpicEPR in particular is consuming a huge amount of managerial capacity (to ensure that its start is successful) which is limiting capacity to progress other key pieces of work, notably CIP identification and delivery.
- The Trust continues to forecast delivery of a breakeven position; but this is now dependant on the receipt of £16m of additional funding from the ICB. This value is unchanged from M8. The receipt of national monies for industrial action is absolutely welcomed; but new pressures have unfortunately offset this (such as costs associated with supporting winter capacity and recovery from PACS implementation).
- Recognising that its current revenue position is unacceptable, the Trust has taken a number of pay and non-pay control actions (both immediately and in the longer-term) to improve its run-rate. Additional governance around workforce and temporary spend, CIP and non-pay has also been introduced. Clinical divisions have developed recovery plans, and the Trust has a trajectory for the remaining months to fulfil a balanced revenue position.

## Efficiencies

- £3m of cost improvement plans were delivered in December against a target of £4.3m.
- £21.5m year to date of cost improvement plans have been delivered, against a target of £31.0m.
- It is recognised that the delivery of schemes year to date is currently behind plan. The shortfall is mainly in relation to savings assumed for temporary pay, medicines optimisation and other non-pay elements.
- There is Trust governance in place to monitor CIP performance, with accountability framework / oversight reporting and tracking. Additional specific executive meetings are also being held specifically reviewing CIP to provide enhanced oversight.
- Divisional Financial recovery plans have been generated, including Grip and Control elements, alongside the existing approach to efficiency schemes with divisional delegation. Model Health System analysis and information, benchmarking packs, and national information continue to be reviewed to identify any further cost opportunities, with an intensive focus internally remaining on additional idea generation and delivery.

# ESNEFT Headlines at Month 09 2025/26 (continued)



**Suffolk and  
North East Essex**

## **Efficiencies (continued)**

- Trust wide enhanced cost controls have agreed and being enacted, particularly in relation to vacancy control. These include temporary pay measures (as well as amended payment rates), and measures in relation to the approach to A&C recruitment (principally on a fixed term basis, where appropriate and vacancy panel reviewed) . The Trust has also undertaken a MARS scheme (now closed).
- Alongside this, non-pay measures have also been implemented including the establishment of Trust wide non-pay oversight; reviews of the potential to repatriate patient activity and a review of the Trust's estate utilisation. A revised car parking contract arrangement, that reduces the Trust's expenditure, has also just been agreed.

## **Capital**

- Capital is underspent against CDEL by £19.5m for the year to date.
- The cumulative underspend relates to a range of projects including the Clacton STAR project, Colchester Endoscopy and CT enabling works.
- The Trust is taking action to recover this undershoot and ensure that its CDEL allocation is utilised. The Trust has a trajectory detailing how it will ultimately match its CDEL target by year-end. This includes planned alternative schemes being brought forward from future years (such as medical equipment and pharmacy robots).

## **Cash**

- The Trust held cash of £30.8m at the end of December; which was £2m lower than projected in the plan.
- Despite seemingly healthy reserves at the end of each month, there are periods in each month where cash levels are low. Therefore, the Trust's cash balance is now requiring more active management of creditor payments to ensure liquidity is maintained throughout the month.

## **Underlying**

- The Trust has identified an underlying deficit of £15m. Factors in this include the 'loss' of non-recurrent funding of £18m in the current year and CIP shortfall in the full year, in part offset by one-off costs currently being incurred relating to Epic EPR implementation.

# WSFT Dashboard at Month 09 2025/26

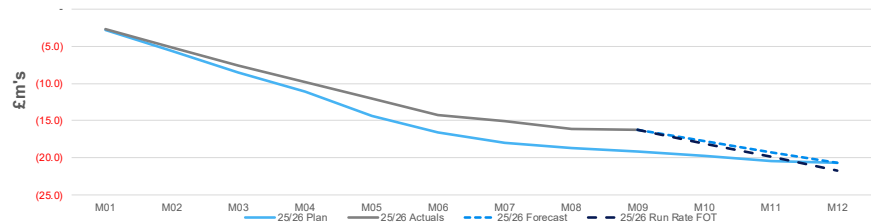


## Suffolk and North East Essex

### Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)				Full Year Surplus / (Deficit)			
	Plan £m	Actual £m	Variance £m	%	Plan £m	Forecast £m	Variance £m	%
Income	318.1	318.0	(0.1)	(0.0%)	424.6	425.3	0.7	0.2%
Pay	(230.8)	(224.6)	6.2	(2.7%)	(304.8)	(300.5)	4.3	(1.4%)
Non-Pay	(102.0)	(105.8)	(3.8)	3.8%	(134.6)	(140.1)	(5.5)	4.1%
Non Operating Items	(4.5)	(3.9)	0.6	(12.7%)	(6.0)	(5.4)	0.6	(9.6%)
Surplus/(Deficit) - Adj Financial Performance	(19.1)	(16.3)	2.8	0.9%	(20.7)	(20.7)	(0.0)	(0.0%)

### Surplus / Deficit Run Rate



### Run Rate and Bridge

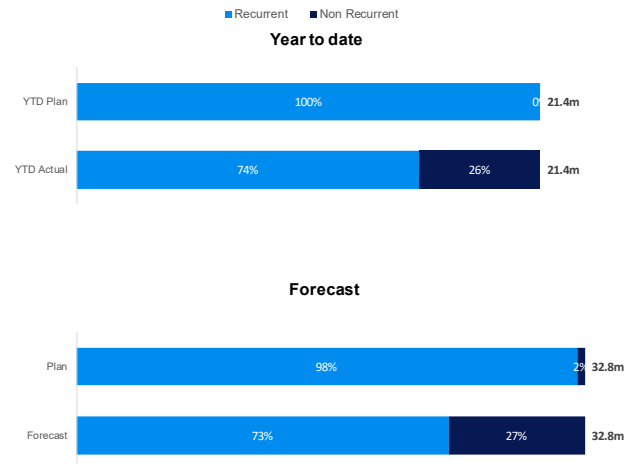
YTD	Extrapolated YTD	Efficiency delivery	Impact of other run rate changes - Non Cash	Impact of other run rate changes - Cash	Unidentified mitigations	Forecast	Efficiency Risk	Other risks / mitigations to delivery of forecast	Total risks and unidentified mitigations
(16.3)	(21.7)	4.3		(3.5)	0.1	(20.7)	7.4	(4.0)	3.6

### Agency / Bank Expenditure

	Plan YTD	Actual YTD	Variance YTD	Plan Year Ending	Forecast Year Ending	Variance Year Ending
	Agency - All Providers	(12.0)	(12.0)	0.0	(16.0)	(16.7)
Agency - West Suffolk NHS Foundation Trust	(1.6)	(1.2)	0.4	(2.1)	(1.6)	0.5
Bank - All Providers	(53.2)	(55.4)	(2.1)	(70.8)	(71.7)	(0.9)
Bank - West Suffolk NHS Foundation Trust	(13.9)	(12.5)	1.4	(18.4)	(17.3)	1.1

	Agency spend as % of total pay bill		Bank spend as % of total pay bill	
	YTD	Forecast	YTD	Forecast
System Average	1.1%	1.2%	5.2%	5.1%
West Suffolk NHS Foundation Trust	0.5%	0.5%	5.6%	5.7%

### Efficiencies

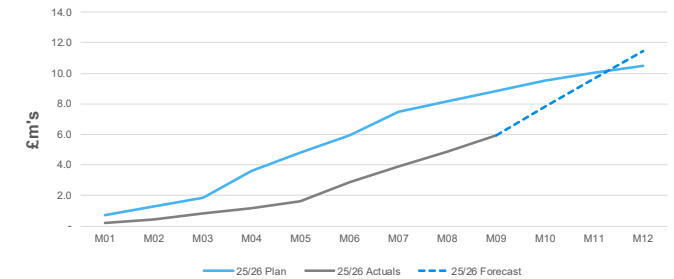


	YTD	Forecast
System efficiency % of allocation	3.4%	3.8%
All Providers efficiency % of gross operating expenses	11.3%	12.7%
West Suffolk NHS Foundation Trust efficiency % of gross operating expenses	6.5%	7.4%

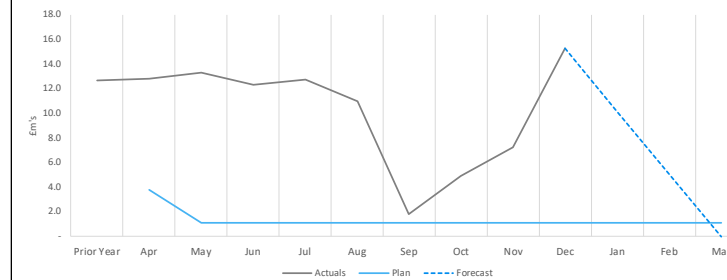
	High risk %	Med risk %	Low risk %
All Providers	9.9%	55.3%	34.8%
West Suffolk NHS Foundation Trust	14.3%	31.1%	54.5%

	Fully Developed - in delivery	Fully Developed - delivery not yet started	Fully Developed	Plans in Progress	Opportunity	Unidentified
All Providers	76.3%	4.0%	80.3%	11.9%	7.8%	0.0%
West Suffolk NHS Foundation Trust	59.8%	0.0%	59.8%	30.3%	10.0%	0.0%

### Charge against capital allocation



### Cash



### BPPC Performance

West Suffolk NHS Foundation Trust	Non NHS	NHS	Total
Current Month	86.1%	60.5%	83.0%
Prior Month	86.4%	59.3%	83.2%
Movement	(0.3%)	1.2%	(0.2%)

System BPPC (Providers only)	Non NHS	NHS	Total
Current Month	92.3%	80.1%	91.1%
Prior Month	91.5%	80.7%	90.6%
Movement	0.8%	(0.5%)	0.5%

# WSFT Headlines at Month 09 2025/26

## **Revenue:**

The Trust has agreed a £20.7m deficit budget for the year, and at month nine is reporting a £2.8m year to date underspend against the external plan. The reported Income and Expenditure (I&E) for month nine shows a YTD adjusted deficit of £16.3m, compared to the planned deficit of £19.1m. Reductions in pay through held vacancies, reduced activity levels and non-pay controls contribute to this favourable variance.

## **Efficiencies:**

The CIP schemes were aimed at delivering £32.8m for the year. The year-to-date target was £21.4m, and this has been delivered. Delivery of CIP increases in the second part of the year and is £3.7m in December. Work to de-risk future CIP continues, with vacancy and non-pay controls remaining in place.

## **Cash:**

The cash balance as at 31 December 2025 was £15.2m compared to a plan of £1.1m. Cash is higher than plan due to the timing of a creditors payment run. The balance also includes cash that is earmarked specifically for spend on capital projects. Cash is being rigorously monitored to ensure that the Trust remains on plan and does not fall below the £1.1m limit that must be maintained and is enforced by NHS England. The Trust has been successful in its application for £14m of cash support in quarter 3. We have applied for a further £6m of cash support in quarter 4, which is in line with our plan.

## **Capital:**

The Capital Plan for 2025/26 was agreed at £25.6m. An additional £1m of CDEL and £7.2m of PDC was awarded to the Trust in the first quarter. Further adjustments to PDC has resulted in a Capital Plan for 2025/26 of £31.4m. £11.5m of this is internally funded, with the remaining £19.9m being funded by Public Dividend Capital (PDC). Year to date capital spend at month 9 is £13.3m. This is behind the phased plan, but after a detailed review of forecast spend we anticipate that the plan for 2025/26 will be achieved, subject to final PDC funding agreements being in place. There is a risk that some schemes funded by PDC will not be delivered due to the delay in receiving the funding from NHS England and DHSC. PDC funding will be returned where schemes are not delivered.

## **Underlying Position:**

The Trust is forecasting to achieve its planned deficit for the year. However, the underlying position is important in planning for 2026/27, and in December the underlying deficit has remained at £1.54m.

# EEAST Dashboard at Month 09 2025/26

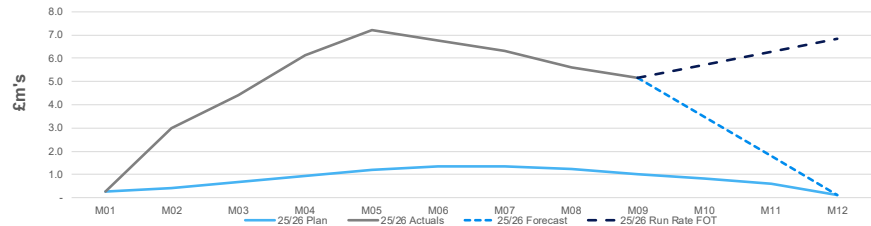


## Suffolk and North East Essex

### Surplus / (Deficit) - Adjusted Financial Position

	YTD Surplus / (Deficit)				Full Year Surplus / (Deficit)			
	Plan £m	Actual £m	Variance £m	%	Plan £m	Forecast £m	Variance £m	%
Income	368.4	368.2	(0.2)	(0.0%)	491.3	491.3	-	0.0%
Pay	(282.5)	(277.5)	5.0	(1.8%)	(377.4)	(377.4)	-	0.0%
Non-Pay	(83.0)	(83.7)	(0.7)	0.8%	(111.1)	(111.1)	-	0.0%
Non Operating Items	(1.9)	(1.9)	0.0	(0.8%)	(2.6)	(2.6)	-	0.0%
<b>Surplus/(Deficit) - Adj Financial Performance</b>	<b>1.0</b>	<b>5.1</b>	<b>4.1</b>	<b>1.1%</b>	<b>0.1</b>	<b>0.1</b>	<b>-</b>	<b>0.0%</b>

### Surplus / Deficit Run Rate



### Run Rate and Bridge

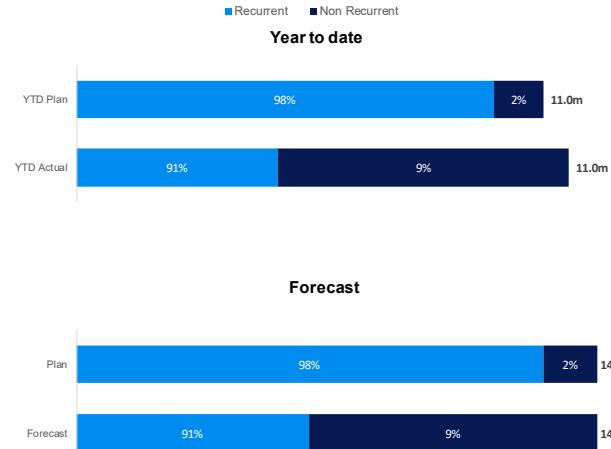
YTD	Extrapolated YTD	Efficiency delivery	Impact of other run rate changes - Non Cash	Impact of other run rate changes - Cash	Unidentified mitigations	Forecast	Efficiency Risk	Other risks / mitigations to delivery of forecast	Total risks and unidentified mitigations
5.1	6.9	0.2	-	(6.9)	0.0	0.1	-	-	0.0

### Agency / Bank Expenditure

	Plan YTD	Actual YTD	Variance YTD	Plan Year Ending	Forecast Year Ending	Variance Year Ending
Agency - All Providers	(12.0)	(12.0)	0.0	(16.0)	(16.7)	(0.7)
Agency - East Of England Ambulance Service NHS Trust	(3.2)	(1.7)	1.5	(4.2)	(4.2)	-
Bank - All Providers	(53.2)	(55.4)	(2.1)	(70.8)	(71.7)	(0.9)
Bank - East Of England Ambulance Service NHS Trust	(2.7)	(3.2)	(0.5)	(3.6)	(3.6)	-

	Agency spend as % of total pay bill		Bank spend as % of total pay bill	
	YTD	Forecast	YTD	Forecast
System Average	1.1%	1.2%	5.2%	5.1%
East Of England Ambulance Service NHS Trust	0.6%	1.1%	1.2%	1.0%

### Efficiencies

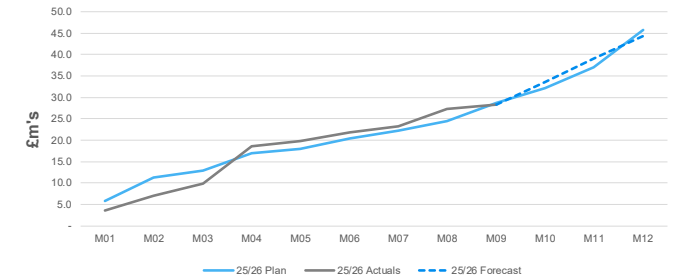


	YTD	Forecast
System efficiency % of allocation	3.4%	3.8%
All Providers efficiency % of gross operating expenses	11.3%	12.7%
East Of England Ambulance Service NHS Trust efficiency % of gross operating expenses	3.1%	3.0%

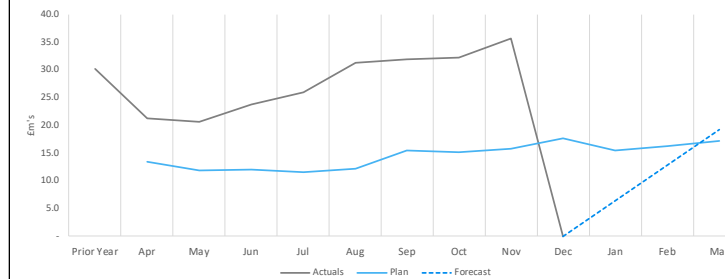
	High risk %	Med risk %	Low risk %
All Providers	9.9%	55.3%	34.8%
East Of England Ambulance Service NHS Trust	0.0%	25.7%	74.3%

	Fully Developed - in delivery	Fully Developed - delivery not yet started	Fully Developed	Plans in Progress	Opportunity	Unidentified
All Providers	76.3%	4.0%	80.3%	11.9%	7.8%	0.0%
East Of England Ambulance Service NHS Trust	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%

### Charge against capital allocation



### Cash



### BPPC Performance

East Of England Ambulance Service NHS Trust	Non NHS	NHS	Total
Current Month	0.0%	0.0%	0.0%
Prior Month	88.5%	74.4%	88.1%
Movement	(88.5%)	(74.4%)	(88.1%)

System BPPC (Providers only)	Non NHS	NHS	Total
Current Month	92.3%	80.1%	91.1%
Prior Month	91.5%	80.7%	90.6%
Movement	0.8%	(0.5%)	0.5%

# EEAST Headlines at Month 09 2025/26



Suffolk and  
North East Essex

## Revenue

Adjusted performance year to date is a surplus of £5.1m against a planned surplus of £1.0m, a variance of £4.1m, with the Forecast outturn remaining at £0.1m surplus in line with the approved annual plan. The favourable variance is driven by pay costs, in particular emergency operations, call handling and clinical advice service. Plans are being delivered to recruit to vacancies in these areas, plus additional overtime and private ambulance provision to support performance. Corporate departments also have underspends, with vacancies and non-pay expenditure on hold as corporate cost reduction plans are developed. The operational pressures for winter 2025/26 will see an increased level of expenditure to achieve required operational performance meaning the Trust is expecting to return to plan by year end.

## Efficiencies

Efficiencies of £11.0m have been achieved against the plan of £11.0m with category variance arising to a minor shortfall of recurrent efficiencies £(0.7)m offset with additional non-recurrent efficiencies £0.7m.

## Capital

The capital charge at M9 is £28.3m, being £0.4m behind plan as a result of the Ambulance replacement programme acquisitions delayed from 2024/25 which have arisen in Q1 and Q2 of 2025/26, offsetting delayed estates works.

The full year capital forecast includes £31.9m of leasing investment for Ambulance and operational fleet replacements, supported by £4.5m of PDC for vehicle replacements and modernisation. £2.5m of PDC will fund the capital investment on significant and high-risk estates areas and energy efficiency schemes, and a further £2.0m for clinical decontamination vehicles.

## Cash

At 31 December cash remains a stable balance at £35.3m against a plan of £17.6m with cash forecasts showing adequate levels of cash through out the year, with increased utilisation over winter as operational resources are increased. Contributors to the current cash variance are the surplus year to date and the plan's assumed lower level of cash coming into the new financial year even after the settlement of capital and operational creditor balances across the year end, and delayed capital expenditure on estates works.

## Underlying Position

The underlying deficit of £2.8m reflects the full year effect of 2025/26 investments alongside the assessed impact of known contractual changes.

# ICB Finance Report

Month 09 2025/26

# ICB Key Financial Metrics Month 09 2025/26



Suffolk and North East Essex

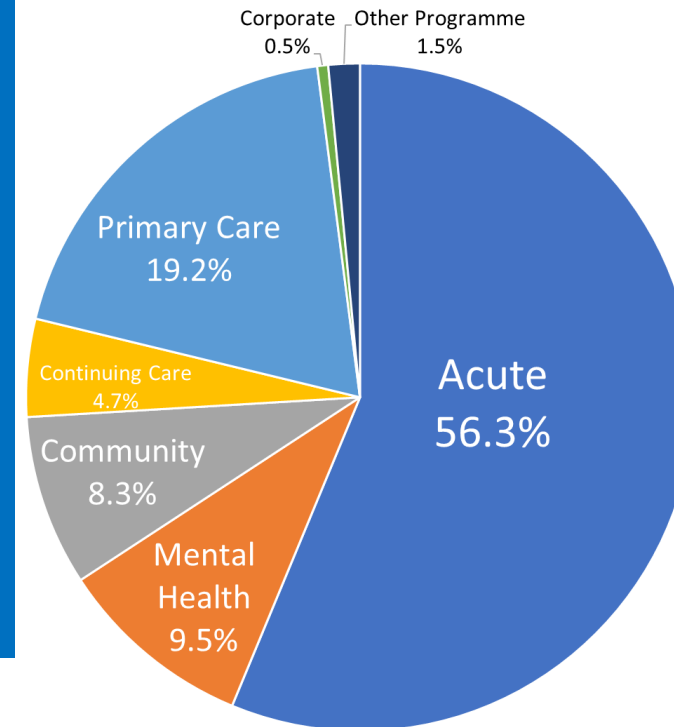
Month 09 Forecast

Surplus/Deficit	G	G	The ICB reported in line with plan at a £15.4m surplus year to date and £20.6m forecast surplus to offset the WSFT deficit plan.
Efficiency Delivery	G	G	Year to date delivery is at 124% and the forecast delivery is 120% of the £20.4m target.
Running Costs Limit	G	G	The forecast is an underspend against of £1.3m against the annual limit.
Mental Health Investment Standard	G	G	The forecast is for achievement of the £197m target.
Net Risk	G	G	There has been no change to the reported net risk position from the plan submission at this stage.

Annual Funding & Expenditure by Category

Funding Type	25/26 M09 £m
Core Programme	2,265.5
Delegated Commissioning	583.7
Running Costs	16.0
<b>Total</b>	<b>2,865.2</b>

Plan Surplus/(Deficit)	20.6
Forecast Surplus/(Deficit)	20.6



G On Plan
 A Adverse variance to plan within manageable tolerance
 R Adverse variance to plan above manageable tolerance / risk to financial duties

# ICB Summary Position at Month 09 2025/26



Suffolk and  
North East Essex

The ICB reported in line with plan at a £15.4m surplus year to date and £20.6m forecast surplus to offset the WSFT deficit plan.

Areas of note are:

- **Mental Health** – An adverse forecast movement of £0.7m since month 8 due to further increases in in right to choose ADHD and ASD invoices. Total forecast overspend is now at £4.9m.
- **Continuing Care** – The forecast underspend reduced by £0.5m since month 8 due to an increase in packages of care in North East Essex.
- **Community** – The forecast underspend has remained unchanged with an underspend being driven by improved controls for placements in Neuropsychology and Neuro Rehab (£2.4m).
- **Acute** – A small adverse forecast movement of £0.3m due to an increase in non-contract activity costs for insulin pumps since month 8.
- **Dental** – Forecast underspend remains unchanged (£5.9m) based on M1-8 delivery and a forecast for the recently introduced urgent dental care incentive (UDCI) scheme. The forecast also includes agreement to reward contract over delivery up to 110% for an agreed cohort of providers.
- **Prescribing** – An improvement in the forecast of £1.4m based on the increased confidence of savings from the movement of a drug to generic from November 25.

Category	1 Apr 25 to 31 Dec 25			Forecast to 31 Mar 26		
	Budget	Actual	Variance	Budget	Forecast	Variance
	£m	£m	£m	£m	£m	£m
Revenue Resource Limit (in year)	2,153.8	2,153.8	0.0	2,865.2	2,865.2	0.0
<b>TOTAL REVENUE RESOURCE LIMIT</b>	<b>2,153.8</b>	<b>2,153.8</b>	<b>0.0</b>	<b>2,865.2</b>	<b>2,865.2</b>	<b>0.0</b>
Acute	1,031.6	1,033.0	(1.5)	1,368.7	1,371.2	(2.5)
Mental Health	176.8	181.1	(4.2)	235.4	241.3	(5.9)
Community Health Services	173.7	171.7	2.1	231.6	229.5	2.1
Continuing Care	101.5	99.0	2.5	135.3	133.3	2.0
Primary Care - Prescribing	155.6	155.6	(0.1)	208.9	206.7	2.2
Primary Care - Other	20.5	20.3	0.2	25.6	26.1	(0.6)
Delegated GP	175.5	174.6	0.8	233.3	231.9	1.4
Delegated Pharmacy, Optom, Dental	75.0	69.3	5.7	99.3	92.5	6.8
Delegated Specialised Commissioning	188.4	188.4	0.0	249.5	249.5	0.0
Corporate	11.4	11.0	0.5	15.3	14.7	0.6
Other Programme	17.6	17.5	0.0	23.4	23.1	0.3
Programme Reserve & Contingency	10.7	16.8	(6.1)	18.4	24.7	(6.3)
<b>TOTAL EXPENDITURE</b>	<b>2,138.3</b>	<b>2,138.3</b>	<b>0.0</b>	<b>2,844.6</b>	<b>2,844.6</b>	<b>0.0</b>
<b>IN YEAR SURPLUS/ (DEFICIT)</b>	<b>15.4</b>	<b>15.4</b>	<b>0.0</b>	<b>20.6</b>	<b>20.6</b>	<b>0.0</b>

# Efficiency Summary Month 09 2025/26



Suffolk and  
North East Essex

	£'000
Annual Plan	20,372
Forecast value	25,268
Forecast Variance	<b>4,896</b>
Forecast Delivery %	<b>124%</b>
Year To Date Plan	15,291
Year To Date Actual	18,305
Year To Date Variance	<b>3,014</b>
Year To Date Delivery %	<b>120%</b>

Recurrent / Non-Recurrent	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Annual Plan £'000	Forecast £'000	Forecast Variance £'000
Recurrent	14,553	17,346	<b>2,793</b>	19,392	23,990	<b>4,598</b>
Non-Recurrent	738	959	<b>221</b>	980	1,278	<b>298</b>
<b>Total</b>	<b>15,291</b>	<b>18,305</b>	<b>3,014</b>	<b>20,372</b>	<b>25,268</b>	<b>4,896</b>

Directorate	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Annual Plan £'000	Forecast £'000	Forecast Variance £'000
All	1,512	2,091	<b>579</b>	2,006	2,560	<b>554</b>
Alliance Directors	7,488	6,556	<b>(932)</b>	9,980	10,688	<b>708</b>
Director of Finance	1,908	1,908	<b>0</b>	2,546	2,546	<b>0</b>
Director of Nursing	2,700	6,427	<b>3,727</b>	3,596	7,581	<b>3,985</b>
Director of Strategy & Transformation	945	915	<b>(30)</b>	1,262	1,232	<b>(30)</b>
Director of Workforce & People	621	291	<b>(330)</b>	835	514	<b>(321)</b>
West Suffolk Alliance Director	117	117	<b>0</b>	147	147	<b>0</b>
<b>Total</b>	<b>15,291</b>	<b>18,305</b>	<b>3,014</b>	<b>20,372</b>	<b>25,268</b>	<b>4,896</b>

At month 8 we have reported delivery of £18.3m year to date which is £3m better than plan. We are now forecasting additional delivery of £4.9m for the year. The key drivers are:

- **Prescribing** - Forecast over delivery of £0.4m which has reduced by £0.5m since last month due a reassessment of the achievement of the medicines waste scheme.
- **Contract Activity Negotiations** – On plan year to date.
- **Continuing Healthcare** – Forecast over delivery of £1.4m which has reduced by £0.7m due to an increase in the overall expenditure forecast since month 8.
- **Neurorehabilitation** - £1.9m over delivery due year£2.4 to date and £2.5m forecast due to a reduction in placements.
- **Estates** - £0.2m under delivery year to date and £0.4m forecast due to delays caused by NHS Property Services and increases in void costs due to system providers vacating premises.
- **Running Costs Reduction** – £0.8m over delivery year to date and £1m forecast due to vacancy rates.



Improving lives **together**

Norfolk and Waveney Integrated Care System

# Integrated Care Board Finance Report

## December 2025

(Month 9 2025-26)

# Contents

Ref	Description	Page
1.	Executive Highlights	3
2.	Year to Date and Forecast Position	4-5
3.	Underlying Position	6
4.	ICB Strategic Financial Risk Register	7-8
5.	Efficiencies	9

# 1. Executive Highlights

- The following report is based on the financial plan submitted to NHSE on 30 April 2025, which included a breakeven position.
- This report represents the **Month 09 December 2025** year-to-date position of the ICB as part of the 2025/26 Financial Year.
- The ICB has reported a breakeven **year-to-date position**.
- The ICB has reported a breakeven **Forecast out-turn position**, but includes offsetting variances and other forecast assumptions, the major items being:
  - When closing the Month 09 position, the reduced assumption of future delivery of sustainable efficiencies, that was reported in Month 07, has been maintained to reflect only those which are already in the delivery phase. This equates to an under delivery of £13.9m in the 2025/26 efficiency plan. This shortfall has been offset by slippage in planned spend, dental contracts and prior year benefits. This has enabled the 25/26 forecast position to be 'de-risked' by the commensurate value.
  - £9.3m of cost pressures as a result of exponential growth in Neurodevelopmental Disorder (NDD) assessments. This is being driven by the patient right to choose process.
  - £2.2m of cost pressures due to increased demand for the Tier 3 Weight management services. Again, this is largely driven by the patient right to choose process.
  - £0.4m costs for the estimated cost of redundancies for the VSM section of the ICB reorganisation process.
- **Total net risks, including new risks and mitigations in addition to planning risks, total a nil Net Risk.** This is consistent with month 08, which is primarily due to the identification of mitigations (delays in spend and prior year benefits) to offset the outstanding efficiency delivery and in addition, another month of stable prescribing figures.
- The underlying full year forecast deficit has remained consistent with M08 at £89.7m. However, the impact of NHSE guidance and a full review has been modelled and included, **which recasts the position to a £46.8m deficit.**

## 2.2 Executive Summary – Reporting (year to date) - Breakeven

Directorate (£m)	Year To Date Reported Position (Month 9 YTD)			Split	Operational Efficiencies (Month 9 YTD)			Sustainable Efficiencies (Month 9 YTD)			Operational Variance (Month 9 YTD)	
	Plan	Actual	Variance		Plan	Actual	Variance	Plan	Assumed	Variance	£	Notes
Acute	£1,061.5	£1,065.0	£3.5		-£8.8	-£8.8	£0.0	-£6.7	-£1.2	£5.5	-£2.0	Non recurrent API benefit from 2024/25
Delegated Specialised (Acute & MH)	£189.5	£189.5	£0.0		£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	On Plan
Community and BCF	£194.4	£201.6	£7.2		£0.0	£0.0	£0.0	-£10.3	-£0.9	£9.4	-£2.2	Underspends on discharge beds, palliative care and neuro packages
Continuing Healthcare	£128.2	£128.2	£0.1		-£9.8	-£11.0	-£1.1	£0.0	-£1.0	-£1.0	£2.3	Largely driven by increases in Learning Disability Packages
Mental Health	£231.8	£235.1	£3.3		£0.0	£0.0	£0.0	-£2.1	-£0.8	£1.3	£2.0	Operational variance due to run rate activity pressures within Patient Choice NDD assessments (across adults and children's). Offset by favourable variance across CYP and IPP packages.
Prescribing	£168.4	£169.5	£1.1		-£9.8	-£9.9	-£0.1	£0.0	£0.0	£0.0	£1.3	YTD costs pressures for NDD and weight management drugs prescribed outside of FP10s.
Primary Care	£298.9	£286.4	-£12.5		£0.0	£0.0	£0.0	-£2.1	-£2.0	£0.1	-£12.6	Underspend due to LCS underactivity and dental underperformance
Other - Combined areas	£19.5	£17.3	-£2.2		-£1.4	-£2.4	-£1.0	£0.0	£0.0	£0.0	-£1.2	Minor net underspend due to Wave 4b credit and 111 dental costs moving to the dental allocation.
Planning	-£3.7	-£3.9	-£0.2		-£2.9	-£2.9	£0.0	-£3.8	-£9.3	-£5.5	£5.3	Release of Dental planning credit now crystallised in primary care and phasing of Ring fenced releases against plan
Running Costs	£12.4	£12.1	-£0.4		-£0.8	-£1.0	-£0.3	£0.0	£0.0	£0.0	-£0.1	Small favourable variance due to vacancies and funding received from NHSE
<b>Total</b>	<b>£2,300.8</b>	<b>£2,300.8</b>	<b>£0.0</b>		<b>-£33.4</b>	<b>-£36.0</b>	<b>-£2.6</b>	<b>-£25.0</b>	<b>-£15.2</b>	<b>£9.8</b>	<b>-£7.3</b>	<b>Subtotal</b>
<b>Efficiencies to be delivered to achieve forecast breakeven</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>		<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	
<b>Ledger position</b>	<b>£2,300.8</b>	<b>£2,300.8</b>	<b>£0.0</b>		<b>-£33.4</b>	<b>-£36.0</b>	<b>-£2.6</b>	<b>-£25.0</b>	<b>-£15.2</b>	<b>£9.8</b>	<b>-£7.3</b>	<b>Summary of Variances that are not linked to Efficiencies</b>

This is the breakeven position reported on the ledger and to committees and NHSE. It's important for readers to understand the following aspects though ----->

Split By

This is the reported operational efficiencies delivered at Month 9.

This is the Sustainable efficiencies reported at Month 9.

Variances that are not linked to efficiencies "Operational Variances". This includes variances such price, activity and unplanned prior year impact.

# 3 Executive Summary – Reporting (Year End Forecast) - Breakeven

Directorate (£m)	Forecast Position (Month 9)			Split	Operational Efficiencies (Month 9)			Sustainable Efficiencies (Month 9)			Forecast Operational Variance (Month 9)	
	Plan	Actual	Variance		Plan	Actual	Variance	Plan	Assumed	Variance	£	Notes
Acute	£1,423.0	£1,432.0	£9.0		-£12.4	-£12.4	£0.0	-£9.4	-£1.7	£7.7	£1.4	Operational variance due to activity pressures within tier 3 weight management service.
Delegated Specialised (Acute & MH)	£250.7	£250.7	£0.0		£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	On Plan
Community and BCF	£257.6	£268.1	£10.5		£0.0	£0.0	£0.0	-£14.3	-£1.0	£13.4	-£2.9	Underspends on discharge beds, palliative care and neuro packages.
Continuing Healthcare	£167.6	£163.4	-£4.2		-£15.8	-£18.0	-£2.2	£0.0	-£1.1	-£1.1	-£0.8	Mental Health and Physical Disability underspends
Mental Health	£309.1	£314.2	£5.1		£0.0	£0.0	£0.0	-£3.0	-£2.5	£0.5	£4.6	Operational variance due to run rate activity pressures within Patient Choice NDD assessments (across adults and childrens) of £7m. Partial offset by favourable variance across CYP and IPP packages and service commencement delays.
Prescribing	£228.7	£228.0	-£0.8		-£14.0	-£14.0	£0.0	£0.0	-£0.2	-£0.2	-£0.5	7 months of data for 2025/26 received and are below plan. Forecast includes a level of growth for weight loss drugs due from Nov-25.
Primary Care	£401.0	£389.4	-£11.6		£0.0	£0.0	£0.0	-£3.0	-£2.0	£1.0	-£12.5	Reduction in dispensing fees due (£3.2m), dental underperformance (£8.8m) and other small variances in Pharmacy
Other - Combined areas	£25.2	£22.2	-£3.0		-£1.9	-£3.3	-£1.4	£0.0	£0.0	£0.0	-£1.6	Underspend due to Wave 4b credit and 111 dental costs moving to the dental allocation.
Planning	£3.5	-£1.5	-£5.0		-£4.2	-£4.2	£0.0	-£7.4	-£10.6	-£3.2	-£1.8	Favourable variance due to planning assumptions and Prior Year benefit
Running Costs	£16.6	£16.6	£0.0		-£1.0	-£1.4	-£0.4	£0.0	£0.0	£0.0	£0.3	Operational overspend due to VSM redundancy provision of £0.3m
<b>Total</b>	<b>£3,083.0</b>	<b>£3,083.1</b>	<b>£0.0</b>		<b>-£49.3</b>	<b>-£53.3</b>	<b>-£4.0</b>	<b>-£37.0</b>	<b>-£19.1</b>	<b>£17.9</b>	<b>-£13.9</b>	<b>Subtotal</b>
<b>Efficiencies to be delivered to achieve forecast breakeven</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>		<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	<b>£0.0</b>	From M07 reporting no further assumptions have been made on the delivery of efficiency schemes that are not already at deliver stage. The forecast delivery of efficiencies is now expected to be £72.4m
<b>Ledger position</b>	<b>£3,083.0</b>	<b>£3,083.1</b>	<b>£0.0</b>		<b>-£49.3</b>	<b>-£53.3</b>	<b>-£4.0</b>	<b>-£37.0</b>	<b>-£19.1</b>	<b>£17.9</b>	<b>-£13.9</b>	<b>Summary of Variances that are not linked to Efficiencies</b>

**TAKE AWAY MESSAGE**

The forecast breakeven position no longer assumes any further efficiency achievement for schemes that are not already at delivery stage. The gap has been covered via the recent influenceable spend review, operational underspends and prior year benefits.

This has allowed the ICB to 'De-Risk' the financial position

This is the breakeven position reported on the ledger and to committees and NHSE. It's important for readers to understand the following aspects though ----->



This is the reported Operational efficiencies forecast to be delivered by Month 12.

This is the reported sustainable efficiencies reported at Month 9 FOT.

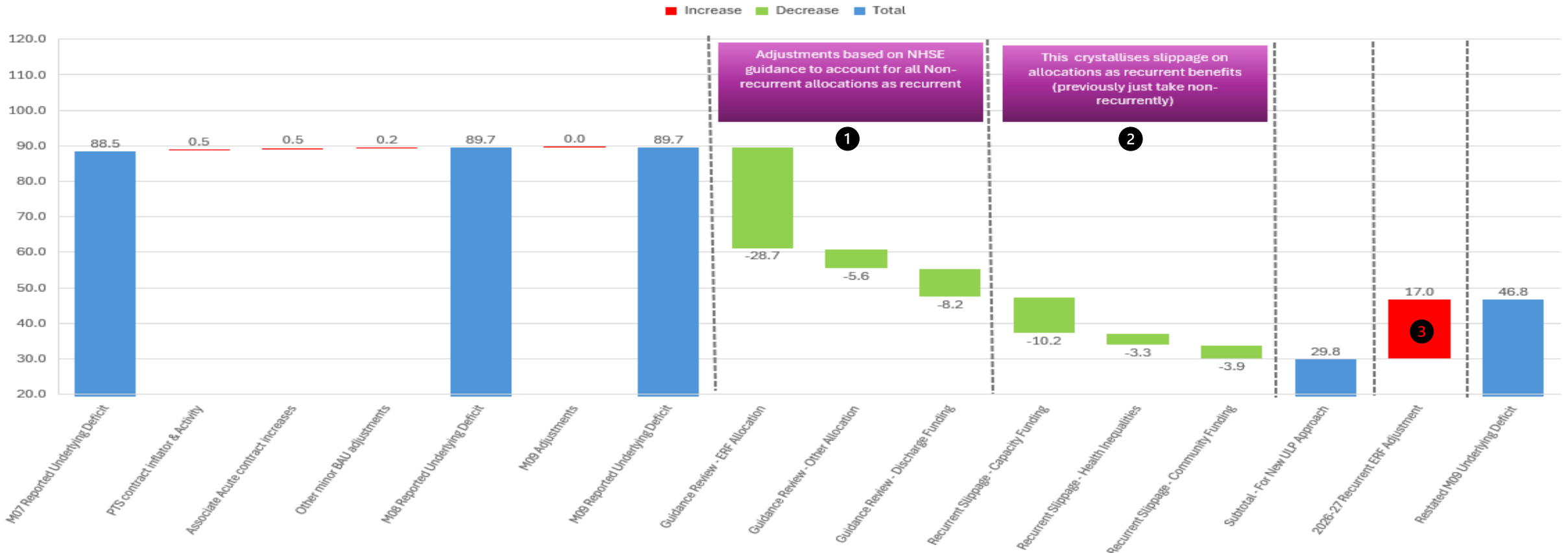
Variances that are not linked to efficiencies "Operational Variances". This includes variances such price, activity and unplanned prior year impact.

# 3. Underlying Position

In August 2025, NHS England guidance stated that ICBs should consider all non-recurrent allocations as recurrent. This represented a fundamental shift in the calculation process previously employed. The expectation is that this process will be adopted for the forthcoming Medium Term Financial Plan (1), Furthermore, a decision has been made to crystallise allocation slippages as recurrent (2); that have previously only been utilised on a year-by-year basis.

As part of the 2026-27 planning work, NHSE have refreshed the ERF allocations. Despite telling ICBs to assume all NR allocations (including ERF) as recurrent, they have explicitly stated that the 2026/27 N&W ERF will see £17m of ERF not made recurrent (but will be allocated for 3 years to the ICB from 2026/27). Therefore, a final adjustment to previously reported ERF impact is required of a £17m deterioration in ULP (3)

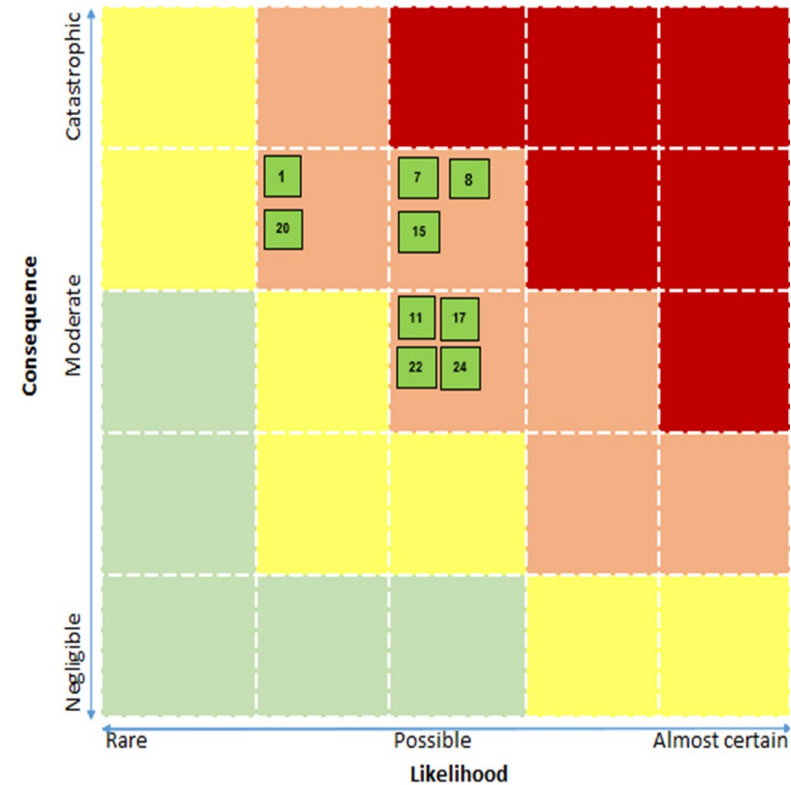
M09 Underlying Deficit (£m) - Including Restatement Based on NHSE Guidance



# 4. 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	Oct-25	Nov-25	Dec-25
Achievement of Plan	1	Achieve the 2025/26 financial plan (BAF 11)	12	16	16	8
	15	Underlying deficit position (BAF 11A)	12	20	20	12
	17	Inflationary pressures	9	12	12	9
	20	Impact of new prescribing guidance	8	12	12	8
	21	Impact of Direct Commissioning transfer	9	Closed	Closed	Closed
	22	Re-Organisation: Running Costs Reduction, Increased Pay Costs and Cost of Delivery	9	20	20	9
	23	Debt and Working Capital Management (NCC)	6	Closed	Closed	Closed
Demand and Capacity	7	Continuing Health Care demand growth	9	16	16	12
	11	ERF: RTT backlog and Acute demand management	9	16	16	9
	24	Patient Choice (Learning Disabilities & Autism)	9	12	12	9
Efficiency	8	Efficiency, transformation development/delivery	8	20	20	12

Extreme	6	6	0
High	3	3	9
Moderate	0	0	0
Low	0	0	0
<b>Total Risks</b>	<b>9</b>	<b>9</b>	<b>9</b>

As at M09 (December), 9 Key Financial Risks remain open. Following reassessment during M09 it was agreed that 6 items which were previously considered Extreme relating to the Achievement of the in-year Financial Plan, the ICB Underlying Deficit, the ICB Organisational Change Programme, CHC growth, Independent Activity management and delivery against the Efficiency programme have now been reduced to high and are all bar 2 are now in line with or below the tolerated risk appetite. The 3 risks that were already classified as high relating to Inflationary pressures, Impact of new prescribing guidance and Patient Choice have been revaluated and although their category remains high the scores have been assessed to be in line with the tolerated risk appetite.

Against the M12 closing position of 2024/25, two risks have been closed as they are considered to have concluded specific projects (risks 21 and 23).

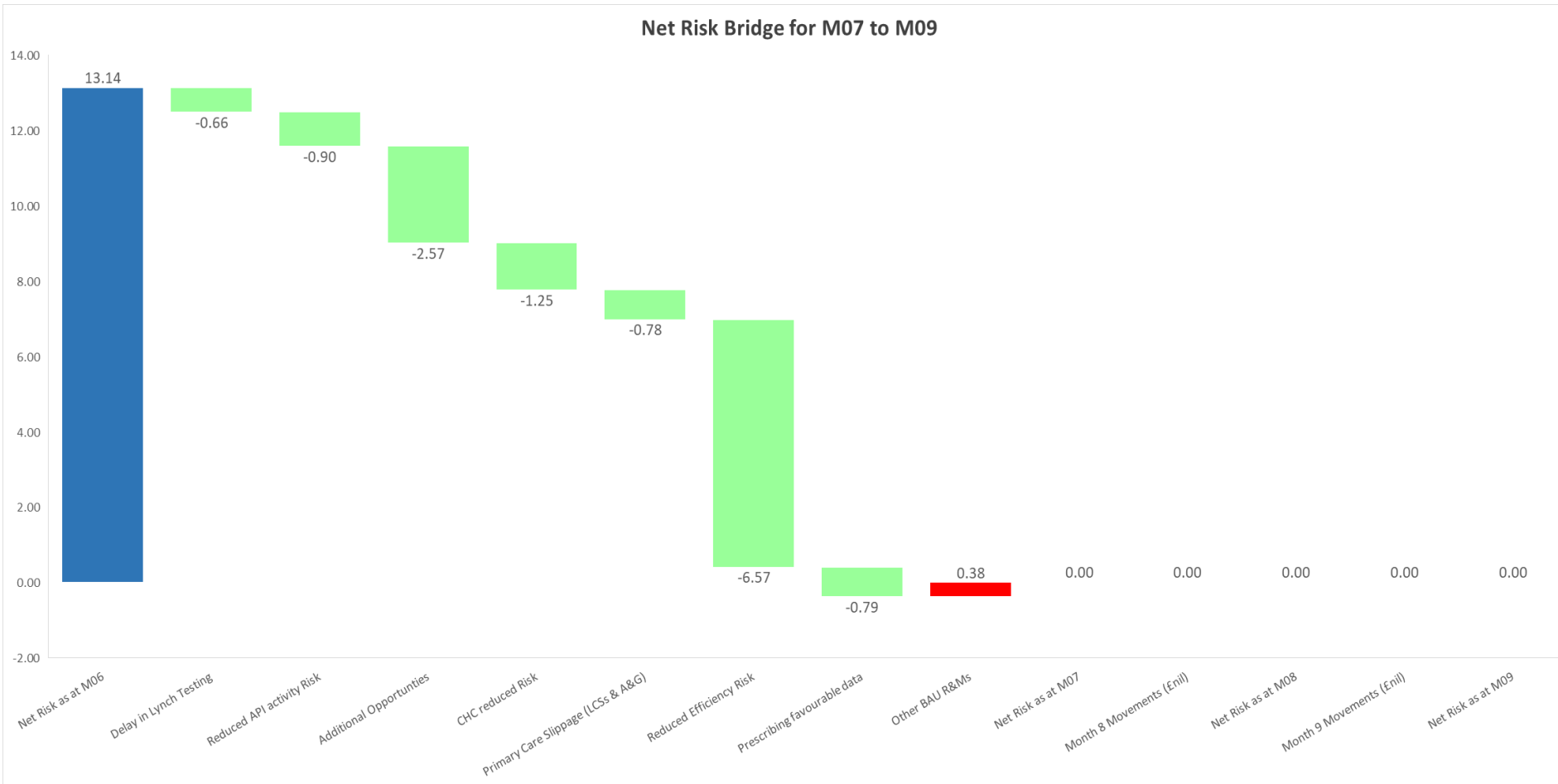
**The Finance Committee is asked to approve these risk score changes.**

# 4.1 Financial Risk Report

Month 09 Net risks in addition to the reported forecast position remains at net nil, which is consistent with Month 08. A breakdown in included below of the risks and mitigation included in the net nil reported position.

## Bridge for M06 to M09 in Net Risk

Net Risk Bridge for M07 to M09



## Risk & Mitigations at M09

Risks	£m
NDD Right to Choose activity	1.4
ISP Growth / IAP risk	0.6
Diagnostics / API risk	1.0
Weight Management	0.3
Acute BAU risks	0.0
Wegovy / Ozempic	0.1
GP Rent Reviews	0.3
CHC demand and inflation	4.0
CHC Efficiency Risk	0.9
ICB restructuring costs	13.3
<b>Total</b>	<b>21.9</b>
Mitigations	£m
ERF and CDC block benefit	-0.7
Advice and Guidance	-1.4
Closing the gap additional savings	-14.2
Additional PC allocation	-1.7
Additional Pharmacy First allocation	-2.2
MH Growth slippage (non-MHIS)	-1.0
Other Mitigations	-0.8
<b>Total</b>	<b>-21.9</b>
<b>Net Risk / (Mitigation)</b>	<b>0.0</b>

# 5. Efficiency Plan (Operational & Sustainable)

Project	Executive Lead	Total £000's
<b>GP Prescribing total</b>		<b>14,000</b>
<b>CHC Total</b>		<b>18,027</b>
Corporate - Vacancies Programme	Howard Martin	3,235
Corporate - Vacancies Running Costs	Howard Martin	1,388
Corporate - Closing the Gap	Howard Martin	1,200
Corporate - Allocation Gateway (6- 12%)	Howard Martin	3,000
Corporate - Convergence Provider Application - Acute	Steven Course	396
Corporate - Convergence Provider Application - Other	Steven Course	104
Corporate - Convergence Provider Application	Howard Martin	500
ISP Cap extra saving	Phil Riedlinger	5,000
ISP ERF	Phil Riedlinger	7,000
<b>Corporate &amp; Other Total</b>		<b>21,323</b>
<b>OPERATIONAL EFFICIENCIES</b>		<b>53,350</b>
<b>Sustainable Commissioning as per Planning Template</b>		<b>0</b>
<b>Schemes from FEF Events</b>		<b>0</b>
Medical	Frankie Swords	1,610
Primary Care	Mark Burgis	2,242
Community	Mark Burgis	754
CHC & LD&A	Lisa Nobes	1,133
All age Mental Health	Richard Watson	1,092
Acute	Mark Burgis	0
Provider Growth and IAP Slippage	Howard Martin	0
Finance (CTG)	Colin Bright	10,554
Approved IT products not proceeding	Richard Watson	0
ICES Capitalisation	Howard Martin	0
Influenceable Spend Review	All	1,675
FEF Ideas still being worked up	All	0
<b>OTHER EFFICIENCIES (Sustainable Commissioning)</b>		<b>19,060</b>
<b>GROSS EFFICIENCY PROGRAMME</b>		<b>72,410</b>

YTD Plan	YTD Actual	YTD Variance
9,770	9,906	(136)
9,805	10,952	(1,147)
1,342	2,356	(1,014)
756	1,021	(265)
900	900	0
1,950	1,950	0
376	297	79
3,250	78	3,172
376	375	1
3,250	3,250	0
5,247	5,247	0
13,821	15,099	(1,278)
33,396	35,957	(2,561)
25,000	0	(25,000)
0	1,199	1,199
0	2,047	2,047
0	707	707
0	1,015	1,015
0	804	804
0	0	0
0	0	0
0	9,257	9,257
0	0	0
0	0	0
0	168	168
0	0	0
25,000	15,197	(9,803)
58,396	51,154	(7,242)

Annual Plan	FOT Actual	FOT Variance
14,000	14,000	0
15,800	18,027	(2,227)
1,790	3,235	(1,445)
1,010	1,384	(374)
1,200	1,200	0
3,000	3,000	0
500	500	0
5,000	5,000	0
7,000	7,000	0
19,500	21,319	(1,819)
49,300	53,346	(4,046)
37,000	0	(37,000)
0	1,610	1,610
0	2,242	2,242
0	754	754
0	1,133	1,133
0	1,092	1,092
0	0	0
0	0	0
0	10,554	10,554
0	0	0
0	0	0
0	1,675	1,675
0	0	0
37,000	19,064	(17,940)
86,300	72,410	(13,890)

<b>Subject:</b>	<b>Board Assurance Framework</b>
<b>Presented by:</b>	<b>Amanda Lyes, Executive Director of People, Governance &amp; Corporate Services</b>
<b>Prepared by:</b>	<b>Agnes Earl, Corporate Governance &amp; Risk Management Senior Officer</b>
<b>Submitted to:</b>	<b>NWICB and SNEE ICB – Board Meetings Part 1</b>
<b>Date:</b>	<b>27 January 2026</b>

**Purpose of paper:**

This paper presents the Board with a copy of the updated Board Assurance Framework to assist in the facilitation of discussions around risks associated impacting the ICB’s ability to deliver its objectives.

**Executive Summary:**

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

The Board Assurance Framework (BAF) sets out the key risks that may impact on achievement of the ICB’s strategic objectives by mapping out the key controls that are in place to manage each risk and assurance that has been gained about the effectiveness of these controls.

The BAFs were last presented to the Board in public in November 2025. Since then, many teams have been reviewing and updating their risks.

Please find attached a copy of the following (as at 16 January 2026):

- Appendix 1: NWICB Risk visual
- Appendix 2: NWICB Board Assurance Framework (BAF)
- Appendix 3: SNEE ICB BAF

Attention is directed towards the following notable changes:

**Board Assurance Framework (BAF)**

**New NWICB BAF Risks:**

- BAF09 has been added to the BAF, the Board are asked to approve this new risk.
- BAF10 has been added to the BAF, the Board are asked to approve this new risk.

**NEW SNEE BAF Risks**

- The Risks added to the NWICB BAF have also been escalated to the SNEE BAF as new entries SR37 and SR38.

**NWICB BAF Updates:**

- BAF03, BAF04 and BAF07 – Have a new Risk Owner (Richard Watson)

<b>Risk</b>	<b>Changes/actions required</b>
<b>BAF01 (Ref 8):</b> Health inequalities and Population Health Management	
<b>BAF02 (Ref 32):</b> Primary Care Resilience and Transformation	

<b>BAF03 (Ref 7):</b> Barriers to full delivery of the Mental health transformation programme (CYP)	<ul style="list-style-type: none"> <li>• Risk not reviewed in month</li> <li>• New Risk Owner – Richard Watson</li> </ul>
<b>BAF04 (Ref 6):</b> Barriers to Full Delivery of the Mental Health Transformation Programme (Adult)	<ul style="list-style-type: none"> <li>• New Risk Owner – Richard Watson</li> </ul>
<b>BAF05 (Ref 31):</b> Increasing numbers of older people with complex health needs in Norfolk & Waveney	
<b>BAF06 (Ref 3):</b> System / Urgent & Emergency Care (UEC) Pressures	
<b>BAF07 (Ref 10):</b> Elective Recovery	<ul style="list-style-type: none"> <li>• New Risk Owner – Richard Watson</li> </ul>
<b>BAF08 (Ref 27):</b> Achieve the 2024/25 AND 2025/26 financial plan	
<b>NEW: BAF09:</b> Finance team transition tasks	<ul style="list-style-type: none"> <li>• <b>New risk added.</b></li> <li>• Risk score is 20</li> <li>• Escalated to the BAF by Transition Committee</li> </ul>
<b>NEW: BAF10:</b> Timely delivery of transition tasks	<ul style="list-style-type: none"> <li>• <b>New risk added.</b></li> <li>• Risk score is 12</li> <li>• Escalated to the BAF by Transition Committee</li> </ul>
<b>SNEE BAF updates</b> <ul style="list-style-type: none"> <li>• SR36 Implementation of EPIC has been de-escalated and is now being monitored by the Digital Committee.</li> </ul>	

#### Recommendation to the Board:

The Board are asked to note the contents of this paper and approve the contents of the BAF.

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

Appendix 1: Risk visual

Board Assurance Framework risks  
 Board Operational Risk Register risks

Likelihood

Consequence

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Consequence	1 Negligible	1	2	3	4	5
	2 Minor	2	4	6	8	10
	3 Moderate	3	6	9 BAF01	12 BAF05	15
	4 Major	4	8	12 BAF04 BAF03 BAF10	16 BAF08 BAF06	20 BAF02 BAF07
	5 Catastrophic	5	10	15	20 BAF09	25

# NWICB - Board Assurance Framework Summary 16 January 2026

Risk Id	Risk Title	Risk Owner	Risk Committee	Date Risk Identified	Target Delivery Date	Target Score	2025 - 2026 Monthly Risk Rating												
							1	2	3	4	5	6	7	8	9	10	11	12	
<b>Ambition 1: Population Health Management, Reducing Inequalities and Supporting Prevention</b>																			
8	Health inequalities and Population Health Management	Frankie Swords	Patients and Communities Committee	01-Jul-22	31-Mar-26	8	12	12	12	12	12	12	9	9	9	9			
<b>Ambition 2: Primary Care Resilience and Transformation</b>																			
32	Primary Care Resilience and Transformation	Mark Burgis	Primary Care Commissioning Committee	29-Aug-24	31-Mar-27	12	20	20	20	20	20	20	20	20	20	20			
<b>Ambition 3: Improving Services for Babies, Children and Young People and Developing Our Local Maternity and Neonatal System (LMNS)</b>																			
7	Barriers to full delivery of the Mental health transformation programme (CYP)	Richard Watson	Commissioning and Performance Committee	01-Jul-22	31-Mar-26	8	16	16	12	12	12	12	12	12	12	12			
<b>Ambition 4: Transforming Mental Health Services – Adult Mental Health</b>																			
6	Barriers to delivering equitable, safe and consistent care in adult mental health	Richard Watson	Commissioning and Performance Committee	01-Jul-22	31-Mar-26	8	12	12	12	12	12	12	12	12	12	12			
<b>Ambition 5: Transforming Care in Later Life</b>																			
31	Increasing numbers of older people with complex health needs in Norfolk & Waveney	Frankie Swords	Patients and Communities Committee	20-Jun-24	31-Mar-28	12	15	12	12	12	12	12	12	12	12	12			
<b>Ambition 6: Improving Urgent and Emergency Care</b>																			
3	System / Urgent & Emergency Care (UEC) Pressures	Mark Burgis	Commissioning and Performance Committee	01-Jul-22	31-Mar-26	12	16	16	16	16	16	16	16	16	16	16			
<b>Ambition 7: Elective recovery and Improvement</b>																			
10	Elective Recovery	Richard Watson	Commissioning and Performance Committee	01-Dec-22	31-Mar-29	12	12	12	16	16	16	16	16	16	16	20			
<b>Ambition 8: Improving Productivity and Efficiency</b>																			
27	Achieve the 2025/26 financial plan	Howard Martin	Finance Committee	10-May-23	31-Mar-26	12	12	12	16	16	16	16	16	16	16	16			
<b>Transition Risks</b>																			
R22	Finance Team Transition Tasks	Howard Martin & Amanda Lyes	Transition Committee	02-Dec-25	31-Mar-26	12										20	20		

R23	Timely Delivery of Transition Tasks	Howard Martin & Amanda Lyes	Transition Committee	02-Dec-25	31-Mar-26	6								12	12			
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## BAF01

Risk Title	Health inequalities and Population Health Management		
<b>Risk Description</b>	<p>There is a risk that the Integrated Care Board (ICB) will not fully comply with the legal and regulatory requirements set out in the NHS England (NHSE) Statement on Information on Health Inequalities. This statement outlines statutory duties and national expectations for identifying, monitoring, and reducing health inequalities across all population groups, including—but not limited to—those identified in the Core20PLUS5 frameworks.</p> <p>The NHSE Statement requires the ICB to:</p> <ul style="list-style-type: none"> <li>• Systematically collect, analyse, and act on data relating to health inequalities.</li> <li>• Demonstrate progress against national metrics and local priorities.</li> <li>• Embed health inequalities considerations into all commissioning, planning, and service delivery processes.</li> <li>• Ensure robust governance, accountability, and reporting mechanisms are in place.</li> </ul> <p>Failure to meet these requirements may arise from:</p> <ul style="list-style-type: none"> <li>• Insufficient or poor-quality data on health inequalities, limiting the ability to identify and address gaps.</li> <li>• Lack of integration of health inequalities objectives into mainstream ICB governance, decision-making and ways of working resulting in a persistence of structural inequalities</li> <li>• Limited workforce awareness or understanding of statutory duties and NHSE expectations, and which actions can make a difference.</li> <li>• Organisational change, resource constraints, or competing priorities that dilute focus on health inequalities.</li> <li>• Inadequate assurance processes to evidence compliance and progress across all directorates.</li> </ul> <p>Complexity of whole system approach required in changing external environment</p> <p>Potential Impacts If this risk is not effectively mitigated, the consequences for the ICB could include:</p> <ul style="list-style-type: none"> <li>• Persistent and widening health inequalities across the population, particularly for the most disadvantaged groups.</li> <li>• Missed opportunities to improve outcomes, experience, and access for all communities.</li> <li>• Breach of statutory duties under the Health and Care Act and Public Sector Equality Duty (PSED).</li> <li>• Regulatory intervention or increased scrutiny from NHSE and other oversight bodies.</li> <li>• Reputational damage and loss of public trust in the ICB's ability to deliver equitable care.</li> <li>• Failure to secure future funding or support due to non-compliance.</li> <li>• Financial implications – increased demand and pressure on services.</li> </ul> <p>This risk is compounded by:</p> <ul style="list-style-type: none"> <li>• Limited workforce capacity and capability to deliver PHM and health inequalities work at scale, with restructuring resulting in resignations and inability to backfill.</li> <li>• Inconsistent data quality and integration across system partners.</li> <li>• Competing priorities and organisational change programmes that dilute focus.</li> <li>• External pressures such as cost of living and post-pandemic recovery, which continue to exacerbate inequalities</li> </ul>		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Frankie Swords	Patients and Communities Committee	Shelley Ames	Primary Care
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>

N/A	01/07/22	31/03/27	16/01/26									
Risk type	Health inequalities											
Risk Scores												
Unmitigated			Mitigated			Target						
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total				
4	4	16	3	3	9	2	4	8				
Risk appetite:			Risk tolerated:									
Controls												
<ul style="list-style-type: none"> <li>Community Voices gathering insights into HI and connecting with local communities to help address.</li> <li>Datahub Population Health dashboards in place to support reporting and population health management approaches.</li> <li>External factors that impact on “Plus groups” (such as the moving of hotels for asylum seekers which impacts on the services they receive) are raised by the HI team to be managed across the ICP.</li> <li>Health and wellbeing partnerships and place boards overseeing local work programmes.</li> <li>Health Inequalities &amp; VCSE Partnering team appointed to lead health inequalities work programme development.</li> <li>The HI Strategic Framework for action and the PHM strategy have been published. Implementation plans under development.</li> <li>The Health Improvement Transformation Group (HITG) focusses on Primary Prevention: smoking, physical activity and Healthy weight, report to ICP.</li> <li>ICS groups set up for Inclusion health groups, vaccines inequalities, Core20plus5 programme group, NHS Anchors group, access and support programme group, reporting to HIOG</li> <li>Refresh of the VCSE Assembly and partnership working reporting into the PH&amp;I Board. New Assembly Chair appointed.</li> <li>Specialty advisors are leading on HI, PHM.and the Core20Plus5 clinical areas.</li> <li>ICP supported proposals for a strategic group and co-ordination group to formally oversee delivery of the Health Inequalities Framework for action. Co-ordinating multi-partner health inequalities group now in place. SROs established for Lifestyle factors and Healthcare Inequalities</li> </ul>												
Actions												
Date opened	Action			Owner	Target completion							
Visual Risk Score Tracker – 2025/26												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	12	12	12	12	12	9	9	9	9			
Change	-	-	-	-	-	↓	-	-	-			

## BAF02

<b>Risk Title</b>	<b>Primary Care Resilience and Transformation</b>							
<b>Risk Description</b>	<p>Under the Joint Forward Plan we have committed to integrating primary care services to deliver improved access (including digital tools and remote monitoring offers, etc.) to a wider range of services from multi-professional teams, focused on preventing illness and improving outcomes for our population within their communities.</p> <p>Our high-level outputs include:</p> <ul style="list-style-type: none"> <li>• Developing a vision for providing accessible enhanced primary care services</li> <li>• Improving patient outcomes and experience</li> <li>• Stabilise dental services and setting a strategic direction for the next five years</li> </ul> <p>Primary Care Services are the responsibility of the Integrated Care Board, including the recruitment and retention of healthcare professionals.</p> <p>There are particular risks to the resilience of general practice, access to NHS dentistry treatment and Level 2 dental services which are reflected in the risk scores.</p> <p>The community pharmacy and optometry landscape is less defined at the time of writing, but workforce and funding challenges are evident across community pharmacy which represent a risk, but could potentially be supported through greater integration and collaborative working with other primary care providers.</p> <p>Limitations of national contracts, collective action by General Practice, independent contractors 'handing back' NHS contracts, workload pressures, recruitment and retention and interface challenges are, together, impacting on access to high quality, sustainable primary medical, community pharmacy and dentistry services together with Level 2 dental services for our population.</p> <p>This may lead to delays in accessing care, unavailability of care (particularly dentistry), 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, and fragile services.</p> <p>As the cornerstone of healthcare, primary care resilience risks system ability to deliver against key workstreams, including the overall aim of moving towards a more population-based proactive community model of care which addresses prevention, health inequalities and improves outcomes. Reduced access in primary care may also impact on the resilience of other system providers.</p>							
<b>Risk Owner</b>	<b>Responsible Committee</b>		<b>Operational Lead</b>			<b>Risk team</b>		
Mark Burgis	Primary Care Commissioning Committee		Amanda Sear			Primary Care		
<b>Risk programme board</b>	<b>Date Risk Identified</b>		<b>Target Delivery Date</b>			<b>Date risk last reviewed</b>		
N/A	29/08/24		31/03/27			09/01/26		
<b>Risk type</b>	Transformational							
<b>Risk Scores</b>								
<b>Unmitigated</b>			<b>Mitigated</b>			<b>Target</b>		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
<b>5</b>	<b>4</b>	<b>20</b>	<b>5</b>	<b>4</b>	<b>20</b>	<b>3</b>	<b>4</b>	<b>12</b>
<b>Risk appetite:</b>					<b>Risk tolerated:</b>			
<b>Controls</b>								

- Operational readiness work is seeking to align the Primary Care Team with colleagues from Workforce, Estates, Digital, Place, Quality, Planned Care and Finance, etc. to support joined up primary care; including access to sustainable dentistry and general practice services.
- Clinical expertise provided by Clinical and Care Professional and Clinical Fellow roles across primary care.
- Local LMC General Practice Alert System established which informs improvement and support work monitored through the PCCC.
- A long-term dental plan has been published, with delivery monitored through PCCC.
- ICB organisational change programme has seen a reduction in vacancies within the Primary Care Commissioning and Strategic teams.
- Performance/quality management and reporting in place.
- Primary Care Access Recovery Plan delivery reported regularly to ICB Board and NHS assurance meetings. 2024/25 plan has now been completed, many objectives transferred to GP Action Plan and Operational Planning submission for primary care - delivery being monitored through PCCC.
- Ring-fenced budgets and commissioning targeted to simultaneously support population need and resilience.
- An overarching strategic vision and principles for primary care and a strategic framework for primary care have been agreed by PCCC and are posted on Connect NoW and are included in the relevant meeting packs/notes
- System Interface Group and matrix working in place to support national requirements for self-assessment.
- Strong relationships in place with local representative committees across all primary care services

### Actions

Date opened	Action	Owner	Target completion
28/10/24	Community Pharmacy <ul style="list-style-type: none"> <li>10 June - all previous actions completed, risk to be reviewed and updated by end of August</li> </ul>	Sadie Parker	31/08/25
28/10/24	Dental <ul style="list-style-type: none"> <li>Long Term Plan 24/25 individual pathways will be fully mobilised by end March 2025. Planning for implementing 2025/26 plans has commenced to agree project plans, resources and financial impact (where relevant) for approval.</li> <li>20/03/2025 To obtain approval for Phase 2 Long Term Dental Plans 2025/2026 from Operational Management Board in April and Primary Care Commissioning Committee in May</li> <li>30/05/2025 Dental investment and Year 2 commissioning plans approved by Primary Care Commissioning Committee and through Triple Lock in May 2025</li> <li>10 June - all actions complete, update will be given and risk reviewed by end of August</li> <li>23/12/2025: Good progress achieving delivery of LTDP Year 2 plans including workforce programmes. Some delays to delivery of programmes due to lack of capacity. To review and agree a joint plan with Suffolk by end March 2026</li> </ul>	Sadie Parker	31/03/26

### Visual Risk Score Tracker – 2025/26

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

## BAF03

<b>Risk Title</b>	<b>Barriers to full delivery of the Mental health transformation programme (CYP)</b>		
<b>Risk Description</b>	There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet demand. If this happens individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Richard Watson	Commissioning and Performance Committee	Rebecca Hulme	CYPM
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	01/07/22	31/03/26	22/09/25
<b>Risk type</b>	Quality & patient safety		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	4	8
<b>Risk appetite:</b>						<b>Risk tolerated:</b>		

### Controls

- Dedicated CYP strategic commissioning team now in place
- Established Children and Young Peoples System Collaboratives in Norfolk and Suffolk
- 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
- All age Eating Disorder Strategy
- 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.
- Financial slippage is being mitigated against protecting our ability to maintain MHIS investment
- Working in partnership with Norfolk and Suffolk Constabularies to implement a system wide collaborative approach to Right Care Right Person
- Effective System wide governance framework
- Commitment from system partners to adopting Thrive approach - mental health needs being considered and addressed in wider health and social care settings
- Implementation of system wide transformation programme
- Additional partnership working with VCSE
- Additional capacity within Professional Therapeutic Pathway in place
- Collaboration with system partners to understand demand and capacity has begun and the shared resource is better understood.
- Enhanced support offers for 18-25-year-olds in wellbeing hubs.
- Gender Identity Service in place
- Integrated Front Door phase one and two in place
- Intensive day support unit now open for eating disorders and parent support offer in place.
- Professional Therapeutic Pathway in place
- Expansion of CBT informed therapy delivered by children's wellbeing practitioners offering additional capacity within early intervention offers.
- Providing earlier support in primary care and education.
- Additional early support - Expanded offer to 11 teams providing 55% coverage of all schools across Norfolk and Waveney. Aligning with Norfolk Children Services School and Community Zones to ensure effective utilisation of system resource and avoid duplication

Actions												
Date opened	Action									Owner	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 13.06.2025 New transformation team in place at NSFT. Some progress with recruitment but skills mapping still required as there are currently gaps in appropriate knowledge & skills									Rebecca Hulme	31/03/26	
25/08/23	13.06.25 Following SPRG - NSFT formally requested to submit trajectories for RTA within 4 weeks and RTT within 18 weeks. Further request for information regarding ROTT rates, treatment start rates and action plans for longest waits									Rebecca Hulme	30/09/25	
13/06/25	Expansion plan developed with required funding described and discussed with finance. Further discussion will be required following proposed paper to EMT									Rebecca Hulme	30/09/25	
01/07/25	System clinical review of the quality, safety and efficiency of young people's journey through the mental health system. This pathway includes initial triage of requests for support (RfS) by the Children and Young People's Mental Health Advice, Support and Access Service (MHASA) delivered by Cambridge Community Service (CCS) and then subsequent assessments and treatments by Norfolk and Suffolk NHS Foundation Trust (NSFT), Mancroft Advice Project (MAP), Ormiston families (OF) or Talking therapies.									Rebecca Hulme	31/10/25	
27/07/25	Review contracts with Children Services to explore opportunities for alignment and to ensure best value for money									Rebecca Hulme	31/10/25	
Visual Risk Score Tracker – 2025/26												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	12	12	12	12	12	12	12			
Change	-	-	↓	-	-	-	-	-	-			

## BAF04

<b>Risk Title</b>	<b>Barriers to delivering equitable, safe and consistent care in adult mental health</b>		
<b>Risk Description</b>	There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet the need. If this happens, individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Richard Watson	Commissioning and Performance Committee	Mark Payne	Mental Health & LD
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	01/07/2022	31/03/2026	16/01/26
<b>Risk type</b>	Quality & patient safety		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	4	8
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Finance & Planning working group meet monthly to drive robust financial arrangements and deliver planned MHIS investment.
- System wide governance framework in situ
- NSFT lead CMHT, CRHT and Inpatient plan transformation programmes.

### Actions

Date opened	Action	Owner	Target completion
03/07/25	NSFT have stood up their mental health transformation program ICB officers are embedded into the programs of work and are present at the clinical transformation group which oversees this program of work. Work is focussing on 5 key areas inpatients, UEC, community, older adults and CYP.	Mark Payne	31/03/26

### Visual Risk Score Tracker – 2025/26

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



## BAF06

<b>Risk Title</b>	<b>System / Urgent &amp; Emergency Care (UEC) Pressures</b>		
<b>Risk Description</b>	<p>There is a risk that the Norfolk and Waveney health and social care system does not have sufficient resilience or capacity in the right care setting to meet the urgent and emergency care needs of the population whenever a need arises. This can result in longer than acceptable response times to receive treatment, delays in being discharged from hospital and as a result potentially poorer outcomes for our patients with associated clinical harms.</p> <p>This could lead to worsening ambulance response times for patients with a life threatening and / or life changing condition and an increasing number of patients remaining in hospital when they no longer meet the nationally prescribed 'criteria to reside.' The associated increase in longer lengths of stay and higher occupancy levels in all acute and community hospitals results in delays in admitting patients from our emergency departments (EDs) into a bed. In turn, this congests the EDs slowing down ambulance handover leading to more crews outside hospital who are unable to be released to respond to 999 calls.</p>		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Mark Burgis	Commissioning and Performance Committee	Ross Collett	UEC
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	01/07/22	31/03/26	24/12/25
<b>Risk type</b>	Quality & patient safety		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	5	20	4	4	16	3	4	12
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

#### 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.

#### National UEC Recovery Strategy:

- 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 78% A&E 4-hour performance. Baseline average LoS is currently 7.09 days for non-elective pathway.
- The system continues to fall below the 78% threshold set within the national recovery strategy.
- UCCH has now been recurrently funded which will ensure the admissions avoidance work that it has been undertaking will continue and the overall activity trend over time of ambulance dispatch in Norfolk and Waveney will continue to be flat. Work is continuing to enhance the UCCH initiative to support care homes and their residents to prevent unnecessary conveyance and admission to hospital, which began as part of the winter 24/25.

#### Hospital 'Admissions Avoidance:

- A range of 'Admissions Avoidance' schemes are in place across N&W to ensure that patients who have an 'urgent' care need are seen in a timely way in the right care 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.
- Unscheduled Care Coordination Hub (SPoA): The UCCH has been established since October 2023 as a single point of access for urgent care. The UCCH reviews the 999 and 111 stack coordinating the most appropriate response based on the patients' needs. The UCCH focusses on some of our most vulnerable and frail elderly patients to ensure only those that need a hospital admission or the service provided by an ED are conveyed. The UCCH also supports ambulance crews en-route and on scene with additional clinical support via the MDT.

Specific controls to improve discharge:

- There is a tactical work programme led by the UEC Programme Board Chair to increase flow by increasing speed of discharge and reducing length of stay ahead of winter.
- Each of the three UEC Alliances have a programme of work focussed on increasing flow and rate of discharge.
- 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 signs of improvement, however this needs to embed and sustain before further risk reduction.

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.
- Associated clinical risks are reviewed monthly by the ICS Clinical Risk Review Panel (CRRP). The panel monitors and through SCC puts in place control measures to mitigate risks and issues, this risk and issues log is shared with the UEC Programme for assurance purposes.

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 temporary escalation spaces / surge beds through internal operational changes and using some winter funding. This additional capacity has been maintained in to 24/25.
- All acute hospitals have ambulance handover plans to improve handover performance and accommodate surges in demand.

**Actions**

Date opened	Action	Owner	Target completion
19/03/25	Agreement being sort from each Place to take 5 additional patients each day to support achieving a C2 response time of 30 mins. The 3 Alliances have agreed to the ambition and sign off has been received from NCH&C. Monthly oversight shared with UEC with metrics also reported to alliances. Over Dec - Mar 2026 EEAST has made funding available to the system to increase UCCH capacity to support improved C2 response times.	Rebecca Richards	31/03/26

<b>10/06/25</b>	UCCH impact has reached the maximum level if focus continues to only be for C3-C5s. To make greater impact on admissions UCCH needs to be able to interact with more C2 calls pre-dispatch. Approval is being sought through EEAST Board to pilot C2 validation calls taking place in UCCH with the MDT. If approved the proposal is to trial this for 6 months over winter.	Rebecca Richards	<b>31/03/26</b>
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**Visual Risk Score Tracker – 2025/26**

Month	1	2	3	4	5	6	7	8	9	10	11	12
<b>Score</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>			
<b>Change</b>	-	-	-	-	-	-	-	-	-			

## BAF07

<b>Risk Title</b>	<b>Elective Recovery</b>		
<b>Risk Description</b>	There is a risk that elective care in Norfolk and Waveney may not meet constitutional commitments or in-year planning ambitions, resulting in prolonged waiting times beyond national and local targets. If this happens, it may lead to increased clinical harm and poorer outcomes for patients awaiting diagnosis and treatment (including cancer), worsen existing health inequalities, and negatively impact patient experience.		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Richard Watson	Commissioning and Performance Committee	Diane Smith	Commissioning & Performance
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	01/12/22	31/03/29	19/12/25
<b>Risk type</b>	Reputational		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	5	4	20	3	4	12
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Unified process of clinical harm review and prioritisation in line with national guidance.
- The Provider Productivity and Planning Oversight Group and the Scheduled Care Board have been established to oversee all workstreams to improve performance and reduce harm, driving operational changes from Commissioning and Performance Committee. Workstreams include: Productivity; Diagnostics; Demand Management
- Independent Sector Providers (ISP) are being utilised to support capacity, with the use of Elective Recovery Funds (ERF). Insourcing and outsourcing opportunities being utilised to create capacity, with focus on challenged specialties."
- Cancer: Local engagement to raise awareness of signs/ symptoms of cancer and to encourage early presentation to Primary Care/linking with health inclusion groups and areas of deprivation. Non-Specific symptoms (NSS) pathway is in place via the system cancer Rapid Diagnostic Service and the "C the Signs" Primary Care Clinical Decision support tool to improve quality and reduce variation in urgent suspected cancer referrals.
- Mutual aid process agreed to enable patients to transfer to alternative providers using existing capacity. Within the ICS this is developing into the Group Model.
- New theatre capacity opened at NNUH in December 23. Additional orthopaedic capacity at NNUH (NaNOC) opened in July 2024 and JPUH is due to open spring 2025.
- All three N&W Acute Trusts have engaged in the national validation sprint, NHSE funded, and monitoring of effect is in place.

### Actions

Date opened	Action	Owner	Target completion
22/04/24	65 week position as per KLOE (16/12/2025) <ul style="list-style-type: none"> <li>o JPUH (2025) - 21/12/25 forecast: 164; 31/12/25 forecast: 140</li> <li>o NNUH (2025) - 21/12/25 forecast: 45; 31/12/25 forecast: 37</li> <li>o QEH reporting - 21/12/25 forecast: 2; 31/12/25 Forecast: 1</li> </ul>	Diane Smith	31/03/26
01/04/24	The 52 week position at 31/10/25: 4.2% v's planned position 2.8% (6,295 people v's planned position 3,835) Trusts split:	Diane Smith	31/03/26

	<p>NNUH 5.0% v's planned position 3.4% (4,121 people v's planned position 2,594)  JPUH 5.1% v's planned position 3.4% (1,768 people v's planned position 1,099)  QEH 1.6% v's planned position 1.4% (421 people v's planned position 351)</p> <p>52 week forecast position across the ICS (26/11/2025):</p> <ul style="list-style-type: none"> <li>NNUH (2025) - end Dec forecast: 2192 (against plan of 2192) +0 (0%) from plan</li> <li>JPUH (2025) - end Dec forecast: 1552 (against plan of 748) +804 (107%) from plan</li> <li>QEK (2025) - end Dec forecast: 330 (against plan of 330) +0 (0%) from plan</li> </ul> <p>Forecasts as at 26/11/25</p> <ul style="list-style-type: none"> <li>NNUH (2025) - end Nov forecast: 2810 (against plan of 2593) +417 (17%) from plan</li> <li>JPUH (2025) - end Nov forecast: 1629 (against plan of 927) +702 (76%) from plan</li> <li>QEK (2025) - end Nov forecast: 480 (against plan of 331) +149(45%) from plan</li> </ul>		
<b>28/11/24</b>	Opening and full functionality at the planned Community Diagnostic Centres (CDC's) will decrease the pathway to diagnostics, an interdependent step to treatment and therefore the RTT standards being met - workforce dependency. Some pathways have been delayed due to operational and environmental issues	Diane Smith	<b>31/01/26</b>
<b>28/11/24</b>	NHSE to begin monitoring 18 week position through KLOE, providing a proxy of total waiting list	Diane Smith	<b>29/11/24</b>
<b>02/08/25</b>	Highlight the challenge in utilising all capacity in elective care, including new facilities such as NANOC / CDC's / Ortho Elective Hub, due to workforce shortages. This incorporates challenges experienced by providers in securing workforce resource sign-off through triple lock process. To escalate to the appropriate group. Shared with People Board chair and NED and further discussion in development. Pending feedback from People Board chair for best approach - People Board attendance delayed by Board scheduling	Diane Smith	<b>31/01/26</b>
<b>19/12/25</b>	JPUH and NNUH Remedial Action Plans required to meet the 2025/26 planned RTT position	Diane Smith	<b>31/03/26</b>

**Visual Risk Score Tracker – 2025/26**

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

## BAF08

<b>Risk Title</b>	<b>Achieve the 2025/26 financial plan</b>		
<b>Risk Description</b>	IF the ICB does not deliver the 2025/26 Financial Plan of a break-even position, THEN the ICB may not be able to maintain spending on current levels of service, or to continue with plans for further investment. This may lead to a reduction in the levels of services available to patients.		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Howard Martin	Finance Committee	Colin Bright	Finance
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	10/05/23	31/03/26	07/01/26
<b>Risk type</b>	Financial		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	4	16	3	4	12
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Detailed plan for the current year approved by Board and submitted to NHSE/I as part of the break-even system plan.
- Analysis and understanding of underlying recurrent position, including drivers of the deficit on a monthly basis.
- Monthly Finance Report presented to Finance Committee and Board.
- Key lines of Inquiries (KLOEs) have been reviewed and provide assurances as to strong financial governance and best practice adoption. The ICB is part of the Triple Lock process with self-imposed reduced limits of £25k.
- ICS Medium Term Financial Model has been developed on consistent assumptions.
- Monthly monitoring of risks and mitigations, reported to NHSE/I.

### Actions

Date opened	Action	Owner	Target completion
31/07/24	Review of all mitigations and recovery actions to support the financial delivery to plan.	Colin Bright	31/03/26
01/04/24	Review of monthly and year to date performances and assess forecast out-turn evaluated risks and mitigations.	Colin Bright	31/03/26

### Visual Risk Score Tracker – 2025/26

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

## BAF09

<b>Risk Title</b>	<b>Finance Team Transition Tasks</b>		
<b>Risk Description</b>	There is a risk that the finance team will not complete all closedown and set up task for the current ICBs and new Norfolk and Suffolk ICB. This would impact the organisation's capability to perform critical finance functions. This risk is reflected nationally and is a direct result of the ISFE2 implementation, and the continuous impact and delays in NHSE guidance and oversight. The risk is compounded by the additional impacts of the staff restructure on morale and capacity of the workforce.		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Amanda Lyes & Howard Martin	Transition Committee	James Thompson, Chris Armitt, Colin Bright and Simon Cushing	Finance
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	02/12/25	31/03/26	30/12/25
<b>Risk type</b>	Financial		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	5	25	4	5	20	3	4	12
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Proactive communication with NHSE to establish timelines.
- Issues with new ISFE2 system raised.
- Engagement with staff who are facing additional pressures due to issues created by the new ISFE2 system.
- Support offered where possible to address low morale due to restructure and increased workload due to staff leaving.

### Actions

Date opened	Action	Owner	Target completion
02/12/25	Risk raised by finance leads of SNEE and NW at Transition Committee, agreed by all attending to be escalated to risk register and Board meeting of 16 December 25.	Operational Leads	31/03/26
05/12/25	SNEE and N&W AC Chairs will be jointly writing to the NHSE Audit & Risk committee chair outlining these issues.	Operational Leads	31/03/26

### Visual Risk Score Tracker – 2025/26

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

## BAF10

<b>Risk Title</b>	<b>Timely Delivery of Transition Tasks</b>		
<b>Risk Description</b>	There is a risk to the timely delivery of tasks required for transition due to delays in guidance being received from NHSE. This would impact the new organisation's functionality. This risk is reflected nationally.		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Amanda Lyes & Howard Martin	Transition Committee	Lizzie Mapplebeck	Finance
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	02/12/25	31/03/26	16/12/25
<b>Risk type</b>	Transformational		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	3	6
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Proactive communication with NHSE regarding the delivery of guidance required.
- Regular meetings with the regional NHSE colleagues to address concerns and escalate issues as a collective.
- Engagement with workstream leads to highlight any upcoming due dates.

### Action

Date opened	Action	Owner	Target completion
02/12/25	Risk raised by LM at Transition Committee, agreed by all attending to be escalated to risk register. This risk affects multiple workstreams such as IT and Digital, Governance, Communications, Business Continuity, Data and Quality.	Lizzie Mapplebeck	31/03/26

### Visual Risk Score Tracker – 2025/26



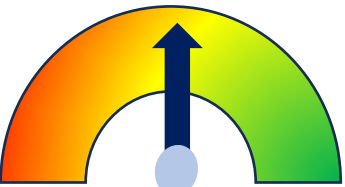
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score								12	12			
Change								-	-			

# Strategic Risk 1: System Accident and Emergency

Failure to meet NHS England 25/26 Priorities and Operational Planning Guidance, specifically:

- improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026.
- Category 2 ambulance response times should average no more than 30 minutes across 2025/26

Risk due to:	Impacts arising from risk:
1. Sustained or growth in demand for UEC services (particularly ambulance and Trust front door)	1. Reduced population health outcomes
2. Inefficient flow through end-to-end UEC pathway (inc. clinical risk appetite, internal professional standards, and delayed discharge)	2. Increased patient safety risks (including from the use of temporary escalation spaces (TES), from delays & from overcrowding)
3. Suboptimal delivery of productivity and efficiency opportunities	3. Suboptimal patient care experience (including from the use of TES & overcrowding)
4. Workforce constraints (inc. vacancies, staff turnover, and competency).	4. Reputational damage to the NHS, specifically within SNEE ICB
5. Suboptimal alternative services to ambulance and ED (inc. lack of calibration of services to achieve end-to-end pathway flow)	5. Deterioration or failure to achieve performance to plan
6. Seasonal variation (i.e. surge in demand that couldn't otherwise have been reasonably planned for)	6. Staff wellbeing (including moral injustice of caring for patients in TES & in overcrowded conditions)
7. Industrial action	
8. Material organisation change (Provider and ICB) inc. Workforce and IT (e.g. ESNEFT EPIC)	

Original Risk Rating = 16	Current Risk Rating = 16	Target Risk Rating = 12
		
Without any mitigations or controls the risk was: $4 \times 4 = 16$ which is red rated.	Currently with existing mitigations and controls the risk is: $4 \times 4 = 16$ which is red rated.	The target risk rating is: $4 \times 3 = 12$ which is amber rated.

The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee
Richard Watson	Urgent and Emergency Care Group (Last reviewed at Nov UEC Group out of Committee)

Relevant Directorate Risk Register entries

The risk identified is relevant to all ICB directorates, particularly Strategy and Transformation Directorate and the Alliances. This links to entry 142 on the Directorate risk register.

### Relevant System Partner Aligned Risks

Risks surrounding urgent and emergency care have been identified by the majority of system partners, with the greatest risk affecting acute and community providers, ambulance services and mental health trusts.

<b>Current Controls</b>	<b>Gaps in controls</b>
1. System Coordination Centre (SCC) managing daily operational issues (proactive and reactive) inc. On Call.	1. Sustained unwarranted variation in practice and performance between providers that doesn't align to nationally recognised good practice (NHS England's Impact Programme). <i>Mitigation:</i> Heighten focus on compliance with national guidance (GIRFT/IMPACT)
2. Integrated business planning and delivery oversight – strengthened and ongoing for 25/26 (locl, regional and national). Medium term planning from 26/27 has commenced in line with NHS England planning framework. In Nov there is a joint NHSE ICB & ESNEFT assurance & Improvement focussed deep dive.	2. Workforce constraints (culture to deliver pace and scale of change required; Restructure). <i>Mitigation:</i> Collaborative system working – prioritisation, planning, delivery and assurance with focus on delivering improvements and mitigation of risk.
3. Organisational and integrated system improvement plans and delivery oversight (inc. SNEE UEC Forward Plan; UEC demand mgt (PA Consulting Phase 2; bespoke improvement initiatives (e.g. Ips Hosp's 'Time to Care'). Bespoke improvement support from NHS EOE Performance Team to ESNEFT. Initially focused on Ips Hosp, now extended to Colchester.	3. Suboptimal focus on robustly evaluating the impact of investment/change and taking informed decisions thereafter. <i>Mitigation:</i> Enhanced working with ICS Intelligence Function (inc. 24/25 Winter Debrief and 25/26 preparedness; UEC Demand Mgt; UEC Forward Plan).
4. Digital support (e.g. Shrewd to support proactive management)	4. Capturing harm from delays – EEAST currently capture & report incidents where system pressures have created delays in responding to C2 calls and have caused a patient safety incident of moderate harm or greater. There are however other instances of patient harm where system pressures have created delays and caused patient harm that we may not be routinely capturing. <i>Mitigation:</i> harm review group to review identified system delay incident & agree processes for capturing other incidents. TES audits planned across SNEE to provide assurance of safety & experience standards. Jan 2026 - Action from Clinical Risk Review Group to look deeper into how we capture harm from system delays.
5. Seasonal variation planning (specific focus on winter 25/26 preparedness aligned to NHS England's 25/26 UEC Plan). By mid Nov, EEAST are expected to confirm additional non-recurrent resource funding to strengthen UCR.	
6. Alliance governance and oversight – including BCF and Discharge funds process.	

7. Refreshed and streamlined governance (performance oversight – collaboration with NHS EoE)	
8. Change mgt (inc. Restructure transition management; NHSE Gateway Reviews (EPIC))	
9. Clinical Advice Service available to EEAST crews to support use of alternative pathways	
10. Handover in 45 mins processes in place across all sites, and Rapid Release process in place to support immediate release of ambulance crews as required	
11. Clinical Risk Review Panel established – a forum for the senior clinical leads in the SNEE UEC system to collaboratively identify, review key clinical risks & proposed mitigations.	
12. WSFT TES review group is embedded as a robust means of reviewing harm from TES.	

Current Assurances	Gaps in Assurances
1. Information system that track live and historic demand against forecast to inform proactive and real time management of demand.	1. Infection outbreaks not predictable however, greater focus on prevention (practice and capability)
2. Provider, system and NHS England governance re planned v actual delivery (performance, improvement and quality)	
3. Regulator, SNEE ICB and NHS England quality and practice reviews (inc. CQC)	
4. Active participation in NHS England improvement initiatives (e.g. LINs)	

Current Aggregated Assurance Rating: **Limited**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date

**System context (performance & quality) for Jan 2026:**

**System context (performance & quality) for Jan 2026** - Significant system challenges, including BCI across ESNEFT in early January, and all 3 Acute Trust sites in critical incident during January. Significant flow issues across ESNEFT, with all temporary care environments full, and EEAST continuing to cohort at times.

**Ambulance C2 mean** – Monthly performance remained poor at 41 mins. EEAST resourcing positive, but lost hours for patient handover impacted Arrival to Handover times.

**ED 4 hr performance** – Significant improvement in ESNEFT 4 hr performance to 74.9% (below plan) and 70.6% (on plan) at WSFT. To note, ESNEFT remained the lowest performing Trust regarding CYP, reporting 71% of paediatric patients being seen within 4-hours (Sept 2024 data).

**ED 12 hr performance** – Improvement in the run up to Christmas to our lowest levels, but back at 17.7% for ESNEFT and 10.3% for WSFT by month end.

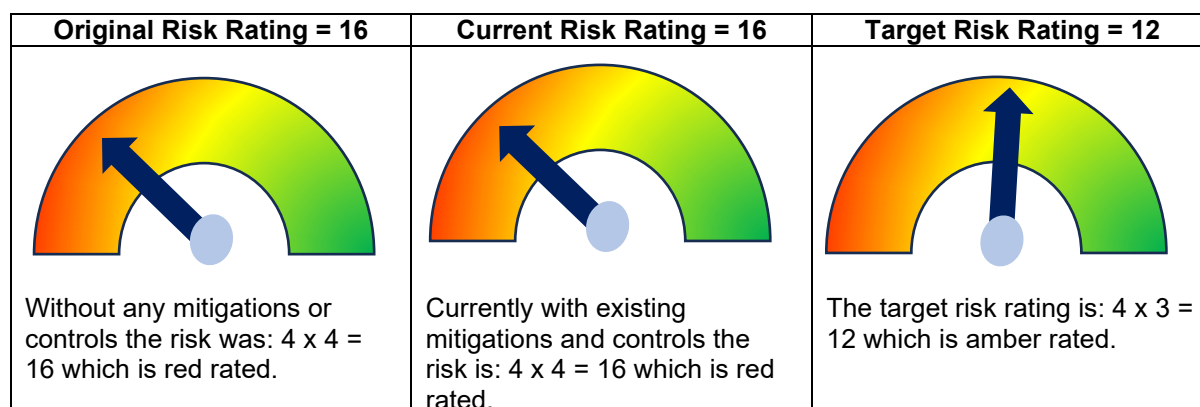
**Arrival to Handover** - Extensive Arrival to Handover delays at all 3 sites, particularly at Colchester; with all sites continuing to see delays of >45mins.

**System Delay Incidents** - 1 system delay incident in SNEE declared by EEAST during January. Action from Clinical Risk Review Panel to look deeper into how we capture harm from system delays.

## Strategic Risk 3: Waiting lists are not meeting constitutional target of 18 weeks.

NHS England's 25/26 Operational Planning Guidance requires the ICB to reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.

Risk due to:	Impacts arising from risk:
1. Post Covid-19 backlog.	1. Reduced population health outcomes
2. Capacity constraints (inc. prioritisation of demand e.g. UEC)	2. Increased patient safety risks (inc. harm due to long waits and/or suboptimal support to 'Wait well')
3. Workforce availability	3. Suboptimal patient experience
4. Ability to deliver required productivity and efficiency opportunities (inc. pathway change)	4. Reputational damage to the NHS, specifically within SNEE ICB
5. Industrial action	5. Suboptimal workforce morale potentially leading to reduced absence, productivity and inefficiency



The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee
Richard Watson	Planned Care Group (Reviewed bi-monthly. Scheduled Nov '25)

### Relevant Directorate Risk Register entries

The risk identified is relevant to all ICB directorates, particularly Strategy and Transformation Directorate and the Alliances. This risk relates to entry no. 148 on the Directorate risk register.

### Relevant System Partner Aligned Risks

Risk of delivery has been identified by all relevant partners who are brought together under the umbrella of the ICB's Planned Care Group supported by the Elective Care Programme Board jointly chaired by ESNEFT and WSFT, in addition to regular delivery oversight meetings chaired by the ICB's Director of Operations.

<b>Current Controls</b>	<b>Gaps in controls</b>
1. Established Trust-led elective change programme (ECPB) (inc. productivity, demand management and referral optimisation).	1. Workforce constraints (inc. culture to deliver pace and scale of change required; NHS Restructure; in addition to recruitment challenges impacting maximisation of diagnostic provision, part. Newmarket CDC). <i>Mitigation:</i> Collaborative system working – planning, delivery and assurance with focus on achieving improvements and mitigation of risk; WSFT Tier 1 (elective and diagnostics); attendance at regional events (LIN and Masterclasses).
2. Detailed portfolio, speciality and diagnostic delivery plans with supporting organisational and system oversight - strengthened and ongoing for 25/26 (inc. NHSE-led Tiering; NHSE GIRFT visits; fiscal monitoring).	2. Sustained unwarranted variation in practice and performance between providers that doesn't align to nationally recognised good practice (NHS England's Impact Programme). <i>Mitigation:</i> Heighten focus on compliance with national guidance (GIRFT) inc. participation in nat. improvement schemes (e.g. MSK Community) where resource permits; ICB-led service reviews (e.g. gynae and dermat) to evidence provision aligns to pop. need and good practice; attendance at regional events (LIN and Masterclasses).
3. Strengthened interface with dependent services (inc. Alliance-led 'Waiting Well' programmes; primary and secondary care (Advice & Guidance; referral optimisation; GIRFT Community MSK initiative; Healthwatch Suffolk patient insight (May '25))	3. Ring-fenced bed capacity is not available for some specialities (especially orthopaedics at WSFT). The risk has been reduced somewhat by the opening of the Elective Orthopaedic Centre (The Dame Clare Marx building) in Oct '24.
4. Mutual Aid arrangements to support delivery to trajectories (in and beyond SNEE ICB)	
5. Strengthen commissioning and contract mgt within the ICB (inc. review of clinical policies; mgt aligned to NHS commissioning cycle; use of independent sector)	
6. Plan to achieve full operating capability of ESEOC agreed at May ICB FPW Cttee. Delivery oversight in place.	
7. System action plan developed in response to the Healthwatch Suffolk report into waiting for treatment. Actions 1-6 completed (detailed in Nov Planned Care Group Quality report). 3 new actions added following a deep dive into elective care at the ICBs Quality Committee: system approach to harm from long waits reviews; review of pain provision in SNEE; further review of the resources available for people waiting for treatment, by people with a lived experience.	

<b>Current Assurances</b>	<b>Gaps in Assurances</b>
1. Oversight by the ICB's Planned Care Group in context of overall ICB governance model.	1. A consistent & robust approach within SNEE to identify, understand and mitigate patient harm (physical & psychological) in the context of elective care was challenged at the Sept ICB Quality Cttee. This was particularly evident in relation to the dissonance between lived experience insight from HWS (May '25) and the

	stance and practice within Trusts. <i>Mitigation:</i> Draft policy currently in review for the system to adopt – discussed at the Nov Patient Safety Collaborative, further work in progress.
2. Joint Elective Care Programme Board chaired by ESNEFT & WSFT.	
3. Monthly system performance reviews, in collaboration with NHSE	
4. Tiering oversight process (WSFT elective, diagnostics & cancer)	
5. Regional Acute Planned Care Taskforce	
6. Regional sitrep returns and national oversight (inc. GIRFT engagement)	
7. Active participation in NHS England improvement initiatives (inc. LINS; GIRFT; Masterclasses)	

Current Aggregated Assurance Rating: **Limited**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date

### System context update (performance & quality) for Jan 2026:

Please note that there are data issues post EPIC implementation at ESNEFT.

#### Referral to Treatment (RTT) Times

As of 10/12, ESNEFT remains confident it will continue to clear 65ww by 21<sup>st</sup> Dec and achieve its 52 ww plan at the end of March 2026. Week ending 28 Dec 2025, ESNEFT were at 70.7% for first attendance within 18 weeks) – data from EoE performance report.

WSFT remains confident in its ability to clear 65ww by 21/12. The 52-week position continues to improve, with November at 784 against a plan of 599. Total waiting list size remains largely static with extra validation resource secured in Dec 2025. Week ending 28 Dec 2025, WSFT were at 75.4% for first attendance within 18weeks) – data from EoE performance report.

#### Diagnostics

WSFT diagnostic performance remains a particular challenge (national outlier), specifically in relation to NOUS, endoscopy, audiology and DEXA. Actual deliver is above plan (55.97% v 51.89% DM01).

Newmarket CDC actual performance against plan is circ. 51% (Nov). Mitigation plans continue to be strengthened and are subject to scrutiny and support through tiering.

### **Advice & Guidance (A&G)**

Self-assessment against NHSE Level 3 maturity continues to evidence improvement.

Reassessed in Dec 2025 (Q3) –

9/21 metrics rated mature (improved from 4/21 in Q2)

10/21 rated firm progress (from 2/21 in Q2)

2 metrics still rated early progress – clinically led audits & health inequalities reporting.

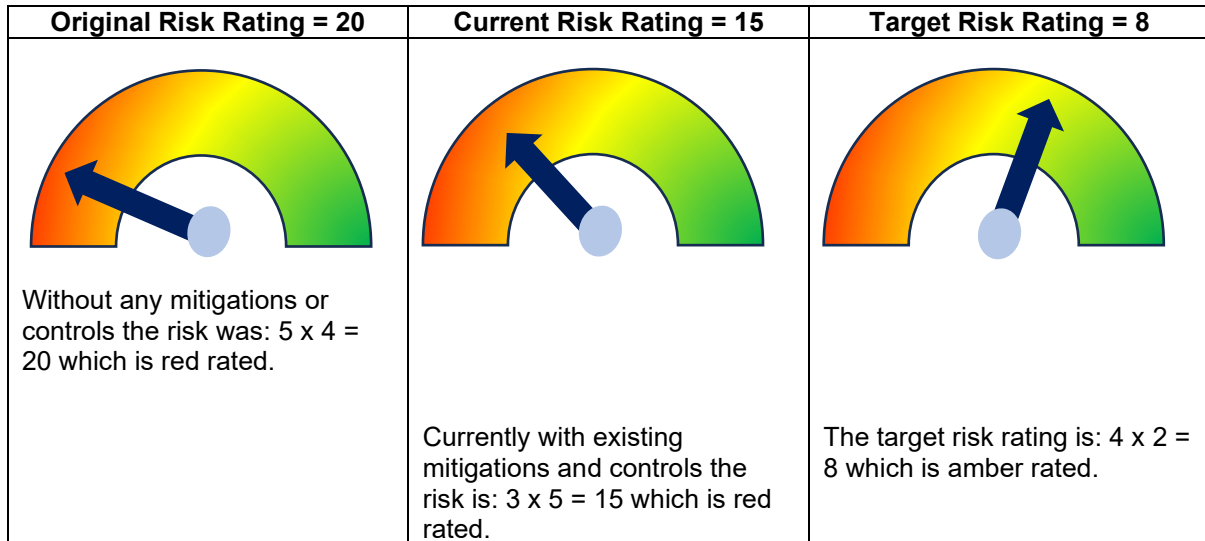
Q4 plan - Implementing recommendations in A&G review and reset paper to maximise usage of A&G in Q4 as agreed at Planned Care Group on 28 November. This includes continuing to progress with increasing maturity against national A&G framework and working with identified specialties to improve turnaround times.

## Strategic Risk 8: System Adult Mental Health (excluding dementia)

Our [Joint Forward Plan](#) sets out our commitment to support people with mental health needs as part of the [feel well](#) domain. If the current issues relating to our two major mental health providers persist (NSFT/EPUT), we will not improve outcomes for our population by 2028. If the interface between MH and UEC providers does not improve, outcomes for the population will not improve.

If we do not reinstate assertive/intensive services for the most hard-to-engage patients with severe mental illness, EPUT and NSFT will not meet the required service levels without impacting on other MH service user groups.

Risk due to:	Impacts arising from risk:
<p>NSFT: The following specific services require improvement:</p> <ol style="list-style-type: none"> <li>1. Mental health crisis services and health-based places of safety.</li> <li>2. Acute wards for adults of working age and psychiatric intensive care units.</li> <li>3. Community-based mental health services for adults of working age.</li> <li>4. Failure to comply with statutory requirements (section 117).</li> </ol> <p>EPUT: The following specific services require improvement:</p> <ol style="list-style-type: none"> <li>1. Wards for people with a learning disability or autism.</li> <li>2. Wards for older people with mental health problems.</li> <li>3. Community-based mental health services for adults of working age.</li> <li>4. Acute wards for adults of working age and psychiatric intensive care units were deemed inadequate by the CQC.</li> <li>5. Ardleigh Ward, Colchester quality and patient safety concerns – RQR pending</li> </ol> <p>System wide demand pressures and capacity particularly related to:</p> <ol style="list-style-type: none"> <li>1. Workforce planning.</li> <li>2. Demand for autism and ADHD services and withdrawal by SNEE GPs from shared care arrangements. As of Jan 2025, 5861 patients waiting for ADHD assessment. Minimal support is available for those waiting EPUT and NSFT do not have capacity to meet demand.</li> <li>3. Lack of assertive outreach services and additional resources.</li> <li>4. Section 117 implementation and Governance.</li> <li>5. High demand in northeast Essex and high numbers of patients with delayed transfers of care in EPUT inpatient beds.</li> <li>6. Increasing demand in ED West Suffolk</li> <li>7. Increased demand for acute MH beds</li> </ol>	<ol style="list-style-type: none"> <li>1. Poor patient experience</li> <li>2. Long waiting lists</li> <li>3. Increased risk to public (specifically related to Assertive Outreach)</li> <li>4. Reduced ability to manage demand and flow into acute hospitals and impact on police resource.</li> <li>5. Harm to patients due to delayed treatment.</li> <li>6. Concern about harm to population with mental health problems because of systematic inequalities (deprivation, lack of housing, demand on and availability of community support)</li> <li>7. Legal challenge re: 117; risk of deterioration of mental illness/readmission</li> <li>8. Patients spending extended periods in acute hospitals for inpatient MH Beds</li> <li>9. Numbers of people presenting with severe MH distress who are not known to secondary MH services (inadequate wider community offer).</li> <li>10. demand and capacity of MH Acute beds leading to use of 'Inappropriate' Out of Area beds.</li> </ol>



The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Lisa Nobes and Richard Watson	Quality Committee	3 February 2025

Relevant Directorate Risk Register entries

Nursing and Clinical:  
 Assertive Outreach  
 Eating Disorders (Essex)  
 ADHD  
 Section 117  
 Adverse Experiences of people awaiting transfer from ED to MH beds  
 ASD waiting times  
 MH OOA Beds

Relevant System Partner Aligned Risks

[Blank]

Current Controls	Gaps in controls

<ul style="list-style-type: none"> <li>- NSFT Improvement Board.</li> <li>- EPUT SOF 3 Oversight action plan/Quality Together Meeting</li> <li>- Essex Quality. collaborative/single contract. for</li> <li>- EPUT Time to Care.</li> <li>- EPUT International Fundamentals of Care programme.</li> <li>- Pathways for inpatients with physical health issues is a risk identified by NSFT and is on their risk register with senior nurse oversight and support from ICB.</li> <li>- Suffolk Eating Disorders currently in business continuity mode however exit is currently within NSFT governance processes to exit BC.</li> <li>- NSFT OOA reduction programme.</li> <li>- EPUT Learning from Death Oversight Group (LDOG).</li> <li>- Focussed ED MH visits project action plan. Overseen by ICB.</li> <li>- Quality deep dive, led by EPUT (supported by ICB) of NEE MH Wards</li> <li>- Right to choose accreditation scheme pending</li> <li>- ICB Public Information page re ADHD and ADHD prescribing</li> <li>- EPUT Assertive Outreach options paper due December 2025 followed by Public Board wrap-up statement/report.</li> </ul>	<ul style="list-style-type: none"> <li>- Strategic vision for quality improvement from NSFT.</li> <li>- Detailed outcomes from quality strategy required from EPUT.</li> <li>- Assertive Outreach plans to follow in March 2025.</li> <li>- Awaited community transformation plans from EPUT and NSFT.</li> <li>- Lead-time wait on ADHD accreditation framework</li> <li>- Challenge in monitoring performance and quality outcomes for private providers</li> <li>- The Right to Choose will not effectively mitigate as Independent Provider lists may increase and people will have to wait longer than 18 weeks</li> <li>- Long term funding commitment to mitigating services such as the recovery college</li> </ul>
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Current Assurances	Gaps in Assurances
<ul style="list-style-type: none"> <li>• Both NEE and Suffolk have improved their performance for SMI health checks for people in the community with support from VCSEs and other providers.</li> <li>• Evidence Assurance Group focus on CQC Must Dos, commissioners attend.</li> <li>• Adult eating disorder service is exited business continuity mode</li> <li>• Right to choose accreditation scheme pending</li> <li>• ICB Public Information page re ADHD and ADHD prescribing</li> <li>• Ardleigh Ward review underway and interim actions taken to improve local leadership</li> </ul>	

Current Aggregated Assurance Rating: **Limited**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	<b>Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing</b>

	<b>the Risk and action is required to address and / or there are gaps in assurance.</b>
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

<b>Actions being taken to improve assurance</b>	<b>Implementation date</b>
Ardleigh Ward Rapid Quality Review	December 2025
SNEE wide ADHD project (Right to Choose accreditation framework)	Ongoing
Suffolk Section 117 Steering Group.	Likely 3-year workplan
EPUT Evidence Assurance Group - implemented – chaired by MSE CNO (lead commissioner).	Ongoing
Assertive Outreach Implementation groups with NSFT, EPUT, neighbouring ICBs and NHSE	Underway
Essex Eating Disorder Steering Group.	Underway
Suffolk Eating Disorder Steering Group	Underway
EPUT Community Services review.	w/c 25th January 2025
NSFT Community Services review.	Underway
Quality Together meeting (EPUT) and reintroduction of QCPM	Underway, monthly
Essex Pan Essex Internal Assurance Group	Monthly, chaired by SNEE ICB
Essex Contract Technical Group	Monthly, chaired by MSE ICB




#### Executive Director update on actions to date

- Assertive Outreach update coming to public board in January 2026. No monies will be forthcoming for this cohort leading to increased concern about delivery of adequate model of care and risk to patients and public.
- Corporate Risk Register updated with new processes underway with MDT and Quality Directorate to ensure risks and issues are adequately recorded.

## Strategic Risk 10: Access to Primary Care

Reduction in access to, experience of and outcomes in primary care due to capacity, demand, constraints (workload; workforce; digital and estates).

Risk due to:	Impacts arising from risk:
1. Recruitment - inability to recruit & retain GPs + reduction in number of trainees.	1. Potential quality of outcomes for patients.
2. Reduction in partners willing to take on practice estates liability.	2. Decline in continuity of care.
3. Stress leading to high turnover.	3. Decline in clinical workforce capacity.
4. Reduction in clinical sessions to protect from burnout.	4. Increased waiting times resulting in deterioration (delay in accessing appointments (first and follow up).
5. IT Pressures including availability of hardware and changing systems.	5. Increased referral to acute diagnostic and/or planned care services.
6. Lack of system alignment.	6. Increased attendances at A&E.
7. Financial - partner liabilities (estates, employment and single partners), wage growth and inflation (e.g. energy prices).	7. Increased pressure on 111 and Pharmacy services.
8. System pressure including movement of unfunded workload.	8. Potential GP industrial action because of new GP contract. Could include reduction of appointments or services provided by primary medical care. - This impact is deemed low due to new contract agreed with BMA for 25/26. Further risk may arise for 26/27.
9. Reduction in number of carers.	9. GP and staff retention
10. Lack of dental and mental health capacity.	[blank]
11. GP contract changes 24/25 and 25/26.	[blank]
12. Inability to meet growing Primary Care Estate need.	Training, recruitment and expansion. Neighbourhood health centres

Original Risk Rating = 16	Current Risk Rating = 16	Target Risk Rating = 8
 <p>Without any mitigations or controls the risk was: <math>4 \times 4 = 16</math> which is red rated.</p>	 <p>Currently with existing mitigations and controls the risk is: <math>4 \times 4 = 16</math> which is Amber rated.</p>	 <p>The target risk rating is: <math>4 \times 2 = 8</math> which is green rated.</p>

The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last revied by Executive Committee
Alliance Directors	Alliance Committees	3 February 2025

Relevant Directorate Risk Register entries

- Alliance risk logs
- Workforce
- Estates

### Relevant System Partner Aligned Risks

- Urgent and Emergency Care
- Performance of mental health services - access and outcomes
- Physical and psychological support to dementia patients

<b>Current Controls</b>	<b>Gaps in controls</b>
1. Development of Primary Medical Care forward strategy and plan towards new models of care to include safe working levels.	1. GP recruitment and retention programmes do not yet meet full demand.
2. Recruitment and retention programmes (clinical and non-clinical) including ARRS roles.	2. Workload management models require OD support not yet funded or fully in place.
3. Workload management models.	3. National estates planning tools have not fully reflected local need and goals – local supplementary work in place.
4. Development of PCN estates plan and delivery of new digital support.	4. Operational delivery plan in place and actions identified
5. GP recovery plan and action plan	5.
6. CBT and online consultation tools to increase access.	
7. SNEE General Practice Assurance Framework.	
8. Practice level support programmes such as SLF and MGP underway	

<b>Current Assurances</b>	<b>Gaps in Assurances</b>
1. Primary Care Commissioning Groups.	1. Further work is required to align the given controls to provide collective and comprehensive assurance.
2. Training Hub (THOG).	[blank]
3. Operational Support: (PM meetings / PCN CD and PCN Business Manager Meetings.	[blank]
4. ICB wide GP Executive.	[blank]
5. Monthly ICB and LMC meeting.	[blank]
6. Monthly SNEE PMC MDT.	[blank]
7. Joint Primary Care Strategy and Policy Group.	[blank]

Current Aggregated Assurance Rating: **Adequate**

<b>Assurance Rating</b>	<b>Detail</b>
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date
1. Primary Care Forward Strategy and Plan complete.	December 2025
2. Primary Care Access Recovery Plan.	Complete
3. Progression of PCCG in common governance and management.	Ongoing
4. Operational delivery plan	July '25
5. GP Action plan	On-going

Executive Director update on actions to date




**January 2026**

There is a co-ordinated and collective (all three Alliance/ICB) approach to the management and governance of the actions set out – strategy, operational plan, workforce and estates programmes, which respect local differences and the benefits of collective and aligned actions. Implications of PCN pilot still TBD but early indications are positive for pilot sites in terms of access and capacity. New contractual requirements came into effect in October '25 and expected to improve patient experience of access. Compliance levels of new contractual changes are high. New GP contract details to be published for 26/27.

## Strategic Risk 11: Cyber Security

Potential impact of cyber security incident could lead to wide scale IT system outages, meaning no access to patient records, e-dispensing services etc.

Risk due to:	Impacts arising from risk:
1. Potential system cyber security attack.	1. Wide scale IT system outages.
2. Increase in national requirements regarding the need to achieve cyber essentials + accreditation.	2. No access to patient records.
3. No additional national funding for cyber security to assist in mitigating risk.	3. Disruption to all IT based services.
[blank]	4. Complex restoration of IT services.
[blank]	5. Potential lack of access to relevant IT skills for system restoration.

Original Risk Rating = 20	Current Risk Rating = 15	Target Risk Rating = 12
 <p>Without any mitigations or controls the risk was: <math>4 \times 5 = 20</math> which is red rated.</p>	 <p>Currently with existing mitigations and controls the risk is: <math>3 \times 5 = 15</math> which is red rated.</p>	 <p>The target risk rating is: <math>4 \times 3 = 12</math> which is amber rated.</p>

The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Peter Wightman	Strategic DDaT Delivery Committee	

### Relevant Directorate Risk Register entries

Held on SNEE Wide risk register.

### Relevant System Partner Aligned Risks

Not applicable.

Current Controls	Gaps in controls
1. Microsoft MFA.	1. Regularly tested cyber response.
2. Ensuring backup and restore mechanisms are in place.	2. Confidence in Primary Care cyber coverage (introduction of smart Firewalls) has helped.
3. Next Generation Firewalls.	[blank]
4. Monthly Penetration testing.	[blank]
5. Immutable backups.	[blank]
6. Anti-virus via MDE.	[blank]

7. Encryption.	[blank]
8. Machine based VPN.	[blank]
9. Data housed in secure data centres.	[blank]
10. Microsoft Entra for logins	[blank]
11. SIEM monitoring.	[blank]

Current Assurances	Gaps in Assurances
1. External and internal audit.	[blank]
2. Monthly SLA provider meetings.	[blank]
3. Monthly service review provider meetings.	[blank]
4. Audit Committee review.	[blank]
5. Cyber Essentials Plus accreditation	
6. Secure Email accreditation (DCB1596)	
7. DSPT – CAF 2024/25 standards met	
8. AI Policy approved	
9. Cyber, IT, IG, AI, EPRR drop-in sessions for staff	

Current Aggregated Assurance Rating: **Adequate**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date
1. NAC (Network Access Control) system being implemented across Suffolk	In progress
2. Application control being implemented across Suffolk	In progress
3. Windows 10 PCs / Laptops will be decommissioned (Primary Care)	Completed by 14 <sup>th</sup> October 2025
Firewall version upgrades across Suffolk primary care	Upgrades completed 30 <sup>th</sup> October

Executive Director update on actions to date

**November 2025 update:**

- Data Security and Protection Toolkit (DSPT) - CAF 2025/26 currently being worked on with new mandatory outcomes to be audited in February 2026.
- DSPT – CAF assurance workplans are being established across both SNEE and N&W ICBs ready to take forward for Norfolk and Suffolk ICB.

- October was Cyber Awareness Month – Staff awareness newsletter including topics like phishing, passwords, tips and tricks for good cyber security practice
- Windows 10 upgrade / replacement completed in primary care

**September 2025 update:**

- Data Security and Protection Toolkit (DSPT) - CAF 2024/25 - Standards Met
- DSPT – CAF 2025/26 being worked on
- Transition Working Group established regarding the new Norfolk and Suffolk ICB
- Cyber essentials plus re-accredited (annual process)
- DCB1595 re-accredited (annual process)
- SIEM solution deployed
- Handful of Windows 10 devices remain. Comfortably on track for completion by October deadline

**February 2025 update:**

- SIEM solution being tested
- Windows 11 rollout in Primary Care (90% in NEE) (70% Suffolk) ongoing
- Rollout of NAC and Application Control in progress
- Re-accreditation of DCB1596 in flight

# Strategic Risk 12: Workforce challenges across the system.

**Risk due to:**

The current financial climate and Operational Plan 25/26. Sustained focus on reductions in temporary staffing (bank and agency) costs and proposed reductions in establishment is adding pressures to operational delivery

Inability to inspire, attract and supply the right workforce with the right skills and behaviours at the right time to train/grow the future workforce, fill current vacancies and/or recruit to hard to fill roles.

Funding constraints for training and education pathways both for new and existing workforce, particularly hindering career development opportunities. This includes apprenticeships and opportunities to support these job roles

Inability to retain the workforce exacerbating the supply shortages.

A lack of triangulation and workforce re-design or reform opportunities reducing any productivity gains.

**Impacts arising from risk:**

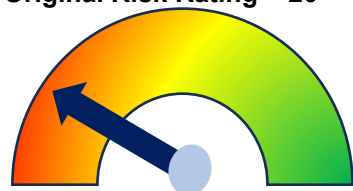
Low staff morale, increased sickness, turnover, inability to recruit to key roles and inability to meet performance objectives

Compromise any ability to meet demand or agility to meet future shift goals and productivity aspirations. Reliance on expensive options to recruit and limited options for growing future workforce

Lack of skilled staff and increased attrition due to lack of progression opportunities and talent progression

Lack of continuity of care and costs associated with increased recruitment  
 Not having the right people, with the right skills/behaviours at the right time in the right place at the right cost therefore placing pressure on both existing workforce and services and ability to provide good patient care.

**Original Risk Rating = 20**



Without any mitigations or controls the risk was:  $4 \times 5 = 20$  which is red rated.

**Current Risk Rating = 9**



Currently with existing mitigations and controls the risk is:  $3 \times 3 = 9$  which is amber rated.

**Target Risk Rating = 6**



The target risk rating is:  $2 \times 3 = 6$  which is green rated.

The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

**Responsible Executive Director**

Amanda Lyes

**Responsible Committee**

ICB People Committee

**Date last reviewed by Executive Committee**

**3 February 2025**

Relevant Directorate Risk Register entries

Workforce Risk register/ Corporate Risk Register.

Relevant System Partner Aligned Risks

ESNEFT, WSFT, NSFT, EPUT, Primary Care, EEAST, Suffolk County Council & Essex County Council (Adult and CYP Social care), HEI' and FE's, Training Hub, Alliances incl. partners.

### **Current Controls**

1. The SNEE ICB Workforce Team has agreed programmes of work which sets out a plan to deliver the three core areas of the NHS Long Term Workforce Plan and the Adult Social Care Workforce Plan – Train (grow), Retain and Reform.

2. The Finance, Workforce and Performance Committee has set a monthly rhythm now and includes DoFs, HRDs and DoO which allows for a triangulated conversation on the Operating Plan. Each provider submits a Highlight Report on the key workforce areas (bank/agency spend and use, establishment control, retention) with an opportunity for queries to be raised and asked. Risk escalations are presented to the Committee.

- A Delivery Group consisting of deputies formulates/discusses any risks or details ahead of the Committee.

- NHSE have also established monthly system review meetings to check and challenge the Operational Plan progress

3. A number of workstreams associated with certain occupational groups: Healthcare Science, Allied Health Professionals (AHPs), Medical, Dental and Pharmacy. There is also an agreed programme with providers and the HEIs on Clinical Expansion, focussing on social and community

4. Programmes to address specific challenges such as a Cancer and Diagnostic Workforce Plan. The Maternity and INTs Workforce Plans are currently being reviewed and refreshed. The EoL programme has led to additional capacity been provided to support delivery across the hospices

5. Working alongside the ICA, the ICB will aim to increase the capability of workforce planning by running more courses in the Essentials of Workforce Planning, Cost Management and Intermediate courses in workforce planning

6. Working with system partners to improve alignment between workforce metrics, finance and activity to identify both productivity metrics and areas of agreed focus for productivity improvements.

### **Current Assurances**

### **Gaps in controls**

SNEE People plan needs to be refreshed and updated that includes the 10 Year Plan, Future Shift Aspirations, future demand/capacity work and the revised Health Workforce Plan (due Spring 2026)

The current uncertainty around the future of ICBs and the workforce function within the new model

As a new committee, format and flow is still being worked through

West Suffolk Alliance has a workforce group focussed on locality plans. NEE and IES Alliances still in discussion.

Lack of funding has hindered the development of these plans due to capacity constraints

Lack of funding has hindered the development and progress of these plans due to lack of project capacity

Although funding is available, this will now cease in December '25

Agreement on metrics being measured

### **Gaps in Assurances**

ICS Anchor Summary data reported to the Integrated Care Partnership Committee and Anchors Board.

The underlying problem of staff supply across both the system & more widely across the national health and social care remains.

Workforce Dashboard reported to the System Oversight and Assurance Committee and then to the ICB Board. The dashboard reports on key performance indicators associated with the Annual

Budget constraints at system or provider level result in the workforce plan not being affordable.

SNEE Operational Planning, Workforce Delivery Group to oversee delivery of High Impact Actions and aligns the workforce returns with the financial returns to demonstrate performance and any deviation from the Annual Plans from WSFT, ESNEFT and EEAST

With the new clustered Norfolk and Suffolk ICB, decisions on how the infrastructure support groups will be facilitated in April onwards will need to be agreed

**Current Aggregated Assurance Rating: Adequate**

<b>Assurance Rating</b>	<b>Detail</b>
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

**Actions being taken to improve assurance**

1. A SNEE Operational Planning Workforce Delivery Group has been established to oversee the 5 workforce priority areas of the Operational Plan 25/26. This group will provide reports to the new Finance, Performance and Workforce Committee
2. Review the Model ICB Paper in terms of future focus on workforce responsibilities for ICBs/providers
3. Review the 10 yr Heath Plan along with the NHS Workforce Plan to identify system priorities
4. Undertake a current state workforce assessment in preparation for the 26/27 Planning Process

**Implementation date**

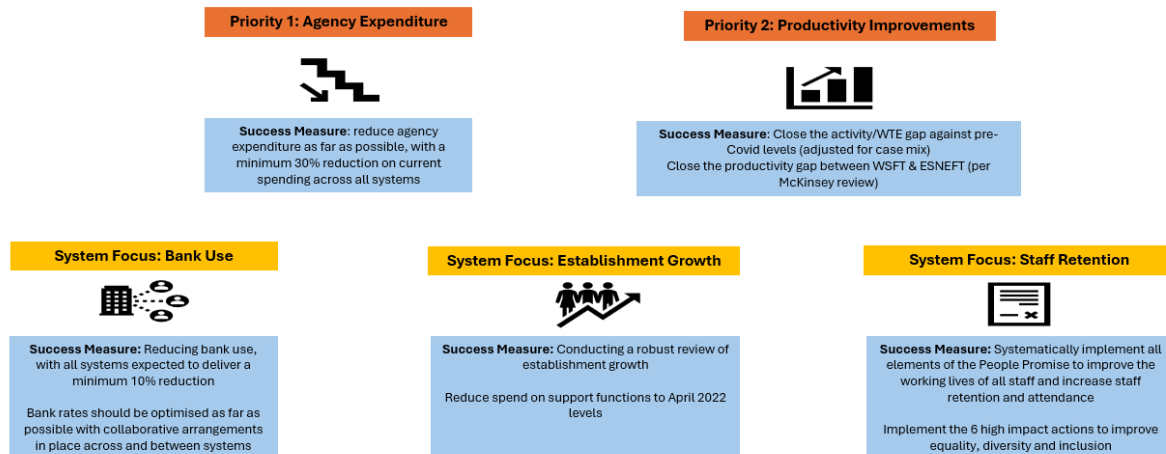
Ongoing until March '26. New arrangements will need to established with the Norfolk and Suffolk clustered ICB

Complete but deep dives now been conducted

## Executive Director update on actions to date

### January 2026 update:

The Highlight Report for the FWP Committee continues to provide a good overview of the providers progress against the 25/26 Operational Plans and allows KLOEs to be asked each month of providers on progress and risk. It has also presented the Committee with a good opportunity to understand the vaccination uptake of staff, which has been crucial to support winter plans and reduce staff sickness



The Productivity Improvement Programme has been developed by the SNEE Intelligence Function and co-produced with ESNEFT and WSFT. This has resulted in a dashboard for the system providing an overview of focus

The Retention Oversight Group has agreed a programme of work particularly focusing on supporting primary and social care until the 31/3/26. This included a joint bid to NHSE for a Staff Wellbeing Programme which was submitted in December, awaiting outcome

Work with Social Care/Community providers around placement utilisation continues along with a programme of work on upskilling nurses in social care around wound care and the development of SOPs to support integration

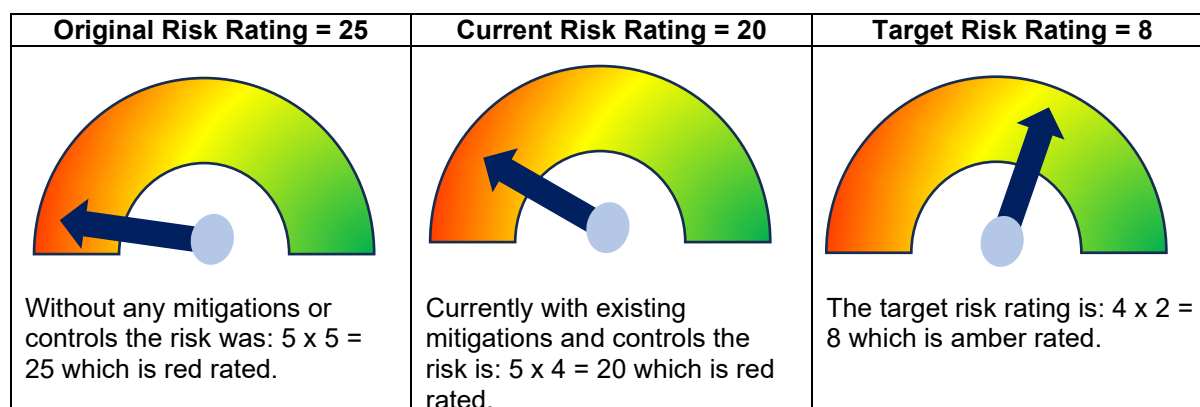
To support the NHS Planning 26/27, a current state workforce analysis has been completed along with N&W and will help with commissioning intentions, and particularly the risks and mitigations for the workforce. Deep Dives are now being explored with Maternity potentially being the first. In addition, work has been completed on the inclusion of workforce sections for the PHIP and Commissioning Intentions Strategies.

The ICA Workforce Programme continues to provide good upskilling opportunities for colleagues across SNEE and has recently been extended to Norfolk & Waveney. A further 4 courses in workforce planning and workforce cost efficiency were arranged along with 6 masterclasses in Strategic Workforce Planning prior to the ICA ending in December '25. The final three masterclasses will be completed by early February with the organisation of these being resumed by the ICB

## Strategic Risk 16: EEAST Performance & Quality

EEAST is not achieving national performance targets, particularly C2 target of <30min mean for 25/26 as a whole.

Risk due to:	Impacts arising from risk:
1. Hospital handover delays, particularly those over 45 minutes.	1. Reduced population health outcomes.
2. Productivity issues, including Job Cycle Times, delays in on-scene response times.	2. Increased patient safety risks (delayed EEAST response to patients in the community, & risk of harm for patients awaiting handover due to delays).
3. The level of patient-facing staff hours (PFSH) available to deploy on the road is increasing but is unable to meet demand and has not grown in line with growth payments over the last 5 years.	3. Suboptimal patient care experience.
4. Increased demand, particularly C2 activity.	4. Reputational damage to the NHS.
5. Excessive vehicle off-road performance	5. Deterioration or failure to achieve performance to plan.
6. Workforce constraints (inc. Vacancies, staff turnover, and competency).	6. Workforce stress.
7. Industrial action.	



The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee
Ed Garratt	Urgent and Emergency Care Group. Last reviewed in November '25 – out of Committee.

Relevant Directorate Risk Register entries

Links to entry no. 152 on the ICB Directorate risk register.

Relevant System Partner Aligned Risks

Primary Care, Acute care providers, particularly with A+E department, Mental Health Providers.

<b>Current Controls</b>	<b>Gaps in controls</b>
1. Governance, inc. monthly strategic oversight & assurance meeting against agreed business plan – Regulator & Lead Commissioner at Chief Executive level.	1. Achieving PFSH target, OPIP targets, and handovers does not always lead to expected performance; this is not fully understood by EEAST, systems or region. Work is ongoing to understand why.
2. Monthly deep dive on specific areas for assurance on improvements – Commissioners & Provider.	2. Escalation process between EEAST & ESNEFT for delays fully embedded; however, activity does not align to ESNEFT's A2H plan.
3. Local monthly quality & performance meetings at ICS level (region-wide)	3. Action taken at the last Clinical Risk Review Panel to look deeper at capturing harms from system delays.
4. Weekly patient safety reports.	
5. Operational Improvement plan agreed by NHSE regional team and Commissioners for 2025/26 areas of focus.	
6. PA Consulting Phase 1 review completed – change programme initiated and reflected in the agreed '25/26 Business Plan. Phase 2 Report delivered – All opportunities accepted and being progressed within ICBs/EEAST with region-level governance in place, led by the Lead Commissioner.	
7. Winter preparedness – within EEAST and in collaboration with EoE ICBs. NHSE assurance. - EEAST nominated director per ICB. SOC now has a dedicated EEAST lead for support. Escalation processes reviewed. EQIA completed to support winter planning.	
Clinical Risk Review Panel established for SNEE – a forum for the senior clinical leads in the SNEE UEC system to collaboratively identify, review key clinical risks & proposed mitigations.	

<b>Current Assurances</b>	<b>Gaps in Assurances</b>
1. Oversight of EEAST Operational Improvement & Workforce Plan and regular conversations about 25/26 delivery with Commissioners, regulator and partners (inc. EOE ICBs)	
2. Updates and oversight at OSM of OPIP.	
3. Clinical review of safety incidents via EEAST's safety process, ICB and regulator governance.	
4. Oversight of local EEAST improvement plans now delivered at ICB system level.	
5. Escalation where necessary to Quality Committees.	
6. Clinically led rapid review ongoing focused on latest CQC report. Regular assurance through ICB and consortium governance.	

Current Aggregated Assurance Rating: **Limited**

<b>Assurance Rating</b>	<b>Detail</b>
Substantial	The scope of Assurances noted on the current BAF demonstrates that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

<b>Actions being taken to improve assurance</b>	<b>Implementation date</b>

### Update 21/01/26




EEAST is not achieving the national performance standards, C2 mean for the region was 36:39 in December.

- Plans were implemented by ICB's to strengthen UCR in December and monitoring of impact continues
- PAC opportunities for in year delivery has progressed regionally on the C5 management of cases in IUC. Overall H&T has continued to improve.
- EEAST remain in tier 1 for performance, with NHSE oversight.

## Strategic Risk 19: System Cancer Standards

System not meeting the cancer related standards within the NHS constitution leading to worsening patient outcomes and quality of services.

Risk due to:	Impacts arising from risk:
1. Capacity insufficient to meet significant increases in demand, staff recruitment difficulties e.g. oncology, radiology, histopathology, diagnostics.	1. Poor patient experience as a consequence of not meeting performance targets.
2. Diagnostic capacity and inequitable timely reporting & MDT discussion impacting the Faster Diagnosis 28-day, 31 day and 62-day standards.	2. Clinical risk of patients not seen within appropriate timescales. I.e.: increase in patients not meeting CWT standards.
3. Inequity of services across the system: I.E: EBUS/ERCP.	3. Deteriorating patient outcomes.
4. Historic tertiary referral pathways.	4. Breach of constitutional obligations.
5. Delays in genomic testing are impacting treatment decision making	5. Poor patient experience due to the delayed turnaround times of genetic testing resulting in key clinical information not being available to make a timely informed treatment decision.
6. The implementation of EPIC at ESNEFT	6. Inability to rely on the data being produced by the EPIC system and manual adjustments/workarounds required to fix datasets.

Original Risk Rating = 16	Current Risk Rating = 16	Target Risk Rating = 8
 <p>Without any mitigations or controls the risk was: <math>4 \times 4 = 16</math> which is red rated.</p>	 <p>Currently with existing mitigations and controls the risk is: <math>4 \times 4 = 16</math> which is red rated.</p>	 <p>The target risk rating is: <math>4 \times 2 = 8</math> which is amber rated.</p>

The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Richard Watson	ICB Cancer Programme Delivery Committee	3 February 2025

Relevant Directorate Risk Register entries

ICB Strategy and Transformation.

Relevant System Partner Aligned Risks

ESNEFT

WSFT

East of England (NHSE) Cancer Alliance (North)

Current Controls	Gaps in controls
1. Annual Cancer Plan 25-26 and wider five-year Cancer Strategic Plan.	1. It is not the case that the controls are not working however there are a combination of the following factors impacting on performance: <ul style="list-style-type: none"> <li>a. Demand</li> <li>b. Staff sickness</li> <li>c. Workforce Gaps</li> <li>1. Recruitment freeze</li> <li>e. System financial position</li> <li>f. Impact of recently announced ICB restructures</li> <li>g. Implementation of EPIC</li> </ul>
2. Recovery Plans in place for both our major cancer providers (WSFT and ESNEFT).	WSFT is due to be removed from tier 1 for cancer due to improved cancer waiting time performance. However, ESNEFT may now be entering tiering for Cancer.

Current Assurances	Gaps in Assurances
1. Performance overview by monthly SNEE Cancer Ops Group.	1. Assurances are appropriate, but risk is not being completely mitigated due to reasons set out in 'gaps in control' above.
2. Weekly cancer focused reporting with ESNEFT & WSFT PTLs in place.	[blank]
3. Monthly joint performance meetings with ESNEFT & WSFT.	[blank]
4. Bi-monthly SNEE ICS Cancer Committee.	[blank]

Current Aggregated Assurance Rating: **Limited**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place, and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and/or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date
<p>1. Recovery &amp; action plans in place in challenged tumour sites across both Trusts. ESNEFT- Colorectal, Urology &amp; UGI. WSFT – Skin &amp; Breast. Monthly cancer manager meetings in place to assess action plans.</p> <p><b>WSFT Breast;</b> radiologist and surgeon in post and options for an insourcing solution to cover February and March being progressed. <b>Skin;</b> recovery is underway including additional sessions. Since October 2025 the autonomous launch has seen 485 patients, with 43% of those attending a community skin lesion appointment being fully managed in the community setting with no onward referred.</p>	Ongoing.

<p><b>ESNEFT Colorectal, Upper GI and Urology;</b> cancer task force in place with weekly assurance meetings on a Friday to update the senior team on progress made in week and turbo room events in December to clear patients and move to next stage of pathways <b>Urology;</b> additional TA clinics to ensure BBN delays are addressed and reduce 62-day breaches.</p> <p><b>Endoscopy</b> bookings taken at Colchester and Clacton with Ipswich patients being offered appointments at these locations.</p>	
<p>1. Provider improvement plans submitted to the Cancer Alliance for LGI, Skin and Urology which includes quarterly reporting of action plans.</p> <p>ESNEFT are part of RCAT phase 3 for their colorectal performance with fortnightly meetings continuing.</p>	Ongoing.

### Executive Director update on actions to date

#### **October 2025 performance update:**

- SNEE 28-day FDS** performance is below the 80% trajectory for October 2025 at 69%. ESNEFT reported 66% against a trajectory of 80% and WSFT 75% against a 79% trajectory. WSFT most challenged pathways are breast at 56.2%, urology at 53.6%, and colorectal at 66.3%. ESNEFT most challenged pathways are haem at 30%, lower GI at 35.7%, testicular at 50% and upper GI at 57.5%.

**WSFT;** colorectal performance impacted by sickness in endoscopy and radiology reporting and due to the quality of referrals being received from primary care without the relevant bloods or FIT result. GP practice now has a standard letter to feedback on any missing referral information. Urology performance impacted by capacity for diagnostics, and CT reporting delays. Breast performance impacted by delays in first appointment and sickness.

**ESNEFT;** lower GI performance impacted by former triage process which has been revised and showing improvement by utilising STT nurses and names AM/PM consultants. Cancer task force in place for colorectal, upper GI and urology, with weekly assurance meetings on a Friday to update the senior team on progress made in week and turbo room events in December to clear patients and move to next stage of pathways (as above).
- SNEE 62-day** performance is also below the 78% trajectory for October 2025 at 67%. ESNEFT reported 59% against a trajectory of 78% and WSFT 82% against a trajectory of 77%. ESNEFT; additional urology TA clinics as above, and gynae on track to meet 62-day by March. WSFT; continue to be above trajectory with adjustments in post MDT actions in place for Breast and Colorectal which is supporting the position as well as additional sessions in skin.
- 2026/27 Planning:** work is progressing to align 2026/27 SDF bids to the commissioning intentions, Cancer Alliance interim planning pack and the medium and long-term planning frameworks for cancer. The interim planning guidance from the Cancer Alliance proposes that funding will be indicatively allocated a placed based percentage of 50% for FDS and operational performance, 34% for neighbourhood early diagnosis, 8% for neighbourhood cancer care fund and 8% for treatment variation. This will continue to support the recovery of CWT into the new financial year.

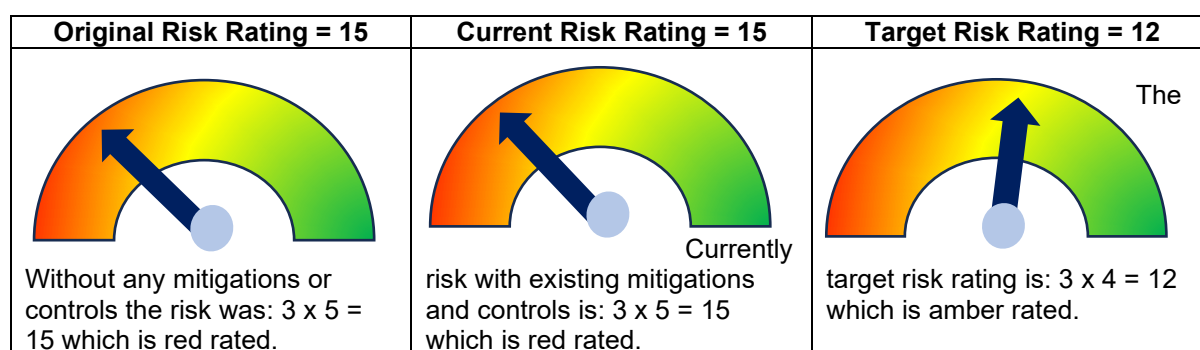
## Strategic Risk 25: Failure to meet statutory ICB financial targets

To at least break even.

To ensure both capital and revenue resources do not exceed the NHSE limit.

To ensure expenditure on running costs does not exceed the limit set by NHSE.

Risk due to:	Impacts arising from risk:
1. Insufficient funding.	1. Failure to deliver financial planning targets.
2. Ineffective controls.	2. Failure to deliver statutory duties.
3. Ineffective cost improvement to meet statutory targets.	3. Loss of system autonomy & credibility.
4. Prescribing price inflation.	4. Potential investment restrictions.
5. Additional cost of urgent & emergency care.	5. Potential challenging disinvestment decisions.
6. 50% ICB savings required.	[blank]
7. System risk associated with WSFT deficit.	[blank]
8. System risk associated with TIF funding shortfall.	[blank]



The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Howard Martin	ICB Finance Committee	3 February 2025

Relevant Directorate Risk Register entries

N/A

Relevant System Partner Aligned Risks

ESNEFT / WSFT / EEAST

Current Controls	Gaps in controls
1. Internal expenditure controls, including Vacancy Approval Panel.	1. System finance risk associated with WSFT not delivering a plan commensurate with a £1.3m run rate deficit.
2. Contingency reserve.	2. Payments limits policy being removed (not confirmed at point of writing).
3. Projected underspends in Dental and Specialist Commissioning.	3. Core plans for TIF (ESEOC and GSH) mitigation.
4. Detailed Cost Improvement Plans.	[blank]
5. Double Lock Arrangements for WSFT.	[blank]
6. Production of the WSFT FRP and detailed review.	[blank]

<b>Current Assurances</b>	<b>Gaps in Assurances</b>
1. Internal Audit of key financial controls.	1. Not currently assured on the WSFT delivering the recovery plan which forecasts a revised deficit of £28.5m.
2. Internal Audit against HfMA Financial Sustainability Checklist.	2. Current gap in system mitigations to offset the deterioration at WSFT.
3. Oversight by ICB Finance Committee & Financial Recovery & Sustainability Group.	[blank]
4. Monthly Director budget scrutiny meetings.	[blank]
5. Alliance Committee scrutiny of delegated budgets.	[blank]
6. Vacancy Approval Process to remain in place.	[blank]
7. Double Lock approvals for WSFT pay and non-pay.	[blank]

Current Aggregated Assurance Rating: **Adequate**

<b>Assurance Rating</b>	<b>Detail</b>
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

<b>Actions being taken to improve assurance</b>	<b>Implementation date</b>
1. Monitoring of progress and delivery of mitigations.	Ongoing through Finance Committee.
2. WSFT plans to bridge remaining gap.	End March 2025
3. Conclusion of mitigating plans for TIF.	End March 2025

Executive Director update on actions to date

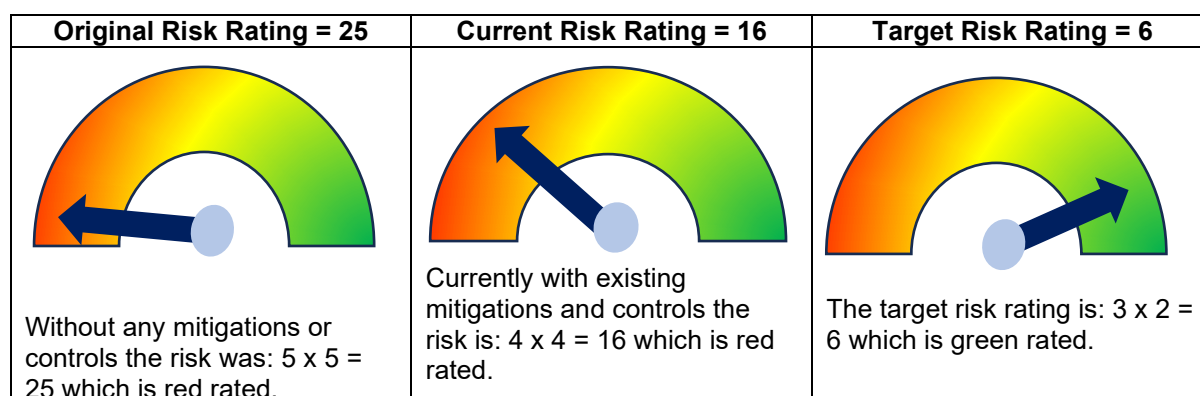
### March 2025

Progress has been made on assurances; however, some substantial risks require resolving including the deficit at WSFT, and clear mitigating plans for the TIF funding shortfall.

## Strategic Risk 29: Impacts of climate change on health care capacity & resilience

Commissioning services that are adapted to our current climate, mitigate against further climate change and deliver improved outcomes and value for money.

Risk due to:	Impacts arising from risk:
1. Increase in extreme weather events (heatwaves, flooding, cold).	1. Health system capacity & resilience - Health & social care delivery.
2. Prolonged & persistent change in weather patterns.	2. Patients & staff suffering increased ill health – disproportionately impacts most vulnerable in population.
3. Increase exotic disease & pathogens vectors.	3. Potentially unusable healthcare premises/infrastructure.
4. Disruption to supply chain medical products & technologies.	4. Water scarcity, injury & mortality from extreme weather events, negative impact on mental health, respiratory illness, heat related illness, exotic vector borne illness.
5. Poor air quality.	



The ICB's risk appetite for this risk is **SUBSTANTIAL** therefore at the current risk rating the ICB is to **TOLERATE** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Amanda Lyes	Estates Committee	November 2025

### Relevant Directorate Risk Register entries

Workforce & People Directorate.

### Relevant System Partner Aligned Risks

All system partners should have climate change on their risk registers.

Current Controls	Gaps in controls
1. ICB Green Plan.	1. Trusts Green Plan returns & governance.
2. Multi-agency planning by LRFs.	2. Primary care PCNs awareness & adoption
3. Trust S18 SC annual report returns received.	[blank]
4. Surface water flooding plan.	[blank]

5. Air Quality system wide work.	[blank]
6. SIA Launch (commissioning).	[blank]
7. Standard NHS T&Cs (procurement).	[blank]
8. Mandatory net zero training (workforce).	[blank]

Current Assurances	Gaps in Assurances
1. ICS Board oversight & approval.	1. Trust green plan returns/governance have identified where additional work is necessary, adaptation of premises to reduce risks associated with climate change/severe weather.
2. LRF Executive Boards.	2. Awaiting 1 Trust return on NZ Technical Annex progress.
3. Debriefs held after incidents.	3. PCN infrastructure strategies. Unaware of current position within social care as to their climate adaptation & resilience planning.
4. ICB Sustainability Steering Group meetings underway.	4. S18 Standard Contract returns & NHS Quarterly returns too 'high level'. Data returns & links to EPRR and wider system approaches required
5. Trust steering groups and Estates teams now commenced integrating approaches following ICB BAF driving system (requires further integration)	Trusts Sustainability Steering Groups. Trusts Steering Group are not always attended by theme leads (system pressures etc) and this leads to a gap/disconnect between theme leads 'owning' and managing a specific theme for reporting, scrutiny and integration.

Current Aggregated Assurance Rating: **Limited**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date
1. The NHS Estates Net Zero Carbon Delivery Plan sets out the actions that the various organisations within the NHS should be delivering over the next five years. These are included in Appendix J. These actions have been shared with all organisations in SNEE and form the basis of the SNEE action plan. Accelerating action to build into next Green Plan 2025; EV T&F Group, Estates NZ Technical Annex returns, Digital Carbon Challenge (data capture), EPRR data gathering on existing approaches, SIA returns capture and sustainability data dashboard. Assessment of data returns to identify gap in assurances and develop approaches to improve assurances.	May 2026

Gaps identified being used to compile NHSE Climate adaptation framework.	
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#### Executive Director update on actions to date

- Gaps identified through data gathering being used to compile NHSE Climate adaptation framework.
- Preliminary risk assessment of Section 18 NHS Standard contract 18.3.2.7 reviewed with Trusts Jan 2026. Predominately (and provisional draft as this was not an exercise to provide formal approved returns) Amber rating relating to **18.3.2.7 to adapt the Provider's Premises and the manner in which Services are delivered to reduce risks associated with climate change and severe weather.**
- Primary Care exercise to complete NHS Climate risk assessment tool ongoing
- SNEE ICB 'Green Plan' Board approval granted in November 2025. Final proofread of appendices completed. The plan will be made digitally available and published. Clustering with Norfolk and Waveney ICB was conducted as part of the revision; both green plans are strategically aligned as a result, share the same goals, approaches and outcomes. Climate resilience remains one of the 6 key outcomes of the plan thereby ensuring compliance with the statutory requirements of the Health and Care Act 2022.
- Essex County Council joint air quality strategy released combining all 3 ICBs and local authorities to an aligned strategic approach. [Air Quality Information | Essex Air](#)

#### **Summary position**

- **Recommend risk rating remains 16 with the potential to reduce the score at the ICB Estates Committee after review as primary care (general practice) gaps are identified and actions are in place to improve position. And, when climate capability framework is completed with Trusts. are in place to improve position. until EPRR data collection complete and primary care RAG is reduced**

# Strategic Risk 31: Impact of the presence of RAAC on the Suffolk and North East Essex ICS

Reinforced Autoclaved Aerated Concrete means that the safe life of buildings is significantly shorter than expected giving rise to unanticipated safety issues where it is present. It has been identified in WSFT and Haverhill Health Centre.

The other acute sites in the system and all but three primary medical care premises have completed checks and have not identified RAAC. However, services are still being delivered from premises where we have not been able to determine if RAAC is present.

**Risk due to:**

- 1. Lack of structural integrity of RAAC planks within the West Suffolk Hospital & Haverhill Health Centre.
- 2. Unassessed properties that may contain RAAC.
- [blank]
- [blank]
- [blank]
- [blank]
- [blank]
- [blank]

**Impacts arising from risk:**

- 1. Loss of part or all of WSH due to structural damage.
- 2. Fatalities or injuries to staff or public
- 3. Dust contamination that may include asbestos.
- 4. Reputational and loss of trust and confidence in the NHS.
- 5. Loss of one (or several) primary care premises.
- 6. Prolonged disruption of service delivery from affected premises.
- 7. Additional demand pressure on surround unaffected services.
- 8. Increased waiting times cause potential negative outcomes for patients.

**Original Risk Rating = 15**



Without any mitigations or controls the risk was:  $3 \times 5 = 15$  which is red rated.

**Current Risk Rating = 12**



Currently with existing mitigations and controls the risk is:  $3 \times 4 = 12$  which is amber rated.

**Target Risk Rating = 6**



The target risk rating is:  $2 \times 3 = 6$  which is green rated.

The ICB's risk appetite for this risk is **CAUTIOUS** therefore at the current risk rating the ICB is to **TREAT** the risk.

**Responsible Executive Director**

All ICB Executives

**Responsible Committee**

Estates Committee

**Date last reviewed by**

**Executive Committee**  
July 2025

Relevant Directorate Risk Register entries

This Risk crosses over all Directorates.

## Relevant System Partner Aligned Risks

West Suffolk Foundation Trust  
Integrated Care Board  
Wider Primary Care service providers

### **Current Controls**

1. Local and Regional plans in place and aligned with regional oversight group established.
2. WSFT have surveillance program / remedial plan to ensure safety of patients, visitors and staff.
3. WSFT internal expert leadership team.
4. ICB has received assurance from all Primary Medical providers that they have not identified RAAC in their premises.
5. Incidents or Events are routinely monitored through EPRR Team.

### **Gaps in controls**

- None
- [blank]
- [blank]
- [blank]
- [blank]

### **Current Assurances**

1. Risk and assurance reviewed through Estates Committee.
2. The outcome of Exercise Vesta held to review the SNEE and wider LRF response to an incident at WSFT.
3. Regional exercises (Walker and Fox) held to develop region evacuation /shelter planning.
4. On going assurance provided to ICB from the WSFT risk meetings.
5. EPRR Forum in place within the system which has reviewed SNEE RAAC Framework in 2023.
6. Quality review undertaken by the ICB Quality Team to ensure safe patient environment.
7. WSFT have shared decision making governance process with ICB.

### **Gaps in Assurances**

1. The presence of RAAC in the wider health care estate is still unknown. Until the ICB is able to gain assurances about this, we will be exposed to an unknown level of risk.
- [blank]
- [blank]
- [blank]
- [blank]
- [blank]
- [blank]

Current Aggregated Assurance Rating: **Substantial** (wider health care estate – **Limited**)

### **Assurance Rating**

Substantial

Adequate

Limited

None

### **Detail**

The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.

There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.

Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.

No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

**Actions being taken to improve assurance**

**Implementation date**

- |  |         |
|--|---------|
| 1. Work with social care providers to investigate how to ensure patient safety in a mass casualty/evacuation of a hospital site. | Ongoing |
| 2. Ongoing remedial engineering work by WSFT.  | Ongoing |

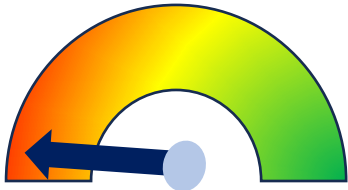
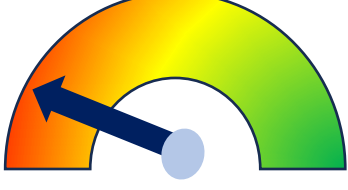

Executive Director update on actions to date

No update to this risk is anticipated before April 2026 as all remedial work on West Suffolk Hospital and the primary care estate has been completed. The item will need to be reconsidered in April 2026 as there will be three hospital sites where RAAC is present in the anticipated Norfolk and Suffolk ICB area.

## Strategic Risk 32: System CYP Services including SEND.

CYP cannot access the appropriate health services in a timely way, including those children whose special educational needs are not being met sufficiently across Suffolk and North East Essex.

Risk due to:	Impacts arising from risk:
1. Suffolk's OFSTED/CQC Inspection of SEND services with poor outcome in November 2023. Inspection highlighted "Leaders across the local area partnership should ensure that providers of services for children with social and emotional well-being, mental health and neurodiverse conditions work jointly to meet the needs of and improve outcomes in these areas for children with SEND".	1. Suffolk and NEE children may not have an appropriate statement of their SEN including their health needs in accordance with statutory duties.
2. North East Essex's previous inspection in 2019 found areas of weakness with a subsequent revisit 2022 highlighting sufficient progress for the following areas but not exclusively; joint commissioning and variation between ICB's leading to wait times/inconsistency and EHC plans not of sufficient quality, with right professional advice or fit for purpose. In addition, they found "too much variation between the CCGs lead to inequality, inconsistency and unacceptably long waiting times for services".	2. Children are waiting to access health services, specifically NDD and MH. This will in turn potentially affect a young person's wellbeing, access to the appropriate support and a potential to escalate through to other services.
3. CYP in Suffolk are unable to access MH therapy and treatment in a timely way.	3. Reputational risk and high levels of dissatisfaction from parents and carers.
4. Within the Suffolk SEND/CQC inspection waits for neurodevelopmental services were highlighted within the report "there are very long waiting times to access some neurodevelopmental assessments". In addition, there are a significant number of CYP currently who are or will shortly be added to caseloads for NSFT and WSFT from Barnardo's.	4. Young people are being admitted into physical acute paediatric wards across the ICS creating a risk to staff, patients and families on these wards.
5. In North East Essex there are similar challenges. Within the Joint Area SEND Revisit in 2022 it was highlighted "waiting times for diagnostic pathways for autism spectrum disorder and attention deficit and hyperactivity disorder remain variable".	5. Long waiting and delays in treatment meaning young people's wellbeing and mental health deteriorating. This could result in harm to CYP.

Original Risk Rating = 25	Current Risk Rating = 20	Target Risk Rating = 12
 <p>Without any mitigations or controls the risk was: <math>5 \times 5 = 25</math> which is red rated.</p>	 <p>Currently with existing mitigations and controls the risk is: <math>4 \times 5 = 20</math> which is red rated.</p>	 <p>The target risk rating is: <math>3 \times 4 = 12</math> which is amber rated.</p>

The ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Richard Watson/Lisa Nobes	Quality Committee Suffolk CYP Committee North East Essex Alliance Committee	3 February 2025

Relevant Directorate Risk Register entries

MH granular risks on CNO register.

NDD and Mental health granular risk to be added on to the Transformation register.

Relevant System Partner Aligned Risks

SEND risks on Partnership Board and Programme Board risk register. These need to be reviewed.

Current Controls	Gaps in controls
1. CYP - ICB Escalation and flow management in acute hospitals.	1. Credible recovery plan for CAMHS/YAMHS at NSFT not yet in place and NSFT reporting for CYP MH waiting times for MH treatment in NSFT not improving. Data quality cited as a factor but needs to be better understood.
2. Regular system calls for CYP with involvement of all partners and ICB to manage clinical risk, share information and plan delivery of care.	2. Final trajectories for NDD recovery. not in place yet for SNEE.
3. NDD controls – monthly meeting with providers and the ICB and weekly recovery meeting in Suffolk with system colleagues to review recovery plans and any key challenges.	[blank]
4. NDD SNEE – recovery plans and additional investment from ICB agreed and accelerated plan to access assessment agreed.	[blank]
5. NEE North East Essex – feeding into the wider Essex SEND Joint Commissioning Group.	[blank]
6. MH controls with NSFT for CYP waiting - SUTL and waiting list management protocols of clinical harm processes. CAMHS/YAMHS recovery plan in development with regular meetings between NSFT and the ICB.	[blank]
7. MH Delivery Group in place across Suffolk with focus on improvements to the model and timely delivery of services.	[blank]
8. Health providers across SNEE have SEND processes and monitoring in place for input to statutory processes.	[blank]

Current Assurances	Gaps in Assurances
1. Local protocol and processes and additional MH staffing in A and E for managing escalating need.	1. Gap in information provided re over 11's autism performance recording. Data now being received since May 2025.
2. Weekly recovery calls with system partners. Update and agreement for decisions provided to Suffolk CYP Committee, Suffolk SEND Programme Board and Suffolk SEND	2. NEE SEND LAP have identified a review of Partnership Board governance and risks required.

Partnership Board and in NEE the NEE Alliance Cttee as needed, and the Essex SEND JCG and Partnership Boards.	
3. Monthly meetings to review / challenge quality performance with providers.	3. Waiting times for MH treatment in NSFT not improving. Data quality cited one possible factor but needs to be better understood.
4. MH - NSFT monthly meetings between ICB and NSFT on CAMHS/YAMHS recovery.	[blank]
5. Regular reporting and escalation of issues through QC/ ICB CYP MDT/MH Steering group/CYP Board.	[blank]
6. ICB Health and LAP quality audits of plans across SNEE.	[blank]
7. Although final NDD trajectory plans are not finalised due to the variation in timeframes for procurement, WSFT ASD under 11 are already having assessments completed by their commissioned partner and waiting times are reducing.	[blank]
8. Suffolk SEND Improvement board and SEND committee are both monitoring the priority action plan and there are 6 monthly deep dives by DfE and NHSE which are demonstrating improvements.	[blank]

Current Aggregated Assurance Rating: **Limited**

Assurance Rating	Detail
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

## NDD

Introduce additional resource to reduce long waits for access to diagnostic assessments for neurodiversity.

- Agree business cases detailing approach to reducing waiting times for autism and ADHD assessments. **Feb 24**
- Agree trajectories with both West Suffolk Foundation Trust (WSFT) and Norfolk and Suffolk Foundation Trust (NSFT) around reduction in waiting times for autism assessments. **March 24**
- Commission additional capacity from the market for autism assessments. **May 24**
- Commence recruitment of additional ADHD staffing within NSFT, this has been delayed and will now go to market following the General Election based on advice NSFT have received. **July 24**
- Monthly meetings to monitor progress against waiting time trajectories. **April 24**
- Develop long term revised model for ADHD / Autism assessment with NSFT and WSFT, new project manager starts 1<sup>st</sup> July to lead this piece of work. **July 24**
- Development of service specifications for potential RTC (Right to choose) framework providers. **March 25**

- Additional non-recurrent investment for ADHD waiting list with NSFT. NSFT currently developing recovery plan. **May 2025**
- New delivery pathway being developed and request to both WSFT and NSFT around single/lead provider model, responses back due **13<sup>th</sup> June 2025**

## **NDD**

Review impact of Voluntary, Community and Social Enterprise (VCSE) contracts providing support to CYP and their families waiting for a neurodiversity assessment. Take learning and family feedback to redesign delivery prior to re-procurement.

- Review existing service provision. **April - Jun 24**
- Develop new co-produced service specifications. June - August 24
- Approval from Executive Committee. **23rd September 2024**
- Commence procurement programme once approval granted. **September 24**
- Award contracts. **April 25**
- New service start. **October 25**

## **CYP Mental Health**

Strengthening work across the partnership to further develop whole school approaches to supporting emotional wellbeing/mental health:

- Delivering system workshops to further establish the iThrive Framework within Suffolk. **Jan - June 24**
- Recovery plan agreed to manage CAMHS and YAMHS waiting times with a clear trajectory for improvement. **April 24**
- Develop implementation plan for new models of delivery. **July 24 to Sept 24**
- Oversee the delivery of the new model of care deliver through the Suffolk Mental Health Collaborative. **September 24 onwards**
- Embed Mental Health in Schools Teams and utilise learning from programme for future waves. **September 24 onwards**
- **NSFT** internal re-organisation completed and development of internal transformation team has led to better joint working, **April 2025**
- Expected increased development of MHSTs to 100% coverage by 2029/30 with 2 teams to be added from **January 2026**

## **CYP Mental Health Crisis**

- Review and extend the peripatetic offer wrap around support for children and young people in crisis. **March 24 Update July 25 – completed. 24-25 review of effectiveness being completed**
- Carry out review of the currently commissioned Coordinated Help and Risk Intervention Service (CHRIS) service with any recommendations feeding into the business case to be developed. **June 24 Update March 2025 – completed autumn 2024**
- Develop a business case/proposal to meet any gaps in the CYP crisis pathway. **Sept 24**
- Update to the system wide crisis protocol following stocktake. **June 24 Update March 2025 – underway – alignment with Essex MH system needed who also use protocol. Learning events led by SNEE ICB have evaluated practice and delivery. July 25 – Protocol update completed. Further review may be needed once new crisis pathway in place. Protocol sharing, learning and findings for events will pass to CYP Safety Collaborative with providers. Further Deep Dive into MH/Paediatric wards through Collab being planned.**
- Commissioning of any gaps identified through the stocktake. **Sept 24**
- Strengthening support for children and young people attending A+E in crisis by the continuation of acute mental health practitioners post review. **April 24 July 25 – completed all posts now permanent**
- Identify gaps and paper to Execs for future delivery. **Nov 24**
- Review of ICB crisis protocol. **Dec 24 (commenced) March 2025 – see above July 25 completed**

- Extend CHRIS contract to March 26 while new service developments are completed. **Jan 25**
- Undertake contractual processes for implementation of new service. **From Feb 25, completion by March 26**
- NSFT quality and safety reviews jointly with ICB and NHSE. **March 24 Update March 25 – 2024 reviews completed, awaiting schedule for 2025 QSR's July 25 – schedule out, ICB Quality participating**

#### NEE SEND Inspection prep

- NEE SEND Health Inspection preparation workshops with senior leaders and partners, led by NHSE update SEND Manager. Will identify gaps, challenges, and plan actions for joined up Health approach. Will also review Health SEND forum effectiveness. **Started 27th Feb 2024. Update March 2025. New Health Steering forum has been BAU for last 6 months. Plans for review of progress and focus on key priorities being considered.**
- NEE SEND Inspection preparation and planning for Self-Evaluation Framework by LAP. **March 24 Update March 2025 – SEF updated May 2025**
- SEND Health refreshed work to draw together data available to understand health services performance across Essex led by MSE. **Feb 2024 Update March 2025 – dashboard now agreed in first iteration continues to be led by MSE**

#### Suffolk SEND

- Suffolk SEND Priority Action plan by LAP to be submitted to OFSTED/CQC by 1<sup>st</sup> March. **March 24 complete update July 25 – PAP being reviewed in line with Deep Dives with partners**
- Suffolk SEND PAP (above) now monitored by SEND Improvement Board and SEND committee, with 6 monthly deep dives by DfE and NHSE. **March 25 July 25 update – ongoing**
- Deep dives underway, transition to adulthood completed, next is around Governance and will take place in June 2025. LAP governance has been refreshed and priorities re focussed for key areas. **June 2025 July 25 update – Deep Dives completed, and findings delivered. Planning with partners underway for workstreams and improvement**

#### Executive Director update on actions to date

##### January 25 update:

##### Suffolk SEND:

- Improvement Board and SEND committee established and monitoring PAP.
- DfE and NHSE 6 monthly deep dives to monitor improvements underway, next is March 25 with a focus on transitions.
- SEND Needs assessment completed and agreed at HWB board 16<sup>th</sup> January 25

##### NEE SEND:

- Work continues with inspection preparation
- Working towards NDD consistency of approach across Essex
- Therapies transformation continues

## Strategic Risk 33: BMA GP Collective Action

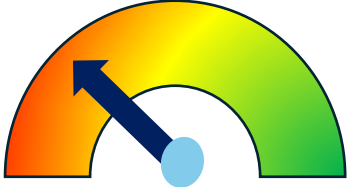
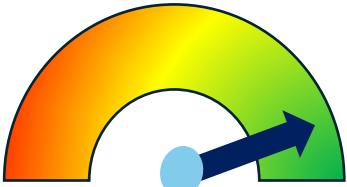
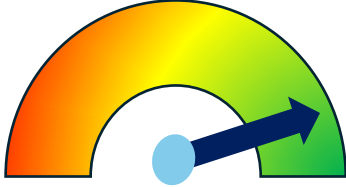
As a result of referendum held by British Medical Association (BMA) regarding the 2024/25 Contract, where the contract changes were rejected, general practice has voted to take collective action. This action is now complete although further action could result from latest contractual implications.

**Risk due to:** GP Collective Action.

### Impacts arising from risk:

These potential impacts are being monitored but ICB yet to see impact in these areas.

1. Reduction in appointment availability.
2. Reduced services offered in primary care, impact on other areas of system.
3. Increased UEC attendances.
4. Increased pressure on 111.
5. Increased pressure on Pharmacy Services.
6. Increased referral to acute diagnostic and/or planned care services.
7. Continuity of Care and direct patient care.
8. Reduced outcomes for patients.
9. Reduced access to GP record/shared care agreements.
10. Reduced or delayed access to medication.
11. Workforce strain due to different service delivery.
12. Financial risk due to additional commissioned services.

Original Risk Rating = 15	Current Risk Rating = 4	Target Risk Rating = 4
 <p>Without any mitigations or controls the risk was: <math>3 \times 5 = 15</math> which is red rated.</p>	 <p>Currently with existing mitigations and controls the risk is: <math>2 \times 2 = 4</math> which is green rated.</p>	 <p>The target risk rating is: <math>2 \times 2 = 4</math> which is green rated.</p>

ICB's risk appetite for this risk is **HIGH** therefore at the current risk rating the ICB is to **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Alliance Directors	Alliance Committees (supported through Primary Care Commissioning Groups).	3 February 2025

### Relevant Directorate Risk Register entries

Primary Care Risk Register.

### Relevant System Partner Aligned Risks

Urgent & Emergency Care  
 111  
 Elective care  
 GP Access (BAF Risk 10)

<b>Current Controls</b>	<b>Gaps in controls</b>
1. ICB and Suffolk LMC worked transparently to share intelligence.	1. Full individual practice-based intelligence of actions being implemented
2. Practice level analysis and tracking to understand impact and track risk.	
3. EPRR response and co-ordination (C3 structure –currently stood down).	-
4. Operational and system response groups (Primary care cell – currently stood down).	-
5. BI modelling data to inform decision.	-
6. Monthly MDT for primary care, includes all enablers.	--

<b>Current Assurances</b>	<b>Gaps in Assurances</b>
1.Monthly ICB and LMC meeting.	1. Further work required to align the controls to provide collective and comprehensive assurance.
2. Monthly SNEE PC MDT.	-
3. Primary CA care cell.	- Currently stood down
4. BI activity monitoring.	-
5. LPC and ICB meetings.	-
6. Weekly CA LMC/ICB meetings.	-Currently stood down (for CA)

Current Aggregated Assurance Rating: **Substantial**

<b>Assurance Rating</b>	<b>Detail</b>
Substantial	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
Adequate	There are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
Limited	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance.
None	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

<b>Actions being taken to improve assurance</b>	<b>Implementation date</b>
1. Various mitigating actions have been undertaken, including: commissioning a Ring pessary LES in response to service gap in Suffolk, a safe transfer of ADHD shared care prescribing in Suffolk to alternative provider, operational response group, commissioning options, communications, practice monitoring, training, collaborative working with system partners.	November 2024 (ring pessaries LES) and ADHD transfer of prescribing - ongoing

Executive Director update on actions to date

**November 2025 update:**

The Primary Care cell has stood down operational oversight of CA as mitigations for known actions are in place via Primary Care MDT or dedicated ADHD prescribing workstream. If required due to further BMA action, this will be reestablished to is monitor, plan, explore commissioning options, coordinated responses, system/provider meetings.

Primary Care teams are providing the intelligence to support the system response.

Accumulative impact is still greatest risk. National updates expected to provide some mitigations (global sum uplift, GP ARRS scheme). No further CA anticipated.

# Organisational Change and Cost Reduction Programme

## Strategic Risk 34

On 13 March 2025, the government made two key announcements in relation to a national NHS financial reset.

1. NHS England will be abolished, and its functions fully integrated with the Department of Health and Social Care (DHSC) within two years.
2. Integrated Care Boards (ICBs) are expected to make 50% cuts by December 2025 performing the role of strategic commissioner.

The East of England will see the clustering of three new ICBs to ensure the ongoing viability of ICBs:

- Norfolk & Suffolk
- Bedfordshire, Luton, & Milton Keynes; Cambridgeshire & Peterborough; and Hertfordshire
- Greater Essex

SNEE is required to reduce running costs from £34 per head of population (equates to £37.4m) to £19 per head of the population (adjusted from £18.76 to reflect the 3.6% NHS pay settlement), this equates to savings of £16.5m (44%).

Norfolk and Waveney are required to reduce running costs from £44 per head of population (equates to £51.7m) to £19 per head of the population (adjusted from £18.76 to reflect the 3.6% NHS pay settlement), this equates to savings of £29.3m (57%).

Together SNEE ICB and Norfolk and Waveney ICB are required to make savings of £45.8m (52%).

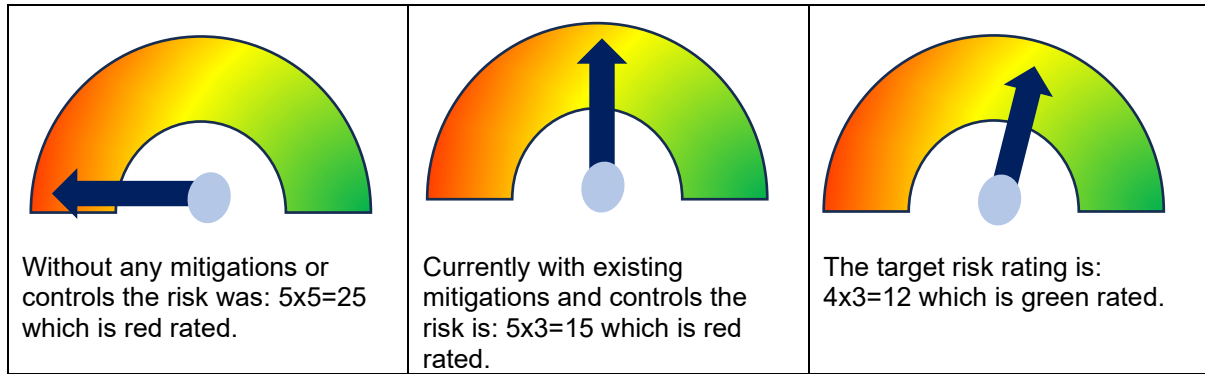
SNEE ICB is committed to delivering this cost reduction to support the Government's ambition of delivering more funding for frontline services.

SNEE ICB will need to significantly change its organisational structure and the way we work to achieve these savings. This will include clustering with Norfolk & Waveney ICB and transferring North East Essex services and assets to Greater Essex ICB

Risk due to:	Impacts arising from risk:
The requirement to reduce the ICB's running cost by December 2025.	Immediate disruption to the ICB's operation from a significant reorganisation. The impact includes staff redundancy, changes in ways of working and impact on ability to fulfil statutory requirements. Ability to achieve the December 2025 timeframe is now unachievable, there has been no further national direction regarding updated timeframes

	– this position is not unique to SNEE (all ICBs are in the same position).
There is a risk the ICB do not identify the required amount of savings to achieve the national mandate.	This would have consequences such as direct intervention from NHSE/ DHSC and the loss of local autonomy. SNEE ICB identified a significant proportion of savings via non-pay. The remaining savings will be from pay.
There is a risk that the ability to deliver statutory functions will be lost when post reductions are made during the restructure	This would cause significant concern with wide-ranging negative impacts. This includes deterioration of patient care and outcomes, operational and strategic disruption and financial and reputational consequences.
SNEE ICB will be abolished, and a new Norfolk and Suffolk ICB will be established alongside transferring North East Essex services and assets to Essex ICB on 01 April 26.	This will require the TUPE'ing of staff, assets and services to Essex and working within cluster arrangements and a formal merger for Suffolk and Norfolk. High level of assurance regarding the ability to achieve the 01 April Norfolk and Suffolk ICB establishment and transfer of staff and assets to Essex ICB.
There is a risk of staff demotivation due to the likelihood of the programme identifying requirements for restructures and redundancies. This means staff sickness may increase, and productivity reduces.	Reduction in staffing numbers causes disruption in service in the longer term due to loss of capacity, experience, expertise and resilience. Currently staff absence rates are lower than 2023/24.
There is a risk regarding the cascading of accurate and timely information and the possibility staff hear unconfirmed details through the media or journals before official routes.	On-going regular staff briefings and newsletters, comms colleagues' presence at all relevant national and regional meetings and summarised versions of news stories shared with staff which includes contextual information.

Original Risk Rating	Current Risk Rating	Target Risk Rating
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The ICB's risk appetite for this risk is **Eager** therefore at the current risk rating the ICB is treating the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Ed Garratt, Chief Executive	Executive Committee, Remuneration & HR Committee, Audit Committee	August 2025

Relevant Directorate Risk Register entries: This risk will impact on all services areas.

Relevant System Partner Aligned Risks: TBC

Current Controls	Gaps in controls
SNEE ICB and N&W ICB have appointed a shared Chief Executive, Chair and Director Team to enable clustering of services and the development of a single structure to deliver services effectively across both ICB areas.	Uncertainty about changes to ICB structures, duties, and functions both in the short and long term.
SNEE ICB representation on regional and national planning groups.	MSE have developed a finance and contracts principles documents, this has not been agreed with SNEE and HWE, further work needs to be done to reach an agreement, if this does not happen this will lead to a failure to meet financial and contractual responsibilities by 1 April 2026
Establishment of a staff reference group and promotion of staff networks	There is a risk that the ability to deliver statutory functions will be lost when post reductions are made during the restructure.
Engagement with staff and Trade Unions is in place to ensure clear communication and support.	
Development of detailed plans and a regional due diligence checklist, a Transition Committee and appointment of Transition Directors to lead the programme	
Remuneration & HR Committee is meeting monthly to receive assurances on the HR processes underpinning the cost reduction programme.	
Transition Committee is meeting on a fortnightly basis and is receiving updates on all 13 workstreams (this is a joint N&W and SNEE forum).	

A full Equalities and Health Inequalities Impact Assessment (EHIIA) has been co-produced by the SNEE Staff Networks and Staff Reference Group, this includes a full action to mitigate the impacts.	
High-level plans were submitted to national and regional teams in May 2025, October 2025 and December 2025. Future submission dates in February 2026 (on track).	
Executive Director collaboration regarding the finalising of viable costed structures.	
Shared risk registers, plans and actions between N&W and SNEE ICBs accessible on a shared platform.	
Regional Assurance Checkpoint took place in October and December 25 (SNEE received high level of assurance), schedule of remaining Checkpoints provided by Region.	

Current Aggregated Assurance Rating: **Adequate**

Actions being taken to improve assurance	Implementation date
Shared risk registers, plans and actions between N&W and SNEE ICBs	Complete
Collaborative working MoU approved	Complete
Attendance at all national and regional meetings	On-going
Adherence to all national and regional timeframes	On-going

### Executive Director update on actions to date

Since September SNEE ICB has received a high level of assurance regarding preparedness and delivery of critical activities regarding the transition to Norfolk and Suffolk ICB and the offboarding of North East Essex, this assurance was received from NHSE during formal checkpoint meetings in October and in December. The SNEE ICB Transition Working Group has now merged with the Norfolk and Waveney ICB Transition Working Group; this joint Transition Working Group brings together 26 workstreams (13 mirrored workstreams) on a fortnightly basis to ensure delivery of tasks and milestones. The first series of national milestones (regarding Digital and IT and Equalities, ESR and HMRC VAT and PAYE) have been completed. The next submission milestones are due at the end of February 2026 and are on track. A Voluntary Redundancy (VR) scheme has concluded with 312 applications of which 289 were approved. Staff Consultation has concluded and outcomes are due to be shared with staff on 18 February 2026.

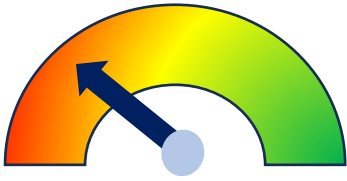
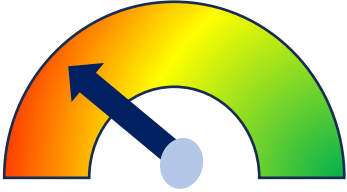

## Strategic Risk 35 - ISFE2 – Finance Ledger System Implementation

ISFE2 (Integrated Single Financial environment) is the new specification of the Finance and Accounting Service commissioned by NHS England and delivered by NHS Shared Business Services (SBS). The upgraded service incorporates a new Oracle Fusion Finance System. ISFE2 replaces the existing ISFE1 service. ISFE2 is scheduled to go-live across the NHS England Group on 1<sup>st</sup> October 2025.

Risk due to:	Impacts arising from risks
<p>1. NHS England and NHS Shared Business Services failed to meet certain milestones outlined in the project plan including failure to provide organisations with a training environment. This meant training was all delivered close to implementation and no staff were able to train on the system prior to go live.</p>	<p>1. Inability to pay suppliers would affect their cash flow, potentially affect service delivery, safeguarding and patient outcomes. Late payment interest charges, Loss of credibility and reputation. Market disruption. Potential for legal proceedings.</p>
<p>2. Capacity constraints / workforce availability due to the ongoing ICB restructure.</p>	<p>2. Inability to pay staff. Reputational damage. Loss of goodwill, low staff morale, staff leaving, increased sick leave.</p>
<p>3. Multi-organisation access defects and design flaws. The escalation hierarchy in the ISFE2 is based on users rather than organisation which can lead to invoices being approved by users in other organisations with no approval authority for this organisation. Individuals who do have access to other ledgers are unable to forward invoices for approval to their counterparts. User reports do not show individuals who have access to the SNEE but are employed elsewhere.</p>	<p>3. A Finance system that is not operating properly would inevitably affect the efficiency and effectiveness of the Finance Department, as it would have to come with alternatives and workarounds for business-as-usual tasks. The expected benefits ISFE2 would bring to the ICB would be delayed.</p>
<p>4. Reporting suite issues - Inaccurate reports and unverifiable user access. Key reports for the purpose of monthly reporting have been inaccurate to date, as well as high profile issues in respect of the user reports in the system. Issues with user reports, mean the ICB is unable to verify whether individuals have the appropriate access or not which undermines the ICBs ability to ensure financial control is in place.</p>	<p>4. Unable to meet ICB statutory compliance requirements e.g. Pay-over of PAYE / NICs / VAT / pension contributions. Late payment penalties / interest charges. Potential for HMRC inspection visits.</p>
<p>5. Approval Hierarchy bugs / defects. The system has allowed individuals to approve invoices for payment above their delegated authority as per the ICB's SFI's. Invoices have been lost from the system for periods of time for which the ICB has no way of assuring themselves whether Shared Business Services are able to recover the invoices in full. Invoices are placed on hold by the system for no apparent reason resulting delays awaiting SBS action to release.</p>	<p>5. Unable to produce monthly budget statements and monitor ICB performance, plus complete the monthly finance returns to NHSE assurance team. Reputational / Financial Reporting / Audit risks, Credibility damage. Adversely impact decision making. Loss of financial control.</p>

<p>Comments are lost in the new invoice approval process if not input at specific points of the process creating ambiguity in the approval of invoices and a requirement to assure outside of the system.</p>	
<p>5. Process inefficiencies – two-step coding/approval causing delays ISFE2 has been designed to separate the coding and approval workstreams, it is now a 2-step approach unlike ISFE1. This results in a significant amount of more time to take the invoice through the full process. In addition, the system updates 3 times a day which will trigger the invoice validation process to remove holds or trigger workflows such as coding and approval. This could result in a delay of more than 5-6 hours to approve an invoice following coding. Holding an invoice also requires a two-step approach with the individual requiring to put the invoice on hold and suspend. The hold mechanism is in a different screen to fusion thus delaying the process further (in ISFE 1 this was all triggered by one tick box option). The invoice validation process is significantly more labour intensive and negates speed of approval which is a significant concern with the restructuring of the organisation upcoming.</p>	<p>6. Unable to carry out the ICBs end of year statutory reporting. Reputational damage, Delayed audit sign-off of accounts of ICB &amp; NHS England Group.</p>
<p>6. Forecasting limitations – manual workarounds due to defects. The system does not allow changes to forecasts until late in the month end timetable. The system does not allow the upload of forecasts and budgets at full code combination level. There is no bulk upload mechanism which will significantly increase time taken to process changes. We will be unable to utilise the forecasting module in the system due to significant defects. Therefore, we will need to maintain accurate forecasts outside of the ledger.</p>	<p>7. Errors could be made in the system due to the lack of training, impacting on the integrity of the data.</p>
<p>7. Uncontrolled changes– data integrity risks. User amendments and changes in our cost centre hierarchy have been made by NSHE/SBS without our knowledge, approval, or any warning. This is outside the controls of the system.</p>	<p>8. Significant additional resource required due to the inefficient design of the system as well as the time taken to resolve ongoing issues with the system defects will impact on the organisations ability to reduce ICB running costs.</p>
<p>8. Helpdesk issues closed without resolution</p>	<p>9. Issues with the agreement of balances process and therefore the NHSE group accounts.</p>
	<p>10. Access to data to fulfil the ICBs requirement to adhere to the ICO requests i.e. FOIs</p>
	<p>11. Increased fraud, financial control risk. Due to issues around user access, multi org and non-po approval limits</p>

	12. Human Error – the continuation of having to rely on off-ledger reporting due to inadequacies in the PBF module (also links to financial reporting / audit risk).
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Original Risk Rating	Current Risk Rating	Target Risk Rating
 <p>Without any mitigations or controls the risk was: <math>4 \times 4 = 16</math> which is red rated.</p>	 <p>Currently with existing mitigations and controls the risk is: <math>4 \times 4 = 16</math> which is red rated.</p>	 <p>The target risk rating is: <math>4 \times 2 = 8</math> which is green rated.</p>

The ICB's risk appetite for this risk is **CAUTIOUS** therefore at the current risk rating the ICB is **TREAT** the risk.

Responsible Executive Director	Responsible Committee	Date last reviewed by Executive Committee
Howard Martin	Audit Committee	2nd December 2025

### **Relevant Directorate Risk Register entries**

The risk identified is relevant to all ICB directorates but is listed as a finance directorate risk.

### **Relevant System Partner Aligned Risks**

Current Controls	Gaps in controls
Weekly operational call involving ICB and CSU lead	None
Project hub document detailing workstreams, tasks and progress (including cutover plan)	NHSE have released cutover and local change plans but they have been significantly delayed. Training plan issued but of poor quality, leading to ICBs encountering issues on use and NHSE/SBS having to find workarounds.
Project board meeting monthly involving finance, IT, CSU and comms	None
Ledger / Balance sheet integrity, quality of returns and open transactions are in the hands of the ICB. All of which are in a good place.	None
Hypercare support available	The team is inundated with requests meaning longer time to resolve issues, less opportunity to contact them.
Training provided to non-finance staff by the ICB – this has resulted in invoice levels reducing but not to the levels seen before ISFE2	None

<b>Current Assurances</b>	<b>Gaps in Assurances</b>
Assurance provided to the audit committee in respect of progress, concerns, issues etc.	None
Reporting to FRSG in respect of board progress	None
Project hub document completed by NHSE / SBS detailing tasks / progress	NHSE falling behind on tasks – new document to be circulated so current version is out of date. Project closure checklist has not been completed and delayed until further notice.
User Acceptance testing has been reported to be positive and only a few issues identified	The ICB has no sight of this
Previous finance system (ISFE 1) will remain open for a period of time.	Have not been made aware of how the old system will operate once ISFE2 goes live.
Reporting on invoice levels to ensure suppliers aren't struggling cash wise. NHSE have contacted suppliers in any cash distress to inform them direct.	None

**Current Aggregated Assurance Rating: Limited**

Assurance Rating	Detail
<span style="color: green;">Substantial</span>	The scope of Assurances noted on the current BAF demonstrate that the Controls are effectively managing the Risk.
<span style="color: orange;">Adequate</span>	here are a full range of Assurances in place and no material issues have been identified with the effectiveness of Controls. Assurances are reflecting the need to fully embed the Controls.
<span style="color: red;">Limited</span>	Either some of the Assurances noted on the current BAF demonstrate that the Controls in place are not effectively managing the Risk and action is required to address and / or there are gaps in assurance
<span style="color: black;">None</span>	No assurance can be taken / is available that the Controls relied upon are working. Action needs to be taken to address to improve Controls and Assurance provided.

Actions being taken to improve assurance	Implementation date
Escalation of concerns to regional group which will be escalated onto the National team	July 2025
Concerns raised to executive level at SBS & NHSE	November / December 2025

**Executive Director update on actions to date**

June 2025 update – Progress on scheme highlighted to audit committee who have flagged their concerns.

November 2025 Update – Concerns escalated to ISFE2 programme board and SBS executive level. Potential letter to be compiled from audit committee chairs direct to ISFE2 PMO.

January 2026 Update – formal letter to be sent to NHSE still under review.

## SR37

<b>Risk Title</b>	<b>Finance Team Transition Tasks</b>		
<b>Risk Description</b>	There is a risk that the finance team will not complete all closedown and set up task for the current ICBs and new Norfolk and Suffolk ICB. This would impact the organisation's capability to perform critical finance functions. This risk is reflected nationally and is a direct result of the ISFE2 implementation, and the continuous impact and delays in NHSE guidance and oversight. The risk is compounded by the additional impacts of the staff restructure on morale and capacity of the workforce.		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Amanda Lyes & Howard Martin	Transition Committee	James Thompson, Chris Armitt, Colin Bright and Simon Cushing	Finance
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	02/12/25	31/03/26	30/12/25
<b>Risk type</b>	Financial		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	5	25	4	5	20	3	4	12
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Proactive communication with NHSE to establish timelines.
- Issues with new ISFE2 system raised.
- Engagement with staff who are facing additional pressures due to issues created by the new ISFE2 system.
- Support offered where possible to address low morale due to restructure and increased workload due to staff leaving.

### Actions

Date opened	Action	Owner	Target completion
02/12/25	Risk raised by finance leads of SNEE and NW at Transition Committee, agreed by all attending to be escalated to risk register and Board meeting of 16 December 25.	Operational Leads	31/03/26
05/12/25	SNEE and N&W AC Chairs will be jointly writing to the NHSE Audit & Risk committee chair outlining these issues.	Operational Leads	31/03/26

### Visual Risk Score Tracker – 2025/26

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

## SR38

<b>Risk Title</b>	<b>Timely Delivery of Transition Tasks</b>		
<b>Risk Description</b>	There is a risk to the timely delivery of tasks required for transition due to delays in guidance being received from NHSE. This would impact the new organisation's functionality. This risk is reflected nationally.		
<b>Risk Owner</b>	<b>Responsible Committee</b>	<b>Operational Lead</b>	<b>Risk team</b>
Amanda Lyes & Howard Martin	Transition Committee	Lizzie Mapplebeck	Finance
<b>Risk programme board</b>	<b>Date Risk Identified</b>	<b>Target Delivery Date</b>	<b>Date risk last reviewed</b>
N/A	02/12/25	31/03/26	16/12/25
<b>Risk type</b>	Transformational		

### Risk Scores

Unmitigated			Mitigated			Target		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	3	6
<b>Risk appetite:</b>			<b>Risk tolerated:</b>					

### Controls

- Proactive communication with NHSE regarding the delivery of guidance required.
- Regular meetings with the regional NHSE colleagues to address concerns and escalate issues as a collective.
- Engagement with workstream leads to highlight any upcoming due dates.

### Action

Date opened	Action	Owner	Target completion
02/12/25	Risk raised by LM at Transition Committee, agreed by all attending to be escalated to risk register. This risk affects multiple workstreams such as IT and Digital, Governance, Communications, Business Continuity, Data and Quality.	Lizzie Mapplebeck	31/03/26

### Visual Risk Score Tracker – 2025/26

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

# NHS Suffolk and North East Essex and NHS Norfolk and Waveney Integrated Care Board Meeting in common

**Agenda Item number:** 14.

**Date:** 27 January 2026

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**Title:** Committee Minutes and Highlight Reports.

**Lead Director:** Committee Chairs

**Purpose:** To receive minutes and highlight reports from Sub-Committees of the Integrated Care Board that were available at the time of publication.

- a) NW Finance Committee and SNEE and NW Finance Committee in common.
- b) NW Commissioning & Performance Committee
- c) NW Quality and Safety Committee
- d) NW Primary Care Commissioning Committee
- e) NW Audit and Risk Committee
- f) SNEE Strategic Commissioning Committee
- g) SNEE Audit Committee
- h) West Suffolk Alliance Committee

**Recommendation:** To note.

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Agenda item: 14

<b>Subject:</b>	<b>Finance Committee Report</b>
<b>Presented by:</b>	<b>Hein van den Wildenberg, Non-executive Member, Finance Committee Chair</b>
<b>Prepared by:</b>	<b>Hein van den Wildenberg</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>27<sup>th</sup> January 2026</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Finance Committee.

<b>Committee:</b>	Finance Committee
<b>Committee Chair:</b>	Hein van den Wildenberg
<b>Meetings since the previous update</b>	<p>Last update provided: 26.11.2025.            Subsequent Meetings: 02.12.2025, 15.12.2025, 22.01.2026            This document reflects main points of discussion on</p> <p>The meeting held on 02.12.2025 was the last of N&amp;W Finance Committee with its original membership.            The meeting held on 15.12.2025 was the first of a N&amp;W and SNEE meeting in common for this committee.            Main points discussed at the meeting in common of 22.01.2026 will be covered verbally.</p>
<b>Overall objectives of the committee:</b>	The objective of the committee is to contribute to the overall delivery of the ICS objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan and strategy, consistent with the ICS Strategic Plan and its operational deliverables.
<b>Main purpose of meeting:</b>	To gain assurance on the financial position of the NHS entities in the ICS, and ICB respectively.
<b>BAF and any significant risks relevant / aligned to this Committee:</b>	<p>BAF 8/In-phase 027 – Achieve the 2025/26 (ICB) financial plan.</p> <p>BORR08/In-phase 002 – Underlying deficit position</p>

**Key items for assurance/noting:**

*The meeting on 02.12.2025 focused on **Month 7** results, i.e. per October 2025.*

Focusing therefore on the main aspects of Month 7 reporting:

- At **Month 7 (October 2025)** the NHS entities in the N&W ICS show a deficit of £(14.6)m vs a Planned deficit of £(6.2)m, i.e. a shortfall of £(8.4)m. The shortfall sits in the acute group of hospitals.

Efficiency schemes delivered a saving year to date of £98.2m against a Plan of £102.7m.

The Plan for the year is break-even including deficit support funding of ca. £ 51m.

The N&W Acute Hospital Group highlighted at the December 2<sup>nd</sup> meeting a net risk of £5m deficit for the financial year. An urgent request for a recovery plan has been put forward. Any update from the January 22<sup>nd</sup> meeting will be shared verbally.

- At **Month 7 (October 2025)** the ICB shows a break-even position against a planned break-even position. Efficiency schemes delivered a saving year to date of £35.3m, £ 5.7m less than the plan of £41.0m. The delivery is much more reliant on non-recurring efficiencies than foreseen in the plan. The ICB has scaled back its estimate of achievable sustainable efficiencies, but is still assured of meeting the overall financial plan.

The Plan for the year is break-even. At Month 7 there is £ 13.1m of net risk outside the reported position.

- Per month 7, agency spend Year to Date is £14.4m, £2.5m under plan and just over half of agency spend same period last year. Per month 7, Bank spend is £59.5m, £4.2m above plan, yet some £20m less than Bank spend same period last year.
- Year to Date CDEL (**Capital** Delegated Expenditure Limit) expenditure as of Month 7 (October 2025) was £18.6m, £18.0m below plan. The forecast system CDEL & IFRS 16 capital expenditure is £57.9m, £5.4m below plan.
- The meeting also discussed changes to the committee workings with the creation of a committee in common with SNEE in preparation of a new Norfolk & Suffolk ICB to be established per April 2026.

	<p>The <u>meeting on 15.12.2025</u> discussed the following topics</p> <ul style="list-style-type: none"> <li>- A draft report by consultancy PA, who had been commissioned by N&amp;W and SNEE ICB to provide an independent assessment of the two ICBs' underlying positions and the drivers of spend.</li> <li>- Regarding underlying financial position, PA noted the different approaches (bottom-up vs top-down) in both ICBs and recommended an NHSE aligned approach, which has become available mid 2025.</li> <li>- As reported in a previous committee Chair report to Board, following NHSE guidance N&amp;W ICB will report a markedly lower underlying deficit than before, but still substantial.</li> <li>- Other recommendations in the PA report included matters such as consistent definitions and framework for Cost Improvement Plans, and assessing the value and return on investment of investment in Mental Health, Community and CHC services</li> <li>- The committee also considered the draft interim submission in December of the medium term financial plan for recommendation to the Board. The final</li> </ul>
<p><b>Items for escalation to Board:</b></p>	<ol style="list-style-type: none"> <li>1. Month 7 results at system and ICB level are here for noting only. As the time of the ICB Board meeting end of January more up to date financials are available.</li> <li>2. Committees in Common held with SNEE on December 15, 2025 and January 22, 2026.</li> <li>3. PA Consultancy report recommending consistent approach to reporting Underlying Financial Position.</li> </ol>
<p><b>Items requiring approval:</b></p>	<p>None</p>
<p><b>Confirmation that the meeting was quorate:</b></p>	<p>Meetings were quorate</p>

<p><b>Key Risks (to extent applicable)</b></p>	
<p><b>Finance and Performance:</b></p>	<p>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.</p>
<p><b>Reputation:</b></p>	<p>Ensuring effective committees and order of business essential for maintaining the financial reputation of the NHS entities in the ICS, including the ICB</p>
<p><b>Legal:</b></p>	<p>Finance Committee is a committee of the ICB.</p>

Agenda item: 14

<b>Subject:</b>	<b>Commissioning &amp; Performance Committee (CPC) Chairs Report</b>
<b>Presented by:</b>	<b>Richard Watson, Designate Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning – NHS Suffolk and North East Essex Integrated Care Board and NHS Norfolk and Waveney Integrated Care Board</b>
<b>Prepared by:</b>	<b>Diane Smith, Head of Collaborative Commissioning and Performance</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>27<sup>th</sup> January 2026</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Commissioning and Performance Committee (CPC) for the period since the last Board meeting in Public on 26<sup>th</sup> November 2025.

<b>Committee:</b>	Commissioning and Performance Committee
<b>Committee Chair:</b>	Hein van den Wildenberg
<b>Meetings since the previous update</b>	Meeting held in private on 20 <sup>th</sup> November 2025, 09:00 – 12:00 and 15 <sup>th</sup> January 2026, 09:00 – 12:00.
<b>Overall objectives of the committee:</b>	<ul style="list-style-type: none"> <li>• To make financial decisions / recommendations about business cases for commissioning and decommissioning, within the value of its delegated responsibilities as set out in the terms of reference. This forum is where decisions will be made about commissioning, other than for primary care which has its own committee.</li> <li>• To consider and make decisions on clinical policies as recommended by the Clinical Policy Development Group.</li> <li>• To consider and make decisions on recommendations from the medicine’s optimisation programme board.</li> <li>• To oversee and gain assurance on the operational arrangements that support the commissioning of services.</li> <li>• Oversee the process of any further delegation of commissioning responsibilities from NHS to the ICB.</li> <li>• Provide oversight to the Individual Funding Request panel.</li> </ul>

	<ul style="list-style-type: none"> <li>• Conduct and lead the oversight of NHS system and commissioned provider performance, directing improvement resources and ensuring learning is implemented. This includes coordinating with regulators where formal improvement is required.</li> <li>• Ensure that innovation, best practice, evidence and evaluation and the impact on health inequalities consistently informs our commissioning decisions.</li> <li>• Approve the application of the Provider Selection Regime process for the procurement of any business cases that it approves under its delegation.</li> </ul>															
<b>Main purpose of meeting:</b>	The Committee exists to provide assurance and oversight and make decisions (within its delegations) on the commissioning and performance 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.															
<b>Terms of Reference</b>	<p>Terms of Reference for Committee were reviewed ahead of November meeting and shared with Committee for approval. Approved updates include:</p> <ul style="list-style-type: none"> <li>• Change to Chair and Deputy Chair to reflect personnel changes</li> <li>• Agreed changes to Members job titles, following the appointments of the Norfolk and Suffolk ICB Designate Executive Team.</li> <li>• Under Members section, change 'Norfolk and Waveney Acute Trust Collaborative' reference to 'Norfolk and Waveney University Hospital Group'.</li> <li>• Reflection of previous decision that the C&amp;PC would not operate a section in public at present.</li> </ul>															
<b>BAF and any significant Board Operational Risks relevant / aligned to this Committee:</b>	<p>The following risks are the responsibility of this Committee, which will be making commissioning decisions and managing performance (as reported at the C&amp;PC, 15<sup>th</sup> January 2026):</p> <p><b>Board Assurance Framework (BAF)</b> Note the change to Elective Recovery BAF score as agreed in the Committee meeting.</p> <table border="1" data-bbox="440 1491 1315 1924"> <thead> <tr> <th data-bbox="440 1491 1018 1574">BAF risk</th> <th data-bbox="1018 1491 1150 1574">Tolerated</th> <th data-bbox="1150 1491 1315 1574">Mitigated: M4</th> </tr> </thead> <tbody> <tr> <td data-bbox="440 1574 1018 1688">BAF03 - Barriers to Full Delivery of the Mental Health Transformation Programme (CYP)</td> <td data-bbox="1018 1574 1150 1688">8</td> <td data-bbox="1150 1574 1315 1688">12</td> </tr> <tr> <td data-bbox="440 1688 1018 1771">BAF04 - Barriers to delivering equitable, safe and consistent care in adult mental health</td> <td data-bbox="1018 1688 1150 1771">8</td> <td data-bbox="1150 1688 1315 1771">12</td> </tr> <tr> <td data-bbox="440 1771 1018 1854">BAF 06 - System / Urgent &amp; Emergency Care (UEC) Pressures</td> <td data-bbox="1018 1771 1150 1854">12</td> <td data-bbox="1150 1771 1315 1854">16</td> </tr> <tr> <td data-bbox="440 1854 1018 1924">BAF07 – Elective Recovery</td> <td data-bbox="1018 1854 1150 1924">12</td> <td data-bbox="1150 1854 1315 1924">20</td> </tr> </tbody> </table>	BAF risk	Tolerated	Mitigated: M4	BAF03 - Barriers to Full Delivery of the Mental Health Transformation Programme (CYP)	8	12	BAF04 - Barriers to delivering equitable, safe and consistent care in adult mental health	8	12	BAF 06 - System / Urgent & Emergency Care (UEC) Pressures	12	16	BAF07 – Elective Recovery	12	20
BAF risk	Tolerated	Mitigated: M4														
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BAF07 – Elective Recovery	12	20														

These are the risks that are part of the reviewed BAF, signed off by the ICB public Board in July, and aligned to the 8 ambitions in the Joint Forward Plan.

**“New” risks raised to C&PC**

- 0109 - ICB restructure and risk to information assets – this risk has been added due to the need to maintain capacity and capability to fulfil statutory functions such as Freedom of Information requests.
- 0116 - Failure to meet Cancer Access Standards – Committee requested Cancer standards risk is detailed under the BAF risk.

**Closure of risk:**

- **0107 - Out of Hours Cyber Security Support** – mitigations have reduced the risk to the tolerated level.

**Change to risk:**

- **076 – Referral to Treatment (RTT) Objective** – as a result of the forecast year end position against plan and impact on 2026/27 starting position the mitigated risk has been raised to 20. Agreed at Committee 24/11/2025.
- **077 – Diagnostic standard (DM01)** – as a result of the forecast year end position against plan and impact on 2026/27 starting position the mitigated risk has been raised to 20. Agreed at Committee 15/01/2026.
- **BAF10 – Elective Recovery** – Committee and Executive risk owner support that the BAF risk mitigated score is reconsidered in light of the risk noted for Cancer, Diagnostics and RTT. Agreement to raise the mitigated risk score to 20 at Committee 15/01/2026.

**Risks de-escalated from C&PC:**

- **093 – ICB does not have a complete list of staff** – mitigated score reduced from 12 to 8 based on utilisation of ESR to complete staffing information.

**BORR and ORR overview (as at the January Committee meeting):**

Note the change to RTT Standard BORR score as agreed in the Committee meeting.

InPhase Ref.	BORR: Risk Title	Tolerated	Mitigated: M9
030	Neuro-Developmental Service (NDS) Children and Young People (CYP)	12	20
043	Lynch Syndrome testing and surveillance pathway (now commissioned but not in place).	8	16
048	Mental Health 12 Hour Breach Risk: Patient Experience / Harm	8	16

076	RTT standard	8	20
077	Diagnostic 6-week standard	8	20
098	ICB Unable to Achieve Improvement Plan in DSPT (Data and Security Protection Toolkit)	8	16
108	Autism Assessment Waiting times	12	16
116	Failure to Meet Cancer Access Standards	16	16
InPhase Ref.	ORR: Risk Title	Tolerated	Mitigated: M9
0037	Lack of access to Tier 3 and 4 weight management services due to demand exceeding capacity of budget	9	12
0046	System wide gaps in SaLT Provision	8	12
0049	ICB application of the sustainable commissioning process and compliance with procurement regulations	6	12
050	Histopathology delays affecting cancer pathways	8	12
051	Insufficient acute medical staffing in oncology across system providers to meet current demand	8	12
052	Hypnotics and anxiolytics prescribing (primary care)	9	12
88	Information Governance: Offsite Archiving without Contract in Place	8	12
89	Information Governance: Lack of Oversight of Information Held Within the ICB's archives	4	12
90	Information Governance: Volume of Agreements Relating to Processing of Personal Data	8	12
92	Information Governance: Placing CHC patients with providers who we do not hold a contract with	6	12
94	Information Governance: Organisations using a non-standard NHS contract	8	12
95	Information Governance: ICB does not have appropriate decommissioning or exit plans	8	12
96	Information Governance: ICB does not have visibility on all sub-contractors	8	12
109	Information Governance: ICB restructure and risk to information assets	4	12

	<p><b>Risk deep dive:</b> The Risk deep dive concerned risks held by the Information Governance (IG) team. This deep dive included risks: 88; 89; 90; 92; 94; 95; 96; 98. The IG team provided information on work being undertaken to reduce risk in key areas such as contracting arrangements, Data Security Protection Toolkit (DSPT) compliance, information archiving and processing. Committee noted that work will continue on a combined basis as the ICB changes to Norfolk and Suffolk ICB and cross functional working is required to reduce some areas of risk.</p>										
<p><b>Key items for Board to take note of:</b></p>	<p><b>1. Performance:</b> The meeting of the Committee received the Integrated Performance Report (IPR) which reflects national, validated performance positions. The narrative report shows assurance levels for each programme of work;</p> <table border="1" data-bbox="485 853 1350 1043"> <thead> <tr> <th>Programme area</th> <th>June assurance level<sup>1</sup></th> </tr> </thead> <tbody> <tr> <td>Elective and diagnostics</td> <td>Concerning</td> </tr> <tr> <td>Cancer</td> <td>Concerning</td> </tr> <tr> <td>Mental Health</td> <td>Average</td> </tr> <tr> <td>UEC</td> <td>Concerning</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• <b>Elective and diagnostics:</b> Diagnostics and referral-to-treatment (RTT) times are adverse to the planned position for the October reporting period. RTT standards are off plan at all providers, however NNUH note anticipate improvement through November and December, with December expected to be the best performance of 2025/26 so far and are working to close the gap to plan by end of March. QEH anticipate some improvement through November and the return to plan by the end of March. There remains significant variation across specialties in providers and the system as a whole, and significant challenge in returning to year end (31/03/26) planned position at JPUH. Diagnostics (DM01) remains behind plan, with provider and modality (type of diagnostic) variance and significant challenge to return to plan for end of March. Planning and delivery from 01/04/2026 is noted to be challenged by any remaining gap between delivery and plan at the end of March.</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• NHSE fortnightly tiering support.</li> <li>• System acute focus on key specialties of challenge.</li> <li>• Engagement with NHSE elective Sprint opportunities to increase activity and reduce waiting lists.</li> </ul>	Programme area	June assurance level <sup>1</sup>	Elective and diagnostics	Concerning	Cancer	Concerning	Mental Health	Average	UEC	Concerning
Programme area	June assurance level <sup>1</sup>										
Elective and diagnostics	Concerning										
Cancer	Concerning										
Mental Health	Average										
UEC	Concerning										

<sup>1</sup> Note the assurance levels and definitions have been utilised from the NHSE Making Data Count programme.

- Work is underway to develop Strategic Plans for Diagnostics across Norfolk and Suffolk.

- **Cancer:**

Cancer performance has improved through September and October – noting that data coding changes have hampered updated performance presentation in the circulated packs, however the system position has been provided in accompanying text.

The Cancer Faster Diagnostic Standard (FDS) met plan in October. This position is anticipated to improve in November data and hold through December – a month when typically this performance drops.

The 62-day combined treatment standard improved though variations across provider and specialties remains through November.

**Actions:**

- Engagement with the NHSE Cancer Sprint
- Continued focus on long wait pathways and clearing backlogs.

- **Mental Health (MH):**

Inappropriate Out of Area Placements, 72-hour follow-up from discharge and NHS Talking Therapies show delivery against targets. 72-hour follow-up from MH discharge improved further above the target. 12-hour A&E decision to admit numbers increased to November.

**Actions:**

- Committee were informed that focus is on system flow to support unplanned care areas and that significant efforts are made to maintain care within area.
- Work is underway to develop Strategic Plans for MH across Norfolk and Suffolk.

- **Children and Young People (CYP) escalations**

An overall update was received highlighting CYPMH: over performance of the target for CYP accessing mental health services though noting variance in access to interventions; challenges meeting eating disorders targets due to complexity of cases and rising presentations of Avoidant Restrictive Food Intake Disorder (ARFID); expected expansion of Mental Health Support Teams (MHSTs) in schools; variation in the completion of outcome measures though good levels of indicated improvement where outcome measures have been recorded at least twice. Long waiting times for CYP NDD services was highlighted and an expected change in the data flow was flagged to C&PC.

- **Community:**

Key areas brought to C&PC: Long waiting times in wheelchair services are being actively supported, with a bid to NHSE for resourcing to bring these waits under 52-weeks through 'pump-priming' a new model. Waiting times for Pulmonary Rehabilitation services in ECCH were highlighted as now under 52-weeks. Discrepancies in data and data quality issues are being addressed between providers and the ICB.

**Action:**

- Review is underway of difference in services available across Norfolk and Waveney, because of historical commissioning and contracting approaches.

- **Urgent & Emergency Care (UEC):**

111 calls answered within 60 seconds worsened through October and November with pressures associated with the winter period. We remain a top performer nationally, and the system is focused also on ensuring long wait times do not worsen.

12-hour delays are an indication of pressure on system and acute hospital flow but waiting for 12 hours in A&E is an experience we do not consider acceptable for any patient or their families.

C2 ambulance performance has been a particular challenge over winter months, and through the Level 2 critical incident which lasted for a week.

The Committee heard great feedback on the collaboration, coordination and joint work displayed through these challenges, and the critical incident. It was also noted that performance through winter 25/26 to date has been an improved position compared to 24/25.

**Actions:**

- Continued NHSE tiering meetings and support.
- Care Coordination Hub is currently increasing hours of operation.
- Work is underway to develop Strategic Plans for UEC across Norfolk and Suffolk.

- **Primary Care:** the committee noted the report on performance and recovery from the Primary Care Commissioning Committee and will not duplicate but consider this position within the overarching system performance view.

- **Specialised Commissioning:**

Committee received updates on the CYP Cystic Fibrosis service, renal planning in conjunction with Norfolk and Waveney new hospitals, Lutetium Radio-Nuclide treatment,

Mechanical Thrombectomy and wider panning of the new 'hub' for commissioning of specialised services..

## 2. Escalation reports

- **Digital Strategy Steering Group:** Committee were updated on work to improve cyber security in the supply chain and through contracting arrangements, on provider records management and clinical systems, and discussed how the new Norfolk and Suffolk ICB (from 1<sup>st</sup> April) might approach refreshing digital strategic plans and operating models.
- **Mental Health Integrated Delivery Group:** Nil escalations were received
- **System Contracting Development Group:** Nil escalations were received
- **Medicines Optimisation Programme Board:** updates were received to note. C&PC were assured that the MOPB has good governance with strong financial oversight and robust processes for tracking. No escalations to C&PC.
- **Clinical Transformation & Planned Care:** no escalation report was received
- **UEC Programme Board:** updates were received to note, with no escalations to C&PC.
- **Scheduled Care Board:** an update report was provided but no escalations were made. Key updates related to development of a diagnostic strategic plan for Norfolk and Waveney (to converge with SNEE once both are complete) and focused work on challenged specialities across ICB and providers.

Committee members continue to support all Programme Boards submitting reports.

## 3. Operational Commissioning

- **Policy sign-off:**

November C&PC received and approved a revised and updated version of the Individual Funding Request (IFR) Policy. This version updates references and amalgamated previously separate IFR processes and policies across the ICB.

November C&PC reviewed a revised Specialist-to-Specialist (StS) Policy (previously known as the Consultant-to-Consultant Policy. A further cross-check with secondary care followed and minor amendments made. A Chairs action was taken to approve the policy and C&PC noted this in January.

- **Future Governance**

Committee received a paper outlining the draft Committee Governance structure for the new Norfolk and Suffolk ICB from 1<sup>st</sup> April 2026.

Discussion took place on:

- Remit of each proposed Committee of the Board
- Membership and connection of system partners and providers
- Movement of current work of C&PC to new Committees of the Board
- Structure and process of groups that will feed into each of the Committees of the Board

- **Threshold Policy – application to waiting lists:**

A previous discussion was revisited, regards the feasibility of applying changes to the threshold policy to existing waiting list. Committee concluded that the current approach should not be altered whereby there is a lead in period to application of new thresholds.

- **Medium Term Planning**

The Medium-Term Planning Framework represents a significant shift, aligning us with population health priorities for better outcomes. The ICB strategy and the population health improvement plan are the strategic foundations, with the operational planning return currently underway. Partner engagement has taken place and the strategy is set for board sign-off, with publication planned for the ICB launch. Its main message is the emphasis on our strategic commissioning responsibilities, as highlighted in the new guidance.

The core planning outputs include five-year strategic commissioning plans managed by the ICBs, five-year integrated delivery plans (providers) and neighbourhood health plans. There are lots of interdependencies between those three parts, and we are bringing together Norfolk and Suffolk.

The Commissioning Strategy requires some further refinement in some areas, and, connected with annual planning, key performance indicators need reviewing at system and provider level prior to submission.

**Escalations for ICB Board to be aware of**

- Changes to BORR risks and the BAF risk for Elective Recovery
- The current position of elective care and diagnostics performance, and impact on 2026/27 planning and performance if recovery to 2025/26 plans is not achieved.

	<ul style="list-style-type: none"> <li>• Recognition of the collaboration and joint working that has happened through Industrial Action, a critical incident and the period of winter pressures.</li> </ul>
Items requiring formal approval of Board:	None
<b>Confirmation that the meeting was quorate:</b>	Yes.

<b>Key Risks – of performance that falls short of expected national or local standards, constitutional requirements and/or plans</b>	
<b>Clinical and Quality:</b>	The impact of commissioning decisions on Clinical and Quality are integral part of decision making, and a clear process of assessing this impact is in place. Performance which falls short of expected national or local standards, constitutional requirements and/or plans will frequently have an impact on the clinical care and/or quality of care that can be provided and risks negatively impacting experience and outcomes. Performance review includes the perspective of clinicians, quality leads and people with lived experience.
<b>Finance and Performance:</b>	Performance and Financial risk are inherently linked. Financial envelope impacts room for performance improvement initiatives. Most discretionary spend decision require sign-off through triple-lock process.
<b>Impact Assessment (environmental and equalities):</b>	Equalities and other relevant impact assessments are completed and reviewed at regular intervals and inform risk management processes.
<b>Reputation:</b>	If performance falls short of expected national or local standards, constitutional requirements and/or plans, this will have a negative impact on reputation of NHS Norfolk and Waveney.
<b>Legal:</b>	Legal risk in general may exist with commissioning decisions, and more broadly new Providers regime.
<b>Information Governance:</b>	None
<b>Resource Required:</b>	Not discussed
<b>Reference document(s):</b>	N/A
<b>NHS Constitution:</b>	Commissioning and Performance Committee seeks to assure we meet NHS Constitutional performance standards.

<b>Conflicts of Interest:</b>	Conflicts of interests is managed carefully, in view of the decision making authority of this committee.
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Agenda item: 14

<b>Subject:</b>	<b>Quality and Safety Committee Report</b>
<b>Presented by:</b>	<b>Cathy Armor, Quality and Safety Committee Deputy Chair</b>
<b>Prepared by:</b>	<b>Evelyn Kelly, Quality Governance &amp; Delivery Manager</b>
<b>Submitted to:</b>	<b>Integrated Care Board - Board Meeting</b>
<b>Date:</b>	<b>27 January 2026</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Quality and Safety Committee for the period of 26 November 2025 to 27 January 2026.

<b>Committee:</b>	<b>Quality and Safety</b>
<b>Committee Chair:</b>	Aliona Derrett (Deputy Chair Cathy Armor)
<b>Meetings since the previous update:</b>	04 December 2025, 14:00 – 17:00 (chaired by Deputy Chair) <i>The January meeting of Committee was cancelled.</i>
<b>Overall Objectives of the Committee:</b>	
<p>To seek assurance that the Norfolk and Waveney system has a unified approach to quality governance and internal controls that support it to effectively deliver its strategic objectives and provide sustainable, high-quality care and to have oversight of implementation of the ICS Quality Strategy and NHS National Patient Safety Strategy.</p> <p>To be assured that these structures operate effectively, that timely action is taken to address areas of concern, and to respond to lessons learned from all relevant sources including national standards, regulatory changes, and best practice.</p> <p>To oversee and monitor delivery of the ICB key statutory requirements, including scrutiny of the robustness and effectiveness of its arrangements for safeguarding adults and children, infection prevention and control, medicines optimisation and safety, and equality and diversity. To ensure that patient outcomes from care are collected and measured, to inform outcomes-based commissioning for quality.</p> <p>To review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and the delivery of safe, timely, effective, and equitable care. To consider the effectiveness of proposed mitigations and to escalate concerns to risk owners and operational leads/forums as agreed by Committee Members.</p> <p>To approve ICB arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality. To seek assurance that commissioning functions act with a view to supporting quality improvement; developing local services that promote wellbeing and prevent adverse health outcomes, equitably, across all patients and communities in Norfolk and Waveney.</p>	

<p><b>Main purpose of meeting:</b></p>	<p><b>04 December 2025</b></p> <ul style="list-style-type: none"> <li>• Risk Deep Dive: TB Service Resilience and Capacity (047)</li> <li>• CYP Neurodevelopmental Service Provision Report</li> <li>• Local Maternity and Neonatal Assurance Report</li> <li>• Pharmacy, Optometry and Dental Quality Programme</li> <li>• System Quality Group Assurance Report</li> </ul>
<p><b>BAF and any Board Operational risks relevant / aligned to this Committee:</b></p>	<p><b>Risk 011 Continuing Healthcare:</b> remained at 16, reflecting the challenges in sourcing appropriate care due to care market capacity, particularly in relation to specialised care for people with complex needs. This creates risk in relation to quality and care experience, as well as increased financial costs.</p> <p><b>Risk 012 EEAST Response Time and Patient Harms:</b> remained at 15, reflecting the current pressures within the system in relation to handover and response times. This risk is dynamic and fluctuates in response to operational pressures. Supportive initiatives include 'Handover 45' and the addition of extra roles by EEAST to support clinical decision making.</p> <p><b>Risk 033 Industrial Action Clinical Impact:</b> remained at 9. The Executive Medical Director highlighted that the risk is dynamic, and that there will be an increased risk level to 16 at the next meeting, following the release of December 2025 dates. The main concern now is the cancellation of elective procedures and post-action recovery challenges.</p> <p><b>Risk 034 Surge Capacity to Support Acute Trusts:</b> remained at 12. Committee noted that the risk continues to be dynamic linked to overall system flow, including 'front door' and discharge activity.</p> <p><b>Risk 035 Community Nursing Unallocated Visits:</b> remained at 16, reflecting the current challenges in demand and capacity, which creates risk in relation to the quality and experience of care as well as moral injury to staff and resilience across the wider community services.</p> <p><b>Risk 038 CYP Mental Health Case Manager Allocation:</b> remained at 16, reflecting the challenges in meeting demand for case management allocation, which in turn creates risk in relation to quality and experience of care and the potential for poorer long-term outcomes.</p> <p><b>Risk 039 CYP Mental Health Waiting Lists:</b> remained at 16, reflecting the challenges in demand and capacity, which creates risk in relation to delayed treatment which impacts on the long-term outcomes for children and young people as they move into adulthood.</p> <p><b>Risk 040 CYP Speech and Language Therapy:</b> remained at 16, reflecting the fact that NCC, as lead commissioner, are not currently assured of service delivery against some of the provider's key performance measures. This creates risk in</p>

relation to accessibility, quality and experience of care and outcomes for children and families.

**Risk 042 Children’s Mental Health Team Skill Mix:** increased to 20, reflecting the Trust’s ongoing workforce challenge in accessing available trained staff to deliver its services and to ensure that the right skill-mix, including registered mental health nurses, is in place across all wards. For babies, children, young people, and families, which creates risk in relation to delayed treatment and long-term outcomes for children and young people.

**Risk 044 Care Provider Capacity System-Wide Impact:** remained at 12, reflecting the local social care market capacity, and the risk of providers terminating care provision or closing due to failure to comply with statutory regulations. ICB and local authority market engagement will continue to support and monitor impact.

**Risk 047 Tuberculosis Service Provision:** remained at 20, reflecting the fragile position of current specialist community provision and the need for a more resilient and sustainable model for the future. A Committee deep dive on the risk is reported in this paper under ‘key items of note for Board’.

**Risk 048 12hr DTA Mental Health Breaches:** remains at 16, reflecting the impact of ‘decision to admit’ breaches where a specialist mental health bed cannot be found in a timely way. This causes extended waits for service users in busy A&E departments, which raises the risk of poor experience of care and exacerbation of symptoms in a clinically unsuitable environment.

**Risk 058 Public Trust and Reputational Damage:** remained at 15, reflecting the impact of poor patient experience and patient harms in respect of delayed ambulance conveyance. This is a dynamic risk reflects ambulance response time trends and operational pressures in the system.

**Risk 061 CYP Mental Health Responsible and Approved Clinicians:** increased to 20, reflecting the Trust’s ongoing workforce challenge in accessing available trained staff to deliver its services. NSFT is currently reviewing its crisis pathways, which will include consideration of an all-age psychiatric liaison that will cover these roles. In the interim, the Trust is using community resources to mitigate the gaps.

**Risk 080 Instrumental Assessment for CYP Dysphagia:** remained at 16, reflecting the lack of a local service to fully assess ‘safety of swallow’ for children across Norfolk and Waveney. Delayed access to swallowing assessment via video fluoroscopy raises a risk that there will be babies, children and young people will have untreated, poor functioning swallowing which could have long term consequences.

**Risk 083 Quality Impact of ICB Organisational Change:** remained at 12, reflecting the risk that the restructuring will have

	<p>a destabilising impact on teams and system relationships, which could impact on the ICB's ability to deliver statutory activities and quality improvement priorities. This risk links to the overarching risk around organisational change held by the ICB Transition Committee.</p> <p><b>Risk 085 Provision of Paediatric Audiology (QEHL):</b> remained at 16, reflecting the risk that babies, children, and young people living in West Norfolk may not receive accurate and timely diagnosis of hearing loss, due to service provision issues. Missed opportunities to provide early and effective support to enable children to develop their language and communication skills can lead to long-term harm and poorer outcomes. NNUH are supporting while QEHL focuses on recruitment and backlog reduction. Further Committee discussion is reported in this paper under 'key items of note for Board'.</p> <p><b>Risk 104 Long Waits in Emergency Departments:</b> remained at 12, reflecting the risk around long waits in ED, which have an onward impact on patient experience and outcomes as well as wider implications for hospital flow and ambulance handover times. Committee noted the initiatives taking place to mitigate the risk including the System Control Centre function and reintroduction of intelligent conveyancing and efforts to improve ambulance handover and admission avoidance.</p> <p><b>New Risks</b> No new risks escalated to Committee this month.</p>
<p><b>Key items for Board to take note of:</b></p>	<p><b><u>December 2025</u></b></p> <p><b>TB Service Resilience and Capacity (Risk 047)</b> Committee received a comprehensive overview from the ICB Health Protection Nurse and the UK Health Security Agency (UKHSA). UKHSA provided an overview of prevalence and acute cases, which particularly impacts upon communities with significant social deprivation. Committee discussed the health inequalities approach required to meet the needs of health inclusion groups, including UK-born individuals with multiple social risk factors such as homelessness, drug and alcohol misuse, and involvement with the criminal justice system. Committee noted the need for collaboration with trusted community and voluntary sector partners.</p> <p>An overview of TB service resilience and capacity issues was provided, including limited TB Nurse capacity, fragmented team structures, unstable funding arrangements, and the challenge of providing direct observed therapy (DOT). Proposed solutions include integrating TB services across the geographical footprint, developing assertive outreach models, securing stable funding, enhancing collaboration with housing and justice sectors, and learning from other regions, with a focus on building trust and community engagement.</p>

	<p>Committee supported the progression of the business case for additional funding, to support service expansion to meet changing population needs and complexity.</p> <p><b>Paediatric Audiology (QEHLK)</b>  Committee discussed ongoing challenges across Audiology Services at The Queen Elizabeth Hospital King’s Lynn, with the highest risk area being children’s provision. The Trust has completed a paediatric look-back exercise to identify any harms and learning, while inter-trust collaboration, service provision adjustments, and recruitment efforts are taking place to support the service, maximise capacity and address workforce shortages.</p> <p>Committee noted that there has been a refresh of the governance for oversight of Audiology performance, ensuring that the NHSE Regional Team participation resumes. Focus continues to be on the progression of recovery actions, including Trust recruitment and training initiatives. A deep dive on the risk is coming to Committee in February 2026.</p> <p><b>CYP Neurodevelopmental Service Provision</b>  Committee received its quarterly update on neurodevelopmental services, which reflected ongoing delays in assessments due to rising referrals and limited workforce capacity, with some children waiting several years. Committee noted the implementation of a quality-assured provider framework to support access to Right to Choose assessments, with data sharing agreements to reduce duplicated lists and improve oversight.</p> <p>Committee discussed the need for triage and prioritisation of children at risk of exclusion, referencing the NHSE Independent ADHD Taskforce recommendations, raising questions around harm review processes for children on waiting lists, particularly with independent or out of area Right to Choose providers. The Partnership for Inclusion of Neurodiversity in Schools project, now in its second year, is supporting schools to better meet neurodiverse pupils' needs, with positive feedback from families and alignment with system-wide early intervention strategies. Committee also noted broader inclusion initiatives and efforts to ensure all system partners contribute to supporting neurodiverse children.</p> <p><b><u>Committee Approvals</u></b>  Nothing taken to Committee for approval this month.</p>
<p><b>Items requiring formal approval of Board:</b></p>	<p>Request for Board support for the progression of the business case for additional funding, to support TB service expansion to meet population needs.</p>
<p><b>Confirmation that the meeting was quorate:</b></p>	<p>The December 2025 meeting was quorate, as defined in the Governance Handbook.</p>

Agenda item:

<b>Subject:</b>	<b>Primary Care Commissioning Committee Report</b>
<b>Presented by:</b>	<b>Hein van den Wildenberg, Non-Executive Member and Deputy Chair of PCCC</b>
<b>Prepared by:</b>	<b>Sadie Parker, Director of Primary Care</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>28 January 2026</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Primary Care Commissioning Committee (PCCC) from the November 2025 and January 2026 committee meetings.

<b>Committee:</b>	Primary Care Commissioning Committee
<b>Committee Chair:</b>	Ian Wake, Local Authority Member (The January meeting was chaired by Hein van den Wildenberg)
<b>Meetings since 24 September 2025</b>	19 November 2025 – <i>verbal update provided at the last Board meeting</i> 14 January 2026
<b>Overall objectives of the committee:</b>	The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, and since 1 April 2023 the commissioning of dental, pharmaceutical and optometry services under a Delegation Agreement with NHS England.
<b>Main purpose of meeting:</b>	To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the exercise of the ICB's delegated primary care commissioning functions and any resources received for investment in primary care.

<p><b>BAF and any significant risks relevant / aligned to this Committee:</b></p>	<p>BAF02 – Primary Care Resilience and Transformation Current mitigated score – 5x4=20.</p> <p>BORR08 – secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services) Current mitigated score – 4x4=16</p> <p>BORR09 – resilience of NHS general dental services in Norfolk and Waveney. Current mitigated score – 5x4=20</p> <p>BORR11 – the resilience of general practice Current mitigated score – 4x4=16</p> <p>BORR27 – the resilience of community pharmacy Current mitigated score – 4x4=16</p> <p>As agreed by Committee in July, all primary care risks are being reviewed through deep dive meetings with any revisions due to be presented to the Committee.</p> <p>A new dental risk was approved by Committee which will combine BORR08 and BORR09.</p>
<p><b>Key items for assurance/no ting:</b></p>	<p><u>January 2026</u></p> <ul style="list-style-type: none"> <li>• The <b>Director of Primary Care report</b> was noted. It was felt to be the start of a critical phase for primary care development within the Norfolk and Waveney system within a changing landscape of contractual arrangements and collaborative delivery models designed to strengthen care at neighbourhood level. Resource had been secured to hold a structured series of workshops to support in developing a future model of neighbourhood care aligned with the NHS 10-Year Plan, including one focused on primary care. The proposal is still being finalised, but a workshop-based approach will aim to ensure broad engagement, transparency, and practical outputs that address the complexity and inter-dependencies inherent in transforming primary care.</li> <li>• An <b>Operational Plan Update</b> for Primary Care was noted. This planning round provides the opportunity to harmonise approaches across Norfolk and Suffolk as we prepare for the new organisation from 1 April. Initial submissions were necessarily high level and the NHSE feedback expected will provide an opportunity to refine for the full submission in mid-February.</li> </ul>

- **Strategic reports for primary care workforce recruitment and retention** were noted. An overview of the funding invested (£3.3m) and the successful delivery of programmes was received. Eg 48% increase in Dental Golden Hellos, the approval of an additional dental training practice with 10 further expressions of interest and an improved ranking for Norfolk and Waveney on the GP dashboard for workforce from 13<sup>th</sup> to 3<sup>rd</sup>. (Post meeting note, this is now 2<sup>nd</sup>). Through joint working with the Local Optometry Committee, the Newly Registered Optometrist Incentive scheme had increased uptake by 50%. In community pharmacy, having seen foundation trainee pharmacist placements drop from 40 pre-Covid, to just one this year in Norfolk and Waveney, there is a plan to provide 39 foundation placements in 2026/27.
- **Delivery group reports** for the Dental Services, General Practice and Community Pharmacy and Dental Development Groups were noted.

The **Dental Services Delivery Group** noted performance of key metrics, including the 96% utilisation rate of unscheduled care appointments and that 45,290 more UDAs had been delivered than the same period the previous year. Investment in out of hours Christmas and New Year's provision was approved, along with a consolidation of two dental contracts in Kings Lynn to improve performance, approved an extension to the Trauma pilot service and approved continuation of a care home service in West Norfolk.

The **General Practice and Community Pharmacy Delivery Group** reviewed the integrated performance report, an update against the new GP contract requirements, patient experience as measured through the latest GP Patient Survey update, prescribing performance against key metrics. Eg GP practices had delivered 75k more appointments in the first half of 2025/26 than plan and 96% of learning disability health checks now include a health plan. In community pharmacy across contraception, hypertension and clinical pathways (Pharmacy First), activity exceeded plan for four out of six months to October. Norfolk and Waveney is on track to significantly exceed last year's activity levels. Based on data from April to July, projected year-end figures suggest a 24.3% increase in hypertension, a 137.7% rise in contraception, and a 32.7% uplift in clinical pathway activity compared to the previous 12 months. The TIAA audit action against the

establishment of goals for Additional Roles Reimbursement Scheme staff. A proposed sale and leaseback scheme and a revised proposed premises development scheme were approved, as well as a Covid Development Service for community pharmacy which would also align with bank holiday provision.

The **Dental Services Development Group** held in-depth discussions on a number of areas, including the supervised toothbrushing scheme, child-focused dental practices and commissioning intentions for 2026/27.

- A report on the [Pharmacy Integration Final Outcomes](#) project was noted. This was a Norfolk and Suffolk project commissioned from the Local Pharmaceutical Committee which has helped inform development of our strategic commissioning intentions. Committee was keen to sustain the outcomes through consideration of this work going forward.
- An update on the progress of workstreams supporting the **Strategic Framework for Primary Care** was received. Much of the work had been embedded into business as usual projects and the current focus remained on supporting the work to develop a primary care collaborative approach, using robust data and local insight to understand resource, capacity and demand at a neighbourhood level, developing our strategic commissioning approach to support a reduction in health inequalities and considering how primary care can best engage with neighbourhood health and integrated care models.
- A **Strategic Prescribing Report** was noted with a focus on key quality and safety programmes the team was supporting. While performance was continuing to improve, continued efforts were needed. Eg the percentage of children aged 0-9 who had been prescribed at least one antibiotic in the last 12 months should be at or below 27% with the ICB standing at 29.8% (improved from 40%). 79/103 practices are now meeting this target (improved from 37 practices). A multi-disciplinary team has been established to support improvements in the out of hours and walk-in centre in Norwich which see the highest rates of prescribing in this area. Engagement is also underway with school nursing and health visitor teams to support messaging to parents.

- A **strategic finance report** for month 8 was noted. An underspend of £2.4m was reported due to underspends in GP Prescribing, locally commissioned services, delegated primary care, Optometry and Pharmacy driven by the budgeted efficiencies within this area reduced partly by the budgeted unidentified efficiencies and GPIT stranded costs.

#### November 2025

Members received reports on the following areas:

- **The Director of Primary Care report** was noted. This provided an update on the wider work of the directorate as well as an update on the new national planning framework priorities for primary care and timelines.
- **A strategic estates report** was noted. Appreciation was expressed for the team's work, including seeing two significant developments complete (Kings Lynn) and near completion (Magna Medical Centre). Committee also received an overview of the operational aspects of CIL and S106 developer contributions from local authorities, rent reviews, appeals and district valuation service expenditure. There was a spotlight on East Suffolk District Council CIL funding with £6.3m being invested across three schemes in South Waveney – Beccles, Bungay and Halesworth GP practices.
- **A delivery group report** for the Dental Services Delivery Group was noted. Committee received a dental quality report, proposals to increase capacity for Armed Forces Families and veterans and a comprehensive workforce update. Plans to improve uptake of greener dentistry were also discussed. The group agreed an increase in activity in south Norfolk to support stability of services and agreed additional urgent care appointments in line with the national scheme.
- **The Pharmaceutical Services Regulation Committee and General Ophthalmic Services Quarterly reports** were noted.
- A **strategic finance report** for month 7 was noted. An underspend of £2.02m was reported due to underspends in GP Prescribing, locally commissioned services, delegated primary care, Optometry and Pharmacy driven by the budgeted efficiencies within this area reduced partly by the budgeted unidentified efficiencies and GPIT stranded costs.

<b>Items for escalation to Board:</b>	No other items for escalation outside of the risks reported to ICB Board.
<b>Items requiring approval:</b>	<p><u>January 2025</u></p> <ul style="list-style-type: none"> <li>The <b>Risk Register</b> was approved which included the latest updates to BAF and BORR. A revised dental risk was approved which combined the previous three risks and provided a mitigated combined risk score of 16. The two workforce risks on the ORR had also made significant progress and had been assessed as meeting their target scores. These were approved to be removed from the Committee register and move to business as usual monitoring within the team. The final deep dives would be presented to the March committee for approval.</li> <li>A progress update on the <b>GP Action Plan</b> was noted. Committee approved the closure of three areas of the Action Plan – Primary Care Access and Recovery, Commissioning and Transformation Support and Strategic Framework. All other areas were noted as being on track and embedded within the team’s workplan for the year and would be continued to be monitored.</li> </ul> <p><u>November 2025</u></p> <ul style="list-style-type: none"> <li>The <b>Risk Register</b> was approved which included the latest updates to BAF and BORR. The deep dive process was in progress</li> </ul>
<b>Confirmation that the meeting was quorate:</b>	<p>There are four voting members and three are required to be quorate. The meetings were quorate with the following attendance:</p> <p><u>November 2025</u>  Ian Wake, ICB Board Local Authority Partner Member, Chair  Hein van den Wildenberg, ICB Board non-executive member, Deputy Chair  Karen Watts, deputising for Lisa Nobes, executive director of nursing, ICB  James Grainger, deputising for Howard Martin, executive director of finance, ICB</p>

	<p><u>January 2026</u>  Hein van den Wildenberg, ICB Board non-executive member, Deputy Chair  Karen Watts, deputising for Lisa Nobes, executive director of nursing, ICB  James Grainger, deputising for Howard Martin, executive director of finance, ICB</p>
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<b>Key Risks</b>	
<b>Clinical and Quality:</b>	Care Quality Commission inspection reports are regularly reviewed. Quality responsibilities have been clarified in the revised Terms of Reference.
<b>Finance and Performance:</b>	Finance reports are noted monthly, detailed performance reports are reviewed on prescribing, learning disability and severe mental illness health checks uptake. Access data is reviewed annually through the GP Patient Survey report. The annual contractual e-declaration requirement for practices is reported. A primary care dashboard is being developed and a delivery report is a standing item.
<b>Impact Assessment (environmental and equalities):</b>	All papers considered include consideration of the ICB's duty to reduce health inequalities.
<b>Reputation:</b>	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
<b>Legal:</b>	Terms of reference, primary medical services contracts, premises directions and policy guidance manual, ICB general duties.
<b>Information Governance:</b>	Any confidential or sensitive information is heard in private
<b>Resource Required:</b>	Primary care commissioning, quality, finance, primary care estates, primary care workforce, primary care digital, prescribing, locality and BI teams
<b>Reference document(s):</b>	Primary care services regulations, statement of financial entitlements, premises directions and policy guidance manual, delegation agreement with NHS England
<b>NHS Constitution:</b>	N/A
<b>Conflicts of Interest:</b>	Arrangements are in place to manage conflicts of interest

Agenda item: 14

<b>Subject:</b>	<b>Audit and Risk Committee Report</b>
<b>Presented by:</b>	<b>David Holt, Audit and Risk Committee Chair</b>
<b>Prepared by:</b>	<b>Heidi Davey, Head of Corporate Governance</b>
<b>Submitted to:</b>	<b>Integrated Care Board – Board Meeting</b>
<b>Date:</b>	<b>26 November 2025</b>

**Purpose of paper:**

To provide the Board with an update on the work of the Audit and Risk Committee to 5 November 2025.

<b>Committee:</b>	Audit and Risk Committee
<b>Committee Chair:</b>	David Holt, Non-executive Member
<b>Meetings since the previous update:</b>	<p><i>Bullet pointed details of the committee meeting held since the last report to Board, including dates and times.</i></p> <ul style="list-style-type: none"> <li>• <b>5 November 2025</b></li> </ul>
<b>Overall objectives of the committee:</b>	This Committee contributes to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.
<b>Main purpose of meeting:</b>	<p>Main purpose of this meeting was to report on key areas to the Committee providing information and assurance. The focus was on the role of the Audit and Risk Committee in the transition process. The Designate Executive Director of People, Governance and Corporate Services attended as SRO for transition to provide an overview of the process to date:</p> <p><b>ICB Transition Overview and Update</b> This presentation noted that the ICB is still awaiting a go live date from region NHSE on when we can commence the staff consultation. Planning is underway with draft structures being finalised. Morale amongst staff was very low, with staff beginning to feel demoralised as there is uncertainty around</p>

	<p>their future. Teams are working together across the two ICBs, confirmation of the consultation will help strengthen this approach.</p> <p><b>Briefing by Executive Director of Finance</b> A briefing by the Executive Director of Finance covered key issues.</p> <p><b>Organisational restructure</b> the ICB is still waiting of a definitive response from NHSE on a way forward. Options are being considered to take the restructuring process forward.</p> <p><b>Planning</b> Various groups have been formed across the ICB's looking at planning, funding, and cost improvements.</p> <p><b>ISFE2 issues and resolutions</b> An update was presented to the Committee on the implementation of new finance system ISFE2 and the issues experienced.</p> <p>The new system was launched on 1 October 2025 and was rolled out to 42 ICBs across the country. There have been a number of issues since the system went live. The main concerns relate to workflow and the ability to report from the system. All ICBs have experienced these issues nationally.</p> <p>In addition, the Committee discussed the following items:  <i>Internal Audit Progress Report</i>  <i>Counter Fraud Service Progress Report</i>  <i>External Auditor's Report</i>  <i>Losses &amp; Special Payments</i>  <b>Growth Monies</b>  <i>Information Governance Senior Information Risk Officer Report</i>  <i>Board Assurance Framework</i>  <i>Committee Terms of Reference</i>  <i>Committee Annual Plan</i></p> <p>The following items were presented to the Committee for information:</p> <ul style="list-style-type: none"> <li>○ Conflicts of Interest Committee Update</li> <li>○ Internal Audit Reports with reasonable assurance or above and advisory reports</li> <li>○ Procurement update and Tender Waiver Briefing</li> <li>○ Report on any urgent Board decisions and non-compliance with the Standing Orders</li> <li>○ TIAA Client Briefing Notes</li> </ul>
<p><b>BAF and any Board Operational risks relevant / aligned to this Committee:</b></p>	<p>BAF reference numbers and detail of any Board Operational Risks (BORR) set out here.</p> <p>None</p>
<p><b>Key items for assurance/noting:</b></p>	<p>Presentations to Committee above</p>

<b>Items for escalation to Board:</b>	N/A
<b>Items requiring approval:</b>	N/A
<b>Confirmation that the meeting was quorate:</b>	The meeting was quorate

## Strategic Commissioning Committee

Date: 9 December 2025

Chair: Phanael Mutumburi

Item Status	Update
Advise	<b>Care Management Service – Business Case.</b> Following the recommendations of the Sustainability Review and the development of a service specification the Committee received the Care Management Service Business Case which had been developed by providers. The Committee unanimously supported the principle of the CMS and the direction of travel but providers felt that they needed to review the financial planning behind the business case before it could be finalised. A revised business case will return to a future meeting.
Advise	<b>Integrated Urgent Care Strategic Plan</b> The Committee approved the plan and were keen for the ICB to carry out further work to ensure that the Strategic Plan fit together with other plans which were being developed to ensure that services were aligned.
Assure	<b>Draft Strategy on a Page</b> The Committee supported the work that had been undertaken and provided feedback on the draft.

### Guidance

Updates should contain a few sentences of bullet points which provide the context, key risks and opportunities, and the action(s) the Committee is taking.

There are three categories of item status:

- **Alert:** Items which the Committee is referring to Board for action i.e. to escalate a risk to the BAF, to call for a report to Board, to include as an item for a board development session etc.
- **Advise:** Items which the committee feels additional assurance is needed for the ICB to be satisfied that polices/ procedures/ services are delivering the expected outcomes. New risks that have been identified and need to be added to the ICB risk register
- **Assure:** Items the committee has considered and is satisfied that the Board can be assured that polices/ procedures/ services are delivering the expected outcomes.

## Audit Committee

Date: 2 December 2025

Chair: Kris Murali

Item Status	Update
Assure	<b>Internal Audit reports</b> – The Committee received positive assurances around the controls in place within the ICB. The Internal Audit Plan was on track to be completed on time.
Assure	<b>Local Counter Fraud Specialist Progress Report – December.</b> The Committee received assurances around the work of the local specialist to increase awareness and test controls.
Assure	<b>VAT in the Care Sector.</b> The Committee continued to monitor activity in the care sector relating to VAT groups and HMRC advice. The Committee was content that the ICB was not exposing itself to unnecessary risk and was having due regard to all HMRC advice and guidance.
Advise	<b>Standing update on New Finance System</b> – The Committee remained concerns about the implementation of the new finance system as captured in the relevant BAF entry.
Assure	<b>EPRR Core Standards</b> – The Committee reviewed the detailed returns from the core standards review and was assured by the positive outcome and improvements from last year.

## Guidance

Updates should contain a few sentences of bullet points which provide the context, key risks and opportunities, and the action(s) the Committee is taking.

There are three categories of item status:

- **Alert:** Items which the Committee is referring to Board for action i.e. to escalate a risk to the BAF, to call for a report to Board, to include as an item for a board development session etc.
- **Advise:** Items which the committee feels additional assurance is needed for the ICB to be satisfied that polices/ procedures/ services are delivering the expected outcomes. New risks that have been identified and need to be added to the ICB risk register
- **Assure:** Items the committee has considered and is satisfied that the Board can be assured that polices/ procedures/ services are delivering the expected outcomes.

## West Suffolk Alliance Health & Wellbeing Committee

**Date: 13 January 2026**

Chair: Elaine Noske

Item Status	Update
<b>Advise</b>	<p><b>Dementia update</b></p> <ul style="list-style-type: none"> <li>• West Suffolk currently below national target for dementia diagnosis rate, with the lowest rate of diagnosis in SNEE and have long waits for dementia assessment services, provided by NSFT.</li> <li>• MATS waitlist reduced to 669 down 93 from 762 in September 2025. However, current assessment rate insufficient to prevent future growth of waiting list.</li> <li>• Recovery actions: more clinics including exploration of overbooking clinics, daily triage, process improvements, and a dementia pilot.</li> <li>• Rising dementia cases highlight need for ongoing service efficiency.</li> </ul>
<b>Advise</b>	<p><b>Suffolk Mental Health Collaborative ASK – Summary &amp; Action Points</b></p> <ul style="list-style-type: none"> <li>• Proposes expanding MHST to all Suffolk schools for inclusive support, achieving 77% coverage by 2026/27 and 100% coverage by 2029.</li> <li>• Plans include tailored offer for children and young people outside of mainstream settings, including those not in education.</li> <li>• To explore funding an extended complementary workforce and digital offer to reduce health inequalities by increasing access to early intervention mental health support</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>• Articulates a vision for healthier communities through compassionate, high-quality, coordinated care.</li> <li>• Focuses on five strategic ambitions, grounded in core values of fairness, inclusivity, respect, safety, and teamwork.</li> <li>• Emphasises partnership, digital innovation, and resource management to improve outcomes and ensure resilience.</li> </ul>
<b>Assure</b>	<p><b>Population health and commission strategy</b></p> <ul style="list-style-type: none"> <li>• Five-year strategy to improve healthy life expectancy for all, reducing health inequalities, and improving access to consistently high-quality services</li> <li>• Ambitions: sickness to prevention, care closer to home, analogy to digital, and social and economic development</li> <li>• Immediate priority: improve NHS operational performance to national standards or better, operate within our allocated budget, improve productivity and deliver value for money, maintain or improve the quality of care delivered, implement</li> </ul>

	an effective local NHS operating model for strategic commissioning.
<b>Advise</b>	<p><b>BCF Annual Plan preparation</b></p> <ul style="list-style-type: none"> <li>• <b>Strategic Focus:</b> Align local priorities with national BCF goals—shifting from sickness to prevention and promoting independent living.</li> <li>• <b>Collaboration &amp; Data:</b> Joint planning, annual reviews, and better data sharing to guide funding and performance.</li> <li>• <b>re-profiling the BCF portfolio:</b> aim of exercise is not to de-commission schemes, but to align portfolio to national BCF criteria with ongoing evaluation and coordination. Schemes historically funded by BCF, where the decision is to move out of BCF will need alternative funding source or decommission plan.</li> </ul>
<b>Advise</b>	<p><b>Future Shift</b></p> <ul style="list-style-type: none"> <li>• The ICB has shared its intention with providers to utilise two sources of funding for future shift investments in line with national guidance. <u>Total potential funding of £26.8m in 26/27 increasing to £60.3m in 27/28.</u></li> <li>• All withdrawn monies need to be reinvested to fund initiatives specifically identified to reduce pressure on acute services and to support the 10-year plan ambition of moving hospital activity to community. If investment plans don't deliver, the ICB carries the risk of UEC overperformance</li> <li>• <b>Key focus areas for WS:</b> Care management Service, Suffolk End-of-Life care pathway, urgent community response, enhanced primary/community services, integrated diabetes care, and community monitoring of Long-term conditions (formerly the third space).</li> </ul>
<b>Assure</b>	<p><b>Review of discharge pathways for people with housing needs</b></p> <ul style="list-style-type: none"> <li>• <b>Review &amp; Recommendation:</b> West Suffolk Alliance assessed four models to improve hospital discharge for patients with housing needs;</li> <li>• <b>Next Steps:</b> partner engagement prior to submission of business case to secure funding.</li> </ul>

## NHS Suffolk and North East Essex Integrated Care Board Meeting

**Agenda Item number:** 15

**Date:** 27 January 2026

**Title:** Attendance at Board meetings from April 2025 – March 2026

### Members of the Board:

Role	Name	25 April – part 2 only	20 May 2025	17 June 2025 – part 2 only	15 July 2025	23 September 2025	25 November 2025
Chair	Will Pope	Present	Present	Present	Present	Present	Present
ICB Chief Executive	Ed Garratt	Present	Present	Present	Present	Present	Present
Partner Member – ESNEFT	Nick Hulme	Present	Present	Substitute – Adrian Marr	Present	Apologies	Present
Partner Member – NSFT	Caroline Donovan	Substitute (Cath Byford)	Substitute (Cath Byford)	Substitute (Cath Byford)	Substitute (Cath Byford)	Substitute (Cath Byford)	Substitute (Cath Byford)
Partner Member - WSFT	Ewen Cameron	Apologies	Present	Present	Present	Present	Present
Partner Member- Primary Care Essex	Freda Bhatti	Present	Present	Apologies	Present	Present	Present
Partner Member – Primary Care Suffolk	David Cargill	Apologies	Present	Present	Present	Present	Present
Local Authority Partner member – Essex County Council	Moira McGrath	Present	Present	Present	Present	Apologies	Present
Local Authority Partner member – Suffolk County Council	Gareth Everton	Present	Present	Present	Substitute (Clement Mawoyo)	Substitute (Louise Caesar)	Substitute (Clement Mawoyo)

Non-Executive Member – Audit	Janet Wood	Apologies	Present	Present	Present	Present	Present
Non-Executive Member – Finance	Kris Murali	Present	Present	Present	Present	Present	Present
Non-Executive Member – People and Communities	Phanuel Mutumburi	Present	Present	Present	Present	Apologies	Present
Non-Executive Member – Quality	Elaine Noske	Present	Present	Present	Present	Present	Present
ICB Executive Director of Finance	Howard Martin	Present	Substitute (Chris Armitt)	Present	Present	Present	Present
ICB Medical Director	Dr. Andrew Kelso/ Dr. Frankie Swords (from July)	Apologies	Present	Substitute (Ruth Bushaway)	Substitute (Ruth Bushaway)	Present	Present
ICB Executive Director of Nursing	Lisa Nobes	Substitute (Sarra Bargent)	Present	Present	Present	Present	Substitute (Sarra Bargent)
Member for the VCSE Sector	Kirsten Alderson	Present	Present	Present	Present	Apologies	Present

### Regular Participants of the Board:

Role	Name	25 April – part 2 only	20 May 2025	17 June 2025 – part 2 only	15 July 2025	23 September 2025	25 November 2025
Executive Director: North East Essex Alliance (from 1 April – 30 Sept)	Laura Taylor-Green	Present	Present	Apologies	Substitute (Alison Armstrong)	Apologies	N/A
Executive Director: Ipswich and East Suffolk Alliance	Maddie Baker-Woods	Present	Present	Present	Present	Present	Present
Executive Director: West	Peter Wightman	Apologies	Present	Apologies	Present	Apologies	N/A

Suffolk Alliance (from 1 April – 30 Sept)							
Executive Director of People and Workforce	Amanda Lyes	Present	Present	Present	Present	Present	Present
Executive Director of Strategy and Transformation	Richard Watson	Present	Present	Present	Present	Present	Present
Integrated Care Partnership Co- Chairs	Will Pope/ Cllr Spence/ Cllr Rivett	Present	Present	Present	Present	Present	Present
Integrated Care Partnership Director	Susannah Howard	Present	Present	Present	Present	Present	Apologies