

Agenda item:	8
Date of meeting:	30 September 2026
Report to the:	Trust Board
Title of report:	Integrated Governance and Performance Report
Report authors & Executive sponsors:	Executive Team
Recommendation:	Approve

Assurance level:	Substantial ☐ Reasonable ✓ Partial ☐ Minimal ☐
Rationale:	• Key evidence contained in this report and triangulation of this information with all Committee reports, particularly the Service Assurance Committees. • The recommendation of assurance from the Executive team. • Any action necessary from the rating and outcome required.

1.0 Executive Summary

- 1.1 The Integrated Governance and Performance Report (IGPR) bring together information, analysis and interrogation from the board committees to support the Trust Board in overseeing the quality, performance, workforce and finance domains of the Trust.
- 1.2 The report period relates to the period June and July 2026 and provides evidence and narrative against the following areas:
- Balanced scorecard
 - Feedback and escalation from each of the Service Assurance Committees.
 - Spotlight on Reports
 - Board-level forward look / horizon scanning.
- 1.3 The IGPR contains data and analysis to explain emerging issues, areas of concern or performance variance highlighted on the dashboard or through reports to the Service Assurance Committees and provides more detail on specific issues in the spotlight reports, namely:

- 52 week waiting times
 - Children & Young People Neuro Development Service
 - Norfolk Adults service 52 week waits
- Incidents
- Antimicrobial stewardship
- Norfolk Adults Pressure Ulcer Assurance and Recovery programme
- Safer staffing

1.4 **52 week waits** (slide 10-14)

The Trust has 11 service areas where waiting times are above 52 weeks. Children & Young People's Neurodevelopment services across the Trust's geographic area are the most significant and the improvement programme is described in slides 11-12.

Improvements continue to be made in 52 week waits in all other children's services and actions are in place to address dental waits often resulting from funding required for additional general anaesthetic theatre lists (which are being discussed with colleagues at the Central East Integrated Care Board).

Non-recurrent funding for part year resources has been received in Norfolk, but to date no extra funding in Central East Integrated Care Board area. Close monitoring of delivery will continue to be undertaken and feature in future reports to the Service Assurance Committee and Trust Board. Children's NDS waits remains one of the highest clinical risks on the Trust Board Assurance Framework (see agenda item 12 - BAF Risk 3751)

In July the 52 week waits for the wheelchair assessment service in Norfolk increased by 9 in line which is in line with an expected summer peak. The improvement work continues including the focus on 52 week waiters, chair-in-a-day pathway and increasing the flow of patients through the direct issue pathway and it is anticipated that small reductions in 52 week waits will continue over the next 3-6 months.

1.5 **Incidents of Harm** (slide 15)

A key focus is on the incidents of harm relating to wound care, including pressure ulcers and those waiting to receive NHS care from the Trust. There were 92 incidences of moderate harm or above and 3 severe harms reported in the period. Improvement actions are being implemented, and the position will continue to be monitored and reported through the Trust's governance and Committee arrangements.

1.6 **Antimicrobial stewardship annual report** (slide16)

Antimicrobial resistance remains a significant national patient safety threat and requires continued focus on appropriate prescribing and use of antibiotics.

The Trust has strengthened antimicrobial stewardship in 2025/26, supporting safe antimicrobial use and reducing the risk of antimicrobial resistance. The annual report on slide 16 explains the interventions and actions that have been undertaken in the 2025/26 and the continued improvements being implemented and potential risks.

- 1.7 **Norfolk Adults Pressure Ulcer Assurance and Recovery programme** (slide 15)
The assurance and recovery programme highlighted in the last Board report has already strengthened clinical oversight, enhanced governance arrangements and informed the redesign of Tissue Viability services. The improvements of the work has been set out in slide 15. The service assurance committee received a full briefing on the current issues, plans to improve and will be monitoring the outcomes in future, through the use of a pressure ulcer assurance dashboard.
- 1.8 **Safer staffing (slides 18-19)**
The safer staffing position across registered nursing staff and clinical support workers is summarised in slides 18 and 19 and whilst registered nursing staffing remains strong, challenges continue for clinical support workers, with unregistered vacancies being the greatest workforce stability. In the short term, safety assurance is maintained through cross-cover with registered nurses undertaking community support worker work where required. Progress continues to be made to increase community support worker recruitment, roster efficiency and reduce avoidable duties.
- 1.9 **Outcomes & Patient & Service Users**
This report includes more detailed information on the themes of complaints across our services and responses to the family & friends tests (slide 2 and slides 21 & 22). The highest numbers of complaints received are due to delays in care being provided and this particularly relates to our children's services across the and MSK services across the Trust. Plans to reduce the wait times in these areas have been discussed at the service assurance committees and are referenced in the report.
- 1.10 **Workforce**
The Board metrics for our people, as shown in the balanced scorecard and slides 17-20 show that the Trust is very close to hitting all of its targets around training, sickness, appraisals and our turnover and stability indices. The service assurance committees were briefed where there are local variances to this headline set of figures and will ensure reporting on improvements is discussed at future committee meetings.
- 1.11 **Finance**
The headline metrics in slide 2 and slide 22 show the month four position of the organisation and showed being ahead on efficiencies although, the plan is back-loaded so the Trust is accelerating delivery to reduce this risk.
Each service assurance committee is fully aware of the pressures in specific service areas, with the key matters slide 7 highlighting pressure in the Norfolk Adult services financial position.
- 1.12 **Performance**
The report continues to focus on variance to 52 week waiting times across all areas of the Trust. NHS England has asked all Trusts providing community health services to a performance target that over 78% people should be able to access our care within 18 weeks by the end of the calendar year. The performance in July 72.9%

and future reports will show how that performance metric is formed and which service areas needs to improve to allow us to hit that national standard.

2.0 How the report supports tackling Health Inequalities

- 2.1 The report supports compliance with the Public Sector Equality Duty by highlighting areas where access, experience and outcomes may disproportionately affect people sharing protected characteristics, particularly children, disabled people and other vulnerable groups. The report includes actions to reduce inequalities through recovery of neurodevelopmental waiting times, improvement of wheelchair services and special care dentistry and co-production and engagement work with patients and services users.

3.0 Board Assurance Framework and Trust Risk and Issue Registers

- 3.1 The report assesses the strength of assurance provided in relation to the Trust's strategic risks in the Board Assurance Framework and operational risks scoring 15 and above as well as any operational issues scoring 5 (catastrophic).
- 3.2 One strategic risk scores above 15 on the Board Assurance Framework relating to Cyber Security. Updates are escalated to the Board via the Finance & Infrastructure Committee (see separate report – agenda item 11 on the Board).
- 3.3 Operational risks scoring 12 and above and Issues scoring 4 and above have been included in the reports to Service Assurance Committees, in line with Trust policy.

4.0 Legal and Regulatory requirements

- 4.1 The latest NHS England and Care Quality Commission regulatory overview of the Trust is shown in the table below:

Regulator	Theme	Scoring	Date
NHS England	National Oversight Framework	1	Quarter 1 – 2026/27
	Provider Capability rating	Green	2026/27
Care Quality Commission	Well led	Outstanding	2018 and 2019
	Safe	Good	
	Effective	Good	
	Caring	Outstanding	
	responsive	Good	

- 4.2 The assessment of the Trusts' services by the CQC are now very old and the Trust Board should not use these clarifications/ratings as an accurate third line of assurance (external view) about the current quality of the services in the Trust.
- 4.3 The Trust National Oversight Framework rating for Quarter 1 was confirmed as Segment 1 and the Trust ranked as 2nd out of 61 Trusts in the mental health and community league.

5.0 Previous consideration by Committee or Executive

- 5.1 22 July 2026, Trust Board Integrated Governance and Performance Report

6.0 Assurance

- 6.1 The Executive team recommends an overall rating of **REASONABLE** assurance for the aggregated position for the period covered in this report. The rationale for this rating is based on both the content of this report and discussions that took place in the three Service Assurance Committee.
- 6.2 The assurance rating will improve when the following are completed:
- All domains of the integrated governance report are populated with live data
 - Data contributing to national regulatory oversight of the Trust are meeting nationally expected performance standards
 - All the service assurance committees are reporting improving assurance in the bi-monthly reporting
- 6.3 The detail and conclusions in this report are mostly first line assurance, emanating from our teams and service leads. The reporting on incidents and the content of the spotlight reporting (slides 10-19) is all compiled with substantial second line assurance oversight from topic experts and therefore the Board should be assured by their input and further rigour over the content.

7.0 Key Matters

- 7.1 The feedback and escalation from each of the Service Assurance Committees contained within the report include matters for the Board to note and examples of outstanding practice, as shown on slides 4-7.
- 7.2 There were no formal escalation issues from the service assurance committees that needed a decision from the Board. However, the committees asked the Board to particularly note:
- a) The Board to continue to actively monitor waits in the neuro-developmental services for children and young people, the risk of impact on staff morale in NDS and the need for a sustainable funding model to continue the recovery work.
 - b) The actions underway in the improvement and assurance programme for Norfolk community nursing and therapy service and the need for a three-year financial plan by December 2027. Also, the actions in place to continue to focus on reducing unallocated visits and attention on Section 42 actions and the plans to improve staffing levels.
- 7.3 The children and young people service assurance committee continues to provide detailed oversight/assurance on the impact of the work to reduce the neuro-developmental long waits and this performance is reported at each public Board until the long waiters have been cleared.
- 7.4 The Norfolk adults service assurance committee is tracking the implementation of the improvement programme for community nursing and therapies, and regular updates will be provided to Board meeting.

8.0 Key Risks & Issues:

- 8.1 There were no new risks added to the risk register following the discussions at the Service Assurance Committees.
- 8.2 There has been one new issue (rated as 4 major) relating to capacity challenges within the Norfolk Adult Community Nursing Service and the Service Assurance Committee will provide oversight on the actions being implemented to resolve these issues.

9.0 Forward View / Horizon scanning

- 9.1 Three emerging matters have been highlighted in the report that the executive team has brought to the Trust Board's attention and will provide continued oversight and will likely feature in future reports and potentially on the risk register – see slide 8 for more detail:
 - Funding of waiting list reduction initiatives
 - The Local Government Review changes
 - Implementation of integrated neighbourhoods