Agenda item:	9
Date of meeting:	18 November 2026
Report to the:	Trust Board
Title of report:	Integrated Governance and Performance Report
Report authors and 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) brings together information, analysis and insights from the Board Committees to support the Trust Board in its oversight of the Trust's quality, performance, workforce and financial performance.

1.2 The report period relates to the period **August** and **September** 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 report 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:

- The performance and trajectory for services achieving the 78% medium term plan target for 18 week waits across all Trust services.
- All services with waiting times above 52 weeks.
- Incidents reported by degree of harm and the emerging themes from patient safety incidents.

1.4 **18 week wait and 52 week waits** (slide 10-13)
Included in this report is the Trust's trajectory required to achieve the minimum standard of at least 78% of community health service activity occurs within 18 weeks by the end of 2026/27. At the end of September, the Trust's performance was 72.7% against a trajectory position of 74.4%. The Trust services continue to develop and implement the plans to improve this performance, the biggest challenge being in Children's and Young People's Neurodevelopmental services. More detail on these plans and the challenges is set out in the report.

Improvements continue to be made across services with 52-week breaches particularly for Children and Young People's Neurodevelopment services where the Trust is targeting non-recurrent funding to support the plans.

In the last month, an additional £3.7m of non-recurrent funding has been secured in 2026/27 to reduce long waits. The funding has been restricted to Musculoskeletal services and Children and Young People's services in Norfolk (including Mental Health Access, Community Paediatrics and Speech and Language Therapy, with the largest investment directed towards Neurodevelopmental Services). No additional waiting list initiative funding has been received from the Central East Integrated Care Board to date.

Actions are in place to address dental waits which often result from funding required for additional general anaesthetic theatre lists (which are being discussed with colleagues at the Central East Integrated Care Board).

Delivery of plans continue to be closely monitored and feature in the reports to the Service Assurance Committee and Trust Board. Children's Neurodevelopmental Service waits remain the highest clinical risk on the Trust Board Assurance Framework (see agenda item 14 – Board Assurance Framework Risk 3751)

The wheelchair service is still on course to meet the 78% 18-week trajectory by mid-2027. 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.

Musculoskeletal services are on track to achieve 18-week compliance by March 2027.

1.5 **Incidents of Harm** (slides 19 and 20)
Incidents resulting in moderate and severe harm are a focus in this month's report along with the emerging themes from patient safety incidents. Improvement actions are being implemented, and the position will continue to be monitored and reported through the Trust's governance and Board Committee arrangements.

1.6 **Outcomes & Patient & Service Users**
This report continues to include more detailed information on the metrics and themes of complaints across our services and responses to the friends and family tests (slide 2 and slides 22 and 24). The highest numbers of both formal and informal complaints received at Trust level were due to clinical care, communication and information and delays. The themes across services are also set out in the report.

1.7 **Workforce**
The metrics for our people, as shown in the balanced scorecard and slides 26-28 show that the Trust is achieving the targets for training and stability, but appraisal rates and sickness are not yet at target. The service assurance committees continue to monitor the local performance and variances to this headline set of figures and improvements are discussed at committee meetings.

A focus on people priorities for the remainder of 2026-27 is also being presented to the Board this month and an update on actions supporting services in relation to their sickness absence management are included in this update.

1.8 **Finance**
The Trust remains broadly on plan financially, reporting a near break-even position year to date and maintaining a forecast breakeven position for 2026-27.

Additional non-recurrent funding has been secured for key strategic priorities, including Neurodevelopmental Services and Urgent Community Response capacity. However, cost pressures continue within Norfolk Adults, driven principally by staffing pressures in community nursing services and challenges in delivering planned efficiencies as resources are redirected to support safe service delivery and increasing demand.

While efficiency delivery is ahead of plan, only a proportion of the annual target has been achieved to date, leaving continued reliance on the successful implementation of savings plans in the second half of the year.

Cash performance remains within target, and the capital programme is expected to return to plan by year-end.

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.

2.2 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 Three strategic risk score above 15 on the Board Assurance Framework. One relates to Cyber Security (updates are escalated to the Board via the Finance and Infrastructure Committee). The remaining two risks relate to Cultural Alignment and the Restructuring of Support Services following the recent merger.

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 Care Quality Commission 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 revised Trust's Statement of Purpose (see Chief Executives Report) has been submitted to the Board for approval and will be notified to the Care Quality Commission in accordance with regulatory requirements.

4.4 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. Quarter 2 results are due to be published towards the end of November.

5.0 Previous consideration by Committee or Executive

5.1 30 September 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 and performance 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 10-20) 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 Neurodevelopmental Service and the need for a sustainable funding model to continue the recovery work.

b) The improvement plans underway in the Norfolk community nursing and therapy service and the need for a three-year financial plan by December 2026. Also, the actions in place to continue to focus on reducing unallocated visits and attention on Section 42 safeguarding enquiry actions and the plans to improve staffing levels.

7.3 The Children and Young People's Service Assurance Committee continues to provide detailed oversight and assurance regarding the impact of actions being taken to reduce neurodevelopmental waiting times. Performance against this programme is reported at each public Board meeting and will continue to be monitored until all long-waiting children and young people have been seen.

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 this issue.

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
- ICB plans for deconstructing block contracts
- Implementation of integrated neighbourhoods