Agenda item:	8
Date of meeting:	22 July 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 April and May 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:

- Incidents of Harm
- Norfolk Adults Pressure Ulcer care and community nursing service
- Neuro developmental service and wheelchair service 52 week waits position and trajectory for improvement.

1.4 **Incidents of Harm** (slide 10)
The Trust is maintaining a focus on the incidents of harm particularly those relating to wound care, including pressure ulcers and those related to waiting to receive NHS care from the Trust. The safety team hold oversight of patient safety and are currently reviewing all incidents resulting in moderate harm. There were 26 moderate 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.

1.5 **Norfolk Adults Pressure Ulcers** (slide 11-12)
During April and May concerns have been escalated relating to pressure ulcer care and management in the Norfolk Adult Community Nursing services. This has resulted in the initiation of an assurance and recovery programme to focus on rapidly reducing the risk of harm cause by pressure ulcers and more broadly wound care. The programme recognises that whilst significant actions have already been taken, further interventions are required a number of which are targeted in the next 12-week period. The service assurance committee received a full briefing on the current issues, plans to improve and will be monitoring the outcomes, when the metrics of improvement are fully developed.

1.6 **52 week waits** (slide 13-16)
Following the success of phase one of the neuro-development waiting list recovery programme, delivery of phase 2 is underway and will run until 31 March 2028. In parallel the design work for phase 3 has commenced. Additional non-recurrent funding has not been received to date to support delivery of the programme. 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 15 - BAF Risk 3751)

The wheelchair assessment service in Norfolk continues to have challenging waiting times and whilst the numbers of waiters is on a consistent downward trend, the 52-week waiters are not reducing at the same rate as the total waiters due to the service prioritising clinical need over waiting time. The service has recruited additional staff to help with less complex prescriptions and handover of equipment and progress will continue to be monitored closely. Slides 15 and 16 set out the detail behind this plan and we are currently working through the delivery of 52 weeks between November 2027 and January 2028.

1.7 **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.

1.8 **Finance**

The headline metrics in slide 2 and slide 22 show the month two position of the organisation showed being ahead on efficiencies, improved position with agency usage, but a small variance on bank costs. Each service assurance committee is fully aware of the pressures in specific service areas, with the key matters section 7.2 highlighting pressure in the Norfolk Adult services financial position.

1.9 **Performance**

This reporting cycle has focused on variance to 52 week waiting times. The Trust is subject to a target that over 78% people should be able to access our care within 18 weeks by the end of the calendar year. The performance is currently at 71.9% 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 There are 2 strategic risks scoring above 15 on the Board Assurance Framework, 1 relating to Cyber Security which is reported through the Finance & Infrastructure Committee as a separate report. The other relates to neuro development waits and is covered in this report and referenced in the spotlight report.

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
		CCS	**NCHC**	
NHS England	National Oversight Framework (NOF)	2	1	Quarter 4 – 2025/26
	Provider Capability rating	Green		2025/26
Care Quality Commission	Well led	Outstanding	Outstanding	2018 and 2019
	Safe	Good	Good	
	Effective	Good	Good	
	Caring	Outstanding	Outstanding	
	responsive	Good	Good	

4.2 The assessment of the legacy 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 national rating for CCS reduced in quarter four as the Trusts' relative position for an indicator for mental health service referrals into our children services reduced by one segment. Due to the known problems with long waiters for neuro-developmental services, this then changed the overall rating.

4.4 The Trust NOF relating for quarter one in this financial year should be available from NHS England by the next Board meeting.

5.0 Previous consideration by Committee or Executive

5.1 20 May 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 10-16) 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
b) Support the immediate and assurance programme for Norfolk community nursing and therapy service and to receive further assurance on the impact of interventions and recovery metrics
c) Note the financial risk in the Norfolk Adult services

7.3 The children and young people service assurance committee, will provide detailed oversight/assurance on the impact of the work to reduce the neuro-developmental long waits and the performance will be reported at each public Board until the long waiters have been cleared.

7.4 The Norfolk adults service assurance committee will be tracing the implementation of the improvement programme for community nursing and therapies, and regular updates will be provided to Board meeting covering points b) and c) in point 7.2.

8.0 Key Risk & 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. These issues are linked fully to the detail contained in slides 10-12.

9.0 Forward View / Horizon scanning

9.1 Four 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:

- Recruitment and retention of AI, digital and engineering skills which has been added to the trust's emerging risk radar for continued monitoring. The Executive Team and Audit & Risk Committee will have future oversight of this emerging risk.

- A potential new risk to the Trust's future financial position by the nationally mandated process to unbundle integrated care block contracts which will require close working with NHS England and both Integrated Care Boards as this process develops.
- The implications on the national data collection arrangements for the newly merged Trust which could have an adverse impact on how the Trust's performance is assessed nationally.
- The ability to secure the required additional funding to support Trust plans to reduce waiting times for Children's neurodevelopmental services.