NHS
East of England
Community Health and Care
NHS Trust

Trust Integrated Governance and Performance Report November 2026

Month 5 (August) and Month 6 (September) 2026

Trust Balanced Scorecard to September 2026

NHS East of England Community Health and Care NHS Trust

Outcomes	Threshold	Aug	Sept	Last two months on month trend
% of services with identified and agreed Patient reported outcome measures 55 services responded to PROMs questionnaire, with initial findings showing two-thirds of services record PROM, and a need to strengthen reporting and digital infrastructure. While many services are collecting outcome measures, limitations within current systems, particularly around data extraction, aggregation and automated reporting, restrict the ability to use PROMs consistently at service, divisional and organisational level. Consideration should therefore be given to developing Trustwide reporting solutions, dashboards and standardised processes to support readiness for the national requirement for universal PROMs implementation by 2029.				
Number of MRSA cases in the last 12 months	0	0	0	Stable
Incidence of C.Difficile	0.06	0	1	Deteriorating
Regulation 28 prevention of future deaths orders	0	0	0	Stable
No Never Events recorded	0	0	0	Stable
% of safety incidents causing harm	6.5%	8.3%	9.5%	Deteriorating
% of patients waiting less than 18 weeks for their care	78.0%	72.5%	72.7%	Stable
% of people waiting over 52 weeks for care	0%	10.1%	9.2%	Improving
2 Hour Urgent Response standard	80.0%	70.4%	74.3%	Improving
Evidence of inviting patient involvement in PSII	100%	100%	100%	Stable

Patient and service users	Threshold	Aug	Sept	Last two months on month trend
Service users who provide feedback, report that the service they received was good or very good.	90.0%	96.7%	95.9%	Stable
Service users who provide feedback report that they are treated with respect and dignity.	90.0%	96.2%	95.8%	Stable
Number of patients/service users we get feedback from		2460	3212	Improving
Complainant dissatisfaction	<10.0%	0%	0%	Stable
Statutory safeguarding review actions complete	100%	No reviews in period	No reviews in period	Stable
Statutory rapid reviews and information sharing requests completed	100%	100%	No reviews in period	Stable
Statutory Duty of Candours completed within timescale	100%	88%	96%	Improving

People	Threshold	Aug	Sept	Last two months on month trend
Appraisal	92.0%	89.6%	89.9%	Improving
Mandatory Training	90.0%	95.9%	95.8%	Improving
Rolling sickness absence	5.5%	6.1%	6.0%	Improving
Monthly sickness absence	5.5%	6.1%	6.2%	Deteriorating
Rolling turnover	12.0%	8.5%	8.4%	Stable
Stability index	87.0%	91.0%	91.0%	Stable

Finance and resources	Threshold	Aug	Sept	Last two months on month trend
Variance to annual financial plan (YTD)	+/- 1%	-2.8%	-1.9%	Improving
Proportion of efficiencies delivered on a recuring basis (YTD)	90.0%	54%	57%	Improving
Agency and Bank expenditure - within national target level for Trust (YTD)	£9.5m	£3,811k	£4,517k	Stable
Reduction of 'significant/high risk' backlog maintenance on our estate from £9m	£5m	£8.5m	£8.4m	Improving
Cash cover	4 weeks	5	4	Deteriorating
Productivity - increase from previous quarter*	+0.25%			
* National productivity reporting is four months in arrears at present.				

Delivering great health and care services in our local communities

Note 1: These findings remain provisional and should be interpreted cautiously pending completion of the proposed Trustwide PROMs questionnaire.

Key matters and escalation reports from the Service Assurance Committees and emerging issues

Ambulatory Service Assurance Committee - Key matters and escalations report

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Outcomes

Concerns

MSK services – average of 28 days to first appointment for urgent referrals against a target of 14 days. 72.8% of patients seen within 18 weeks, against a target of 78%. Getting It Right First Time (GIRFT) funding being used to improve position and services on track to deliver 78% by end March 2027.
Cambridgeshire and Peterborough Special Care Dentistry - Demand continues to exceed capacity. Recurrent funding still required to address longer term needs. Business case submitted and discussions continue with the Commissioner. Currently there are no over 52 week waiters.
iCaSH – wait times for HIV Pre Exposure Prophylaxis (PrEP) – increased in Cambridge, from same day to up to 9 weeks.

Good practice

HSJ Award nomination between MSK services and FLOK – award ceremony next week

Board action – for noting, no action

Patient and service users

Concerns

DNA (Did Not Attend) rates increasing – work ongoing with co-production team, benchmarking and shared learning across all iCaSH services.

Good practice

Dentistry and iCaSH services – over 96% positive friends and family test feedback
Dynamic Health – targeted community appointment days and weekend clinics
MSK services – over 97% positive friends and family test feedback

Board action – for noting, no action

People

Concerns

Dental services – rolling sickness absence 6% against a target of 5.5%.
iCaSH – rolling sickness absence 6.8% against a target of 5.5%.

Good practice

iCaSH appraisal rates – 96%, significantly exceeding the 92% target.

98% mandatory training compliance across the whole division

Board action – for noting, no action

Finance and resources – nothing to escalate in any areas

Concerns

iCaSH - cost of security guard at Peterborough clinic, equivalent to 50 clinical appointments.

Good practice

Board action – for noting, no action

Dentistry – reasonable; iCaSH – reasonable; Dynamic Health – substantial; MSK NOW – reasonable

Luton and Bedfordshire Adults Service Assurance Committee - Key matters and escalations report

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Outcomes

Concerns

Good practice

Proportion of patients with preferred place of death recorded has increased to 80.2% for September 2026.

Board action – for noting, no action

Patient and service users

Concerns

Virtual ward occupancy – 56% in September 2026 against an aspirational maximum occupancy threshold of 80%. Service does not expect this % to change, however, the service is avoiding up to 60 hospital admissions each month.

Good practice

Patient story – Bedfordshire Neuro-rehabilitation services – committee heard directly from a patient their story – A journey of hope, resilience and courage.

Unscheduled Care Co-Ordination Hub shortlisted for HSJ award – ceremony mid November 2026 – recognises our strong collaborative approach

Bi-annual update on clinical audit programme – substantial assurance; Bi-annual update on patient experience and participation – substantial assurance

Board action – for noting, no action

People

Concerns

Rolling sickness absence rate 6.6% for September 2026, against a target of 5.5% - majority of which is long term absence. Being actively managed by the service.

Good practice

Rapid Response team won the Royal College of GPs team award for service/positive practice impact – outstanding team award – nominated by local GPs

Board action – for noting, no action

Finance and resources – nothing to escalate in any areas

Concerns

Good practice

Continued good performance against delivering efficiencies and budget for 2026-27.

Board action – for noting, no action

Luton & Bedfordshire Adults – Substantial assurance

Children and Young People Service Assurance Committee - Key matters and escalations report

NHS East of England Community Health and Care NHS Trust

Outcomes

Concerns

Low compliance for the complaint response target due to capacity in the patient experience team. In September 100% of responses were outside of the time frame

Good practice

There has been an improvement across mental health support teams (MHST) in patient reported outcome measures (PROMS) compliance .
Friends and family test (FFT)- 94% of responders report the service to be good or very good

Board action

To note that complaints response timescales are potentially impacting on clinical staff time to write responses, taking them out of clinical work.

People

Concerns

Sickness and appraisal rates are both below the trust target.

Good practice

Mandatory training rate is at 97%, staff turnover and retention rates are better than the trust average. Several awards have been made to the childrens teams.

Board Action

Children and Young People – Reasonable Assurance

Patient and service users

Concerns

5 services (out of 30) have children waiting more than 52 weeks for their initial appointment- three Neurodevelopmental Services (NDS), Beds and Luton audiology and Cambridgeshire dietetics.
Access to MHST in Cambridge and Peterborough remains a challenge.

Good practice

Patient story was how the service supported a young person with a brain tumour and how therapists developed a personalised plan to teach her to tie her hair with one hand and lace up her trainers.
Across all geographies we are implementing experts at hand models as a part of local authority Special Educational Needs and Disabilities (SEND) reforms.
Mandated contacts performance is improving.
The recovery trajectory for NDS waits is on plan

Board action

Finance and resources

Concerns

Overspend at month 6 of £1.0m predominantly due to spend on the NDS recovery programme. This impact has been mitigated by the award of 2.15 m non recurrent funding to accelerate progress and reduce waits to under 52 weeks in Norfolk by April 2027.

Good practice

Work has commenced to agree 2027/28 budgets in each CYP directorate.
£1.5m of the £2.6 m efficiency target has been delivered at month 6 with plans in place for the remaining £1.1 m

Board action

Norfolk Adults Service Assurance Committee - Key matters and escalations report

NHS East of England Community Health and Care NHS Trust

Outcomes	Patient and service users
Concerns	**Concerns**
Community nursing demand, deferred care and unallocated visits remain patient safety concerns. Stabilisation activities target the February 2027 recovery trajectory; impact is not yet demonstrated.	Winter system flow: inpatient rehabilitation length of stay, discharge delays and Pathway 2 pressures Group A Streptococcus (GAS) outbreak: SAC received a verbal briefing on risks and the multiagency response
Good practice	**Good practice**
Integrated Datix reporting and Purpose-T strengthen visibility of incidents and pressure ulcer risks. Pan Trust safety huddles and governance support shared learning.	Wheelchair service recovery continues against trajectory Patient feedback remains positive among respondents
Board action Board to note Partial assurance and monitor unallocated visit recovery to February 2027. SAC endorsed the stabilisation approach; recurrent funding requires separate approval.	**Board action** Board to note the verbal GAS update; detailed scrutiny through Infection Prevention & Control and Quality SAC approved the Winter Plan 2026/27; residual system flow risks remain
People	**Finance and resources**
Concerns	**Concerns**
Demand and workforce availability constrain community nursing capacity and recovery. Competing transformation and operational demands require realistic prioritisation.	Beech Ward: increasing patient acuity and unresolved £1.3m stroke service funding gap. Digital capacity and investment may constrain planned productivity and stabilisation.
Good practice	**Good practice**
Improving medical appraisal completion and workforce oversight Strengthened integrated quality and safety governance.	Additional Integrated Community Stroke Service investment supports service development. Clearer stabilisation and winter assurance plans
Board Action	**Board action**
Board to note workforce constraints and monitor recovery milestones	Board to note Beech Ward and digital/financial dependencies.
Norfolk Adults– Partial Assurance	

Board-level forward look/horizon scanning

NHS East of England Community Health and Care NHS Trust

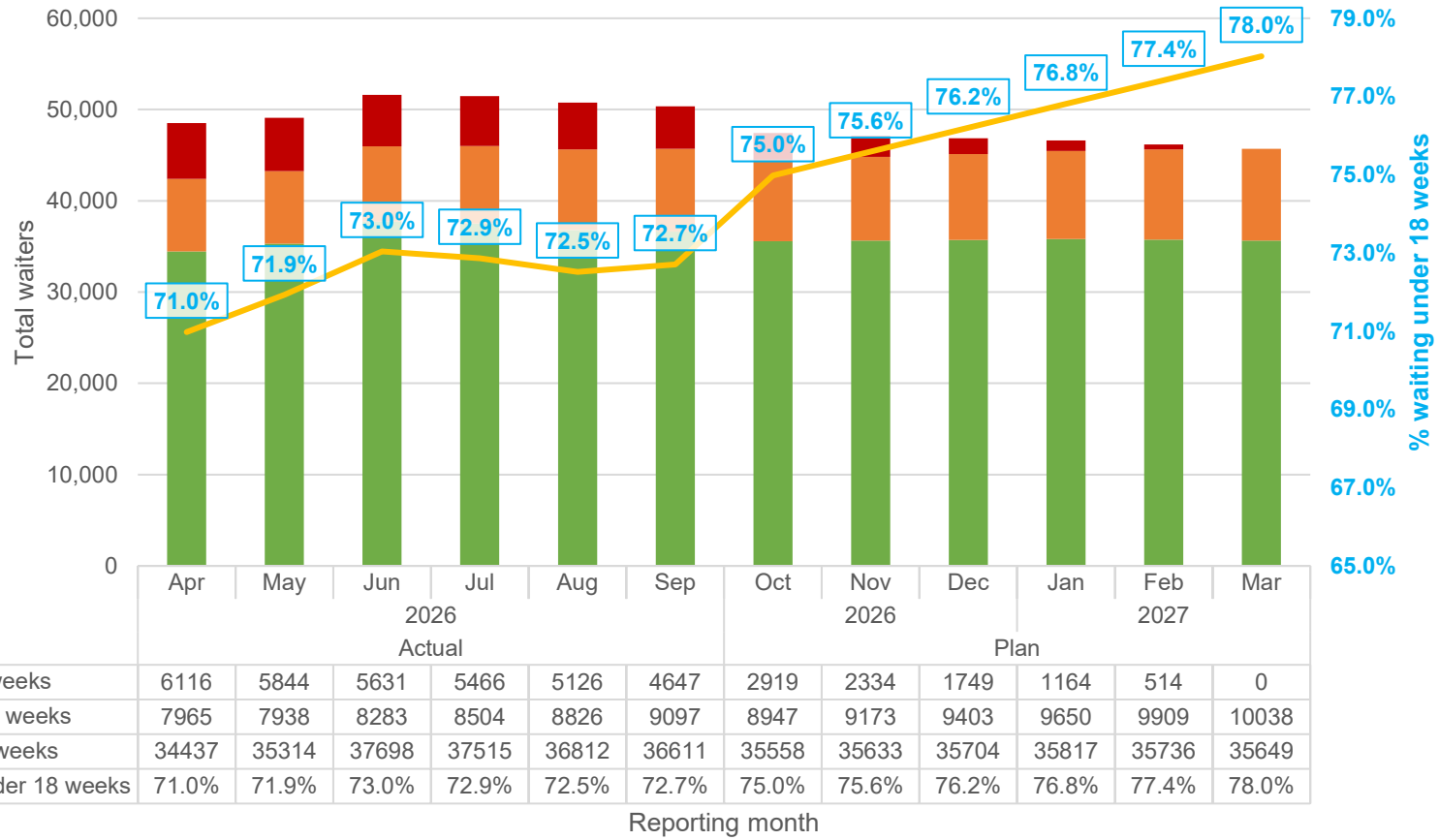
Emerging Issue	Potential Impact	Timeframe	Mitigation / Response
Funding of waiting list reduction initiatives	**NDS Long Waits Initiative:** £2.1m funding confirmed by Norfolk and Suffolk Integrated Care Board (ICB) for 2026/27. The remaining £1.5m required for the Central East region will be funded through prior-year surpluses under Advanced Foundation Trust freedoms. Funding for 2027/28 remains subject to confirmation. **MSK long waits:** Getting It Right First Time (GIRFT) funding of £455k has been confirmed and work now underway to reduce >18 week waits to 835 by March 2027. **CYP long waits in Norfolk**: confirmed in-year non-recurrent funding to eliminate all >18 week waits in the following services: • Children's Mental Health Access: £0.75m • Children's Community Paediatrics: £0.1m • Children's Speech & Language Therapy: £0.2m	2026 - 2028	Maintaining focus and capacity to deliver waiting list targets by March 2027 remains a priority. Funding is only confirmed for the current year, with discussions on 2027/28 funding arrangements underway with Commissioners.
Block contract deconstruction	Confirmation of the approach to moving from ICB block funding to tariff-based payments is expected in the national planning guidance later this month. Early indications suggest 2027/28 will be a hybrid year, with tariff funding for some services (such as NDS CYP assessments), locally agreed tariffs for others, and continued block funding for the remainder while further work is completed in 2027/28.	Now – March 2027	Expected tariff caps and floors mitigate the financial risk, with the overall impact expected to be broadly neutral and potential exposure limited to ±£5m.
Implementation of integrated neighbourhoods	Need to agree partnerships and professional/clinical population leadership approaches over the coming four months. Both Integrated Care Boards seeking new joint arrangements to be live for April 1st 2027 – therefore alignment with partners is crucial.	Now – March 2027	Using the population focus of those living with mild, moderate or severe frailty: ❖ Develop partnerships within each place area for the footprint of the Trust ❖ Board discussion took place in October and with ICB colleague leading this work ❖ Prepare teams for a greater inter-organisational approach to support our local populations

Spotlight reports

Areas of Concern: 18-week waits Trust wide 78% Trajectory

NHS East of England Community Health and Care NHS Trust

Background/Context:



	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027
	Actual						Plan					
52+ weeks	6116	5844	5631	5466	5126	4647	2919	2334	1749	1164	514	0
18-52 weeks	7965	7938	8283	8504	8826	9097	8947	9173	9403	9650	9909	10038
0-18 weeks	34437	35314	37698	37515	36812	36611	35558	35633	35704	35817	35736	35649
% under 18 weeks	71.0%	71.9%	73.0%	72.9%	72.5%	72.7%	75.0%	75.6%	76.2%	76.8%	77.4%	78.0%

This trajectory was developed to model a linear course to reach zero 52-week waits and 18-week breaches reaching the 78% minimum standard by April 2027 – improving by 0.6 percentage points each month. It assumed that the total number of waiters will remain broadly stable and is solely comprised of services currently reported nationally in the Community SitRep (so Dental waits are excluded.)

The end of September position of 72.7% is 1.7 percentage points behind than the planned trajectory position of 74.4%, and 2.3 percentage points behind the 75.0% planned for end of October.

The trajectory will be updated to reflect new activity from increased NDS funding.

Areas of Concern: 18-week waits Trust wide 78% Trajectory

NHS East of England Community Health and Care NHS Trust

Background/Context:

Service	Number of Waiters	18 Week compliance	Max of Wait for Treatment	Profile of waiting times			
				18+ Week Waiters	30+ Week Waiters	48+ Week Waiters	52+ Week Waiters
Norfolk Neurodevelopmental Service	2465	6.7%	207.0	2299	2238	2023	1983
Beds Neurodevelopmental Service	1765	8.0%	168.0	1621	1477	1245	1202
Luton Neurodevelopmental Service	1760	9.6%	175.0	1591	1380	1105	1044
Cambs Neurodevelopmental Service	1807	14.0%	136.9	1547	1276	992	923
Cambs Dental GA(Peterborough)	161	45.3%	52.0	88	37	21	1
Norfolk Children's Respite	10	50.0%	36.3	5	5	0	0
Cambs Dental SCD and DOM	1229	59.8%	42.0	494	116	0	0
NCHC MSK Physiotherapy	9323	61.2%	45.0	3614	572	0	0
Beds Paed SaLT	795	65.3%	53.3	276	124	19	1
Beds Eye Service	202	66.3%	49.9	68	21	1	0
Norfolk Wheelchair Service	697	67.4%	77.9	227	148	82	67
Norfolk Adult Speech and Language Community	163	67.5%	38.3	53	11	0	0
Cambs Paed Dietetics	400	68.0%	73.3	128	59	8	6
Norfolk Community Paediatrics	853	68.1%	44.0	272	17	0	0
Luton Paed Audiology	1146	69.8%	76.1	346	89	27	12
NCHC MSK Biomechanics	2114	72.2%	52.0	587	55	1	1
Norfolk RSC - Prosthetics	33	75.8%	30.1	8	1	0	0
Norfolk Paed SaLT	913	75.9%	257.9	220	28	1	1
Beds Adult Dietetics	274	76.3%	56.0	65	18	1	1
Bladder and Bowel Routine Physiotherapy	343	77.3%	48.0	78	20	0	0

This table shows all Trust services where the proportion of waits below 18-weeks is below the 78% required threshold.

Areas of Concern: 18-week waits Trust wide 78% Trajectory

NHS East of England Community Health and Care NHS Trust

Background/Context:

Dental (Dental Services are not in scope of the Community Sitrep and do not affect the Trust's compliance against the 78% average target).

- **General anaesthetic waiting times remain non-compliant:** Current demand and capacity modelling indicates that, without additional funding, the waiting list could more than double by February 2028. Recurrent funding for one additional theatre list per week, including staffing, is required to achieve the 18-week target by March 2028.
- **Long-waiting patients remain a priority:** There is currently one patient waiting over 52 weeks for a general anaesthetic. Additional lists have been funded internally since August 2026, creating financial pressure reflected in agency expenditure.
- **Special Care service backlogs remain challenging:** Although efforts have focused on eliminating waits over 52 weeks for initial assessments and prioritising urgent patients, overall waiting numbers have increased slightly. Additional clinical staffing is required to clear the backlog and meet contractual waiting time standards.
- **Recovery depends on securing additional funding:** Subject to ICB (Integrated Care Board) approval of the funding request and referral demand remaining stable, the service anticipates achieving compliance with contracted service levels by March 2028. Without additional capacity, current performance is unlikely to improve.

Norfolk Children's Respite

- A 50% compliance rate in September; 5/10 waiters have breached 18-weeks. This service has been paused while EEC await an ICB decision on further funding. This is the reason there are 18-week breaches, all service users have been made aware of this and no new referrals are currently being accepted.

MSK

- **Waiting times remain challenging but recovery is progressing:** Dynamic Health has demonstrated improvement in routine physiotherapy waits, with Cambridge reducing from 36 weeks in July to 27 weeks in October. Urgent waits remain above the two-week operational target across both services.
- **Significant reductions in long waits are forecast:** £455,000 in combined GIRFT funding supports plans to reduce patients waiting over 18 weeks from 5,731 to approximately 835 by March 2027 (around 85%). The greatest reductions are anticipated between December and March.
- **Early recovery initiatives are showing positive results:** Additional clinics, Community Appointment Days and digital self-management are improving access, with Dynamic Health's October appointment day removing 188 patients from the waiting list through clinical activity and validation.
- **Delivery risks require continued oversight:** Workforce mobilisation, ongoing demand, administrative capacity and funding gaps remain key risks. Monthly monitoring will be essential to track recovery trajectories, reduce long waits and improve urgent access.

Areas of Concern: 18-week waits Trust wide 78% Trajectory

Background/Context:

Norfolk Community Paediatrics

- The 18-week Referral to Treatment (RTT) compliance rate was 68.1% in September with 272 Children and Young People waiting over 18-weeks. A recovery action plan has been put in place in October, being implemented in November which will effectively double initial appointments until the end of Mar-27.
- Supported by new funding and to accommodate this, the Paediatrician workforce have increased their Clinics and agency Pertemps will also be used for ADHD (Attention-Deficit/Hyperactivity Disorder) medication appointments. It is expected that the 78% threshold will be met in January/February and the target of zero 18-week breaches by Apr-27. Progress against trajectory will be shared in future reports.

Norfolk Prosthetics

- The 18-week RTT compliance rate was 75% in September, a reduction from 85.7% in August. At month end, 8 of 33 patients had breached 18 weeks, with the longest wait being 30.1 weeks. Review of the breaches identified that 3 patients have since been discharged, while 4 patients are awaiting planned follow-up appointments within 6-12 months and should not ordinarily remain on the RTT waiting list, data quality issues rather than genuine breaches.
- One remaining breach relates to a patient who did not attend their appointment, with the clinical team currently attempting to make contact and rebook. There are no long-term concerns about meeting 78% by April 2027.

Areas of Concern: 52-week waits Trust wide

Background/Context:

Service	Number of Waiters	18 Week compliance	Max of Wait for Treatment	Profile of waiting times			
				18+ Week Waiters	30+ Week Waiters	48+ Week Waiters	52+ Week Waiters
Norfolk Neurodevelopmental Service	2465	6.7%	207.0	2299	2238	2023	1983
Beds Neurodevelopmental Service	1765	8.0%	168.0	1621	1477	1245	1202
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Cambs Dental GA(Peterborough)	161	45.3%	52.0	88	37	21	1
Beds Paed SaLT	795	65.3%	53.3	276	124	19	1
Norfolk Wheelchair Service	697	67.4%	77.9	227	148	82	67
Cambs Paed Dietetics	400	68.0%	73.3	128	59	8	6
Luton Paed Audiology	1146	69.8%	76.1	346	89	27	12
NCHC MSK Biomechanics	2114	72.2%	52.0	587	55	1	1
Norfolk Paed SaLT	913	75.9%	257.9	220	28	1	1
Beds Adult Dietetics	274	76.3%	56.0	65	18	1	1
Cambs Paed SaLT	394	91.9%	63.0	32	14	1	1

Compliance with over 18-week and 52-week waiting time targets continues to be impacted by Neurodevelopmental Services (NDS) across the geographies.

Dental Service
- See slide 12

Bedfordshire Paediatric Speech and Language Therapy
- The 52-week waiter now seen, clock stopped Oct 2026. The number of children breaching 18 weeks has increased and is associated with Luton Local Authority ceasing funding for mainstream schools. A paper has been submitted to the council for consideration of re-procurement.

Norfolk Wheelchair Service
- See slide 16 for detailed spotlight

Cambridgeshire Paediatric Dietetics
- The 52-week waiting position continues to improve (80 children in April to 6 children at the end of Sept 2026), anticipated zero 52-week breaches by April 2027.

Luton Paediatric Audiology
- The number of children waiting for an initial appointment has reduced by 326 since July 2026 and numbers waiting over 52-weeks down to 12 from 24.

Luton Paediatric Audiology (continued)
- Improvements include increased clinical capacity through insourcing, 'choose and book', and new testing facilities in Bedford and Luton. A parent questionnaire, co-produced with the National Deaf Children's Society, is helping identify clinical risk and prioritise long waiters. The service has joined the NHS Elect Improvement Collaborative to further reduce waiting-list risk. The Integrated Care Board (ICB) is considering non-recurrent funding to reduce waits to under six weeks.

MSK Biomechanics
- The 52-week waiter a data quality error, has since been corrected on the patient record

Norfolk Paediatric Speech and Language Therapy
- The 52-week waiter now seen, clock stopped Oct 2026

Bedfordshire Adult Dietetics
- The 52-week waiter now seen, clock stopped Oct 2026

Cambridgeshire Paediatric Speech and Language Therapy
- Patient transferred from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) with running clock already over 52 weeks. Clock stopped October 2026 with reason of patient failed to attend.

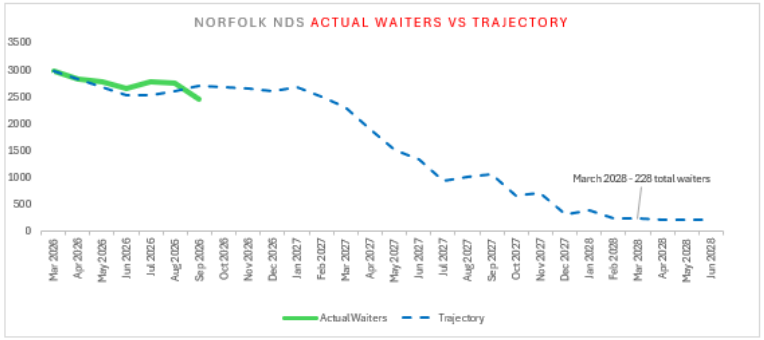
Areas of Concern: Children and Young People Neuro Developmental service – 52-week waits

NHS East of England Community Health and Care NHS Trust

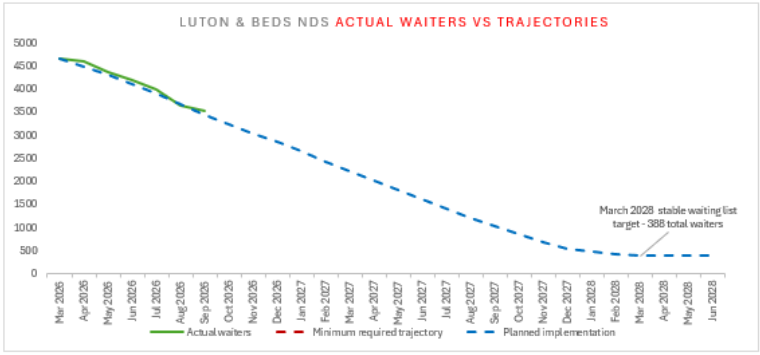
Understanding the Performance:

Month Ending 30/09/2026

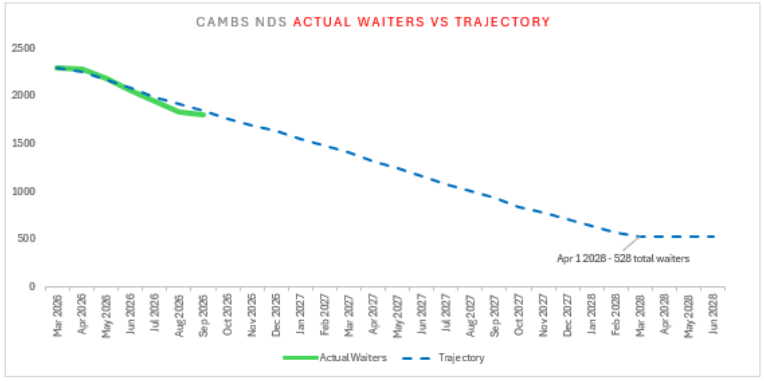
Norfolk NDS	
Actual Children Waiting	2465
Planned position	2700
Variance	-235



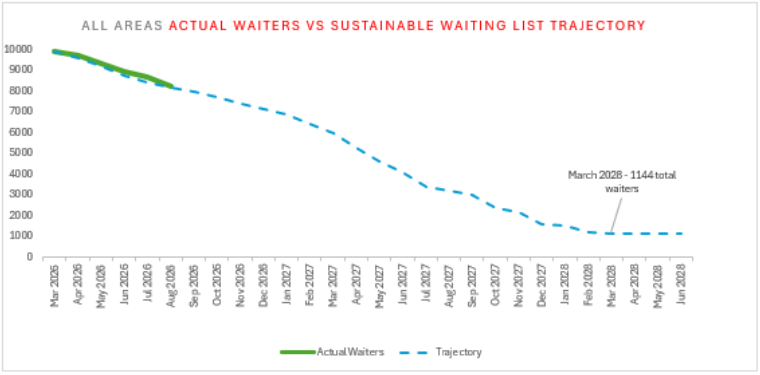
Luton & Beds NDS	
Actual children waiting	3525
Planned position	3452
Variance	+73



Cambridgeshire NDS	
Actual Children Waiting	1807
Planned position	1842
Variance	-35



Combined NDS	
Actual Children Waiting	7797
Planned position	7994
Variance	-197



Exceptions:

Bedfordshire and Luton:

- 1x Pertemp clinician left the service for personal circumstances leaving a short gap where clinical capacity was lost. Additional clinical contacts now planned to recover the position.
- Sickness has increased this month within our substantive clinicians

Cambridgeshire:

Remain on track, as planned. Skill-mix team recruitment on track

Norfolk:

Efforts to recover to trajectory have been successful. Following successful award of sprint funding and commitment to the Integrated Care Board (ICB) of clearing over 52 week waits by April 2027, we expect to remain ahead of trajectory over the next six months.

The trajectory will be revised for the next Integrated Governance and Performance Report to incorporate the additional activity expected from additional non-recurrent funding.

Areas of Concern: Children and Young People Neuro Developmental service (NDS) – 52-week waits

NHS East of England Community Health and Care NHS Trust

Intervention/Actions (SMART):
What are we doing about it?

Progress this period (September 2026):

- Phase 2 NDS recovery is on track, with waiting lists reducing in line with planned trajectories.
- In parallel, finalising Phase 3 design for a sustainable NDS offer with waits within 18 weeks.
- The Neuro Developmental service Skill Mix assessment and diagnostic pathway demonstrated it delivered safe, high-quality assessments, increased diagnostic capacity, and built confidence among staff and families in a new skill-mix model.

Planned Activity within the next period:

- Maintain clinical activity against recovery trajectories. Enhance waiting well through Experts at Hand.
- Experts at Hand funding is now released to Local Authorities. Implementation of new models is underway.
- Begin to test new ways of working planned within the sustainable Neuro Developmental service model.
- Finalise the new contract with our insourcing provider to provide additional clinical capacity until March 2028.

Anticipated Impact and Time scale for Improvement:
What do we think the actions will cause to happen?

- Phase 2 recovery programme will run until 31 March 2028
- Phase 3 aims to deliver a sustainable, high-quality offer with waits below 18 weeks.

Patient Safety and Experience:

- Complaint themes in Norfolk and Waveney include ND waiting times and poor communication, parental disagreement with Neuro Developmental assessment outcome, and short turnaround for schools to provide information to support Neuro Developmental assessment.
- Parental confidence that this child's needs will be met without a diagnosis
- The November IGR provides no updated NDS-specific complaint themes.

Workforce and Financial Context:

Workforce

- Norfolk NDS recovery must balance pace of change with staff engagement and wellbeing (risk 4021).

Finance:

- £1.8m spent on the two-year NDS recovery plan at Month 6. CYP is £1.0m overspent (1.7%), mainly due to the NDS waiting-list initiative.
- Norfolk Integrated Care Board (ICB) confirmed £2.15m additional funding in Month 7. Advanced Foundation Trust flexibilities will cover Bedfordshire and Luton and Cambridgeshire and Peterborough shortfalls from Month 7.

Current & Potential / Anticipated Risks:
What are the risks/issues? What impact could they have? Why is this important

- There is a risk that as our waiting lists decrease, demand increases within local systems with more timely service offers
- There is a risk associated with the scalability of each place-based Early Awareness pilot due to differing council area priorities
- Phase 2 risk: insufficient in-house/skill-mix capacity may require more insourcing and increase costs.
- Norfolk risk 4021 (score 12): declining staff wellbeing, absence or resignations may affect delivery of the 18-week trajectory.
- Recruitment is on plan for a skill-mix team model in Cambridgeshire.
- Trust-wide risk 3751 (score 12): delays in NDS assessment may affect children's learning and development.

Recovery Dependencies: *What is the recovery dependant on, what is the direction of travel, what is forecast position in the next 3–6 months, how confident in the trajectory are we?*

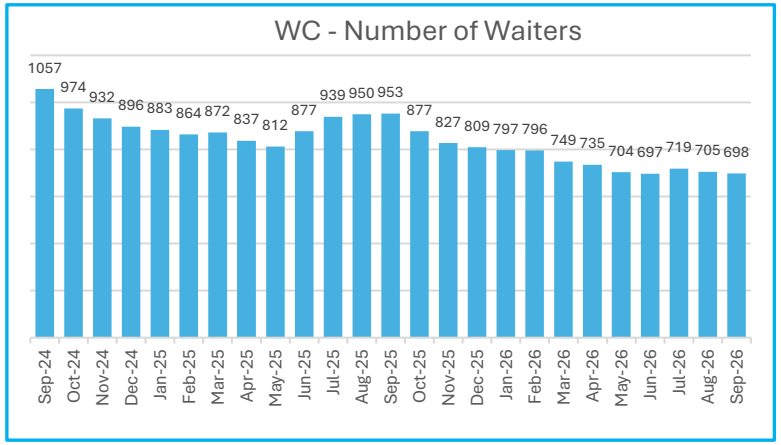
- Recovery depends on sustained clinical capacity and staff wellbeing in Norfolk (risk 4021, score 12).
- September NDS >52-week waiters: Bedfordshire 1,202, Luton 1,044, Cambridgeshire 923, Norfolk 1,983.

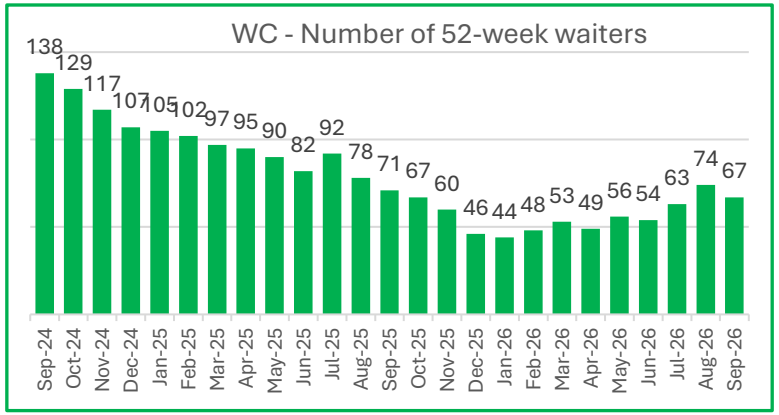
Areas of Concern: Norfolk (all ages) Wheelchairs service – 52-week waits

NHS East of England Community Health and Care NHS Trust

Background/Context/Understanding the Performance:

- The Wheelchair Assessment Service has been improving waiting times through a planned and resourced recovery plan for the last year
- After increased seasonal demand in June and July, September saw increased demand, referrals reduced in August from 207 to 157 but rose to 194 this month, although still above 2-year monthly average of 146. Demand is expected to drop again over the next few months.
- Due the increase in demand over the last quarter, the waiting list increased in July. In August, there was a reduction of 14 and with the winter period approaching, September saw a further reduction of 7, it is expected there will be reductions each month for the next 6-8 months.
- The service is still on course to provide an 18-week service (78% NHS Medium Term Plan (MTP) threshold) after a long-term recovery plan by mid-2027. The service requires a maximum of 450 waiters to be able to offer a consistent 18-week pathway.
- The 52-week waiters within the service are not reducing at the same rate as the total waiters – illustrated in the graph.
- There are 67 x 52-week waiters, reducing by 7.
- This is effectively due to the service prioritising Clinical need over waiting time.
- The majority of the 52-week waiters are Priority 3 (lowest priority), Priority 1 or 2 referrals will be seen first, regardless of waiting time.





Patient Safety and Experience:

- Prescribed equipment may no longer meet patient needs if the wait for the handover of chair and specialised seating is excessive.
- To manage the current high caseload, the service continues to prioritise patients based on Clinical need.
- Safety netting for urgent patients (commenced 2023) There are three priority categories: P1 patients are significantly unsafe and there is no way to mitigate their risk. P2 is a patient that is deteriorating or at risk of deterioration, but can be kept safe (i.e., developing pressure sores, falls that can be mitigated, neurodegenerative conditions with poor prognosis). P3 are routine patients).
- Patient complaints have significantly reduced over the last two years
- The average waiting time to receive equipment is 22-weeks – this is reducing gradually from 31-weeks in 2024.

Workforce and Financial Context:

Workforce:

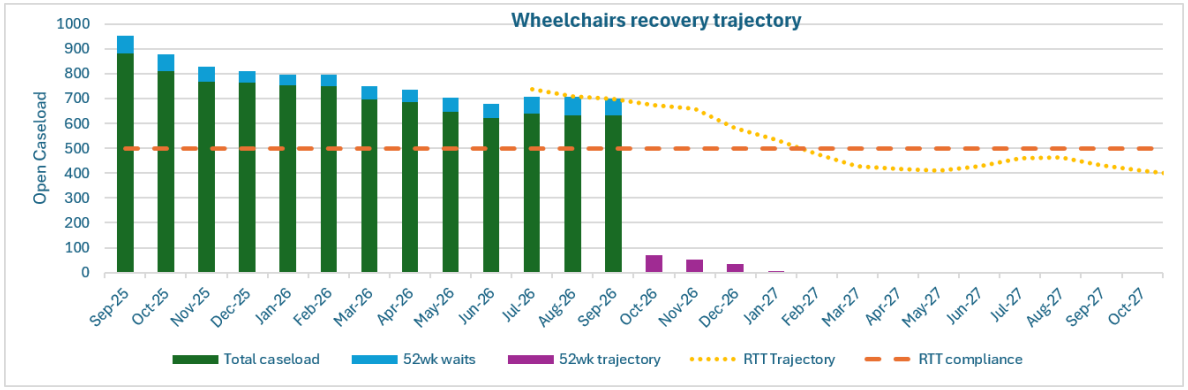
2 experienced registered clinicians from a team of 4 registered clinicians are currently on maternity leave and the service doesn't anticipate their return in 2026

Service has recruited additional unregistered staff to support with less complex prescriptions and handover of equipment (commenced Jan 2026)

Finance:

The service is managed within budget and uses allocated transformation funding for additional equipment. The major financial risk relates to the long-term sustainable service model. A group is now focussed on developing options for this alongside the current recovery plans. This will become a greater focus into 2027/28.

Areas of Concern: Norfolk Wheelchairs service – 52-week waits



- 52-week waiters decreased by 7 in September to 67 in total.
- Overall caseload reduced by 7 (705 to 698)
- 204 discharged in month
- 18 x 52-week waiters were discharged, and 26 new waiters breached 52 weeks
- Feb-27 is the forecast clearance of the 52-week waiters.
- 35/67 are awaiting Wheelchair Handover.
- 12 waiters are due to breach 52-weeks at the end of October

Intervention/Actions (SMART):

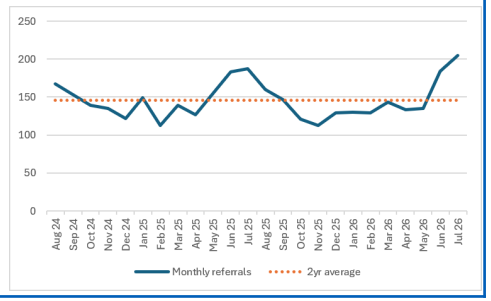
- A focused clinic week was held in September, with all 52-week waiters prioritised for appointments based on longest waiting time.
- As waiting lists continue to reduce towards a sustainable level, a review of the future operating model is underway to support the efficient management of an 18-week pathway. This includes reviewing appointment booking processes and ensuring stock is ordered at the appropriate stage of the patient journey. This work commenced in September, and the team has been consistently applying the Access Policy.
- Work is progressing with the Data Team to develop a new Waiting List Business Information (BI) Dashboard, providing improved oversight and management of waiting list performance.
- The Chair-in-a-Day pathway, implemented in May 2026, has continued to deliver positive outcomes, with 30 wheelchairs handed over to patients by the end of September.
- The Direct Issue Wheelchair pathway, introduced in January 2025, has reduced the need for non-complex patients to undergo a full clinical assessment, improving efficiency and patient flow.
- Further work is planned to increase throughput via the Direct Issue pathway by reviewing and refining the algorithms within the self-referral form.
- Approx 160 discharges are expected in during the coming month

Current & Potential / Anticipated Risks:

What are the risks/issues? What impact could they have? Why is this important

- **Senior clinician resilience** is particularly fragile due to maternity leave so any further absence would have an effect, and this trajectory would be impacted**.**
- **Seasonal demand –** there is usually a peak in summer months a shown in the graph.

WC referrals by month



Anticipated Impact and Time scale for Improvement:

What do we think the actions will cause to happen?

6-7 months to clear the 52-week waits while the overall waiters continues to reduce..

Despite the service having capacity for around 160 discharges a month, around 25% of 52-week waiters are Priority 3 which means any Priority 1 or 2 which is referred is prioritised to be seen first. This is why the 52-week waits are reducing at a slower rate than the overall waiters which has reduced from 850 to 700 in the last 12-months.

Recovery Dependencies: *What is the recovery dependant on, what is the direction of travel, what is forecast position in the next 3–6 months, how confident in the trajectory are we?*

Expecting small reductions in 52-week waits over the next 3-6 months due to –

- Volume of current waiters due to turn 52-weeks
- Demand increases in summer months, which in turn increases the prioritised P1/P2 referrals.

Confidence level of planned mitigations assessed as **Reasonable assurance dependent on maintaining current staffing capacity.**

Areas of Concern: Incidents reported by degree of harm

NHS East of England Community Health and Care NHS Trust

Understanding the Performance:

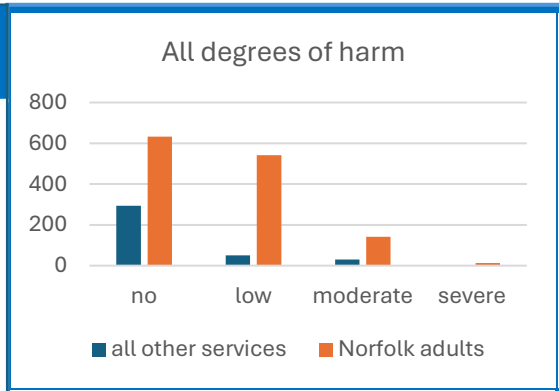
What is the data telling us?

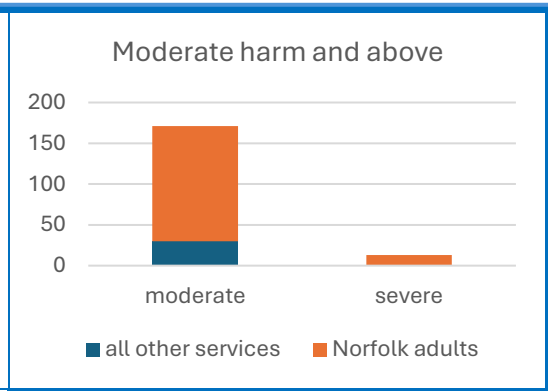
There were 1,697 patient safety incidents reported across the Trust. 1,337 were reported by Norfolk adults, with 360 reported by all other services.

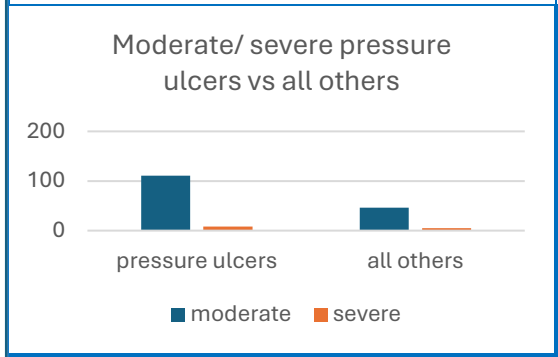
- 157 incidents were reported as moderate harm, 13 severe and 13 deaths unrelated to a patient safety incident.
- There was 1 death related to a patient safety incident involving patient deterioration and escalation concerns, for which an After-Action Review is being completed.
- The data continues to highlight an increase in the number of reported incidents across Norfolk Adults due to continued embedding and refining reporting conventions, thus increasing visibility of risk.
- Across the trust, pressure ulcers accounted for 70.1% and 61.5% of moderate and severe harm incidents respectively. (The previous reporting period showed 70% and 80% respectively)
- Within Norfolk adults, the remaining moderate and above harm incidents related to deferrals, issues with syringe drivers, falls, medication incidents, contractures, misidentification of a patient and skill mix / capacity issues.
- In all other EEC services, 1 of the remaining moderate or above harm level incidents related to an adverse drug reaction, 2 to misidentification of patients and 1 to failure to identify a safeguarding concern.

Current & Potential Risks:

- There has been a recent IT incident, external to the Trust, affecting access to the legacy NCHC Datix system which may result in delays in accessing data for the purpose of reporting.
- This was added as an issue to the Trust Issues log and has now been resolved via an interim measure.







Intervention/Actions:

What are we doing about it?

- Central oversight of incidents continues, as does scrutiny of all incidents at twice-weekly safety huddles.
- The incident and risk management system (Datix) will be upgraded to the hosted cloud version early in January. A new category will also be added to allow the capture and classification of contributory factors.
- A thematic review of incidents related to syringe drivers is underway following identification of this as a theme at the weekly adult's safety huddle.
- A further thematic review related to Bowel and Bladder issues was commenced and a thematic review of falls whilst waiting in North place continues.
- Additional information on pressure ulcers can be found within the pressure ulcer slide.

Anticipated Impact and Time scale for Improvement:

What do we think the actions will cause to happen?

- There is continued central oversight and strengthened Trust wide safety and incident reporting structures with the use of a single Datix system across the Trust. This will upgrade to the RLDatix hosted cloud version in January.
- Short term benefits are anticipated to be a more modern looking interface and longer-term benefits being the embedding of a continued unified approach to incidents and reporting and improved confidence in trend analysis and benchmarking.

Recovery Dependencies:

What is the recovery dependant on?

- Clear safety governance processes across the Trust that support the consistent application of incident grading, attribution and incident reviews.
- Discussion to support the consistent application of harm for incidents of penile erosion as inconsistent grading could affect trend analysis. Resources and advice are in place and displayed across services at present.
- Support for teams regarding the expectations for Duty of Candour to support open and honest conversations
- Implementation of the Harm Review processes within a small subset of services within Norfolk adults identified through consideration of risk and waiting times.
- Engagement with staff to support the changes.

Areas of Concern: Emerging Themes from Patient Safety Incidents

Norfolk Adults / Children

Falls whilst on Waiting List
Thematic review in progress in North Place. Harm Review pilot to be implemented across Norwich Place Community Therapy.

Pressure Ulcers
Pressure ulcers remain the largest contributor to moderate and severe harm incidents. The 12-week Pressure Ulcer Assurance and Recovery Programme has strengthened clinical oversight, enhanced governance arrangements and informed the redesign of Tissue Viability services. The Wound Care Group is being reviewed and redesigned following the 12-week pressure ulcer assurance exercise. New training is in place and the roll out of the PURPOSE T model has been completed.

End of Life Care
Delayed syringe driver initiation and use of repeated STAT medication was noted as a key issue. A clinical and safeguarding review has been completed, and a round table discussion is planned with North Place, a new end of life policy is being written and discussions around End of Life medication management are underway with Pharmacy colleagues. Additionally, the Trust has a working group which is reviewing and implementing actions linked to the Fuller report.

Agency Paediatric Assessment Services
This looked at incidents, complaints and concerns relating to community paediatric services delivered through agency arrangements over the last 12 months. Overall, the findings show that while all reported incidents were assessed as low or no harm, there were recurring themes that indicate opportunities to strengthen governance, quality assurance and oversight of subcontracted services.

Deferrals
Deferred community nursing visits are now recorded on datix following a successful pilot. A new process is being developed that will ensure patients are informed and involved in decisions regarding the rescheduling, prioritisation or deferral of visits, supporting safe, person-centre care.

Bladder & Bowel
While there was evidence of good clinical practice once significant deterioration was recognised, the review of four incidents identified recurring missed opportunities for earlier assessment, escalation and multidisciplinary intervention. The consistency of themes across multiple cases indicates a need for system-wide improvement to reduce the risk of future avoidable harm associated with severe constipation and faecal impaction.

GAS (Group A Streptococcus)/iGAS (Invasive Group A Streptococcus) outbreak
Working with system partners and progressing principal operational actions required including treatment, review of household contacts, use of Personal Protective Equipment (PPE) and Aseptic Non-Touch Technique (ANTT), cleaning of equipment, environmental cleaning of sites, duty of candour.

Recording Incidents on Datix
Following the establishment of the new organisation, work is underway to ensure consistency of reporting, such as uniform reporting of Section 42 referrals, categorisation of pressure ulcers and other wounds and mucous membrane lesions.

Cross-Trust

Penile Erosion
Resources for advice and awareness are being displayed in catheter clinics. Standardised degree of harm to be established.

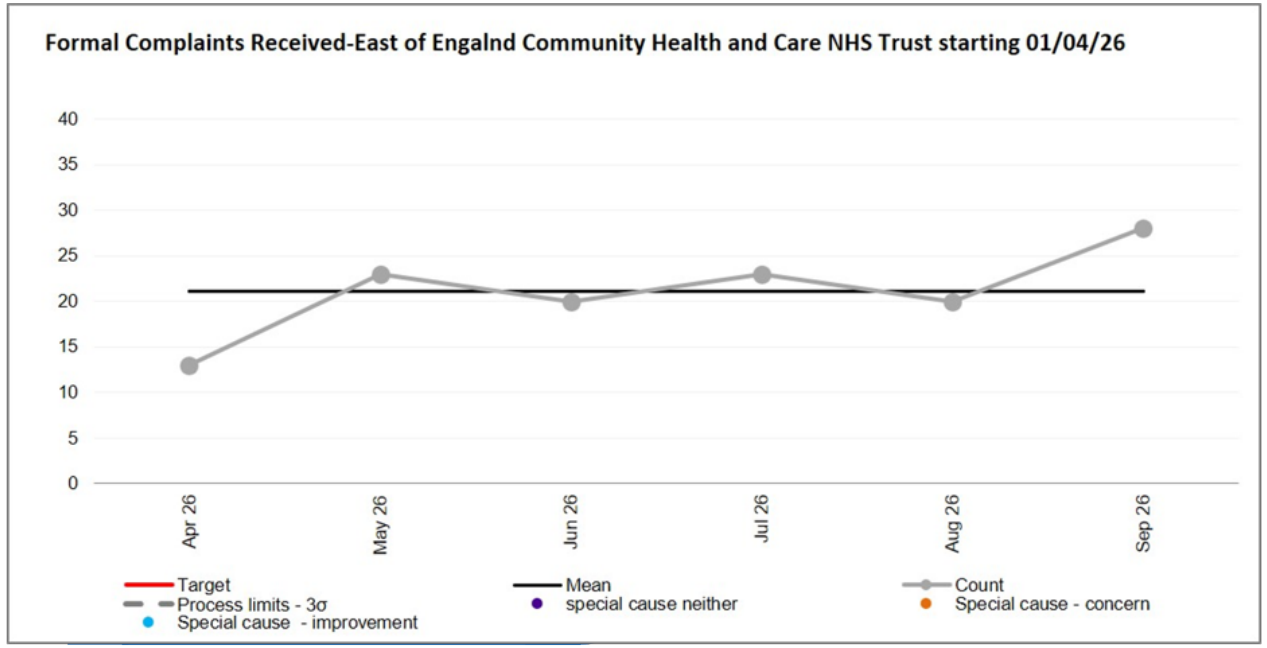
Outcomes and Patient, and Service Users domain overview

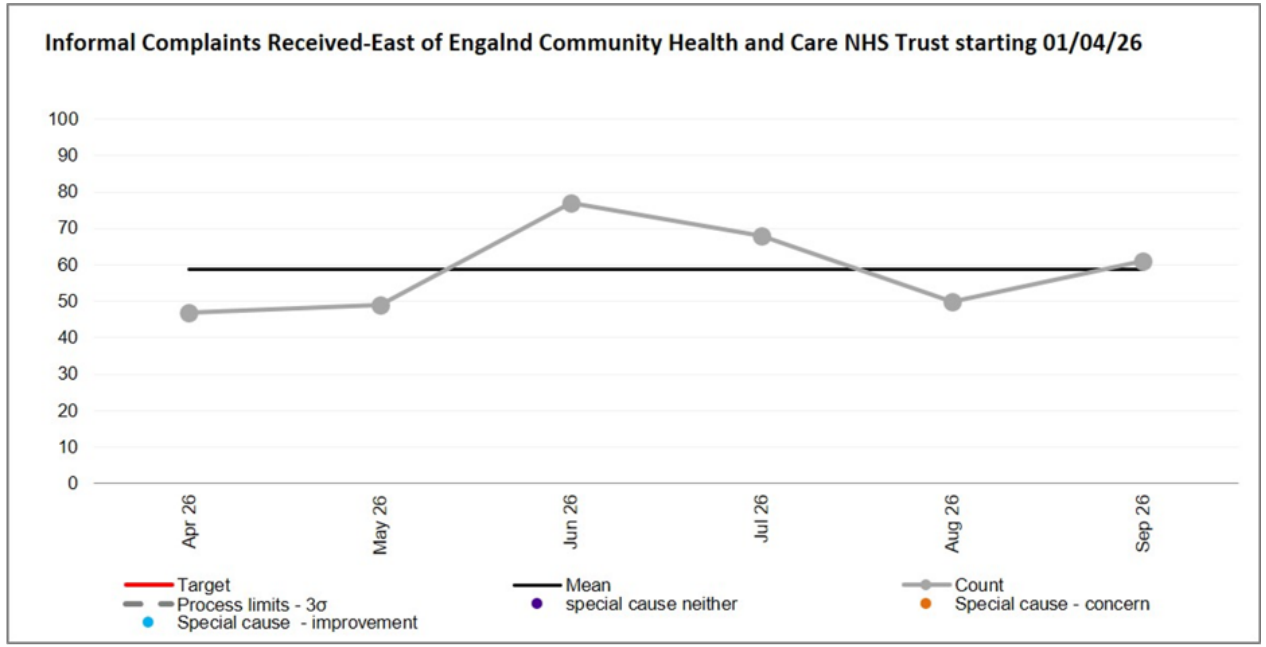
Outcomes & Patient & Service Users Metrics: Overview and analysis

East of England Community Health and Care NHS Trust

	Formal Complaints Received			Informal Complaints Received		
	Aug	Sept	Total	Aug	Sept	Total
Ambulatory Care	5	9	**14**	9	6	**15**
Bedfordshire and Luton Adult	1	3	**4**	0	0	**0**
Bedfordshire and Luton Children	3	4	**7**	9	17	**26**
Cambridgeshire and Peterborough Children	2	3	**5**	6	8	**14**
Norfolk Adult	7	7	**14**	19	22	**41**
Norfolk and Waveney Children	2	2	**4**	7	7	**14**
Support Services	0	0	**0**	0	1	**1**
Trustwide	**20**	**28**	**48**	**50**	**61**	**111**

% of complaints reopened	0.00%





Upper and lower process controls are not shown as there is not enough data for these to be accurately calculated.

Outcomes & Patient & Service Users Metrics: Overview and analysis

NHS
East of England
Community Health and Care
NHS Trust

Formal Complaint Response Times	August	Sept	Total
Number of complaints acknowledged within 3 working days	15/15	11/13	**26/28**
Percentage of complaints acknowledged within 3 working days	100.00%	84.62%	**92.86%**
Number of standard complaint responses sent within a timeframe	3/11	2/11	**5/22**
Percentage of standard complaint responses sent within a timeframe	27.27%	18.18%	**22.73%**
Number of complex complaint responses sent within the timeframe	2/4	1/2	**3/6**
Percentage of complex complaint responses sent within the timeframe	50.00%	50.00%	**50.00%**
Average number of working days to respond to standard complaints	38.55	45.55	**42.05**
Average number of working days to respond to complex complaints	49.75	47.00	**48.83**

Our responsiveness to complaints:

Successfully recruited to a second Resolution and Complaints Manager post which will increase capacity in the Team.

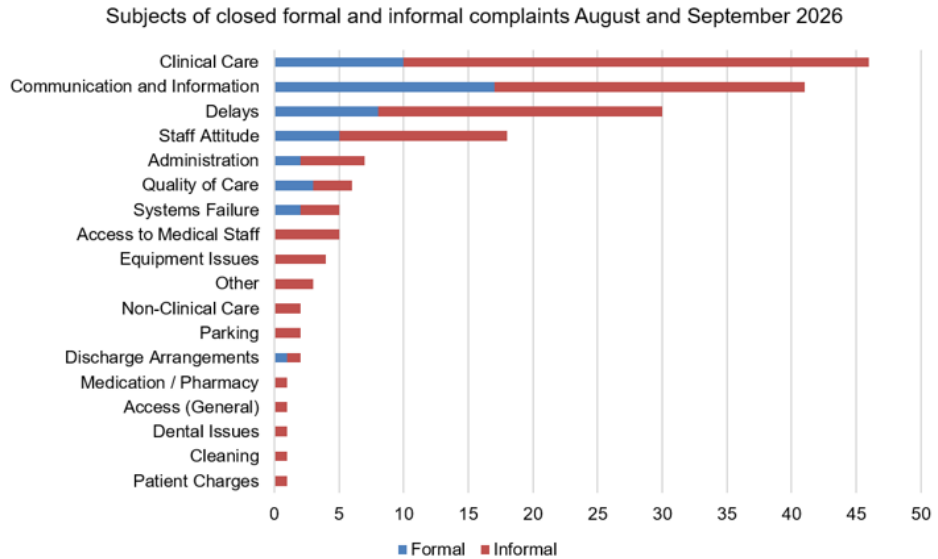
Staff in services are being asked to draft complaint response letter where appropriate.

Understanding the subject of complaints:

What is the data telling us?

The most frequently occurring subjects of Formal Complaints are Communication and Information (17), Clinical Care (10) and Delays (8).

In Informal Complaints the most frequently occurring subjects are Clinical Care (36), Communication and Information (24) and Delays (22).



What are complainants telling us about their experience?

- In **Bedfordshire and Luton Children's Services** parents are raising complaints about delays in care being provided by Community Paediatrics and that clinical care was inadequate or insufficient.
- The focus of complaints raised by service users in **Norfolk Adult Services** was clinical care in relation to District Nursing, Community Nursing and Therapy services and Inpatient Services.
- In **Norfolk and Waveney Children's Services** there were two complaints related to Speech and Language Therapy reports.
- Most complaints about **Cambridgeshire and Peterborough Children's Services** were about Communication and Information and Delays, there were no themes in specific details of these.
- In **Dental Services** there were no themes in the complaints.
- In **MSK Services** there were two complaints about being declined an MRI scan.
- There were no themes in the complaints relating to **iCaSH Services.**
- In **Bedfordshire and Luton Adult Services** there were no themes in complaints.

Outcomes & Patient & Service Users Metrics: Overview and analysis

NHS
East of England
Community Health and Care
NHS Trust

Friends and Family Test Feedback	% Very good and good	% Poor and very poor	Total responses	FFT Response Rate
Ambulatory Care	96.46%	1.33%	2174	5.42%
Bedfordshire and Luton Children	97.51%	1.50%	602	2.31%
Bedfordshire and Luton Adult	99.10%	0.36%	553	7.49%
Cambridgeshire and Peterborough Children	97.64%	0.34%	296	1.51%
Norfolk and Waveney Children	90.32%	2.33%	558	2.07%
Norfolk Adults	96.63%	1.50%	534	1.26%
Trustwide	**96.27%**	**1.31%**	**4717**	**2.90%**

Respect and Dignity Feedback Score	96.00%

Friends and Family Test

There were over 4,700 responses to the Friends and Family Test (FFT) questions in August and September 2026. Overall, 96.27% of service users said the service they received was good or very good and 96% reported that they were treated with respect and dignity.

FFT response rate:

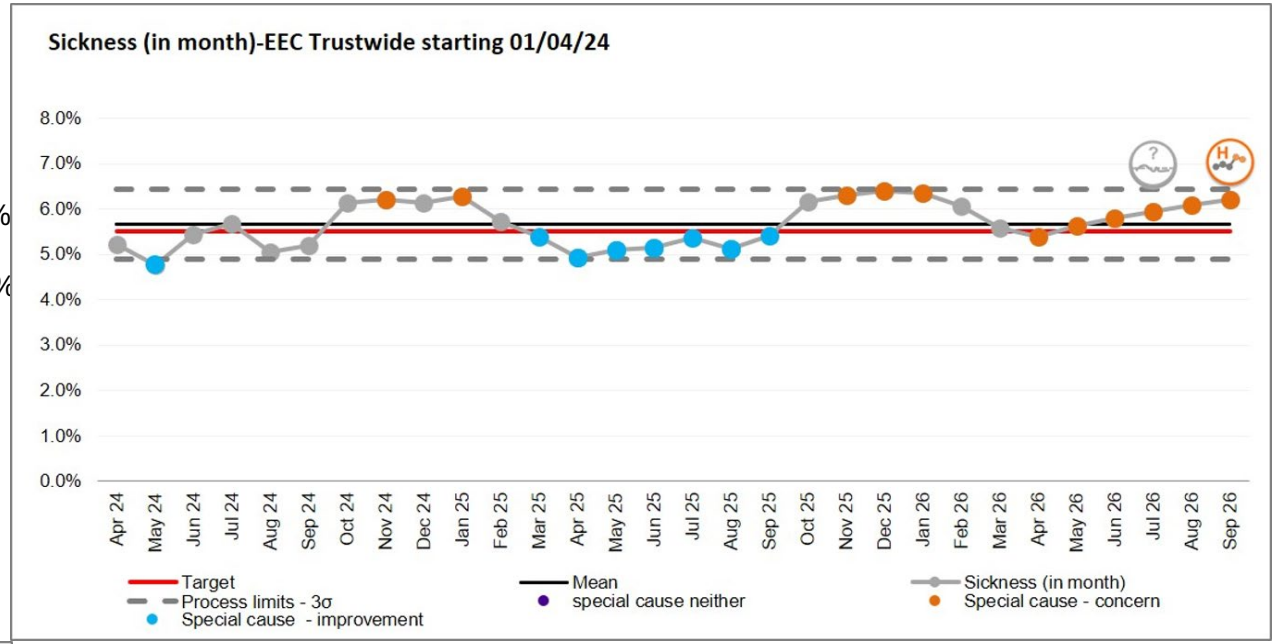
Contacts data on iHub shows distinct contacts and total contacts. Distinct contacts are now shown for the whole data period selected. A service user seen monthly for 12 months will be counted once in the annual data rather than 12 times. It is reasonable to expect them to be offered the opportunity to provide feedback more than once during this time so for the purpose of providing an FFT repose rate the maximum period we will look at distinct contacts over is one month. We can then use each monthly figure to get the six month/annual total.

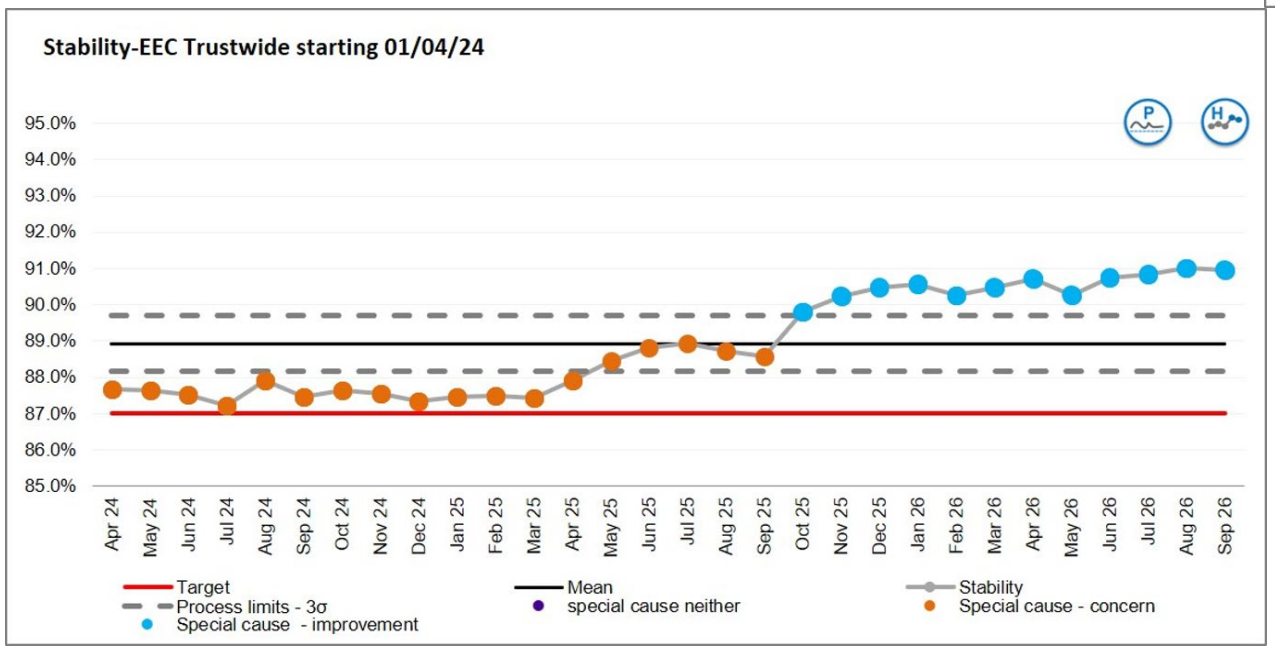
People domain overview

People Metrics: Overview and analysis

Sickness

- The 12-month cumulative rolling rate (August 2026 – 6.14%, September 2026 –6.00%) remains above the Trust rolling target of 5.5%.
- Monthly Trustwide rate for August 2026 was 6.09% and for September 2026 was 6.20%
- The Trustwide sickness rate has 3.80% was attributed to long term sickness and 2.40 % short term sickness absence. Luton & Beds Adults had the highest sickness rate (7.76%) and Support Services the lowest (3.53%). The top reason Cold, Cough, Flu - Influenza; work continues to reduce those absences attributed to unknown/other reasons as much as possible.
- The Trust monthly sickness rate is above the April 2026 benchmark reported for NHS Community Trusts (source: NHS Digital Workforce Statistics) which was 5.4 %.





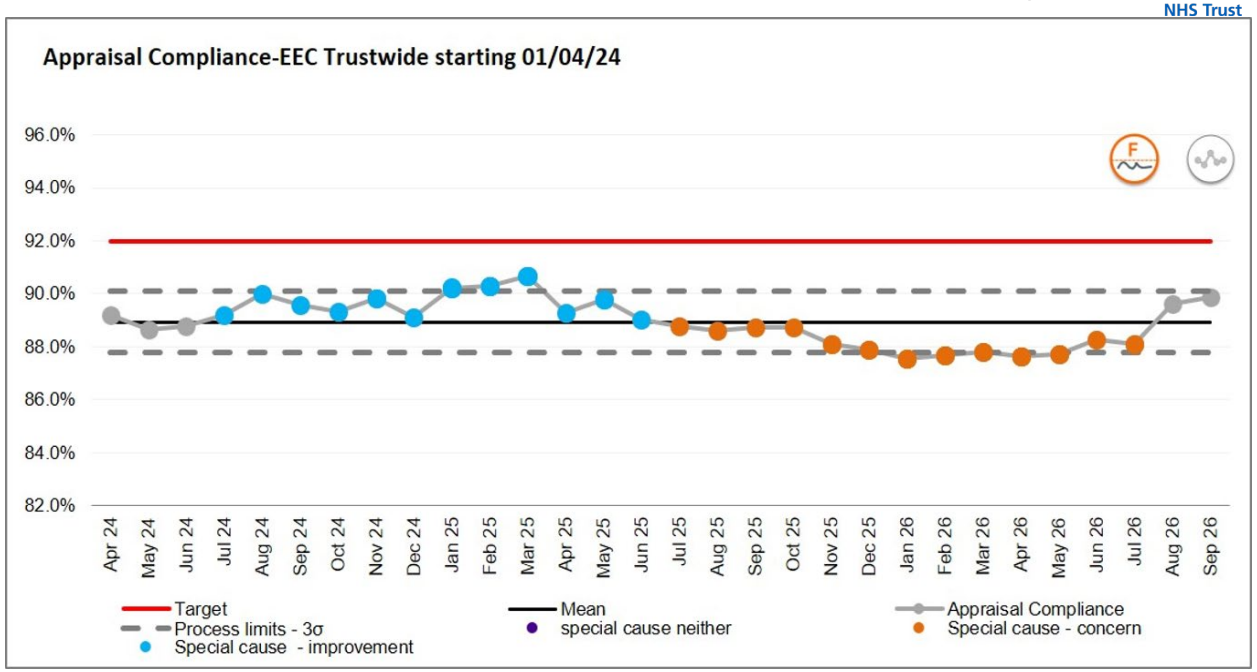
Stability

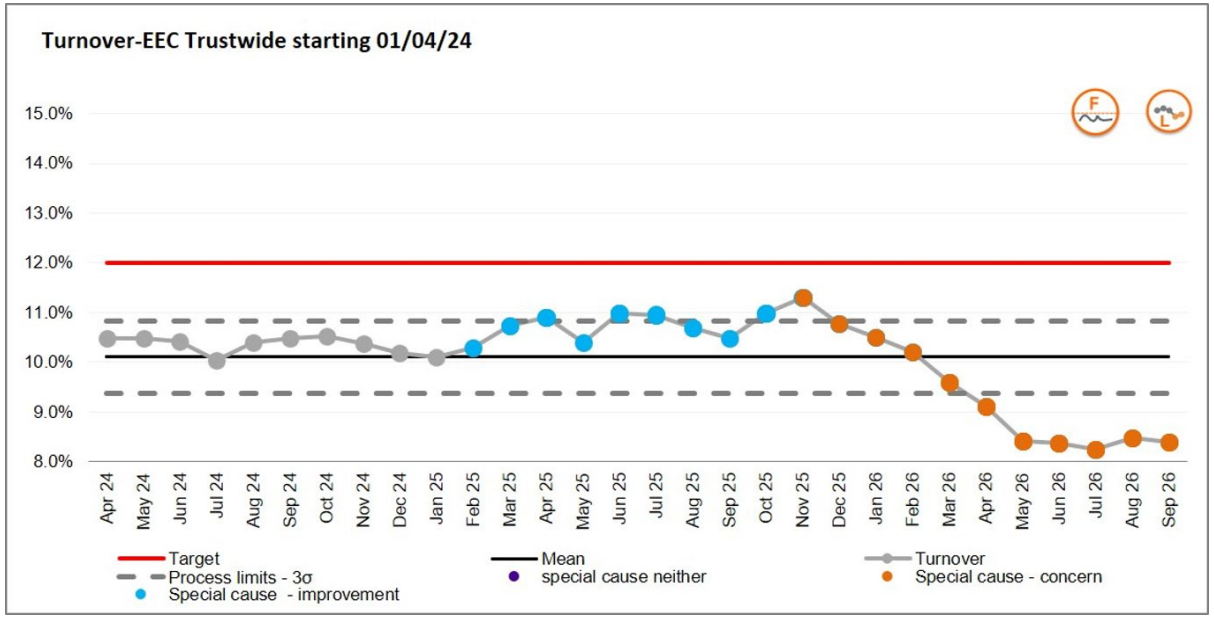
- The following chart shows the monthly stability rate (percentage of staff employed over 1 year) – August 2026 – 91.04%, September 2026 – 90.96%, against the Trust target of 87%. This compares favourably to a stability rate of 89.5% for NHS Community Provider Trusts for all employees (source: NHS Digital Workforce Statistics, June 2026).
- Stability rates for the Trust are based on the permanent workforce (i.e.: those on a fixed-term contract of less than one year are excluded).

People Metrics: Overview and analysis

Appraisals

- The following chart shows the percentage of available employees with a current (i.e., within last 12 months) appraisal date. Staff unavailable includes long term sickness, maternity leaves, those suspended, on career breaks or on secondment. New starters are given an appraisal date 12 months from date of commencement.
- The Trust wide Appraisal rate for August 2026 – 89.61% and September 2026 – 89.86%, is below target of 92% for 2026/27.
- Support Services has the lowest rate (79.07%), Bedfordshire Childrens have the highest rate (96.18%). Employees, for whom a non-compliant date is held in ESR (Electronic Staff Record), are sent a reminder and this will continue to be done on a regular basis.





Turnover

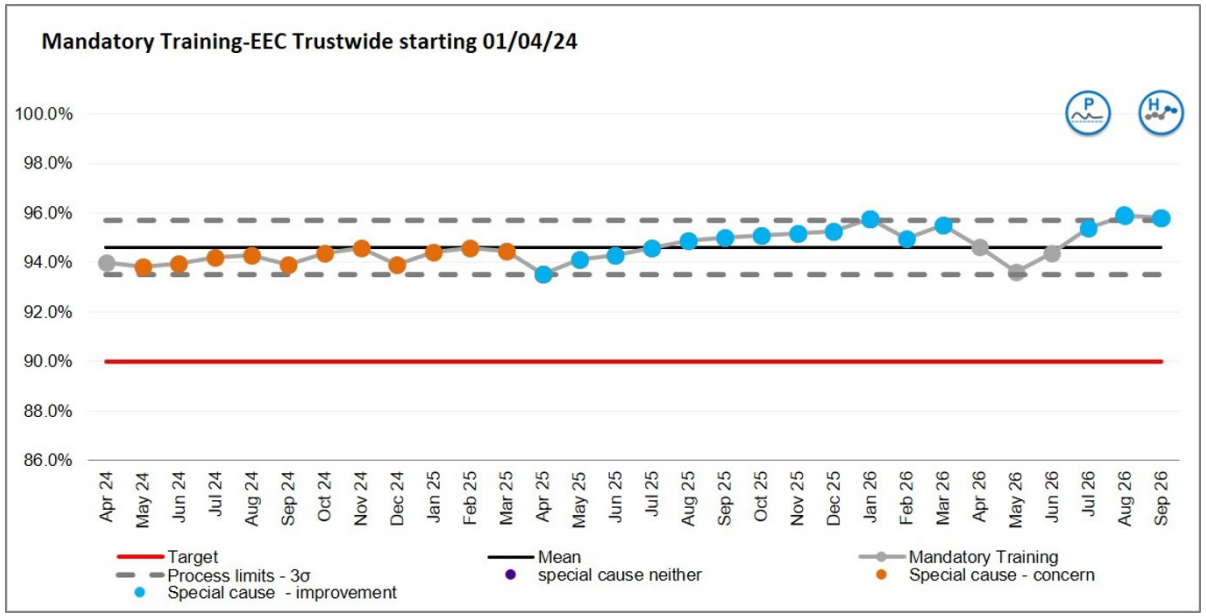
- The following chart shows monthly Turnover rates for the Trust which are based on the “Permanent” workforce (i.e., those employed on a current Fixed Term Contract of less than one year are excluded). Leavers for the following reasons are also excluded: Voluntary Redundancies, end of a fixed-term contract, and employee transfers.
- The Trust’s Rolling Year Turnover Rate is currently 8.39% (August 2026 – 8.48%, September 2026 – 8.39%) compared to an annual average Leaver rate for Community Provider Trusts of 12.6% (Source: NHS Digital Workforce Statistics – May 2026, based on “all Leavers” and “total Workforce”).
- Luton and Bedfordshire Adults currently has the highest Rolling Year turnover rate at 10.58%, with Norfolk Children’s having the lowest at 6.09%.

People Metrics: Overview and analysis

East of England Community Health and Care NHS Trust

Mandatory Training

- The following chart shows monthly Mandatory Training rates for the Trust which are based on the “Permanent” workforce (i.e., those employed via Fixed Term Contracts, Bank , Internal Secondment and Permanent). Staff who are within their first 3 months of employment are excluded along with staff on sickness, maternity or paternal leave.
- The Trust wide mandatory training rate in August 2026 – 95.90%, September 2026 – 95.79%, has reached target of 92% for 2026/27.
- Employees, for whom a non-compliant date is held in ESR (Electronic Staff Record), are contacted by the ESR/OLM Team and encouraged to complete their compliance



Delivering great health and care services in our local communities

Finance domain overview

Financial Performance – YTD September 2026

NHS East of England Community Health and Care NHS Trust

Statement of comprehensive income September 2026	Plan	Actual	Variance	Plan
£'000	YTD	YTD	YTD	Full year
Statement of comprehensive income				
Income	177,596	178,775	1,179	372,026
Pay	(126,982)	(130,247)	(3,265)	(268,390)
Non-Pay	(52,155)	(50,512)	1,643	(100,058)
Non-operating	(2,233)	(1,889)	344	(4,466)
Accounting surplus / (deficit)	**(3,774)**	**(3,873)**	**(99)**	**(888)**
Accounting performance adjustments	446	546	100	888
Adjusted financial surplus / (deficit)	**(3,328)**	**(3,327)**	**1**	**0**

Balance sheet £'000	Plan Month end	Actual Month end	Variance Month end	Plan Full Year
Operating cashflow				
Cash at bank	48,070	31,382	(16,688)	45,666
Number of months of operating cash cover	6.6	4.1	(2.5)	4.2
Capital expenditure				
Total capital expenditure	2,408	3,678	1,270	13,805
BPPC				
By Number	95.0%	92.7%	-2.3%	95.0%
By Value	95.0%	95.2%	0.2%	95.0%

Delivering great health and care services in our local communities

Headlines

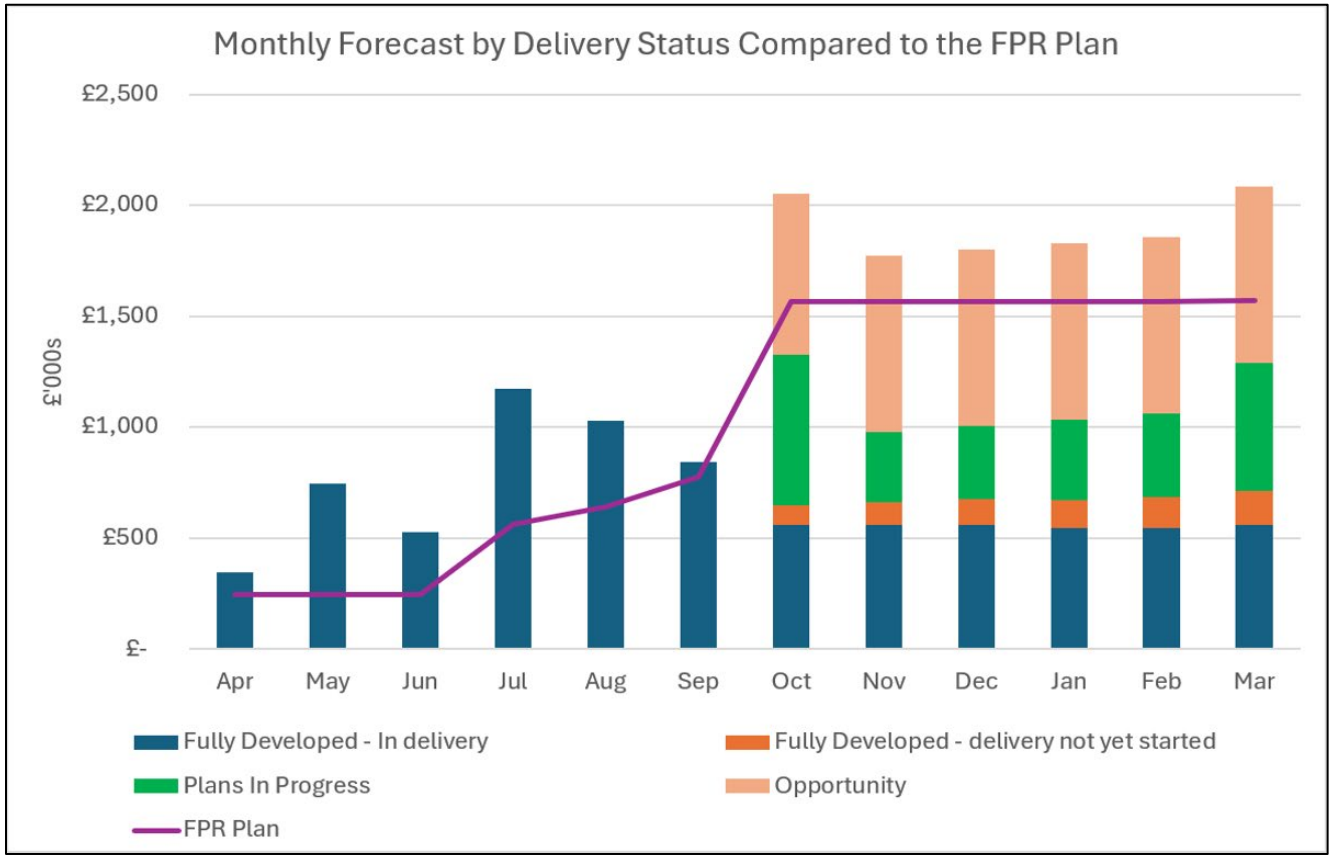
Financial performance is **broadly in line with plan** - £1k favourable adverse variance year to date.

The forecast remains on track to deliver a breakeven position for the full year.

Key points:

- Unbudgeted spend of £1.2m YTD has been incurred on children's and young person's **Neurodevelopment Service long-wait initiative**. Funding has been confirmed for £0.8m in the Norfolk region only, with and additional £2.1 funding agreed for the remainder of the year.
- Cost pressures remain of £1.2m YTD in **Norfolk Adults** (2.7%) driven by higher staffing costs in community nursing teams, particularly in North Place (£0.4m). Delivery of efficiency savings remains a challenge, as spend is redirected to safe staffing and demand (£0.5m).
- N&S ICB have approved £1.8m additional recurrent funding to support the existing and planned increase in capacity of the Urgent Community Response (UCR) team.
- **Temporary staffing** spend YTD was £4.5m (3.5% of total pay), £0.2m under budget driven by bank spend to fill staff shortages.
- **Cash cover** remains within target at £31.4m and 4.1 weeks
- **Capital** is £1m overspent to date, driven by project timing phasing, but is forecast to be on plan by year end.

Efficiency Focus – YTD September 2026



- The Trust's efficiency plan for 2026/27 was **£12.1m**, however additional cost pressures have resulted in this increasing to £15.5m.
- Efficiency delivery is **£4.7m** year to date, £1.9m ahead of plan. However, only 30% of the annual target has been delivered despite a half of the year having passed, highlighting a back-loaded plan. We are accelerating delivery to reduce this risk.
- Of efficiencies delivered year to date, 57% are recurrent. While this exceeds plan in absolute terms, it remains below the 90% recurrent target.