PERFORMANCE REPORT

Performance Overview

The purpose of this overview is to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives, and how it has performed during the year.

There is further detail in the Performance Analysis, Accountability Report, and Accounts sections.

Chief Executive Officer and Chair's statement

Welcome to our Annual Report and Accounts for 2025/26. This report outlines our key achievements, challenges and priorities over the past year, as we continue working towards our mission of helping people live longer, healthier and happier lives.

This year has been one of continued progress, partnership and transformation for NHS Norfolk and Waveney, as we worked to improve health outcomes, reduce inequalities and deliver high-quality care for our communities.

A key focus has been prevention and early diagnosis, helping people stay well for longer. We delivered strong public health campaigns encouraging people to check their blood pressure and "know their numbers", alongside community heart health events in Great Yarmouth and Lowestoft. Our lung cancer screening programme has continued to expand, supporting earlier diagnosis and better outcomes. Vaccination programmes have also remained a priority, with over half a million COVID-19 and flu vaccinations delivered and new initiatives to increase flu vaccination uptake in young children.

Alongside this, we have continued to strengthen our approach to long-term conditions and prevention, including increasing access to diabetes prevention and remission programmes, supporting healthier lifestyles and improving early diagnosis. For example, over 17,500 people have joined the NHS Diabetes Prevention Programme since 2021, including 3,500 in 2025, and fewer people are smoking in pregnancy.

We have also made progress in improving access to services and patient experience. Patient satisfaction has increased across GP, dental and pharmacy services, supported by initiatives such as Pharmacy First and additional urgent dental appointments. Digital innovation continues to play an important role, with more people than ever using the NHS App and smart technology helping reduce waiting times and support clinicians.

Supporting people with specific needs and long-term conditions has been another important area of focus. This includes the introduction of a new autism support service for people awaiting assessment, alongside continued work to improve care pathways and medicines optimisation, including campaigns encouraging people to only order the medicines they need.

We have responded to system pressures and national challenges, including industrial action and winter pressures, ensuring services remained safe and accessible through strong partnership working.

This year also marked important progress in shaping the future of health and care. We have begun to bring the NHS 10 Year Health Plan to life locally, supported by innovation, research and investment in our estate. This includes developing new community research hubs, securing over £38 million in research funding bids, and investing £25.2 million in new primary care infrastructure, alongside around £15 million in developer funding to support growing communities.

In April 2026, NHS Norfolk and Waveney became part of the new NHS Norfolk and Suffolk Integrated Care Board (ICB), bringing together services across both counties to serve around 1.7 million people. This creates new opportunities to strengthen collaboration, share expertise and deliver more consistent, high-quality care across a wider population.

This milestone has been achieved through a significant collective effort across the organisation and wider system. The transition to the new ICB has required an exceptional level of commitment, flexibility and resilience from colleagues, often alongside the continued delivery of day-to-day services. We would like to recognise and thank all staff and partners for their hard work and dedication during this challenging period.

The professionalism, compassion and integrity shown by colleagues throughout the restructuring process has been particularly noteworthy. We also extend our sincere thanks to colleagues who left the organisation, whether through organisational change or voluntary redundancy, for their valued contribution to the system and their continued commitment to improving services for local people

Looking ahead across the system, while challenges remain, including rising demand and the need to reduce waiting times, the progress made during 2025/26 demonstrates the strength of partnership working. As a newly formed organisation, we remain committed to improving health, reducing inequalities and building a more sustainable, person-centred health and care system for the future.

Will Pope

Chair

Ed Garratt OBE

Chief Executive Officer

Purpose and activities

NHS Norfolk and Waveney is responsible for planning and commissioning safe, high-quality health services across the area. It manages contracts with providers including hospitals, community services, mental health services, GP practices, dentistry, pharmacy, optometry, and ambulance services, and monitors their performance.
Following the Health and Care Act 2022, the organisation also holds responsibility for the entire NHS budget across Norfolk and Waveney.

Structure of NHS Norfolk and Waveney

NHS Norfolk and Waveney plans and buys healthcare services for local communities and is accountable for NHS performance and finances across the system, managing a budget of over £2 billion annually. It works with local people, professionals, and partners to improve health, wellbeing, and care.

The organisation is part of the Norfolk and Waveney Integrated Care System (ICS), which aims to:

- improve population health and healthcare outcomes
- reduce inequalities in access, experience and outcomes
- enhance productivity and value for money
- support wider social and economic development

The ICS is built on four key pillars:

- NHS
- Local Authorities
- Voluntary, Community and Social Enterprise (VCSE) sector
- Staff, people and communities

Integrated care brings organisations together to deliver joined-up services across health, social care, and community sectors to improve outcomes for local people.

More information can be found at Norfolk and Waveney Integrated Care System (ICS).

The Norfolk and Waveney ICS publishes a Joint Capital Resource Plan, which sets out our planned capital expenditure for the next financial year, along with details of associated risks and mitigations. The plan is available to view here.

The Norfolk and Waveney University Hospitals Group (NWUHG) was established during 2025/26 to bring together Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), James Paget University Hospitals NHS Foundation Trust (JPUH), and The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) through a provider-led Group model. Each Foundation Trust retains its statutory identity, Board of Directors, Council of Governors, provider licence obligations, and statutory accountabilities. Through a Group Board, the Group model supports delegated joint functions, shared strategic leadership, coordinated recovery, service sustainability and transformation across acute services in Norfolk and Waveney.

Governance and Leadership

NHS Norfolk and Waveney is led by a Chief Executive Officer and Executive Directors, supported by an Executive Management Team, Non-Executive Members, and senior colleagues who contribute to decision-making.

Since July 2022, the ICS operates through two core bodies:

- **Integrated Care Board (ICB):** responsible for strategy, funding and commissioning
- **Integrated Care Partnership (ICP):** responsible for system integration and tackling health inequalities

Meeting our statutory duty to improve quality

Under sections 14Z34 to 14Z45 of the Health and Care Act 2022, ICBs have a statutory duty to secure continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis and treatment of illness, and the protection and improvement of public health.

During 2025/26, NHS Norfolk and Waveney ICB continued to discharge this duty through a system-wide focus on improving patient safety, clinical effectiveness, patient experience and reducing health inequalities.

Quality improvement activity during the year included:

- Strengthening patient safety arrangements through implementation of the Patient Safety Incident Response Framework (PSIRF), development of the Patient Safety Network and system-wide learning events.
- Improving outcomes through earlier diagnosis and prevention initiatives, including expansion of lung cancer screening, diabetes prevention programmes and cardiovascular disease prevention.
- Supporting safer, more integrated care through digital transformation programmes including the Shared Care Record and Electronic Patient Record development.
- Improving access to services across primary care, mental health, urgent and emergency care, cancer and elective recovery pathways.
- Reducing inequalities through targeted population health management approaches, Community Voices engagement activity, Wellness on Wheels outreach and focused work with underserved communities.
- Strengthening quality oversight through governance arrangements, quality committees, provider oversight meetings and system-wide quality dashboards.

The ICB also continued to work closely with providers, local authorities, Healthwatch, the voluntary sector and people with lived experience to ensure quality improvement activity reflected the needs and experiences of local communities.

Further detail on quality improvement activity and outcomes is provided throughout the Performance Analysis section of this report, including Nursing and Quality, Population Health Management, Mental Health, Primary Care and Urgent and Emergency Care.

Vision, Goals and Strategy

The system's mission is to help people live longer, healthier and happier lives.
The ICS has three overarching goals:

1. Supporting people to live healthier lives and reducing inequalities
2. Improving integration so people only need to tell their story once
3. Making Norfolk and Waveney the best place to work in health and care

The Integrated Care Strategy provides a high-level framework focused on:

- driving integration
- prioritising prevention
- addressing inequalities
- enabling resilient communities

It guides system-wide planning, including the Joint Forward Plan and work of our Place Boards and Health and Wellbeing Partnerships.

The VCSE sector is embedded in decision-making through the VCSE Assembly and board-level representation.

In summary, our system goals, themes and ambitions are interlinked as follows:

Key risks and issues

Over the past year we have been proactive in identifying and managing risks and issues that might adversely affect our plans or business.

Key risks to performance were formally logged on the NHS Norfolk and Waveney Board Assurance Framework (BAF) document, which was reviewed by the NHS Norfolk and Waveney management teams and committees, and was reported to the Board of NHS Norfolk and Waveney at each of its meetings. The latest BAF can be found on page 343 of the March 2025 NHS Norfolk and Waveney Board papers.

For each risk identified there are mitigating actions identified and provided to the Board of NHS Norfolk and Waveney with assurance that they are being managed.

During 2025–26, several key issues and risks have been identified on the Board Assurance Framework (BAF). These include:

- **Health Inequalities and Population Health Management:**
  Risk that persistent health inequalities, particularly for disadvantaged groups, continue to worsen outcomes and increase demand. Failure to meet statutory duties and embed a whole-system approach may result in regulatory scrutiny, reputational damage, and poorer population health.
- **Urgent and Emergency Care (UEC) Pressures:**
  Risk that system capacity and resilience are insufficient to meet demand, leading to ambulance delays, overcrowded emergency departments, delayed discharges, and poorer patient outcomes.
- **Primary Care Resilience and Transformation:**
  Risk that workforce, contractual, and financial pressures across primary care reduce access and sustainability, particularly in dentistry, and limit progress towards integrated, community-based care.
- **Ageing Population and Complex Needs:**
  Risk that increasing numbers of older people with complex conditions drive higher demand, costs, and pressure on services, potentially impacting quality of care.
- **Mental Health Demand and Transformation:**
  Risk that rising demand across adult and CYP mental health services exceeds capacity, delaying access to care, increasing acuity, and placing pressure on wider services.
- **Elective Recovery:**
  Risk that elective, diagnostic, and cancer targets are not met, resulting in long waits, poorer outcomes, and widening inequalities.
- **Financial Sustainability:**
  Risk that failure to achieve a break-even position in 2025/26 limits the ability to sustain services and invest in improvements.
- **System Transition and Organisational Change:**
  Risk that ongoing organisational and financial system changes impact delivery, governance, and business continuity.

Performance Analysis

Performance of NHS services

Information about the overall performance of services is contained in the table and information below. The table shows an overall RAG (Red / Amber / Green) performance against constitutional targets, based on an average summary of monthly performance during 2025/26. Green indicates that all targets were achieved, Amber that some targets were achieved, and Red that no targets were achieved.

A detailed summary of performance of these indicators is provided under each ambition area of this report.

Constitutional Area	25/26 Performance RAG	Unknown Metrics
Cancer Waiting Times	0 / 3	
Diagnostics Waiting Times	0 / 1	
Referral to Treatment Waiting Times	0 / 3	
A&E Waits	0 / 2	
Ambulance Response Times	0 / 6	
Ambulance Handovers	0 / 3	1
Mixed Sex Accommodation	0 / 1	
Cancelled Operations	0 / 1	1
Mental Health	4 / 6	
Patient Safety	1 / 3	3
Community	1 / 1	

NHS Norfolk and Waveney, along with ICS partners, is working to deliver eight core Ambitions which are set-out in our Joint Forward Plan.

Services within NHS Norfolk and Waveney are grouped under these ambitions. The performance analysis for NHS Norfolk and Waveney aims to showcase how services performed in alignment with the priorities.

Ambition one – Population Health Management, Reducing Inequalities and Supporting Prevention

Population Health Management and Health Inequalities

During 2025/26, Norfolk and Waveney has continued to strengthen its focus on **population health management, prevention and reducing inequalities**, using data, community insight and partnership working to target support where it is most needed.

A key area of progress has been the use of **Population Health Management (PHM)** to better understand local need and deliver proactive care. Through programmes such as Protect NoW, over **60,000 residents were reached through targeted outreach**, prioritising people living in the most deprived communities. This approach has supported earlier intervention across areas such as diabetes prevention, cancer screening, mental health and cold homes, helping to improve access and reduce pressure on urgent care services.

Alongside this, **data and digital tools** have been strengthened to support more joined-up care. New platforms now allow services to link health, care and local authority data, enabling more accurate identification of risk and more personalised support. This is helping shift care from reactive responses to earlier, preventative action.

Community engagement has also been a central part of this work. Through the **Community Voices programme**, over **1,500 residents** shared their experiences, helping to identify barriers to care and shape services. This insight has directly informed service design, commissioning decisions and targeted interventions, particularly for communities experiencing the greatest inequalities.

Targeted **outreach services** have continued to expand, including the Wellness on Wheels bus, asylum seeker health provision and enhanced primary care support for inclusion health

groups. These services are helping people who may not traditionally access healthcare to receive earlier support, improving engagement and health outcomes.

Work to address the wider **determinants of health** has also progressed. This includes programmes such as Warm Homes, supporting vulnerable residents living in poor housing conditions, and the development of Marmot Place initiatives in West Norfolk and East Suffolk, focusing on improving the conditions in which people are born, grow, live and work.

Prevention programmes have delivered strong results. For example, the Active NoW programme has received over **13,000 referrals**, supporting people to become more physically active and improve their health and wellbeing, with the majority continuing activity long-term.

Despite this progress, data shows that **inequalities remain**, with people in more deprived communities and inclusion health groups continuing to experience poorer outcomes, higher use of urgent care and longer waits for treatment.

Over the next year, the focus will be on **scaling these approaches**, embedding population health management across all services, strengthening neighbourhood working, and ensuring that improvements in health outcomes are felt most by those who need them most. This contributes to the ICB's statutory duties to reduce inequalities and improve quality and outcomes.

Norfolk and Waveney ICB has also published a **Health Equity Impact Report for 2025/26**, setting out how the system is identifying and addressing health inequalities, including differences in access, experience and outcomes across communities. This report demonstrates how the ICB is meeting its statutory duties under the NHS England Statement on Information on Health Inequalities and can be accessed here: https://www.norfolkandsuffolk.icb.nhs.uk/wp-content/uploads/2026/06/Norfolk-Waveney-Statement-on-Information-on-Health-Inequalities-25-26.pdf

Supporting Prevention

Vaccination and Immunisation

Vaccination is one of the most effective ways to protect people from serious illness. In 2025/26, NHS Norfolk and Waveney delivered around **660,000 COVID-19 and flu vaccinations**, working with partners across the system.

Since the programme began, around **four million vaccinations** have been given locally, including **over 240,000 this year**. Norfolk and Waveney ranks **first in the East of England and sixth nationally** for uptake, delivered through **102 GP practices, 76 pharmacies, 20 Primary Care Networks and two vaccination centres**.

Services are designed to be flexible and accessible, particularly for those most at risk. The **Wellness on Wheels (WOW) mobile unit** helped reach underserved communities, offering a wide range of vaccinations including childhood immunisations, HPV, MMR, and vaccines for pregnant women. The service ended on **29 November** due to factors outside the team's control.

Care home delivery has been particularly strong, with **100% of older adult care homes visited** and **84% of residents vaccinated**, ranking **first nationally for visits** and **first regionally for uptake**.

A targeted flu programme for frontline staff, delivered across **all seven NHS Trusts**, exceeded national targets and supported winter resilience. A new approach for **Looked After Children** also combined health assessments with screening for TB and blood-borne viruses, improving early identification of health needs.

Long-Term Conditions and Prevention

Work to prevent and manage long-term conditions has focused on early diagnosis, healthier lifestyles and reducing inequalities.

New services are being developed, including a **Hypertension and Lipids Optimisation (HaLO) service** (launching **Q2 2026**) and expanded community heart failure services. In diabetes, improved data and engagement have increased uptake of prevention and remission programmes, with over **17,500 people** joining the **NHS Diabetes Prevention Programme since 2021** (including **3,500 in 2025**) and **425 people** starting the remission programme since April 2024.

Support for healthier lifestyles has included expanded tobacco services and weight management programmes. Smoking in pregnancy rates have improved to **7.2%**, better than the **9% target**. The Digital Weight Management Programme exceeded its target of **2,380 referrals**, with Norfolk and Waveney ranked **highest nationally**. Work is also underway to introduce more integrated services and new treatments such as tirzepatide.

Other improvements include better identification of **chronic kidney disease** through the CLEAR programme, enhanced **respiratory services** (including specialist asthma care and digital tools), and redesigned **stroke services** to improve prevention and rehabilitation.

New services for **familial hypercholesterolaemia (FH)** and heart valve disease are improving early diagnosis, and additional training has strengthened diabetes care in primary care. Targeted engagement has also increased participation in care, with more reviews completed for younger people with type 2 diabetes in nine months of 2025/26 than in the whole of 2025/26.

Performance is improving overall, although some areas remain below national averages. For example, **71.58% of patients with hypertension** are treated to target (above average), while lipid management is **42.43%** (below average). Diabetes care processes and treatment targets continue to improve but remain lower for people with type 1 diabetes.

Ambition two – Primary Care Resilience and Transformation

Primary Care (Community Pharmacy, Dentistry, General Practice, Optometry)

Primary care is often the **first point of contact for patients**, including GP practices, community pharmacies, dentists and opticians. Over the past year, work has focused on **improving access, supporting staff, using digital tools and developing more joined-up services**.

Improving access and experience

Access to services has continued to improve across all areas. GP practices now offer a **mix of face-to-face, phone and online appointments**, supported by **modern phone systems and digital triage tools**. The rollout of the **Modern General Practice model** is making it easier for patients to get help.

Targeted work has improved care for vulnerable groups, with **over 4,000 learning disability health checks completed**, and increased uptake of health checks for people with serious mental illness.

Community pharmacies are playing a greater role through **Pharmacy First**, treating common conditions and reducing pressure on GP services.

Referral pathways have improved, and **25 pharmacies** continue to provide urgent and palliative medicines. Pharmacy services have delivered **over 42,000 consultations**, with further growth in contraception and blood pressure services.

In dentistry, access has increased, with **over 51,000 urgent appointments provided via NHS 111**. New services for children and young people have been introduced, long-term contracts secured, and a **new NHS dental practice in South Norfolk** is due to open in summer 2026.

For eye care, the **Community Urgent Eye Care Service** continues to provide timely specialist support, with improved referral pathways into hospital services.

Supporting our workforce
Supporting staff remains a priority. Recruitment and retention schemes have expanded, with **97% of GP recruitment targets achieved**. More practices are now training future clinicians, with **98% approved as training practices**.

Workforce stability has improved, with a **69% reduction in reliance on locum GPs**. Staff wellbeing has also increased, with **85% reporting their practice supports their health and wellbeing**. Training and development opportunities have expanded, including **88.7% completion of key learning disability and autism training**.

Using digital tools to improve care
Digital improvements are helping modernise services and free up staff time. The **NHS App is now used by 65% of the population**, with increased use for repeat prescriptions. Automation has supported efficiency, including **500,000 prescriptions issued through robotic processes**.

Improved data is also helping services plan more effectively and respond to patient need.

Planning for neighbourhood-based care
Work is underway to develop more **joined-up, neighbourhood-based services**, bringing together GP practices, pharmacies, dentists, opticians and community organisations.

This includes a stronger focus on **prevention, reducing health inequalities and using population health data** to plan services around local need.

Listening to patients and communities
Engagement with patients and communities continues to shape services. Feedback from surveys, community groups and new pharmacy feedback tools is helping improve care and ensure services reflect what matters most to local people.

Key achievements and next steps
Significant progress has been made, including improved access, workforce stability and expanded pharmacy and dental services. The GP workforce has achieved a **top national ranking for improvement**, and GP trainees achieved a **100% pass rate in national assessments**.

Challenges remain, including maintaining access and supporting workforce capacity. Over the next year, focus will remain on **improving access, strengthening the workforce, expanding digital tools and delivering more joined-up care**.

This work supports wider priorities including **urgent and emergency care, planned care recovery and financial sustainability**, with pharmacy services delivering **13% more activity than planned**.

Ambition three – Improving services for babies, children and young people, and developing our Local Maternity and Neonatal System

Babies, Children and Young People, and Maternity

Work has continued to improve services for babies, children and young people, with a focus on **early support, joined-up care and reducing inequalities**.

Supporting children with additional needs (SEND and neurodiversity)
We have worked closely with local authorities to improve support for children with SEND, including **shared action plans, improved data through a SEND dashboard, and clearer information for families**.

Neurodiversity remains a key priority, with partners working together to develop a **new community pathway for neurodevelopmental assessments**. A **co-produced digital neurodiversity library**, available via Just One Norfolk, now provides **trusted advice and support** for families, carers and professionals.

Support for schools has also improved through the **PINS programme**, helping staff better support children in mainstream education.

Improving care for long-term conditions
Work has continued to improve care for children with long-term conditions:

- **Diabetes:** Increased access to **Hybrid Closed Loop technology**, supporting improved outcomes and personalised care.
- **Asthma:** Investment in **clinical leadership, training and inhaler support tools** is helping reduce hospital admissions, alongside new **post-discharge reviews within 48 hours**.
- **Weight management:** Specialist services continue, with plans to develop a **more integrated, family-based approach**.
- **Epilepsy:** Investment in **specialist nursing capacity** is improving access, ensuring **annual care plan reviews** and better support. Psychological support services have also improved outcomes for children and families.

Reducing health inequalities
Through the **Core20PLUS5 programme**, work has focused on improving care for children from disadvantaged communities, supporting **better access, safety and outcomes**.

Palliative and end of life care
Support for children with life-limiting conditions has strengthened through a **joint hospice funding agreement across Norfolk and Suffolk** and continued partnership working.

A system-wide education programme has trained around **600 staff**, improving confidence in end-of-life care. **Family drop-in and transition sessions** continue to support young people moving into adult services, helping build relationships and reduce isolation.

Challenges and next steps
While progress has been made, challenges remain. **Financial pressures and workforce shortages**, particularly in specialist roles, continue to impact access to services such as **neurodevelopmental assessments and ADHD support**.

Work will continue to focus on **improving access, strengthening workforce capacity and delivering more joined-up, family-centred care**.

Children's Continuing Care

Children's Continuing Care (CC) supports children and young people with **complex, long-term health needs**.

Between 1 April 2025 and 31 March 2026, the service received **39 referrals**, with **14 progressing to full assessment**. As of March 2026, **73 children and young people are supported** (56 in Norfolk and 17 in Waveney). The team also continues to support some children through **exceptional funding** where they no longer meet national criteria but still have ongoing health needs.

During the year, **66 reviews were completed**. Outcomes included **10 children no longer meeting criteria due to improved health**, **5 cases closed at family request**, **2 families moving out of area**, **1 death**, and **5 young people transitioning to Adult Continuing Healthcare**.

The needs of children supported by the service are **increasingly complex**. The team works closely with clinical specialists and local authority partners to ensure care is accurately assessed, prioritised and jointly funded where appropriate. There are currently **5 children receiving jointly funded packages**, alongside **11 supported through exceptional funding in placements**.

A **holistic, child-centred approach** is taken, with work underway to better align Continuing Care reviews with Education, Health and Care Plans to reduce duplication for families. The team also supports transitions into adult services and has **increased the number of eligibility panels** to manage demand.

Improvements have been made to **governance and safety**, including identifying children requiring deprivation of liberty safeguards, with **one application made to court**. **More providers have joined the Continuing Care framework**, offering greater choice to families.

Capacity remains a challenge due to staffing changes, but the team continues to provide **safe, coordinated care** for children and young people with the most complex needs.

Maternity

Maternity services in Norfolk and Waveney have continued to improve in line with the NHS Three-Year Delivery Plan, focusing on **safer, more personalised and compassionate care**.

Listening to women and families remains central. Maternity and Neonatal Voice Partnerships ensure that the experiences of women, families and carers shape services. Each hospital trust has its own partnership, contributing to improvements in **personalised care, antenatal education, communication, infant feeding and bereavement care**. Work is underway to develop a **joint Norfolk and Suffolk model**, and the **Perinatal Pelvic Health Service is now fully integrated**.

A stronger **culture of safety and learning** has been supported through shared resources. **Personalised Care and Support Plans** are now in place, and antenatal education has been strengthened through a **new digital and in-person programme**. Breastfeeding support has also been expanded, with investment to achieve **UNICEF Baby Friendly accreditation by 2027**.

Care Quality Commission (CQC) inspection findings show variation across Maternity services. **Norfolk and Norwich University Hospital (NNUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL)** are rated 'Good', while **James Paget University Hospital (JPUH)** was rated as 'Inadequate'. A **Maternity Improvement Plan** has been in place and, following an unannounced focused assessment in September 2025, the CQC upgraded the rating of Maternity services at JPUH to 'Requires Improvement'.

Health inequalities remain a challenge. In November 2024, **10.7% of people were recorded as smoking at the time of delivery**, compared to the **national target of 6%**. Targeted support has reduced this to **6.9% by December 2025**. Additional roles, including a **Pre-Term Birth Midwife and project manager**, are supporting improved outcomes.

All three local trusts have met national maternity safety standards, demonstrating compliance with the Clinical Negligence Scheme for Trusts' Maternity Incentive Scheme.

From 1 April 2026, the **Norfolk and Waveney Local Maternity and Neonatal System has closed**, with responsibilities transferring to the **new Norfolk and Suffolk ICB, NHS England regional teams and local trusts**, supporting a more **joined-up approach** to future maternity services.

Ambition four – Transforming Mental Health services

A significant amount of work has been undertaken during 2025/26 to improve mental health services. This table provides a summary of our performance against a set of key indicators for mental health services:

Mental Health

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Jan 26 vs AVG 25/26)	Mar-25
EBS3	Inpatients followed up within 72 hours of discharge	%	80%	86.4%	85.4%	↑	83.3%
EH4	MH - EIP 2 week treatment	%	60%	83.3%	87.3%	→	85.7%
EH1	MH - Talking Therapies 6 week waits (entered trea	%	75%	92.7%	96.5%	→	98.9%
EH2	MH - Talking Therapies 18week waits (entered tre	%	95%	100.0%	99.9%	↑	99.8%
EH10	MH - CYP ED Routine 4 weeks	%	95%	70.0%	75.2%	↓	81.8%
EH11	MH - CYP ED Urgent 1 week *	%	95%	50.0%	26.7%	↑	100.0%

The table shows that we have delivered against the indicators related to early intervention in psychosis, talking therapies and inpatients being followed-up after discharge, but there is more to do to improve eating disorder services.

This table shows the Mental Investment Standard reported figures for 2025-26 (* still subject to audit) and comparison figures for 2024-25
As with 2024-25, the ICB is reporting an over achievement against the target in 2025-26. The value of overachievement in 2025-26 is reported as £421k.

Financial Years	2022-23	2023-24	2024-25
Mental Health Spend	£182.0m*	£199.4m*	£208.1m**
ICB Programme Allocation	£2,209.9m	£2,455.4m	£2,678.0m
ICB Programme Allocation (net of Pharmacy, Ophthalmology and Dentistry introduced in 2023-24)***		£2,355.3m	£2,576.4m
Mental Health Spend as a proportion of ICB Programme Allocation	8.20%	8.50%	7.55%

Adult Mental Health

During **2025/26**, NHS Norfolk and Waveney continued to make significant progress in transforming adult mental health services across **crisis care, community mental health pathways and specialist services**. This work has been delivered through strong partnership working with **Norfolk and Suffolk NHS Foundation Trust (NSFT), local authorities, primary care, voluntary, community and social enterprise (VCSE) organisations and people with lived experience**.

A key focus during the year has been strengthening **integrated working** and preparing for the transition to a single **Norfolk and Suffolk ICB from April 2026**. Joint commissioning arrangements and shared programme governance have supported more consistent approaches across both counties and helped embed shared priorities across mental health services.

Community-based transformation has continued through **pathway redesign, co-production activity and system-wide workshops** involving clinical teams, emergency services, local authorities and VCSE partners. This has included development of clearer referral pathways, revised caseload management standards and updated **Standard Operating Procedures (SOPs)** across primary care mental health and crisis response services. Work has also progressed to review crisis alternatives across both counties, supporting the development of a more consistent and integrated model of **community-based crisis support**.

Several specialist programmes have delivered measurable improvements during the year. The **deprescribing pilot** demonstrated strong engagement from **Primary Care Networks (PCNs)**, with early reductions in prescribing levels, including reductions of up to **29% across participating practices and over 80% at one pilot site**. This work has also demonstrated potential longer-term financial efficiencies while improving patient safety and reducing unnecessary medication use. **Population health management approaches** have supported this work through large-scale text messaging and segmentation methods to target support more effectively.

Significant progress has also been made in strengthening support for people experiencing both mental ill health and substance misuse through the **Dual Diagnosis Strategy**. The strategy has been shaped through extensive stakeholder engagement, clinical leadership and co-production with people with lived experience and has been recognised by senior clinical leaders as an example of strong system-wide collaboration.

Crisis pathway improvements have included the establishment of **new partnership forums**, strengthened transitional planning for crisis services, and improvements to crisis hub modelling and system coordination. As a result, the system achieved a sustained reduction in **inappropriate out-of-area placements, reaching zero during the year**.

Community Mental Health transformation has continued through approval of the **Community Operating Framework**, planning for **Neighbourhood Mental Health Centres** and improvements to step-up and step-down arrangements. **Intensive and Assertive Outreach services** have also developed through multi-agency cohort identification, revised operational policies, clearer referral thresholds and the introduction of a new workforce training programme.

Improvements to **ADHD services** have included development of an **Adult ADHD Framework**, which has since been recognised nationally and adopted by other systems. Work has also reduced delays for young people transitioning from children and young people's services into adult services and strengthened specialist support for people with more complex needs.

Work to redesign **eating disorder services** has progressed significantly during the year, including development of a future **all-age eating disorder model** and procurement activity to support delivery of a more integrated and sustainable pathway.

The **Quality Team** has supported these developments by strengthening oversight of inpatient and community providers and implementing the new **Quality Early Warning Signs (QEWS) dashboard**. This has improved visibility of emerging risks, supported shared learning and strengthened quality assurance arrangements across Norfolk and Suffolk.

Improving **physical health care for people with severe mental illness (SMI)** has remained a key priority. Uptake of annual physical health checks increased to **61%** during the year, supported by outreach activity, improved data reconciliation and strong engagement from GP practices. This work is helping improve **prevention, early intervention and health outcomes** for people with SMI.

Engagement and co-production have been central to the development of adult mental health services throughout the year. Service users, carers, VCSE partners and frontline staff have informed pathway redesign through workshops, consultation events and ongoing engagement activity. Insight from patient experience feedback, complaints, serious incident learning and workforce feedback has been used to shape improvements across crisis pathways, community mental health services and outreach models.

People with lived experience have played a particularly important role in development of the **Dual Diagnosis Strategy**, with participants reporting that they felt genuinely listened to and involved in shaping future services. Community Mental Health transformation has also benefited from co-production activity focused on communication, caseload management and improving how people navigate services.

Despite the progress made, challenges remain. Demand for **psychological therapies and specialist services** continues to increase, placing pressure on workforce capacity, access and service sustainability. The mobilisation of the new Dual Diagnosis Strategy, future crisis alternatives model and wider community transformation work will require continued investment, strong partnership working and robust programme governance.

The transition to a unified Norfolk and Suffolk ICB also presents organisational and operational challenges, including aligning governance arrangements, commissioning functions and support services while maintaining momentum across transformation programmes.

Further work is also required to strengthen consistency of neighbourhood mental health provision, support integrated working at Place level and continue improvements across inpatient and community pathways.

Overall, significant progress has been made during 2025/26 in improving access, strengthening community support, reducing inappropriate admissions and embedding more joined-up approaches to adult mental health care. This work supports the ICB's wider priorities around **prevention, urgent and emergency care, primary care integration, reducing inequalities and improving quality and outcomes** for people using mental health services.

Children and Young People Mental Health

Urgent and crisis support

Work to improve urgent and emergency mental health care has shown positive results. The **Mental Health Navigator Team is now fully established**, supporting **over 50 young people** at risk of admission or in crisis. This has contributed to a **reduction in specialist inpatient admissions of around 50%**.

Mental health practitioners based on paediatric wards continue to support early discharge, helping children and young people return home sooner with the right support in place. A **review of crisis pathways is underway** to improve access and quality, including plans to return crisis services to extended hours in line with national guidance.

Eating disorder support
Work is progressing to strengthen eating disorder services. A **new all-age eating disorder service** is being procured and has been recognised by **NHS England as a gold standard model**. This will include **ARFID support, intensive community pathways and trauma-informed care**, with the ambition to become a **centre of excellence**.

The **Lighthouse Intensive Eating Disorder Day Service** continues to deliver strong outcomes and is now being used as a **model of best practice across the East of England**. In addition, **Eating Matters** provides early intervention counselling, helping prevent the need for more specialist care.

Support in schools and communities
Mental Health Support Teams continue to expand, with a goal of **100% coverage by 2029/30**. There are currently **11 operational teams and one in training**, each supporting around **430 children and young people per year**. Outcomes remain strong, with **65% showing improvement**, above the **national target of 60%**.

The **Working on Worries (WoW) pilot** has trained a further **60 staff**, with around **380 families expected to benefit in 2025/26**.

From April 2026, the **Community Youth Work offer** will support around **800 young people each year**, targeting health inequalities and improving access in rural and deprived areas.

Improving access and early support
The **Mental Health Advice, Support and Access Service** receives an average of **728 requests per month**. Performance remains strong, with **99.6% of urgent requests triaged within 2 days** and **87% of routine requests within 5 days**.

Around **24% of referrals are self-referrals**, reducing demand on GP services, and a further **24% are resolved without onward referral**. Overall, **68% are directed to the most appropriate pathway**.

Work is ongoing to improve triage, introduce **digital and automated processes**, expand **Single Session Interventions**, and prepare for **re-procurement in April 2027**.

Specialist and targeted support
The **Professional Therapeutic Pathway (PTP)** continues to deliver flexible support, with **over 1,000 referrals since August 2023** and around **39 per month**. The service includes **65 organisations and around 90 therapists**.

There are currently **276 children in active treatment**, with **430 completing care in quarter three alone**. Outcomes are strong, with **84% showing improvement**, well above the **national target of 60%**.

The average wait is **43 working days (around 8.6 weeks)**, meeting the **national 18-week standard**. The pathway offers tailored support, including **creative therapies**, particularly for those with additional or complex needs.

Next steps include expanding the workforce, reducing waiting times further, and developing new support options for children and young people with complex needs.

Ambition five – Transforming care in Later Life

The Ageing Well programme is dedicated to helping older people in Norfolk and Waveney live **healthier, more independent lives**. Through proactive care, community engagement

and integrated services, the programme has **improved access to healthcare, reduced avoidable hospital admissions and enhanced wellbeing**.

The Ageing Well and Dementia Programme has moved into **system-wide delivery**, focusing on **earlier identification of frailty, better dementia support and prevention**.

A key development has been the introduction of the **Rockwood Clinical Frailty Scale across all acute hospitals and the ambulance service**. Early results at NNUH show a **17.5% reduction in inpatient falls**, preventing around **166 incidents of harm in two months**, alongside a reduction in average length of stay from **9.7 to 8.2 days**. Rollout into community services is now underway.

A **Frailty Toolkit** has been developed alongside a training programme that has already **upskilled over 130 staff**. Frailty is now recorded in the **My Care Choices Register**, supporting more **personalised care planning**.

Work to support prevention and early intervention has progressed. The **North Norfolk Frailty and Falls Pathway** has identified **over 800 people at risk**, with **248 receiving proactive support** such as home adaptations and social prescribing. The **Healthy Ageing website**, launched in September 2025, reached **over 2,000 users in its first two months**, providing advice on staying well and active.

In dementia care, **all statutory providers have signed the Dementia Charter** and completed a **system-wide self-assessment**, creating a shared approach to improvement. New initiatives include a **dementia support app pilot** and **co-produced resources with carers and people with lived experience**, alongside training to improve staff awareness and support.

The programme has been shaped through **engagement with communities, carers and staff**, using data and feedback to design services that meet local needs.

Challenges remain in **scaling improvements across all services**, particularly in community and primary care, and ensuring workforce capacity and training. There is also a focus on **securing long-term funding** and demonstrating sustained improvements in outcomes, including reducing hospital admissions and improving quality of life.

This work supports key priorities including **urgent and emergency care, primary care, mental health transformation, planned care recovery and financial sustainability**, by delivering more **preventative, coordinated and cost-effective care**.

Key achievements include system-wide adoption of the frailty scale, **100% sign-up to the Dementia Charter**, launch of the Healthy Ageing website, and delivery of the North Norfolk Frailty and Falls Pathway. Further work is ongoing to expand community rollout and deliver long-term improvements in population health outcomes.

Ambition six – Improving Urgent and Emergency Care

A significant amount of work has been undertaken during 2025/26 to improve urgent and emergency care (UEC). This table provides a summary of our performance against a set of key indicators:

Emergency

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Jan 26 vs AVG 25/26)	Mar-25
EB5	A&E attendance seen <4 hrs	%	78%	76.7%	74.4%	↑	72.8%
EBS5	Proportion of Service Users attending A&E who wait more than 12 hours from arrival to discharge,	%	2%	7.7%	8.5%	↑	9.5%
	Ambulance - Cat 1 7min mean	Min	7	09	10	↑	09
	Ambulance - Cat 1 15min 90th centile	Min	15	18	20	↑	17
	Ambulance - Cat 2 30min mean	Min	30	34	42	↑	33
	Ambulance - Cat 2 40min 90th centile	Min	40	70	94	↑	70
	Ambulance - Cat 3 120min 90th centile	Min	120	102	309	↑	206
	Ambulance - Cat 4 180min 90th centile	Min	180	216	345	↑	240
EBS7a	Ambulance - Arrival to handover <15mins	%	65%	41.6%	33.5%	↑	30.3%
EBS7b	Ambulance - Arrival to handover <30mins	%	95%	65.6%	58.7%	↑	54.2%
EBS7c	Ambulance - Arrival to handover <60mins	%	100%	78.9%	74.9%	↑	71.7%
EBS8	Ambulance - Handover to Clear >15mins	#	0			→	

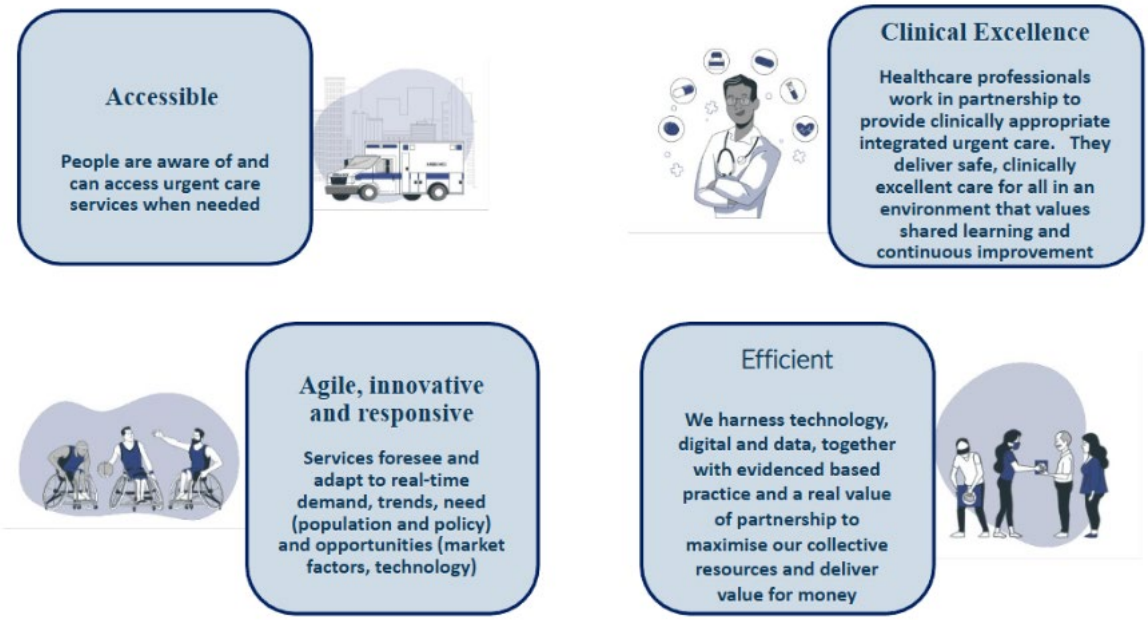
Since April 2025, NHS Norfolk and Waveney has continued to make steady progress in improving urgent and emergency care services for local people. This has included sustained improvements against two key national standards: **increasing the proportion of patients attending A&E who are admitted, transferred or discharged within four hours**, and **reducing Category 2 ambulance response times to an average of 30 minutes** for patients experiencing serious conditions such as strokes and heart attacks.

These improvements have been supported by the ongoing work of the **Urgent Care Coordination Hub (UCCH)**, which has helped ensure ambulances are available for the patients who need them most. By reducing unnecessary ambulance dispatches for lower acuity calls, more ambulance capacity has been available to respond quickly to life-threatening emergencies.

Strong partnership working across health and care organisations has been central to this progress. One of the most significant developments has been the **expansion of the Community Virtual Ward**, enabling more patients to receive hospital-level care safely in their own homes as an alternative to attending A&E or being admitted to hospital. The UCCH has also continued to support ambulance crews while they are with patients, helping more people receive the right care without needing to travel to hospital. Together, these initiatives have improved patient experience and outcomes while helping reduce pressure on busy hospital services.

During 2025/26, NHS Norfolk and Waveney ICB has also worked closely with NHS Suffolk and North East Essex (SNEE) ICB to develop a **joint Integrated Urgent Care model**. This programme brings together **NHS 111, 111 Online, GP Out of Hours services and the UCCH** into a more connected system that works seamlessly with community and hospital urgent care providers. The aim is to make it easier for people to access the right support, regardless of where they first seek help. The new model has been shaped by detailed public engagement and is underpinned by shared priorities focused on improving access, integration and patient experience.

The UCCH model received national recognition during the year, **winning a national award for "Best Contribution to Urgent and Emergency Care Improvement"** in the first quarter of 2025/26. The service was also **shortlisted for a partnership award by Urgent Health UK**, recognising the strength of collaboration across the system.



Norfolk and Waveney has also continued to **reduce the number of ambulances dispatched unnecessarily for urgent care calls**, helping release capacity for the most serious emergencies. This work is measured through "Hear and Treat" performance, where patients are safely assessed and supported without needing an ambulance response. **Norfolk and Waveney's UCCH continues to be the most productive model of its kind in the East of England.**

Further improvements are planned through the development of **co-located Urgent Treatment Centres at all acute hospital sites**. Capital funding has been secured for these developments, with new centres at **QEHKL** and **JPUH** expected to open during 2027.

Engagement with patients and communities has remained an important part of service improvement. The UCCH team regularly reviews patient case studies to identify learning opportunities, highlight good practice and inform further development of care coordination and integrated urgent care services.

Despite the progress made, challenges remain. **Ambulance handover delays at hospitals** continue to affect ambulance availability for the most seriously ill patients, although performance has improved over the past year. **Long hospital stays and delayed discharges** also remain a concern, particularly where delays in discharge can impact patients' recovery and independence. Over the coming year, further work will continue with community providers and local authority partners to improve discharge arrangements and support more people to return home as quickly and safely as possible following a hospital stay.

Ambition seven – Elective Recovery and Improvement

A significant amount of work has been undertaken during 2025/26 to improve elective care. This table provides a summary of our performance against a set of key indicators:

Waiting Times

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Jan 26 vs AVG 25/26)	Mar-25
EB4	Diagnostics completed <6 weeks	%	95%	70.4%	69.8%	↑	73.9%
EB3	RTT - Incomplete Pathways	%	92%	61.7%	56.4%	↑	55.2%
	RTT - Incomplete pathways > 52 weeks	%	1%	2.6%	3.9%	↑	4.0%

Cancelled Operations

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Dec 25 vs AVG 25/26)	Mar-25
EBS2	Number of patients not treated within 28 days of last minute elective cancellation	#	0	0	0.7	↑	0
EBS6	No urgent operation should be cancelled for a secc	#	0			→	

Long-term condition management

Work to improve long-term condition management is also supporting elective recovery by reducing demand on hospital services and improving patient pathways.

A key focus has been improving early diagnosis, treatment and pathway efficiency. **New cardiovascular services**, including the **heart valve clinic at James Paget University Hospital**, allow patients to receive testing, diagnosis and treatment planning in a single visit, reducing delays and multiple appointments. Similarly, **stroke services** are being strengthened through investment in **community rehabilitation**, including a blended model of virtual and face-to-face support, improving access and flow across the system.

In **respiratory care**, enhanced community services and earlier intervention are helping to prevent hospital admissions and support patients to manage their conditions at home. **Digital tools for COPD** and increased access to **specialist asthma treatments** are also improving outcomes and reducing pressure on acute services.

Elective recovery is further supported through improved data quality and earlier identification of patients, such as the **chronic kidney disease programme**, which helps ensure patients receive timely monitoring and treatment before conditions worsen.

Innovation and service redesign are also contributing to improved access. Planned changes to **weight management services** will introduce a **single point of access**, making services easier to navigate and ensuring patients are directed to the right support more quickly.

Despite progress, challenges remain, including rising demand for services and the need to maintain equitable access as the system prepares for the merger with SNEE ICB from April 2026.

Overall, these improvements are helping to reduce waiting times, improve patient experience, and ensure services are more efficient, integrated and responsive to patient needs.

Cancer

A significant amount of work has been undertaken during 2025/26 to improve cancer care. This table provides a summary of our performance against a set of key indicators:

Cancer

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Jan 26 vs AVG 25/26)	Mar-25
EB27	Cancer - 28 days Faster Diagnosis Standard	%	80%	79.3%	75.3%	↑	79.5%
EB8	Cancer - 31 days	%	96%	90.1%	88.4%	↑	88.2%
EB12	Cancer - 62 days	%	75%	69.1%	62.8%	↑	62.1%

During 2025/26, NHS Norfolk and Waveney has continued to improve cancer services, focusing on faster diagnosis, earlier detection, better treatment and workforce development.

Faster diagnosis has improved through closer working with hospitals and new guidance for managing symptoms such as post-menopausal bleeding. GPs can now directly refer patients for tests, helping ensure people are on the right pathway more quickly. Reviews of cancer waiting times have also supported improvements in lung, prostate and gynaecology pathways, and a new pathway for **Lynch Syndrome** has been approved.

Early diagnosis remains a key priority. The **Lung Cancer Screening Programme** has expanded to West Norfolk, alongside existing services in Great Yarmouth, Gorleston and Lowestoft. So far, **over 90 lung cancers** and **27 other cancers** have been identified, with **64% diagnosed at an early stage (Stage I or II)**. Work is also underway to increase uptake of cervical and bowel screening, including targeted engagement with communities and follow-up with people who have not responded to invitations. A community pharmacy pilot has also enabled pharmacists to refer patients with concerning symptoms directly into cancer pathways and has been recognised nationally as best practice.

Treatment and personalised care are improving through stronger partnerships with primary care, charities and community organisations. The Macmillan Improving the Cancer Journey programme has supported more coordinated, holistic care, including training for primary care teams. New approaches to personalised care for breast, colorectal and prostate cancer are being developed, and engagement with patients and voluntary sector partners is helping shape services.

Workforce development has focused on building a more coordinated approach across the system. A review of the cancer nursing workforce has helped identify current pressures and future risks, and partners have agreed a new **Hub and Spoke model** for oncology services to improve consistency and resilience.

Patient and community involvement continues to shape services. Engagement through programmes such as Community Voices has helped increase uptake of lung cancer screening in more deprived communities and provided insight into barriers to access. Patients are also involved in service design, workforce planning and regular feedback sessions, ensuring their experiences inform improvements.

While progress has been made, challenges remain. Waiting time targets have not yet been met, with **78% of patients receiving a diagnosis within the faster diagnostic standard (target 80%)** and **65% starting treatment within 62 days (target 75%)** as of November 2025. There is also variation in access to services, and further work is needed to expand screening programmes, improve early diagnosis and strengthen workforce capacity.

Ambition eight – Improving Productivity and Efficiency

Strategic Transformation

During 2025/26, the national policy landscape developed significantly, with the publication of the **NHS 10 Year Plan (July 2025), the Planning Framework for the NHS in England (September 2025), the Medium Term Planning Framework – Delivering Change Together 2026/27 to 2028/29 (October 2025) and the Strategic Commissioning Framework (November 2025).** These frameworks are shaping how we transform services, with a continued focus on improving population health, reducing inequalities and delivering high-quality care.

Our **Joint Forward Plan (JFP) 2025/26** was updated to reflect these changes, while retaining our eight key ambitions and strengthening partnership working at Place level. The Norfolk Health and Wellbeing Board confirmed its support for the plan and its alignment with local priorities.

The presentation of an Annual Report paper to the Health and Wellbeing Board was scheduled to be delivered by the ICB Chief Executive Officer. This was delayed as a result of recent local political changes.

Overall progress against the Joint Forward Plan has been positive, with **13 of 21 objectives completed** and **a further six progressing positively and on track**.

Key achievements during the year included:

- **Embedding a Health Inequalities Strategic Framework** across the system, supported by an improvement plan and national reporting on early impact to help reduce variation in health outcomes across local communities.
- **Improving smokefree pregnancy rates** through a maternity-led smoking cessation programme, with local smoking rates at delivery continuing to fall in line with national trends.
- **Expanding lung cancer screening** across Norfolk and Waveney, achieving almost 50% uptake overall, with some local areas exceeding target uptake levels.
- Delivering more than **52,000 additional urgent dental appointments**, helping stabilise access to NHS dentistry while maintaining high utilisation and low non-attendance rates.
- Successfully embedding **Family Hubs and Start for Life services** into business-as-usual delivery, supported by performance monitoring and impact evaluation.
- Strengthening asthma, epilepsy and neurodevelopmental pathways for children and young people through earlier intervention, increased workforce capacity and improved oversight of waiting times.
- Launching a new **four-year suicide prevention strategy** and strengthening partnership working through adult and children's mental health collaboratives.
- Making the Children and Young People mental health "front door" fully operational after exceeding national access targets, improving access to mental health support and advice.

- Improving dementia diagnosis rates, frailty identification and healthy ageing support, alongside progress in reducing falls and improving support for care homes.
- **Doubling virtual ward capacity** since 2025, helping reduce hospital length of stay and improve patient flow through urgent and emergency care services.
- Delivering reductions in long waits for treatment through elective recovery programmes, including targeted improvement “sprints”, mutual aid and digitally enabled pathways such as Patient Initiated Follow Up.
- Ending the year in **financial balance** while reducing agency and bank staffing costs and continuing progress on major digital transformation programmes.

Despite strong progress, some challenges remain. Two objectives relating to urgent and emergency care and elective recovery were delayed due to ongoing demand pressures, workforce challenges and variation in capacity across providers. Recovery work and targeted improvement activity will continue during 2026/27.

Looking ahead, work is underway to develop a new Norfolk and Suffolk ICB strategy for 2026/27 to 2030/31, alongside a refreshed Population Health and Commissioning Strategy and Population Health Improvement Plan. Together, these will support continued transformation and improvement in services for local communities.

Specialised Commissioning

During 2025/26, NHS Norfolk and Waveney took on full responsibility for planning and buying (commissioning) a range of specialised health services, under an agreement with NHS England. A new updated agreement is expected to be finalised by March 2026, setting out the services included, how they are managed, and how organisations work together to deliver them.

To make sure services are planned in the most effective way, NHS Norfolk and Waveney works in partnership with the other five ICBs across the East of England, alongside NHS England. This joint approach allows some specialised services to be commissioned across a wider area, helping to improve quality, consistency and value for money for patients.

The ICB has worked to ensure that all delegated services meet national standards for commissioning, as set out by NHS England. Where any issues have been identified, these have been addressed promptly in collaboration with regional NHS England teams. The organisation can provide evidence of compliance if required, including for external review or audit.

Overall, these arrangements help ensure that specialised services are planned, funded and delivered effectively, with a strong focus on quality, safety and collaboration across the region.

Commissioning of delegated services (primary care services and specialised services)

Norfolk and Waveney ICB has signed delegation agreements with NHS England for the commissioning of delegated primary care services and specialised services and held full commissioning responsibilities for delegated services during the 2025/26 reporting period.

To the best of the ICB leadership’s knowledge, all delegated services were commissioned in accordance with 2025/26 delegation agreements and national service specifications.

The ICB leadership is able to provide the necessary evidence of compliance with the delegation agreements, any associated developmental requirements and national service specifications, and to show how effectively the delegated function is operating [either directly

or via multi-ICB working arrangements where relevant] should NHS England or a third party (e.g. external auditors) ask for such evidence.

To support this, the Specialised Commissioning Team has completed a self-assessment against the core commissioning domains (from 2025/26 core commissioning requirements). This document (attached) provides assurance that East of England delegated specialised commissioning remained compliant during 2025/26.

Digital Transformation

Digital services continue to improve access to care, support staff, and help people manage their health. In 2025/26, NHS Norfolk and Waveney made strong progress in expanding digital tools and infrastructure.

The **Shared Care Record** is a key success, used by over **4,000 staff each month** to access around 28,000 patient records, helping ensure patients only tell their story once and enabling more joined-up care. Public engagement is also strong, with **65% of eligible residents signed up to the NHS App.**

All GP practices now offer **online access**, including appointment booking, digital signposting and self-referral options such as Pharmacy First. Investment in **cloud-based telephony**, **full fibre broadband and modern Wi-Fi** has improved access, reduced waiting times and helped practices manage demand more effectively. In addition, **100% of practices now support online GP registration.**

The **Digital Social Care Record** has been rolled out to **85% of care homes**, exceeding the 80% target, and supports future integration through a **Single Patient Record**. Work is also underway to digitise historic patient records, making them accessible through the National Document Repository when patients move between practices.

Automation is improving efficiency and reducing administrative burden. A **repeat prescription tool is now live in 49 GP practices**, processing over **500,000 prescriptions** safely under clinical governance. Wider use of automation and AI includes **chatbots** for routine queries and a pilot to reduce administrative time in **Continuing Healthcare assessments.**

The **Electronic Patient Record (EPR) programme** across the Norfolk and Waveney University Hospitals Group remains the system's largest digital transformation. The planned go live date has been revised to May 2027 to ensure readiness, with ongoing progress in design, testing and training to support safer, more coordinated care.

Engagement with patients and communities has helped shape services. The Digital Team has supported events with GP practices, Patient Participation Groups and Healthwatch, **promoting the NHS App and improving access**. Feedback has led to practical changes, including providing **tablet devices in practices** to support translation and digital access. A **Healthwatch review of the NHS App** has also informed improvements locally and nationally, alongside a new focus on digital inclusion supported by a practical toolkit.

While progress is strong, developing digital skills and confidence for both staff and patients remains a key challenge as services continue to evolve.

Digital supports all ICB priorities, improving access, productivity and information sharing, and helping release more time for patient care.

Research and Innovation

The Research and Innovation Team supports improvements in care through research, evidence-based practice, innovation and evaluation across primary, community and wider settings, including schools, prisons and care homes. In 2025/26, work has focused on **strengthening collaboration, expanding training, and embedding research** into everyday practice.

Progress has been made against the **ICS strategy priorities**, including increasing engagement with underserved communities through the **NHS England-funded Research Engagement Network.** Working with the VCSE sector, **five community research hubs** have been established in Great Yarmouth, Lowestoft, King's Lynn, Norwich and Thetford, alongside a dedicated **Research and Innovation Lead** within the VCSE Assembly.

The ICB continues to work with the **East of England Regional Research Delivery Network** to improve participation in research. It has also been selected for a third consecutive year on the **InSites programme**, supporting innovation development, including national training resources and building system-wide capability.

During 2025/26, the team supported **46 research grant applications**, with 32 submitted requesting **over £38 million**. A total of **17 NIHR-funded projects** were in progress or completed, worth nearly **£19 million**, alongside **three new grants worth £400,000**. These projects address key areas such as **antidepressant deprescribing, Motor Neurone Disease care pathways, and cancer risk prediction.** The ICB also received **£614,000 in Research Capability Funding,** and **51 research projects** have been delivered in primary care.

The team has supported general practice to take part in commercial research, including adoption of the **National Contract Value Review (NCVR).** It also supported the **Breckland Alliance** to become one of only three GP sites in the East of England selected as a **NIHR Primary Care Commercial Research Delivery Centre.**

Innovation continues to be a priority. The ICB has been selected as a **Health Foundation Accelerating Innovation Systems site**, contributing to national work on innovation and health inequalities. Locally, a **£150,000 elective recovery innovation fund** has been introduced, alongside ongoing development of innovation pathways, toolkits and showcase events.

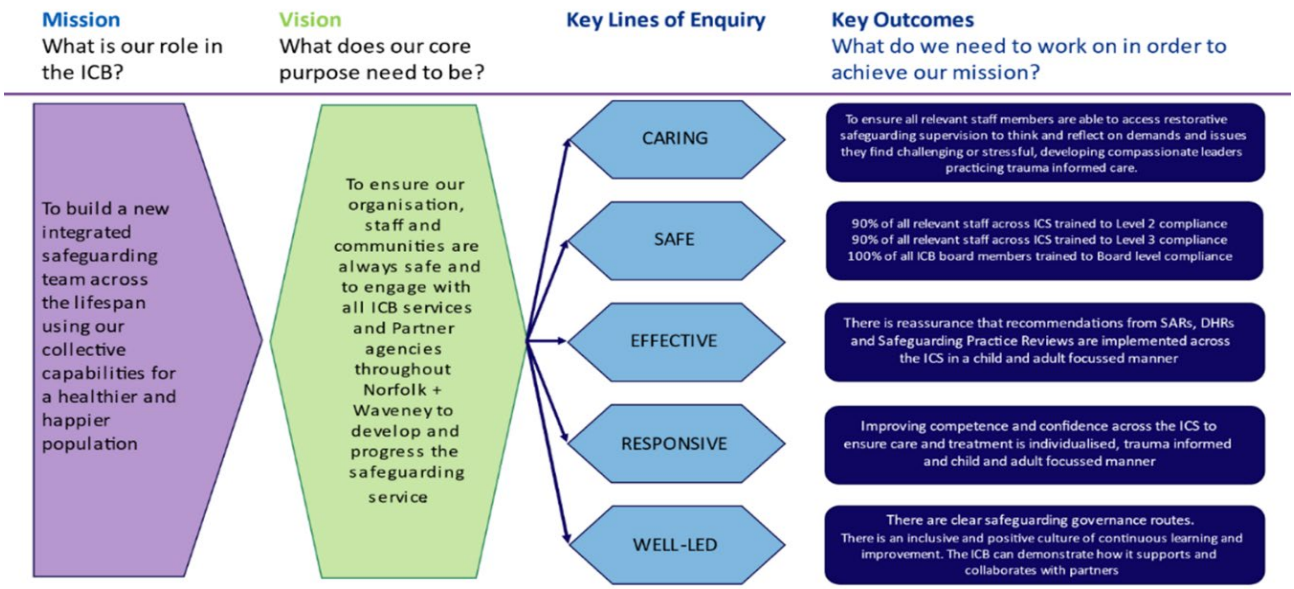
The team also delivered five service evaluations, 11 evidence briefings, supported 20 projects, and ran nine "lunch and learn" sessions to build skills in evaluation and evidence use.

This work has gained **national recognition**, although increasing participation in research - particularly among underserved groups - and embedding a culture of innovation remain key priorities. Overall, this work supports all system priorities, improving outcomes, access and efficiency across services.

Services which support delivery of all priorities

Designated All-Age Safeguarding Team

Safeguarding children and young people remains a core responsibility for NHS Norfolk and Waveney Integrated Care Board (ICB). During 2025/26, the ICB's **All-Age Safeguarding Team** continued to work closely with NHS providers, local authorities, police, education, and voluntary sector partners to help protect babies, children, young people, and families from abuse, neglect, exploitation, and harm.



The ICB continued to meet its statutory safeguarding responsibilities under national safeguarding legislation and guidance. Designated safeguarding professionals provided leadership, advice, scrutiny, and assurance across the health system, while maintaining strong engagement with safeguarding partnerships across Norfolk and Suffolk.

Key Priorities and Progress

During the year, the safeguarding team focused on:

- **Embedding learning from safeguarding reviews and inspections**
- **Improving safeguarding data and insight**
- **Strengthening safeguarding governance**
- **Improving support for young people transitioning from children's to adults' services**

Transition safeguarding was recognised as a shared priority by both safeguarding children and safeguarding adults partnerships for 2026/27.

Safeguarding Children and Young People

Safeguarding children and young people continued to be a significant area of work throughout the year. The ICB supported implementation of the national **Families First Partnership** reforms and responded to learning from national reviews and inquiries, including the Casey Review into child exploitation. Designated safeguarding professionals continued to lead multi-agency audits and promote learning across the healthcare system to strengthen safeguarding practice and improve outcomes for children and young people.

The safeguarding team worked closely with partners to improve support for vulnerable children and young people, including those at risk of exploitation, suicide, contextual harm, and online abuse. Particular focus was given to improving safeguarding responses for babies under one year old presenting with bruising or injuries and strengthening support for young people with learning disabilities, autism, and mental health needs.

Looked After Children and Care Leavers

The ICB's **Looked After Children (LAC) Team** continued to improve health services for children in care and care leavers. During the year, work was undertaken to:

- **Strengthen consent arrangements**
- **Improve the timeliness and quality of Initial Health Assessments**
- **Improve access to health services for unaccompanied asylum-seeking children**

Engagement with children in care and care leavers remained a priority throughout the year. Feedback from children, young people, carers, and families continued to shape service improvement activity and ensure the voice of the child remained central to safeguarding and quality assurance arrangements.

Child Death Review

The **Child Death Review Team** continued to identify learning from child deaths to help reduce preventable deaths and improve care for children and families. Learning from bereaved families has informed improvements to care pathways and support services.

PREVENT

The ICB continued to meet its statutory **PREVENT** responsibilities, working with partners to ensure safeguarding against radicalisation and extremism remained embedded across health services.

Assurance and Governance

Robust safeguarding assurance arrangements remained in place throughout 2025/26, including safeguarding audits, quality visits, serious incident oversight, participation in Joint Targeted Area Inspections (JTAIs), and learning from Child Safeguarding Practice Reviews and Domestic Homicide Reviews.

Priorities for 2026/27

During 2026/27, the ICB will continue to strengthen its safeguarding arrangements and work closely with partners to address emerging risks and areas of concern for children and young people. Key priorities will include improving responses to **neglect, child exploitation, online harm, and child sexual abuse**, while continuing to develop a stronger understanding of contextual safeguarding risks affecting young people within their communities.

The ICB will also continue to focus on improving support for young people transitioning into adult services, particularly those with complex health needs, mental health needs, SEND, or experience of care. Strengthening partnership working and ensuring safeguarding remains centred around the voice and lived experience of children and young people will remain an important priority across the health and care system.

Fig X Specialist areas of practice from 2025/26 to continue in 2026/27

Estates

The Estates Team supports the development and improvement of healthcare buildings across Norfolk and Waveney, helping ensure services are delivered in the right place, in safe and high-quality environments for patients and staff.

In 2025, the team worked with partners across the system to deliver the refreshed **Estates Infrastructure Strategy (2024)**. This focuses on improving access, quality, sustainability and efficiency, while making sure buildings support changing population needs and new ways of delivering care.

A key achievement was the continued delivery of the **£25.2 million Wave 4b Primary Care Hubs programme**, including completion of the new **Magna Medical Centre in Rackheath** and refurbishment of **Sprowston Primary Care Centre**. These developments increase capacity, improve access and support modern models of care in growing communities.

The team also progressed a wider pipeline of primary care projects to meet future demand from population growth, workforce expansion and service changes.

Investment in estates has been supported through developer funding. In 2025, the team secured:

- **£4.2 million** (Community Infrastructure Levy) for improvements at Beccles Medical Centre
- **£44,000** (Section 106) for Wells
- **£275,000** for Aylsham
- **£208,000** for Shipdham and Swaffham
- **£17,000** for ambulance infrastructure in Great Yarmouth

In total, around **£15 million** has been agreed through Community Infrastructure Levy and Section 106 funding to support healthcare infrastructure in areas of housing growth.

Alongside new developments, the team has improved core estates management processes, including rent reviews and lease management, helping ensure better value for money and more efficient use of resources.

Throughout the year, strong partnership working with NHS organisations, local authorities and communities has helped ensure estates investment supports wider system priorities and delivers real benefits for local people.

Learning Disabilities and Autism

Since April 2025, NHS Norfolk and Waveney has continued to make progress in improving services and outcomes for people with a learning disability and autistic people across the system. Work has focused on improving staff training, reducing health inequalities, supporting people to live well in the community, and strengthening partnership working with people with lived experience, carers and voluntary sector organisations.

A key area of progress has been the continued rollout of the **Oliver McGowan Mandatory Training on Learning Disability and Autism**, the government's recommended training for health and social care staff. NHS England funding has enabled delivery of the programme through to December 2027, with a dedicated provider delivering ringfenced training sessions across Norfolk and Waveney since January 2024.

The programme has continued to grow during 2025/26, with **617 training sessions delivered to more than 30,000 health and social care staff**, representing **over 35% of the workforce**. Training has also been adapted to reflect local priorities, including learning from the **Learning from the Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR)** programme and information about annual health checks for people with a learning disability. Awareness of the training has been promoted through newsletters, forums, social media and partnership networks across the system.

Work to support the **Stopping the Over-Medication of People with a Learning Disability and Autistic People (STOMP/STAMP)** programme has also continued. The initiative aims to reduce inappropriate prescribing of psychotropic medication and ensure medication is only used where clinically appropriate, at the correct dose and for the shortest possible time.

A deprescribing project has restarted with a focus on reducing the number of people with a learning disability prescribed antipsychotic medication without a diagnosis of psychosis. STOMP and STAMP principles also continue to be embedded across adult and children's services, including Care, Education and Treatment Reviews and multi-disciplinary team discussions. Learning from the latest LeDeR reviews has highlighted areas of improvement, including more robust medication reviews and better adherence to STOMP principles.

The **LeDeR programme** has continued to play an important role in identifying inequalities and improving care. During 2025/26, the team received **104 notifications and completed 74 reviews**, representing a **16% increase in completed reviews compared to the previous year**. From April 2026, the programme will become known as **Learning About Lives**, reflecting a broader, more proactive approach to identifying learning and reducing inequalities.

Reviews carried out during the year identified several recurring themes, including the need for improved application of the Mental Capacity Act, challenges with access to specialist care placements, and the importance of stronger medication reviews and catheter care management.

Learning from reviews has informed system-wide improvement work, including the promotion of additional training resources and webinars through Knowledge NoW.

The ICB has also continued to strengthen governance and support arrangements through the **Dynamic Support Register (DSR)** and Care (Education) and Treatment Review processes. This helps ensure people at risk of hospital admission receive targeted support in the community and that all individuals in inpatient settings receive regular review and discharge planning.

Significant progress has also been made in improving **Annual Health Checks for people with a learning disability**. The number of people receiving checks, health action plans and follow-up support has continued to increase year on year. Approximately **7,600 people are now recorded on the learning disability register**, including around **650 young people aged 14–17**.

In 2025/26, NHS Norfolk and Waveney **exceeded the national target of 75% uptake for Annual Health Checks for the first time**. Improvements have been supported through closer working with community learning disability nursing teams, updated digital pre-health check questionnaires, targeted engagement with schools and residential settings, and additional training resources for GP practices. Patient feedback mechanisms have also been introduced to help shape future improvements.

Work has also continued to deliver the priorities set out in the refreshed **Autism Strategy Action Plan**. Progress includes **89% of Norfolk and Suffolk Foundation Trust (NSFT) teams now having a Green Light Champion**, supporting autism-informed practice across services. Providers of NHS Talking Therapies have continued developing autism-adapted approaches to improve accessibility and experience for autistic people.

The **Autism Intensive Support Service**, launched in April 2025, has provided specialist support for autistic people with complex needs to help prevent avoidable admissions and re-admissions to inpatient care. The pilot service is currently supporting 11 individuals and providing consultancy support to crisis teams across NSFT. The service has identified areas requiring additional specialist input and is expanding to include speech and language therapy, occupational therapy, dietetics and additional psychology support. The team's work was recognised nationally after being shortlisted for the **Innovation and Improvement Award** in NSFT's Safer Kinder Better Awards 2025.

Partnership working with people with lived experience and community organisations has remained central to service development. The ICB Learning Disability Health Improvement Team has continued to support people to access GP practices and preventative healthcare, including vaccinations and screening programmes. Outreach work has included targeted engagement with ethnic minority communities, as well as support for care providers and GP practices to improve reasonable adjustments and participation in healthcare services.

NHS Norfolk and Waveney and Norfolk County Council continue to work closely with the **Learning Disability Partnership Board** and the **Norfolk Autism Partnership Board**, both of which are co-chaired by people with lived experience. These partnerships, alongside collaboration with voluntary, community and social enterprise organisations, help ensure services are shaped by the voices and experiences of local people.
There have also been notable national achievements during the year. The **Emollient and Fire Safety Project**, previously recognised by Norfolk Fire and Rescue Service, won a **National Fire Chiefs Council Celebrating Prevention Award for partnership working** and was shortlisted for an **Excellence in Fire & Emergency Award**. A case study on the project has also been published in a professional journal.

Despite progress, challenges remain. Demand for adult autism assessments continues to exceed capacity, meaning the national 18-week target remains difficult to achieve. Work will continue to improve support for people while they wait for assessment.

The system also continues to face challenges in reducing the number of people with a learning disability and autistic people in inpatient settings. Current inpatient numbers remain above the NHS England target trajectory, and further work is underway with providers to improve discharge planning, reduce out-of-area placements and strengthen community support to help people remain closer to home.

Over the next 12 months, NHS Norfolk and Waveney will continue to focus on improving access, reducing inequalities, enhancing community-based support, and ensuring people with a learning disability and autistic people receive high-quality, person-centred care.

Medicines Optimisation

Over the past year, the Medicines Optimisation team has continued to improve the safety, quality and sustainability of prescribing across Norfolk and Waveney. Better use of patient-level data has helped practices identify people most at risk of harm and focus on areas where improvements can make the biggest difference. A **redesigned Prescribing Quality Scheme** now gives practices more flexibility to prioritise what matters most for their patients while rewarding progress across multiple areas.

Medicines safety remains a top priority. A **new Medicines Safety and Quality Group** has been established, bringing together partners across the system to share learning and respond consistently to safety alerts. This supported a coordinated response to a national alert in November 2025 on penicillamine allergy recording.

Work to improve **antimicrobial stewardship** has focused on reducing unnecessary antibiotic use, particularly in children. By identifying areas of higher prescribing and providing targeted support, alongside sharing educational resources with families through health visiting and school nursing services, Norfolk and Waveney has achieved strong progress against national antibiotic reduction targets for children aged 9 and under.

The team has also supported the safe rollout of new **ADHD services** for children, young people and adults, ensuring prescribing follows national guidance and local agreements. Clear shared-care guidance has been developed with General Practice to support safe and consistent prescribing, including for patients accessing care through NHS Right to Choose.

In **primary care**, improvements to repeat prescribing processes have reduced unnecessary requests, improved patient experience and increased efficiency for staff. Workforce development has also been supported, with **84 places provided on the Medicines Coordinator Course.**

A system-wide **Reducing Medicines Waste Campaign** launched in September 2025, highlighting environmental and financial benefits and providing practical support to practices. Additional improvements include a new direct-to-patient ordering and delivery service for compression garments, and a reduction in the use of unlicensed medicines, improving both safety and efficiency.

The team has also supported the use of **lower-carbon inhalers**, helping to reduce the environmental impact of care, and worked with partners across primary and community services to manage medicines shortages more effectively.

Overall, this work is helping to ensure medicines are used safely, effectively and sustainably, improving outcomes for patients and supporting the wider NHS.

Place Based Working

Over the past year, the focus on place-based working across has strengthened partnerships and delivered real benefits for local communities. By bringing together health, social care, and voluntary sector organisations, Places have been able to respond to population specific needs and improve access to care and support. This collaborative approach has been vital in shaping services that are both effective and equitable, ensuring that people receive the right care in the right setting. Examples of work are below:

Central Norfolk Place

Central Norfolk has continued to strengthen place-based working, focusing on reducing health inequalities, developing neighbourhood models and improving access to services. In North Norfolk, work has focused on **frailty and healthy ageing**. Partners have introduced proactive approaches to identify people at risk of falls, alongside initiatives to help residents "stay stronger for longer". **Support for people living with dementia and their carers** has been improved, **waiting times for memory services reduced**, and **community transport enhanced to improve access**.

In Norwich, **integrated neighbourhood working is being piloted** in an area with high levels of inequality. This uses a **community-led, "test and learn" approach** to improve access for people facing multiple disadvantage. **New community spaces** have been secured to bring services closer to where people live and reduce barriers to care. The **Support NoW** model continues to provide joined-up support, ranging from community-based help to more intensive multi-agency support for people with complex needs.

In South Norfolk, work has focused on improving population health, including new approaches to **managing diabetes** and supporting local investment in Thetford. Community engagement events have helped raise awareness of services and strengthen partnerships across a large rural area.

The Wellness on Wheels Bus has expanded as a **mobile neighbourhood health service**, delivering NHS Health Checks, vaccinations and other support directly into communities. This has improved access for underserved groups and supported engagement with preventative services.

Digital access has also improved, with **NHS App uptake increasing significantly**. By January 2026, almost all practices had met or exceeded the national 60% target, helping provide a more consistent digital offer.

Work is also underway to strengthen urgent and emergency care through a **revised community support model**, focused on early support at home to prevent hospital admissions and support recovery.

Despite a challenging year, Central Norfolk has continued to build strong partnerships and develop practical, community-based approaches to improve access, reduce inequalities and deliver more joined-up care.

West Norfolk Place

West Norfolk Place has focused on three priorities this year: tackling health inequalities, improving joined-up working across services, and strengthening urgent and emergency care. West Norfolk has become a **'Marmot Place'**, working with the Institute of Health Equity to reduce health inequalities. Initial work has focused on improving outcomes for children and young people, with action planning now underway and future work planned around employment and skills.

Partners have also worked more closely together to improve care. For example, **a new approach to treating leg ulcers** has increased access to specialist support in primary care, leading to faster recovery, fewer hospital referrals and improved patient experience. This work has been recognised as best practice.

Improvements have also been made in urgent and emergency care through the **Optimising Care initiative.** This has introduced a more personalised approach to patient mobility at the QEHKL, supporting greater independence, faster recovery and shorter hospital stays.

Great Yarmouth and Waveney
Great Yarmouth and Waveney has continued to develop place-based working, bringing together partners across health, local government and the voluntary sector to support neighbourhood-level care. This work focuses on prevention, early intervention and community-led support, in line with the emerging **Neighbourhood Health Framework**.

Population Health Management is helping teams better understand local need and target support where it will have the greatest impact, supporting a shift towards more proactive care.
The Marmot programme has also begun, led by East Suffolk Council, focusing on reducing health inequalities and addressing the wider factors that affect health.

Health Connect has expanded beyond post-discharge support to provide more personalised, holistic help for people with long-term conditions. This includes practical and emotional support, helping people stay well and independent at home**.**

Environmental matters

Task force on Climate related Financial Disclosures Compliance Statement

Introduction

The Department of Health and Social Security (DHSC) Group Accounting Manual (GAM) follows a phased approach to incorporating the Task force on Climate related Financial Disclosures (TCFD) recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, in line with HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. These TCFD disclosures, as interpreted and adapted for the public sector by the HM Treasury, will be gradually implemented in sustainability reporting until the 2025-26 financial year.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions, as these are calculated nationally by NHS England. The GAM has also adapted the requirements for scenario analysis in the strategy section of the TCFD disclosures to better fit the needs of the public sector.

For 2025/26, the phased approach incorporates the disclosure requirements of the following 'pillars' – 'governance', 'strategy', 'risk management', and 'metrics and targets'. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the Annual Report and Accounts (ARA) and in other external publications.

Governance pillar

Requirement: The high level TCFD recommendation for this pillar is for the entity to disclose the organisation's governance around climate related issues.

In November 2025, the ICB Board approved an updated ICB Green Plan aligned to the requirements of the Health and Care Act 2022 sustainability requirements and NHS 10 year plan, this was ALSO aligned with Suffolk and North East Essex ICB to support clustering of both organisations prior to our merger.

The goal of our Green Plan is to deliver sustainable value and reduce environmental and financial costs whilst maintaining (or improving) the quality of care we provide and creating a positive social impact. Ours is an integrated approach that links environmental, social, and economic thinking to support the new NHS 10 Year Plan with its three key shifts for a heathier society - ‘sickness to prevention’, ‘hospital to community’ and ‘analogue to digital’.

This will be achieved by focusing on activities that deliver a 3 up and 3 down set of outcomes namely; reduce carbon emissions, air pollution, and waste, increasing our support for nature and our resilience to climate change, and by delivering more social value to our communities through our efforts to help reduce inequality.

Governance and oversight

The ICS Net Zero Oversight Group is the key operational group within the ICB, whose main role is to bring key system partners together to share best practice and discuss strategic priorities and objectives regarding Green Plan development and delivery. The Net Zero Oversight Group is chaired by our Lead for Sustainability at the ICB, and membership includes ICB, NHS Trust, Primary Care and NHS England sustainability colleagues. The Oversight Group links operationally into the Net Zero Exec Leads Group, which is chaired by the ICBs SRO for Net Zero and Sustainability and membership consists of Net Zero and Sustainability SROs from NHS Trusts. The role of the leads group is to monitor and examine planning and delivery against the commitments made in Delivering a Net Zero NHS and our local Green Plans.

Our designated board-level net zero lead (Senior responsible officer – SRO) was Steven Course.

Strategy pillar

Requirement: The high level TCFD recommendation for this pillar is for the entity to disclose the actual and potential impacts of climate-related risks and opportunities on the Group accounting manual 2025 to 2026 organisation's operations, strategy and financial planning where such information is material.

The operational ICB climate related risks have centred on the immediate threat of extreme weather events and business continuity. The ICS Local Health Resilience Partnership (LHRP) has worked closely with Local Resilience Forum (LRF) partners to ensure that severe weather risks are reflected in Community Risk Registers.

This collaboration has enabled the development of multi-agency response plans tailored to local climate threats and severe weather events to safeguard public health and community resilience.

Coordination with the National Security Risk Assessment process has ensured that Reasonable Worst-Case Scenarios (RWCS) for severe weather are aligned with national standards, ensuring a comprehensive approach to mitigating potential climate change threats.

Other short, medium and longer term climate related risks are identified to inlcude prolonged and persistent change in weather patterns, increase in exotic disease and pathogens, disruption to supply chain medical products and technologies and plus air quality. These are identified via our clustering work with SNEE ICB and NHSE updates and guidance.

Climate related threats to future operational, strategic and financial planning will be taken forward in our next Green Plan Cycle. The ICB has committed to develop an integrated approach. This will be aligned to the NHSE Climate Adaptation Capability Framework to augment our future commitments. This approach will be underpinned by utilising NHSE Climate Change Risk Assessment Tool.

Risk management pillar

Requirement; The high level TCFD recommendation for this pillar is for the entity to describe how it identifies, assesses and manages climate-related risks.

The ICB identified and prioritised severe weather events using NHSE Green plan guidance , NHSE Emergency preparedness, resilience and response (EPRR) guidance and NHSE 4th Health and climate adaptation report. Assessment and management of this risk utilised National Security Risk Assessments published by the Cabinet Office and is reflected in the Community Risk Registers of Local Resilience Forums in Norfolk and Suffolk. These risks include storms, high temperatures/heatwaves, low temperatures/snow, and coastal, fluvial, and surface water flooding.

The changing climate could affect the likelihood of these risks occurring, thereby impacting local populations and health and care settings. Adoption of NHSE climate risk assessment tool and NHSE Climate adaptation capability framework will provide the future processes for identifying, assessing and managing climate-related risks and support integration into the organisation's overall risk management approach.

Metrics and target pillar

Requirement; The high level TCFD recommendation for this pillar is for the entity to disclose the metrics and targets used to assess and manage relevant climate-related issues where such information is material.

The organisation discloses the metrics used to assess climate-related risks and opportunities in line with its strategy and risk management processes, including key metrics, methodologies, historical trends, and performance targets. Progress against these measures and targets is reported in the ICB Green Plan

References

DHSC group accounting manual 2025 to 2026 - GOV.UK

NHS England » Five years of a greener NHS: progress and forward look

TCFD-aligned disclosure guidance for public sector annual reports - GOV.UK

Government Financial Reporting Manual FReM for 2025-26 published December 2025 .pdf

Sustainability Reporting Guidance 2024-25 - GOV.UK

2021-TCFD-Implementing Guidance.pdf

NHS England » Green plan guidance

Nursing and Quality

This table provides a summary of our performance against a set of key indicators related to the quality of care and patient safety:

Mixed Sex Accommodation Breaches

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Jan 26 vs AVG 25/26)	Mar-25
EBS1	Mixed-sex accommodation breach	#	0	25	26	↑	7

Patient Safety

Metric ID	Short Description	Values	Target	Mar-26	AVG 25/26	Trend (Jan 26 vs AVG 25/26)	Mar-25
EAS4	MRSA	#	0	0	0.7	↑	0
EAS5	CDiff	#	27	32	28	↓	24
	Minimise rates of gram-negative bloodstream infections (NHS Trusts / FTs only)	#	82	94	93	→	90
	VTE risk assessment: all inpatient Service Users undergoing risk assessment for VTE	%	95%			→	
	Proportion of Service Users presenting as emergencies who undergo sepsis screening and who, where screening is positive, receive IV	%	90%			→	
	undergo sepsis screening and who, where screening is positive, receive IV antibiotic treatment within one hour of diagnosis	%	90%			→	

Providing safe, high-quality care remains a top priority for NHS Norfolk and Waveney. In 2025/26, the Nursing and Quality Team worked with partners across health and care to improve patient safety, experience and outcomes.

Patient safety and learning continue to be central. Providers have been supported to implement the Patient Safety Incident Response Framework (PSIRF), alongside shared learning through system-wide reviews and forums. A strengthened Patient Safety Network, regular learning events, a new newsletter, and training in compassionate engagement are helping to improve practice across the system.

The move to the **Learning from Patient Safety Events (LFPSE)** system is now complete across larger providers, with support extended to primary care. Learning is also shared through a bi-monthly Learning from Deaths Forum.

Work to improve **urgent and emergency care** has focused on learning from incidents, strengthening discharge processes and improving system coordination so people receive the right care in the right place. In **elective care**, support has been provided to improve waiting list management, prioritisation and patient experience.

In **mental health**, the team continues to support improvement with Norfolk and Suffolk Foundation Trust and reduce out-of-area placements. A new **Quality Early Warning Signs (QEWS) dashboard** has improved oversight of private providers and has been recognised nationally as good practice.

Infection prevention and control (IPC) work continues with system partners and the UK Health Security Agency. Infection rates for Gram-negative bloodstream infections and MRSA remain below regional averages, with ongoing work to reduce infections including C. difficile. Improvements in antimicrobial prescribing have been recognised nationally, and the team continues to carry out quality visits and support staff training.

The **Health Protection Nurse**, working with Public Health, provides specialist advice on outbreaks and infectious diseases, with a current focus on tuberculosis (TB), alongside vaccination and screening programmes.

At a local level, **Place Boards** are strengthening joined-up care. Improvements have also been made across pharmacy, optometry and dental services, including a new pathway for patients with complex dental needs. Initiatives such as Pharmacy First, early oral health programmes and improved access to children's eye care are helping people access services more easily.
Patient feedback continues to shape services, ensuring care reflects what matters most to local people.

Looking ahead, the planned merger with SNEE ICB in April 2026 will support more consistent care, although maintaining skills, capacity and strong partnerships will be important during this transition.

Overall, this work supports all system priorities, ensuring quality, safety and equity are at the centre of decision-making. This work supports the ICB's statutory duty to continuously improve the quality of services and outcomes for patients.

Performance against infection targets (April 2025 – January 2026):

- *C. difficile:* 284 cases (trajectory 324)
- *E. coli bloodstream infections:* 633 (trajectory 701)
- *Klebsiella bloodstream infections:* 220 (trajectory 210)
- *Pseudomonas bloodstream infections:* 86 (trajectory 73)
- *MRSA bloodstream infections:* 6 (zero tolerance target)

NHS Continuing Healthcare

Continuing Healthcare (CHC) during the financial year 2025/26 has assessed, processed and supporting the following care packages (data - March 2026):

CHC Area	Total Patients in Year	Snapshot at Year End	New Patients	Reviews – Total	KPI %*
Learning Disability Adults	281	270	15	86	80%
Physical Disability Adults	375	262	70	96	
Mental Health Adults	183	119	55	44	
Fast Track	2190	206	2008	1088	1.7 days
Funded Nursing Care	1585	892	480	87	89%

During 2025/26, NHS Norfolk and Waveney Continuing Healthcare (CHC) services continued to focus on delivering safe, high-quality and financially sustainable care for people with complex health needs.

A key priority throughout the year has been delivery of the **CHC efficiency programme**, with particular focus on supporting timely discharge through the effective management of **Fast Track pathways** for patients with rapidly deteriorating conditions. Close working with acute and community services has helped improve patient flow, support earlier discharge from hospital and ensure people receive appropriate care in the right setting.

Another major area of focus has been the review of people with complex packages of care who had not been reviewed for some time. This work has supported improved oversight of care quality, ensured packages remain appropriate to patient need and strengthened value for money across commissioned services. Additional support was provided through partnership working with **XYLA and Liaison**, helping address review backlogs and improve the timeliness of reassessments.

The CHC service also continued to undergo organisational change during the year. Following completion of the wider restructure programme during 2024/25, a further staff consultation commenced in November 2025 to support development of a sustainable future operating model for CHC services. As a result, the service experienced a period of transition and ongoing vacancies throughout the year, with much of 2025/26 focused on stabilisation, workforce resilience and maintaining operational delivery during a period of change.

Financial sustainability has remained a significant priority. Following delivery of an **£11.2 million efficiency programme in 2024/25**, the savings target increased to **£19 million during 2025/26** as part of wider work to strengthen financial control and ensure the effective use of NHS resources.

As part of this approach, NHS Norfolk and Waveney entered into an agreement with **Norfolk County Council (NCC)** to only commission care packages from providers operating within agreed tiered rates. This has supported greater consistency, improved financial oversight and strengthened partnership working across health and social care commissioning arrangements. Joint working arrangements and shared posts with NCC have also continued to support more integrated approaches to care planning and package management.

Continuing Healthcare remains a highly complex area of commissioning, requiring skilled assessment, robust governance and effective partnership working to ensure people receive appropriate, person-centred care while maintaining financial sustainability. Despite ongoing operational and workforce challenges, the CHC service has continued to strengthen

processes, improve oversight and support delivery of high-quality care for some of the system's most vulnerable patients.

Engaging our staff, people and communities

NHS National Staff Survey

NHS Norfolk and Waveney is committed to improving staff experience and takes part in the annual NHS Staff Survey. The 2025 survey ran from October to December, with a response rate of **65.86% (438 responses from 665 staff)** - higher than 2024 and above the comparator average of **62.88%** for other ICBs.

Results reflect the national picture, with scores declining across the NHS. Staff engagement was **5.96** (down from **6.66 in 2024**), while staff morale improved to **6.04** (up from **5.83 in 2023**).

The survey measures staff experience across the NHS People Promise:

People Promise Domain	ICB Score	Comparator Average Score
We are compassionate and inclusive	6.96	7.15
We are recognised and rewarded	6.36	6.38
We each have a voice that counts	6.44	6.44
We are safe and healthy	6.02	6.12
We are always learning	4.75	4.79
We work flexibly	7.19	7.31
We are a team	6.86	6.98
Staff Engagement	5.96	6.07
Staff Morale	5.36	5.35

The overall decline is in line with national trends and reflects the impact of organisational change, including the planned merger with SNEE ICB.

Our full results can be found here National results across the NHS in England | NHS Staff Survey.

Feedback into Action

We continue to listen to staff through the annual survey and quarterly 'People Pulse' surveys. Feedback is used to improve working environments and support better patient care, working closely with our Staff Involvement Group.

In 2025, a cultural assessment was carried out alongside survey results. This will help shape plans to build a more inclusive, collaborative culture where staff feel heard and valued, aligned with our Joint Forward Plan.

Our aim is to work in partnership with staff to co-create solutions, ensuring NHS Norfolk and Waveney remains a positive place to work and deliver high-quality care.

Equality Diversity Inclusion (EDI)

We're continuously work to enhance resources for our staff and communities across Norfolk and Waveney to support EDI. Some of this work includes:

- The ongoing promotion of the EDI Resource Hub, promoting best practices and fostering an inclusive workplace culture.
- Implementing local portals for anonymous reporting of micro-aggressions.
- Continuing to develop and promote de-biasing recruitment and retention tools.
- The establishment of Freedom to Speak Up Guardians and Champions to encourage a culture of open communication.
- Our EDI Staff Network groups promotion of EDI initiatives and cultural awareness

Our continued focus for 2025/26 was on the EDI Improvement Plan, prioritising actions to address discrimination and bias. We've been aligning with NHS values and the People Promise, implementing measurable objectives for leaders and Board members.

Leadership support programmes and mentoring/coaching opportunities are in place, alongside efforts for consistency across all provider organisations within the ICS. This includes:

- Schwartz Rounds for empathy and compassionate care
- Support for staff network groups and psychological safety spaces.
- Working toward Menopause Friendly Accreditation
- EDI training for team managers as part of the ICB's Management Programme.
- EDI education and development as part of the appraisal process

As an organisation, we are committed to supporting initiatives like the Antiracism Strategy. Our aim continues to be to create environments where our workforce feels valued, respected, and motivated.

The ICB's EDI group continues to meets monthly to support and empower all staff to achieve their potential through creating positive change. The overall goal is to increase the level of knowledge, skills and understanding of issues surrounding equality, diversity and inclusion within the ICB. We promote EDI awareness through various channels and provide Employee Assistance Programmes. Our focus areas include de-biasing policies, empowering staff voices, and enhancing education on EDI.

Working with People and Communities

Under the Health and Care Act 2022, ICBs have a statutory duty to involve people and communities in the planning of services, development and consideration of proposals for change, and decisions affecting how services operate.

Listening to people's experiences is essential to improving health and care in Norfolk and Waveney. It helps ensure services are designed around what matters most and supports our aim to help people live longer, healthier and happier lives.

During 2025/26, NHS Norfolk and Waveney continued to strengthen its approach to working with people and communities across the ICS.

Engagement activity took place across a wide range of programmes and service areas, including urgent and emergency care, primary care, mental health, maternity, digital transformation and prevention programmes. Public insight and lived experience were used to inform commissioning decisions, service redesign and improvement activity.

This work took place during a period of significant organisational change, including preparations for the transition to the new Norfolk and Suffolk ICB from April 2026. While this created additional pressures across the organisation and required some reprioritisation of engagement activity, the ICB remained committed to fulfilling its statutory duties around public involvement and ensuring that the voices of patients, carers, staff and communities continued to inform decision-making and service development.

Across the ICS, organisations work together to listen to communities and use this insight to improve services, reduce waiting times and increase access. A refreshed Working with People and Communities Strategy supports this approach.

A dedicated People and Communities Hub on the ICS website brings together engagement activity, promotes opportunities to get involved, and shares feedback through “You said, we did” updates.

Key Engagement Activity

In March 2025, a public consultation was launched on proposed changes to services, including GP out-of-hours locations, investment in GP practices, the Norwich Walk-in Centre and the Vulnerable Adults Service. This included a public survey, drop-in events and engagement led by Healthwatch Norfolk.

Following feedback from patients, communities and stakeholders, the consultation closed early in May 2025. A decision was made to keep the Norwich Walk-in Centre open and not proceed with the other proposed changes, demonstrating how public feedback directly influenced decision-making and supported improved access to local services.

The Community Voices programme continued to work with councils, voluntary sector organisations and communities who are less likely to engage through traditional methods. During the year, over 1,500 residents shared experiences and feedback on topics including vaccination, screening, access to services, housing and wider determinants of health. This insight has helped inform service planning, targeted interventions and work to reduce health inequalities.

Public and patient engagement also supported development of the Integrated Urgent Care model across Norfolk and Waveney and Suffolk and North East Essex, helping shape proposals for more joined-up access to urgent care services.

Maternity and Neonatal Voice Partnerships continued to play an important role in shaping maternity services and personalised care, while co-production with people with lived experience remained central to work through the Learning Disability Partnership Board and Autism Partnership Board.

The VCSE sector continues to be a key partner in engagement and co-production activity through the VCSE Assembly and community research hubs across Norfolk and Waveney.

Ongoing Engagement

We continue to work with patients and communities in a number of ways:

- **Patient Participation Groups (PPGs):** Most GP practices involve patients in improving services, supported by guidance and toolkits.

- **Community Voices Programme:** Working with councils and the voluntary sector to gather feedback, particularly from communities less likely to engage.
- **Insight Bank:** Collects and shares feedback to inform service planning across the system.
- **Patients and Communities Committee:** Ensures services reflect local needs and monitors progress in reducing health inequalities.
- **Patient Experience and Engagement Leads Group:** Shares learning across organisations to improve how feedback is used.
- **Equality and Health Inequalities Assessments (EHIAs):** Help ensure decisions consider the needs of all communities and identify gaps in engagement.

Co-production

Communications and engagement work at a local level is key to developing ongoing relationships with people and communities, and our engagement networks are vital to supporting delivery of the Joint Forward Plan.

One area of participation we want to continue developing further with partners is the promotion of true co-production. This refers to a process of shared power to effect change, ensuring people and communities are actively involved in shaping decisions, services and priorities from the earliest stages of development.

Overall, NHS Norfolk and Waveney remains committed to working in partnership with people and communities, using their experiences to shape services, improve health outcomes and support delivery of its statutory duties relating to public involvement, quality improvement and reducing health inequalities.

Joint Health and Wellbeing Strategies

As a statutory partner within both the Norfolk and Suffolk Health and Wellbeing Boards, NHS Norfolk and Waveney ICB works closely with local authorities and system partners to support delivery of the Joint Health and Wellbeing Strategies for both counties.

Throughout 2025/26, the ICB has aligned its commissioning, transformation and population health priorities with the strategic priorities and cross-cutting themes set out within the Norfolk and Suffolk Health and Wellbeing Strategies. The following examples demonstrate how the ICB has contributed to delivery of these shared priorities during the year.

Norfolk priority: Driving integration

Suffolk cross-cutting theme: Greater collaboration and system working
The ICB has continued to strengthen system working across health, local government and the voluntary sector, with a focus on more joined-up services for babies, children and young people.
The Unscheduled Care Coordination Hub supports patients to be treated closer to home and has **diverted 62% of 999 calls from ambulance dispatch** since September 2023. The Shared Care Record is now used by **over 4,000 staff daily**, supporting care for around **28,000 people**.

Partnership working has strengthened across health, education and social care, including SEND improvements, shared data tools and joint commissioning for children with complex needs. Integration continues to develop at neighbourhood and place level.

Norfolk priority: Prioritising prevention

Suffolk cross-cutting theme: Prevention – stabilising need and demand
Progress has been made in delivering the Population Health Management strategy, using data to improve outcomes and reduce inequalities.
Smoking in pregnancy has reduced to **7.2%**, exceeding the 9% target. The Digital Weight Management Programme has exceeded its referral target, with Norfolk and Waveney ranked highest nationally.
Vaccination programmes remain strong, with **660,000 COVID-19 and flu vaccinations delivered in 2025/26** and around **four million overall**. Uptake ranks **first in the East of England and sixth nationally**, with **100% of care homes visited and 84% of residents vaccinated**.
For children and young people, prevention work includes improved asthma care, increased access to diabetes technology, and earlier support for neurodevelopmental needs.

Norfolk priority: Addressing inequalities

Suffolk cross-cutting theme: Reducing inequalities
Reducing health inequalities remains a key priority, supported by the Health Inequalities Strategic Framework.
The ICB is working with partners to improve access and outcomes through population health approaches and place-based partnerships.
For children and young people, this includes targeted work through Core20PLUS5, improved access to specialist services such as epilepsy nursing, increased uptake of learning disability health checks, and work to reduce over-medication.

Norfolk priority: Enabling resilient communities

Suffolk cross-cutting theme: Connected, resilient and thriving communities
The ICB continues to support people to live independently through prevention, self-care and early intervention.
Population health tools and digital services are enabling more proactive care, alongside strong partnerships with the voluntary and community sector.
For children and young people, this includes training programmes, improved partnership working, and family-focused support to help young people transition to adult services. Early Intervention Forums are also helping provide coordinated support and prevent escalation to crisis care.

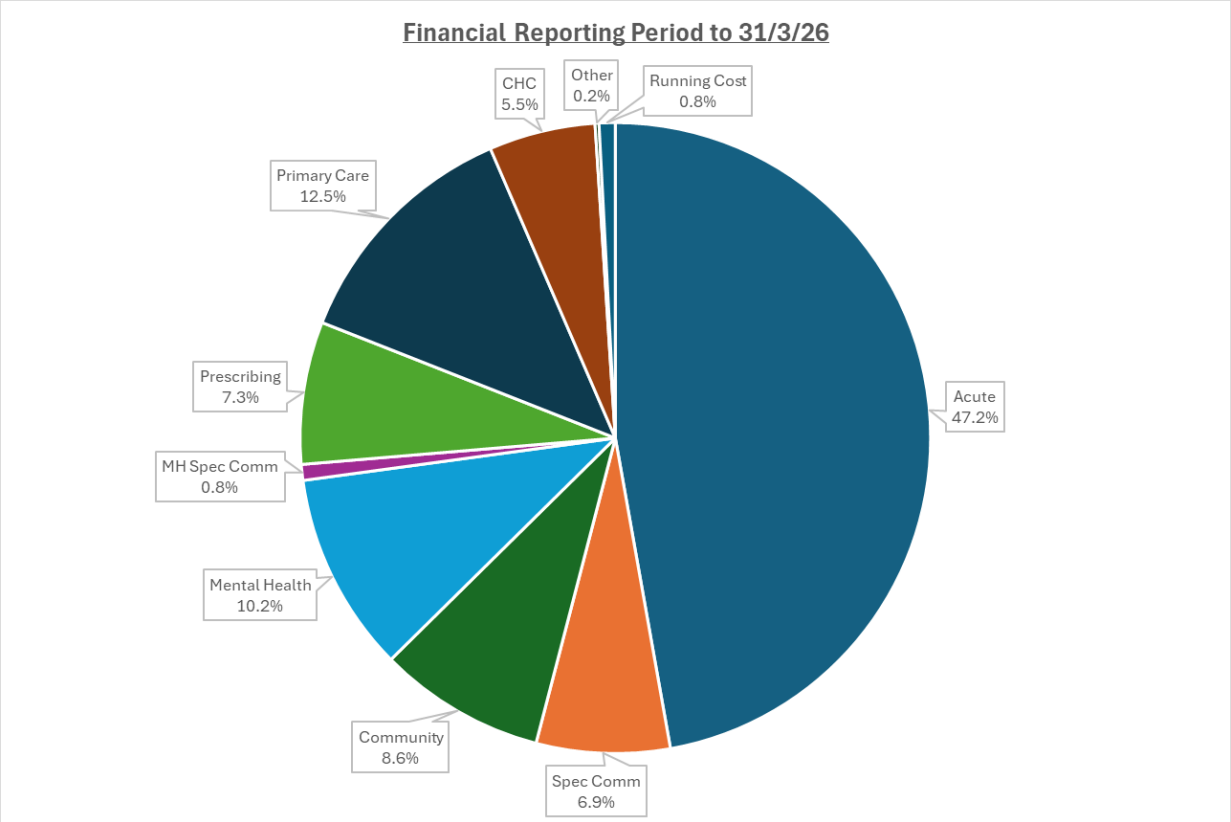
Financial review

The following information reflects the twelve-month accounting period for the ICB to 31 March 2026.

• The total allocation for the accounting period was £3,161m.

• This was split between Commissioning Health Services (£3,132.8m) and Running Costs (£28.2m). The following table and chart provide a breakdown by category of how the allocation was spent:

Area	Spend £k
Acute	1,492
Specialised Commissioning	217
Community	271
Mental Health	324
MH Spec Comm	26
Prescribing	231
Primary Care	396
CHC	173
Other	6
Running Cost	26
Total	**3,161**



For the Financial year 2025/26, NHS Norfolk and Waveney delivered its statutory duty to breakeven, with the final reported position being a £0.25m underspend. Within this underspend, NHS Norfolk and Waveney also remained within the allocated running cost budget and therefore delivered on all financial duties as reported in note 19 '*Financial Performance Targets*' of the Annual Accounts.

A key contributor to the achievement of the overall financial position was successful delivery of £72.4m of efficiencies. The main areas of delivery were:

• Prescribing (£14m)

• Continuing Health Care (£19.2m)

• Acute Services (£14.1m)

• Other non-recurrent savings (£18m) – this included slippage on investments, contractual management and spend reviews.

The above efficiency delivery has enabled NHS Norfolk and Waveney to deliver its statutory financial duty. Further financial information is included in the Annual Accounts section.

Ed Garratt OBE
Chief Executive Officer
16 June 2026

ACCOUNTABILITY REPORT

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2025 to 31 March 2026, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

NHS Norfolk and Waveney Integrated Care Board became a statutory body on 1 July 2022 in accordance with the Health and Care Act 2022 and following the dissolution of the NHS Norfolk and Waveney Clinical Commissioning Group on 30 June 2022.

Members' report

NHS Norfolk and Waveney's Constitution came into effect on 1 July 2022. The Chair of NHS Norfolk and Waveney is Professor Will Pope and the Chief Executive Officer is Ed Garratt OBE.

Member profiles and practice

NHS Norfolk and Waveney has 103 member GP practices grouped into 20 Primary Care Networks (PCNs). More information on PCNs can be found in the Performance Report.

Composition of Board – the members of the Board are:

			
Professor Will Pope Chair	Ed Garratt OBE Accountable Officer	Howard Martin Executive Director of Finance	Dr Frankie Swords Executive Medical Director
			
Lisa Nobes Executive Director of Nursing	Hein van den Wildenberg Non-executive Member	Cathy Armor Non-executive Member	David Holt Non-executive Member
			
Aliona Derrett Non-executive Member	Cllr Fran Whymark Member - Integrated Care Partnership	Ian wake Partner Member Local Authority	Stuart Keeble Partner Member Local Authority

			
Emma Ratzer Member from VCSE Assembly Board	Jon Barber Partner Member NHS Foundation Trust	Dr Antonia Moussakou Partner Member	Dr Faisil Sethi Partner Member NHS Trust

Each director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and; has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Committees, including Audit and Risk Committee

Please see the Annual Governance Statement page 49 for details of the Audit and Risk Committee and all other Board Committees.

Register of Interests

The Register of Board Interests can be found via the following link: https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/conflicts-of-interest/. More information on how NHS Norfolk and Waveney manages interests can be found in the Annual Audit of Conflicts of Interest Management section on page xx.

Personal data related incidents

During the period 1 April 2025 to 31 March 2026 and up to the submission of the Annual Report and Accounts there were no data security breaches reported to the Information Commissioner's Office (ICO). The ICO confirmed they would not be taking any action, provided general feedback to the ICB and confirmed that the cases were closed.

Modern Slavery Act

NHS Norfolk and Waveney ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Ed Garratt OBE
Accountable Officer
16 June 2026

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Norfolk and Waveney Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Norfolk and Waveney Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Norfolk and Waveney Integrated Care Board assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Service

Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Norfolk and Waveney Integrated Care Board's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Ed Garratt OBE
Accountable Officer
16 June 2026

Governance Statement

Introduction and context

NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney) is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

NHS Norfolk and Waveney's statutory functions are set out under the National Health Service Act 2006 (as amended).

NHS Norfolk and Waveney's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2025 and 31 March 2026, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Norfolk and Waveney Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Norfolk and Waveney Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Norfolk and Waveney is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within NHS Norfolk and Waveney as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

NHS Norfolk and Waveney Governance Framework

NHS Norfolk and Waveney's Constitution and Governance Handbook

NHS Norfolk and Waveney's Constitution is based on the Integrated Care Board Model Constitution produced by NHS England in May 2022.

The Constitution sets out NHS Norfolk and Waveney Board membership, the appointment process for Board as well as the organisation's governance arrangements and includes the standing financial instructions. It also sets out how NHS Norfolk and Waveney discharges its statutory functions via its governing structure.

This is supported by NHS Norfolk and Waveney's Governance Handbook which includes the terms of reference for each of NHS Norfolk and Waveney's committees as well as the scheme of reservation and delegation, conflicts of interest policy and standards of business conduct policy.

Board

The Board is comprised of 16 members; the chair, chief executive officer, 4 non-executive members, 5 partner members from local NHS trusts, foundation trusts, primary medical services and Norfolk County Council and Suffolk County Council, an executive director of finance, an executive medical director and executive director of nursing, a member from the VCSE Assembly Board and a member from the Integrated Care Partnership Board.

The quorum for the Board is 10 members and needs to include either the chief executive officer or the executive director of finance and either the executive medical director or the executive nursing director and at least one independent member which can include the chair and at least one partner member.

There have been seven changes to the membership of the Board during the reporting period as follows:

- Hein Van Den Wildenberg, Non-Executive Member covered the role of acting Chair until Professor Will Pope was appointed as Chair in May 2025.
- Ed Garratt OBE, Chief Executive Officer was appointed in May 2025 when Tracey Bleakley previous Chief Executive Officer moved to a new role in the local system.
- Steven Course, Executive Director of Finance joined a partner organisation in July 2025 Howard Martin, joined the ICB as Interim Executive Director of Finance in July 2025.
- Aliona Derrett, Non-Executive Member left the ICB at the end of her term in October 2025.
- Tricia D'Orsi, Executive Director of Nursing left the ICB in February 2026 and Lisa Nobes Designate Executive Director of Nursing joined the ICB in October 2025.
- Dr Hilary Byrne, the Partner Members for Primary Care Services left the ICB at the end of her term in June 2025 and Dr Antonia Moussakou Joined the ICB to become the Partner Member for Primary Care services in November 2025.
- Emma Ratzer, Partner Member for the VCSE Sector left the ICB in February 2026.

Meetings

NHS Norfolk and Waveney held 6 Board meetings in public between 1 April 2025 and 31 March 2026.

Details of how members of the public are able to attend public meetings in person or join virtually, access meeting papers and minutes from previous meetings can be found on NHS Norfolk and Waveney website: https://improvinglivesnw.org.uk/about-us/our-nhs-integrated-care-board-icb/our-icb-meetings-and-events/. Members of the public are also able to raise questions with the Board by submitting questions to email nwicb.contactus@nhs.net.

Each meeting had been well attended and quorate. Members of the Executive Management Team also routinely attended meetings.

Membership and 'voting' attendance is recorded in the table below:

Name	Member	Attendance
Will Pope *From May 2025*	Interim Chair	6 out of 6 meetings 100%
Ed Garratt OBE	Interim Chief Executive Officer	6 out of 6 meetings 100%
Steven Course *Left July 2025*	Executive Director of Finance	1 out of 1 meetings 100%
Howard Martin *From July 2025*	Interim Executive Director of Finance	5 out of 5 meetings 100%
Dr Frankie Swords	Executive Medical Director	5 out of 6 meetings 83%
Tricia D'Orsi *Left Feb 2026*	Executive Director of Nursing	3 out of 3 meetings 100%
Lisa Nobes *From Oct 2025*	Interim Executive Director of Nursing	1 out of 3 meetings 33%
Hein Van Den Wildenberg	Non-Executive Member	5 out of 6 meetings 83%
Cathy Armor	Non-Executive Member	4 out of 6 meetings 67%
David Holt	Non-Executive Member	5 out of 6 meetings 83%
Aliona Derrett *Left Oct 2025*	Non-Executive Member	0 out of 3 meetings 0%
Dr Hilary Byrne *Left June 2025*	Partner Member Primary Medical Services	0 out of 1 meeting 0%
Cllr Fran Whymark	Member from Integrated Care Partnership	4 out of 6 meetings 67%
Ian Wake	Partner Member Local Authorities, Norfolk County Council	3 out of 6 meetings 50%
Stuart Keeble	Partner Member Local Authorities, Suffolk County Council	4 out of 6 meetings 67%
Emma Ratzer *Left Feb 2026*	Member from the VCSE Assembly Board	5 out of 5 meetings 100%
Jon Barber	Partner Member NHS Trusts and Foundation Trusts	5 out of 6 meetings 83%
Dr Faisil Sethi	Partner Member – NHS Trusts (Mental Health and Community Services)	6 out of 6 meetings 100%

Additional private meetings were held throughout the year for Board development and to discuss matters where the wider public interest or commercial confidentiality clearly required it.

The Board approved the Constitution and Governance Handbook at its inaugural meeting on 1 July 2022. The Governance Handbook has been updated regularly since then with updates approved by the Board in July, September and November 2025

The Board has a number of functions conferred on it by the Health and Social Care Act 2012 (the "Act"). The main function is to ensure that NHS Norfolk and Waveney has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with good governance. The Board also leads on setting the vision and strategy of the organisation. The Board has established a Remuneration, People, Culture Committee to determine the remuneration, fees and other allowances payable to employees or other persons providing services to NHS Norfolk and Waveney.

NHS Norfolk and Waveney's Constitution sets out the responsibilities delegated to the Board. These include providing assurance of strategic risks, ensuring registers of interest are reviewed regularly, and that financial reports including details about allocation and financial variances against plan are reviewed. These matters are standing agenda items at each Board meeting.

The following topics are frequently discussed by the Board at its meetings:

- ICB transition programme
- system pressures
- elective recovery
- financial reporting
- risk reporting
- reports from committees.

The Board completed a self-evaluation of its own performance and effectiveness in April 2025. This was discussed at a Board meeting on 30 April 2025 and the findings from the self-evaluation were that the Board was effective. However, areas were identified where actions could be taken to support the continued improvement and development of the Board.

Board Effectiveness and Development

During 2025/26, the Board undertook a review of its effectiveness to assess governance arrangements, decision-making, leadership capacity and alignment with organisational priorities during a period of significant organisational change.

Findings from the review informed a programme of ongoing Board development and governance improvements, including refinement of Board portfolios and responsibilities, strengthened committee oversight arrangements, and continued leadership development support for Executive and Non-Executive members.

Board development activity during the year included leadership development programmes, system leadership sessions and workshops focused on integrated working and organisational transition linked to the formation of the new Norfolk and Suffolk ICB.

This work will continue into 2026/27 through the development of a comprehensive Board organisational development plan focused on effective system leadership, partnership working, governance, culture and continuous improvement.

Board Joint Committee – Integrated Care Partnership

The Integrated Care Partnership (ICP) Committee is a joint statutory committee of NHS Norfolk and Waveney ICB, Norfolk County Council and Suffolk County Council. Councillor Fran Whymark is Chair of this joint committee. Professor Will Pope, Chair of the ICB, is one of the Vice-Chairs.

The role of the Committee is to promote the close collaboration of the health and care system across Norfolk and Waveney.

The Committee provides a forum for stakeholders to come together as equal partners to discuss and resolve crosscutting issues. The Committee has a central role in the planning and improvement of health and care in Norfolk and Waveney. Details of the ICP and its meetings can be found at the following link: https://improvinglivesnw.org.uk/about-us/our-integrated-care-partnership/.

Since 1 April 2025 and up to 31 March 2026 the Committee has met 4 times with an Integrated Care System conference held for the system in October 2025 and a Members Development session in February 2026. Meeting attendance was good, and all meetings were quorate.

The work of the committee during the reporting period 1 April 2025 to 31 March 2026 included:

- Norfolk All Age Autism Strategy
- Norfolk Adults and Children's Safeguarding
- Better Care Fund Plans and quarterly reports
- West Norfolk - becoming a Marmot Place
- Norfolk Drug and Alcohol Partnership progress
- Norfolk Health Protection Assurance Board work and progress

Board Committees

The Board appointed eight committees, and these are detailed below.

Primary Care Commissioning Committee

The role of the Primary Care Commissioning Committee (PCCC) is to carry out the functions relating to the commissioning of primary care services under the terms of a Delegation Agreement with NHS England. This includes responsibility for the commissioning and assurance of primary medical services (excluding individual primary care practitioners, e.g. dentists and GPs performer list matters which remain reserved to NHS England), and responsibility for dental services across primary, community and secondary care, pharmaceutical and general ophthalmic services..

During 2025/26, the Committee continued to operate within a complex and evolving national and system context, with increasing emphasis on assurance, prioritisation and risk management. The Committee's Terms of Reference remained fit for purpose and aligned with delegated commissioning requirements.

Membership

Voting Membership of the Committee comprises:

- A local authority partner member from the NHS Norfolk and Waveney Board (Chair)
- Non-Executive Member (Vice Chair)
- Executive Director of Nursing or nominated deputy
- Executive Director of Finance or nominated deputy

Since 1 April 2025 and up to 31 March 2026 the Committee met 7 times.

Membership of the Primary Care Commissioning Committee together with the attendance record is provided in the table below

Name	Member	Attendance
Ian Wake	Chair, Local Authority (Norfolk) Partner Member from the Board	1 out of 7 meetings 14%
Hein Van Den Wildenberg	Deputy Chair, Non-Executive Member	7 out of 7 meetings 100%
Steven Course/Howard Martin (or nominated deputy)	Executive Director of Finance	7 out of 7 meetings 100%
Tricia D'Orsi/Lisa Nobes (or nominated deputy)	Executive Director of Nursing	7 out of 7 meetings 100%

Highlights of the Committee's work during 2025/26

During the period April 2025 to March 2026, key areas of focus included:

- Providing strategic oversight and assurance of delegated commissioning responsibilities across all four primary care contractor groups: primary medical services (including PCN contractual matters), dental services, community pharmacy and optometry
- Exercising leadership, challenge and support to the primary care system, with a growing focus on sustainability, prioritisation and delivery within available resources
- Reviewing and monitoring performance, quality and financial risk across primary care, including oversight of transformation, workforce, digital and estates programmes, and ensuring appropriate escalation where risks to delivery or patient care were identified
- Strengthening governance arrangements for delegated commissioning, including the continued development and operation of delivery groups for general practice, pharmacy and dental services, and oversight of decision-making, assurance and escalation processes across all primary care services
- Maintaining oversight of primary care risks, including a deep dive of risks across community pharmacy, dentistry, medical and primary care workforce

- Monitoring delivery against national and system priorities, including Pharmacy First, learning disability and severe mental illness health checks, vaccination programmes, and prescribing quality, with particular attention to antimicrobial resistance, opiates and dependence-forming medicines
- Considering and approving action plans in response to individual general practice resilience concerns, and making decisions on complex or reputational contractual matters to ensure continuity of patient care for the local population
- Approving and overseeing key programmes and strategic plans, including primary care workforce development, GP Action Plan and primary care strategic framework, continued oversight of the Long-Term Dental Plan
- Driving improvement in the quality of primary care services, including oversight of CQC inspections, emerging themes and risks, and the support required from the ICB to address identified issues
- Receiving regular updates on primary care estates and digital developments to support general practice and PCN delivery, and ensuring alignment with wider system and neighbourhood planning
- Approving the commissioning and review of Local Enhanced Services, and overseeing procurement and contract decisions in line with the Provider Selection Regime
- Oversight of reports and decision making from the regional Pharmaceutical Services Regulations Committee, which is hosted by Hertfordshire and West Essex ICB on behalf of the six East of England ICBs. Assurance on decisions relating to optometry, pharmacy, general practice and dental commissioning matters as required
- Representing primary care commissioning matters within the wider system, including escalation to and assurance for the ICB Board.
- Preparation to support the transition to the new Norfolk and Suffolk ICB, including knowledge capture arrangements
- Oversight of the primary care element of NHSE Medium Term Planning cycle for 2026/27

Audit and Risk Committee

The Audit and Risk Committee provides the Board with an independent and objective view of NHS Norfolk and Waveney's assurance processes. This is achieved by reviewing financial systems, the risk management structure and ensuring compliance with the laws, regulations and directions that govern NHS Norfolk and Waveney.

The Audit and Risk Committee is comprised of:

- Non-Executive member with a lead for Audit and Risk, who is also the Chair
- a minimum of 2 but up to 3 Non-Executive members other than the Chair, 2 of whom must be on the Board of the ICB
- the Chair of the Audit and Risk Committee is David Holt who is the Non-Executive member with a lead for Audit and Risk and also NHS Norfolk and Waveney's Conflicts of Interest Guardian.

During the reporting period the Audit and Risk Committee met 6 times. Each meeting was well attended and quorate.

Membership of the Audit and Risk Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
David Holt	Chair, Non-Executive Member	6 out of 6 meetings 100%
Cathy Amor	Non-Executive Member	5 out of 6 meetings 83%
Emma Ratzer	Partner Member	6 out of 6 meetings 100%

The Committee was supported by regular attendance of NHS Norfolk and Waveney's Executive Director of Finance, Executive Director of People, Governance and Corporate Services. The ICB Chief Executive Officer also attends a meeting annually during which the Committee oversees the year end sign off of the annual report and accounts.

The primary role of the Audit and Risk Committee is to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across NHS Norfolk and Waveney's activities supporting the achievement of NHS Norfolk and Waveney's objectives.

The Audit and Risk Committee reviewed the adequacy and effectiveness of:

- internal control systems
- risk and control related disclosure statements prior to endorsement by NHS Norfolk and Waveney
- principal risks and policies for ensuring compliance with regard to regulatory, legal, code of conduct requirements and self-certification
- policies and procedures for work related to fraud and corruption and information governance.

The Committee primarily utilises the work of Internal Audit and External Audit but is not limited to these sources. It also seeks reports and assurances from directors and managers as appropriate. The Committee concentrates on the overarching systems of integrated governance, risk management and internal control.

The Audit and Risk Committee is also responsible for ensuring that arrangements are in place for countering fraud and reviews the work of the counter-fraud specialist.

The Committee has undertaken a deep dive at each meeting focused on key risks of the ICB transition and its implications to the ICB workforce, strategic objectives and financial delivery. The deep dives have included a review of the challenges and risks around the service delivery of patient facing workstreams, freedom to speak up challenges, financial delivery and the impacts on the workforce following the staff reorganisation. Each of these deep dives has stimulated discussion and review of key areas of strategic risk for NHS

Norfolk and Waveney throughout the period of change and have helped inform the work of the Committee as well as provide assurance on work being undertaken to address and mitigate risks.

Other key areas of work of the Audit and Risk Committee during the reporting period includes:

- reviewing the Risk Management Framework and Board Assurance Framework providing assurance to the Board
- reviewing the Annual Report and Accounts
- reviewing reports on internal controls and counter fraud

The Audit and Risk Committee Chair has also met with system audit Chairs to review system effectiveness. Meetings have discussed the Joint Forward Plan and financial environment as well as system risk registers and risk appetite including the interdependency of cyber security and risk. Risk registers are shared between partners to ensure a system wide understanding of key issues.

Conflicts of Interest Committee Sub Committee

This committee is a sub-committee of the Audit and Risk Committee. It contributes to the overall delivery of NHS Norfolk and Waveney objectives by providing oversight and assurance to the Audit and Risk Committee on the adequacy and effectiveness of conflict of interest processes within NHS Norfolk and Waveney. The committee is authorised to make decisions on behalf of the Board about issues which could not be decided by the Board due to conflicts of interest and thus acts independently and provides a space to deliberate matters of interest.

Membership of the committee consisted of the following:

- Non-Executive Member (Chair)
- At least one further Non-Executive Member from the Board
- Executive Director of Finance (Deputy Chair)
- Executive Medical Director.

The committee reviewed its terms of reference to ensure that it has the appropriate level of responsibility to discuss and decide upon possible breaches of NHS Norfolk and Waveney's Conflicts of interest Policy. The committee also reviewed the refreshed the Conflicts of Interest Policy.

The Committee met once during the reporting period of 1 April 2025 to 31 March 2026, but meetings can be convened if required more frequently. The membership of the Conflicts of Interest Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
David Holt	Chair, Non-Executive Member	1 out of 1 meeting 100%
Hein Van Den Wildenberg	Non-Executive Member	1 out of 1 meeting 100%
Dr Frankie Swords	Executive Medical Director	0 out of 1 meeting 0%
Howard Martin	Interim Executive Finance Director	1 out of 1 meeting 100%

Key areas of the work for the committee include:

- committee's terms of reference
- review of refreshed Conflicts of Interest Policy
- review of process
- conducting regular 'deep dives' into key themes to monitor the ICB's compliance with conflicts of interest.
- review of potential breaches
- the agreement of an annual workplan
- oversight of staff conflicts training
- oversight of the governance of the management of conflicts processes.

Remuneration Committee

In September 2025, the Board agreed a proposal to split the functions of the Remuneration, People and Culture Committee into a separate People and Culture Committee and a Remuneration Committee.

The Committee's Terms of Reference were reviewed during the reporting period and updated to reflect this change.

The Remuneration Committee is accountable to the Board. This Committee contributes to the overall delivery of NHS Norfolk and Waveney objectives by determining the pay and remuneration for the Chief Executive, Members of the Board and other Very Senior Managers as well as termination of employment and other contractual terms and non-contractual terms. In addition, it determines NHS Norfolk and Waveney pay policy for staff including contractual arrangements and termination arrangements taking into account national guidance as appropriate. NHS Norfolk and Waveney is supported in its work by specialty advisors and the Committee is responsible for determining their pay and overseeing contractual arrangements. This section of the meeting also reviews HR policies and is responsible for providing assurance in relation to ICB statutory duties including the Fit and Proper Person Regulations.

The members of the Committee are:

- 3 non-executive members of NHS Norfolk and Waveney who are not the Chair of the Audit and Risk Committee.

From 1 April 2025 to 31 March 2026 the Committee met 3 times. The attendance record is provided in the table below:

Name	Member	Attendance
Cathy Armor (Chair)	Non-Executive member	8 out of 8 meetings 100%
Hein van den Wildenberg	Non-Executive member	8 out of 8 meetings 100%
Aliona Derrett	Non-Executive member	0 out of 0 meeting 0%

The Committee's work during the reporting period included:

- Review and approval of national pay increase for Very Senior Managers.
- Oversight of the ICB's organisational change programme including voluntary redundancy scheme
- Approval of Voluntary Redundancy business cases
- Approval of Payment in Lieu of Notice (PILON) payments for Executive Directors
- Review and approval of HR policies for the Integrated Care Board

Patients and Communities Committee
This Committee provides NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that meets the needs of patients and communities. This is based on engagement and feedback from local people and groups and takes account of and reduces the health inequalities experienced by individuals and communities. The committee exists to scrutinise the robustness of, and gain, and provide assurance to NHS Norfolk and Waveney that there is an effective system of internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Committee reviewed its terms of reference and membership during the reporting period and amendments were reviewed and approved by the Board at its meeting on 21 May 2025.

Since 1 April 2025 and up to 31 March 2026 the Committee met 3 times. The attendance record is provided in the table below, members noted with an * are now recorded as attendees of the Committee following the update to the terms of reference noted above:

Name	Member	Attendance
Aliona Derrett	Non-Executive Member of NHS Norfolk and Waveney Board (Chair)	0 out of 3 meetings 0%
Cathy Amor	Deputy Chair Non- Executive Member of NHS Norfolk and Waveney Board	3 out of 3 meetings 100%
Emma Ratzer	VCSE Board Member on NHS Norfolk and Waveney Board	2 out of 3 meetings 67%
Mark Burgis	Executive Director Patients and Communities, ICB	3 out of 3 meetings 100%
Tricia D'Orsi	Executive Nursing Director	2 out of 2 meetings 100%

Lisa Nobes	Interim Executive Nursing Director	0 out of 1 meetings 100%
Dr Frankie Swords	Executive Medical Director	3 out of 3 meetings 100%

Quality and Safety Committee

The Quality and Safety Committee is accountable to the Board. The Committee provides the Board with assurance in relation to the quality and safety of its commissioned services and NHS Norfolk and Waveney's internal processes to support safe and effective care which is underpinned by a culture of continuous improvement. The Committee has oversight of the ICS Quality Strategy and its delivery plan.

A key role of the Committee is to monitor the quality and safety of care. The Committee identifies risks and issues and provides assurance to NHS Norfolk and Waveney ICB Board. The Committee receives, and reviews quality and safety focussed reports and agrees any recommended actions to fully understand and work towards mitigation of potential and known clinical risks. It ensures all such risks are documented within the directorate or risk register for the Committee and where relevant, escalated to the Board Assurance Framework. The Committee identifies learning and improvement opportunities and communicates and shares them appropriately. Where appropriate it provides reports to external bodies.

From 1 April 2025 to 31 March 2026 the Quality and Safety Committee 10 times.

The membership of the Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Aliona Derrett (Chair)	Non-Executive Member	0 out of 0 meetings 100%
Cathy Armor/Hein Van Den Wildenberg (Deputy Chair)	Non-Executive Member	10 out of 10 meetings 100%
Tricia D'Orsi	Executive Director of Nursing	5 out of 6 meetings 83%
Lisa Nobes	Interim Executive Director of Nursing	3 out of 4 meetings 75%
Dr Frankie Swords	Executive Medical Director	8 out of 10 meetings 80%
Dr Hilary Byrne	Partner Member Primary Medical Services	0 out of 0 meetings 0%

The Quality and Safety Committee provides constructive feedback on ICB policies and reports that impact on clinical quality and patient safety. Documents for approval that have been reviewed and/or ratified by the Committee during the reporting period include:

- Norfolk & Waveney ICB Local Resolution for NHS Continuing Care Policy
- Norfolk & Waveney ICB Adult Safeguarding Policy
- Norfolk & Waveney ICS Community Wound Infection Pathway
- Norfolk & Waveney ICB Safeguarding Children Policy
- Norfolk & Waveney LeDeR Annual Report 2024/25
- Norfolk & Suffolk ICB NHS CHC Local Resolution Policy
- Norfolk & Suffolk ICB NHS CHC Equity and Choice Policy
- Norfolk & Suffolk ICB NHS CHC Enhanced Therapeutic Observations and Care Policy
- Norfolk & Suffolk ICB Patient Safety Incident Framework
- Norfolk & Suffolk ICB Patient Safety Reporting Policy
- Norfolk & Suffolk ICB Adult Safeguarding Policy
- Norfolk & Suffolk ICB Domestic Abuse & Sexual Violence Policy
- Norfolk & Suffolk ICB Safeguarding Children Policy
- Norfolk & Suffolk ICB CYP Continuing Care Policy
- Norfolk & Suffolk ICB Management of Complaints and PALS Policy

Committee also fed back on plans for the future direction and development of the Quality Strategy, as the ICB moves into the new organisational structure and strategic commissioning role.

Finance Committee

The Finance Committee supports the Board in scrutinising and tracking delivery of key financial priorities, plans and targets from both a system perspective, as well as NHS Norfolk and Waveney as a stand-alone entity, as specified in NHS Norfolk and Waveney's Strategic and Operational Plans. The Committee submits information as appropriate to the Audit and Risk Committee and makes recommendations to the Board on strategic financial matters.

The membership of the Finance Committee comprises of:

- Non-Executive Member with the lead for Finance (Chair)
- Non-Executive Member (vice-Chair)
- Executive Director of Finance
- Executive Director of Performance, Transformation and Strategy

The Finance Committee met 8 times from 1 April 2025 to 31 March 2026. Each meeting was well attended and quorate. Membership of the Finance Committee together with the attendance record is provided in the table below:

Name	Member	Attendance
Hein van den Wildenberg	Chair, Non-Executive Member	8 out of 8 meetings 100%
Cathy Amor	Non-Executive Member	7 out of 8 meetings 87%
Steven Course	Executive Director of Finance	1 out of 2 meetings 50%
Howard Martin	Interim Executive Director of Finance	5 out of 6 meetings 83%
Andrew Palmer *Left Oct 2025*	Executive Director of Performance, Transformation and Strategy – Deputy Chief Executive	1 out of 2 meetings 50%
Richard Watson *From Oct 2025*	Interim Executive Director of Performance, Transformation and Strategy – Deputy Chief Executive	2 out of 6 meetings 33%

Key pieces of work undertaken to secure assurance include:

- review of the membership, terms of reference, and remit of the Committee
- review annual budgets, medium term financial plans and detailed plans for approval by the Board
- monitor NHS Norfolk and Waveney's financial standing in-year and recommend corrective action to the Board should year-end forecasts suggest that the financial plan will not be achieved. For most of the financial year, the system was in a so-called 'triple lock', placing additional controls on expenditures above a certain threshold
- monitor the financial standing and financial risk profile in-year of NHS organisations in the N&W system and keep Board and other stakeholder apprised in case of financial plan not being achieved
- receive detailed reports at each meeting concerning the financial performance of all six NHS organisations in the N&W system, to incorporate narrative relating to key variances from plan
- receive in-depth insights into area requiring specific attention of the committee
- during this financial year, the committee received updates, including financial implications, on the following topics: Triple Lock, Mental Health Investment Standard, Continuing Health Care, Elective Recovery Fund, Better Care Fund, Primary Care and Medicines Prescribing, ICB efficiency schemes, Medium Term Financial Planning, Health Inequalities, ICS Estates, Dental Optometry & Pharmacy expenditure, and the JPUH and QEH hospital new builds
- scrutinise NHS Norfolk and Waveney's Strategic Financial Risk Register

The committee's work dovetailed with that of the Audit and Risk Committee in order to provide assurance to the Board that robust management of finance was in place.

Commissioning and Performance Committee

The Commissioning and Performance Committee is accountable to the Board. The Committee meets in private and provides NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that ensures a high performing system. The Committee exists to gain and provide assurance to NHS Norfolk and Waveney regarding the delivery of activity and performance against national and local standards for which it is responsible; to progress improvements in population health outcomes; and scrutinise the robustness of plans to deliver or recover delivery.

The membership of the Commissioning and Performance Committee comprises of:

- Non-Executive Member (Chair)
- ICB Executive Director of Strategy, Digital and Commissioning (Deputy Chair)
- ICB Executive Medical Director
- ICB Executive Nursing Director
- ICB Executive Director of Finance, Contracts and Procurement
- One member from the Norfolk and Waveney University Hospitals Group
- One member from community services
- One member from mental health services and
- One member from local authorities

The Committee reviewed its Terms of Reference during the reporting period.

Of the eight Board Assurance Framework (BAF) Risks overseen by the ICB Board, this Committee manages four of these on behalf of the Board; BAF03 - System / Urgent & Emergency Care (UEC) Pressures, BAF06 - Barriers to delivering equitable, safe and consistent care in adult mental health, BAF07 - Barriers to full delivery of the Mental health transformation programme (CYP) and BAF10 - Elective Recovery.

During the reporting period of 1 April 2025 to 31 March 2026 the Commissioning and Performance Committee met seven times. Each meeting was well attended and quorate.

Membership of the Commissioning and Performance Committee together with the attendance record is provided in the table below:

Member	Name	Attendance
Dr Hilary Byrne	Chair, ICB Board Member, Primary Medical Services	0 out of 0 meetings 0%
Andrew Palmer *Left Oct 2025*	Deputy Chair, Executive Director of Performance, Transformation and Strategy	3 out of 4 meetings 75%
Richard Watson *Left Oct 2025*	Interim Deputy Chair, Executive Director of Performance, Transformation and Strategy	3 out of 3 meetings 100%
Hein Van Den Wildenberg	Non-Executive Member, Deputy Chair	7 out of 7 meetings 100%
Matt Dooley *From left Oct 2025*	Executive Director of Commissioning and Performance	3 out of 4 meetings 75%
Dr Frankie Swords	Executive Medical Director	2 out of 7 meetings 29%

Steven Course	ICB Executive Director of Finance	2 out of 2 meetings 100%
Howard Martin	Interim ICB Executive Director of Finance	1 out of 5 meetings 20%
Jo Segasby	One member from the Norfolk and Waveney University Hospitals Group (previously within year the Norfolk and Waveney Acute Trust Collaborative)	6 out of 7 meetings 86%
Nick Clinch	One member from local authorities	0 out of 7 meetings 0%
Thandie Matambanadzo *Left June 2026*	One member from mental health services	1 out of 1 meeting 100%
Gary O'Hare *From June 2026*	One member from mental health services	1 out of 6 meetings 17%
Ian Hutchinson *Left Nov 2025*	One member from community services	4 out of 4 meetings 100%

Key pieces of work undertaken to secure assurance include:

- Regular review of activity, performance, issues and risks from key areas of:
  a) Urgent and Emergency Care
  b) Elective Recovery
  c) Cancer services
  d) Diagnostic services
  e) Mental Health services
  f) Community services (some)
- Review and agreement of relevant ICB/ICS Policies
- Contribute to the development of Medium-Term Planning and the Population Health Improvement Plan (PHIP)
- Review provision as part of the Sustainable Commissioning processes
- Support key operational issues as escalated, through partnership working and revised commissioning arrangements

Freedom to Speak Up (Whistleblowing)

NHS Norfolk and Waveney is keen to ensure that staff can speak up about any concerns that relate to within the workplace or externally, in relation to danger, risk, malpractice or wrongdoing which affects others. This can be something that doesn't feel right such as not following a process, feeling discriminated or where the behaviour of others is affecting the wellbeing of patients or colleagues. Speaking up plays a vital role in protecting patients and ensuring their safety and also improves the lives of workers. People are the eyes and ears of an organisation. Their views, improvement ideas and concerns can act as a valuable early warning system that a policy, process or decision is not playing out as anticipated or could be improved.

NHS Norfolk and Waveney has adopted the 'standard integrated policy' as recommended by Sir Robert Francis following his review into whistleblowing in the NHS aimed at improving

the experience of whistleblowing in the NHS; this policy has been further updated with the strengthened arrangements set out by NHS England in 2022. We have adopted this policy which is produced by NHS England as a minimum standard to help to normalise the raising of concerns for the benefit of NHS staff and patients so that staff can speak up about anything that affects patient safety or affects their working life. Recent developments for Freedom to Speak Up in Primary Care, where Sir Andrew Morris has written a letter to all ICB Chairs and Chief Executives, setting out the expectations of Freedom to Speak up arrangements for all staff. This includes the adoption of the national FTSU policy ensuring primary care workers have access to a FTSU Guardian. In response to this NHS Norfolk and Waveney will continue to raise the profile of Freedom to Speak Up in Primary Care for the benefit of all.

NHS Norfolk and Waveney has a Non-Executive Board Member as sponsor for Freedom to Speak Up, an Executive Director as Senior Reporting Officer and Principal Freedom to Speak Up Guardian, a fully trained and registered Freedom to Speak Up Guardian and a Freedom to Speak Up Champion who raises awareness and promotes speaking up. There is also a recruitment campaign to recruit a further Guardian and a network of Champions. NHS Norfolk and Waveney also includes as mandatory training for all staff 'Speak Up' and 'Listen Up' and 'Follow Up' for Senior Managers. The three modules are cumulative and managers and senior staff were required to complete the requisite number of modules.

Executive Management Team Meeting

The Executive Management Team (EMT) is an ICB meeting comprising the Accountable Officer, Executive Director of Finance and the Executive Directors of NHS Norfolk and Waveney (as set out in the Remuneration report) as well as other senior representation. It is the operational forum for exercising the Accountable Officer and Executive Director of Finance's authority under NHS Norfolk and Waveney's Scheme of Reservation and Delegation. It is not, however, a formal committee of the Board.

The EMT meets weekly and monitors the operational discharge of statutory duties, approves corporate contracts and oversees HR and organisational development and establishment control and monitors budgets. The EMT also regularly reviews the Board Assurance Framework. The EMT report relevant items to the Board via the Accountable Officer's report.

In addition, an ICS EMT meets monthly. This meeting is attended by all the system Chief Executives and ICB Executive Directors. The aim of this meeting is to provide a forum to discuss system issues including system pressures, and financial matters.

Operational Management Board (OMB)

The Operational Management Board (OMB) meeting is a forum for the ICB's senior managers, including EMT members, to meet and discuss a range of ICB issues. The meeting facilitates the sharing and communication of key matters. The OMB meets monthly and has no formal decision-making authority. It is chaired by a member of the Executive and topics discussed during the year include general updates from members, the staff reorganisation, the ICB's budget and financial updates, and commissioning intentions.

NHS Arden & Greater East Midlands Commissioning Support Unit (AGEM CSU)

NHS Norfolk and Waveney is supported in its work by a range of outsourced support services by AGEM CSU. These services are transactional HR support, GPIT, DSCRO and Data Services, Procurement and Freedom of Information Request services from AGEM CSU.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Discharge of Statutory Functions

NHS Norfolk and Waveney Integrated Care Board (NHS Norfolk and Waveney) has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that NHS Norfolk and Waveney is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of NHS Norfolk and Waveney's statutory duties.

Risk management arrangements and effectiveness

NHS Norfolk and Waveney's integrated risk management strategy and framework sets out NHS Norfolk and Waveney's approach to risk management.

In accordance with the framework, risks are evaluated in terms of the likelihood and consequence using an organisational risk matrix. Scores for likelihood and consequence are given out of 5 and multiplied together. The results give one of four categories of risk grading as follows:

Very High Risk - immediate action required by a director
High Risk – urgent senior management attention needed with action plan
Moderate Risk - responsibility for assessment and action planning allocated to a named individual
Low risk – normal risks which can be managed by routine procedures

NHS Norfolk and Waveney developed a risk management process to ensure that risks were identified throughout the organisation. This is supported by the Risk Management Framework to ensure that the process is clearly understood.

The Board Assurance Framework (BAF) has been developed as the overarching approach to risk within the ICB. The BAF brings together all the relevant information about risks to the Board's eight ambitions (strategic objectives) as set out in the Norfolk and Waveney 5-year Joint Forward Plan (2024-29).

The Operational Risk Register (ORR) contains all the operational risks for the organisation which score 12 –14. Operational risks are 'live' risks the organisation is currently facing which are by-products of day-to-day business delivery. These risks are assigned an executive director and assigned to, overseen by ICB Board Committees.

Operational risks with a mitigated score of 15+ will be escalated to the Board Operational Risk Register (BORR) from the ORR. The BORR is owned by the Executive Management Team and will be presented to the Board along with the BAF. These risks are still assigned an executive director and assigned to, overseen by ICB Board Committees.

The Audit and Risk Committee reviews the Risk Management Framework. Risk is reviewed regularly by the Executive Management Team with risks assessed, rated and agreed for either escalation or removal from the ORR. The Audit and Risk Committee reviews the risk register to ensure that matters are appropriately reported and that action plans are robust and progress is being made. Through these mechanisms NHS Norfolk and Waveney's risk appetite is assessed and regulated.

The Board meets in public every other month. Members of the public are able to see Board papers including the BAF ahead of the meetings and they are able to ask questions at the meeting or raise queries via the website in advance.

NHS Norfolk and Waveney has various controls to address its risks and identifies both internal and external assurances on these controls. These are set out clearly for each risk in the assurance framework. In addition, consideration is given to any gaps in controls or assurances so that they are considered and factored into decision making.

NHS Norfolk and Waveney's control mechanisms are used to protect financial assets, operational systems and ensure that important laws and regulations are complied with. The table below sets out some of the internal controls used and the benefits they provide:

Management of current risks	ICB Board Assurance Framework; Regular assurance and finance reports to the Board. This year a key aspect of assurance reporting focussed on the vaccination programme. Identification of risks associated with the provision of services to patients. These are mitigated though the work of the quality team and contract management of provider contracts via the contract with the CSU and in house commissioning staff; A robust programme of counter fraud and anti-bribery activity supported by the Counter Fraud Specialist whose annual plan is scrutinised by the Audit and Risk Committee.
Prevention of Risk	Through the processes mentioned above NHS Norfolk and Waveney regularly horizon scans to identify potential areas of risk. In addition, NHS Norfolk and Waveney uses its experience of and learning from adverse events to ensure that lessons are learnt. Preventative measures include: • Policy development; • Identifying and ensuring that staff comply with mandatory training requirements; • Establishing risk-sharing agreements; • Root cause analysis of incidents; • Mandating limits to decision making authority; and • Ensuring secure access to IT systems.

Deterrent to risks arising	Developing risks are managed through a number of systems and include: • Risk review by Committee and Board meetings as well as executive management team meetings; • Finance reports to the Board; • Robust programme of counter fraud and anti-bribery supported by the Counter Fraud Specialist.

Capacity to Handle Risk

NHS Norfolk and Waveney's Integrated Risk Management Strategy and Framework supports a positive staff attitude to risk management, encouraging staff to identify, assess, manage and report risks. Staff are clear about their personal accountability and responsibilities through the Risk Management Framework, appraisal, induction and on-going training. Support and training is given to risk owners by the Corporate Affairs Team.

As set out above the Board Assurance Framework, Board Operational Risk Register from the Operational Risk Register (ORR) and ORR risks are reviewed monthly by the senior management including the Executive Management Team (EMT). At these meetings risks are further discussed and escalated as appropriate to the relevant register. This ensures that changes to risk registers are debated and agreed at the EMT to ensure the risk sits on the most appropriate register.

To provide further assurance the Audit and Risk Committee reviews the overarching Risk Management Framework which incorporates the Integrated Risk Management Strategy and Framework and the Staff Handbook, this having been approved by the Board.

In addition, work is underway to look at system risks collectively with system partners to better inform and direct the work of the system. This work is reviewed by a meeting of system audit committee chairs.

NHS Norfolk and Waveney continues to develop its approach to risk management, drawing on best practice and recommendations from the internal auditors. The internal audit assurance rating for risk management in March 2025 was reasonable assurance.

Risk Assessment

Risk is assessed using a standardised organisational risk matrix, looking at risk based on likelihood and consequence. Guidance in the form of the Risk Management Framework has been produced setting out a formal process for risk identification and evaluation.
The key risks identified as part of this process are detailed as below:

Impact of ICB Organisational Change on Quality

This risk has emerged following government announcement of the reduction of Integrated Care Boards (ICBs) across England. There is a risk that ICB organisational restructure, following on from recent local organisational change, and set within the context of ongoing provider partner change programmes, will impact on the ICB's ability to deliver statutory activities and quality improvement priorities that deliver access to safe, high quality, equitable care, at the planned pace and scale.

There is careful consideration by the ICBs Executive team, with input of stakeholder organisations on the proposed staffing structures of the new ICB. The ICB Audit and Risk Committee continues to receive a transition update at each meeting where risks are discussed. The ICB Transition and Merger Committee oversee the areas of transition and receive risk briefings.

System Urgent & Emergency Care (UEC) Pressures

There is a risk that the Norfolk and Waveney health and social care system does not have sufficient resilience or capacity to meet the urgent and emergency care needs of the population whenever a need arises. This can result in longer than acceptable response times to receive treatment and delays in being discharged from hospital, resulting in potentially poorer outcomes for our patients with associated clinical harms. This manifests itself as worsening ambulance response times and lengths of hospital stay for patients, therefore congesting emergency departments.

Mitigation to this risk is provided by strategic oversight by the Urgent and Emergency Care Programme Board. This meeting oversees non-elective flow and monitors a system wide transformation programme to improve the responsiveness of our urgent and emergency care pathways.

Barriers to Full Delivery of Mental Health Transformation Programme (CYP)

There is a risk that during a period of unprecedented mental health demand and acuity of need current system capacity and models of care are not sufficient to meet demand. If this happens individual need will not be met at the earliest opportunity, by the right service or by the most appropriate person and need will escalate. This may lead to worsening inequality and health outcomes, increased demand on other services and reputational risk.

Steps to address this issue include a system clinical review of the quality, safety and efficiency of young people's journey through the mental health system. This pathway includes initial triage of requests for support (RfS) by the Children and Young People's Mental Health Advice, Support and Access Service (MHASA) delivered by Cambridge Community Service (CCS) and then subsequent assessments and treatments by Norfolk and Suffolk NHS Foundation Trust (NSFT), Mancroft Advice Project (MAP), Ormiston families (OF) or Talking therapies.

Primary Care Resilience and Transformation

Under the Joint Forward Plan we have committed to integrating primary care services to deliver improved access (including digital tools and remote monitoring offers, etc.) to a wider range of services from multi-professional teams, focused on preventing illness and improving outcomes for our population within their communities. Our high-level outputs include:

- Developing a vision for providing accessible enhanced primary care services
- Improving patient outcomes and experience
- Stabilise dental services and setting a strategic direction for the next five years Primary Care Services are the responsibility of the Integrated Care Board, including the recruitment and retention of healthcare professionals.

The ICB Primary Care Access Recovery Plan delivery is reported regularly to ICB Board and NHS assurance meetings. The 2024 - 2025 plan has now been completed and many of the objectives have been transferred to a GP Action Plan and Operational Planning submission for primary care, the delivery of which is being monitored through Primary Care Commissioning Committee.

Underlying Deficit Position

If the ICB underpins its financial position via non-recurrent funding, then, this provides a risk to future years financial sustainability due to lower allocations based on historic expenditure.

In November confirmation from NHSE was received that allocations that were previously non-recurrent are now to be treated as recurrent, which 'improves' the underlying position. This allowed the risk scoring through the ICBs Board Assurance Framework for this risk to be deescalated and managed through the Finance Team Risk Register.

Resilience of NHS General Dental Services and Secondary care dental services (Oral Surgery and Maxillo Facial Services, Orthodontic Services)

Primary Care Services, and secondary care dental services, became the responsibility of the Integrated Care Board from 1st April 2023. The risk is the unknown resilience, stability and quality of secondary care dental services, and critical challenges relating to the recruitment and retention of professionals and waiting lists.

The Primary Care Team carried out a deep dive into this risk in early 2026 to further refine this risk and align it with general practice and pharmacy risks.

Continuing Health Care

There is a risk that NHS Continuing Healthcare (CHC) funded packages will not be filled by the provider either due to the complexity of the care required and/or their capacity or the proposed cost of care. This could place extra demand on staff, staff vacancies and absences may increase. This may lead to poor outcomes for patients and increased financial cost to secure a care package.

There are several controls in place to mitigate this risk. These include but are not limited to recruiting to vacant posts within the CHC team, linking with local authority workforce teams to support care providers in additional training and support required, monitoring of time taken to secure complex care packages and escalation process for the CHC team if unable to source.

RAAC Planks

There is a risk of failure of the current roofing structures at two Norfolk and Waveney Acute Trusts due to their composition with RAAC Planks which are now significantly beyond their initial intended lifespan. This could affect the safety of patients and staff.

The rolling programme of inspections and remedial work to detect and mitigate this also presents a risk to the system through the requirement to close areas for remedial work.

A regional RAAC response plan has been established and Trusts have robust plans to manage a possible incident, however, these only cover immediate evacuation and not reprovision.

EEAST Response Time and Patient Harms

Clinical risks to patients awaiting ambulances in community – C1 and C2 response times including inability to undertake rapid release of ambulances. Handover and inter-facility transfers resulting in patient harms, occurring during periods of significant system pressure.

The CQC served a notice under Section 29A of the Health and Social Care Act 2008 on the Trust on 10 February 2025 for failing to meet requirements relating to several staffing and operational matters.

This risk is managed with daily situation reports to ensure that NHS Norfolk and Waveney is sighted on real-time demand and resource. This includes pre-alert drop and go processes in place with safety netting for patients waiting to be seen. In addition, there are proactive public communications to promote the use of NHS service options reinforced by seasonal campaigns.

Delayed decision making re ICB business case for the Lynch Syndrome testing and surveillance pathway

Lynch is an inherited condition that significantly increases the risk of developing several cancers (in particular, colorectal and endometrial cancer). When patients present with one of these cancers, biopsy specimens can be tested to see if the cancer has been caused by lynch, if so they can be offered specific cancer treatments and risk reducing measures. Relatives of the patient should also be invited to be tested for lynch, and they too can then be offered risk reducing measures. In the absence of a commissioned pathway, there is a risk that not all patient cohorts will be tested for lynch syndrome and that potentially affected family members will not be offered testing.

This risk cannot be mitigated unless the pathway is commissioned as defined nationally. A pre-implementation audit has been completed across the three Trusts and educational webinars are being provided to Primary Care to prepare for full implementation. A system specification, pathway and Standard Operating Procedure have been developed ready for implementation. In September 2025 funding was agreed for additional capacity for bowel screening and mobilisation discussions are ongoing with the three Trusts.

Community Nursing Unallocated Visits

There is an increased demand and complexity of referrals (including for phlebotomy services) for community nursing with a high number of unallocated visits resulting in delayed care and an increased risk of harm and poor outcomes for patients cared for by Community Nursing Teams (CNT). This results in challenges around the timely delivery of patient care, increasing unallocated visits, deferred, or reprioritisation of visits.

Mitigations include ‘Waiting Safely’ principles in place at provider level. Monitoring by the Clinical Reference Group (CRG), to review the impact and outcomes of periods of escalation. Aligning CNT daytime hours across Norfolk; 8am to 8pm (involves a staff consultation) with an aim to release night-time capacity to better respond to 2-hour referrals.

Piloting a dedicated Care Home Team with HomeLink. Unallocated community visits are reported into SCC daily to enable oversight.

Speech and Language Therapy

Norfolk and Waveney Integrated Care Board and Norfolk County Council jointly commission Cambridgeshire Community Services to deliver speech and language therapy services across the system. NCC who are the lead commissioner are not assured of service delivery against key performance measures. There is a risk that pathway waits for children awaiting clinical assessment for speech, language and communication needs are adversely impacted. If this happens children and young people may not have access to timely and safe speech and language therapy.

Mitigations include additional funding agreed to support mobilisation and backlog activity. A robust governance and reporting structure in place across Local Authority and ICB to monitor activity and performance.

TB Service Resilience and Capacity

There has been an increase in TB related incidents over recent months. There is an inequitable service across the system and an overall risk around resilience of TB services in the community, across Central and West Norfolk. This service resilience risk has the potential to impact on patient safety, quality of care and public health protection.

While TB services across the system are affected, the impact of a key member of staff leaving the service has impacted the current risk scoring for this area and seen an increase to the risk rating.

Mitigations include Commissioners and IP&C Team developing options available at no / low cost to increase resilience.

The resilience of Community Pharmacy

The resilience of Community pharmacy is at risk due to several factors including workforce pressures. The risk could ultimately lead to an increase in the number of permanent closures of pharmacies within our ICB which would reduce the accessibility of pharmacy services to our population. The rurality of Norfolk and Waveney does mean that this risk is significant due to geographical distance between existing providers.

Current mitigations include engagement with the Locality teams and the Local Medical Committee.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in NHS Norfolk and Waveney to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Board assures itself that the organisation has effective control via regular reporting of the highest red rated risks to the Board and delegating to its Audit and Risk Committee the review of the assurance framework. In addition, the Audit and Risk Committee has the role of reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across NHS Norfolk and Waveney's activities.

NHS Norfolk and Waveney established the Quality and Safety Committee to seek assurance that robust clinical quality is in place. This Committee regularly reports to the Board.

Internal Audit provides regular reports to the Audit and Risk Committee on key areas as set out in its audit plan. This plan was reviewed and agreed by the Audit and Risk Committee in March 2025 for 2025/26.

NHS Norfolk and Waveney's External Auditor is Ernst and Young who were appointed by NHS Norfolk and Waveney's predecessor organisation in January 2021. Other control mechanisms include:

- Financial Plan and Reporting
- the Serious Incident (SI) process for reporting and investigating serious incidents
- adoption and review of various policies
- the Quality and Safety Committee monitors provider serious incidents and risks
- the Finance Committee reviews finance performance and risk
- the Information Governance team including the Senior Information Risk Owner, Data Protection Officer and Caldicott Guardian, review data protection and confidentiality compliance, implementation of privacy by design and default, information and cyber security, management of information risk, which is evidenced by NHS Norfolk and Waveney's annual Data Security Protection Toolkit submission
- the work of the Counter Fraud Specialist.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

NHS Norfolk and Waveney's Internal Auditors completed the conflicts of interest audit in June 2025. It also assessed the adequacy of the process for declaration and approval of business interests', recording, monitoring, reporting and reviewing of business interests.

The finding from this audit was that substantial assurance could be provided to NHS Norfolk and Waveney's management of conflicts of interest. The audit found 1 routine finding. This was to ensure that the COI Policy was formally signed off and published once finalised for the new Norfolk and Suffolk ICB.

As part of conflicts of interest management, NHS Norfolk and Waveney maintains Registers of Interests for Board and Committee members and all staff.

Declarations of interest are a standing item on all ICB Committee agendas. A Declaration of Interest form is also completed by all candidates as part of the recruitment process, and by all parties involved in any procurement evaluation process. Parties involved in procurement evaluation processes are those people (typically only ICB employees) that are part of the evaluation team. Evaluation team members will typically be requested to contribute to evaluating specific aspects of a proposal or tender based on their area of expertise such as finance, quality etc.

NHS Norfolk and Waveney also ensures that staff and Board members complete mandatory conflicts of interest training. The ICB uses a training module produced by NHS England for this purpose which is a mandatory requirement for all ICB staff and Board members to complete.

NHS Norfolk and Waveney's Conflicts of Interest Guardian is David Holt, the Non-Executive Member for governance and audit and who is also the Audit and Risk Committee Chair and the Conflicts of Interest Committee Chair.

Data Quality

NHS Norfolk and Waveney recognises the need to provide accurate, timely and clear information. Papers for the board are provided one week in advance of the meeting. This gives members time to read and adequately prepare in advance of the meeting so that they can fully contribute to it. Papers are also reviewed by senior management prior to distribution to ensure that they are clear and complete.

The Board also considered the following statement in relation to the quality of data as part of their annual self-evaluation in April 2025 as follows:

- are agendas, minutes, actions and reports circulated in good time for Board Members to give them due consideration?

All Board Members responding to this question answered positively. It is noted that some comments also included that paper packs for meetings could be condensed and summarised further.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

NHS Norfolk and Waveney ICB places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. NHS Norfolk and Waveney ICB have established an information governance strategy and framework and has information governance policies, processes, and procedures in place, in line with the Data Security & Protection Toolkit (DSPT). The DSPT is an online self-assessment tool that enables organisations to measure their performance against the National Cyber Security Centre's Cyber Assessment Framework (CAF).

The DSPT submission deadline for Norfolk & Waveney ICB for 2025/26 is 31st March 2026. An internal audit was completed in February 2026 which gave an overall risk assurance rating of High. The overall audit assessment will be provided in March 2026 as part of the ICB's final DSPT submission.

Training

NHS Norfolk and Waveney ICB ensure that staff undertake annual information governance training, which is enhanced by additional in-house IG awareness sessions, updated guidance via internal communication channels and bespoke training for teams. NHS Norfolk and Waveney ICB have implemented a suite of information governance policies and guidance to ensure staff are aware of their roles and responsibilities in relation to information governance. IG awareness is promoted through a dedicated IG intranet site where all staff have access to a comprehensive package of resources and learning together with an All-Staff communications channel specific to information governance.

Incident Reporting

NHS Norfolk and Waveney ICB have processes in place for incident reporting and investigation of serious incidents. NHS Norfolk and Waveney ICB confirm that there have been no data security breaches reported to the Information Commissioner's Office (ICO) during the period 1 April 2025 to 31 March 2026.

To demonstrate best practice and ensure that staff learn from the management of incidents, NHS Norfolk and Waveney ICB records low level or near miss incidents within an IG Incident Log, which is reported regularly to NHS Norfolk and Waveney ICB's IG Group. The learning from incidents is used to inform staff awareness communications, policy revisions and training.

Risk

The IG Team continue to embed a culture of "privacy by design and default" across the organisation which helps the ICB to identify and document its information risk profile and manage its risk appetite. In addition, NHS Norfolk and Waveney ICB has an Information Risk Management Policy in place to ensure that its processing activities are closely monitored, and any information risks are captured within an Information Risk Register. The Risk Register is reviewed regularly by NHS Norfolk and Waveney ICB's IG Group which is chaired by NHS Norfolk and Waveney ICB's Senior Information Risk Owner.

Key Cyber Risks Identified

The principal cyber risks currently identified for NHS Norfolk and Waveney ICB are:

1. User error or malicious insider activity, particularly during the organisational restructuring period, where role changes and access transitions can increase risk.
2. Supply chain compromise or service disruption, arising from reliance on third party suppliers, managed services, and national digital platforms.
3. Ransomware attack and/or data exfiltration, which could result in service disruption, data loss, reputational damage, and regulatory impact.

Controls and Risk Mitigation

These risks are mitigated through a layered and proportionate security control framework across the ICB's corporate digital estate.

Key technical and operational controls include:

- Continuous vulnerability monitoring and patch management to reduce exposure to known threats.
- Enterprise-grade endpoint protection and device management, including centrally managed anti-malware, endpoint detection and response, and configuration control.
- Full encryption of portable devices and data in transit, reducing the risk of data loss or compromise.
- Strong identity and access management controls, including Multi-Factor Authentication (MFA) for all ICB staff.
- Microsoft Defender for Enterprise deployed across the estate, with devices monitored 24/7 both locally and nationally via the National Cyber Security Operations Centre.

Email borne threats are mitigated through centrally managed NHS.net Connect email security controls, including Microsoft Safe Links and Safe Attachments, providing advanced threat protection at the network boundary and within the messaging platform.

In addition, annual independent penetration testing of the ICB's network infrastructure and internet facing systems is undertaken to validate the effectiveness of controls and identify areas for improvement.

People, Awareness, and Assurance

Recognising that people remain a critical component of cyber resilience:

- All staff complete mandatory cyber security training, with a refresher exercise annually.
- Ongoing awareness is reinforced through a dedicated Cyber Awareness channel within Microsoft Teams, supplemented by regular communications and cyber resilience exercises.

The security and integrity of corporate data held within the ICB's Microsoft 365 environment have received independent assurance through both an NHS assurance report and the Data Security and Protection Toolkit (DSPT) submission aligned to the Cyber Assessment Framework (CAF).

These assurances confirm that controls for cloud hosted data are consistent with National Cyber Security Centre (NCSC) principles for secure cloud data storage, providing confidence in the confidentiality, integrity, and availability of corporate information.

The Information Risk Register and associated policy mirrors NHS Norfolk and Waveney's Risk Management Assurance Framework, which facilitates a process for escalation and de-escalation of risks where necessary.

A key focus for 2026-27 is to build on the work started in relation to information assets, expanding on this to encompass more areas of information risk and supporting staff to embrace new technologies safely and securely. In addition, as the new ICB develops its role as a strategic commissioner in line with the ICB blueprint model, there will be an increased emphasis on understanding and making better use of information. This approach will enable the organisation to make more informed decisions, drive improvements in population health outcomes, and ensure that commissioning activities are targeted and effective.

Developing even more robust systems for data analysis, intelligence sharing, and evidence-based planning will be fundamental to supporting this strategic direction and maximising the value of information across the ICB.

Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, confirm that an appropriate framework and environment is in place to provide quality assurance of business-critical models.

Third party assurances

NHS Norfolk and Waveney relies on third party providers for a number of services. Assurances are provided in the form of Service Auditor Reports (SARs). The following SARS have been provided to NHS Norfolk and Waveney:

Provider and Services Delivered	Comment
NHS Business Services Authority Prescription Payments Process SAR for the period 1 April 2025 to 31 March 2026	Reasonable
NHS Shared Business Services: Finance and Accounting SAR for the period 1 April 2024 to 31 March 2025	Reasonable
Capita – Primary Care Support England Services to NHS England and delegated ICBs	Qualified
AGEM CSU Accounts Payable, Accounts Receivable, Financial Ledger, Financial Reporting Treasury & Cash Management, Payroll	Reasonable
NHS England: GP Payments to providers of General Practice services in England SAR	Qualified
National Calculating Quality Reporting Service is an approvals, reporting calculation system for GP practices.	Reasonable
NHS Electronic Staff Record Programme SAR provides NHS organisations with integrated payroll and HR service system	Reasonable
NHS Business Services Authority Dental Payments Process SAR for the period 1 April 2024 to 31 March 2025	Reasonable

The ICB receives payroll services from Whittington NHS Trust which received a reasonable assurance opinion on the internal audit of payroll in March 2024.

Control Issues

The ICB has continued to work with and support system partners to ensure a collaborative and joined up approach across Norfolk and Waveney, to progress transformation and address collective challenges in several key areas. The control issues identified by NHS Norfolk and Waveney and the mitigating actions are:

Quality and Performance – Accident and Emergency

In the lead up to Christmas, bed occupancy levels were much improved and pre-Christmas Industrial Action (IA) required that decision-making around discharge was timely. Seasonal Infection Prevention and Control (IPC) impacts caused an additional operational burden. Winter pressures post-Christmas and IA recovery significantly increased the challenges across the system, resulting in escalation to a critical incident (CI). The system reviewed the incident to establish any lessons learned. The ICB has led a systemwide Winter De-Brief to ensure that this is taken forward into action to support ongoing resilience and planning for next year.

Mitigations and actions in place include length of stay meetings which focus on complex discharges, reduce non-criteria to reside and improve patient outcomes. The implementation and development of the Unscheduled Care Coordination Hub (UCCH) and Admission Avoidance initiatives including GP Front door within Emergency Departments(ED) and 'call before convey'. Utilising Same Day Emergency Care units as an alternative to ED including frailty Same Day Emergency Care and pathways. Growth is being seen in walk in A&E attendances, with A&E activity 1.9% higher than last year. A System Control Centre was established and embedded seven days per week 8am - 6pm to support this work. Acute improvement plans have been developed, with support from NHSE, focus on capacity, flow processes, ways of working and discharge focus before midday.

There continues to be periods where there are delays in admission from ED into mental health services, across all age groups. This impacts on 12-hour-wait performance and experience for mental health patients, as well as a wider impact on operational flow which effects all patient groups.

Quality and Performance – Ambulance Response Times

Challenges remain to deliver improved and sustained ambulance handover, although some improvements have been seen. The concurrency of IA, seasonal IP&C and congested hospitals adding to the challenges of timely ambulance handover and capacity for community response.

In year 2025/2026 there has been overall improvement in ambulance response times in the C1 and C2 category. This has had a reduction in harms associated from a delayed community response. IC24 support the wider system with the validation and management of low-acuity ambulance dispositions by reducing unnecessary referrals and seeking alternative pathways to improve patient experience.

The Unscheduled Care Coordination Hub (UCCH) supports the wider system and timely access to care along with the EEAST initiative of 'Call Before Convey'.

When compared to last year (2024/25), there has been a 0.4% reduction in the number of ambulances being dispatched following a 999 call, despite growth in call demand. This is attributable to UCCH intercepting 999 calls and redirecting to be the best location of care, often treatment in patients' own homes through community services.

EEAST work with system partners to review suitable C2 calls as part of the C2 segmentation work. EEAST Hear and Treat have improved and compare favourably against a national picture, further reducing unnecessary conveyances to ED.

Oversight of ambulance response times and patient harm is discussed by ICB Quality and Safety Committee on a regular basis, highlighting the impact of ambulance waits on patients and staff. The risk is captured on the system risk register and ICB Board Assurance Framework.

Quality and Performance – Mental Health and or Dementia

There continues to be a focus on reducing inappropriate out of area placements, the target is currently being achieved but there remains the ongoing challenge of a zero target. Work continues in the broader system to improve flow and reduce breaches. NSFT clinical transformation work continues to address this with focused priority areas being community and crisis pathways.

ADHD waiting lists continue to be high due to a significant increase in assessment referrals, this is not an isolated N&W system issue but is also noted across most areas. Provider frameworks are in place for adult and CYP services , with oversight of service delivery. The Norfolk and Waveney CYP System Collaborative is driving a strategic transformation of neurodevelopmental services through a multi-agency programme aligned with the NHS Long Term Plan (2019), the Lord Darzi Review, and emerging national reforms, including the ADHD Taskforce Recommendations (June 2025) as well as the recent ambitions set out in the 10 Year Plan.

A series of interdependent workstreams have been established to enable system-wide improvements through early intervention, integration, and coordination across education, health, and care. These workstreams form the foundation for a community-based, prevention-first model.

Eating Disorder Services are being reprocured to develop an all age service and a centre of excellence for Norfolk and Waveney to support improved patient outcomes**.**

Quality and Performance – Referral to Treatment (RTT)/52 week wait

Elective waiting times: Throughout 2025/26 there has been a continual focus on reducing both waiting times and the number of people waiting for elective care. As well as original plans for the year, additional activity and waiting list management has been supported through national funding from NHS England. This has supported the system position and enabled Trusts to reach their plans in many cases, setting a far more positive starting point for 2026/27.

At all three Trusts the total number of people waiting for care increased during the year, however all three Trusts are forecasting a total waiting list position at the end of March 2026 that is smaller than the end of March 2025.

All Trusts have successfully reduced the number of people experiencing long waiting times, with a reduction in the numbers of people waiting over 52-weeks and 65-weeks. The plan to eliminate all people waiting 65-weeks and to reach the target for 52-week waiting times have been hampered by several factors, including Industrial Action, workforce and equipment/supply issues at times. While these targets may not be met by the end of 2025/26, the support and scrutiny from the ICB as well as NHS England continues alongside the internal Trust processes to achieve and monitor delivery. At present, there is projected to continue to be some individuals waiting 65-weeks or more within a small number of specialties across Norfolk and Waveney into 2026/27.

Quality and Performance – Diagnostics

There is variation across different test types and providers, with key challenges in the year in diagnostic areas of: Audiology; MRI; Echocardiography; Histology; and Cystoscopy. Challenges have been driven by demand spikes, workforce, equipment/facilities challenges and impact in some areas of funding processes.

Challenges meeting diagnostic pathway times will have a cumulative impact to treatment pathways and patient experience. Trusts have addressed challenges where possible through routes such as validation of waiting lists, increasing efficiencies and multiple methods of addressing workforce gaps. With the further development of the Norfolk and Waveney Hospital Group, there has been increasing positive collaborative work to support delivery.

Challenges meeting diagnostic pathway times can have a knock-on impact to treatment pathways, patient experience and, potentially, outcomes.

Quality and Performance – Cancer

Cancer Waiting Times returned to the planned position for Faster Diagnosis Standard in October 2025, and the 62-day standard improved by 4.5% from August to October. There is variation across Trusts and tumour sites. Oncology capacity is an area of concern and Service Development Funding support is being considered to support this. Impacts to patients are being monitored by Trusts with the ICB Quality Team attendance, at Trust meetings. It is recognised that sustainable delivery is dependent on improving diagnostic times and mitigating other known risks e.g. workforce. There continues to be variation in performance across providers. NHS sprint validation continues for Cancer and Elective patients.

Quality and Performance – Elective activity

System Plans 25/26: Elective activity is based on provider submitted plans for 25/26. Gaps to plan have been raised with providers. Of note, over-delivery of consultant follow-ups vs under-delivery of consultant firsts has been noted by both the ICB and providers. The Norfolk and Waveney University Hospitals Group are addressing this internally with ICB requesting a review of their plans. The ICB also noted under-delivery on CYP elective activity (noting small numbers) and this is being explored with the providers to validate and understand the position. The ICB has continued to have oversight of any harms associated with long waits, and has shared good practice across organisations in the system.

Quality and Performance – Maternity

The NHS Resolution Maternity Incentive Scheme (MIS) continues to support safer maternity and perinatal care by driving compliance with ten Safety Actions, which support the national maternity ambition to reduce the number of stillbirths, neonatal and maternal deaths, and brain injuries from the 2010 rate by 50% before the end of 2025. The MIS is now in its seventh year of operation and applies to all acute Trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts (CNST). Within safety action 3, 4, 5, 6, 7 and 9 there is a requirement for the provider trusts to directly report to the LMNS and ICB. Progress against all safety actions has been monitored by the LMNS team reporting, with a final report presented to LMNS Board 28 January 2026 confirming all Trusts are compliant.

Quality and Performance - Infection prevention control (IP&C)

The system has experienced expected levels of seasonal winter illnesses and has an effective and robust IP&C System Call that brings providers together twice weekly to respond to operational challenges. The ICB has continued to support the interface between hospitals and Care Homes to support safe discharges and support flow. The ICB leads a number of workstreams in place to coordinate system work around C.difficile, Gram Negative Blood Stream Infections, MRSA, Antimicrobial Stewardship and Sustainability. These come together on a quarterly basis as an ICS Partnership. All rates of C.difficile and E coli improved month on month.

Finance, Governance and Control - Finance and Procurement

NHS Norfolk and Waveney ICB has delivered (a pre-audit) surplus of £246k against a planned breakeven position, for the financial year ending on 31 March 2026 (i.e. a favourable variance against plan of £246k).

The ICB ambitions regards efficiency delivery are at maximum range levels, with a full year target of £86m. Against this, the ICB has delivered actual efficiencies of £72m. The shortfall in achievement is being bridged by various non-recurrent in-year opportunities.

The ICB as with other ICBs, faces significant financial challenge in areas such as CHC, Neuro Diversity Disorders (NDD) and Weight Management services. The latter two of these are being driven by Patient Right to Choose. The ICB continues to work to sustain both the financial position and the provision of service in this fragile and volatile market.

The ICB has established a framework to set out a system approach to identifying and responding to early warning signs of deteriorating quality. This is being taken through provider governance to ensure the system is aligned. The ICB Nursing and Quality Team is leading on Quality Impact Assessments to ensure that commissioning decisions as made with a clear understanding of the potential for any unintended consequences in relation to clinical effectiveness, safety or patient experience. This is aligned with Equality and Health Inclusion Impact Assessments. We continually look for opportunities to improve quality and clinical effectiveness to support resilience and financial efficiency.

Review of economy, efficiency & effectiveness of the use of resources

The NHS oversight framework encapsulated NHS England's method of oversight of ICBs and trusts. This framework outlines NHS England's approach to NHS oversight and is aligned with the ambitions set out in the NHS Long Term Plan and the NHS operational planning and contracting guidance. This framework assigns a system to one of four support segments (NOF 1 to 4). The segmentation decision indicates the scale and general nature of support needs for the system as a whole. During the financial year 2025/26, NHS Norfolk and Waveney ICS was NOF3. Further details and the segmentation assessment can be found at the following link: https://www.england.nhs.uk/long-read/nhs-oversight-framework-2025-26/

External Audit provides an independent opinion on the Annual Accounts, which incorporates the Value for Money opinion. Internal Audit conducts audits and provides opinions on various aspects of business as directed by the work plan, which is set by the Audit and Risk Committee as part of its delegated functions.

NHS Norfolk and Waveney ICB has delivered (a pre-audit) surplus of £246k against a planned breakeven position, for the financial year ending on 31 March 2026 (i.e. a favourable variance against plan of £246k). Despite a well-documented challenging financial environment, NHS Norfolk and Waveney ICB continued to use the system wide transformation and efficiency processes to identify opportunities to achieve economy, efficiency and effectiveness via the NHS Norfolk and Waveney Programme Management Office (PMO). The PMO team are also embedded within the system planning and transformation team undertaking wider reviews and benchmarking for best practices.

The central management costs for NHS Norfolk and Waveney ICB were £26.2m representing circa 0.8% of the total ICB expenditure. This is increased from 0.7% in 2024/25 due to the reorganisation costs associated with the formation of Norfolk and Suffolk ICB from 1 April 2026.

The challenging financial environment continued to have a profound effect on the 2025/26 planning within NHS Norfolk and Waveney ICB and the wider ICS's plan containing inherent risks. These included significant risks such as not fully delivering the efficiency plan, our reliance on non-recurrent measures to address recurrent expenditure increases, the scale of the elective recovery programme, the high volumes of patients classified as No-Criteria-to Reside impacting on patient flow, requiring additional bed capacity and the all preparatory work required for the new Norfolk and Suffolk ICB.

As part of the new Norfolk and Suffolk ICB, a multiyear financial and operational plan has been submitted in accordance with NHSE's mandate. This plan delivers the required financial breakeven, whilst also triangulating with the financial position and planned performance delivery of the Norfolk and Suffolk NHS providers.

This emphasises the need for the continuation of efficiency delivery at a system level with a recurrent nature, effective financial governance and reporting and scrutiny processes via NHS Norfolk and Suffolk Finance Team and Finance Committee respectively.

Budgets were reviewed by the Finance Committee and recommendations made to the Board as to their approval. Day-to-day financial management and responsibility is delegated to appropriate levels on assigned strategic or operational delegated roles, in accordance with the ICB's Scheme of Delegation policy. These reviews, in addition to monthly senior finance reviews of variances, will maintain a firm grip on NHS Norfolk and Suffolk ICB's financial management, risks and mitigations.

Commissioning of delegated specialised services

Norfolk and Waveney ICB signed a delegation agreement (DA) with NHS England and held full commissioning responsibilities for delegated services during the 2025/26 reporting period.

To the best of ICB leadership's knowledge, the commissioning of all delegated services has been compliant with the 10 core commissioning requirements – as set out in the 2025/26 Delegated Commissioning Assurance Guidance, published by NHS England – including the requirement that all conditions set out in the DA are being met.

Where there were known compliance issues, the ICB has engaged with NHS England's regional leadership to notify and address such issues in a timely manner.

The ICB leadership is able to provide the necessary evidence of core commissioning requirements, should NHS England or a third party (e.g. external auditors) ask for such evidence.

Delegation of functions

NHS Norfolk and Waveney delegates functions internally. In particular:

The **Board** delegated to committees of the Board responsibility for ensuring NHS Norfolk and Waveney exercised its functions effectively, efficiently and economically and adhered to generally accepted principles of good governance:

- the **Audit and Risk Committee** assures the Board that effective systems of integrated governance, risk management and internal control were in place across the whole of NHS Norfolk and Waveney's activities; both internal and external auditors attended these meetings
- the **Finance Committee** monitors delivery of the Financial Plan and provided assurance to the Board on NHS Norfolk and Waveney's financial performance as well as the system financial performance of ICS NHS parties
- the **Quality and Safety Committee** assures the Board concerning the safety and quality of NHS Norfolk and Waveney's commissioned services
- the **Remuneration, People and Culture Committee** scrutinises proposals for the remuneration of employees and other people who provided services to NHS Norfolk and Waveney and made determinations taking into account national and local guidance

- the **Conflicts of Interest Sub Committee** was established to determine matters where the Board was conflicted in commissioning decisions and to ensure the issue would be dealt with in a consistent and transparent way, avoiding conflicts of interest; and

- the **Primary Care Commissioning Committee** was established to carry out the functions relating to the commissioning of primary medical services which included receiving regular reports on GP practice prescribing especially in relation to opiates and dependence forming drugs

- the **Commissioning and Performance Committee** was established to provide NHS Norfolk and Waveney with assurance that it is delivering its functions in a way that ensures a high performing system

- the **Patients and Communities Committee** scrutinises the robustness of and provides assurance to NHS Norfolk and Waveney that it is delivering its functions in a way that meets the needs of patients and communities that is based on engagement and feedback form local people and groups.

The Chair of each Committee reported to the Board on the work of their respective Committees, both generally as part of the meeting and as necessary to provide further detail on Committee work.

NHS Norfolk and Waveney contracted with Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) for the delivery of certain functions. These functions were subject to both service auditor reporting and internal audit review. NHS Norfolk and Waveney's internal owners of functions are held to account by the Audit and Risk Committee for the resolution of adverse findings.

The Executive Director of Finance was responsible for the overall contract and associated performance discussions with the AGEM CSU, including scrutiny of budgetary performance.

Counter fraud arrangements

NHS Norfolk and Waveney is required under the terms of the Standard NHS Contract and in accordance with the new Government Functional Standard GovS 013: Counter Fraud - to ensure that appropriate counter fraud measures are in place.

NHS Norfolk and Waveney has a robust programme of counter fraud and anti-bribery activity, supported by the appointment of an accredited Local Counter Fraud Specialist (LCFS) whose annual proportionate proactive work plan to address identified risks is monitored by the Executive Director of Finance and the Audit and Risk Committee. The member of the executive board who is responsible for tackling fraud, bribery and corruption is the Executive Director of Finance. The Executive Director of Finance is the first point of contact for any issues to be raised by the Local Counter Fraud Specialist. Online Fraud, Corruption and Bribery Act awareness training is mandatory for all ICB staff.

Counter fraud material including NHSCFA Fraud Prevention Notices is disseminated to staff through the intranet and email. Details of all policies, procedures and key documents reviewed are reported to the Audit and Risk Committee.

The LCFS attends ICB Audit and Risk Committee meetings regularly to provide progress reports and updates, as well as providing an Annual Report of the Counter Fraud Work

undertaken. The Counter Fraud Functional Standard Return (CFFSR) for 2024/25 was completed by the LCFS and reported to the Audit and Risk Committee in May 2025. It received an overall rating of Green for its CFFSR submission. The NHS Counter Fraud Authority (NHSCFA) is a health authority charged with identifying, investigating, and preventing fraud and other economic crime within the NHS and the wider health group. As a health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care. Appropriate action is taken regarding any NHS Counter Fraud Authority (NHSCFA) quality assurance recommendations.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2025 to 31 March 2026 for NHS Norfolk and Waveney, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of NHS Norfolk and Waveney's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

1. **Reasonable** assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.
2. The basis for forming my opinion is as follows:
    i. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
    ii. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses.

    Additional areas of work that may support the opinion will be determined locally but are not required for NHS England and Improvement purposes e.g. any reliance that is being placed upon Third Party Assurances.
3. There are no matters to bring to your attention which have had an impact on the Head of Internal Audit Opinion.

During the period, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
Conflicts of Interest	Substantial
Capital Programme	Substantial
Health Inequalities	Reasonable
Business Continuity	Limited
Annual Review of Key Finance Systems	Reasonable
Risk Management and Board Assurance Framework	Reasonable
Data hub	Substantial
Data Security and Protection Toolkit	Substantial
Delegated Specialist Commissioning	Reasonable
Financial Management	Substantial
Absence Management and Staff Wellbeing	Reasonable

The ICB received a 'limited assurance' opinion for the Review of Business Continuity internal audit. The areas of weakness are listed below:

- The reorganisation of the ICB has impacted the ICB's ability to undertake Business Impact Analysis (BIA) and to undertake an overhaul of the ICB's Business Continuity Plan (BCP).
- The ICB have an Emergency Planning Resilience and Response (EPRR) Governance and Oversight Framework in place. The reorganisation of the ICB has impacted the ability of the ICB to appoint representatives to oversee BCPs for the ICB. The appointed representatives will be responsible for updating and overseeing BCPs for their assigned area for the ICB.
- There are were no BCPs at departmental level at the time of the audit.

- Regular reports on business continuity are not being provided to either Executive Management Team (EMT) or the Board. There would be benefit in Business Continuity being a standard agenda item for EMT and the Board with an agreed and designated frequency.

The ICB has taken the following actions in response to the above:

The Emergency Preparedness Core Standards return, which incorporates business continuity, will continue to be reported to the ICB Board annually. The organisational change underway within the ICBs, has allowed the establishment of a strengthened governance process by way of appropriate committees where business continuity will be reported. The new intended Business Continuity Management requirements and Business Impact Analysis process will be presented to the new Board in July 2026.

A new Risk and Resilience group has already been established for the ICB. The Risk and Resilience Group functions as a central oversight forum for organisational risk, and all elements of the risk management process are considered to provide a holistic view of the organisation's risk profile. The inclusion of the Business Continuity Representatives for each department will attend the group.

Individual teams are now working to create team level Business Continuity Plans.

The aim is to achieve substantial compliance within the 2026 EPRR core standards assessment.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within NHS Norfolk and Waveney who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to NHS Norfolk and Waveney achieving its principles objectives have been reviewed.
I have been advised on the implications of the result of this review by:

- the Board who reviewed the BAF regularly at meetings in public and sought assurances on the effectiveness of controls from senior managers. This was supplemented by regular review at the Executive Management Team meetings
- the Audit and Risk Committee who scrutinised the underpinning processes behind the BAF and sought assurances on the effectiveness of controls from senior managers
- Internal Audit as it provided an independent, objective opinion on systems of internal control as described above
- the Finance Committee that scrutinised annual budgets and medium-term financial plans prior to agreement by the Board and monitored delivery of financial standing in-year, including delivery of the productivity plan, to ensure that NHS Norfolk and Waveney met its financial statutory duties
- the Quality and Safety Committee that scrutinised processes for holding providers to account for the quality and safety of their contracted services and utilised reports from regulatory bodies as appropriate
- reliance where possible was placed on third party assurance (Service Auditor Reports) as described above
- the work of the Health Overview & Scrutiny Committee that provided an independent view of ICB performance; and
- patient and public engagement events and feedback through a variety of mechanisms including complaints and compliments which provided insight into provider services.

Conclusion

With the exception of the internal control issues that I have outlined in the Annual Governance Statement, to which appropriate actions have been or are being taken, my review confirms that a sound system of internal control was in place in NHS Norfolk and Waveney ICB for the period ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts.

Ed Garratt OBE
Accountable Officer
16 June 2026

Remuneration and Staff Report

Remuneration report

Introduction

This report gives details of NHS Norfolk and Waveney ICBs (NHS Norfolk and Waveney) Remuneration Committee and its policies in relation to the remuneration of its senior managers which the Board defined as Executive Directors and members of the Board.

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney in respect of their services during the period 1 April 2025 to 31 March 2026 (the reporting period) are given in the tables within this report.

This Remuneration and Staff Report is not subject to audit with the exception of those sections specifically marked as such.

Remuneration Committee

The Remuneration Committee is a committee of the Board and has responsibility, under its Terms of Reference for making determinations for the remuneration, terms of service and benefit arrangements for all staff (including the Accountable Officer and Executive Directors). The Committee also has responsibility for agreeing remuneration payable to speciality advisors that support the work of NHS Norfolk and Waveney.

The Remuneration Committee is chaired by Cathy Armor, a Non-Executive Member of the Board. The Committee's other members are Hein van den Wildenberg, and Aliona Derrett who are both Non-Executive Members of the Board. Further details of the Committee are available in the Governance Statement on page 49.

Policy on the remuneration of Executive Directors

The salaries for the Chief Executive Officer (CEO) and the Executive Director of Finance (EDOF) of NHS Norfolk and Waveney are determined by the Remuneration Committee and covered by the guidance issued by the NHS England which are informed by and consistent with the principles set out in the Hutton Fair Pay Review. Further, additional consideration of the pay and employment conditions of other employees is taken into account when determining senior managers' remuneration. No bonus payments were made to any Executive Director during the reporting period.

Direction for determining notice periods for the Chief Executive Officer and the Executive Directors were laid out in the NHS Bodies Employment Contracts (Notice Periods) Directions 2008. The contractual notice period for the termination of the Chief Executive Officer and all other Executive Directors of NHS Norfolk and Waveney is six months on either side.

Executive Directors are, subject to eligibility, able to participate in the NHS Pension Scheme which provides salary-related pension benefits on a defined benefit basis.

NHS Norfolk and Waveney did not apply any performance conditions or assessment methods associated with senior staff/Board member reward.

All Executive Directors have rolling service contracts; the table below discloses contract start and end dates for NHS Norfolk and Waveney:

Executive Directors in post 2025-26	Role	Position start date	Position end date
Tracey Bleakley	Chief Executive Officer	01/07/2022	30/04/2025
Ed Garratt *	Interim Chief Executive Officer	01/05/2025	30/09/2025
Ed Garratt *	Chief Executive Officer Designate	01/10/2025	31/03/2026
Steven Course	Executive Director of Finance	01/07/2022	11/07/2025
Howard Martin *	Interim Executive Director of Finance	11/07/2025	30/09/2025
Howard Martin *	Executive Director of Finance & Contracts Designate	01/10/2025	31/03/2026
Tricia D'Orsi	Executive Director of Nursing	01/07/2022	30/09/2025
Dr Frankie Swords	Executive Medical Director	01/07/2022	30/09/2025
Dr Frankie Swords	Interim Executive Medical Director (SNEE)	22/08/2025	30/09/2025
Dr Frankie Swords	Executive Medical Director Designate	01/10/2025	31/03/2026
Mark Burgis	Executive Director of Primary & Community Care	01/07/2022	30/09/2025

Mark Burgis	Executive Director of Primary Care & Neighbourhood Health Designate	01/10/2025	31/03/2026
Jocelyn Pike	Acting Executive Director of Mental Health Transformation	01/07/2022	30/09/2025
Karen Barker	Executive Director of Corporate Affairs & ICS Development	01/07/2022	14/09/2025
Andrew Palmer	Executive Director of Performance, Transformation and Strategy	01/07/2022	30/09/2025
Andrew Palmer	Deputy Chief Executive	16/01/2023	30/09/2025
Ian Riley	Executive Director of Digital and Data	01/11/2022	30/09/2025
Matthew Dooley	Executive Director of Commissioning and Performance	01/11/2024	30/09/2025
Jacqueline Hunter	Chief People Officer	01/04/2025	30/09/2025
Lisa Nobes *	Executive Director of Nursing Designate	01/10/2025	31/03/2026
Maddie Baker-Woods *	Executive Director of Primary Care & Neighbourhood (Suffolk) Designate	01/10/2025	31/03/2026
Richard Watson *	Executive Director of Strategy, Digital & Commissioning Designate	01/10/2025	31/03/2026
Amanda Lyes *	Executive Director of People, Governance and Corporate Designate	01/10/2025	31/03/2026

* Executive Directors employed by SNEE.

Board Remuneration Policy (excluding executive and partner members remunerated by partner organisations)

Remuneration for the Non-Executive Members consists of a fee that reflects the commitment and time required to fulfil their obligations effectively. They are also eligible to be reimbursed for out-of-pocket expenses incurred on ICB business. Non-Executive Members are not eligible to participate in the NHS Pension Scheme.

Board members (excluding partner members remunerated by partner organisations) during the reporting period were as follows:

Board Members	Role	Start date	End date
Hein van den Wildenberg	Non-Executive Member	01/07/2022	31/03/2026
	Interim Chair	01/01/2025	31/04/2025
Will Pope*	Interim Chair	01/05/2025	31/08/2025
	Chair Designate	01/09/2025	31/03/2026
Aliona Derrett	Non-Executive Member	24/10/2022	23/10/2025
David Holt	Non-Executive Member	01/07/2022	31/03/2026
Catherine Amor	Non-Executive Member	01/07/2022	31/03/2026
Dr Hilary Byrne	Partner Member - Primary Medical Services	01/07/2022	30/06/2025
Emma Ratzer	Non-Executive Member	01/10/2024	26/02/2026

Dr Antonia Moussakou	Partner Member – Primary Medical Services	19/11/2025	31/03/2026

* Will Pope is employed by SNEE.

Percentage change in remuneration of highest paid director

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	9.2%	0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	12.7%	0%

For 2025 to 2026, the government has given Agenda for Change staff a 3.6% consolidated increase in pay. Minimum wage increase of 9.29%. Executive Director salary increases for the additional responsibilities for two ICBs.

Pay ratio information (subject to audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director/member in Norfolk & Waveney ICB against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid Member in Norfolk and Waveney ICB in the reporting period 1 April 2025 and 31 March 2026 was £240,000 to £245,000 (1 April 2024 and 31 March 2025 was £215,000 to £220,000).

The relationship to the remuneration of the organisation's workforce is disclosed in the below table

2025-26	25th percentile	Median	75th Percentile
Total remuneration (£)	40,823	54,710	67,587
Salary component of total remuneration (£)	40,823	54,710	64,455
Pay ratio information	5.8:1	4.3:1	3.7:1
2024-2425	25th percentile	Median	75th Percentile
Total remuneration (£)	37,338	48,526	62,215
Salary component of total remuneration (£)	37,338	48,526	62,215
Pay ratio information	5.8:1	4.5:1	3.5:1

During the reporting period 2025-26, no employees received remuneration in excess of the highest-paid director/member (2024-25: none). Remuneration ranged from £23,810 to £242,842 (2024-25 £22,943 to £215,759).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. No performance pay or bonuses were paid during the reporting period.

Remuneration of Very Senior Managers

Details of remuneration payable to the senior managers of NHS Norfolk and Waveney ICB in respect of their services during the reporting period are given in the table below. 4 senior managers were paid more than £150,000 per annum.

The ICB has complied with fully with the NHS Very Senior managers pay framework. Directors are appointed in accordance with the VSM pay framework (Senior Salaries Review Body Recommendations) and have a six-month notice period built into their contracts of employment.

All very senior manager salaries for ICB roles have been agreed by NHS Norfolk and Waveney's Remuneration Committee having been considered appropriate in line with NHSE guidance .

Senior manager remuneration (including salary and pension entitlements) (subject to audit)

Senior manager remuneration (including salary and pension entitlements) (subject to audit) Name and Title	1 April 2025 to 31 March 2026					
	(a)	(b)	(c)	(d)	(e)	(f)
	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100**	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Tracey Bleakley - Chief Executive Officer *	15-20	1	0	0	82.5-85	100-105
Ed Garratt *[1]	105-110	32	0	0	55-57.5	160-165
Dr Frankie Swords - Executive Medical Director *and Interim Executive* Medical Director (SNEE) then Executive Medical Director Designate *[4]	160-165	0	0	0	212.5-215	370-375
Tricia D'Orsi - Executive Director of Nursing *[3]	75-80	0	0	0	117.5-120	195-200

Mark Burgis - Executive Director of Patients and Communities *to 30/09/2025 then* Executive Director of Primary Care & Neighbourhood Health Designate *[4]	105-110	0	0	0	77.5-80	185-190
Steven Course - Executive Director of Finance *2	50-55	0	0	0	50-52.5	100-105
Howard Martin – Interim Director of Finance then Executive Director of Finance and Contracts Designate *4	55-60	6	0	0	42.5-45	100-105
Jocelyn Pike – Director of Place Development and System Support*[3]	65-70	8	0	0	50-52.5	115-120
Karen Barker - Executive Director of Corporate Affairs & ICS Development *3	55-60	0	0	0	25-27.5	85-90
Andrew Palmer – Executive Director of Performance, Transformation & Strategy *and* Deputy Chief Executive Officer *[3]	75-80	0	0	0	45-47.5	120-125
Ian Riley - Executive Director of Digital and Data *[3]	75-80	0	0	0	52.5-55	125-130
Matthew Dooley - Executive Director of Commissioning and Performance *[3]	70-75	0	0	0	37.5-40	105-110
Jacquline Hunter – Chief People Officer	65-70	0	0	0	50-52.5	120-125
Lisa Nobes - Executive Director of Nursing Designate *[4]	40-45	3	0	0	65-67.5	105-110
Maddie Baker-Woods - Executive Director of Primary Care & Neighbourhood (Suffolk) Designate *[4]	35-40	0	0	0	120-122.5	160-165
Richard Watson - Executive Director of Strategy, Digital & Commissioning Designate *4	40-45	3	0	0	45-47.5	85-90
Amanda Lyes - Executive Director of People, Governance	35-40	0	0	0	57.5-60	95-100

and Corporate Designate *4						
Will Pope *4	35-40	0	0	0	0	35-40
Hein van den Wildenberg – Interim Chair to 31/04/2025 then Non-Executive Member	20-25	0	0	0	0	20-25
Aliona Derrett - Non Executive Member	5-10	0	0	0	0	5-10
David Holt - Non Executive Member	15-20	0	0	0	0	15-20
Catherine Armor - Non Executive Member	15-20	0	0	0	0	15-20
Dr Hilary Byrne - Partner Member - Primary Medical Services	5-10	0	0	0	0	5-10
Emma Ratzer – Partner Member	5-10	0	0	0	0	5-10
Antonia Moussakou - Partner Member – Primary Medical Services	5-10	0	0	0	0	5-10

* * Tracey Bleakley left the organisation on secondment to another NHS organisation on 01/05/2025 and continued to accrue pension benefits. She then left N&W on 12/11/2025. Tracey received a compulsory redundancy package also included in the 'Staff Report' 'Table 1: Exit Packages' banding £100,001 - £150,000.

*1 Ed Garratt is a shared post with NHS SNEE ICB starting 01/05/2026. See table below for Ed's total salary across both organisations.

*2 Steven course left the organisation. Steven moved to another NHS organisation and will continue to accrue pension benefits.

*3 Posts ended 30/09/2025. All remained within NHS organisations and will continue to accrue pension benefits. The following received compulsory redundancy packages also included in the 'Staff Report' 'Table 1: Exit Packages' Patricia D'Orsi banding £150,001 - £200,000, Jocelyn Pike banding £150,001 - £200,000 and Ian Riley banding £100,001 - £150,000.

*4 Shared posts with NHS SNEE ICB. See table below for total salary across both organisations.

***4 Name**	**Total salaries (bands of £5,000) £000**
Ed Garratt	230-235
Howard Martin	155-160
Dr Frankie Swords	260-265
Mark Burgis	145-150

Lisa Nobes	150-155
Maddie Baker-Woods	145-150
Richard Watson	150-155
Amanda Lyes	145-150
Will Pope	90-95

Note: All 'Designate' roles commenced 01/10/2025. For all part year appointments, the full amount of pension benefits is disclosed not the pro rata portion.

***Note: Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.*

The figures in the tables above represent the actual payments made in year rather than full year salaries. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

Senior manager remuneration prior year for comparison (including salary and pension entitlement) (subject to audit).

	1 April 2024 to 31 March 2025					
Senior manager remuneration (including salary and pension entitlements) (subject to audit) Name and Title	**(a) Salary (bands of £5,000)**	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Tracey Bleakley - Chief Executive Officer	215-220	0	0	0	52.5-55	270-275

Senior manager remuneration (including salary and pension entitlements) (subject to audit) Name and Title	1 April 2024 to 31 March 2025					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Dr Frankie Swords - Executive Medical Director	205-210	0	0	0	0	200-205
Tricia D'Orsi - Executive Director of Nursing	145-150	0	0	0	95-97.5	245-250
Mark Burgis - Executive Director of Patients and Communities	135-140	0	0	0	25-27.5	160-165
Steven Course - Executive Director of Finance	180-185	0	0	0	27.5-30	205-210
Jocelyn Pike – Acting Executive Director of Mental Health Transformation	135-140	0	0	0	0	125-130
Karen Barker - Executive Director of Corporate Affairs & ICS Development	125-130	0	0	0	27.5-30	155-160
Andrew Palmer – Executive Director of Performance, Transformation & Strategy and	145-150	0	0	0	20-22.5	165-170

Senior manager remuneration (including salary and pension entitlements) (subject to audit) Name and Title	1 April 2024 to 31 March 2025					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Deputy Chief Executive Officer						
Ema Ojiako - Executive Director of People to 31/10/2024	75-80	0	0	0	52.5-55	130-135
Ian Riley - Executive Director of Digital and Data	145-150	0	0	0	22.5-25	170-175
Matthew Dooley - Executive Director of Commissioning and Performance *from 01/11/2024*	55-60	0	0	0	55-57.5	110-115
Hein van den Wildenberg - Non-Executive Member full year and Interim Chair *from 01/01/2025*	15-20	0	0	0	0	15-20
Aliona Derrett - Non Executive Member	15-20	0	0	0	0	15-20
David Holt - Non Executive Member	15-20	0	0	0	0	15-20

Senior manager remuneration (including salary and pension entitlements) (subject to audit) Name and Title	1 April 2024 to 31 March 2025					
	(a) Salary (bands of £5,000)	**(b) Expense payments (taxable) to nearest £100****	**(c) Performance pay and bonuses (bands of £5,000)**	**(d) Long term performance pay and bonuses (bands of £5,000)**	**(e) All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (bands of £5,000)**
	£000	**£**	**£000**	**£000**	**£000**	**£000**
Catherine Armor - Non Executive Member	15-20	0	0	0	0	15-20
Patricia Hewitt - Non-Executive ICS Chair *to 10/03/2025*	55-60	0	0	0	0	55-60
Dr Hilary Byrne - Partner Member - Primary Medical Services	25-30	0	0	0	0	25-30
Emma Ratzer – Partner Member *from 01/10/2024*	10-15	0	0	0	0	10-15

Pension benefits as at 31 March 2026 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	(e) Cash Equiv-alent Transfer Value at 1 April 2024	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equiv-alent Transfer Value at 31 March 2025	(h) Employers Contribution to stakeholder pension

	£0	£0	£0	£0	£0	£0	£0	£0
Tracey Bleakley - Chief Executive Officer	0-2.5	0	15-20	0	193	80	272	0
Ed Garratt - Interim Chief Executive Officer then Chief Executive Officer Designate	2.5-5	0-2.5	60-65	135-140	1130	158	1244	0
Dr Frankie Swords - Executive Medical Director & Interim Executive Medical Director then Executive Medical Director Designate	10-12.5	17.5-20	90-95	235-240	1823	481	2111	0
Tricia D'Orsi - Executive Director of Nursing	2.5-5	2.5-5	55-60	135-140	1252	0	223	0
Mark Burgis - Executive Director of Patients and Communities then Executive Director of Primary Care & Neighbourhood Health Designate	2.5-5	0	40-45	0	563	143	653	0
Steven Course - Executive Director of Finance	0-2.5	0-2.5	65-70	155-160	1267	79	1356	0
Howard Martin - Interim Director of Finance & then Executive Director of Finance & Contracts Designate	0-2.5	0	30-35	20-25	507	90	576	0
Jocelyn Pike - Director of Place Development & System Support	0-2.5	0-2.5	35-40	85-90	729	85	803	0

Karen Barker – Executive Director of Corporate Affairs & ICS Development	0-2.5	0	30-35	0	412	31	445	0
Andrew Palmer – Executive Director of Performance, Transformation & Strategy	0-2.5	0	45-50	120-125	983	74	1055	0
Ian Riley - Executive Director of Digital and Data	0-2.5	0-2.5	45-50	110-115	910	93	994	0
Matthew Dooley - Executive Director of Commissioning and Performance	0-2.5	0	30-35	55-60	607	70	669	0
Jacqueline Hunter - Chief People Officer	0-2.5	0-2.5	35-40	70-75	116	97	318	0
Lisa Nobes - Executive Director of Nursing Designate	0-2.5	0	95-100	0	1532	128	1650	0
Maddie Baker-Woods - Executive Director of Primary Care & Neighbourhood (Suffolk) Designate	5-10	0	35-40	0	620	31	656	0
Richard Watson - Executive Director of Strategy, Digital & Commissioning Designate	0-2.5	0	40-45	0	554	63	611	0
Amanda Lyes - Executive Director of People, Governance and Corporate Designate	0-2.5	0-2.5	70-75	180-185	1557	126	1674	0

For leavers who are drawing their '1995 Scheme' (F) 'Real increase in CETV at pension age', resulted in pension values presenting as a negative. Negative values are not disclosed in this table but are substituted with a zero.

In accordance with the Disclosure of Senior Managers' Remuneration (Greenbury) 2020 guidance, no CETV will be shown for pensioners and senior managers over normal pension age (NPA).

The declaration of pension contributions in this report is made in accordance with the guidelines issued under the Greenbury Report.

The details contained in the above tables relate to those members of the Board and Senior Management Team for whom pension details were available. Those not included where:

- Non-Executive Members whose remuneration is not pensionable.

- GPs on the Board who were not members of the normal NHS Pension Scheme but did contribute to the NHS GP Solo Pension Scheme. The GP Solo Pension Scheme benefits are not included in the above table as we are unable to identify which part of that scheme relates to their work as Board Members.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office (subject to audit)

No compensation was paid on early retirement or for loss of office.

Payments to past directors (subject to audit)

There were no payments made by NHS Norfolk and Waveney to past senior managers for services rendered or compensation due either in this or the previous financial year.

Staff Report

NHS Norfolk and Waveney has a highly skilled, motivated and experienced workforce of commissioning managers and support staff. During the reporting period the average workforce was 614.53 WTE (whole time equivalent). In addition to employed staff, NHS Norfolk and Waveney engaged with general practitioners and nurses from across the Norfolk and Waveney area to provide clinical expertise and input into its decision making and actively supporting the organisation in aspiring for better health, better care and better value for the population.

Staff numbers and composition (subject to audit)

As an employer we adopt the National Agenda for Change (AfC) pay framework and the following tables show the breakdown of functional categories and gender as at year end:

The staff headcount is of all staff employed by NHS Norfolk and Waveney as at 31 March 2026.

Staff Composition by Occupational Code (headcount)	Female	Male	Total
Chair & Non-Executive Board Members	2	2	4
Clerical and Administrative	236	52	288
Clinical Members	15	7	22
Managers	100	56	156
Nursing Professionals	77	9	86
Scientific, Therapeutic & Technical Professionals	33	4	37
Senior Managers	13	15	28
Other - Non AfC non ICB shared posts	6	1	7
Other - Seconded/Agency staff	15	1	16
Total	**497**	**147**	**644**

Staff Composition by band (headcount)	Female	Male	Total
VSM	2	3	5
Other - Non AfC ICB members	16	9	25
Chair & Non-Executive Board Members	2	2	4
Band 9	4	4	8
Band 8d	9	6	15
Band 8c	33	13	46
Band 8b	45	19	64
Band 8a	74	32	106
Band 7	93	27	120
Band 6	96	15	111

Band 5	56	10	66
Band 4	47	4	51
Band 3	14	2	16
NCC Recharges	6	1	7
Total	**497**	**147**	**644**

Whilst these tables detail the breakdown of staffing by banding from a gender perspective, other metrics are monitored including the Workforce Race Equality Standard (WRES) which reflects career progression and personal perceptions of black and minority ethnic staff treatment by colleagues. The progress against workplans are reviewed by both the workforce team and the staff Equality, Diversity and Inclusion Group.

NHS Norfolk and Waveney also recognises that individuals may identify themselves outside of female or male categories however these tables capture NHS Norfolk and Waveney's workforce.

Employee benefits (subject to audit)

For reporting period 1 April 2025 to 31 March 2026	**Permanent Employees**	**Other**	**2025-26 Total**
Employee benefits	**£000's**	**£000's**	**£000's**
Salaries and wages	34,778	826	35,604
Social security costs	4,600	47	4,646
Employer Contributions to NHS Pension scheme	7,722	48	7,768
Other pension costs	4	-	4
Apprenticeship Levy	151	-	151
Termination benefits	13,510	-	13,510
Gross employee benefits expenditure	**60,765**	**919**	**61,684**

PY Comparison	**Permanent Employees**	**Other**	**2024-25**
Employee benefits	**£000's**	**£000's**	**£000's**
Salaries and wages	33,208	2,147	35,355
Social security costs	3,717	75	3,792

Employer Contributions to NHS Pension scheme	7,470	108	7,579
Other pension costs	4	-	4
Apprenticeship Levy	148	-	148
Termination benefits	227	-	227
Gross employee benefits expenditure	44,775	2,330	47,105

Termination benefits relate to the employer's cost of paid exit packages.

Sickness absence data

Department of Health & Social Care (DHSC) has taken the decision to not commission the data production exercise for NHS bodies. The link to the latest NHS Digital publication series is as follows: NHS Sickness Absence Rates, January 2026 - NHS England Digital

Staff Turnover

For the reporting period to 31 March 2026 the staff turnover for NWICB stood at 15.86%. For 31st March 2025 this was 16.95%.

Staff engagement percentages

NHS Norfolk and Waveney is committed to improving staff experiences across the NHS and takes part in the National Staff Survey (NSS) annually. NHS Norfolk and Waveney participated in the annual NHS National Staff Survey. This opened for responses in October 2025 and closed December 2025.

The response rate for NHS Norfolk and Waveney was 65.86% (438 responses from a useable sample of 665) which was higher than 2024 and slightly higher than our comparator average of 62.88%.

Nationally, overall NHS results declined in 2025, and NHS Norfolk and Waveney's results are consistent with this broader trend. Our comparator group comprises other Integrated Care Boards (ICBs). Our staff engagement score was 5.96 which has declined since our 2024 score of 6.66.

The motivation factors include questions on involvement in decision-making, motivation and advocacy i.e. would they recommend this organisation as a place to work. Our staff morale score was 6.04 which was an improvement on our 2023 score of 5.83. The morale element includes questions relating to thinking of leaving, work pressure and stressors. All results are summarised against the NHS People Promise, which we as an ICB are committed to delivering for our staff. The seven elements are;

People Promise Domain	**ICB** **Score**	**Comparator Average Score**

We are compassionate and inclusive	6.96	7.15
We are recognised and rewarded	6.36	6.38
We each have a voice that counts	6.44	6.44
We are safe and healthy	6.02	6.12
We are always learning	4.75	4.79
We work flexibly	7.19	7.31
We are a team	6.86	6.98
Staff Engagement	5.96	6.07
Staff Morale	5.36	5.35

Our 2025 ICB results indicate a decline compared with the 2024 survey, reflecting a broader national deterioration across these areas. This outcome is not unexpected, given the scale of change and uncertainty associated with the current organisational change and merger with Suffolk and North Essex ICB.

Our full results can be found here National results across the NHS in England | NHS Staff Survey

Feedback into Action

NHS Norfolk and Waveney will continue to seek feedback from our staff through participation in quarterly ‘People Pulse’ surveys and the annual national NHS Staff Survey. We work collaboratively with our Staff Involvement Group to identify opportunities to enhance staff experience and to respond meaningfully to feedback received.

The survey’s strength lies in its ability to provide both a national overview and detailed local insight. It captures how colleagues experience their working lives and is aligned to the NHS People Promise. As a snapshot in time, gathered consistently each year, the National Staff Survey helps us to understand how staff are feeling and to learn from their experiences. The findings are used to inform improvements to local working conditions and, ultimately, to enhance patient care.

Staff experience remains a key priority for our organisation. We are committed to listening carefully to what our staff are saying and feeling, and to taking action where improvements are needed.

We are focused on being a great place to work, recognising that attracting and retaining talented people is fundamental to delivering outstanding care for our communities.

In 2025, we undertook a cultural assessment; the outcomes of this, alongside our survey results, will shape our plans to foster a culture that actively promotes collaboration, inclusion and the voice of all our people. This work is aligned to our Joint Forward Plan and will support us in responding effectively to both current and future opportunities and challenges.

Our aim as an ICB is to consistently co-create solutions with our staff, addressing the themes identified through feedback and ensuring the organisation continues to move forward in a positive way

Staff policies

NHS ICB HR policies are based on NHS Business Services Authority policies and as such have been agreed by Trade Unions. HR policies are reviewed and agreed at our Remuneration committee and where relevant HR personnel engage with trade unions to support good working relationships.

NHS Norfolk and Waveney follows an Equality, Diversity and Inclusion Policy and is committed to equality of opportunity for all employees. This is about giving fair consideration to applications for employment from groups of people with particular characteristics who may otherwise face discrimination.

The nine protected characteristics are age, disability, ethnic origin and race, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

NHS Norfolk and Waveney is committed to improving equality of opportunity to disabled people and gives full and fair consideration to applications for employment made by disabled persons and promotes the provision of training and guidance and the impartial application of all employment policies and procedures. Occupational health advice and support is available to all staff and specialist advice sought for disabled employees.

More information on NHS Norfolk and Waveney's approach to equality and inclusion can be found under 'Other employee matters' below.

Other employee matters

Equality, Diversity and Inclusion

NHS Norfolk and Waveney has due regard to the three aims of the public sector equality duty under the Equality Act 2010 to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- Advance the equality of opportunity between people who share a protected characteristic and people who do not share it, and
- Foster good relations between people who share a protected characteristic and people who do not share it.

Diversity is viewed positively, we recognise that everyone is different and value the unique contribution that everyone's experience, knowledge and skills can make. Equality and inclusion are stated objectives.

The promotion of equality, diversity and inclusion is pursued through policies that ensure employees receive fair, equitable and consistent treatment and existing and potential employees are not subject to any form of discrimination. Enabling employees to work in an environment where they can give their best. NHS Norfolk and Waveney's Equality, Diversity

and Inclusion Policy seeks to meet and exceed our responsibilities as a public-sector employer under the Equality Act 2010.

To support this work an Equality, Inclusion and Diversity Lead has been appointed by NHS Norfolk and Waveney and NHS Norfolk and Waveney has established an Equality, Inclusion and Diversity Staff Network Groups to ensure that NHS Norfolk and Waveney continues to develop opportunities for all employees.

Health and Safety

NHS Norfolk and Waveney is committed to ensuring the health, safety and welfare of its employees and of course others who may be affected by ICB activities. NHS Norfolk and Waveney takes all reasonably practicable steps to achieve this commitment and to comply with statutory obligations and to promote a positive health and safety culture throughout the organisation. Health and safety training is provided via e-learning for all staff.

This mandatory training covers the core requirements for a low-risk office environment and each module contains an assessment that must be passed by staff.

Pension

Employees of NHS Norfolk and Waveney are covered by the provisions of the NHS Pension Scheme.

For information as to how pension liabilities were treated, please refer to accounting policy 3.4. In respect of senior managers in NHS Norfolk and Waveney, pension entitlements are disclosed within this Remuneration Report.

Expenditure on consultancy

Where NHS Norfolk and Waveney does not have the requisite skills or capacity within the organisation to deliver specific aspects of its obligations or to develop further the services that it would wish to provide it relies on external organisations and individuals to provide those skills or capacity.

During the reporting period NHS Norfolk and Waveney spent £120,373 on consultancy services as outlined below. (1 April 2024 to 31 March 2025, £572,534).

Consultancy service	**Cost £'s**
Finance Consultancy	44,801
IT/IS Consultancy	65,119
Organisation and Change Management Consultancy	10,453
Total	**120,373**

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2026 for more than £245* per day

	Number
Number of existing engagements as of 31 March 2025	23
Of which, the number that have existed:	
for less than one year at the time of reporting	15
for between one and two years at the time of reporting	3
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	4
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

The ICB can provide assurance that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary**.**

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2025 and 31 March 2026, for

more than £245(1) per day:	**Number**
No. of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026	34
Of which:	
No. not subject to off-payroll legislation (2)	29
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0

No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	4
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

[(1)] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[(2)] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	4

Exit packages, including special (non-contractual) payments (subject to audit)

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	6,000	6	45,796	7	51,796	0	0
£10,001 - £25,000	0	0	25	440,778	25	440,778	0	0
£25,001 - £50,000	0	0	36	1,276,109	36	1,276,109	0	0
£50,001 - £100,000	0	0	41	2,837,144	41	2,837,144	0	0

£100,001 - £150,000	2	251,386	23	2,973,665	25	3,225,051	0	0
£150,001 - £200,00	2	310,025	8	1,250,872	10	1,560,897	0	0
TOTALS	**5**	**567,411**	**139**	**8,824,365**	**144**	**9,391,775**	**0**	**0**

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS Pension Scheme. Exit costs in this note are the full costs of departures agreed in year.

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Where NHS Norfolk and Waveney has agreed early retirements, the additional costs are met by NHS Norfolk and Waveney and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table (£Nil).

Table 2: Analysis of Other Departures

Type of Other Departures	Agreements Number	Total Value of Agreements £000's
Voluntary redundancies including early retirement contractual costs	139	8,824
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	0	0
Total	**139**	**8,824**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Table 1 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, relating to non-contractual payments in lieu of notice. None paid in 2025-26.

No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

Norfolk and Waveney Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report.

Ed Garratt OBE

Accountable Officer

16 June 2026

ANNUAL ACCOUNTS

Financial Statements and Notes

Statement of Comprehensive Net Expenditure for the year ended 31 March 2026

	Note	31 March 2026 £'000	31 March 2025 £'000
Income from sale of goods and services	2	(48,100)	(47,494)
Total operating income		**(48,100)**	**(47,494)**
Staff costs	3	61,684	47,105
Purchase of goods and services	4	3,134,043	2,898,606
Depreciation and impairment charges	4	192	192
Provision expense	4	10,092	(1,067)
Other operating expenditure	4	3,194	4,645
Total operating expenditure		**3,209,205**	**2,949,481**
Net operating expenditure		**3,161,105**	**2,901,987**
Finance expense	6	3	5
Net expenditure for the year		**3,161,108**	**2,901,992**
Comprehensive expenditure for the year		**3,161,108**	**2,901,992**

The notes on pages 115 to 152 form part of this statement.

Statement of Financial Position as at 31 March 2026

	Note	31 March 2026 £'000	31 March 2025 £'000
Non-current assets:			
Right-of-use assets	7	289	481
Total non-current assets		**289**	**481**
Current assets:			
Trade and other receivables	8	15,560	20,440
Cash and cash equivalents	9	3,175	693
Total current assets		**18,735**	**21,133**
Total assets		**19,024**	**21,614**
Current liabilities:			
Trade and other payables	10	(200,391)	(169,721)
Lease liabilities	7	(231)	(239)
Provisions	11	(21,806)	(11,554)
Total current liabilities		**(222,428)**	**(181,514)**
Total assets less current liabilities		**(203,404)**	**(159,900)**
Non-current liabilities:			
Lease liabilities	7	(83)	(278)
Provisions	11	(5)	(165)
Total non-current liabilities		**(88)**	**(443)**
Assets less liabilities		**(203,492)**	**(160,343)**
Financed by taxpayers' equity			
General fund		(203,492)	(160,343)
Total taxpayers' equity		**(203,492)**	**(160,343)**

The notes on pages 117 to 1501 form part of this statement.

The financial statements on pages 115 to 152 were approved by the Board on 15 June 2026 and signed on its behalf by:

Ed Garratt OBE
Chief Executive Officer
16 June 2026

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2026

	Note	31 March 2026 General fund £'000	31 March 2025 General fund £'000
Changes in taxpayers' equity for 31 March 2026			
Balance at 01 April 2025		(160,343)	(164,498)
Changes in NHS ICB taxpayers' equity for 31 March 2026			
Net expenditure for the financial year	SoCNE	(3,161,108)	(2,901,992)
Net recognised NHS ICB expenditure for the financial year		**(3,161,108)**	**(2,901,992)**
Net funding	SoCF	3,117,959	2,906,147
Balance at 31 March 2026		**(203,492)**	**(160,343)**

The notes on pages 115 to 152 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2026

	Note	31 March 2026 £'000	31 March 2025 £'000
Cash flows from operating activities			
Net expenditure for the financial year		(3,161,108)	(2,901,992)
Depreciation and amortisation	4	192	192
Interest paid	6	3	5
(Increase)/decrease in trade & other receivables	8	4,880	3,233
Increase/(decrease) in trade & other payables	10	30,670	(6,023)
Increase/(decrease) in provisions	11	10,092	(1,067)
Net cash inflow (outflow) from operating activities		**(3,115,271)**	**(2,905,652)**
Cash flows from financing activities			
Net funding received		3,117,959	2,906,147
Repayment of lease liabilities	7	(206)	(178)
Net cash inflow (outflow) from financing activities		**3,117,753**	2,905,969
Net increase (decrease) in cash & cash equivalents	9	**2,482**	**317**
Cash & cash equivalents at the beginning of the financial year		**693**	**376**
Cash & cash equivalents at the end of the financial year		**3,175**	**693**

The notes on pages 115 to 152 form part of this statement.

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICB's) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2025-26 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to ICB's, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be a going concern where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
On 13 March 2025 the government announced NHS England and the Department for Health and Social Care will increasingly merge functions, ultimately leading to NHS England being fully integrated into the Department. The legal status of ICB's is currently unchanged.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated. If services will continue to be provided in the public sector the financial statements should be prepared on a going concern basis. The statement of financial position has therefore been drawn up at 31 March 2026, on a going concern basis.

With effect from 1 April 2026, NHS Norfolk & Waveney ICB and NHS Suffolk and North East Essex ICB merged to form a new organisation, NHS Norfolk and Suffolk ICB.

The newly formed ICB will continue to operate as a Going Concern with no changes to its funding stream, and with an approved allocation for 2026-27 of £4.949 billion, ensuring healthcare service provision, throughout Norfolk and Waveney remains unaffected.

1.2 Accounting Convention

These accounts have been prepared under the historical cost.

Movement of Assets within the Department of Health and Social Care

1.3 **Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The ICB has entered into separate pooled budget arrangement with both Norfolk County Council and Suffolk County Council in accordance with section 75 of the NHS Act 2006. Under these arrangement, funds are pooled to jointly commission or deliver health and social care, known as the Better Care Fund.

The pools are hosted by Norfolk County Council and Suffolk County Council respectively. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

The ICB has exercised judgement on the accounting for pooled budgets, further details are included in note 14.

1.5 **Revenue**

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Payment terms are standard reflecting cross government principles.

1.6 **Employee Benefits**

1.6.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

1.6.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.
The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.8 **Other Expenses**

Expenditure on goods and services is recognised when, and to the extent that they have been received, they are measured at the fair value of the consideration payable.

1.9 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.10 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
All financial assets are recorded at amortised cost.

1.10.1 **Financial Assets at Amortised Cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments.–After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.11 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.
Financial liabilities are initially recognised at fair value.
After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.12 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.
The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates, and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.12.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Better Care Fund
The ICB has entered into a partnership agreement and a pooled budget with both Norfolk County Council and Suffolk County Council in respect of the Better Care Fund (BCF). From 2022-23 this includes the addendum of the Adult Social Care Discharge Fund. The BCF is a national policy initiative and the funds involved are material in the ICB accounts. Having reviewed the terms of the partnership agreement the Department of Health and Social Care Group Accounting Manual (DHSC GAM) and the appropriate financial reporting standards the ICB has determined that there are three elements to the BCF and they are accounted for as follows:

(1) The major part is controlled by both Norfolk County Council and Suffolk County Council which commissions services from various Non-NHS providers. Whilst the services are determined in partnership the risks and rewards of the contracts remain wholly with the council. The ICB accounts for this on a lead commissioner basis as healthcare expenditure with the local authority.

(2) The second part is controlled by the ICB which commissions various services from NHS and Non-NHS providers. The risks and rewards of these contracts are the responsibility of the ICB which considers itself to be acting as a lead commissioner for those services on behalf of the partnership.

The ICB accounts for these costs as healthcare purchased from NHS and Non-NHS providers.

(3) The final part of the BCF is an integrated community equipment store. Norfolk County Council acts as the host body for this service which is provided by a third party. Each partner is however wholly responsible for their own share of the expenditure, and this is accounted for as a joint operation. Otherwise, there were no critical judgements apart from those involving estimations (see below) that management has made in the process of applying the ICB's accounting policies that have the most significant effect on the amounts recognised in the financial statements.

1.12.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Prescribing Liabilities

Prescribing Liabilities NHS England actions monthly cash charges to the ICB for prescribing contracts. These are issued approximately 6 weeks in arrears. The ICB uses information provided by the NHS Business Authority as part of the estimate for period expenditure. For the year ended 31 March 2026 an accrual of £37,990,910 (2024-25 £37,819,452) was included for February and March anticipated expenditure, this figure is not believed to represent a significant level of uncertainty.

Dental Performance Clawback

NHS Business Services Authority process the monthly cash charges for the ICB's Dental Contracts. Contractual payments are made monthly, with an adjustment for under/over performance occurring 6 months after year end. The ICB uses information provided by the NHS Business Services Authority as part of the estimate for performance adjustments. For the year ended 31 March 2026 a claw back value of £10,519,770 (2024-25 £12,500,245) was included for the delivery adjustment, this figure is not believed to represent a significant level of uncertainty.

1.13 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

A redundancy provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a redundancy provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

On March 13th 2025 the government announced that ICB's are expected to make 50% cuts by December 2025, performing the role of strategic

commissioner. This direction has precipitated a restructure process within the ICB, resulting in a redundancy provision.

1.14 **Contingent Liabilities**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

1.15 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.15.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 4.81% is applied for leases commencing, transitioning or being remeasured in the 2025 calendar year; and 5.32% to new leases commencing in 2026 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise
- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment.

Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.16 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
The ICB has written off £5,759 in the year to 31 March 2026 (2024-25 £9,018). This write off was fully provided for under the ICB's Bad Debt policy terms.

There were no Special Payments in the year ended 2025-26 (2024-25 £NIL).

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

1.17 **New and revised IFRS Standards in issue but not yet effective**

The Department of Health and Social Care GAM does not require the following IFRS Standard and Interpretation to be applied for the year ended 31 March 2026.
● IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted
● IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

The application of IFRS 18 and IFRS 19 is not anticipated to have a impact on the accounts.

2 Other operating revenue

	31 March 2026 Total	31 March 2025 Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Non-patient care services to other bodies	5,249	5,289
Prescription fees and charges	12,793	12,855
Dental fees and charges	14,629	13,549
Other contract income	14,422	15,801
Recoveries in respect of employee benefits	1,007	-
Total income from sale of goods and services	**48,100**	**47,494**
Total operating income	**48,100**	**47,494**

2.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	3,490	-	-	8,310	-
Non-NHS	1,759	12,793	14,629	6,112	1,007
Total	**5,249**	**12,793**	**14,629**	**14,422**	**1,007**

	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	-	12,793	14,629	-	-
Over time	5,249	-	-	14,422	1,007
Total	**5,249**	**12,793**	**14,629**	**14,422**	**1,007**

In line with the 2025-26 GAM both the prescription and dental fees and corresponding charges have been classified as being at a point in time whereas the remainder of the income derived by the ICB is classified as over time.

3. Employee benefits and staff numbers

3.1.1 Employee benefits — 31 March 2026

	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	34,778	826	35,604
Social security costs	4,600	47	4,647
Employer contributions to NHS Pension scheme	7,722	46	7,768
Other pension costs	4	-	4
Apprenticeship levy	151	-	151
Termination benefits	13,510	-	13,510
Net employee benefits excluding capitalised costs	**60,765**	**919**	**61,684**

Further analysis of employee benefits is shown in the remuneration and staff report on page 102.

3.1.1 Employee benefits — 31 March 2025

	Permanent Employees £'000	Other £'000	Total £'000
Employee benefits			
Salaries and wages	33,208	2,147	35,355
Social security costs	3,717	75	3,792
Employer contributions to NHS Pension scheme	7,471	108	7,579
Other pension costs	4	-	4
Apprenticeship levy	148	-	148
Termination benefits	227	-	227
Net employee benefits excluding capitalised costs	**44,775**	**2,330**	**47,105**

Pay costs excluding termination benefits are consistent with the prior year but reflect a reduced whole time equivalent. This is as a result of the national Agenda for Change 3.6% 2025-26 pay rises.

Further analysis of employee benefits is shown in the remuneration and staff report on pages 102 -103.

3.2 Average number of people employed

	31 March 2026			31 March 2025		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**602**	**12**	**614**	**612**	**26**	**638**

Further information in respect of staff numbers is included from pages 101-102 of the annual report.

3.3 Exit packages agreed in the financial year

	31 March 2026 Compulsory redundancies		31 March 2026 Other agreed departures		31 March 2026 Total	
	Number	£	Number	£	Number	£
Less than £10,000	1	6,000	6	45,796	7	51,796
£10,001 to £25,000	-	-	25	440,778	25	440,778
£25,001 to £50,000	-	-	36	1,276,109	36	1,276,109
£50,001 to £100,000	-	-	41	2,837,144	41	2,837,144
£100,001 to £150,000	2	251,386	23	2,973,665	25	3,225,051
£150,001 to £200,000	2	310,025	8	1,250,872	10	1,560,897
Total	**5**	**567,411**	**139**	**8,824,364**	**144**	**9,391,775**

	31 March 2025 Compulsory redundancies		31 March 2025 Other agreed departures		31 March 2025 Total	
	Number	£	Number	£	Number	£
Less than £10,000	18	103,331	-	-	18	103,331
£10,001 to £25,000	5	61,361	1	24,828	6	86,189
£25,001 to £50,000	2	58,543	2	62,011	4	120,554
£50,001 to £100,000	1	93,333	-	-	1	93,333
Total	**26**	**316,568**	**3**	**86,839**	**29**	**403,407**

	31 March 2026 Other agreed departures		31 March 2025 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	139	8,824,364	-	-
Exit payments following Employment Tribunals or Court Orders	-	-	3	86,839
Total	**139**	**8,824,364**	**3**	**86,839**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions and conditions of Agenda for Change.

Exit costs are accounted for in accordance with relevant accounting standards and in full at the year of agreement.

On 13 March 2025 the government announced that ICB's are expected to make 50% cuts by December 2025, performing the role of strategic commissioner.

This direction precipitated a restructure process within the ICB, which resulted in the majority of exit packages noted above in 2025-26.

3.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

The employer contribution rate was 23.7% in 2025-26 (23.7% 2024-25).

3.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

For the year ended 31 March 2026 employers' contributions of £7,768,000 (2024-25 £7,579,000) were payable to the NHS Pensions Scheme at the rate of 23.7% of pensionable pay.

4. Operating expenses

	31 March 2026 Total £'000	31 March 2025 Total £'000
Purchase of goods and services		
Services from other ICB's and NHS England	5,172	4,042
Services from foundation trusts	1,784,105	1,619,193
Services from other NHS trusts	251,035	238,239
Purchase of healthcare from Non-NHS bodies	416,570	397,067
Purchase of social care	15,641	15,078
General dental services and personal dental services	55,731	52,077
Prescribing costs	224,259	222,169
Pharmaceutical services	42,175	37,253
General ophthalmic services	11,647	11,092
GPMS/APMS and PCTMS	269,148	246,848
Supplies and services – clinical	3,092	2,587
Supplies and services – general	26,760	21,602
Consultancy services	120	573
Establishment	6,422	9,652
Transport	14,649	12,852
Premises	2,391	3,652
Audit fees*	409	333
Other professional fees	559	827
Legal fees	989	866
Education, training and conferences	3,169	2,604
Total Purchase of goods and services	**3,134,043**	**2,898,606**
Depreciation and impairment charges		
Depreciation	192	192
Total depreciation and impairment charges	**192**	**192**
Provision expense		
Provisions	10,092	(1,067)
Total provision expense	**10,092**	**(1,067)**
Other operating expenditure		
Chair and Non-Executive Members	148	187
Research and development (excluding staff costs)	3,283	2,976
Expected credit loss on receivables	(244)	1,432
Other expenditure	7	50
Total other operating expenditure	**3,194**	**4,645**
Total operating expenditure	**3,147,521**	**2,902,376**

* Audit fees includes the statutory external audit provided by Ernst & Young LLP of £335k (2024-25 £267k) and the Mental Health Investment Standard audit provided by Grant Thornton UK LLP of £74k (2024-25 £66k).

4.1 Limitation on Auditor's liability

The limitation on Auditors' liability for external audit work is £2m.

5. Better Payment Practice Code

Measure of compliance	31 March 2026 Number	31 March 2026 £'000	31 March 2025 Number	31 March 2025 £'000
Non-NHS Payables				
Total Non-NHS trade invoices paid in the year	82,517	809,376	87,223	775,102
Total Non-NHS trade invoices paid within target	82,130	804,755	86,575	765,589
Percentage of Non-NHS trade invoices paid within target	**99.53%**	**99.43%**	**99.26%**	**98.77%**
NHS Payables				
Total NHS trade invoices paid in the year	1,844	2,039,672	2,060	1,880,863
Total NHS trade invoices paid within target	1,813	2,037,747	2,016	1,877,938
Percentage of NHS trade Invoices paid within target	**98.32%**	**99.91%**	**97.86%**	**99.84%**
Total Payables				
Total trade invoices paid in the year	84,361	2,849,048	89,283	2,655,965
Total trade invoices paid within target	83,943	2,842,502	88,591	2,643,527
Percentage of all trade Invoices paid within target	**99.50%**	**99.77%**	**99.22%**	**99.53%**

The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice. Target performance against these categories is at 95%.

In the year ended 31 March 2026 this target delivery was achieved in all categories.

6. Finance costs

	31 March 2026 £'000	31 March 2025 £'000
Interest		
Interest on lease liabilities	3	5
Total interest	**3**	**5**
Total finance costs	**3**	**5**

7. Leases

7.1 Right-of-use assets

	31 March 2026 Buildings excluding dwellings £'000	31 March 2025 Buildings excluding dwellings £'000
Cost or valuation at 01 April 2025	1,005	1,005
Cost or valuation at 31 March 2026	**1,005**	**1,005**
Depreciation at 01 April 2025	524	332
Charged during the year	192	192
Depreciation at 31 March 2026	**716**	**524**
Net Book Value at 31 March 2026	**289**	**481**

7.2 Lease liabilities

	31 March 2026 £'000	31 March 2025 £'000
Lease liabilities at 01 April 2025	(517)	(690)
Interest expense relating to lease liabilities	(3)	(5)
Repayment of lease liabilities (including interest)	206	178
Lease liabilities at 31 March 2026	**(314)**	**(517)**

7.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	31 March 2026 £'000	31 March 2025 £'000
Within one year	(231)	(239)
Between one and five years	(83)	(278)
Balance at 31 March 2026	**(314)**	**(517)**

7.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	31 March 2026 £'000	31 March 2025 £'000
Depreciation expense on right-of-use assets	192	192
Interest expense on lease liabilities	3	5
	195	**197**

7.5 Amounts recognised in Statement of Cash Flows

	31 March 2026 £'000	31 March 2025 £'000
Total cash outflow on leases under IFRS 16	206	178

7.6 Nature of lessee's leasing activities

The ICB has disclosed all lease liabilities under IFRS 16 in Note 7.2. This is for properties that the organisation occupies in order to carry out it's provision of Healthcare Commissioning. The ICB has entered into no further leases which would have been capitalised under IFRS 16.

8.1 Trade and other receivables

	31 March 2026 Current £'000	31 March 2025 Current £'000
NHS receivables: Revenue	315	2,712
NHS prepayments	199	47
NHS accrued income	402	2,347
Non-NHS and Other WGA receivables: Revenue	1,083	1,907
Non-NHS and Other WGA prepayments	882	1,122
Non-NHS and Other WGA accrued income	747	813
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	13,128	13,152
Expected credit loss allowance-receivables	(1,474)	(1,724)
VAT	278	61
Other receivables and accruals	-	3
Total trade & other receivables	**15,560**	**20,440**
Total current and non-current	**15,560**	**20,440**

8.2 Receivables past their due date but not impaired

	31 March 2026 DHSC Group Bodies £'000	31 March 2026 Non DHSC Group Bodies £'000	31 March 2025 DHSC Group Bodies £'000	31 March 2025 Non DHSC Group Bodies £'000
By up to three months	59	101	412	1,073
By more than six months	28	128	98	11
Total	**87**	**229**	**510**	**1,084**

8.3 Loss allowance on asset classes	31 March 2026 Trade and other receivables - Non DHSC Group Bodies	31 March 2025 Trade and other receivables - Non DHSC Group Bodies
	£'000	**£'000**
Balance at 01 April 2025	**(1,724)**	**(301)**
Lifetime expected credit losses on trade and other receivables - Stage 2	244	(1,432)
Amounts written off	6	**9**
Total	**(1,474)**	**(1,724)**

9. Cash and cash equivalents

	31 March 2026 £'000	31 March 2025 £'000
Balance at 01 April 2025	693	376
Net change in year	2,482	317
Balance at 31 March 2026	**3,175**	**693**
Made up of:		
Cash with the Government Banking Service	3,175	693
Balance at 31 March 2026	**3,175**	**693**

All ICB's are required to minimise closing balances of cash and cash equivalents. This has been achieved in respect of mainstream ICB business, however the NHS Norfolk and Waveney Research and Innovation Team holds a number of multi-year research and innovation project grants and cash received from these grants has been held against planned cash outflows in subsequent years. This equates to £470,219.

NHS Norfolk & Waveney ICB also held £1,141,213 with regard to ring-fenced infrastructure funding (developer contributions).

10. Trade and other payables	31 March 2026 Current £'000	31 March 2025 Current £'000
NHS payables: Revenue	20,750	7,647
NHS accruals	28,610	15,728
NHS deferred income	48	770
Non-NHS and Other WGA payables:		
Revenue	8,581	18,439
Non-NHS and Other WGA accruals	129,277	114,980
Non-NHS and Other WGA deferred income	5,706	5,329
Social security costs	484	459
Tax	468	498
Other payables and accruals*	6,467	5,871
Total trade & other payables	**200,391**	**169,721**
Total current	**200,391**	**169,721**

* Other payables and accruals include £2,171,000 (2024-25 £2,205,000) outstanding pension contributions at 31 March 2026.

11. Provision

	31 March 2026 Current £'000	31 March 2026 Non-current £'000	31 March 2025 Current £'000	31 March 2025 Non-current £'000
Redundancy	3,381	-	295	-
Legal claims	2,879	-	1,527	-
Other	15,546	5	9,732	165
Total	**21,806**	**5**	**11,554**	**165**
Total current and non-current	**21,811**		**11,719**	

	Redundancy £'000	Legal Claims £'000	Other* £'000	Total £'000
Balance at 01 April 2025	**295**	**1,527**	**9,897**	**11,719**
Arising during the year	3,381	2,769	15,540	**21,690**
Reversed unused	(295)	(1,417)	(9,886)	**(11,598)**
Balance at 31 March 2026	**3,381**	**2,879**	**15,551**	**21,811**
Expected timing of cash flows:				
Within one year	3,381	2,879	15,546	**21,806**
Between one and five years	-	-	5	**5**
Balance at 31 March 2026	**3,381**	**2,879**	**15,551**	**21,811**

* Other Provisions include Dental under-performance and CHC Reimbursements.
All provisions made satisfy the ICB's Accounting Policy in recognition of a present obligation from a past event with a reliable estimate for a probable expenditure.

12. Financial instruments

12.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

12.1.2 Credit risk

Because the majority of the ICB revenue comes from parliamentary funding, the ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.3 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

12.1.4 Financial instruments

As the cash requirements of NHS England are met through the estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements, and NHS England is therefore exposed to little credit, liquidity or market risk.

12.2 Financial assets

	Financial Assets measured at amortised cost 31 March 2026 £'000
Trade and other receivables with NHSE bodies	23
Trade and other receivables with other DHSC group bodies	693
Trade and other receivables with external bodies	14,959
Cash and cash equivalents	3,175
Total at 31 March 2026	**18,850**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 31 March 2026 £'000
Trade and other payables with NHSE bodies	127
Trade and other payables with other DHSC group bodies	49,234
Trade and other payables with external bodies	144,324
Finance lease obligations	314
Total at 31 March 2026	**193,999**

13. Operating segments

The ICB consider they only have one operating segment, being the provision of Commissioning of Healthcare Services.

14. Joint arrangements - interests in joint operations

ICB's should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

14.1 Interests in joint operations

			Amounts recognised in Entities books ONLY				Amounts recognised in Entities books ONLY			
			As At 31 March 2026		As At 31 March 2026		As At 31 March 2025		As At 31 March 2025	
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**	**£'000**
Norfolk County Council Better Care Fund	NHS Norfolk and Waveney ICB and Norfolk County Council	Joint Commissioning of Care services, hosted by Norfolk County Council, net accounting adopted	-	-	-	91,453	-	-	-	89,873
Suffolk County Council Better Care Fund	NHS Norfolk and Waveney ICB and Suffolk County Council	Joint Commissioning of Care services, hosted by Suffolk County Council, net accounting adopted	-	-	-	11,618	-	-	-	11,453
Suffolk County Council Mental Health Services	NHS Norfolk and Waveney ICB and Suffolk County Council	Joint provision of mental health services	-	241	-	241	-	-	-	237

Children and Young People's Alliance Agreement	NHS Norfolk and Waveney ICB, Norfolk County Council, Suffolk County Council, Norfolk and Suffolk NHS Foundation Trust, Ormiston Families, Mancroft Advice Project, Cambridgeshire Community Services NHS Trust, James Paget University Hospitals NHS Foundation Trust, East Coast Community Healthcare CIC and Norfolk Community Health and Care NHS Trust	Alliance agreement for Children and Young People	-	-	-	2,818	-	-	569	2,735

15. Related party transactions

Details of related party transactions with individuals are as follows:

	As At 31 March 2026		As At 31 March 2026		As At 31 March 2025		As At 31 March 2025	
	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Hilary Byrne, South Norfolk Health Improvement Partnership (Clinical Director)	3,622	-	-	-	3,324	-	-	-
Dr Hilary Byrne, Attleborough Surgery (GP Partner at Attleborough Surgeries)	3,567	-	-	-	3,258	-	-	-
Aliona Derrett, Hear for Norfolk (Chief Executive)	656	-	57	-	584	-	-	-
Bill Borrett, Breckland District Council (Councillor)	-	-	-	-	36	-	-	-
Fran Whymark, Broadland District Council (Councillor)	100	-	15	-	176	-		-
Emma Ratzer, Access Community Trust (Chief Executive Officer)	559	-	-	-	543	-	-	-
Dr Antonia Moussakou - St Johns Surgery *	1,244	-	-	-	-	-	-	-

* New Board Member commenced on 19 November 2025.

The Department of Health and Social Care is regarded as a related party. During the period the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent. The entities with whom the value of transactions exceed £500,000 are listed below:

- Barts Health NHS Trust
- Bedfordshire Hospital NHS Foundation Trust
- Cambridge University Hospital NHS Foundation Trust
- Cambridgeshire & Peterborough NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust
- Community Health Partnerships
- East of England Ambulance Service NHS Trust
- East Suffolk & North Essex NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- Hertfordshire Partnership University NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- James Paget University Hospital NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Mid & South Essex NHS Foundation Trust
- NHS Arden & Greater East Midlands Commissioning Support Unit
- NHS England
- NHS Property Services
- Norfolk & Norwich University Hospital NHS Foundation Trust
- Norfolk & Suffolk NHS Foundation Trust
- Norfolk Community Health & Care NHS Trust
- North West Anglia NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- The Queen Elizabeth Hospital NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Royal Papworth Hospital NHS Foundation Trust
- Supply Chain Coordination Limited
- University College London Hospital NHS Foundation Trust
- West Suffolk NHS Foundation Trust

In addition, there have been further material transactions in the ordinary course of the ICB's business with a number of other government departments, central and local government bodies as follows:

- Norfolk County Council
- Suffolk County Council

As part of the ICB reorganisations the following NHS Suffolk and North East Essex ICB Executive Members joined the NHS Norfolk & Waveney ICB Board as members ahead of it formally merging on 1 April 2026.
There were transactions with NHS Suffolk & North East Essex ICB, however these were mainly related to recharges between the organisations, as part of the sharing of staff.

- Ed Garratt OBE
- Howard Martin
- Lisa Nobes
- William Pope

16. Mental Health Investment Standard Expenditure

	31 March 2026 £'000	31 March 2025 £'000
Minimum expenditure in mental health services to meet the Mental Health Investment Standard as notified by NHS England	263,319	212,113
Eligible mental health expenditure	263,739	212,292
Mental health expenditure above/(below) minimum investment required	421	179
Mental health expenditure as a proportion of total expenditure	8.22%	7.20%

17. Insurance contracts

The primary objective of an ICB is to commission health services for the local population free at the point of use. An assessment of the ICB's contracts has been carried out and none were found to be within the scope of IFRS 17.

18. Events after the end of the reporting Period

With effect from 1 April 2026, NHS Norfolk & Waveney ICB and NHS Suffolk and North East Essex ICB merged to form a new organisation, NHS Norfolk and Suffolk ICB. All of the assets and liabilities of NHS Norfolk & Waveney ICB transferred to NHS Norfolk and Suffolk ICB.

This constitutes a non-adjusting event after the reporting period. This does not impact the basis of preparation of these financial statements.

19. Financial performance targets

NHS Norfolk & Waveney ICB has a number of financial duties under the NHS Act 2006 (as amended). Performance against those duties was as follows:

	NHS Act Section	Duty Achieved?	31 March 2026 Target £'000	31 March 2026 Performance £'000	31 March 2025 Target £'000	31 March 2025 Performance £'000
Expenditure not to exceed income	223H(1)	Yes	3,209,454	3,209,208	2,950,086	2,949,485
Revenue resource use does not exceed the amount specified in Directions	223I(3)	Yes	3,161,354	3,161,108	2,902,592	2,901,992
Revenue administration resource use does not exceed the amount specified in Directions	223J(3)	Yes	28,224	26,170	20,590	19,676

20. Losses and special payments

20.1 Losses

The total number of NHS ICB losses and special payments cases, and their total value, was as follows:

	31 March 2026 Total Number of Cases Number	31 March 2026 Total Value of Cases £'000	31 March 2025 Total Number of Cases Number	31 March 2025 Total Value of Cases £'000
Administrative write-offs	4	6	5	9
Total	**4**	**6**	**5**	**9**

The ICB has written off 4 (2024-25 5) transactions totalling £5,759 (2024-25 £9,018) in the year to 31 March 2026. This write off was fully provided for under the ICB's Bad Debt policy terms.

20.2 Special payments

There were no special payments in the year ended 31 March 2026 and 31 March 2025.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS NORFOLK AND SUFFOLK INTEGRATED CARE BOARD AS THE SUCCESSOR BODY OF NHS NORFOLK AND WAVENEY INTEGRATED CARE BOARD

Opinion

We have audited the financial statements of NHS Norfolk and Waveney Integrated Care Board ("the ICB") for the year ended 31 March 2026 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 20, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2025-26 as contained in the Department of Health and Social Care Group Accounting Manual 2025 to 2026, and the Accounts Direction issued by NHS England in accordance with the National Health Service Act 2006.

In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Norfolk and Waveney Integrated Care Board as at 31 March 2026 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025 to 2026; and
- have been properly prepared in accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Transition to NHS Norfolk and Suffolk Integrated Care Board

We draw attention to Note 18 - Events After the Reporting Period, which describes NHS Norfolk & Waveney Integrated Care Board's transition into the NHS Norfolk and Suffolk Integrated Care Board from the 1 April 2026. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the ICB's ability to continue as a going concern.

In evaluating the Accountable Officer's conclusions, we have considered the requirement of the DHSC Group Accounting Manual for entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services they provide will continue into the future, and had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) regarding the application of ISA (UK) 570 Going Concern to public sector entities.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025 to 2026.

Matters on which we are required to report by exception

We are required to report to you if:

- we issue a report in the public interest under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the ICB under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we are not satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026; or
- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2025 to 2026.

We have nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on pages 48 and 49, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the Governance Statement, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will

always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant are the National Health Service Act 2006, Health and Social Care Act 2012 and Health and Care Act 2022, and other legislation governing NHS ICBs, as well as relevant employment laws of the United Kingdom. In addition, the ICB has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

We understood how the ICB is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the Head of Internal Audit, the Local Counter Fraud Specialist and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance.

We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the ICB is engaging in any transactions outside the usual course of business.

Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management, the Head of Internal Audit, the Local Counter Fraud Specialist and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Board and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations.

To address our fraud risk of fraud in expenditure recognition, we tested the appropriateness of expenditure recognition accounting policies and tested that they had been applied correctly during our detailed testing, tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the financial statements, reviewed accounting for evidence of management bias, tested a sample of accruals based on our established testing threshold for reasonableness, performed cut-off testing of transactions both before and after year-end to ensure that they were accounted for in the correct year, reviewed the Department of Health (DoH) agreement of balances data and investigated significant differences (outside of DoH tolerances), considered the

completeness of liabilities included in the financial statements by performing unrecorded liability testing.

To address our fraud risk in relation to the classification of admin and programme costs we reviewed accounting estimates for evidence of management bias, evaluated the business rationale for significant unusual transactions, considered the results of our work on revenue and expenditure recognition as set out above, specifically considering any instances of management bias and tested judgements made by management on the classification of programme and admin expenditure, ensuing the classification is compliant with relevant guidance.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2024, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in March 2026 as to whether the ICB had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the ICB put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the ICB had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Basis for opinion on regularity

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We conducted our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) issued by the Public Audit Forum. We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of NHS Norfolk and Waveney Integrated Care Board.

Use of our report

This report is made solely to the members of the Board of NHS Norfolk and Suffolk Integrated Care Board as the successor body of NHS Norfolk and Waveney Integrated Care Board in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Board of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Manchester
18 June 2026