

## Annex A

### Illustrative Designated Body Annual Board Report and Statement of Compliance: **Norfolk Community Health and Care Trust**

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 - Summary and conclusion

Section 4 - Statement of compliance

#### Section 1 Qualitative/narrative

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses

Reporting period 1<sup>st</sup> April 2024 – 31<sup>st</sup> March 2025.

#### 1A – General

The board/executive management team of: **Norfolk Community Health and Care Trust (NCH&C)**

can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Y/N	Yes, Dr Caroline Kavanagh.
Action from last year:	See comments.
Comments:	Norfolk Community Health and Care Trust (NCH&C) entered into a Group Model with Cambridgeshire Community Services

	(CCS) Trust on 01.04.2025 and will merge on 01.04.2026. All policies are in date.
Action for next year:	We have begun to align the CCS and NCH&C policies that relate to doctors across the group, so that we will have one Medical Appraisal Policy and one Maintaining High Professional Standards (MHPS) Policy on 01.04.2026.

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Y/N	Yes
Action from last year:	N/A
Comments:	The Revalidation Support Officer is now Louisa Scoggins.
Action for next year:	There is no Medical Appraisal Lead in NCH&C, but there is one in CCS. Dr Kavanagh intends to have one Appraisal Lead covering the merged new organisation with one set of policies.

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Y/N	Yes
Action from last year:	N/A
Comments:	Maintained by a HR Business Partner and the Revalidation Support Officer.
Action for next year:	N/A

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Y/N	Yes
Action from last year:	Review of documentation.
Comments:	All documentation in relation to doctors is currently being reviewed. The Medical Appraisal Lead in CCS is currently reviewing and amalgamating the Medical Appraisal Policy for both organisations in the group as we merge on 01.04.2026.

Action for next year	The amalgamation of policies into one across the new organisation.
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1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Y/N	Yes
Action from last year:	Updating of appraisers, documentation and processes. This was reviewed and updates were given.
Comments:	There was a peer review in August 2024 and another in September 2025.
Action for next year:	Amalgamation of policies is taking place presently in preparation for the merger in April 2026.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Y/N	Yes
Action from last year:	Dr Kavanagh requests a Statement of No Concerns from each doctor from their designated organisation. She has started also requesting a copy of their Appraisal Summary and Personal Development Plan (PDP).
Comments:	The processes for locum/ short term placement and those who work with us from other organisations regarding pre-employment processes are clear.  Processes for short-term/ locum doctors in relation to induction is clear.
Action for next year	Amalgamation of processes for the newly merged organisation.

## 1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Y/N	Yes
Action from last year:	Undertake QA of appraisals using the Appraisal Summary and PDP Audit Tool (ASPAT), this was completed for this year's peer review.
Comments:	All doctors with a prescribed connection have an annual appraisal, there is a defined process for this. We use the L2P platform for appraisals and this considers all relevant information including the scope of practice, quality improvement work, complaints. and incidents.
Action for next year:	Amalgamation of processes for the newly merged organisation.

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Y/N	Yes
Action from last year:	N/A
Comments:	<p>If a doctor does not undertake an appraisal Dr Kavanagh is involved and meets and discusses with the doctor (unless they are on sick leave).</p> <p>If they are on sick leave she contacts their Lead for an idea of when they will return to work so that the appraisal date can be amended accordingly.</p> <p>If they do not engage, Dr Kavanagh will complete a Rev 6-non-engagement form for the GMC in full knowledge of the doctor. This has not happened in this time period.</p>
Action for next year:	N/A

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Y/N	Yes
Action from last year:	Update the policy.
Comments:	The Medical Appraisal Policy is published on the Intranet.
Action for next year:	The amalgamation of appraisal policies is taking place presently in preparation for the merger in April 2026.

1B(iv) Our organisation has the necessary number of trained appraisers<sup>1</sup> to carry out timely annual medical appraisals for all its licensed medical practitioners.

Y/N	Yes
Action from last year:	Review the number of appraisers.
Comments:	There are 18 doctors and 7 appraisers. They are up to date with processes and practice, and keen to remain as appraisers.
Action for next year:	Dr Kavanagh is in discussion with other organisations where they have an insufficient number of appraisers as she may be able to have her appraisers undertake their appraisals.

1B(v) Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

Y/N	Yes
Action from last year:	Provide an update to appraisers.
Comments:	Dr Kavanagh held an appraiser session for all of the appraisers to bring them up to date with new practice and changes to processes and expectations.
Action for next year:	Dr Kavanagh's intention is to have one Medical Appraisal Lead across the new merged organisation. This will formalise the appraiser reviews and updates.

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Y/N	Yes
Action from last year:	Undertake a QA audit of the appraisal process.
Comments:	Dr Kavanagh reviewed 25% of appraisals using the ASPAT tool for the recent peer review. This was very positive.
Action for next year:	Ongoing annual QA assessment.

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<sup>1</sup> While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

## 1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Y/N	Yes
Action from last year:	N/A
Comments:	There has not been any Fitness To Practice (FTP) referrals to the GMC in the last 12 months.  Dr Kavanagh does meet regularly with the GMC Employer Liaison Advisor (ELA) and will also contact him if needed in between the regular meetings.
Action for next year:	N/A

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Y/N	Yes
Action from last year:	NA
Comments:	All recommendations were made in a timely fashion. There was only one recommendation made in the last 15 months. There is a very clear process. If doctors need a deferral or do not engage recommendations are made in discussion with the doctor and an action plan is created.
Action for next year:	N/A

## 1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Y/N	Yes
Action from last year:	N/A

Comments:	<p>The Trust reporting systems have adopted the Patient Safety Incident Response Framework (PSIRF) model for patient safety (including Datix), and this highlights the following:</p> <ul style="list-style-type: none"> <li>• All incidents relating to doctors.</li> <li>• All medicines management incidents relating to doctors.</li> <li>• All Serious Incidents.</li> <li>• All complaints, litigation claims, relevant clinical audits.</li> <li>• All Compliments.</li> <li>• Patient and colleague feedback is undertaken on behalf of the doctors by Patient Experience and HR respectively.</li> </ul> <p>All this information is reviewed in the Learning Huddles, Medicines Optimisation Working Group, Safety Group and the Learning From Deaths Group. If there are individual issues the Chief Medical Officer will let colleagues know about reflecting on Patient Safety Incidents (PSI's) at their individual appraisals.</p> <p>Much of this information (excluding individual activity data) is reported in the bi-monthly Quality Committee Report through the Integrated Performance Report. Assurance Committees and Quality Committees across our Group (NCH&amp;C and CCS) have already been amalgamated.</p>
Action for next year:	N/A

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Y/N	Yes
Action from last year:	Update Doctors about the Paterson enquiry review. This was discussed at the appraiser updates and in the Chief Medical Officer Open Hour with doctors.
Comments:	The systems in place ensure that there is triangulation of awareness of issues and that they are fed into the appraisals of doctors.
Action for next year:	N/A

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Y/N	Yes
Action from last year:	Review how complaints are shared with doctors for their appraisal.
Comments:	The Trust has acquired the L2P platform for medical appraisals and the doctors have given feedback to say that they like this platform as it makes appraisals easier to undertake. All information relating to appraisals is found on the Intranet pages.  Any complaints/ issues/ concerns are provided for appraisals to both the doctor and the appraiser to ensure discussion.
Action for next year:	Amalgamation of processes for the newly merged organisation.

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Y/N	Yes
Action from last year:	Review the MHPS policy and consider having a separate Responding to Concerns Policy.
Comments:	Dr Kavanagh has not yet made any changes to the MHPS policy as NCH&C will merge in the next 6 months and this will be amalgamated as part of this merger.
Action for next year:	Amalgamation of processes and policies for the newly merged organisation.

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Y/N	Yes
Action from last year:	Consider a Responsible Officer Advisory Group (ROAG).
Comments:	There have been no concerns raised in the last 12 months to be reviewed. All panels will have Cultural Ambassadors to ensure fairness.

Action for next year:	Develop the Terms of Reference for a ROAG for the newly merged Trust. There is already agreement from the people Non-Executive Director (NED) to join this group as well as HR Business Partners.
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1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Y/N	Yes
Action from last year:	Consider a new Responding to Concerns/ MHPS Policy.
Comments:	<p>There is a process using the Medical Practice Information Transfer (MPIT) form for all doctors starting or leaving the Trust sent to their previous or new employer. If there is anything mentioned in this the RO will arrange to meet the RO for a conversation. They will also contact any new RO if there are concerns.</p> <p>The RO also reviews Healthcare Professional Alert Notices (HPANs) as they come through with our HR business Partners.</p> <p>Dr Kavanagh asks for a Statement of No Concerns from doctors who work for us but are not attached to us. She also provides these for those doctors for their appraisals.</p> <p>Dr Kavanagh has started asking for a copy of the Summary and PDP from those doctors who work for us but are not attached to us.</p>
Action for next year:	<p>Strengthen the processes.</p> <p>Create a joint Responding to Concerns Policy for the new organisation.</p>

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

Y/N	Yes
Action from last year:	N/A
Comments:	There is a Cultural Ambassador for all disciplinary panels to ensure fairness. There have been no concerns in the last 15 months.

Action for next year:	Create a joint Responding to Concerns Policy for the new organisation. This will be discussed with the Local Negotiating Committee (LNC), HR and our Equality Diversity and Inclusion (EDI) Lead.
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1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Y/N	Yes
Action from last year:	N/A
Comments:	Systems are in place and doctors are encouraged to be involved in clinical governance. Updates are provided across the Intranet when there are changes and teaching sessions are also provided for changes to practice. The doctors are made aware of new policies and procedures. They attend governance meetings within their own departments and can, where relevant, attend the Medicines Optimisation Working Group, Service Assurance Committees, Learning from Deaths Group and Quality Committees. There are also Safety Huddles that they can attend.
Action for next year:	Amalgamation of processes and policies in the newly merged organisation.

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Action from last year:	Look at development opportunities for staff and how we can improve standards.
Comments:	<ul style="list-style-type: none"> <li>▪ We are currently developing a Clinical and Care Strategy for our merging organisation.</li> <li>▪ There are wider Group Leadership Forums and meetings regularly.</li> <li>▪ We work to embed inclusive leadership practice as the responsibility of all leaders and we commit to promoting equal opportunity and fairness standards.</li> <li>▪ We have a multiprofessional Education Forum.</li> <li>▪ All staff have to have an annual appraisal.</li> <li>▪ Clinical leadership is paramount across both organisations in the group and will continue.</li> </ul>
Action for next year:	Amalgamation of processes and policies in the newly merged organisation.

## 1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Y/N	Yes
Action from last year:	N/A
Comments:	The HR team undertake checks for all doctors for ID, Criminal Records, work-health assessment, professional qualifications and regulation, the right to work process and an employment check before doctors are signed off to work at the Trust.
Action for next year:	Amalgamation of processes and policies in the newly merged organisation.

## 1F – Organisational Culture

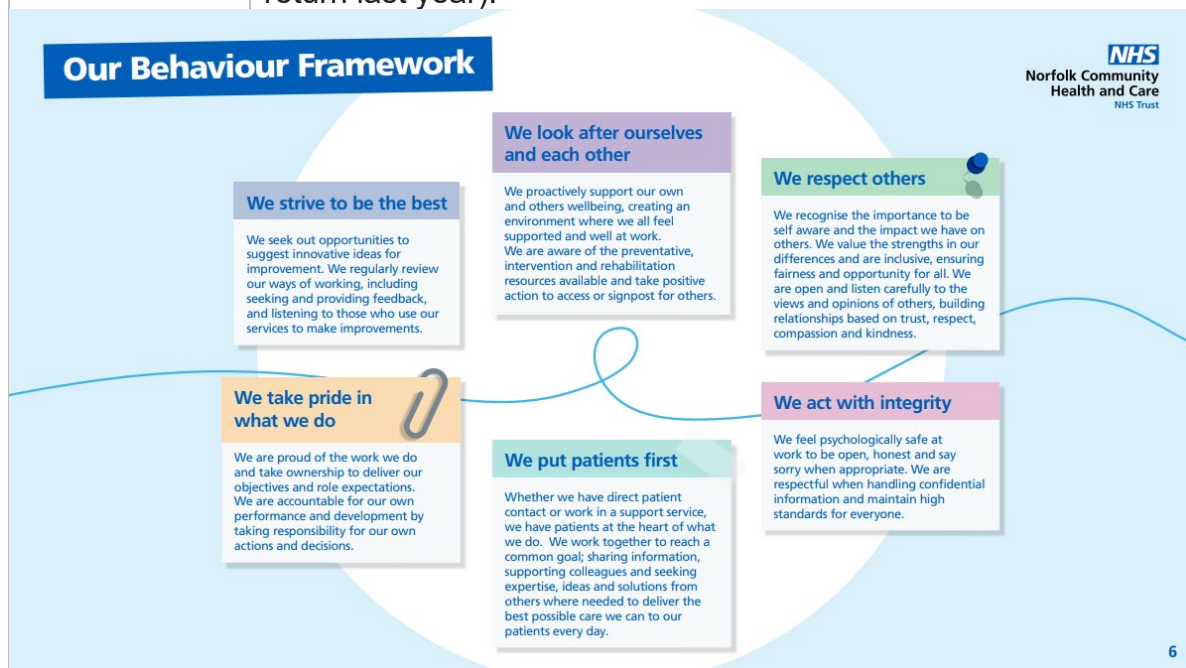
1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Y/N	Yes
Action from last year:	N/A
Comments:	There are systems in place within the Trust to maintain a positive, just culture. These include initiatives such as brilliant teams, integration with patients, improving standards of excellence, Freedom To Speak Up Guardians (F2SU Guardians), and being future focused.
Action for next year:	Amalgamation of processes and policies in the newly merged organisation.

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Y/N	Yes
Action from last year:	N/A

Comments:	The Staff Survey consistently shows positive results around the culture of the organisation, where we see reduced scoring this is considered and plans are made to improve for our teams. The Values of the Trust are Community, Compassion and Creativity and we work to ensure these values are upheld and promoted. We will challenge poor behaviours and have a Behaviour Framework to outline how we should behave. I have attached the Behavioural Framework (as I did in the return last year).
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Action for next year:	We are actively working hard to ensure the merger of our two organisations goes well. We put a lot of time and effort into the messaging to our teams in regards to the Group Model and now the merger. Staff have co-produced our mission, vision and values. They are involved in the Clinical and Care strategy production and have voted on the new name of the organisation.
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1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Y/N	Yes
Action from last year:	N/A
Comments:	The Behaviour Framework was created to help our staff understand expectations and then to be empowered to challenge behaviour that wasn't appropriate. We have two FTSU Guardians. We have a learning culture and hold regular Learning Huddles and Learning From Incidents. Additionally, we also have a Learning from Deaths Group (Chaired by the RO).

	<p>When we look at our incidents, most are of low/ no harm, we continue to encourage the reporting of all incidents. We have a no blame culture in our Trust.</p> <p>We use our Intranet for learning where we have a ‘take 5’ of learning from incidents as well as OWLs (Organisational Wide Learning information).</p> <p>There are three staff groups- Diverse Heritage, Diverse Abilities and LBGTQ+, each of these groups have Champions identified.</p>
Action for next year:	Amalgamation of processes and policies in the newly merged organisation. Our groups are already working together and sharing best practice. We are working to ensure our values and transparency remain consistent when we merge.

1F(iv) Mechanisms exist that support feedback about the organisation’ professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Y/N	Yes
Action from last year:	Consider a ROAG.
Comments:	There have been no cases of concern of doctors in the last 12 months since the handover from the previous RO.
Action for next year:	Dr Kavanagh will create a ROAG Terms of Reference to ensure doctors undergoing a process are receiving fair treatment, the Board would be informed when we merge.

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Y/N	Yes
Action from last year:	N/A
Comments:	When Dr Kavanagh creates a ROAG there will be a Terms of Reference to ensure that doctors undergoing a process are receiving fair treatment, the Board would be informed. The country of primary medical qualification and protected characteristics would be considered. Dr Kavanagh and the HR team are aware of the Fairness and Proportionality Framework and will ensure this is considered with all cases.
Action for next year:	Create a ROAG. The People NED has already agreed to join this group.

	Incorporate the Fairness and Proportionality Framework from NHS Resolution
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## 1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Y/N	Yes
Action from last year:	N/A
Comments:	<p>Dr Kavanagh regularly attends the Regional RO Network meetings, the Regional RO/ DON teams meetings, as well as the Norfolk and Cambridgeshire and Peterborough Medical Director meetings. There are regular meetings with the GMC ELA and there has been engagement in a peer review in September with Hertfordshire Community NHS Trust.</p> <p>Previously Dr Kavanagh was the RO in the neighbouring acute Trust for 5 years and is accustomed to ensuring processes and policies are relevant and up to date. Appraisals this year have been audited using the ASPAT tool.</p>
Action for next year:	To continue to remain up to date and engage with the processes.

## Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025 .

All data points are in reference to this period unless stated otherwise.

The number of doctors with a prescribed connection to the designated body on the last day of the year under review	18
Total number of appraisals completed	17
Total number of appraisals approved missed	1
Total number of unapproved missed	0

The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle	1
Total number of late recommendations	0
Total number of positive recommendations	1
Total number of deferrals made	0
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0
Total number of trained case investigators	0
Total number of trained case managers	1 (Dr Kavanagh)
Total number of concerns received by the Responsible Officer <sup>2</sup>	0
Total number of concerns processes completed	0
Longest duration of concerns process of those open on 31 March (working days)	0
Median duration of concerns processes closed (working days) <sup>3</sup>	0
Total number of doctors excluded/suspended during the period	0
Total number of doctors referred to GMC	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Total number of these appeals that were upheld	0
Total number of new doctors joining the organisation	1
Total number of new employment checks completed before commencement of employment	1
Total number claims made to employment tribunals by doctors	0
Total number of these claims that were not upheld <sup>4</sup>	0

<sup>2</sup> Designated bodies' own policies should define a concern. It may be helpful to observe <https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/>, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

<sup>3</sup> Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

<sup>4</sup> Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

### Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
<p>The Medical Appraisal Policy is currently being amalgamated with the policy from CCS in readiness for the merger in April 2026. It is not out of date.</p> <p>Quality is assured within appraisals using the ASPAT tool, this has taken place.</p> <p>The procedures around appraisal and revalidation have been strengthened.</p> <p>Complaints are shared with appraisees and their appraisers.</p> <p>Appraiser updates by the RO have been given and the number of appraisers has been reduced.</p> <p>Dr Kavanagh has created a pre-revalidation checklist for doctors' due revalidation.</p> <p>Update all doctors were updated post Paterson about practice and the new GMC Good Medical Practice Guidance.</p>
Actions still outstanding
<p>Amalgamation of the Medical Appraisal Policy.</p> <p>Creation of a ROAG and Responding to Concerns Policy is already being organised.</p>
Current issues
<p>There are no current issues. There is no Medical Appraisal Lead in NCH&amp;C, but there is one in CCS. Dr Kavanagh intends to have one Lead over all of the doctors when the organisations merge.</p> <p>Both Organisations use different online platforms for appraisal (NCH&amp;C- L2P and CCS- Allocate). At some point we will move to one platform, but this will be undertaken in a measured way as both platforms work well.</p>
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):

Amalgamation of the Medical Appraisal Policy and the Responding to Concerns/ MHPS Policy so that there is one policy for each across the new Organisation.

Creation of a ROAG is already being organised.

Having one Medical Appraisal Lead.

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

The doctors across NCH&C have engaged well with the appraisal process, they have given no cause for concern in the last 12 months. We are working to encourage joint working across both organisations within our Group to create a positive working environment and sense of ownership for the teams as we merge.

All of the new strategy and processes are co-produced with our teams. Our Staff Surveys are very positive and score highly and we are working to see them improve further. There is transparency with a significant amount of communication between the RO and the doctors, and also across the organisation with all of the staff.

#### Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body:	Norfolk Community Health and Care Trust
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Name:	Mr Matthew Winn
Role:	Chief Executive Officer
Signed:	
Date:	24.10.2025

Name of the person completing this form:	Dr Caroline Kavanagh  <b>Chief Medical Officer</b> <b>Responsible Officer</b>
Email address:	<a href="mailto:Caroline.kavanagh@nchc.nhc.uk">Caroline.kavanagh@nchc.nhc.uk</a>