

Norfolk Community Health & Care NHS Trust

Integrated Governance and Performance Report

May 2025

Reporting period:
March 2025



Contents	Page		Page
Executive Summary	3	Appendices:	
Issue status assurance tracker	4	Continually improving our standards of excellence SPC charts	31-34
Scorecards & Narratives by Strategic themes		SPC glossary & definitions	45
Continually improving our standards of excellence	5 – 20		
Community Nursing	21		
Attracting and developing brilliant and fulfilled teams	22-25		
Being a future-focussed organisation	26 - 27		
Contractual KPI Compliance	28 – 30		

Executive Summary

Key Points:

- **Intermediate Care Beds:** Significant improvement in flow continues into 2025, with reduced Average Length of Stay (ALoS), non-criteria to reside delays (NC2R), and a reduced CAT waiting list. This has led to increased admissions and discharges, with NCH&C generalist inpatient units maintaining 98% occupancy.
- **Willow Therapy Unit:** Further flow improvements expected once full capacity is reached (44 of 48 beds occupied).
- **Incident Reporting & Appointment Cancellations:** Positive trends in incident reporting, DNAs, and cancelled appointments.
- **Wheelchair Service:** Waiting times remain challenging, but the new triage model is helping to streamline referrals and reduce clinical intervention. Staff morale has improved due to collaborative service transformation.
- **Friend & Family Test (FFT):** A decrease in Trust-wide FFT performance, largely driven by the NoW MSK service, with a separate narrative provided to the Luton & Bed Adults & Ambulatory Service Assurance Committee.
- **Pressure Ulcers:** Rates remain below the national benchmark, reflecting the hard work of the trust teams. A review of reporting compliance across Places is underway.
- **Phlebotomy Visits:** Unallocated visits have returned to pre-May 2024 levels since the October 2024 peak.
- **Sickness Absence:** Rolling sickness absence rates have improved over the last two months, though remain a challenge. Time to recruit and appraisals are also highlighted in the report.
- **Financial Overview:** The services covered by this report were £1.2m overspent in 2024/25
- **Contractual KPIs:** Performance remains positive, with no new concerns beyond previously identified issues

Issue status assurance tracker

Service	Issue Raised	Last raised in TPR on:	Current assurance level that actions planned will fully resolve issue	Current assurance level that actions planned will mitigate issue	Assurance levels reviewed by Service in:	Is there narrative relating to the issue or service in this report this month?	Page
Adult Autism Service	Over 30-week waiters	Nov 2024	Limited (no change)	Limited (no change)	Oct 2024	No. NCH&C will shortly cease provision of this service (31/05/2025)	
Wheelchairs Service	18-week RTT non-compliance and 30-week waiters	May 2025	Reasonable (from limited)	Good (from Reasonable)	July 2024	Yes	16 - 17
Adult LD Service	Over 30-week waiters	Sep 2024	Limited (no change)	Limited (no change)	Sep 2024	No. NCH&C will shortly ceased provision of this service (31/05/2025)	
Workforce data	Trust-wide Sickness Absence rate	Jan 2025	Limited (no change)	Good (no change)	Oct 2024	No	
Workforce data	Time to Recruit	May 2025	Good (no change)	Reasonable (no change)	Oct 2024	Yes	25 - 26
Specialist Palliative Care	Access & Quality update	May 2025	Good (no change)	Good (no change)	July 2024	Yes	19 - 20
Wheelchair Service	Percentage given equipment within 18 weeks	May 2025	Limited (no change)	Reasonable (no change)	July 2024	Yes	16 - 17
Inpatient Units	Bed Flow update	May 2025	N/A (as update)	N/A (as update)		Yes	14 - 15
Community Nursing Norwich	Unallocated Phlebotomy visits	May 2025	Substantial	Substantial		Yes	18
Corporate - HR	Appraisals	May 2025	Reasonable	Good		Yes	23 - 24
CNT	Pressure Ulcers Benchmarking	Mar 2025	N/A (as update)	N/A (as update)		No	

Place
 NCHC Total

Continually improving standards of excellence (CISE) - Quality

Metric	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
CISE01 - VTE Compliance Rate	Mar 25	95.5%	95%			Special cause variation concerning.	Threshold hit and miss subject to random variation
CISE02 - Injurious Falls per 1000 OBDS	Mar 25	2.72	2.1			Common cause variation.	Threshold hit and miss subject to random variation
CISE03 - Complaints per 1000 WTE	Mar 25	5.01	4.3			Common cause variation.	Threshold hit and miss subject to random variation
CISE04 - FFT Rate	Mar 25	91.8%	95.6%			Special cause variation concerning.	Threshold hit and miss subject to random variation
CISE06 - Incidents (excl No Harm) per 1,000 WTE	Mar 25	91.9	199			Special cause variation improvement.	Threshold consistently hit
CISE07 - Medication Errors (Hosp) per 1000 OBDS	Mar 25	2.33	2.7			Common cause variation.	Threshold hit and miss subject to random variation
CISE08 - Medication Errors (Comm) per 1000 WTE	Mar 25	12.1	12.1			Common cause variation.	Threshold hit and miss subject to random variation
CISE09 - PUs (Hosp) per 1000 OBDS	Mar 25	2.33	0.8			Special cause variation concerning.	Threshold hit and miss subject to random variation
CISE10 - PUs (Comm) per 1000 Patients	Mar 25	1.30	1.3			Common cause variation.	Threshold hit and miss subject to random variation
CISE10a - PUs (Comm) per 1000 Patients - CNT only	Mar 25	4.85				Common cause variation.	No Threshold
CISE15 - Compliments	Mar 25	93				Common cause variation.	No Threshold
CISE19 - Post 48hr C.Difficile per 1,000 OBDS	Mar 25	0	0.06			Common cause variation.	Threshold hit and miss subject to random variation
CISE20 - Duty of Candour	Mar 25	0	0			Special cause variation improvement.	Threshold hit and miss subject to random variation
CISE22 - Zero MRSA bacteraemia in Inpatients	Mar 25	0	0			Common cause variation.	Threshold consistently hit

Continually improving our standards of excellence - Quality Summary

Incident reporting and patient safety

Quality indicators remain within threshold; however inpatient pressure ulcers have spiked twice in the last three months. Further investigation to understand themes is under way, this includes two section 42 referrals from Pricilla Bacon Lodge, mentioned later in Palliative care spotlight (slides 19 – 20). There is some evidence that the number of patients transferred into our inpatients with pressure ulcers has increased.

In the reporting period (Feb/March) there have been a total of 1733 incidents reported via the Datix system. 16 were assessed as severe harm incidents and of these

- 14 related to the deterioration of known pressure ulcer wounds from either category 3 or unstageable wounds to category 4 . These incidents have been reviewed at Place level and investigations presented at Stop the Pressure Group and learning shared in cascade to teams.
- One incident related to safeguarding concerns for a patient known to the Learning disability team who appeared to have some non-accidental bruising following a period in respite care (not NCHC service) . All appropriate escalations and referrals have been completed
- One incident related to a patient choking incident on PBL, this has been reviewed at Learning Huddle and an After Action Review (AAR) is currently underway which will be shared at the Deteriorating Patient Group

Learning Huddle

A total of **165** incidents have been reviewed via Learning Huddle, six incidents identified for further investigation via an After Action Review , two for investigation with system partners using an MDT/round table approach and two for SWARM review.

Themes include, review complexity of patient care requirement , future referral criteria, transition of care, assessment from STACK into services, managing patient choking and first response in resus. There were no Patient Safety Incident Investigation (PSII) declared in the reporting period

Learning Opportunities

Learning identified included, management of diabetic ketoacidosis, IPCA impact and risk of falls, use of local learning huddles, weekend planning for medication availability (community services)

Learning from death incidents .

- There have been five Learning Disability notifiable deaths, referred to LeDER, each case reviewed at Learning Huddle, no immediate learning identified.
- There have been eight deaths in the community, not related to a patient safety incident but deemed to be unexpected . All eight cases have been reviewed at Learning Huddle and no missed clinical opportunities identified.
- There has been one patient death where there was a short delay to commencing resuscitation . Although it is not considered that this affected the outcome an AAR is currently under way.

Regulation 28: Report to Prevent Future Deaths

NCH&C are still awaiting feedback from the formal response submitted to the Coroner on 26th February 2025.

As of 28th April 2025, there are **39** actions set on the trust plan, with five delayed actions. Three relate to the roll out of the community quality assurance tool, delayed due to the ceasing of the contract with the provider of our audit and FFT service and the procurement of a new platform provider. Mitigation is in place, and we expect to go live in June. The other two delayed actions relate to the completion and recommendations from a Patient Safety Incident Investigation, as a new investigator has had to be allocated.

Safeguarding Adults (SGA)

Training

Training compliance for Safeguarding Adults, Mental Capacity, Prevent and Deprivation of Liberty Safeguards (DoLS) are all over **90%**. However, Safeguarding Level 3 compliance has dropped to 77%. This is partly due to resource in the Safeguarding team, which has now improved and staff managing to attend. Work is ongoing to improve this position, with extra sessions planned.

Deprivation of Liberty Safeguards (DoLS)

A new DoLS process has been developed with Ward Managers to improve the monitoring of applications, this includes copying in the safeguarding team into any DOLS requests as well as completing the CQC outcome forms.

This will allow the Safeguarding team to monitor any gaps in DoLS applications that do not get authorised by the local authority. This is a risk recognised by the Norfolk Adult Safeguarding Board.

Mental Capacity Act (MCA)

NCHC safeguarding team have identified a tool to audit the quality of MCA assessments in each team. This audit is scheduled for completion by Quarter 2 2025.

Section 42s

There were **40** safeguarding adult Section 42 investigations involving NCHC patients raised in February and March, 27 raised against NCHC . The SGA team have reviewed all 40 and identified that NCH&C could be assessed as neglectful in 12 cases.

There were five inpatient referrals made against NCHC, all of which pertain to neglect. The Safeguarding team continue to work with the Quality team in identifying and ensuring learning is embedded into practice. 34 of section 42 investigations pertain to pressure area care/wound care.

Safeguarding Adult Reviews (SAR)

SAR Eric: Published Feb 2025. A suicide of a male where there were complex needs including self-neglect and alcohol abuse. This SAR resulted in five recommendations, learning relevant for NCH&C is being discussed and includes the use of Mental Capacity Act (MCA) assessments, and practitioners’ understanding of available legislation, the introduction of a single point of access roles the system, for agencies without an MCA, or DoLs specialist, development of an eLearning briefing tool with terminology and criteria for various Mental Health Act and Mental Capacity Act terms.

Complaints - Total Formal Complaints for February (13) and March (10)

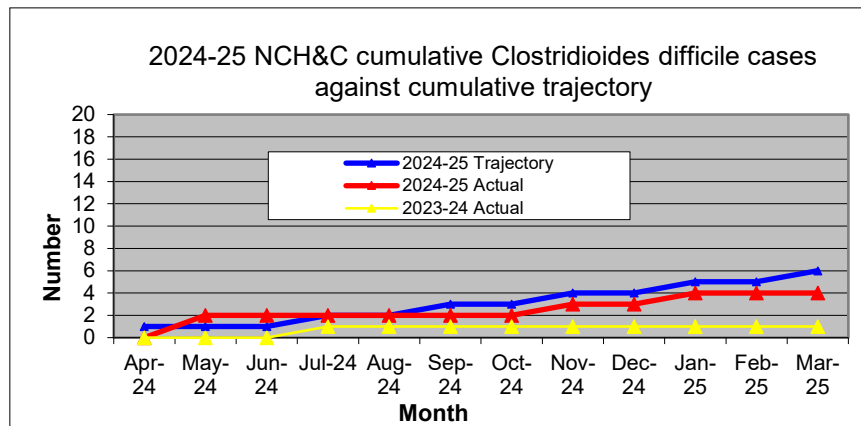
- The main themes were, community nursing care delivery of wound care and leg ulcers, including frequency of dressing changes and staff behaviours.
- Informal complaints were regarding staff attitude and community nursing appointments being rescheduled/moved without informing the patient/carer.

Friends and family test (FFT)

- February – 320 responses with 254 rated as “very good”
- March – 164 responses with 131 rated as “very good”

The trust has commissioned a new provider for the FFT platform that starts in May 2025, due to Envoy the previous prover withdrawing suddenly, the trust has had to rely on paper and manual collection for April. Although responses were down in March, overall, the Trust has seen an increase in recent months.

Infection prevention & Control



NCH&C remained under trajectory at the end of 2024/25 for Clostridioides difficile (C Diff)



Flu uptake this year was very disappointing and planning is already under way for next year. Staff were unable to be released as peer vaccinators as had been relied on previously.

Place

NCHC Total

Continually improving standards of excellence (CISE) - Operations

Metric	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
CISE05 - 18wk RTT Compliance Rate	Mar 25	71.4%	92%			Special cause variation concerning.	Threshold consistently missed
CISE05a - 18wk RTT Consultant Led	Mar 25	79.3%	92%			Special cause variation concerning.	Threshold consistently missed
CISE05b - Over 30 week Waiters	Mar 25	5303	845			Special cause variation concerning.	Threshold consistently missed
CISE05g - Median wait in weeks - unseens	Mar 25	7.7					No Threshold
CISE05h - Median wait in weeks - Seens	Mar 25	0.6				Common cause variation.	No Threshold
CISE05d - Over 52 weeks Consultant Led	Mar 25	8	0			Special cause variation concerning.	Threshold hit and miss subject to random variation
CISE11 - Right to Discharge (days delayed)	Mar 25	23.3%	29.5%			Common cause variation.	Threshold hit and miss subject to random variation
CISE12 - Occupancy (Hosp)	Mar 25	97.8%	87.9%			Common cause variation.	Threshold consistently hit
CISE13 - Contacts recorded in 24hrs	Mar 25	98.7%	98.5%			Special cause variation concerning.	Threshold consistently hit
CISE14 - Average length of stay	Mar 25	28.9	30			Common cause variation.	Threshold hit and miss subject to random variation
CISE16a - Did Not Attends - Adult services	Mar 25	1.5%	2.5%			Common cause variation.	Threshold consistently hit
CISE16b - Did Not Attends - Childrens services	Mar 25	3.6%	5%			Common cause variation.	Threshold hit and miss subject to random variation
CISE17 - Cancellations by Unit (CBUs)	Mar 25	1.5%	5%			Common cause variation.	Threshold consistently hit
CISE18 - 2 Hour Urgent Response (Monthly)	Mar 25	72.4%	70%			Common cause variation.	Threshold hit and miss subject to random variation
CISE31 - Virtual Ward occupancy % (Monthly)	Mar 25	71.9%					No Threshold
CISE32 - Avg Virtual Ward capacity (Monthly)	Mar 25	19					No Threshold

Continually improving our standards of excellence - Operational Summary

Leadership Structure & Directorates:

The new Norfolk Integrated Leadership structure went live from 1st April. All posts are now filled with leaders taking on their new roles with positive engagement and commitment. We have a six-month organisational development support programme including team development, integrated leadership and personal appraisal and psychometrics incorporated. This will allow confidence that the group will become increasingly cohesive as a single leadership team across all areas of Norfolk service and integrated areas.

Continually improving our standards of excellence - Operational Summary

UCR performance

- UCR performance is not showing any consistent increase month on month and the initial changes made last year appear to have flattened in delivery. We see significant variation between places and month on month largely linked to staff availability. The new UCR directorate will strengthen focussed strategic planning in this area, and new growth funding is aiming to significantly increase available capacity.
- Going forward the focus will be on not only moving to the 80% target, but also increasingly evidencing impact on acute and UEC systems by increasing community delivery. We will be bringing a UCR spotlight to a future SAC.
- Growth funding towards VW, UCR, IV and West SDEC will all improve this position.
- A new consistent triage model for UCR is now being implemented across places to reduce variation in delivery.

Norfolk & Waveney Unscheduled Care Coordination Hub (UCCH) & Virtual Ward activity

- Please see the following three slides for UCCH & Virtual Ward activity data.

Norfolk & Waveney Unscheduled Care Coordination Hub (UCCH)

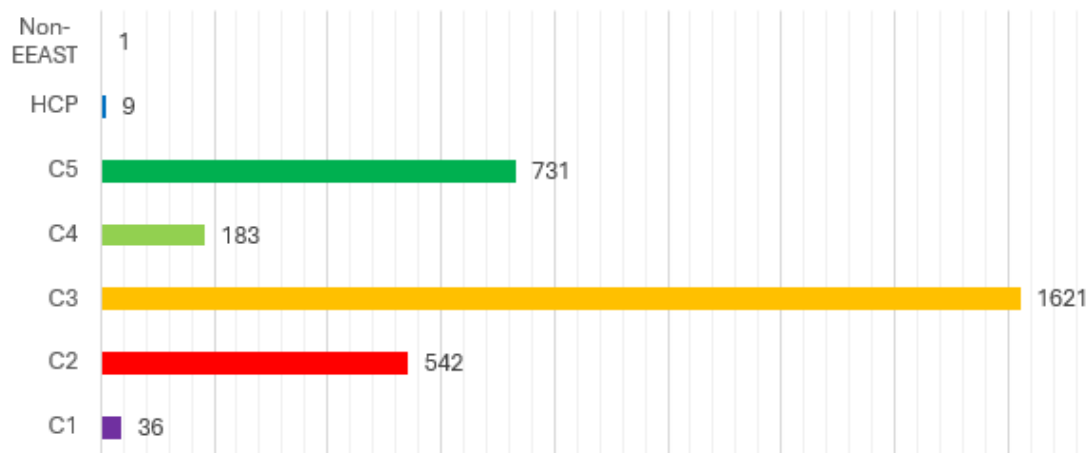
Context/Background/Insights:

- Total activity in March was **3,120** for UCCH, which is the highest volume of patients yet. Activity growth continues since start of service. This month shows an improved acceptance rate of **74%** (**2334** patients).
- Conveyance Rate averages **18%** for C3-5 calls.
- Conveyance Rate is slightly higher in C1-2 as **26%**, but only **11%** were missed opportunities (lack of skill or capacity in community).
- The volume of patients converted to community (NCHC and ECCH) services were **329**, with **49%** accepted.
- There was a reduction of calls into community, but due to a new data template from NHSE, UCCH thinks this is a data issue – this will be monitored.
- There is however an overall increase of work onto the GPs which the hub has recognised as not optimal, so a project has been started to increase the number of patients passed to community.

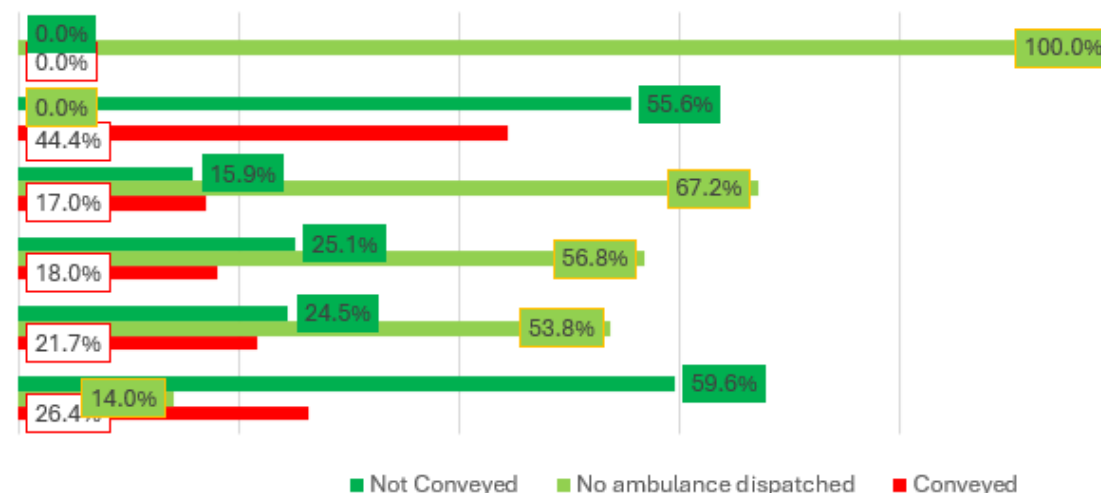
March Performance Report

Total Referrals	Accepted	Community	Accepted
3120	2334	329	164

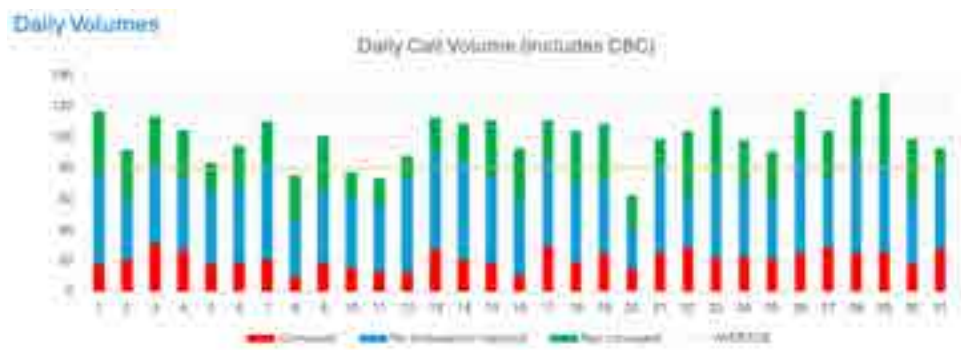
Total patients by Category



Response Rates



Norfolk & Waveney Unscheduled Care Coordination Hub (UCCH)



- Daily call volumes have increased; the service is now averaging **79** calls per day.
- Weekends continue to be utilised more than weekdays. This is due to other lines being available within the system.
- There has been a significant drop in Community utilisation of the line, a rebranding is needed to increase and sustain utilisation.

Community Converted activity (combined NCHC and EGCH)



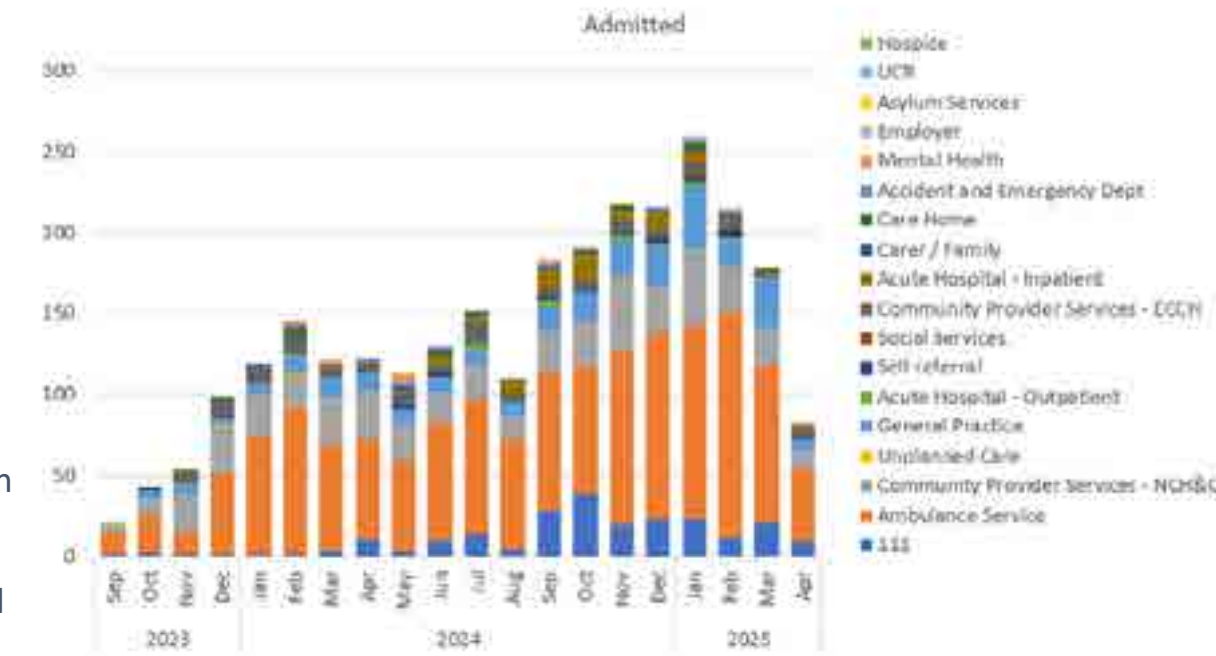
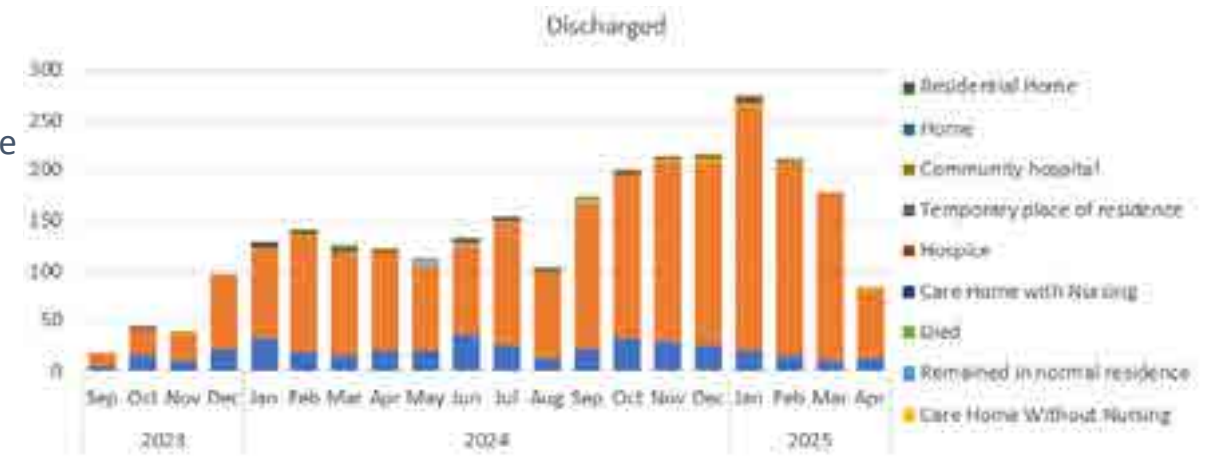
- **329** patients referred were assessed by Community.
- **142** were accepted onto UCR response
- **145** were rejected due to no capacity within UCR
- **20** were rejected due to skill/process issues within UCR
- **22** were heard and treated by UCCH Nurses, with no response necessary on the day.
- There has been a decrease in activity, this is mainly due to data issues that the new NHSE template has caused.
- NCHC and IC24 are jointly planning how to improve data quality, there are plans to transform the digital architecture of UCCH.
- Further UCCH work is underway to transform it into a true team, which will improve efficiency within, targeting patients at the best skills.

NCHC Virtual Ward

Context/Background/Insights:

From 1st January 2025:

- The service have received a total of **737** referrals, the majority of which have originated from within the areas covered by NCHC. Norwich continues to be the highest.
- Of the 737 referrals, **404** patients were successfully onboarded to the Virtual Ward and remained under the care of the Advanced Clinical Practitioners (ACPs), with an average length of stay (LOS) of **four** days. The remaining **333** referrals did not require Virtual Ward admission. **256** of these were appropriately signposted or referred to the correct services, effectively preventing hospital admission.
- While direct comparison with national tariffs is not currently possible due to the absence of standardised data, the service estimates that patients under its care have collectively accounted for **1,434** Virtual Ward bed days
- Most patients admitted to the Virtual Ward were discharged to their usual place of residence (**86%**). In cases where hospital admission was required, this was either based on clinical assessment or occurred out of hours.
- For patients admitted under our care, decisions to escalate to acute hospitals were made following clinical discussions with other healthcare professionals. This ensures that acute teams receive relevant clinical information and are not required to start assessments from scratch.
- The Hub runs 7 days a week 8am till 8pm, continuing to build relationships with the UCCH and wider service partners. Actions taken from the learning week in September have seen a dramatic decrease in the overall length of triage each person takes, now averaging 20 minutes from referral to save. The Virtual ward service continues to work on a trusted assessment programme for those referrals that have come direct from UCCH and the associated GP's.



Intermediate Care Beds – Q4 Inpatient Bed Flow review update

Context/Background/Insights:

- After significant improvement in 2024, the flow in the Intermediate Care Beds continues to maintain improvement into 2025. Average length of stay (ALoS), non-criteria to reside delays (NC2R) and the Community Access Team (CAT) waiting list continue to show reductions on previous years.
- This had led to increased admissions and discharges in the wards, January 2025 saw **221** admissions which is the highest volume recorded. NCH&C generalist inpatient units occupancy levels remain around **98%** and are taking more dependent patients.
- Patient flow is expected to further improve once full bed capacity is reached with Willow opening. An average of **162** beds were utilised in the wards in 2024, this has increased to **178** to date in 2025. Willow will further increase bed stock to **183** as we move into Q1 2025/26.

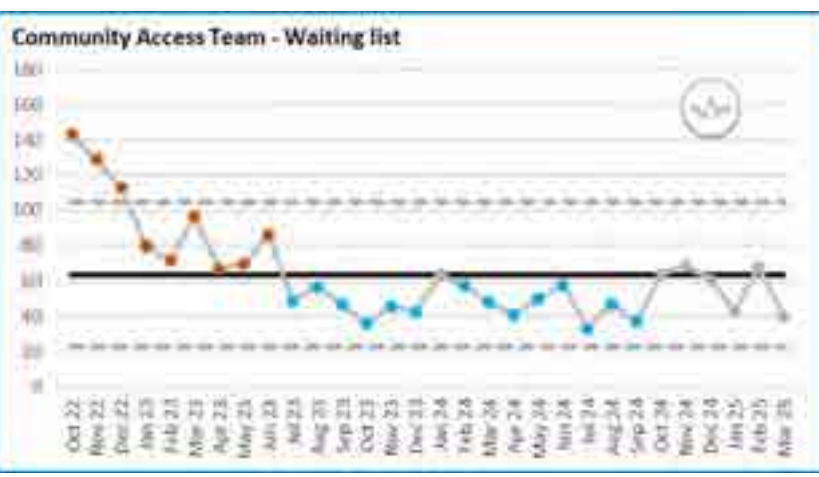
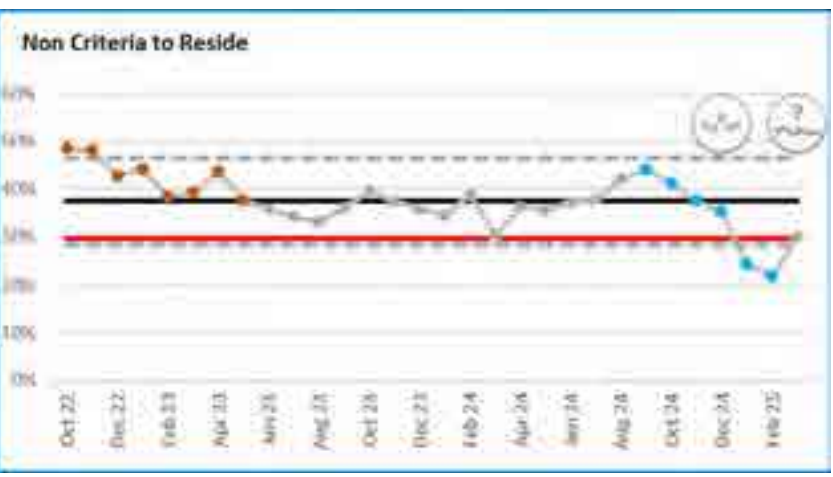
What does the data tell us:

Using 2024 as the baseline -

- **Admissions** – 16% increase, averaging 193 a month in 2025 compared to 164 in 2024.
- **Discharges** – 15% increase, averaging 189 a month in 2025 compared to 162 in 2024.
- **Average Length of Stay** – 2% reduction, averaging 27.5 days in 2025 compared to 28.3 in 2024
- **Non-Criteria to Reside** -11.8% reduction, averaging 25.5% YTD in 2025 compared to 37.3% in 2024, now below the national benchmarking threshold of 29.5.

Admissions and Discharges:

- The graph (right) shows that with the shorter average length of stay in 2024 and continuing into 2025, **admissions and discharges have increased**.
- The **Average Length of Stay** has consistently been between **26 – 30 days** since January 2024.
- **Admissions per month** have remained consistent for the last six months, between **180-200**. This should increase to around **200-220** with Willow now open.
- **Birch ward averaged an 18-day length of stay** opening in April 2024, this has supported the overall reduction.



Intervention/Actions:
Actions to continue the positive trends seen in the last quarter -

- To have delivered **20** beds on Birch unit until Willow Therapy Unit opened.
- To deliver **22** surge beds since June
- Continue two non-ctr review meetings per week with senior leadership.
- Implement one long non-ctr meeting per week.
- Deliver bespoke meetings to discuss any patients requiring complex discharge plans.
- Escalate any blockages to senior management.
- Operations Managers attending Red2Greens

Community Access Team (CAT) demand

- Admissions into the Generalist Units come via CAT referrals.
- A NNUH discharge pilot November 2024- Jan 2025 now BAU has led to increased demand with CAT leading initial triage of referrals to assign D2A pathway.
- In March 2025, CAT averaged **87** referrals a week. For the previous 12 months, the average was **64** referrals per week.
- Since Dec 2024, CAT referrals have risen by **50%** (**57** per week, now averaging **87**)
- In terms of daily referrals, for the last few months, an average of **13** a day are being received compared to **8** over the last year. However, up to 30 a day have been received Monday-Friday with weekend referrals usually lower. There has also been a slight rise in Saturday and Sunday referrals over the last 4 months.



- On the graph to the left, the orange line indicates the significant rise in CAT referrals (**50%**). The blue line shows how many of these referrals were admitted to a rehab bed. Previously averaging **126** a month, this has risen to **150** a month (**19%**).
- The graph to the right shows the percentage of CAT referrals which are converted to Rehab admissions. This was **50%** for March 2025 but has dropped alongside the increase in referrals.
- This shows the although referrals into CAT have increased by **50%**, only **38%** of the new demand is appropriate for a rehab beds.

Anticipated impact of actions:

- Reduced number of days patients are delayed.
- Reduced delays confirming if patients are on a discharge to assess pathway.
- Reduced Length of Stay.
- Improved flow in/out of units.
- Able to identify any wards experiencing challenges and target intervention to resolve issues.
- Improve patient experience.

Benchmarking

- NCH&C is a member of the NHS Benchmarking Network and outputs can be utilised to evaluate how we compare to other Community Trusts and can be a useful tool to review 'what good looks like'.
- The table below shows comparable data for key performance measures after the release of the 2024 Intermediate Care Benchmarking Project.
- In 2025, NCH&C is currently below the national average for Average length of Stay and Non-criteria to reside (NC2R). Patients discharged to usual place of residence is slightly below the average while occupancy rate is currently in the upper quartile.
- A wider range of benchmarking measures for 2024 is due to be published later this year, including quality outcome indicators such as the Barthel.

NHS National Benchmarking Measure	2024 Benchmarking average (max)	2024 NCHC average (max)	Q4 2024/25 NCHC average (max)	NCHC - National benchmarking position
Average Length of Stay	27.8	28	27.5	Average
Bed Occupancy	90.5%	97.9%	98.9%	Upper Quartile
Discharge Destination - Usual Place of Residence	55%	56.6%	52.3%	Average
Delayed Discharges (Non-criteria to reside)	27.7%	37.3%	25.5%	Average

Current & potential/anticipated risks:

- Staff burn out linked to staffing challenges and multiple operational projects/changes
- Lack of staff skill mix as turnover occurs.
- There are no formal risks logged on the risk register for the service.

Action plan owner: Vanessa Hansell

Bring back date: November 2025

Wheelchair Service – 18-week Referral to Treatment (RTT), over 30wk waiters and Wheel1 KPI

Context/Background/Insights: The Wheelchair service caseload continues to reduce monthly and the number of patients waiting is as low as it has been since December 2021.

- There are currently a total of **909** total waiters, **352** of them are over 30-week waiters, **96** are over 52-week waiters. The service is **49.7%** compliant against the 18-week RTT compliance. The overall caseload (**909**) has been on a downward trend over the last 24 months after peaking in June 2023 (**1229**). 30-week waiters have also been reducing for the last 12 months.

What does the data tell us?

- Special cause variation of a concerning nature (for 30-week waiters + 18-week RTT). Total waiters are now below the 3-year mean average.
- 52% of the total waiters are yet to have a first assessment (470 of 909). 36% (325) are awaiting Wheelchair handover.
- Of the 96 52-week waiters, 93 (97%) have had a first assessment (there is a national standard that categorises patients as ‘waiting’ until they have received their equipment regardless of how many times they may have already been seen), 39 (40%) have appointments booked in April/May, 44 (46%) have had appointments cancelled by patient or a DNA, 59 (61%) are awaiting equipment handover.
- In terms of the 18-week RTT, March 2025 performance was 49.7%, 48.7% for 2024 so far. This compares to an average of 51.7% across 2024, an expected slight decrease as the service targets the longest waiters.
- Slightly different to the 18-week RTT, the ‘Wheel1’ KPI is the percentage of patients discharged in month who received equipment within 18 weeks. The KPI has averaged at 43.5% over the last 12 months, which is an improvement on the 2023/24 average, 34%.

Metric threshold and definition:

- 18-week RTT– 92% of patients to be waiting within 18 weeks
- 30-week waiters – Referrals waiting 30 weeks or over to commence treatment.

Patient Safety context:

- To manage the current high caseload, the service continues to prioritise patients based on medical need.
- To ensure patient safety and reduce long waiting times, two staff members have been specifically allocated to focus on long-waiting patients.
- Supplier onboarding had encountered delays due to issues with honorary contracts. This process has recently been resolved, meaning suppliers are able to independently run our clinics.
- Collaboration with the Children’s Services OT team is ongoing, aimed at enhancing coordinated care efforts. In-house training has been successfully completed to support this initiative.



● Target
 — Mean
 ● Measure
 ● Concerning special cause
 ● Improving special cause

Workforce/HR context:

- The service is fully recruited.
- 1.0 WTE ringfenced for succession planning – Rehab Engineer.

Intervention/Actions:

Direct Issue Model Implementation

Over the last six months, direct issue referrals have been monitored regularly, there has been a steady increase in demand identified as appropriate for direct issue as the team have become accustomed to the new way of working. In recent weeks, a ‘chair in a day’ model has been utilised – ‘direct issue’ allowing patients to be measured and receive equipment in the same day, when stock allows.

Collaborative Efforts

- On 28th March, there was a successful Open Day focussing on Patient engagement. As part of the day, patients were introduced to the Wheelchair team, various chairs and equipment as well as the service’s new operating model.
- Continuing with proactive planning by maintaining rotation schedules and broadening OT knowledge in basic wheelchair provision.
- Working in close partnership with our supplier to independently oversee Ottobock (Equipment Provider) clinics, allowing greater focus on complex cases.

Asset Database Utilisation

- Utilising the asset database to monitor medical devices, ensuring regulatory compliance and improving service efficiency.
- Performing regular data quality audits to enhance overall compliance.

Anticipated impact of actions:

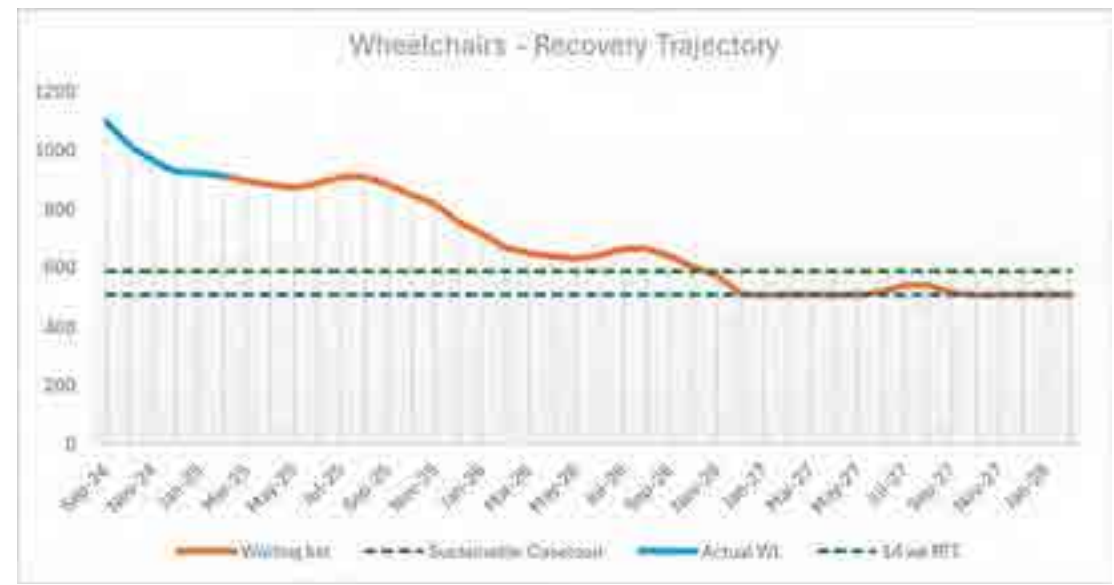
- The ‘direct issue’ model is active, with new referrals processed through a triage tool that allocates patients to the appropriate caseload, helping minimise the need for clinical intervention.
- Staff morale has improved in recent months. A large part of this is due to collaborative working on the service transformation. The positive actions taking place should continue this trend.

Current & potential/anticipated risks:

- The direct issue model supports the service in meeting future demands and recovering current capacity. However, increased discharges correlate with rising equipment costs, posing a financial risk.
- Seasonal demand – May and June traditionally have seen referrals increase over previous years (primarily attributable to patients being more mobile as the weather improves).
- There are no formal risks logged on the risk register for the service.

Action plan owner: Dawn Riley

Bring back date: November 2025



Date to reach sustainable	Oct-26
Date to reach 14wk RTT	Jan-27

- The recovery trajectory forecasts the service returning to a sustainable caseload (505) within 18 months. There would then be an additional 3 months required to meet the target of a 14-week RTT.

Issue – Increasing levels of unallocated phlebotomy visits, notably in Norwich Place.

Context/Background/Insights:

- Since the peak of October 2024, the number of unallocated phlebotomy visits has returned to pre-May 2024 levels, with small spikes in March and start the of April, which have been below the October peak and quickly resolved.
- Over the period 26 August 2024 – 17 Jan 2025, HomeLink met **10.1%** of Norwich’s venepuncture demand and **69.5%** of South’s. The estimated cost (at £90 per visit) was £128k
- **1279** referrals were recorded for venepuncture, with **2033** care plans performed.

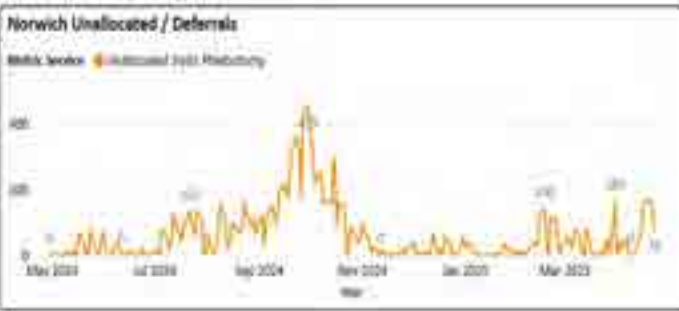
What does the data tell us?

- There has been an **85%** decrease in unallocated Phlebotomy visits in Norwich since the October peak.
- The overall Trust level of unallocated phlebotomy visits has decreased.
- There are occasional spikes which are quickly resolved and have limited mid to long-term impact.

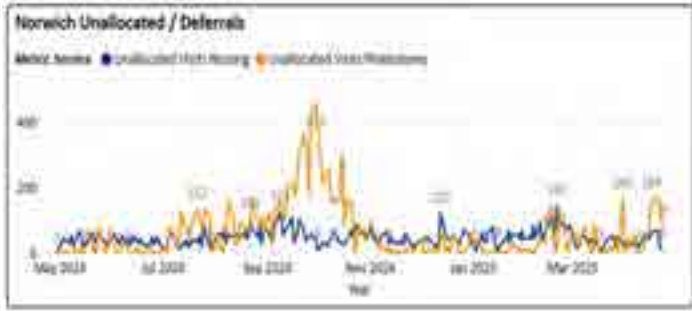
Metric threshold and definition:

- An unallocated visit is defined as: “A clinical visit required by a referral, that has been accepted, but cannot be completed due to lack of capacity, but is not expected adversely impact patient care.

Unallocated Norwich Phlebotomy visits



Total Norwich Unallocated visits



Intervention/Actions:

- Four rounds of recruitment took place to fill previous vacancies.
- As well as the additional temporary resource from HomeLink, B3 HCA's from Norwich community teams undertake phlebotomy visits during escalation periods. which increases the number of nursing unallocated visits

Patient Safety and Clinical Effectiveness context:

- Daily reviews are undertaken to ensure that patients are seen in clinical priority
- To date there has been no identification of any patient harm due to delays in blood samples being obtained. This will continue to be monitored

Patient and Carer Experience context: Narrative from Place

- Norwich place has not received any patient/carer formal or informal complaints due to delays in phlebotomy visits

Workforce/HR context:

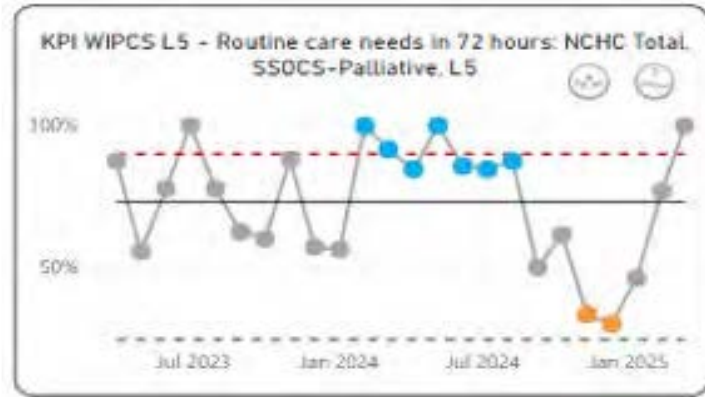
- Norwich phlebotomy team are funded for **9.66** WTE Band 2 Phlebotomists.
- **1.66** WTE cover the Norwich phlebotomy clinic which is open 08.00-14.00 Monday – Friday and **8.0** WTE work in the community phlebotomy team visiting housebound patients.
- The team are fully recruited with x 1 working through induction and x1 awaiting start date, however 1 person is retiring soon and 2 further have extended probation periods. There has been an increase in absence in the team and an increase in unallocated visits in February.
- Phlebotomists do not always stay in post long as Band 2’s, they often quickly progress and apply for Band 3 positions – frequent staff turnover and associated financial burden

Impact of remedial actions & recovery:

- Demand will routinely be met now the phlebotomy team is fully recruited.
- The working arrangement with HomeLink worked well.
- NCH&C BI Team will continue to monitor unallocated visits.

KPI performance summary: Access update

- This slide provides updates on the Palliative Care service's performance, with a focus on routine care within 72 hours. In palliative care, routine care needs assessment within 72 hours, particularly concerning symptom management and patient well-being helps ensure timely and appropriate interventions to improve quality of life and support both the patient and their family. Performance had been trending under threshold, primarily attributable to the triage process.
- The triage process was complex and resource intensive - all referrals for Specialist Palliative Care Nursing had a holistic telephone assessment. The process was implemented during Covid but took a lot of time/resource causing delays and KPI breaches.



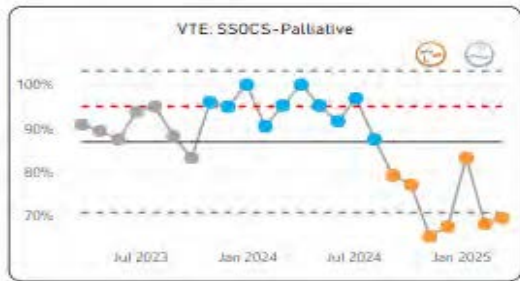
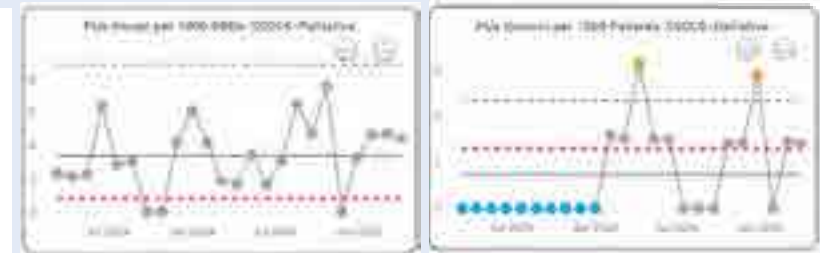
- The service undertook a review of the triage process, with objectives to achieve a balance of available staffing resources, clinical risk, and speed of reform. The review and redesign has focussed on making the process quicker and simpler while ensuring equity of service and clinical effectiveness. This work on triage is still ongoing and has also formed part of the review of the wider pathway and triage process under the CNT project, Better for All.
- The more responsive, streamlined, and less resource intensive triage process has positively impacted palliative care access related KPIs, though there are still some challenges where the service cannot identify why the patient is showing as breached. The Service and NCH&C dedicated Data Quality Officer continue to investigate this challenging issue.

Other Palliative Care service level updates:

- Data Quality Improvement:** Issues with the KPI data quality process have been resolved, improving the accuracy of reporting.
- Pressure on SPCN Team:** KPIs below thresholds reflect the increasing pressures on the Specialist Palliative Care Nursing (SPCN) team, who manage a variety of complex tasks.
- Increased Demand:** STORM data (Telephony system) indicates a rise in demand for the advice line, which has been operational since 2023.
- Workload Balance:** The SPCNs work a shift pattern that includes call handling, triage, and direct patient care. However, balancing the advice line with caseload management leads to pressure, especially as the team handles patients with high complexity and crisis-level needs.
- Risk of Burnout:** The nature of the work (handling patients with complex, often psychosocial needs), and because caseloads are high intensity with complex patients not being balanced with less emotionally demanding work, can lead to an increased risk of burnout.
- Support Measures:** To mitigate this risk, psychological therapists are aligned to each PLACE team and participate in MDTs to manage high-need patients. Additionally, the medical team holds a caseload within each PLACE to support the SPCN team.
- Emerging Risks:** An increase in younger patients with late-stage cancer diagnoses, who are often dealing with psychological issues and have young children, is being observed. Areas like Norwich and Kings Lynn have higher rates of drug abuse, presenting risks around medication management and safeguarding.
- Data Capture Gaps:** A key area of risk remains the sub-optimal setup of S1, which may lead to underreporting or misrepresentation of the SPCN team's work, particularly regarding admission avoidance and patient outcomes. The new S1 unit will help with better integration between SPCNs and community nursing. The Palliative Care senior leadership team, with support from BI, are holding a workshop w/c 28th April to discuss and action plan what is required to improve the S1 setup for the service.

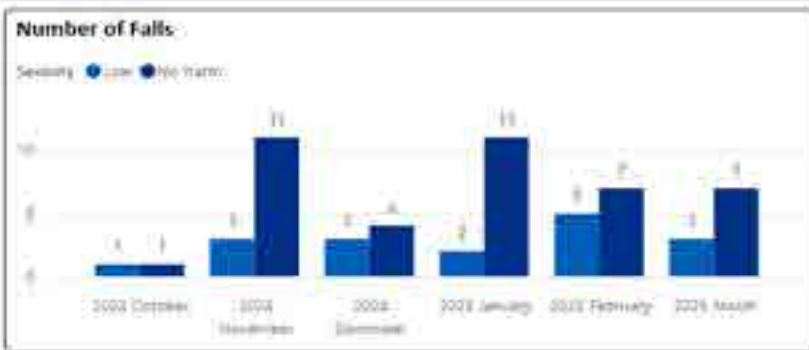
Pressure Ulcers (PUs):

- **Issue:** Two Section 42s related to PUs were raised in March, which is unusual for this service. Reviews revealed gaps in documentation and photography.
- **Action:** The Quality Matron (QM) is supporting the ward team with learning, additional training from Tissue Viability Nurses (TVNs) has been requested to support addressing these gaps.



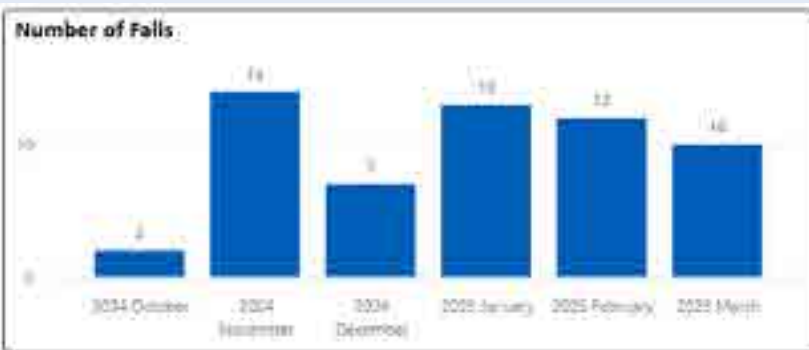
VTE Compliance

- VTE assessments are being completed on drug charts but not consistently entered into the S1 template.
- Historically, this was addressed by an admin-led monitoring process, which has recently stopped due to the post-holder being seconded and the role being vacant. The 1.0 WTE vacancy has been recruited into. The medical team are regularly reminded of the need to duplicate the VTE assessment in the S1 record and not just on the drug chart.



Falls

- 10 falls were reported, with three low harm and seven no harm incidents. Four falls involved a single patient, and two were witnessed (one was staff assisted). Eight were unwitnessed. All the patients had capacity and in seven instances had been advised to request assistance prior to mobilising but chosen to mobilise unassisted.
- The patient who fell four times, had capacity and is keen to maintain independence in spite of falls risk. Efforts have been made to maintain their independence and protect them from falls risk, this includes bed to wall with consent; slipper socks; daily medical review and monitoring of medication; regular physio review of mobility; patient being nursed in the bay as benefits from social interaction with other patients.



Learning:

- Staff education on mobile hoist use has been enhanced, with an instruction sheet now attached.
- Documentation quality improvement, all post falls documentation completed. 1 instance where moving and handling assessment had not been updated, therapy team made aware.
- Lying and standing BP monitoring and documentation issues addressed, 1 patients notes where this was not clearly recorded. Ongoing work with ward manager and CSW team regarding consistency around documentation of orthostatic BP.
- Motion sensors education improved, there were two instances when sensor not switched on. Raised staff awareness regarding this patient and prompt on handover sheet to ensure sensor is switched on at all times.

Community Nursing (CN)

Place
 NCHC Total

Metric	GroupName	Latest Date	Value	Threshold	Variation	Assurance	Variation	Assurance
CISE27 - CN Overall Unavailability Profile (% in month)	NCHC Total	Mar 25	29.3%				Common cause variation.	No Threshold
CISE28 - CN Unavailability - Sickness (% in month)	NCHC Total	Mar 25	6.94%				Common cause variation.	No Threshold
CISE29 - CN Unavailability - Annual Leave (% in month)	NCHC Total	Mar 25	14.7%				Common cause variation.	No Threshold
CISE30 - CN Unavailability - Other (% in month)	NCHC Total	Mar 25	7.61%				Common cause variation.	No Threshold
CISE35 - Caseload per Clinical CN WTE	NCHC Total	Mar 25	34					No Threshold
CISE33 - Urgent Care Response referrals accepted (per 100k weighted pop)	NCHC Total	Mar 25	244				Common cause variation.	No Threshold
CISE34 - All other CN referrals accepted (per 100k weighted pop)	NCHC Total	Mar 25	1893				Common cause variation.	No Threshold
CISE36 - Average time on CN Caseload at discharge (weeks)	NCHC Total	Mar 25	2.4				Common cause variation.	No Threshold
CISE37 - CN initial to follow up ratio	NCHC Total	Mar 25	0.26				Special cause variation concerning..	No Threshold
CISE38 - Average duration of care plan performed (CN)	NCHC Total	Mar 25	27				Special cause variation concerning..	No Threshold

To Note:

Please note there are additional SPC charts splitting many of the measures above into the performance across each Place for comparative purposes (see appendices).

Place

NCHC Total

Attracting and developing brilliant and fulfilled teams (ADBF)

Metric	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
ADBF1 - Absence Rate (rolling 12 months)	Mar 25	5.74%	4.9%			Special cause variation concerning.	Threshold consistently missed
ADBF1a - Absence Rate (in month)	Mar 25	5.30%	4.9%			Common cause variation.	Threshold hit and miss subject to random variation
ADBF1b - Short term Absence Rate (in month)	Mar 25	2.37%	2.05%			Common cause variation.	Threshold hit and miss subject to random variation
ADBF1c - Long term Absence Rate (in month)	Mar 25	2.93%	2.85%			Common cause variation.	Threshold hit and miss subject to random variation
ADBF2 - Appraisal Compliance Rate	Mar 25	89.7%	90%			Common cause variation.	Threshold hit and miss subject to random variation
ADBF3 - Mandatory Training Rate	Mar 25	92.5%	90%			Common cause variation.	Threshold consistently hit
ADBF4 - Vacancy Rate	Mar 25	5.07%	9.5%			Common cause variation.	Threshold consistently hit
ADBF5 - Staff Turnover Rate	Mar 25	10.2%	12%			Special cause variation improvement.	Threshold hit and miss subject to random variation
ADBF6 - Time to recruit (Days)	Mar 25	35.2	37			Special cause variation improvement.	Threshold consistently missed
ADBF6a - Time to Select (Days)	Mar 25	11.7	10				No Threshold
ADBF6b - Time to Conditional Offer (Days)	Mar 25	1.2	2				No Threshold
ADBF6c - Time for Employment Checks (Days)	Mar 25	22.3	25				No Threshold
ADBF7 - Temporary Staff Utilisation	Mar 25	4.80%				Common cause variation.	No Threshold
ADBF8 - Variance to Agency Ceiling	Mar 25	23.0%				Common cause variation.	No Threshold

Attracting and developing brilliant and fulfilled teams - Workforce Summary

This month has seen a significant improvement in the completion of appraisals taking performance back to just under the 90% KPI. This is as a result of a concerted effort by Places to improve their performance.

Absence rates have shown a slight improvement as we move out of the winter months but continue to be above the required threshold.

Staff turnover and time to recruit continue to perform well against the required KPI with Time to recruit coming in at 35 days this month – a two-day improvement position against the 37-day target.

There continues to be a focus on bank and agency spend to ensure the required reduction of 30% spend for agency and 10% reduction for bank.

Context/Background/Insights:

- The trust has a 90% appraisal target for all staff. Appraisal is a vital tool to support staff development, well-being, career planning, strategy implementation and staff engagement

What does the data tell us?

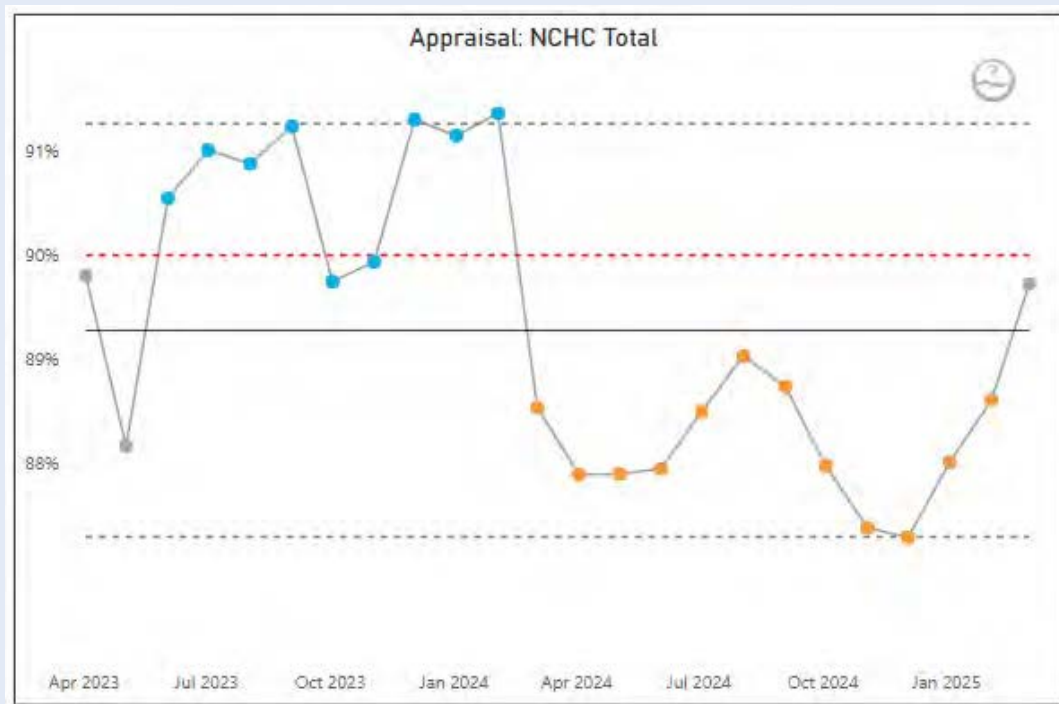
- At the previous spotlight, there was concerns expressed over a deteriorating performance against the 90% target. Focussed work since January 2025 has demonstrated a month-on-month improvement. In March performance was at 89.7% just 0.3% below target.

Metric threshold and definition:

- The 90% target allows for those staff who are on maternity leave or have a long-term absence.

Clinical effectiveness context:

- Research has demonstrated that high staff engagement scores have a positive impact on the quality of care delivery to patients. Not providing staff with a regular opportunity to discuss their performance and career aspirations has a negative impact on staff engagement scores.



Time to Recruit

Context/Background/Insights:

- The trust’s current time to recruit (35.2 working days) is within the agreed KPI of 37 days.
- This is a significant improvement since the previous period of reporting

What does the data tell us?

- The data demonstrates that the trust target (37 days) has now been reached for the last 6 months

Metric threshold and definition:

- The time to recruit should not exceed the trust target of 37 working days

Patient Safety context:

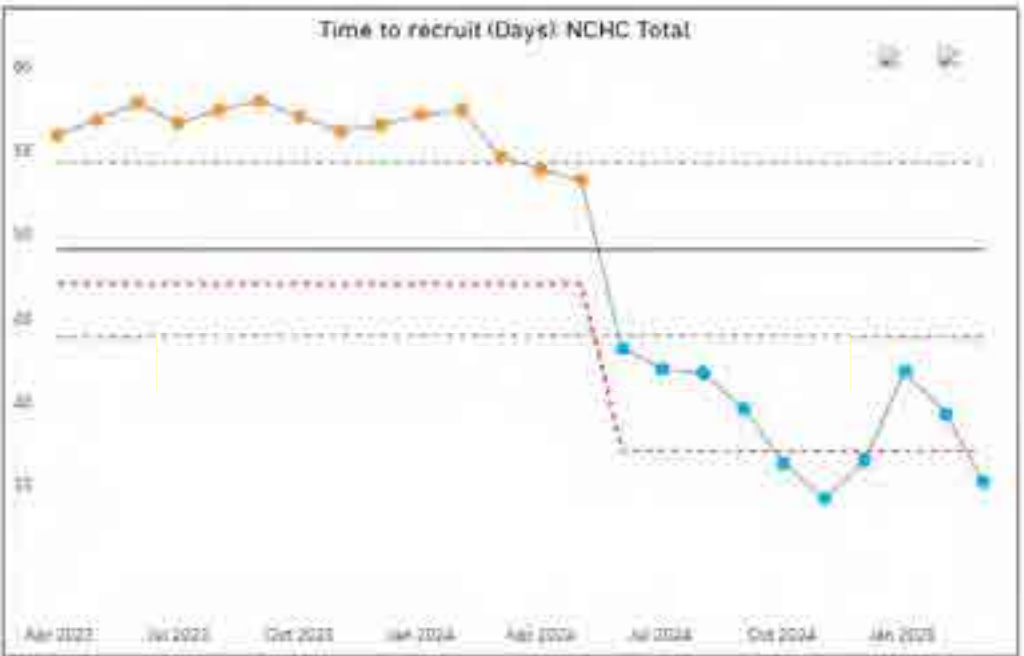
- Time to recruit impacts staffing levels in clinical areas and wider ‘safer staffing’ rostering requirements.
- The longer it takes to recruit clinicians, the more reliance there is on temporary staffing and as a last resort; agency workers who may not be familiar with the trust or its services.

Patient and Carer Experience context:

- Ensuring wards/services are staffed adequately at all times ensures that patient needs are met through appropriate safer staffing measures.

Clinical Effectiveness context:

- High vacancy rates can impact clinical effectiveness if staffing cover is not identified.



Workforce/HR context:

- High vacancy rates can impact on the wellbeing and workload of the remaining staff at work.
- Some areas/teams/roles are harder to resource to which adds to variation
- There continues to be ongoing vacancy challenges within the wider NHS.

Finance context:

- The use of bank/agency staffing (which are not part of established budgets) is undertaken where required to cover gaps caused by clinical staff-based vacancies.
- Overtime and excess hours is also used to cover gaps caused by clinical staff vacancies.

Intervention/Actions:

- The People Committee agreed to a change in the time to recruit KPI in May 24 to bring it into line with the wider N&W System. The new measure excluded the advert time, bringing it down from 47 to 37 days. In July, the committee agreed to split the target into three separate measurements to reflect the different responsibilities in achieving it.
- Since making this change and providing clarity as to who owns which part of the recruitment process, the Trust has achieved a better performance than the KPI since December 2024, currently sitting at 35.2 days.

Anticipated impact of actions:

- On going improvements in time to recruit.
- Reduction in reliance on bank and agency staff, as well as a reduction in the use of overtime and excess hours.

Current & potential/anticipated risks:
















- The model has proven to be sustainable and has moved to BAU

Action plan owner: Liz Cooke**Bring back date:**

Place

NCHC Total

Being a future-focussed organisation (BFFO)

Metric	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
BFFO15 - Capital Spend £000s	Mar 25	688				Common cause variation.	No Threshold
BFFO12 - Better Payment Policy Compliance	Mar 25	96.4%				Common cause variation.	No Threshold
BFFO11 - Agency Expenditure £000s	Mar 25	19.3				Common cause variation.	No Threshold
BFFO09 - Agency Expenditure YTD as % ceiling	Mar 25	77.0%	100%			Common cause variation.	Threshold consistently hit
BFFO07 - Efficiency variance to NHSE plan	Mar 25	100%	95%			Special cause variation improvement.	Threshold hit and miss subject to random variation
BFFO06 - Capital variance to NHSE plan CDEL	Mar 25	69.3%	95%			Common cause variation.	Threshold hit and miss subject to random variation
BFFO05 - Cash – number of months cover	Mar 25	2.96	0			Special cause variation concerning.	Threshold consistently hit
BFFO04 - Forecast Variance to NHSE	Mar 25	0%	0%			Common cause variation.	Threshold consistently hit
BFFO03 - Budget variance to NHSE adj	Mar 25	105%	0%			Common cause variation.	Threshold hit and miss subject to random variation

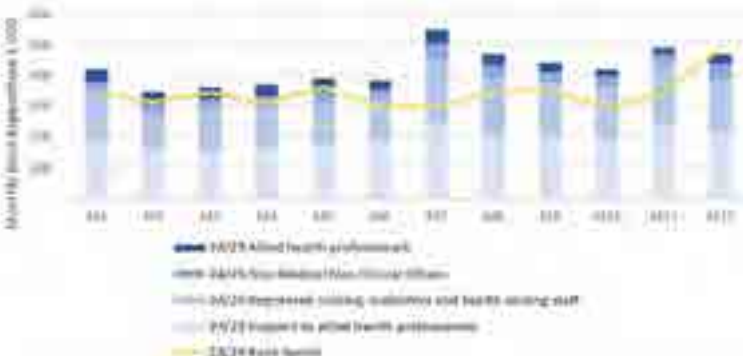
See next page for further detail on Operational services, excluding Children's services.

Place	WTEs		Year ending March 2025		
	Funded	Contract	Budget	Actual	Variance
SSOCS	792.25	736.30	34,728	35,978	(1,250)
North Place	185.19	180.72	9,331	9,729	(398)
South Place	313.57	307.81	15,922	16,101	(179)
Norwich Place	291.72	270.63	14,852	14,937	(85)
Integrated Care Management	4.50	5.00	551	533	17
Learning Disabilities	97.33	97.96	(146)	(387)	241
West Place	326.95	305.48	15,527	15,106	422
Grand Total	2,011.51	1,903.90	90,764	91,997	(1,233)

Agency Expenditure - NCHC



Bank Expenditure - NCHC



- Agency spend for the year was £1.39m (99% of the Trust's total agency spend) in Norfolk Adults with £918k (66%) within CBSO.
- Agency spend is lower than the prior year, which reflects the use of Willow staff to fill clinical vacancies and sickness before the unit opened in full and tighter controls over the use of agency staff.
- Expenditure on Bank staff for the year was £4.32m (84% of the Trust's total bank spend), with 38%, £1.64m within CBSO

- For the year ending March 2025, operational areas, excluding Children's Services, reported a £1.2m overspend against budget

- Intermediate Beds staffing vacancies and 1:1 supervision care and additional beds open across units to support system pressures are driving high use of bank and agency staff throughout the year.

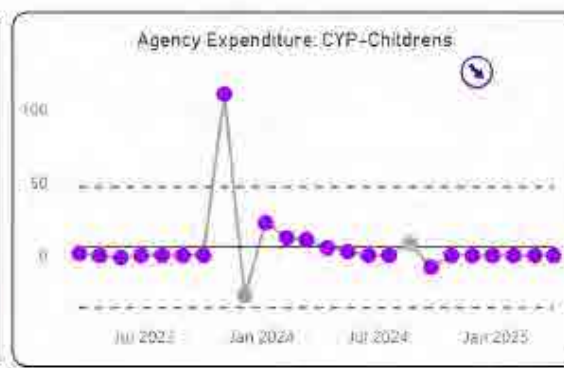
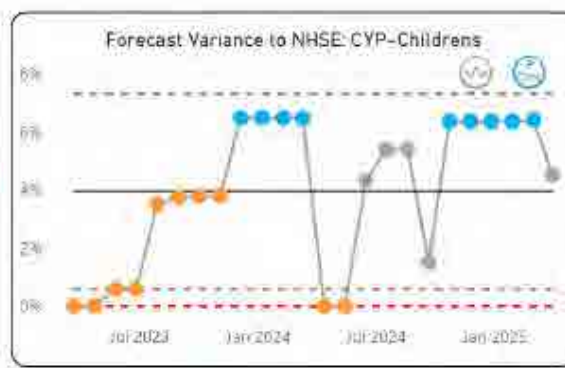
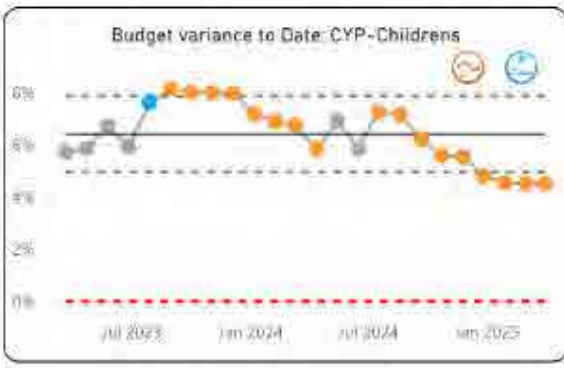
- Continence product spend continues to be over budget ending the year £0.4m overspent. (North £140k, Norwich £42k, South £158k and West £94k). The continence team are exploring ways to monitor deliveries, patient usage and waste across all areas.

- North integrated care teams are over their pay budget £0.5m. Driven by over establishment in some teams and high regular use of bank staff.

- 24/25 recurrent efficiency target of £1.160m - achieved in-year total but partly from non-recurrent items, leaving £0.5m shortfall against the recurrent target. This shortfall has been carried forward and incorporated into the 2025/26 target.

- 25/26 efficiency target of £3.139m (approx. 3% of in-scope budget) for the Director of Norfolk Health & Care Service. Plans in progress for £1.225m and work ongoing to develop further options.

Metric	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
BFFO12 - Better Payment Policy Compliance	Mar 25	96.8%		🟡		Common cause variation.	No Threshold
BFFO11 - Agency Expenditure £000s	Mar 25	0		🟡		Special cause variation neither concern or improvement.	No Threshold
BFFO04 - Forecast Variance to NHSE	Mar 25	4.5%	0%	🟡	🟢	Common cause variation	Threshold consistently hit
BFFO03 - Budget variance to NHSE adj	Mar 25	4.5%	0%	🟡	🟢	Special cause variation concerning.	Threshold consistently hit



BFFO12 - Better Payment Policy Compliance

96.8% Target achieved, with 30 of 31 invoices registered in the month were approved for payment within terms. In monetary terms 85.7% paid in terms, with 1 invoice not processed in Target amounting to £15.9k for NHS BSA (Drugs)

BFFO11 - Agency Expenditure

ZERO

BFFO04 - Forecast Variance

Aligned to BFFO03 - Budget Variance to NHSE adj

BFFO03 - Budget Variance

Underspent by +£354k / +4.5%, driven by average vacancy rate of 4.8% / 7.12 WTE across the Service contributing to +£524k Pay underspend, LD CAMHS underspend +£19k (offset by reduced Central Income), income above budget ADHD +£17k and NCC Moving & Handling +£19k due to inflation uplifts. Partially offset by £(64)k overspend Epilepsy Nursing due to Cross Border / LVA, additional CMS Consultant above Budget £(86)k, additional Consultants costs in CMS £(36)k and Drugs £(6)k and various Non Pay £(36)k

Receivables

Debt greater than 90 days ZERO

Budget Review Compliance

Target achieved, 6 out of 6 budget managers confirmed they have reviewed their Feb-25 budgets

Contractual KPIs

Place
NCH, local

KPI Ref	KPI Description	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
AdSalt1	Percentage of patients discharged, fully or mostly meeting all goals within intervention plan based on the East Kent Outcome System	Mar 25	96.9%	95%			Common cause variation	Threshold hit and miss subject to random variation
Conn1	Avg IQOLU score improvement of 3.5 or above for patients at discharge from the service	Nov 24	4.5	3.5			Common cause variation	Threshold hit and miss subject to random variation
CSES1	% Patients open on the ESN caseload will have seizure care plans recorded	Mar 25	93.4%	95%			Special cause variation concerning	Threshold consistently hit
Hear11	% patients showing an improvement in Minnesota Living with heart failure questionnaire	Mar 25	77.8%	80%			Common cause variation	Threshold hit and miss subject to random variation
HILU1	Number of patients actively supported each locality area per month	Mar 25	106	11			Common cause variation	Threshold consistently hit
HW2	HomeWard Patient Outcome: Patients remaining in their own home following end of placement	Mar 25	87.2%	60%			Common cause variation	Threshold consistently hit
ICS1	Virtual Ward Patient Outcome: Patients remaining in their own home following end of placement	Mar 25	60%	65%			Common cause variation	Threshold hit and miss subject to random variation
LAC1	Initial Health Assessments (IHA) completed within 20 working days	Mar 25	100%	95%			Common cause variation	Threshold hit and miss subject to random variation
LAC2	Review Health Assessments (RHA) completed within 12 months of prior assessment	Mar 25	100%	95%			Special cause variation improvement	Threshold hit and miss subject to random variation
LAC3	Care experienced young adults aged 17+ years receive a comprehensive health assessment to aid transition to adult care	Mar 25	100%	100%			Special cause variation improvement	Threshold hit and miss subject to random variation
LCC001	Referral is acknowledged by the triage team within 2 working days	Mar 25	100%	95%			Common cause variation	Threshold hit and miss subject to random variation
LCDV1	Accepted new patient referrals have an initial assessment within 6 weeks	Mar 25	100%	90%			Common cause variation	Threshold hit and miss subject to random variation
LCDV2	% of patients have commencement of treatment (BT7) within 16 weeks	Mar 25	90.9%	92%			Common cause variation	Threshold hit and miss subject to random variation
LCDV3	% of staff identified as Health or Social Care Workers will demonstrate an improvement in work status six months after initial assessment	Mar 25	22.7%	80%			Common cause variation	Threshold hit and miss subject to random variation
LCDV4	% of Patients outcomes completed at 6 months by provider lead	Mar 25	96%	95%			Common cause variation	Threshold hit and miss subject to random variation
PMIC1	Percentage of fax tracked referrals seen within 74 hours	Mar 25	100%	90%			Common cause variation	Threshold hit and miss subject to random variation
SCSCYP1	Percentage of Contacts DNA'd of all appointments in month	Mar 25	6.04%	10%			Common cause variation	Threshold consistently hit
SCSCYP2	To support EHCP process by responding to NCC with information already held on child or young person within 14 calendar days	Mar 25	98.0%	90%			Common cause variation	Threshold consistently hit

Contractual KPIs

Place

NCHC Total



KPI Ref	KPI Description	Latest Date	In Month	Threshold	Variation	Assurance	Variation	Assurance
EIT1	Percentage of patients seen by EIT to be discharged home, not converted to admission	Mar 25	96.0%	85%			Common cause variation.	Threshold hit and miss subject to random variation
ICB1	Patients readmitted within 28 days of prior discharge	Mar 25	2.20%	15%			Common cause variation.	Threshold consistently hit
ICB2	Average Barthel Improvement	Mar 25	12.6	15			Special cause variation concerning.	Threshold hit and miss subject to random variation
L3	WIPCS - Urgent care needs in 24 hours	Mar 25	66.7%	90%			Common cause variation.	Threshold hit and miss subject to random variation
L5	WIPCS - Routine care needs in 72 hours	Mar 25	100%	90%			Common cause variation.	Threshold hit and miss subject to random variation
L6	WIPCS - Routine Referrals Seen in 7 Days	Mar 25	100%	95%			Common cause variation.	Threshold hit and miss subject to random variation
L7	WIPCS - PPOC identified and recorded	Mar 25	100%	85%			Special cause variation improvement.	Threshold hit and miss subject to random variation
PallCare1	Urgent Specialist Palliative Care - seen within 3 working days	Mar 25	75.7%	90%			Common cause variation.	Threshold hit and miss subject to random variation
PallCare2	Routine Specialist Palliative Care - seen within 10 working days	Mar 25	88.0%	90%			Special cause variation concerning.	Threshold hit and miss subject to random variation
PulmR1	Percentage of patients who showed an improved score on 6MWT or CRQ from initial assessment to post rehabilitation assessment	Mar 25	72.7%	90%			Special cause variation concerning.	Threshold hit and miss subject to random variation
PulmR2	Percentage of patients completing a course following assessment	Mar 25	100%	90%			Common cause variation.	Threshold consistently hit
Supp3	Patients remaining in their own home following placement	Mar 25	76.5%	80%			Common cause variation.	Threshold hit and miss subject to random variation
Wheel1	Percentage of referrals given equipment within 18 weeks	Mar 25	17.6%	92%			Common cause variation.	Threshold consistently missed

Place

NCHC Total

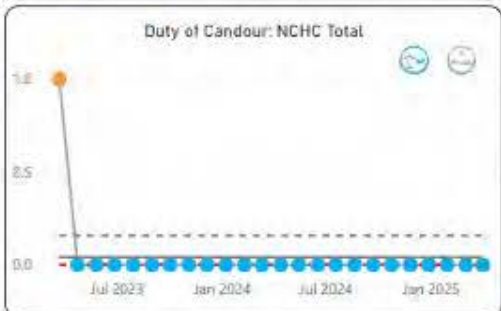
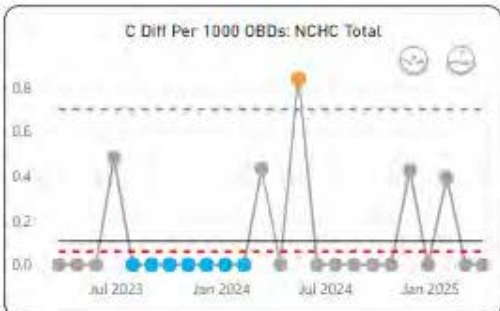
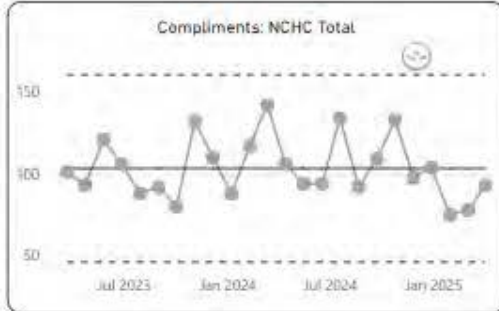
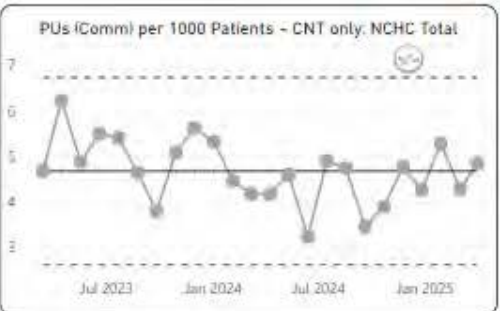
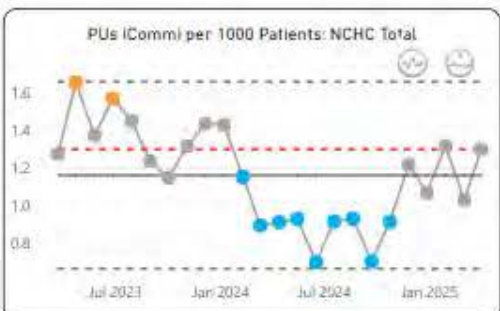
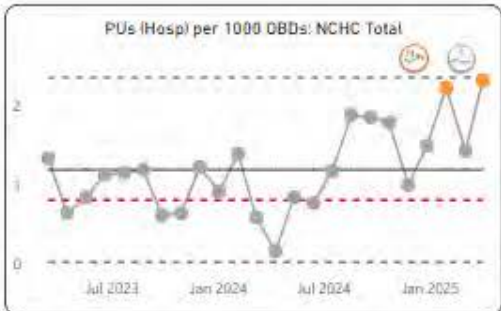
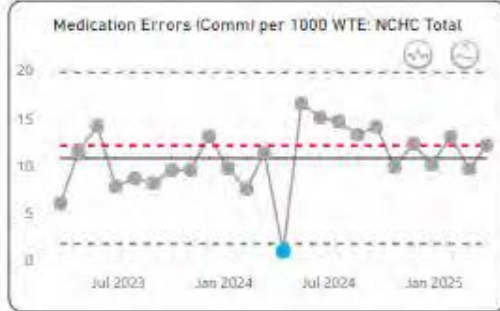
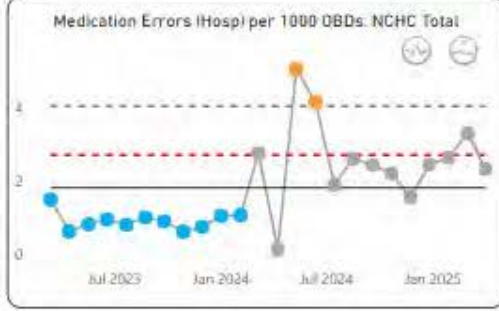
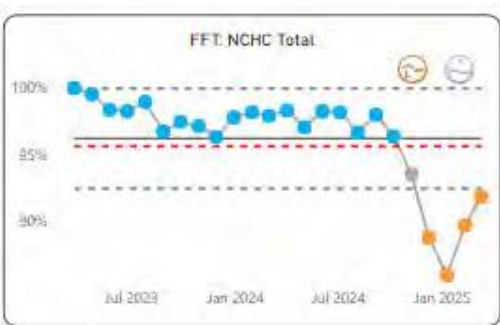
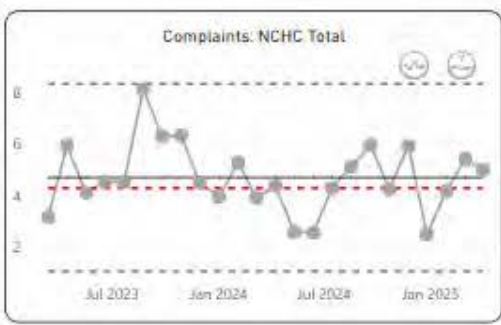
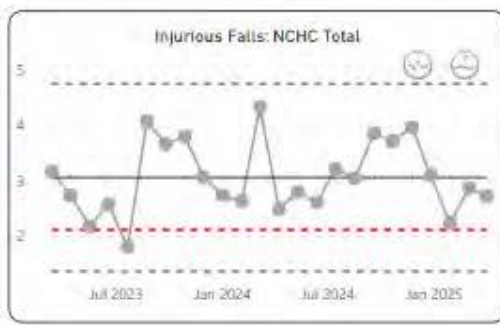
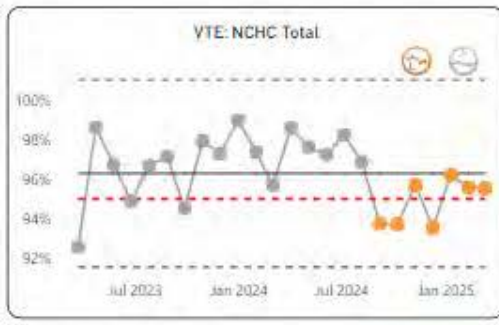


KPI Ref	Filter1	KPI Description	Latest Date	In Month	Variation	Variation
CCNT1	CYP-Childrens	CCNT - Routine patients seen with 10 days	Mar 25	90.3%		Common cause variation.
CN&T1	South	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	70.5%		Common cause variation.
CN&T1	North	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	71.1%		Common cause variation.
CN&T1	Unmapped	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	71.4%		Common cause variation.
CN&T1	West	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	72.9%		Common cause variation.
CN&T1	< No Filter >	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	73.1%		Common cause variation.
CN&T1	Norwich	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	78.4%		Common cause variation.
CN&T3	Norwich	Care plan outcome reported as fully or mostly meeting all goals	Mar 25	96.4%		Common cause variation.
CN&T3	North	Care plan outcome reported as fully or mostly meeting all goals	Mar 25	97.3%		Common cause variation.
CN&T3	< No Filter >	Care plan outcome reported as fully or mostly meeting all goals	Mar 25	97.6%		Common cause variation.
CN&T3	South	Care plan outcome reported as fully or mostly meeting all goals	Mar 25	98.0%		Common cause variation.
CN&T3	West	Care plan outcome reported as fully or mostly meeting all goals	Mar 25	98.7%		Special cause variation neither concern or improvement.
CN&T3	Unmapped	Care plan outcome reported as fully or mostly meeting all goals	Mar 25	84.6%		Special cause variation neither concern or improvement.
HIUS3	Norwich	Improvement in patient reported outcome measure between initial contact, mid-point and end of intervention	Mar 25	100%		Special cause variation neither concern or improvement.
HW1	Norwich	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	20%		Common cause variation.
L15a	SSOCS-Palliative	WIPCS - patients registered with an Advance Care Plan	Mar 25	75%		Common cause variation.
PaedCo nt3	CYP-Childrens	Percentage of children discharged as Fully or Mostly meeting goals on the EKOS scale	Mar 25	100%		Common cause variation.
Pod1	South	Patients seen again for the same condition within 6 months of previous treatment being successfully completed	Mar 25	16.7%		Common cause variation.
Supp1	North	Percentage of patients needing crisis response service delivered within 2 hours	Mar 25	73.7%		Common cause variation.

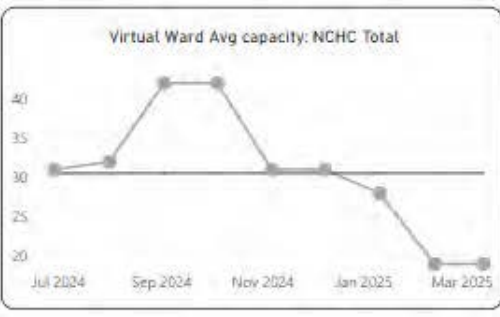
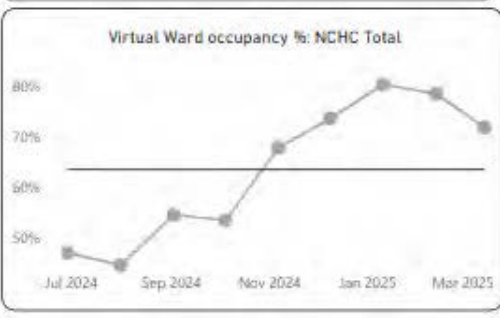
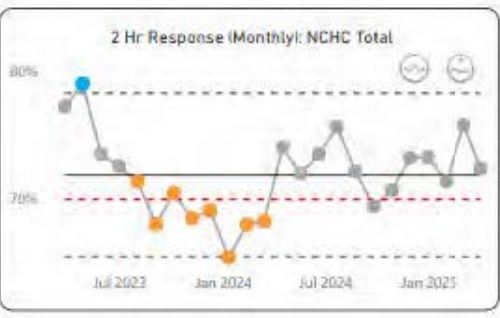
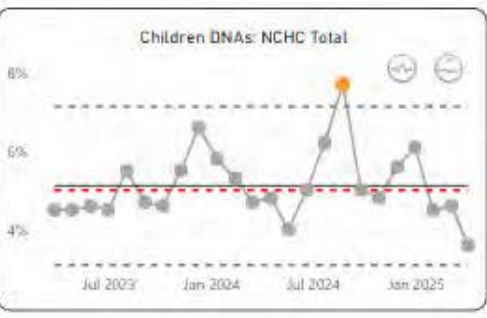
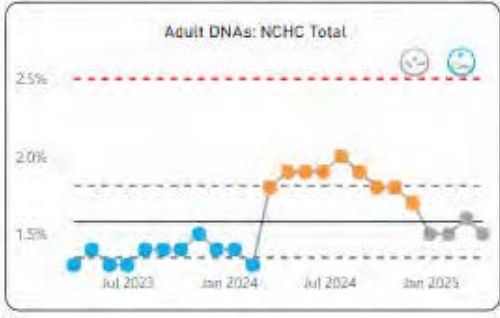
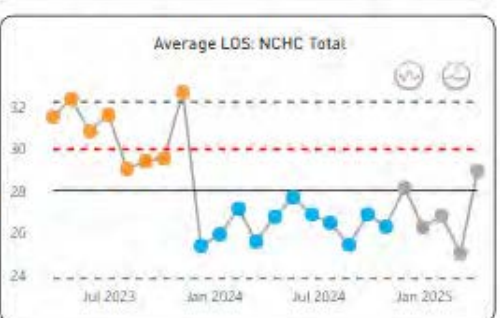
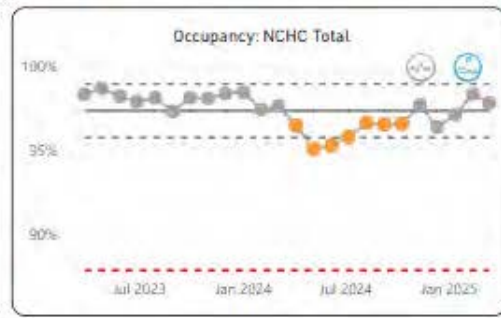
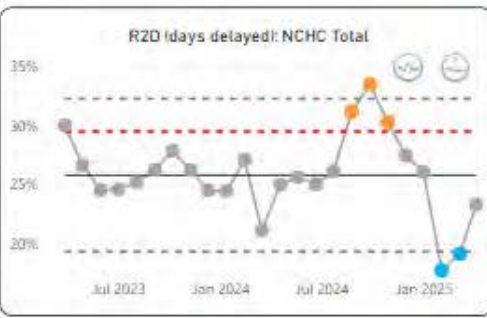
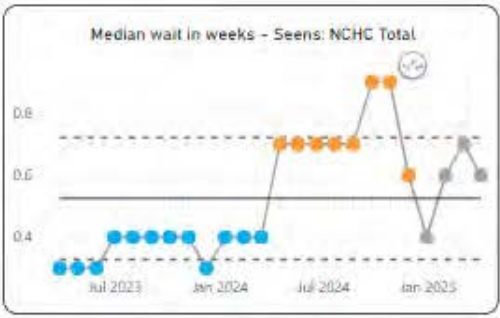
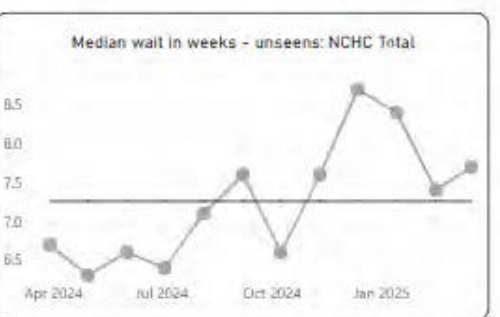
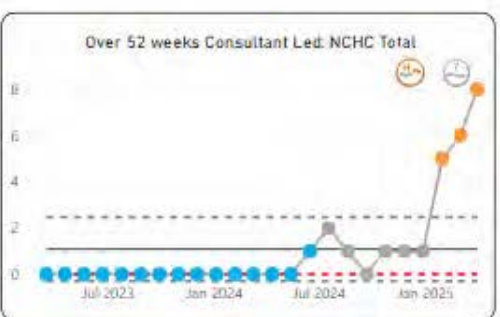
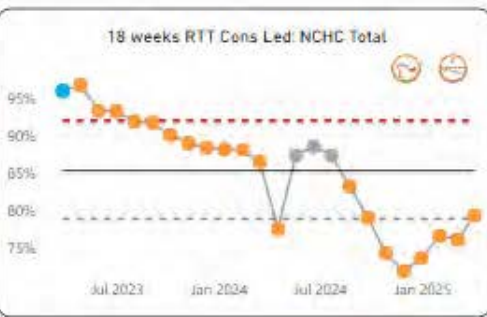
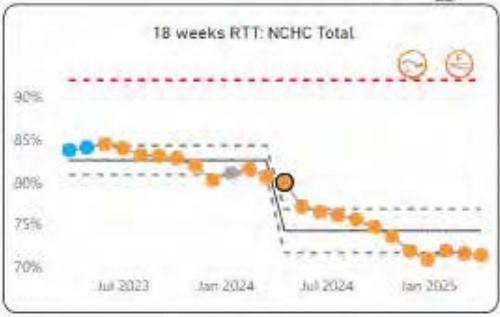
End of Trust Performance Report

Place
 NCHC Total

Continually improving standards of excellence (CISE) - Quality



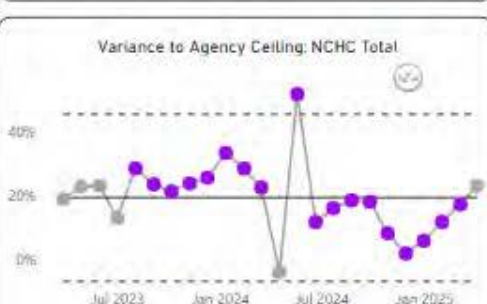
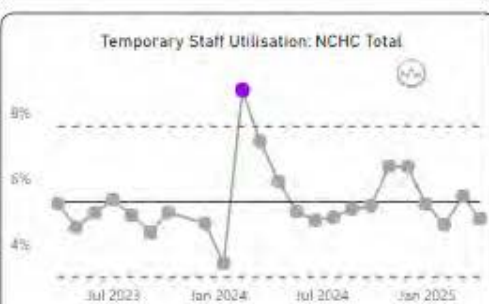
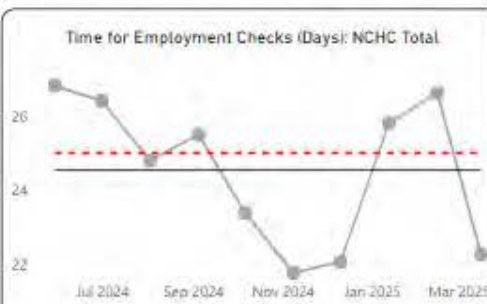
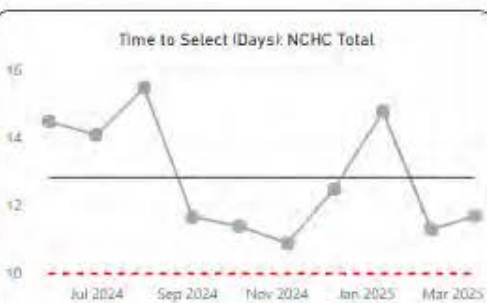
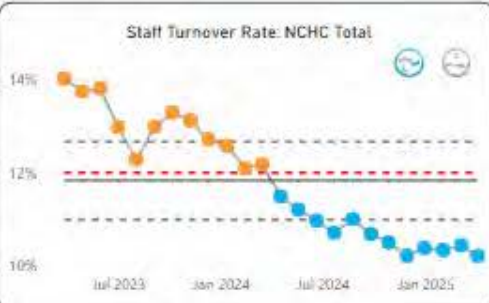
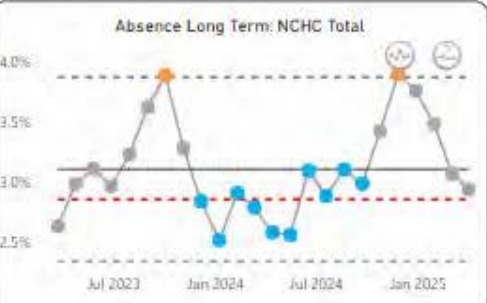
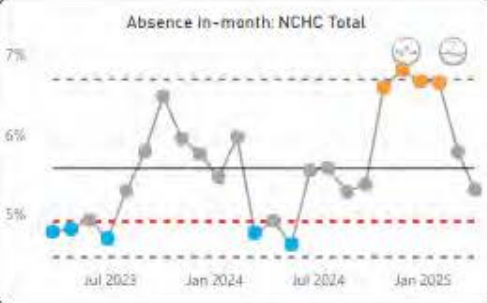
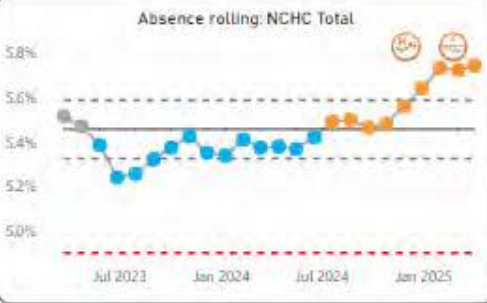
Continually improving standards of excellence (CISE) - Operations



Place

NCHC Total

Attracting and developing brilliant and fulfilled teams (ADBF)



Icon Descriptions

Assurance					
Variation		Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER . Assurance cannot be given as there is no target.
		Special cause variation of an IMPROVING nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of an IMPROVING nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of an IMPROVING nature where the measure is significantly LOWER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of an IMPROVING nature where the measure is significantly LOWER . Assurance cannot be given as there is no target.
		Common cause variation, NO SIGNIFICANT CHANGE . This process is capable and will consistently PASS the target if nothing changes.	Common cause variation, NO SIGNIFICANT CHANGE . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Common cause variation, NO SIGNIFICANT CHANGE . This process is not capable and will FAIL the target without process redesign.	Common cause variation, NO SIGNIFICANT CHANGE . Assurance cannot be given as there is no target.
		Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target if nothing changes.	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . This process is not capable and will FAIL the target without process redesign.	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER . Assurance cannot be given as there is no target.
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					Special cause variation of an increasing nature where UP is not consistently improving or concerning. Assurance cannot be given as there is no target.
					Special cause variation of a decreasing nature where DOWN is not consistently improving or concerning. Assurance cannot be given as there is no target.
					There is not enough data for an SPC chart, so variation and assurance cannot be given. Assurance cannot be given as there are no process limits.

SPC Charts key Target Mean Concerning special cause Improving special cause