NHS

Norfolk Community Health and Care NHS Trust

Quality Account

2024/25

Contents

Part 1
Introduction

What is a Quality Account?

'A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider and are available to the public.

Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.' (NHS England)

Part 1 has three sections:

1.1 Introduction
1.2 Statement: Trust Chair and Chief Executive
1.3 Statement: Director of Nursing and Quality and Medical Director

Norfolk Community Health and Care (NCH&C) Quality Account

As an NHS provider, we write an annual Quality Account for the people who do, as well as those who might, use our services, our stakeholders, and our staff. In essence this Quality Account reflects and demonstrates the importance our organisation places on quality.

We are pleased to present our latest Quality Account which looks back on another successful year delivering NHS services to the communities of Norfolk. 2024/25 has been both challenging and rewarding and through the care, compassion and resilience of our staff we have had many achievements. There is more to do, as there always is, but this Quality Account enables us a chance to reflect on what we have achieved.

As we move forwards to 2025/26, the trust will continue to work collaboratively with patients, their families and carers and partners to offer a safe, personalised experience. Delivering our vision of providing seamless health and social care that creates healthier futures for everyone across Norfolk.

We remain guided by our trust values: community, creativity and compassion, and to help us achieve our vision we will work to five strategic priorities:

- Deepening our integration with partners
- Attracting and developing brilliant and fulfilled teams
- Continually improving standards of excellence
- Advancing our use of data and technology
- Being a future-focused organisation

The last year has been successful despite the enormous challenges of delivering health and care whilst under extreme system pressures. We continued to deliver our vision through the care, compassion and resilience of our staff and outstanding leadership during unprecedented times. Thank you to all our staff and service partners who have made this possible.

The Quality Account 2024/25 is divided into three sections:

Part 1
Contains an introduction by the Trust Chair, the Chief Executive Officer and the Director of Nursing and Quality. It contains the first in a series of mandated statements of assurance that are concluded in Part 2

Part 2
Contains our commitment and priorities to continually improve the quality of our services and provides a series of mandated statements of assurance that are designed to allow comparison with other NHS organisations who publish a Quality Account.

Part 3
Contains a review of several areas where we are taking the time to highlight our work and how we are continually committed to improving the quality of our services for all of those who both use them and deliver them.

1.2 Statement on quality from the Chief Executive and Chair

Welcome to the 2024/25 Quality Account for Norfolk Community Health and Care NHS Trust.

We are pleased to share this year's Quality Account, highlighting the excellent work taking place across Norfolk Community Health and Care NHS Trust (NCH&C). It also details the areas that we will continue to work on. This report outlines our ongoing commitment to improving the quality of our services and includes mandated statements of assurance to enable comparison with other NHS organisations.

The account features a review of key areas where we are making a difference, demonstrating our dedication to enhancing services for both those who use them and those who deliver them.

Over the past year, we've welcomed new services to the Trust, begun the process of forming an NHS group with Cambridgeshire Community Services NHS Trust (CCS), and strengthened our partnerships with local organisations.

As always, the experience of our patients, service users, and staff – and the quality of care we provide – remains our top priority. Feedback from the Friends and Family Test (FFT) has been overwhelmingly positive: 97% of respondents rated our services as "very good" or "good," with several months reaching 99%. This exceeds the 2023 national average for community trusts, which stands at 93%.

Through innovation, partnerships, and quality improvement initiatives, we've continued to enhance care for our communities. We don't always provide the right care at the right time but as the report show we are honest about when we don't get it right and take time to learn and correct what has gone wrong.

In March, we proudly opened the Willow Therapy Unit in Norwich – a state-of-the-art, therapy-led rehabilitation centre. This facility supports patients transitioning from acute hospitals back into the community, using advanced rehabilitation technologies to promote recovery, independence, and reduce hospital readmissions.

Our Community Virtual Ward has also made a significant impact. In its first year, it admitted and discharged 1,315 patients, with 79% avoiding hospital readmission. This has saved over 4,500 bed days across acute and community hospitals.

We're also pleased to have worked collaboratively on physiotherapy events with East Coast Community Health (ECCH), which benefited over 600 patients. This initiative has improved access and aligns clinical pathways across the region, offering a single point of entry for patients based on their location and needs.

In early 2025, five Community Assessment Days (CADs) were held across Norfolk and Waveney, providing MSK and physiotherapy care to more than 600 patients.

This year, we established a Patient, Carer, and Partner Advisory Group to improve lived experiences. Chaired by our Patient Safety Partner, the group includes representatives from Carer's Voice, Family Voice, active patients and carers, and our Patient Research Champion.

We've also expanded co-production efforts, involving patient representatives in Trust interviews and decision-making processes. The Integrated Care Board has engaged with the group to gather feedback on future NHS innovation projects.

We led a system-wide collaboration with Carers Voice to co-produce a Carers Booklet for discharge planning.

Volunteers continue to play a vital role in enhancing patient and carer experiences. Between April and December 2024, we received 203 new volunteer applications – a 70% increase from the previous year – thanks to the efforts of our Volunteer Service, delivered by Voluntary Norfolk.

We're actively working to reduce waiting times. Improvements in our Wheelchair Service are starting to see results in reducing waiting times, and new self-referral options for MSK services are helping to address delays in access to community physiotherapy.

Referrals to our neurodevelopmental services (NDS) remain high, but we've taken steps to manage this, including a new operating model and leadership changes that bring fresh perspectives and approaches.

By sharing co-production resources and strengthening engagement with parents, our Children's Services have identified ways to implement efficient changes.

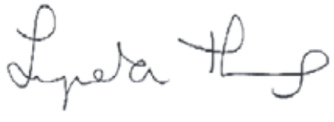
Our collaboration with CCS is just beginning. As we move forward as a Group, we will create a specialist community health and care organisation that enhances care, strengthens services, and builds resilience. We're excited about the opportunities this partnership brings, uniting two high-performing trusts with shared values and goals.

We confirm, on behalf of the Trust Board, that to the best of our knowledge, the information in this Quality Account is accurate and reflects our performance in 2024/25, as well as our priorities for continuous improvement in 2025/26.

By order of the Board:

Matthew Winn
CEO of NCH&C

Lynda Thomas
Chair of NCH&C



Dated: *30.6.25*

1.3 Introduction from Carolyn Fowler, Director of Nursing and Quality, and Dr Caroline Kavanagh, Medical Director

We would like to start by saying that our teams' continued dedication and determination to provide high standards of care and treatment for those we serve, working tirelessly within our services and geographies, have enabled us to achieve everything documented in this Quality Account.

This year we have continued to explore partnership working at every opportunity. Many of our patient improvement programmes are being developed with a range of stakeholders and partners. We recognise the importance of actively supporting the improvement of the wider patient journey and the delivery of joined-up care across Norfolk and Waveney.

The Trust has been resolute in its efforts to ensure the quality of care we provide is evidence based, safe, and holistic in its focus. This Quality Account demonstrates how much we have achieved in the last twelve months and how we have exceeded our plans and targets through hard work, passion and determination.

The quality of our services is measured by patient safety, the effectiveness of treatments, and patient feedback. This document provides a helpful framework for reflecting on our achievements and setting our priorities for the year ahead. It also discusses the improvements we are making to continually enhance our health and care provision.

We will continue to focus in 2025-2026 on providing fantastic care for our patients and families. Moving forward as we start our Group model with Cambridgeshire Community Services NHS Trust (CCS), we will have many more opportunities to improve patient care, make a difference to our local communities, and to be a great place to belong to as a wider team.

Finally, we would like to thank everyone who has contributed and commented on this report. And to thank our teams again for everything they give to our organisation and, for their enthusiasm and innovation to make a difference to patients and carers each day.

Carolyn Fowler,
Director of Nursing and Quality
at NCH&C

Dated: *30.6.25*

Dr Caroline Kavanagh
Medical Director at NCH&C

Part 2
Priorities for Improvement and Mandated Statements of Assurance

In this section we describe our priorities and plans for continuous improvements in the quality of the services we provide, the experience of those who receive them and how we work with partners to achieve this. We will include further mandated statements within this section, all of which are clearly noted.

Part 2 has two sections:

2.1 Our Commitment to Continuous Improvement

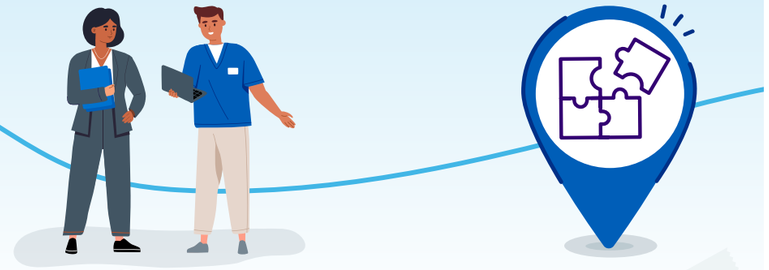
We remain guided by our trust values: community, creativity and compassion, and to help us achieve our vision we will work to five strategic priorities:

- Deepening our integration with partners
- Attracting and developing brilliant and fulfilled teams
- Continually improving standards of excellence
- Advancing our use of data and technology
- Being a future-focused organisation

In order to continuously improve the quality of the services we provide and the experience of those who receive them, the strategic priorities have key objectives, outcomes and commitments that we are focussing on. These are underpinned by the Norfolk and Waveney Integrated Care System's (ICS) quality priorities:

Deepening our integration with partners

We will deliver this by:



Preventing health conditions from developing

The outcomes we are working towards

Signs of developing conditions are proactively addressed. By asking and listening, and by being aware of inequality, patients are supported to make healthier life choices and access services to prevent avoidable crisis.

Key commitments towards 2027

- We will partner with Primary Care Networks to ensure earlier interventions for avoidable conditions.
- We will increase the number of people trained to deliver health coaching.
- We will prioritise earlier access into prevention focussed services.

Responding quickly to urgent needs

The outcomes we are working towards

Patients can access support as soon as it is needed. Patients receive rapid support, assistive technology and co-ordinated communications between partners preventing conditions from deteriorating and reducing the risk of hospital admissions.

Key commitments towards 2027

- We will work with partners to direct more calls into community urgent care services.
- We will exceed the national urgent care and reablement targets.
- We will enable easier and faster urgent access to services.

Delivering more joined-up treatment experiences

The outcomes we are working towards

Patients have a treatment experience designed, in partnership, around their individual needs and capabilities. Strong communications and information sharing means they can move safely and seamlessly, only telling their story once, across all place-based services.

Key commitments towards 2027

- We will develop more joint services with partner organisations.
- We will improve our discharge pathways from acute into community care.
- We will meet patients' holistic needs at home by increasing our pathways with healthcare, council and voluntary partners.

Empowering patients and caregivers to manage conditions at home

The outcomes we are working towards

Patients' care plans are co-created with them to ensure they receive compassionate, specialist support that meets their needs and maximises their independence at home, at whatever stage they are in their care journey.

Key commitments towards 2027

- We will reduce long term care admissions and emergency visits from frequent attendees.
- We will improve our community offer to support elective recovery at home.
- We will increase our use of technology trust-wide to support more people and conditions at home.

Attracting and developing brilliant and fulfilled teams

We will deliver this by:

Looking after our people

The outcomes we are working towards

We are the best place to work and develop a healthcare career in Norfolk and Waveney with a positive focus on the health, wellbeing and experience of our people.

Key commitments towards 2027

- We will be the best healthcare organisation to work for in Norfolk and Waveney.
- We will provide new career and skills opportunities for people in our local community.
- We will action a new and inspiring wellbeing strategy which reflects people's varying needs and career stages.

Ensuring everyone feels they belong

The outcomes we are working toward

Our people are proud to be part of an inclusive, fair NCH&C where diversity is valued, people feel safe and there is equity for everyone.

Key commitments towards 2027

- We will work to eliminate workplace discrimination for our staff.
- We will embed civility, compassion and respect across all areas of the trust.
- We will give people the confidence to speak up and trust they will be heard and supported.

Encouraging personal growth

The outcomes we are working towards

People feel actively supported to continue their professional development, fulfil personal ambitions and reach their full potential.

Key commitments towards 2027

- We will give our leaders the skills and behaviours to role model effective and inclusive leadership.
- We will create plans with all staff for their future career with NCH&C.

Enabling new ways of working

The outcomes we are working towards

We are fit for the future with the skills, resources and digital capabilities in our workforce to sustainably meet new models of care.

Key commitments towards 2027

- We will design new roles that reflect new and developing ways of working.
- We will have a confident, digitally literate workforce.
- We will ensure the development and sustainability of our workforce to meet future demand.

Continually improving standards of excellence

We will deliver this by:

Supporting people to advance their clinical capability

The outcomes we are working towards

Everyone is motivated to develop their own skills and nurture those of others and to provide a supportive learning environment which consistently delivers the highest levels of patient care and safety.

Key commitments towards 2027

- We will ensure all staff have the right specialist training for their role.
- We will have virtual and physical learning hubs in each of our places.
- We will ensure our people receive the highest standards of clinical supervision.

Creating a quality improvement culture

The outcomes we are working towards

We have a constant dialogue of learning and improvement, bringing together national and regional evidence with the voices of people, patients, carers and families to better design person-centred care, services and pathways.

Key commitments towards 2027

- We will build a culture of continuous learning, innovation and improvement.
- We will find new ways to engage our people and communities in meaningful conversation and action.
- We will attract more funding for NCH&C clinician-led research.

Keeping patient safety a top priority

The outcomes we are working towards

Our people create the safest possible environment for patients and colleagues tailored to their needs. Everyone feels able to speak up, listen, act with integrity and respect, learn and know that action will be taken.

Key commitments towards 2027

- We will offer leading End of Life care to patients, families and carers.
- We will ensure best outcomes for our most vulnerable and frail patients focussing on Children, learning disabilities, dementia, and long term conditions.
- We will embed a collaborative environment where patients, carers and staff are comfortable to speak up and feel listened to.

Prioritising action in our most challenged services

The outcomes we are working towards

We have resolved capacity and skills provision in our most highly demanded services to ensure all patients receive timely, high quality care, communications and information.

Key commitments towards 2027

- We will minimise conditions worsening whilst patients are waiting for services.
- We will invest in our specialist community skills to enable more patients to stay at home.
- We will ensure community patients will have the right visit at the right time.

Advancing our use of data and technology

We will deliver this by:

Developing digital solutions that enable more services at home

The outcomes we are working towards

Patients and their carers will have more options for where and how they receive treatment, support and manage their care to best meet their needs.

Key commitments towards 2027

- We will be a leading community trust for effective self-care digital solutions.
- We will lead the local expansion of virtual wards across our communities.
- We will maximise access to a wider range of virtual consultations.

Providing high-quality data analysis and reporting

The outcomes we are working towards

Colleagues can predict and design integrated services to improve efficiencies, health outcomes, tackle inequalities and identify wider population health management opportunities.

Key commitments towards 2027

- We will enable better decision-making by ensuring all teams receive the timely service data they need.
- We will enable greater innovation by creating a self-service population health insight platform.
- We will improve trust waiting times through effective demand and capacity modelling.

Enabling joined-up systems and data with colleagues and partners

The outcomes we are working towards

Our connected infrastructure will support a seamless healthcare experience and patients will only need to tell their story once.

Key commitments towards 2027

- We will develop the electronic Shared Care Record system for Norfolk and Waveney.
- We will improve medicines management in all wards with our Electronic Prescribing and Medicines System.
- We will improve service effectiveness with all services able to use SystmOne fully as their Electronic Patient Record.

Optimising our digital capabilities to drive efficiencies

The outcomes we are working towards

More efficient and effective technologies enable colleagues to free up more time for patient care and we have a more resilient trust-wide digital infrastructure.

Key commitments towards 2027

- We will improve routine processes by implementing robotic automation.
- We will improve flexible working by upgrading our mobile working provision.
- We will safeguard our key data and systems by increasing our digital resilience and improving our electronic document management.

Being a future-focussed organisation

We will deliver this by:

Ensuring we have the resources to meet current and future needs

The outcomes we are working towards

We are a valued contributor to the success of the ICB, delivering high quality, sustainable care, treatment and support to all communities across Norfolk and Waveney.

Key commitments towards 2027

- We will increase our investment funding from the Integrated Care Board through evidencing our efficiency and effectiveness.
- We will become a provider of social care services at home and in bedded care facilities.
- We will repurpose our estate to drive greater integration of services with partners.

Minimising our impact on the environment

Key commitments towards 2027

- We will be working ahead of the NHS national targets for greenhouse gas emissions.
- We will only work with suppliers who have effective carbon reduction plans in line with national targets.
- We will exceed national targets to achieve an all electrical/hybrid fleet.

The outcomes we are working towards

We are a leading Trust for our positive environmental standards, with the whole organisation confidently working towards national Net Zero targets.

Using evidence to continually evolve how we work

The outcomes we are working towards

We prioritise improvement and use insights from data, research and our partnerships to predict and design improved services. Always planning ahead to better support our local population to live healthier lives and reduce their future needs for care and support.

Key commitments towards 2027

- We will manage all our waiting lists in a clinically prioritised way to minimise harm.
- We will create a joint framework for population health management with our place partners.
- We will identify new opportunities to support people most likely to have inequality in experience or outcomes.

Nurturing proactive leaders at all levels

The outcomes we are working towards

Our people understand the challenges and needs of our communities and feel empowered to speak up and rethink the way we work to improve patient outcomes.

Key commitments towards 2027

- We will embed our purpose, vision, strategy and values at all levels.
- We will build a culture of continuous learning, innovation and improvement.

2.2 Mandated Statements of Assurance

Below are a set of mandated measures and statements of assurance required for the Quality Account and are set out in the format recommended within the guidance.

Mandated Statement:
Clinical Quality Commission (CQC) Registration

The trust is required to register with the CQC (see www.cqc.org.uk/provider/RY3), and its current registration certificate confirms that we are registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and screening procedures
- Personal care
- Surgical procedures
- Treatment of disease, disorder, or injury

The trust received an overall rating of 'Outstanding' in our latest inspection (21 February to 23 March 2018) below. The latest Inspection Report can be downloaded from: www.cqc.org.uk/provider/RY3/reports

Mandated Statement:
Data Security & Protection Toolkit (DPST) attainment level

The Trust was compliant with the mandatory requirements of the 2024 Data Security and Protection Toolkit (DPST) assessment and achieved 'standards met'.

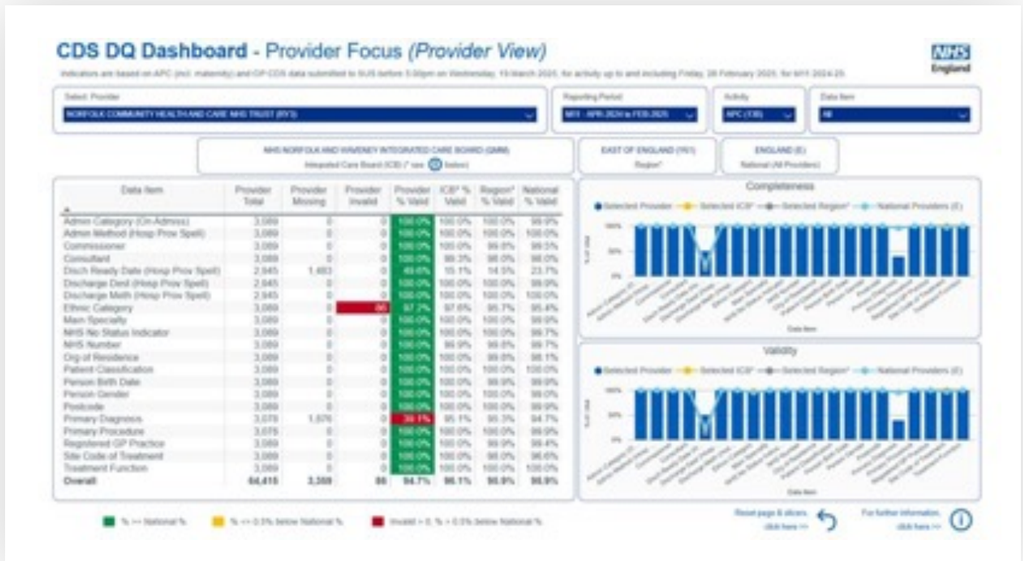
To support the continuous year-on-year improvements in this area, the Trust has commissioned an audit which commenced in March 2025, looking at selected outcomes from the new Cyber Assurance Framework (CAF) aligned DSPT. At the time of writing, the audit is still ongoing, however, any areas of improvement will be incorporated into a management action plan so we can address these ahead of the final DSPT submission in June 2025.

The Trust's baseline assessment was published on 30 December 2024 and work is currently ongoing to ensure that all appropriate evidence is available before the final submission on 30 June 2025. The Trust is on track to be compliant with the mandatory requirements and achieving overall DSPT compliance.

Mandated statement: Clinical Coding Error Rate

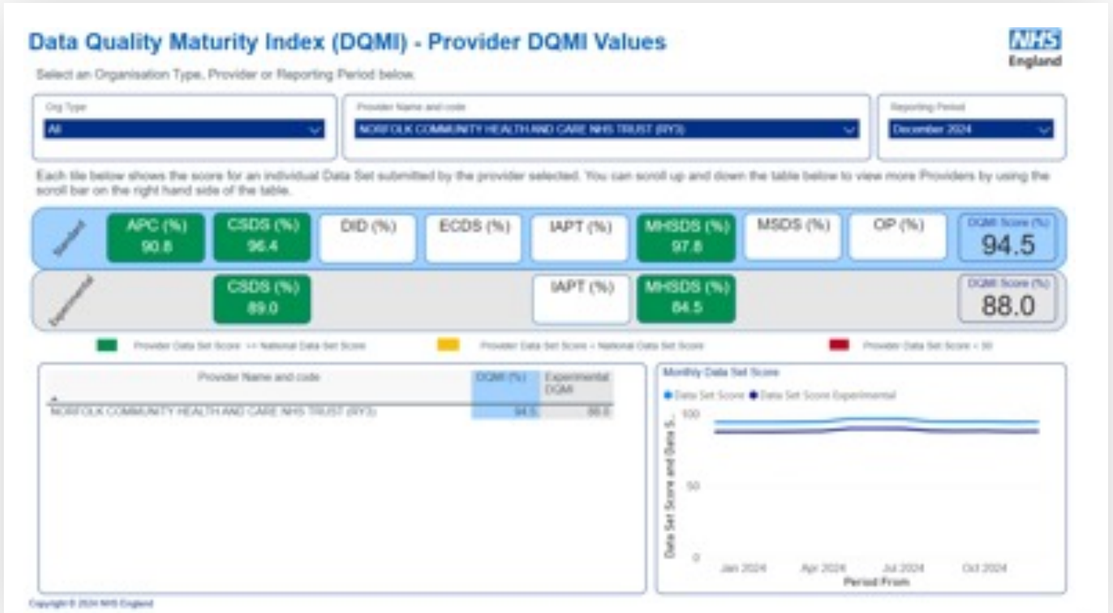
CDS Data Quality Dashboards provide a detailed analysis of the quality of the Commissioning Data Sets (CDS) that have been submitted into the Secondary Uses Service (SUS). Clinical coding is the process of translating medical information from patient records into standardised codes. These codes are used to represent a patient's diagnosis, treatments, and procedures, and are crucial for various purposes like accurate billing, quality patient care, and data analysis.

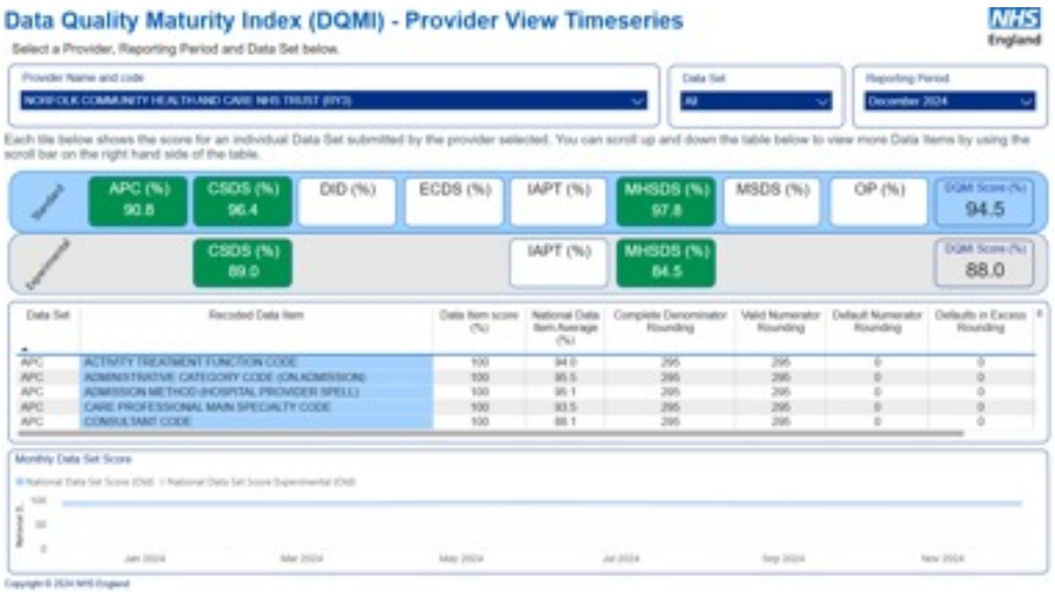
The below table and charts demonstrate our clinical coding error rate.



Mandated statement: Data Quality

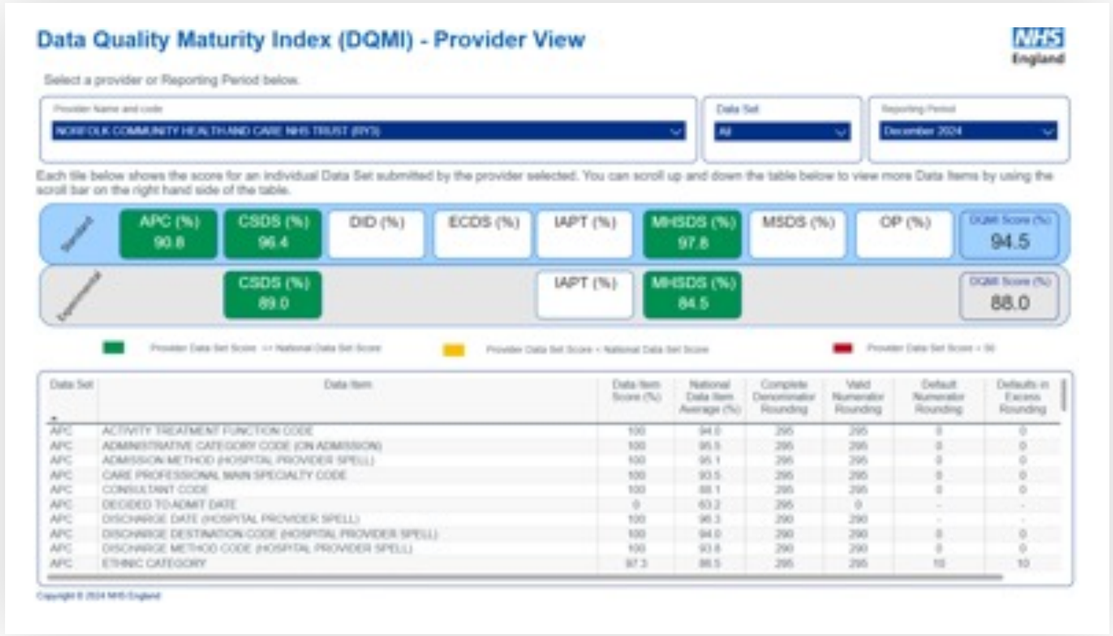
There are three different submissions nationally which feed into the Data Quality Maturity Index (DQMI); Admitted Patient Care (APC), Community Services Data Set (CSDS) and Mental Health Services Data Set (MHSDS). The Trust is at 94.5% compliance, a slight improvement from 94.3% last year. The National NHS trust average is 88.6%.





Steps towards improving our data quality

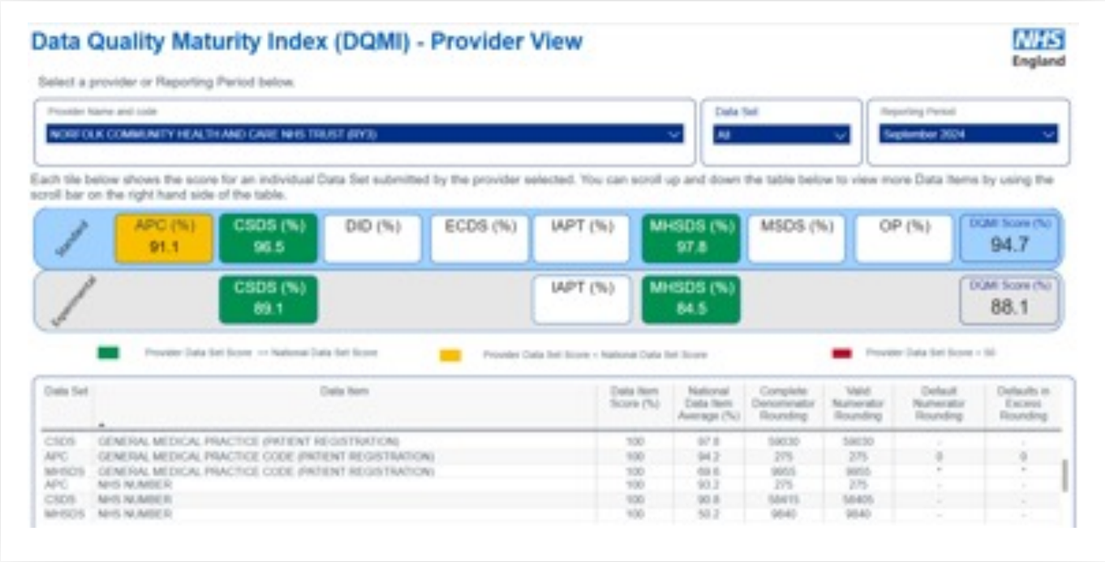
While the Trust scores are above national averages, there are always areas for improvement. The Community Services Data Set (CSDS) score has seen improvements in Ethnicity recording (an improvement from 82% to 86%) and Language recording (an improvement from 65% to 72%).



The Trust continues to encourage the use of the 'Fair Access' template that captures ethnicity and language information to ensure our patients receive the care that they need in an appropriate and accessible way.

Mandated statement:
NHS number and General Medical Practice code validity

We submit monthly Admitted Patient Care (APC), Community Services Data Set (CSDS) and Mental Health Services Data Set (MHSDS) as part of the national submissions (often referred to as SUS data) which is available in publications. This is shown in the diagram below taken from DQMI 'Power BI' report: Microsoft Power BI.



Mandated Statement: Central Alerts System: CAS Reporting

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.

The Trust's Patient Safety Team holds the role of CAS Liaison Officer (CLO) and follows a robust process to manage the received alerts. Subject matter experts along with the CLO assess all central alerts for relevance to the Trust. All relevant alerts are then cascaded to the appropriate service areas for action or for information. A monthly summary report containing information about all open alerts, action taken, and any alerts closed within the month is shared at Safety Group.

NCH&C received a total of 14 CAS alerts during the reporting period 1 April 2024 to 31 March 2025.

- 8 x Alerts were for information only with no response required
- 6 x Alerts required actions which have been completed

	UKHSA	PSA	CMO	NHSE&I	OHI	MHRA	DHSC	DSI	(EL)
Alerts by category 2024/25	2	9	1	0	0	2	0	0	(71)

Abbreviations:

UKHSA	UK Health Security Agency	MHRA	Medicines and Healthcare products regulatory authority
PSA	Patient Safety Alert		
CMO	Chief Medical Officer	DHSC	Department of Health and Social Care
NHSE&I	NHS England and NHS Improvement	DSI	Device Safety Alert
OHI	Office for Health Improvement and Disparities	EL	Drug Alert

Mandated Statement: Review of our performance against indicators in 2024/25

18 weeks referral to treatment (RTT)

In England, under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment. NHS Constitution sets a standard that 92% of people should meet this timeframe.

The Trust reports 18-week RTT compliance for 56 of our services and reports nationally for consultant led services. The trust achieved an average performance of 74.8% for 2024/25 and 74.6% for consultant-led services.

There were 31 services that breached their RTT performance one month or more in the year (incomplete pathways).

Service reported from SystmOne	No of months RTT breached in year	Service reported from SystmOne	No of months RTT breached in year
Acute Diabetic Foot Clinic West	1	MIND Professionals 18+	4
Adult Autism Service Norfolk	12	MSK Continence Physiotherapy	3
Adult Speech and Language Therapy West	6	MSK Services (NCHC)	7
Children's Community Nursing Team	1	Prosthetics	6
Children's Community Outpatients	12	Pulmonary Rehabilitation	7
Children's Epilepsy	2	SCSCYP Neuro Developmental Service	12
Children's OT Non NHS	3	SCSCYP Non NDS Children's Key Working	12
Children's Shortbreaks Home Based	12	SCSCYP NON NDS Starfish	1
Children's Specialist Continence	1	SCSCYP Non NDS Starfish Plus	11
Colman Centre for Specialist Rehabilitation Service	1	Specialist Neurology Team West	11
Community Dietetics	6	Specialist Nursing Dermatology West	5
Environmental Controls	12	Specialist Nursing Epilepsy	1
High Intensity Users	3	Specialist Nursing Heart Failure South West	6
ICES Review and Recall	2	Specialist Nursing TB Service	10
Looked After Children	2	Wheelchairs	12
Lymphoedema	12		

Whilst the Trust continually strives to improve our 18-week compliance across all services, the Trust is fully sighted on those services where performance has not been as good as we would have wished over the year.

The Trust works closely with commissioners to address performance and actively manage waiting lists, measuring capacity alongside demand and when necessary developing trajectories and action plans which are closely monitored

Maximum six week waits for diagnostic procedures

The national target is that 99% of patients should wait less than six weeks for a diagnostic test. This standard has not been met nationally since February 2017 – in March 2024, only 78% of patients received a test in under six weeks. The Trust outsources this service to Global Diagnostics (Healthshare) and during the period of 2024/25 compliance of 85.5% was reported.

Mandated Statement: Service Review

During 2024/25, the Trust held contracts which covered over 80 services, covering the broader service areas as follows:

Service areas		
Acute Diabetic Foot Clinic West	Community Dietetics	Inpatient Learning Disability
Adult Autism Service Norfolk	Community FICS	Respite Beds
Adult Speech and Language	Community Nursing and Therapy	Inpatient Specialist Beds
Therapy Central	Continence	Integrated Palliative Care
Adult Speech and Language	Discharge to Assess (D2A)	Service West
Therapy West	Early Supported Discharge Norfolk	Integrated Virtual Ward (QEH)
Cardiac Rehabilitation	Environmental Controls	Looked After Children
Children's Community Nursing Team	Foot Health	Lymphoedema
Children's Consultant Outpatients	Heart Failure Norwich	MIND Professionals 18+
Children's EHCP	Heart Failure Virtual Ward	MSK Continence Physiotherapy
Children's Epilepsy	High Intensity Users	MSK Services (ECCH)
Children's OT Non NHS	Homeward	MSK Services (NCH&C)
Children's Short breaks Home Based	ICC bed management	N&W Care Coordination (UCCH)
Children's Specialist Continence	ICES Review and Recall	NC - Research
Colman Centre for Specialist	Infectious Waste	NCH&C and ECCH Virtual Ward
Rehabilitation Services	Inpatient Children's Respite Beds	Phlebotomy Clinic
Community Access Team	Inpatient Intermediate Care Beds	

PILOT Services		
Post Covid Assessment Service	SCSCYP Non NDS Starfish	Specialist Nursing Epilepsy
Prosthetics	SCSCYP Non NDS Starfish East	Specialist Nursing Heart Failure SW
Pulmonary Rehabilitation	SCSCYP Non NDS Starfish Plus	Specialist Nursing Neurology N & S
Rapid Assessment Team QEH	SCSCYP Non Pre-School Liaison Group	Specialist Nursing Respiratory West
SCSCYP ADHD Medication Review	Specialist and Enhanced	Specialist Nursing TB Service
SCSCYP Neurodevelopmental	Palliative Care Central	Specialist Nursing Tissue
Services	Specialist Neurology Team West	Viability West
SCSCYP Non NDS Children's	Specialist Nursing CVD West	Supported Care
Key Working	Specialist Nursing Dermatology West	Virtual Ward West
SCSCYP Non NDS Children's Occupational Therapy	Specialist Nursing Diabetes West	Wheelchairs

The income generated by these services represents 100% of the total income generated from the provision of NHS services by the trust for 2024/25.

Mandated statement: Clinical research

The number of patients, receiving NHS services provided or sub-contracted by NCH&C in 2024/25, that were recruited during that period to participate in research approved by a Research Ethics Committee, was 833. In total, there was involvement in 26 research studies during the year.
The National Institute for Health and Care Research (NIHR) supported 85% of these studies through its research networks.

Participation in Clinical Audits and Local Audits

National, trustwide and local audits are reviewed, monitored, and presented at monthly Clinical Effectiveness and Quality Improvement Group (CEQIG) meetings. The group monitors and supports Place and Trust wide service Quality Improvement (QI) initiatives and projects.

Learning from audits is presented to the group and cascaded across the Trust. Relevant action plans for any limited assurance audits are completed and placed on the CEQIG risk register. This is tracked and monitored via a dedicated Microsoft Teams planner.

The CEQIG team started the year with seven audits outstanding from 2023/24 due to the delays caused by continued significant system wide pressures and operational challenges. By the end of Quarter four 2024/25, the group will have completed all 2023/24 outstanding audits.

National Clinical Audit Programme Progress

The Trust commenced the year with planned participation in nine national clinical audits. One national clinical audit, Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) has been successfully completed. Data submission has continued uneventfully for five of those audits. The National Audit of Care at the End of Life (NACEL) has been postponed until 2025/26 and the National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) has been cancelled. Parkinson's UK Audit was postponed until February 2025.

2024/25 National Clinical Audit

Trust Audit Ref	Name	Status
24-N-7	Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) Audit	Completed
24-N-1	Sentinel Stroke National Audit programme (SSNAP)	On Schedule
24-N-2	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP) - Pulmonary Rehab	On Schedule
24-N-4	National Diabetic Footcare Audit	On Schedule
24-N-5	National Audit Inpatient Falls (NAIF)	On Schedule
24-N-6	National Audit of Cardiac Rehabilitation (NACR)	On Schedule
23-N-9	Parkinson's UK Audit	Feb 2025
24-N-10	National Audit of Care at the End of Life (NACEL)	Postponed (25/26)
24-N-3	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	Cancelled

2023/24 Trust-wide Clinical Audit (carried over to 2024/25)

Trust Audit Ref	Name	Status
23-T-12	HOUDINI Catheter Audit	Completed
23-T-7	Medicines Management - Missed and delayed doses	Completed
23-T-1	Community Medicines Administration Records (MAR) Chart Audit	Completed
23-T-10	Therapeutic Insulin Management- community nursing teams	Completed
23-T-5	Resuscitation - Skills and Equipment	Completed
23-T-6	Syringe Driver re-audit	Completed
23-T-8	Medicines Management - Antibiotic stewardship audit	Completed

2024/25 Trust-wide Clinical Audit

Trust Audit Ref	Name	Status
24-T-6	Red to Green	Completed
24-T-3	MUST re-audit	Completed
24-T-14	Controlled Drug Audit Findings	Completed
24-T-4	Respect Audit	On Schedule
24-T-7	Supervision and Support for community non-medical prescribers	On Schedule
24-T-8	Resuscitation - Skills and Equipment	On Schedule
24-T-5	Deprivation of Liberty Safeguards (DoLS)	Delayed
24-T-1	Waiting Safely Standards	Cancelled
24-T-2	Documentation- Quality and Individualisation	Cancelled

2023/24 Local Clinical Audit (carried over to 2024/25)

Trust Audit Ref	Name	Status
22-L-11	Pharmacological management and outcomes in patients with prolonged disorders of consciousness in Level 1 specialist rehabilitation unit.	Cancelled/ Withdrawn
22-L-12	Dysphagia audit to improve understanding and compliance	Completed

2024/25 Local Clinical Audit

Trust Audit Ref	Name	Status
24-L-1	A local audit of ADHD diagnoses in school aged children according to the NICE Guidelines CG87	On Schedule
24-L-2	Clinical audit to review NCH&C's progress in implementing good practice guidance around Transition	On Schedule
24-L-3	Mouthcare Audit on Beech Ward	On Schedule
24- L-4	Autism Diagnostic Assessment Audit. Adult Learning Disabilities Service	On Schedule
24-L-5	Use of Anti-epileptic medication following TBI	On Schedule

The audits are used to influence and identify work for quality improvement activities with an aim of improving clinical efficiencies and patient care.

Examples of quality improvement can be demonstrated by the outcomes of the HOUDINI audit. This audit used a system wide approach to review all patients in Norfolk with a urethral indwelling catheter to understand the rationale for insertion and whether there is a clear plan for removal if appropriate and clinically indicated. During the audit several patients were identified as being able to have their catheter removed, which decreases the risk of catheter acquired urinary tract infections and catheter related complications such as urethral erosion. As a Trust, we have now included the HOUDINI template into all catheter care plans and have implemented as a standard approach to catheter care.

Management of National Institute for Health and Care Excellence: NICE Guidance

NICE guidance is published monthly, the guidance that is applicable to the Trust is reviewed. For 2024/25 this review has been completed during the CEQIG meeting. This ensures that subject matter expert's (SME) and Service Leads are aware and are involved in the discussions to raise oversight.

During the review, it is agreed who the most appropriate SME or Service Lead is to complete full review and gap analysis. Medium and High impact guidance have baseline audits undertaken with action plans tracked through to implementation.

There was a total of 143 pieces of NICE guidance published in the period of April 2024 to March 2025. Of these, 23 pieces were considered relevant to trust services, and baseline assessment and action plans have been completed.

Mandated statement: Learning from Deaths

During the reporting period 2024/25 there were 410 inpatient deaths within the Trust inpatient units. The table below details the following number of deaths in each quarter of that reporting period.

Quarter 1	Quarter 2	Quarter 3	Quarter 4
80	107	118	105

By 31 March 2025, 372 Case Record Reviews (Stage 1 Screening review) had been undertaken in relation to the deaths above. With two death requiring referral for a further Stage 2 investigation. The number of deaths in each quarter for which a Case Record Review or an investigation was undertaken detailed in the table below

Quarter 1	Quarter 2	Quarter 3	Quarter 4
73	110	128	75

None of the patient's deaths during the reporting period are judged to have been due to problems in care provided to the patient.

In learning from the deaths, the Trust reviewed:
The total number of deaths in year (410) was higher than in 2023/24. This was due to an increase in the inpatient bed base both in generalist units with the opening of Birch/Willow Unit and the increase in surge bed capacity plus the increase in Continuing Healthcare (CHC) funded beds in Priscilla Bacon Hospice. The majority of deaths were due to the patients' existing long term conditions and/ or frailty.

What have we done well?
The organisation continues to receive positive feedback about the care and compassion shown by our staff when treating end of life patients and their families.

What are we doing to improve?

- The Trust will work with the system with the strategic goal of 'only telling your story once' and simplifying access to services
- The Trust will continue to support Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and advance care planning
- Early identification of a person in deterioration
- Access to medications at End of life in homes and communities
- Health inequalities in Children and Young people, Learning disabilities/ autism and other vulnerable health groups
- Ensure that we consistently record and are able to articulate and demonstrate an individual's preferred place of death
- Improving our urgent care response times to ensure timely symptom management

Part 3

Looking back over the last year 2024/25

In this section the Trust will look back at both our achievements over the year and areas requiring improvement. We will tell you what our patients, carers, commissioners and partners have told us about our services. To demonstrate our quality performance, we have categorised this section into three of our Trust strategic objectives; 'Deeping our integration with partners', 'Attracting and developing brilliant and fulfilled teams' and 'Continually improving our standards of excellence'. The narrative provided will show you how we are 'Advancing our use of data and technology' and 'Being a future focussed organisation'- our remaining two Trust strategic objectives.

Part 2 has three sections:

3.1 Strategic objective: Deepening our integration with partners

System Innovation and Collaboration

Norfolk and Waveney Unscheduled Care Co-ordination Hub (N&W UCCH)

Background:
UCCH was developed on top of the previously developed work with the ambulance service for Access to Stack (A2S). Initially, by co-locating ambulance service Paramedics with the 111 Clinical Assessment Service (CAS), in Reed House, and by being in proximity to other community services such as Norfolk Escalation Avoidance Team (NEAT) and Community Virtual Ward (VW) Hub, a physical bridge was created. This relationship bridge and further addition of an NCH&C nurse, along with re-location both UCCH and VW Hub side-by-side, has further developed the collaborative work between ambulance service and community services.

Progress:
During this year UCCH has developed further, the organisations are collaborating more closely together and growing the service:

- Integrated Care 24 (IC24- 111, clinical assessment and urgent care appointment service) has:
  - Moved from making their CAS available to UCCH, they now offer a pool of GPs outside CAS during the hours of 8am - 8pm. These are scheduled routinely and understand the service better.
  - Increased their GP numbers from one CAS GP to three UCCH GPs, one of which acts as lead of the day.
  - Added service coordinators (admin support) to act as call handlers (two to three per day).

- NCH&C has:
  - Been funded substantively with a Service Lead role
  - Recruited successfully six staff (two Clinical Leads and four Triage Practitioners)
  - The nursing/practitioner cover will be 8am - 8pm.
  - Via integration with NCC, offers one Integrated Care Coordinator who supports with navigation into social care. This cover is currently 9am - 5pm.

- East of England Ambulance Service NHS Trust (EEAST) has:
  - Recruited substantively six Paramedics, with two-three paramedics covering per day, which allows for higher volumes to be assessed, triaged and navigated.
  - Increased cover to 6am - 10pm.
  - Started a collaboration with the Urgent Care Desk, which allows UCCH to have Advanced Paramedic cover (increasing to three-four total EEAST cover). This allows UCCH to proactively call crews on scene, review Category two calls and downgrade them to Category 3-5. This collaboration also gave UCCH access to the Urgent Car resource across Norfolk and Waveney.

- Norfolk and Suffolk NHS Foundation Trust (NSFT- mental health services) has:
  - For a period of three months from April to July 2024 have supported UCCH, as a trial by staffing UCCH with one mental health nurse. This trial was positive and highlighted the role in crisis management, dispatch avoidance and reduced admission via direct transfer of patients from the 999-dispatch stack to a MH Nurse in UCCH.
  - Funded substantively for 5.6 WTE MH nurses for UCCH, recruitment hasn't yet started.

- Norfolk County Council (NCC) has:
  - In addition to the ICC integrated role, co-located of the Swifts within UCCH, this has supported more efficiency and increased the acceptance rate by 10%. Cover is being studied currently as not yet daily, once this is made daily, we expect higher acceptance rates.

- East Coast Community Healthcare (ECCH) has:
  - A successful trial with ECCH and UCCH has been adopted as the standard approach.

UCCH has been given Trusted Assessor status, and patients are triaged and assessed by UCCH staff, following which are passed directly to ECCH for a response without further contact. This increases patient experience positively as only one story is told.

ECCH staff are deployed faster, as they are not required to triage the patients. UCCH has also gained access to all ECCH staff, skill levels and grades. ECCH has gained released time for their clinicians to respond to their caseloads. Currently under study is the possibility to increase response times, which are still set from 8am-4pm. We expect by April 2025 ECCH response to UCCH will align to 8am-8pm.

UCCH has acquired a telephony solution which has been live since April 2024, this is utilised by EEAST for "Call Before Convey (CB4C)". CB4C aims to allow UCCH to support crews in navigating patients to the right place of care. With an average of 350 calls a month, and growing, UCCH can now support original category one and category 2 high priority calls, which on arrival are found to be suitable for alternative providers (i.e. End of Life Patient presenting with new breathing symptoms).

The call will be a clinical conversation between a paramedic on scene and a clinician in UCCH (mostly a GP, but also one of the nurses and paramedics). UCCH utilised reciprocal trusted assessment, which allows a collaborative management of the patient. Most of these higher category patients are navigated to Community Virtual Ward, Community Hospitals and SDEC. Which still alleviates the pressures felt by the Emergency Departments.

Since winter 2024/25, the line has been extended to NCC's Norfolk Swift Response (a 24-hour service that provides practical help to adults with an urgent, unplanned need at home) and Community teams. The aim is to support patients to get the right care in the right place first time. The line usage by community has ramped up with an average of 20 calls per month since December.

The Trusted Assessor model has been trialled and implemented between UCCH and Community Virtual Ward, allowing all patients assessed in UCCH to have a Virtual Ward admission without further triage by Virtual Ward Hub staff, with the intended outcome of improved patient experience and increased response efficiency. UCCH has been this year the highest referrer to Virtual Ward.

A collaborative project with NCC Swifts is underway to utilise remote monitoring and support patients who might present with a clinical/heath need. By utilising Feebris patient observation kits (the same kit used by Virtual Ward), the support workers are now able to flag any medical concern back to UCCH, and with access to video-call and live clinical observations be clinical advised by UCCH on what the best place of care is or refer to community services when required.

All this work has allowed UCCH to evolve beyond the Access to Stack, and it now receives referrals from 111 clinicians, 999 (pre-dispatch (A2S) and pre-conveyance) and community services.

The triage element within UCCH continues to utilise the NEAT Central teams and West HomeFirst Hub (HFH), who support by monitoring A2S portal and triaging and navigating patients onto the right provider.

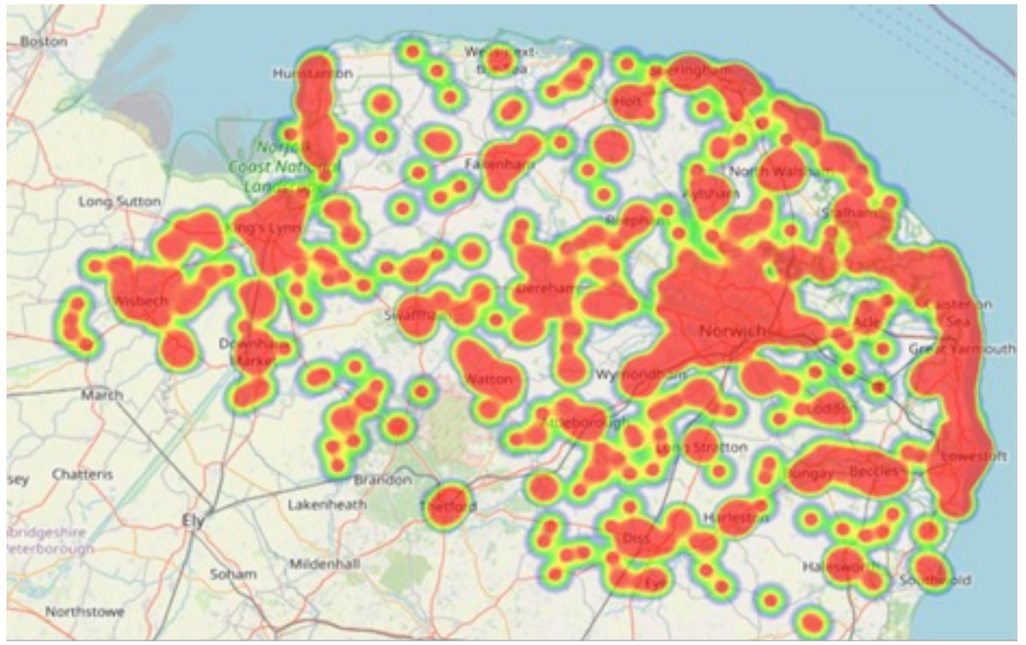
Following the successful recruitment drive to UCCH, it is now possible to devolve this patient activity from NEAT to UCCH, as NEAT follows its own transformation onto Rapid Response. UCCH will continue to work collaboratively with Rapid Response and merge/ align processes to harness that structure functions who are beneficial for our patients.

Future plans for 2025/26

- Activity Development: (maintain all activity within UCCH before navigation), this will allow for the teams who have been supporting UCCH to regain their staff back to their original roles (UCR, UCR Care, Rapid Response, etc.) benefiting the population by getting more staff available. Phase 1 is underway, as part of a four phase plan, which should see UCCH being the single triage place to all Norfolk and Waveney by winter 2025.
- Increase Call Before Convey: this will allow UCCH to navigate more C2 patients which will benefit UEC by reducing Emergency Department attendance and improve patient care and experience by receiving care at home.
- Increase Clinical Conversation for Community Services: this should allow community colleagues to contact UCCH as a Single Point of Access (SPoA), releasing them back to patient care and preventing the current standard escalation to ambulance service.
- Increase volume of C3-5 patient assessments, to all clinical suitable C3-5s.
- Trial and deploy Mobile X-ray solution: currently up to 30% of C3-5 active is impossible to navigate to community due to potential fractures, chest infections and other conditions requiring imaging. A collaboration between UCCH and NNUH has started and by mid-April 2025 a trial will start where UCCH can deploy a mobile x-ray machine to patients homes, with a quick report to support decision-making and diagnosis, potentially allowing more patients (C3-5s) to receive care at home.
- Open access to Primary Care: to prevent primary care navigation to 999, where there is no life-threatening concern.
- Increase community acceptance rates: by shifting the culture between "ambulance/stack patient" to "patient requiring community services", this is in line with the aim to become the N&W SPoA.
- Open access to ED and SDECs: in line with the SPoA framework, and work collaboratively with the acute trusts.

Data:
Since inception UCCH has assessed nearly 22,000 patients, with over 13,000 patients benefiting from care at home. Nearly half of those have been navigated to community services. UCCH is currently assessing an average of 2,500 patients a month, which continues to increase.
The rejection rates have drop slightly from community, as the service gets trusted more and more.

The heat map below demonstrates where patients have received care. East, Norwich and North are the places with most activity, followed by West and South.



Over 65% of these patients, in average, do not re-contact UEC system at day three and 60% do not re-contact UEC within seven days of contact.

HomeFirst Hub

HomeFirst Hub (HFH) is a multi-disciplinary co-ordinating function with a strong focus on Home First, balancing demand with community capacity, and managing flow through the wider system. The Hub is based on site at Norwich Community Hospital and staff in reach to acute and community inpatient units.

The main workload is Discharge to Assess (D2A) from both acute and community inpatient units. Determining an appropriate and proportionate community response, based on the individual's needs for Pathways 1-3:

- Pathway 1 – home with support
- Pathway 2,3 – step down beds

Health and social care resources are deployed within agreed timescales, as scheduled by the HomeFirst Hub, including assessment of needs (e.g., initial assessment and Care Act assessments if appropriate) and participation in multidisciplinary team case discussions.

Home First Hub processed 10960 referrals and 10355 discharges between 1 Jan 2024 and 31 December 2024.

A pilot called Integrated Discharged Assessment Team (IDAT) was started on 18 November 2024 which brings together multi discipline teams (MDT) on site at Norfolk and Norwich University Hospital (NNUH) to discuss cases and ensure the right professional is carrying out the face-to-face assessment to determine discharge pathway.

A second pilot for P1 discharge pathway commenced on 20 January 2025 which will look to send NNUH P1 requests to both HFH and Norfolk First Support (NFS) at the same time to reduce potential delay in the wait for triage.

The NEAT pathway focuses on admission avoidance based on referrals which have multiple needs; therapy, health, and/or social needs. This is a telephone-based service which co-ordinates place-based deployable resources to support the individual or family with urgent same day response, 24-48 hour initial assessment, follow-on interventions, tracking and following all cases , up to six week and review at end of pathway.

Wrap around support can include social work, supported care/HomeWard, Norfolk First Support (NFS), and community nursing and therapy. It can also include indirect resources like assistive technology. Length of time on short term care packages is dependent on need, up to a maximum of six weeks. This is changing to Rapid Response during 2025 (date TBC as dependant on UCCH) and the proposed process will be centralised with two MDT teams running face to face out of Reed House linking directly with UCCH and UCR teams. This will improve holistic assessment, provide consistent care irrespective of locality, and reduce time to UCR deployment.

NEAT received 6,531 referrals in 2024, 1,960 of these were from Access2Stack (999 calls).

The Home First Hub is staffed by both NCH&C and Norfolk County Council (NCC) staff with NCH&C therapists rotating in to support the NEAT referrals and therapy admission avoidance visits.

The NCC provision is made up of five Practice Consultants, ten Senior Business Officers, thirteen Integrated Care Co-Ordinators, twenty-two Assistant Practitioners and ten Social Workers.

The NCH&C provision is made up of three Clinical Leads, seven Community Assistants, and seven Occupational Therapists.

West Place Discharge to Assess (Home First Hub)

The principles of discharge to assess (D2A) are about funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place.

Within West a collaborative piece of work with the Queen Elizabeth Hospital (QEH) and Norfolk First Support (NFS) was undertaken to review the process and capacity required for Pathway 1 discharges. This pathway is designed to support individuals to return home, but with short term support from health and social care services to maximise independence and help them manage their recovery.

Several initiatives were implemented including:

- Monthly multi agency discharge event (MaDE) to review patients highlighted as Pathway 2 and changed to Pathway 1 if appropriate.
- Direct referral from the wards to Norfolk First Support for reablement support.
- Additional capacity within NFS to increase their ability to accept referrals.
- Pilot now rolled out as business as usual.

For Pathway 1 the average delay days post non criteria to reside, has dropped from 8.28 in July 2024 to 2.96 in January 2025 reducing the risks to patients associated with longer lengths of stay.

NFS have also reported a high satisfaction rating from service users with 26% of people supported by NFS being reabled and 28% requiring formal or informal ongoing support.

Virtual Ward- Norfolk and Waveney

From 18 September 2023, NCH&C, East Coast Community Healthcare (ECCH) and the Queen Elizabeth Hospital (QEH) launched the Community Virtual Ward step up and integrated step-down service.

The aim of this service is to provide acute admission avoidance support for patients across the five localities (West Norfolk, East Norfolk, North Norfolk, South Norfolk, and Norwich). Currently Community Virtual Ward is live in Norwich extending these boarders to parts of North and South, West and East (ECCH).

The fundamental aim of the service is to prevent hospital admission to those patients suffering an acute illness or exacerbation of a long-term health condition on the provision they are safe to remain in their own property as part of the integrated Virtual ward Model. To achieve this, we have aligned to pre-existing virtual wards in the acute services in utilising remote technology in the form of Feebris observation kits, which can report clinical observations for patients both continuously and/ or intermittently, with the results being sent to a centralised hub for ongoing review. Along with this we have acquired kits to allow single point of care testing for rapid diagnostics of patient's bloods, compact nebulisers, electrocardiogram (ECG) machines allowing for direct SystmOne (our electronic patient record system) uploads and infrared vessel technology for venipuncture and cannulation.

The Virtual Ward model has been developed following visits to established Virtual Wards around the country as well as reviewing the demographics of Norfolk and Waveney.

With this information the following model was adapted as follows:

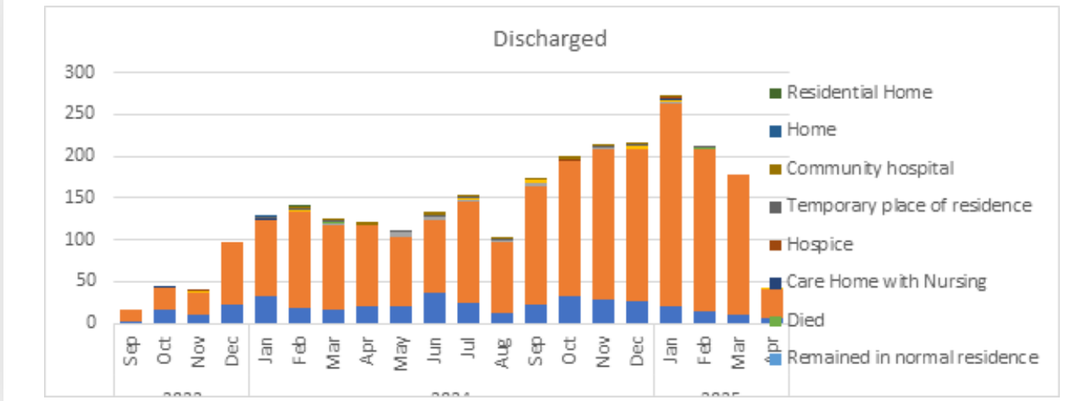
- Each locality will have an Advanced Clinical Practitioner (ACP) who will hold the clinical accountability of the patients that are on the caseload. Regular clinical supervision is undertaken with the Trust's ACP leads and associate General Practitioners (GPs).
- Senior nurse clinicians and Nursing associates support the ACPs in each locality with the assessment, review, and implementation of care.
- The virtual ward hub provides a centralised support for all localities, where referrals, onboarding and remote monitoring occurs. It is at this hub patients' observations are monitored and reviewed for clinical deterioration to allow for urgent response.
  This Team is made up of registered nurses supported and led by a clinical lead Manager.

The Virtual Ward team accepts patients under the following clinical pathways:

- Respiratory Pathway: Patients with a worsening respiratory condition or exacerbation who you feel would be able to receive care at home rather than hospital with the addition of Advanced Clinical Practitioner management and oversight, remote monitoring (including Sp02) and ongoing support for up to 14 days.
- Heart Failure Pathway: Patients with a worsening heart failure (fully diagnosed previously) who you feel would be able to receive care at home rather than hospital with the addition of Advanced Clinical Practitioner management and oversight (including IV Furosemide), remote monitoring, and ongoing support for up to 14 days.
- Frailty Pathway: Patients who are frail with a worsening acute or chronic condition who you feel would be able to receive care at home rather than hospital with the addition of Advanced Clinical Practitioner management and oversight (including residential and nursing home residents), remote monitoring and ongoing support for up to 14 days.

Since commencing in September 2023 to April 2024, Virtual Ward has been able to save an estimated 9,069 acute bed days, providing care to 2,722 patients with an average length of stay of 4.3 days. Of these patients 82% have been discharged from our service remaining in their own residence.

Although the service has not been able to open and meet the original trajectory of beds available, it has increased the overall average number of patients on the caseload from four patients daily to 18 patients with a monthly average of 130 patients.



Operationally, the service is maturing, however, in comparison to the other step-down Virtual Wards within the Norfolk and Waveney area we are in our infancy. This is due to operational constraints, as well as patient demographics.

- The average age of admitted Virtual Ward patients has been 68. These older patients have found the technology challenging to use so patients have needed more of face-to-face visits than was assumed in the capacity modelling.
- Patients are assessed for suitability for Virtual ward care with a face-to-face visit. Travelling to patient homes to setup technology can take up to an hour journey time each way due to the geographical spread of the caseload across Norfolk and Waveney.
- 68% of patients are referred from the EEAST stack. These referrals often come with very limited information to decide if the inclusion criteria are met. Initial capacity modelling had assumed the highest proportion from primary care, community teams and care homes.

Due to the above, as a trust we have been required to adapt and think more dynamically. This has led to further developments being introduced as well as creating integrated pathways with our urgent emergency response partners. This is including working with NSFT to prevent medical admission for patients who are in the community mental health wards, direct in reaching to emergency department across three acutes, working with front door services such as the early intervention teams, Rafts and creating joint operational plans with SDEC and Step-down services. Swifts' services for those patients who have been on the floor for more than two hours providing clinical assessment. UCCH and the EEAST UCD cars, working in conjunction to support patients prior to being conveyed to the acutes.

The main outcome for this service is to manage patients safely and effectively at home, utilising technology, and advanced clinical practice. We have had received no patient complaints since the service commenced and received positive patient feedback.

Next steps:
Continue to mature in service delivery as well as continue to establish trusted relationships across all areas involved in urgent emergency care.

Following on from a strategic review, there is a joint venture with the three acute hospitals of how we can develop Virtual Ward differently taking the labels of Step up and step down away and just providing an integrated Virtual Ward service. This integration will allow for a 24-hour service for all patients under virtual ward utilising shared resources across all Trusts.

This will remove the element of restricted access to some patient, ensuring equal access across all five localities that Virtual Ward can deliver to.

With the integration this will also support further development to consistently offer a service in North Norfolk and South Norfolk respectively.

Surge and Winter Bed Capacity including Temporary Escalation Spaces

NCH&C's intermediate care operational plan from April 2024 commenced with the continuation of winter surge beds:

Ward	Additional beds	Total operational beds
Swaffham	1	19
Foxley	8	32
Pineheath	4	28
Alder	2	26
Ogden	0	21
North Walsham	4	28
Pine Cottage	1	10

Since April 2024 the additional beds remained open until a period of two weeks in May. Since May the utilisation of any additional beds has been closely aligned to the construction of the new Willow Therapy Unit (48 beds) and emergency maintenance on the Mulberry Unit (Alder and Beech Wards).

The Willow model of supporting and empowering patients to be as independent as possible started on Birch Unit on the 14 April 2024, increasing intermediate care capacity by an additional 20 beds.

Due to construction delays impacting the opening date of the Willow Unit, ten additional pathway tow beds were opened from May at the following locations and will be maintained until all 48 Willow beds are open.

Ward	Additional beds	Total operational beds
Swaffham	+1 bed	19
Foxley	+ 4 beds	28
Pineheath	+4 beds	28
Pine Cottage	+ 1 bed	10

From 1 June 2024 Alder Ward was closed due to emergency maintenance works therefore replacement beds were opened in addition to the above at the following locations, with Swaffham and North Walsham located in non-clinical spaces (temporary escalation spaces).

Ward	Additional beds	Total operational beds
Swaffham	+3 beds	22
Foxley	+5 beds	33
North Walsham	+4 beds	28

There were no plans for surge beds over winter 2024-2025 due to all available bed capacity already operational to the maximum levels to replace non-operational beds on Alder and Willow Therapy Unit. This included the continuation of three beds in Swaffham and four beds in North Walsham in non-clinical spaces. Following new Nursing and Midwifery Council and NHS England guidance and regulations around utilising Temporary Escalation Spaces (TES), a thorough review commenced in November between Quality and Operational colleagues, led by the Deputy Director of Nursing. Outputs so far include a staff guidance short document for caring for patients in TES, patient leaflet, safety guidance for allocating patients to TES.

Due to continuation of delays in the Willow Therapy Unit construction impacting operational opening to patients, all additional Pathway 2 beds have remained open to date of this report submission. There is an operational de-escalation plan aligned with Willow opening and a staggered increase on the Unit of six beds per week until the full 48 are operational. To support flow through the Norfolk and Waveney system between Jan and March 2025, additional support has been commissioned for NCH&C inpatient beds for patients who are self-funding placements or packages of care and also 20 spot beds placements for patient waiting placements, patients with orthopaedic conditions who are non-weight bearing, and those waiting complex packages of care.

Willow Therapy Unit

In August 2023, NCH&C was awarded Department of Health and Social Care funding for the project to build a state-of-the-art reablement unit for 48 patients at its Norwich Community Hospital site.

The proposal was supported by the Norfolk and Waveney Integrated Care Board (NWICB) and system, and the Willow Therapy Unit will benefit many parts of the health and care system in Norfolk and Waveney.

Norfolk 48 Bed Modular Ward - Artist Impression

We involved patients, carers, and staff in the planning and development of the Willow Therapy Unit. Gathering a wide range of views ensured the facility's design reflects the needs and requirements of the people that use it.

We even invited patients and our neighbours around Norwich Community Hospital to suggest names for the unit and 'Willow Therapy Unit' was the most popular name put forward to a vote.

The unit is designed to provide enhanced support for patients to recover and regain independence after a hospital stay.

It includes facilities like an assessment kitchen and a self-service café-style area to help patients build confidence in performing everyday tasks.

At the Willow Therapy Unit, we put the power in patients' hands, offering person-centred, goal-oriented support to help them recover and regain independence so they can get back to living their full lives, safely.

Our rehabilitation unit is staffed by an expert team who work closely with patients, families and carers, working with patients to get them back on their feet and remastering everyday skills. We provide 7-day therapy cover and operate a whole team approach, making every contact an opportunity for reablement, education and activity.

Making the transition out of hospital and back into the community easier, our rehabilitative care aims to reduce the chance of readmission, frees up bed spaces on local acute hospital wards, and improves patient outcomes.

Therapists and nursing colleagues will work closely together to support patients in achieving their functional goals, helping patients transition smoothly from acute hospitals, back into the community.

The therapy and enhanced support patients receive at the unit will reduce the chance of readmission to hospital, as well as the need for additional care when they leave.

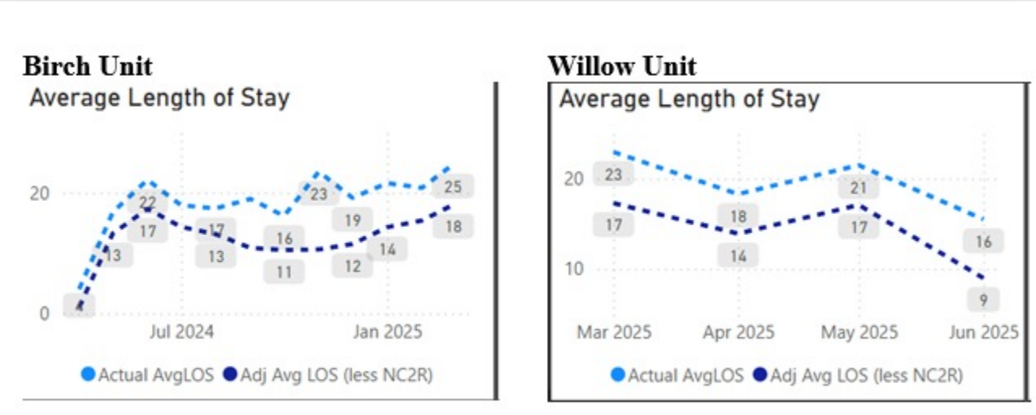
Patients at the Willow Therapy Unit will benefit from using the latest therapy and rehabilitation technology. This includes the innovative NIRVANA system, which provides engaging audio-visual feedback to patients to accelerate their recovery.

Rehabilitation is provided continuously, not just during therapy sessions. Patients will be encouraged to perform simple movements throughout the day to improve their strength, confidence, and mobility.

The Willow Therapy Unit welcomed its first patients on 13 March 2025.

The average length of stay for our patients on our Willow unit has reduced in comparison to our generalist units. The data charts below shows the monthly average length of stay for our generalist inpatient units, Birch Unit (during set up) and Willow Therapy Unit (current).

Generalist Inpatient Units



Infection Prevention and Control System Working

The Infection Prevention and Control Team (IPaC) have external commissions from Norfolk and Waveney Integrated Care Board (NWICB) and Norfolk County Council (NCC) to provide the following services inclusive of out of hours on-call service to the wider community:

- Flu response for care home residents including screening and the prescribing of antivirals via a patient group directive (PGD) where required.
- Provision of supportive IPaC measures for care homes with identified concerns.
- Support to UK Health Security Agency (UKHSA) for the management of farms and businesses identified with Avian Influenza, including screening and the prescribing of antivirals via a patient group directive (PGD) where required.
- Screening of individuals with a provisional diagnosis of MPox as directed by Primary Care and/or Consultant Virologist.
- Collaborative working with People from Abroad Team (PfAT) for screening of asylum seekers and/or vulnerable adults in the community. This includes screening, treatment and/or advice on the following:
  - Blood borne viruses (BBV)
  - Sexually transmitted infections (STIs)
  - Diphtheria
  - Scabies
  - Chicken Pox
  - Tuberculosis
  - Respiratory infection
- Response to meningococcal meningitis in educational facility
- Supporting TB service with contact screening and management of latent TB cases

The NCC commission is fixed term and in its third consecutive year and has ended this year. The NWICB commission is a substantive dynamic service dependant on emerging requirement and/or horizon scanning, this is hopefully to be extended to allow the full remit as outlined above. If unsuccessful the team will no longer provide the collaborative services with the PFAT team.

Screening	Contacts	Screens taken	Prescriptions dispensed
BBV	153	153	0
Avian Influenza	4	0	4
Care Home Influenza	1867	70	1538
MPox	0	0	0
E. Coli	2	0	0
Meningococcal Meningitis	6	0	0
Invasive Group A Strep	43	0	0
Scabies	0	0	0
STI	48	48	0
TB	261	261	0
Total	2271	419	1542

Safeguarding in partnership with other organisations

The Trust Safeguarding team has continued to work to improve partnership working in the last year. Throughout 2024/25 there have been monthly meetings with the safeguarding teams within CCS. These have enhanced the communication between the organisations and have resulted in a more joined up way of working in relation to specialist services and their attendance at section 47 strategy meetings and other child protection meetings.

Attendance at monthly meetings with the Safeguarding Adults National Network (SANN) and Domestic Abuse and Sexual Violence (DASV) network has ensured the team are up to date with the latest national guidance and an opportunity to learn and share best practice.

CCS and NCH&C safeguarding team have worked together in the development of a safeguarding training strategy alongside training and processes around improving quality of Mental Capacity Act (MCA) assessments.

In 2024/25 the Safeguarding Children Deputies have continued to support staff by co-facilitating Joint Agency Group Supervision Sessions (JAGS). The purpose of these meetings is to give professionals a joint agency reflective space to consider the case, keeping the child's voice at the centre of all decision making. Staff have shared feedback with the team about how useful the multi-agency supervision is at keeping the child's voice at the forefront. NCH&C safeguarding team have attended NSCP JAGS evaluation forums and shared the feedback. The JAGS model has continued to evolve over 2024/25, and NCH&C safeguarding team have attended workshops and JAGS training sessions to ensure validity of the JAGS model permeates throughout all facilitated sessions.

NCH&C safeguarding team have populated a model which supports practitioners to weigh up risks when self-neglect is suspected in safeguarding adult cases. This model (entitled DECIDE) has been shared with the network of safeguarding professionals across Norfolk and Waveney and has been identified as good practice by the local ICB designate safeguarding team.

Patient, Carer and Partner Experience and Involvement (PCEI)

The quality of our services and the experience of our patients and staff remains extremely important to us. Feedback from our patients and their carers about our services and organisation helps us improve the care we give.

To support us to gather a range of feedback and to inform our understanding we use a range of methods. This includes compliments, complaints, the Friends and Family Test, Care Opinion, Healthwatch, patient and carer surveys, focus groups and patient stories as well as staff surveys, local working groups, our staff networks and engagement avenues.

The Trust Patient and Carer Experience and Involvement Strategy key goals have helped to shape and improve patient and carer experience and involvement. Looking ahead into 2025 the Strategy will be reviewed, building on previous and existing initiatives as well as looking ahead to enhance our patient and carer experience and involvement. We ensure that when listening to and acting upon feedback we use our core values of Community, Compassion and Creativity to improve care. Please see our website for further details; https://www.norfolkcommunityhealthandcare.nhs.uk/patient-experience.

Patient and Carer Experience and Involvement Strategy 2024/25

Background:
The Patient and Carer Experience and Involvement Strategy 2021-24 was developed during 2020/21. This strategy was reviewed between April – July 2022 through a series of co-production workshops involving patient and carer participants recruited via local voluntary, community and social enterprise (VCSE) organisations, patient and staff groups and social media communications. This re-shaping led to an extension of the strategy and workplan to 2022-25.

The overarching workplan was designed at Place level to ensure Trust wide engagement and involvement activity is aligned to what matters most to our patients and carers.

Objectives:
1. Actively engage with, understand what matters most to, and improve the experiences for all.
2. Strengthen and enhance personalised care to ensure people are treated with dignity, respect and receive safe, effective care for their needs
3. Empower our staff and volunteers with the tools, techniques and confidence to effectively capture an act upon and improve the experiences of patients, carers and families our care

Progress:
Over the past twelve months, the Lived Experience Team have continued to work on several initiatives and projects to deliver the three key objectives of the strategy.

Some examples of piece of work that continue to be progressed are:

- Further roll-out of the "hello my name is…" also known as "Yellow badges" to all staff and volunteers, with progress made for provision of these at point of Trust induction.
- The active participation in system wide networks across health, social care and the voluntary sector to contribute to best practice and sharing of knowledge.
- Active lead NHS trust in collaboration with Carers Voice on a systems wide Co-production development of a Carers Booklet for discharge
- 15 Steps Challenge follow up visits to ensure recommendations were actively followed up and linked to learning and improvements identified in the Patient Led Assessment of the Care Environment
- Implementation of the Patient, Carer and Partner Advisory Group with the purpose of improving lived experience for patients, carers and families through information taken from a wide number of sources within the Trust which are then consolidated and actively used to inform improvements to care.

Looking forward to 2025/26:
A co-production methodology was used to navigate through the process of refreshing the strategy in 2022, ensuring that patients, carers, staff, and key partner organisations contributed equally to shaping the strategy objectives and workplan. We will follow the same collaborative process again during the strategy review in 2025 with the aim of having clear objectives about what matters most to those who currently use or may use our services in the future.

The Patient, Carer and Partner Advisory Group

The Patient, Carer and Partner Advisory Group (PAG) commenced in July 2024 and occurs on a bi-monthly basis. This is chaired by Trust's Patient Safety Partner with representative attendance from NCH&C's Lived Experience Coordinator, Carer's Voice, Family Voice, active patients, carers and NCH&C Patient Research Champion.

Collaborative and co-production work has commenced, ensuring voices and views are heard, listened and responded. This has included Digital Services and Better for All representatives who have sought input into Trust decision making and transformation projects. Patient representatives have been supporting with Trust interviews and the Integrated Care Board have also attended meetings to seek feedback on future NHS Innovation Projects.

The Voice

THE VOICE
BRINGING THE PATIENT'S VOICE TO EVERYTHING WE DO

The Voice is our regular newsletter which is published online. It highlights the ways we are working to ensure patients' and carers' voices are heard and listened to. During 2025/26 we aim to publish The Voice in alternative formats to reach a wider demographic and continue to build on audience views. The Voice aims to bring the patients' voice to everything we do at the Trust.

Patient Voice to Board 2024/25
Each NCH&C board meeting commences with a patient story- 'Patient Voice to Board'.
This often gives an opportunity for the Board to hear examples of positive patient experience demonstrating excellence. Other stories provide the Board an opportunity to gain an insight into areas that require improvement and enables recommendations to be made.

Places have continued to invite patients, carers and family members to share their stories using a range of formats to accommodate individual needs such as pre-recorded video, teams meeting or face to face in person. This approach has enabled the voices of harder to reach patients and communities to be heard. Some examples of stories heard during 2024/25 include:

Virtual Ward, Norwich Place

The patient explained how living with Brittle Asthma and having other complex medical needs can lead to emergency care and admission to hospital. Although very well supported by their GP Practice and Addenbrookes Hospital, the patient had recently experienced an exacerbation of their condition and felt very unwell. The GP advised a referral to the Community Virtual Ward which the patient consented to. The patient explained to the Board about the Feebris Kit and how this enabled the required observations, such as respiratory rate, peak flows, and oxygen saturation to be taken, and then linked up to the Virtual Ward team to interpret and respond to.

The patient was aware that they had the option to speak to any of the team between the hours of 08:00 and 20:00. The patient reflected how important being able to rest at home, in their own environment was to their recovery. This included having peace of mind that they were being monitored whilst being able to shower, dress, eat and sleep when they needed to.

The patient featured in a Radio Norfolk interview celebrating 500 patients receiving care and treatment from the Community Virtual ward.

Wheelchair Services, SSOCS

The patient shared their experience with the Wheelchair Assessment Service and Wheelchair Repairs.

The patient has arthrogryposis multiplex congenita and currently uses both a powered Spectra XTR2 and an RGK manual wheelchair provided by the NHS. Due to a lack of functional movement in their arms, the patient operates their powered wheelchair with a foot control. However, the foot positioning required to manoeuvre the powered wheelchair limits its use indoors, as it prevents the patient from getting close enough to surfaces for daily activities. To compensate, the patient uses a stick in their mouth to access objects and perform tasks around the home. The patient lives alone and maintaining their independence in daily living activities is crucial. Therefore, the patient utilises a bespoke RGK wheelchair indoors, which they propel by foot scooting with their right foot.

The patient experienced an incident at home which prevented them from accessing support from our Wheelchair Repairs on-call service, as this service had been temporarily reduced. This resulted in a formal complaint. Due to recruitment challenges, the out-of-hours repair service was unavailable for several weeks. To mitigate the risk, the Wheelchair service introduced emergency slots in each field engineer's schedule to accommodate urgent repairs during regular working hours. Recognising the patient's unique needs, the service has since provided the patient with an additional basic manual wheelchair to ensure they have a backup if the primary manual wheelchair becomes unavailable.

Community Nursing Team, North Place

The patient's daughter shared their experience of being an informal carer and supporting their mother with a life limiting illness. The patient's daughter reflected on the challenges of balancing being an informal carer alongside their own life and the psychological and physical strain that was placed upon them. This included a feeling of being overlooked or dismissed by healthcare professionals, difficulty in accessing timely and empathetic care, and feeling like access to help and resources was a continuous struggle. The patient's daughter reported that clinical staff often appeared unhelpful and in a rush alongside appearing to be limited by strict regulations.

NCH&C Community Nursing teams are now actively seeking and valuing the feedback from carers about their real time experiences and using this feedback to drive quality improvements in care practices and support services. Work is also being completed to engage carers in the development and refinement of care strategies to ensure their needs are met effectively.

Friends and Family Test (FFT)

Friends and Family Test (FFT) is a national feedback programme for all NHS Trusts that supports the fundamental principle that NHS service users should have the opportunity to feedback on their experience. The FFT questionnaire asks people to rate their experience of the service(s) they have used and offers a range of responses.

When combined with the supplementary follow-up questions, it allows both good and poor experiences to be identified. The results are shown as a percentage of those who would recommend our services and the outcome of their experience. Most services within NCH&C have their own unique code which enables them to receive specific results and comments. The results are reported by team, service, Place and Trust.

The feedback received through FFT, and bespoke patient surveys are analysed to ensure that key elements that are important to patients are recognised, and actions are taken in areas requiring improvements.

Services and Places can use FFT by:

- Obtaining continuous near real time feedback or specific periods in a year
- Receiving feedback through a monthly dashboard on the Envoy system
- The ability to provide an action to an improvement and show this via a "you said… we did" poster.

During 2024/25, NCH&C received 4107 responses to the FFT. A comparison with 2023/24 data showed a 10% decrease in response rate.

This decrease in performance could be attributed to number of factors such as:

- Staff having to print their own FFT's to give out rather than having it managed centrally
- Time constraints within the services

Following changes to the team in August 2024 we have brought the printing of FFTs back to the Lived Experience Team to see whether this increases the response rate.

The standard FFT question for all NHS settings (introduced 1st April 2020) asks "Overall, how was your experience of our service?" with the response scale being:

Very good – Good - Neither good nor poor – Poor - Very poor - Don't know

The overall percentage of patients that said the service was very good or good during 2024/25 was over 97%. In comparison to the national community trust average recommend scores, NCH&C have remained consistently above this. The best monthly community trust performance was 100% and although NCH&C has not reached this, several months have seen a performance of 99%. The national community trust average for 2023 was 93%.

The following questions remain as part of our questionnaire:

- Please can you tell us why you gave your answer?
- Please tell us about anything that we could have done better
- Did the staff explain things well?
- Did the staff listen to you and your family?

The narrative given through the FFT, and patient surveys supports a more in depth understanding of the patient perspective. The Envoy system enables identification of themes and focus areas of improvement. Envoy highlighted that the most common directorate that was mentioned in negative feedback was SSOCS, with the most common concern being 'Staff'.

Care Opinion – Digital Feedback Platform

The Care Opinion platform (www.careopinionorg) enables patients, carers and their families to tell us about their experience via a web-based tool.

The tool provides a feedback loop whereby staff can interact with patients and carers online to understand concerns and to recognise good practice to help improve patient experience and the provision of care going forwards.

During 2024/25, there were nine stories posted on the Care Opinion platform under the umbrella of NCH&C services which is a small increase to previous 12 months.

Three of the nine stories were wrongly attributed to NCH&C and had originated from NHS ratings online for GP Practices and Surgeries. One was positive and two were negative.

Of the remaining stories for NCH&C, five were positive and included Ogden Court Inpatient Unit, Leg Ulcer Clinic, MSK Physiotherapy at Long Stratton Health Centre and Phlebotomy Service at Norwich Community Hospital.

The Ogden Court story mentioned outstanding care for a family member where they felt the patient's skin care could not be better and that the patient felt he was treated very much with care and dignity.

The negative story was regarding confusion and unhelpful Reception staff at Thorpe Health Centre, where some services are operated by different NHS services.

Stories entered on Care Opinion and NHS Digital Feedback are responded to online by the Patient Safety and Experience Team as soon as is possible. Where the stories are more complex, they are shared with the clinical area they relate in order to explore the concern in more detail and to fully understand how to improve the communication and outcome for that individual. Learning is always taken and shared to improve services for other patients, families and carers.

Patient Advice and Liaison Service (PALS)

PALS forms part of our commitment to provide high standards of care and support to patients, carers and the public. It provides an informal way for resolving concerns that our service users may have. The core functions of PALS are to manage concerns, comments, and enquiries effectively and to reduce the number of issues that may escalate to a formal complaint.

During 2024/25 PALS improved its responsiveness with dedicated staff assigned to telephone calls Monday-Friday 09:00 – 16:00, with voicemail services only used outside of working hours. This has improved our response rate and enabled conversations with patients, carers and families to be acted on in a timely manner.

PALS saw a year-on-year increase of enquires received. 907 enquiries were received during 2024/25, which is a decrease when compared to the 909 enquiries received during 2023/24. These enquiries have included appointment queries, guidance and information, and queries relating to other trusts and are detailed in the table below:

Type of Enquiry	Total no. Received 01/04/2023 - 31/03/2024
Appointment change / cancellation	51
Compliment	5
Comment	20
Concern / Informal complaint	68
Guidance / Information	462
Locally Raised Concern	89
Medical Examiner Query	3
Non NCH&C Related Query	143
Non PALS but NCH&C	66
TOTAL	**907**

Across all the categories relating to NCH&C services, the following themes were identified:

- Requesting an update on a referral to, and the waiting time for, the Neurodevelopmental service
- Norfolk and Waveney Musculoskeletal Services including making referrals and booking appointments
- Community Nursing visiting times
- NCH&C have seen a decrease in non-NCH&C enquiries many relating to the Norfolk and Norwich University Hospital (NNUH), GP and Dental services.

Complaints

The Trust aims to always provide high quality services but occasionally things can go wrong, and our complaints procedure is one way that our patients, their carers or family can tell us if they feel we have not got things right. All complaints are investigated with transparency. The Trust learns as much as we can from both individual complaints in real time and from the trend analysis that we undertake on a regular basis to ensure wherever possible to prevent further harm arising.

During 2024/25 the Trust received 139 formal complaints showing an increase from the 134 that were received during the year 2023/2024. Of the 139 Complaints received, 117 have been coded as follows: 74 were upheld (63%), 36 were partially upheld (30%) and 7 were not upheld (6%).

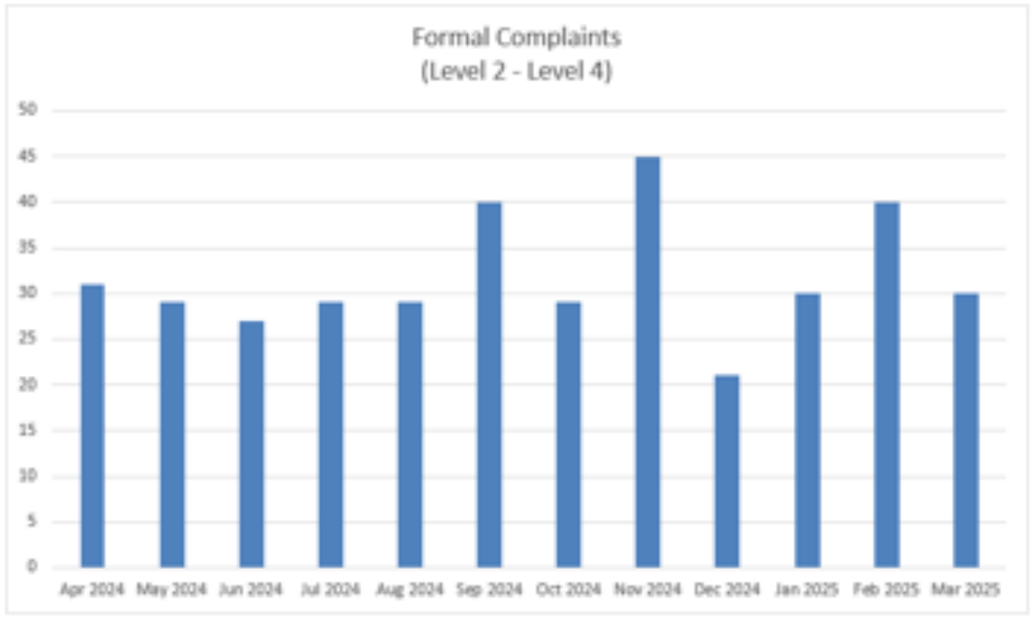
Undertaking regular thematic analysis of the complaints received and triangulation with inquests and incidences helps us to identify opportunities for learning which we disseminate across the trust. Themes and outcomes from complaints have been discussed at relevant committees and at Trust Board meetings throughout the year.

The following broad themes have been identified over the past year:

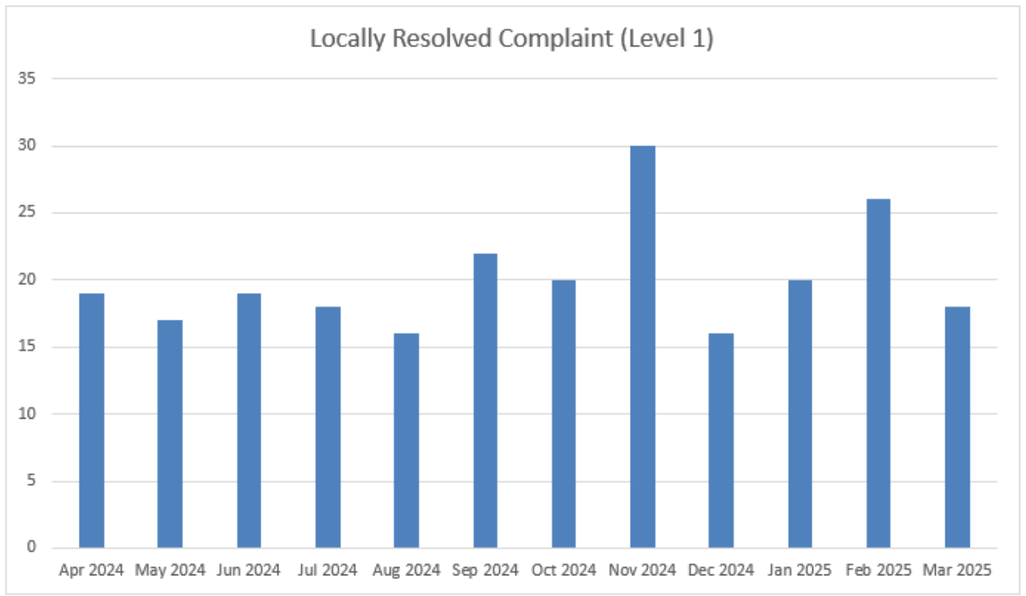
- Complaints about waiting times for the neurodevelopmental service (NDS) remains a continual theme. NDS continues to work closely with colleagues at the Norfolk and Waveney Integrated Care Board to address these timescales. Co-production events are being held following receipt of complaints to ensure feedback is central to service development.
- Complaints about appointment scheduling for Musculoskeletal services (MSK) has become more prominent during 2024/25. NCH&C is working with East Coast Community Healthcare (ECCH) to review services and improve patient experience at point of referral.
- Complaints regarding community nursing communication with patients over visits being changed without discussion have become more prominent. A future patient, carer and advisory group meeting will be held to understand views on community nursing delays and inform service development.

Co-production between the Lived Experience Team and triangulation of data from complaints and patient/carer feedback commenced in Autumn 2024 and will continue to be a focus into 2025/2026 to improve NCH&C services for all.

The table that follows shows the number of formal level two to level four complaints received by month from April 2024 to March 2025:



The graph below shows the number of local resolution level one complaints received on a month-by-month basis from April 2024 to March 2025:



Assurance around the complaints process, themes and trends, and learning continues to be provided in several ways:

- The Trust submits an annual KO41a return to the Health and Social Care Information Centre which details the number of formal complaints received, and the type of complaint relating to set subjects that we are required to report against.
- "Deep Dives" by Non-Executive Directors have been recommenced on a quarterly basis.
- The Governance and Quality lead in each Place have access to the complaints Datix module, with themes discussed in Place and at the Patient and Carer Experience Working Group.
- Learning from complaints and patient feedback is used to develop and update learning hub sessions and clinical education. Themes and learning are also shared at the relevant specialist group within the Trust, including Nutrition and Quality Improvement Group, Medicines Optimisation and Deteriorating Patient Group.
- Where an incident is identified within a complaint, a Datix is raised, discussion at learning huddle takes place and a full investigation is completed.

The Trust continues to encourage early resolution of complaints where possible, and the Quality teams review learning in Place, demonstrating ongoing compliance with the Parliamentary and Health Service Ombudsman (PHSO).

Compliments and thanks

We recorded 1,280 compliments during 2024/25. The Patient Experience team continued to support and encourage Places/SSOCS to record compliments on Datix. The Datix patient feedback form is available on all computer desktops and is accessible to those with Datix accounts. This ensures a timely capture, report and utilisation of this data alongside other quality indicators. Some examples of compliments received are included below:

Community Nursing – North Place

I would like to highly commend a community nurse called ***. he attended my elderly Mother (94) last Sunday 27 Jan. He was so kind and patient with her. She is a bit deaf and at the time slightly muddled. He showed such care and did not rush her.
He took the trouble to update her later and also ran me to check the message had got through! Please thank him for us.

NN3 – North Place

Thank you to all the nurses who looked after my mum during her last few days at home. You all showed such compassion and kindness and i believe that mum passed with dignity and pain free. Also, a big thank you to all the call handlers who were sympathetic and reassuring, to me and my sister. Thank you all.

Community Nursing (West Norwich) – Norwich Place

On behalf of my mum, ***, I would like to express my appreciation & gratitude for *** from Norwich Community Nurses who were exceptional today - looking after my mum who had a very painful wound - they were professional & most importantly, patient, kind and diligent. They were determined to help my mum in difficult circumstances as the wound & dressing were unusual - very impressed!

Caroline House - SSOCS

Firstly please let me say what an amazing place Norwich Rehab is. Staff are excellent and so caring and have treated *** so kindly. We have been so fortunate to have *** stay with you all. Thank you so much for the brilliant idea of a stay in the disabled flat with him. I was made to feel so welcome and comfortable, and it gave me a great insight as to how much care *** will need on discharge and what a normal day would look like.

Downham Market and Swaffham Integrated Team – West Place

The support and back up and advice from *** was excellent. They were amazing and an absolute asset to my husband's ongoing recovery. Most Grateful.

Cardio Rehabilitation – West Place

The course has given me a level of confidence in my exercise that I feel had previously been stripped away after the heart attack and feeling quite vulnerable. The food, wellness and exercise sessions were particularly helpful.

Continence (South) – West Place

I am very grateful to the team for all their ongoing support. They have showed myself and my husband every kindness and support. I simply could not have managed my husband's continence issues without their advice.

NoW MSK – South Place

You were kind enough to talk to us recently about our son ***'s scoliosis condition. Following our conversation in April *** has now had an MRI and he saw a consultant last week. He indicated that surgery will be required and advised that ***'s case will be reviewed at a back clinic meeting with other back specialists in the near future.
We are extremely grateful for your help and can't thank you enough for your understanding and support.

There is still a long way to go, but we are delighted with the expert advice that you and your NHS colleagues have provided. Once again please accept our sincere thanks, your support has been first class, we really do appreciate it.

Community Nursing (Therapies North) – North Place

This is a wonderful service of support and re-enablement, staffed by delightful understanding people, who put me completely at ease, and helped me to realise that I could manage to still live independently with a little advice. Thank you, I wish they could always be around to help me.

Healthwatch

Healthwatch Norfolk supports NCH&C with collating patient and carer feedback. This is usually in the form of feedback given in pink post boxes on sites or through comments posted directly on the Healthwatch Norfolk website.

Throughout the year the feedback left on the website included:

Department	Title	Review	
Autism Assessment	ASD Assessment	Negative comment regarding waiting time of 3 years for ASD assessment in Neurodevelopmental Service	1
Wheelchair/ Reablement	Wheelchair Services	Negative comment regarding poor communication with Wheelchairs Services and waiting list for pressure cushion	1
Cardiac Rehabilitation	Everything is running well	Positive comment regarding community cardiac rehabilitation in Aylsham	5
Early Supported Discharge Service	Dedicated Community Support	Positive comment regarding support and treatment following a stroke	5
Community Paediatrician	Amazing Consultant	Positive comment about the treatment, communication with medical secretary and medication prescribed for patient	5
Wheelchair Services	Difficult to get a suitable wheelchair	Negative comment regarding accessibility of a new wheelchair which met the needs of the patient	3
Autism diagnosis	Zero stars if I could	Negative comment regarding rejection of Autism diagnosis	1
Continence service	Fantastic Incontinence Service	Positive comment regarding communication with the patient's carer and reasonable adjustments made to the appointment	5
ASD medication	Long wait for medication	Negative comment regarding a long wait for medication review	3

Where negative feedback has been given, comments have been responded to asking for authors to get in touch with the Lived Experience team to follow up. Negative comment themes have also been themes within PALS enquiries and Complaints. The Neurodevelopmental Service and the Wheelchair Service have been working on service redesign and have both focused on co-production projects to support patients and families with regards to support and guidance whilst on a waiting list and in transition to other services.

During 2024/25, Healthwatch Norfolk continued to work with NCH&C on specific projects to obtain further feedback to support projects and develop our services.

This includes:

- Visiting several of the NCH&C sites to gain feedback from patients and carers.
- Being involved in PLACE assessments.
- Meeting with patients and/or next of kin on our generalist inpatient units to gather feedback of the patient discharge journey.
- Completing telephone FFT and experience surveys with our community housebound patients
- Gaining feedback from those waiting for our services to enhance our understanding and support the development of waiting safely.
- Attending trusts Quality committee

The Healthwatch Pink box is a joint patient feedback initiative working alongside Voluntary Norfolk and involves a bright pink post box where patients can post their completed anonymous feedback questionnaire. Working alongside Voluntary Norfolk, the Lived Experience team ensure the pink boxes are distributed and moved across our services to enable feedback to be received. Voluntary Norfolk volunteers are also available to help our patients complete the feedback form. Healthwatch surveys collected from the pink boxes show consistent positive feedback about NCH&C. These comments are available on the Healthwatch website.

During 2024-25 there has been a significant drop in responses via the pink post box which is a result of several factors throughout the year. Moving forward in 2025-26 the Lived Experience and Co-Production team will re-establish the programme to ensure promotion of the pink box with staff, patients and the public and that these responses are returned to Healthwatch so that a comprehensive report can be produced and from that celebrate and share good practice and act upon areas for improvement.

Patient-Led Assessments of the Care Environment (PLACE)

PLACE is a self-assessment tool designed to measure standards of:

- Cleanliness
- Food
- Privacy, Dignity & Wellbeing
- Building Condition, Appearance & Maintenance
- Dementia friendly environment
- Disability access

This non-clinical assessment focuses on in-patient facilities and the surrounding patient accessed environment. Staff areas are excluded from the assessment. PLACE assessments at NCH&C's 8 inpatient sites were undertaken between 5th September and 5th November 2024.

The assessments were managed by the Estates & Facilities Service Quality Team and led by good support from existing and new patient assessors. All assessments achieved at least the minimum required ratio of 50:50 patient/staff assessors to enable assessments to be validated by NHS Digital as compliant.

The deadline of 6 December to commit the PLACE data was met and the results of the 2024 PLACE collection was published nationally by NHS Digital on 20 February 2025 at NHS Digital PLACE 2024.

Comparison of NCH&C scores with National Average Scores

	Cleanliness	Combined food	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability Access
NCH&C % score	99.42	92.34	86.61	93.01	85.75	85.09
National average % score	98.31	91.32	88.22	96.36	83.66	85.27
Variance +/-	1.11	1.02	-1.61	-3.35	2.09	-0.18

The Trust performed above the national average in 3 domains of Cleanliness, Food and Dementia with the scores for the Privacy, Dignity & Wellbeing and Condition, Appearance & Maintenance and Disability Access domains coming in just under the national average (<3.5%). Each area reviews the PLACE report and creates action plans as required.

Comparison of NCH&C 2024 scores with previous year

With the exception of a small increase in the Privacy, Dignity & Wellbeing score, there was a very minor decrease (<1%) in all domains from the 2023 collection. This reflects a consistency of approach and the fact that the assessments took place before the impact of the planned PLACE capital programme for 24/25 could be assessed.

	Cleanliness	Combined food	Privacy, Dignity & Wellbeing	Condition, Appearance & Maintenance	Dementia	Disability Access
NCH&C % score 2023	99.72	93.14	85.83	93.08	85.87	85.27
NCH&C % Score 2024	9.42	92.34	86.61	93.01	85.75	85.09
Variance +/-	-0.30	-0.80	0.78	-0.07	-0.12	-0.18

Summary report:

Cleanliness: Exceptional standards of cleanliness were observed at all assessments and resulted in the high score achieved for this domain.

Food Services: A Trust-wide project to review and enhance the current catering model through the implementation of NHS England's National Standards for healthcare food and drink has been concluded. The food provided by our suppliers continues to produce many positive comments from patients and patient assessors who comment favourably on the quality and variety of food provided. This is further evidenced by the comments we receive regularly from the Friends and Family Test.

Privacy, Dignity & Wellbeing (PD&W): The PD&W domain score improved slightly from 2023, even though some of the internal social spaces in the in-patient units were being used to house additional beds during the build of the Willow Therapy Unit. Sites which do not have access to a Quiet Room/Multi-faith room continue to impact on the score for this domain. As day/dining rooms are brought back in use for their intended purpose, the Patient Environment Group will work with clinical colleagues to assess these areas for potential improvement.

Condition, Appearance & Maintenance (CD&W): The CD&W score, below the national average and slightly below the score achieved for 2023 reflected that the level of investment allocated to PLACE required review in order for the condition scores to improve. As a result of this, additional funding of £75k was approved to take the total spend on PLACE outcomes to £125k during 24/25. The impact of this additional funding will be realised at the 2025 round of assessments as all planned projects were either incomplete or not yet started at the time of the 2024 assessments. A PLACE capital programme for 25/26 to address the outcomes of the 2024 assessments is already underway.

Dementia: This domain reflects the continuing focus on the dementia friendly environment. Suitable décor, use of colour contrasts, compliant signage and wayfinding noted at the assessments contribute significantly to the scores achieved.

Disability Access: This domain reflects the improvements completed in year one of a two-year capital project to improve disability access. Access audits conducted by an external contractor have provided the scope for this work. During 23/24, the focus was on external improvements required at our sites and the internal fitting of toilet risers, shelves, hooks and mirrors in toilets to make them compliant for patients who have a stoma.

Action planning: The Estates & Facilities Team continually review outputs from other internal audits/inspections, bringing together a cohesive set of actions to further enhance the patient environment, patient experience and the working environment for our members of staff.

The Patient Environment Group (PEG)

The drive to continuously improve our patient environment continues and benefits greatly from the commitment and engagement of internal stakeholders throughout the trust, together with external stakeholders and our patient assessors. The group provides regular governance to the PLACE assessment process, alongside identifying and providing oversight to programmes of work that develop, improve, and enhance the environment in which patient care is delivered. The membership of the group includes the various "Friends of" organisations who support us in funding patient environment projects. Their input and that of our NCH&C Charitable Funds colleagues continues to be a valued and vital contribution to the business of the group.

The Patient Environment Group meet bi-monthly to monitor current projects to completion and to plan for future projects. During 2023/24, the group oversaw the completion of the following projects on its workplan:

- Installation of decorative privacy screens at Pine Heath Ward, Kelling Hospital
- LED sky ceiling installation at Pine Heath Ward
- Improvements to external social spaces at North Walsham and Kelling Hospitals.
- Selection of artwork for Mulberry Unit Dayrooms at Norwich Community Hospital and Pine Heath Ward with installation carried forward to 25/26 following completion of redecoration work.
- Installation of benches for patients/staff at Kelling and Swaffham Hospitals
- Internal redecoration and refurbishment at 5 Mill Close with planning for the installation of a summer house during 2025/26.
- Improvements to gardens and external social spaces at various sites by the utilisation of volunteers to provide regular assistance.

A joint project between the Estates and Facilities capital team and the Friends of Swaffham Hospital to extend the ward kitchen and agree preferred options to re-provide the adjacent area for in-patient therapy/social space has been discussed over the course of 2024 with the aim of undertaking the project during 25/26.

Future projects currently in the planning phase and/or underway are:

- Provision of low stimulus rooms at Norwich Community Hospital and St James' Clinic
- Provision of multi-faith room in Block 15 at Norwich Community Hospital
- Wheelchair accessible pathways at the Colman Hospital
- Standardisation and provision of individual patient information boards to an agreed specification

The Patient Environment Group also monitors the action plans arising from the annual programme of PLACE assessments, reviews and agrees the priorities for the expenditure of an annual PLACE capital budget and regularly monitors progress throughout the year. PEG ensures that the projects we manage always have a strong focus on the dementia friendly environment, disability access, the inclusion of art wherever possible and the increased use of our outdoor social spaces.

In addition to the above, the Patient Environment Lead worked with the Project Manager for the new Willow Therapy Unit on a series of focus group meetings at the point of design, engaging with patient advocates and carers/carer organisations on their expectations for the delivery of the new model of care at Norwich Community Hospital. Several successful focus groups and workshops were held during 2024 with contributors to these being invited to a guided tour of the unit prior to it receiving its first patients.

Equality, Diversity and Inclusion

NCH&C's Equality, Diversity and Inclusion (EDI) programme has the ambition and commitment that everyone's voices will be heard and that we will engage, listen to and provide fair access to care for all patients and carers as well as members of the public, from a variety of backgrounds, needs and abilities.

NCH&C continues to develop close links with local charities and voluntary sector organisations. In addition to this, NCH&C attends numerous outreach events organised by partner organisations such as the Carers' Conference.

To ensure that patients' needs are understood and met, a Fair Access to Care template and a Reasonable Adjustments care plan has been created and implemented on the SystmOne electronic patient record. This supports the documentation of patient needs and the application of adaptation and adjustments where necessary. The template and care plan supports and enables identification and actioning of several needs such as Accessible Information Standards, veteran support, physical, mental and learning disabilities and carer support. Easy identification flags that can be seen as soon as a clinician enters the patient's record can be applied through the template. A Learning Disability flag is already widely used, and we are currently working on adding flags for dementia, epilepsy, autism and reasonable adjustments required.

To meet the communication needs of our patients and carers, clinicians have access to a variety of tools through our partner INTRAN. There is an increased usage of British Sign Language (BSL) interpreting, Face-to-face interpreting, Telephone interpreting, Written translations and video interpretation. Friends and Family Test (FFT) is also available in easy read version. The Children's service has developed appointment letters which are aimed at children, young people, and families where a more accessible form of appointment letter has been identified as a requirement to support understanding.

NCH&C uses the ReciteMe toolbar which allows visitors to customise their content. All functions support a wide range of disabilities to aid website usability. The data shows a consistent number of unique individuals have used the ReciteMe Toolbar monthly principally for translations.

The 15 steps challenges programme is an ongoing process which has already led to the improvement being made to patient environments and clinical are.

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. (NHS People Plan, 2020).

Patient and Carer Engagement and Involvement Volunteers

Volunteers continue to make an important contribution to patient and carer experience at NCH&C. Volunteers have been recruited, trained and supported to make a contribution to a number of key areas of NCH&C over 2024/25.

These include:

- Support for the new Willow Therapy Unit team at the Birch Unit
- Support for the Trust's inpatient services
- Support for outpatient services and community teams

There remains a high level of interest in volunteering with NCH&C. During April to December 2024, 203 new volunteer applications were received. This represents an increase of 70% compared to the equivalent period of the previous year and reflects the efforts made by the NCH&C Volunteer Service, delivered by Voluntary Norfolk, to engage with the community and promote volunteering.

An example of how volunteers are used across the Trust is in the table below, which details the number of volunteers active in each type of role during 2024-25 Quarter three:

Category	Number of volunteers
Admin Support	16
Patient Support (including Therapy Dogs)	29
Visitor & Team Support	6
Meet and Greet/ Hosting	3
Stockroom and Stores Support	17
Gardening	8
Patient Contact and Feedback	7
Administration	6
TOTAL	**92**

As part of the continuous promotion of volunteer roles and their contribution to the organisation and patient care, a number of presentations have been delivered to different operational teams, ensuring ensured continuous engagement work with the wider NCH&C staff group.

Example of compliment received about one of our volunteers:

> Sarah joined the Volunteer Service in late 2021 and volunteers at Caroline House. Her role is focused primarily on patient and visitor engagement, but she also supports housekeeping by helping to serve meals and by helping with the laundry cupboards. Patients and their families/ carers benefit greatly from the companionship that Sarah provides with families often needing the opportunity to chat as much as the patients do. Sarah has said that even the tiniest moments in a patient's recovery can be amazing to witness and to be involved with.
>
> When Sarah is not directly supporting patients and their families she is always helping with the smooth running of the ward and helping with various tasks that greatly reduce the workload of staff, freeing them up for increased patient contact and care. Sarah's role on the ward does not go unnoticed and her time and dedication to supporting both patients, their families and staff is greatly appreciated.

NCH&C Charitable Funds

The registered charity of Norfolk Community Health & Care NHS Trust accepts donations on behalf of the Trust to make improvements to the provision of care and treatment for patients. We raise funds and accept donations to provide specialist equipment and support NHS staff in delivering outstanding healthcare across Norfolk. Our goal is to enhance the care, experience and treatment of patients and support our hard-working NHS staff across the Norfolk and Waveney community.

During 2024/25, we have increased our reach further into our communities by understanding the individual challenges that some of our patients face within clinical settings or in their own homes. By working with clinical colleagues, we have been able to fund more equipment and activities that help people to manage their healthcare in a better way.

Here is a snapshot of some of the projects and activities that we have delivered over the last year:

- A tracheostomy care simulator for training NCH&C staff and family members for when patients are discharged with a tracheostomy.
- Ear cushions for cannula support for palliative patients at home to improve patient comfort.
- Provision of held fans for patients in their own home with COPD to manage their symptoms.
- A research project at Caroline House to review and improve the expectations of patient families on discharge and managing better communications.
- Delivery of palliative care packages for patients in their homes to maintain dignity and comfort.
- A pain management book to teach patients about how the body deals with pain following an amputation to better understand how to manage this.
- Refurbished the physiotherapy area in Beech ward by installing vinyl artwork to help with waymarking and to improve the environment for patients and staff.
- A syringe driver reference book for community nursing training on how to improve care.
- Funded works to make an accessible garden courtyard for horticultural therapy at brain injury specialist unit.
- Supported the new Enhanced Services Team by funding patient engagement resources to support therapy and engagement to improve recovery for patients.
- Four new dementia friendly clocks on Foxley Ward at Dereham Hospital.
- Two trial LED ceiling skylights to bring light and vibrancy to wards to improve the environment for patients.
- Four new specialist chairs to support patient independence in recovery at Kelling Hospital and North Walsham Hospital.
- A bariatric empathy suit to enable NCH&C staff to understand how to better care for bariatric patients.
- Invested £55,000 in installing silentia screens at Pineheath Ward at Kelling Hospital, to deliver a cleaner, brighter and less clinical environment for patients and staff.
- Provision of outside furniture for patients and staff at the newly built Willow Therapy Unit for recovery.

To find out more about our work, please visit our new website: https://www.norfolkcommunityhealthandcare.nhs.uk/charity-home/.

System Carers' Workstream

2024/25 has built on the successful work completed in 2023/2024, chaired by Carolyn Fowler, who is the Executive Lead for Carers within the Integrated Care System, and Graham Goodwin, Carers Ambassador and is supported by Carers Voice and Norfolk Community Health and Care.

Carers Voice Partnership and Local Involvement Meetings
NCH&C Place Governance and Lived Experience team representatives continue to attend and contribute to the system-wide and local involvement meetings giving updates for key areas of interest or concern expressed by Carers including a request regarding Continence products availability and support offered by Community Nursing teams.

Carers Booklet: What to expect on admission through to Discharge
NCH&C has also been a key partner involved with coproduction of a Carers Booklet which will be able to be utilised by carers from when the person they look after is admitted to hospital through to when they are discharged home or to an alternative place of care. The booklet is now able to be piloted, and work is underway to identify wards at Queen Elizabeth Hospital through to transfer at Swaffham Community Hospital and then discharged home or to place of care. The pilot will also seek carer feedback to ensure the booklet contains the information that carers need and want.

Strategic objective: Attracting and developing brilliant and fulfilled staff

Staff Experience Update 2024/25

Background

The staff experience team was brought together in June 2023 and is formed by the:

- Mandatory Training Team (including MSK Lead)
- Training & Development Support Team
- Wellbeing & Inclusion Team
- OD, Leadership & Culture Team
- Career Development & Talent for Care Team, and
- Staff Engagement.

It is part of the HR and OD Team, and its ambition is to the deliver the NHS People Promise for trust staff to contribute to the delivery of the trust's strategic ambition of "Attracting and Developing Brilliant and Fulfilled Teams".

Core Activities

The Staff Experience Team provides core activities as part of its responsibilities, and below is a snapshot of our activities in 2024.

- 579 new starters have attended face to face induction.
- 58 new leaders have attended Leading in NCH&C leaders' induction.
- 1914 staff have attended the one-day clinical mandatory training course.
- 31 new Mental Health First Aiders have been trained, 16 existing Mental Health First Aiders have attended their three-year refresher course, and the trust's 140 Mental Health First Aiders have been supported through group supervision.
- Three Staff Networks, with nearly 350 staff members and two new Wellbeing groups - one for Working Carers and one for those educated overseas called Global Unity.
- 1847 staff have had a career conversation with their manager recorded and their agreed development and succession plans captured to support the trust's talent and succession plans.
- 1235 staff have an agreed supervision plan in place.
- 68% of staff fed back to the trust about their experiences in the 2024 NHS Staff Survey (increase from 63% in 2023).
- Almost 1500 new joiner welcome emails have been sent to new starters.
- Eleven colleagues have accessed coaching through the trust's internal coaching network.
- Over 240 leaders have attended the one-day Leaders Workshop with a focus on inclusion and compassionate workplaces.
- 30 leaders have attended REAL First Line Leader programme.
- Delivered REAL Conversations to 53 staff, Recruitment & Selection training to 71 staff and Performance Management & Appraisal to 97 staff.
- 51 started new apprenticeships at NCH&C, 10 were recruited externally.
- 46 apprentices successfully completed their programme.
- 13 attended a new work experience programme in the Summer.
- 38 staff have received 121 sessions on interview skills.
- Career Development team attended 34 events and interacted with 854 students and parents about careers in at NCH&C and the wider NHS.
- Three Non-Clinical T Level students on placement in January 2024 and three Clinical T Level students on placement in September 2024.
- £17,800 invested on CPD for staff since April 2024.

Highlights
In 2024/25, the Staff Experience Team have delivered additional programmes to respond to staff feedback and national initiatives. Some of these are highlighted below.

The team were recognised nationally in the following awards:

- Employers Network for Equality and Inclusion's Talent, Inclusion and Diversity Evaluation Gold Award
- NHS England Work Experience Quality Standard Bronze Award
- Outstanding for Carer's Friendly Tick Employers Award
- Defence Employer Recognition Scheme Silver Award

Embracing Digital Technology
The team has been keen to embrace digital solutions and technology to improve staff experience and release capacity. With support from Automation Lead in Digital Services, it was possible to automate the process for sending welcome emails to new starters at 1, 3, 6 and 12 months. Since its introduction in January 2024, the process has sent almost 1500 emails ensuring these are sent consistently and accurately to new starters and released capacity for the team to support other programmes. With automation, it is also possible to tailor the emails based on Local Team, Staff Group or time of the year, which will be explored in 2025 to make further improvements to these to support onboarding processes.

Digital solutions also improved accessibility by leaders to their NHS Staff Survey results. A Power BI Report was created that allowed leaders to have more access to their results, and to compare to previous year and other teams. This provided leaders with greater ownership to their information to interpret and action locally. The same solution has been implemented for the 2024 NHS Staff Survey results.

Growing our future workforce
One of the focuses of the team is on securing our future workforce and growing our own talent to deliver high quality patient care in the community. This has been taken back to the grass roots, and a full review of our work experience opportunities was completed. This included an NHS benchmarking of our offer to receive external input and advice. Following this the trust received the NHS England Work Experience Standard Bronze Award and implemented the recommendations to a revised work experience programme. The first pilot cohort ran in Summer 2024, with 13 students attending a week-long programme. The attendees were provided with a variety of sessions from different clinicians and teams, as well as a day in clinical services and practical support with applying for roles in the NHS. The feedback from the students was excellent and in Summer 2025 we are extending the opportunity and will host 2 x 1 week programmes for which over 110 applications have already been received.

The team are also working on a local work experience offer, that will enable local teams to host tailored work experience but ensuring that it is consistent with the trust standards and of a high quality for the students. This will launch in 2025 and will enable the trust to support ad-hoc requests.

In 2024, the trust welcomed our first T Level students on placement. These are young people, (typically aged 16-18years) who are undertaking an academic programme equivalent to 3 A Levels, who attend a work-based placement. 3 Business Administration (non-clinical) T-Level students joined in January 2024 and 3 Healthcare Support Worker (clinical) T-Level students started in September 2024. Both programmes are proving to be successful for the students and the host teams and are being extended in 2025 with more non-clinical T Levels starting in January 2025.

Recognising our current workforce
The NHS People Promise sets out the ambition for NHS staff experience, and one of the promises is "We are recognised and rewarded". The trust's employee recognition programme was reviewed against the ambition in this NHS People Promise and the NHS Employer's guidance for recognition. In 2024, NCH&C's STAR Programme - our sharing thanks and recognition scheme - was launched. This rewards outstanding internal achievements, from shout-outs on our STAR Community board to badges, certificates, and the annual REACH Awards. It is to celebrate our incredible staff because, when they go the extra mile, we believe they deserve a special "thank you".

The programme has created four levels of recognition:

- STAR Community - an online peer-to-peer platform, where staff members can celebrate one another's successes and say thank you.
- STAR of Recognition - staff can nominate colleagues who have gone above and beyond and demonstrated the trust values and behaviours to receive high praise with a STAR of Recognition, a pin badge they can wear with pride awarded by their local leadership teams.
- STAR of the Month - the CEO elects one member of staff to be the STAR of the Month, who receives a bespoke certificate and voucher hand-delivered by the CEO to recognise their achievements.
- REACH Awards - an annual event where awards are presented and staff who have reached long service milestones are recognised.

The STAR Programme was presented at the national Reward and Recognition Networking event as an example of good practice.

Valuing our differences and supporting each other
Following feedback from staff and leaders, it was highlighted that the lack of processes and information for accessing workplace adjustments was causing operational difficulties, negatively impacting the experience of our staff and resulting in inconsistent outcomes for staff. Those who had direct experience of the current approach and subject matter experts were consulted, and a new trust process was created and launched

All costs relating to workplace adjustments are now managed centrally, removing the requirement for local teams to fund these, and providing greater oversight and scrutiny on the purchasing. HR are required to be involved to provide specialist advice and support for leaders and staff, ensuring the processes are managed in a timely way and can identify and engage with subject matter experts as required.

A list of common requests that are approved for use in the trust is being created on the procurement system to speed up the ordering processes. Where new requests are received, the processes for approval are being overseen in the Staff Experience team, so that leaders and individuals are not having to navigate these processes locally. This is providing more assurance and consistency, and challenge to decisions.

Through this change in approach, it has enabled some equipment to be held in stock which is enabling staff to try equipment to ensure it is suitable and fit for purpose, which is providing support more efficiently and reducing waste on ordering unsuitable equipment.

Efficient and effective onboarding and mandatory training
Creating a positive experience for our staff starts the moment they choose to apply to the Trust, and it is important to ensure that their onboarding experience is positive, and that they feel the essential training they are given for their role is related to their role, supports high quality care and is worth attending.

Feedback from managers told us that staff were starting in role without the correct equipment, uniform and training. It is expected that following the bringing together of the Support Services teams who were responsible it will be possible to build on the changes to Trust Induction to streamline the onboarding processes and provide a better experience for managers and staff.

From April 2025, all new starters will attend the following in their first week (where relevant):

- Local Induction
- Trust Induction
- Face to Face Mandatory training
- Dedicated time to complete eLearning in an environment where support can be provided if needed
- SystmOne Training

In addition, during this week they will be provided with:

- Digital equipment
- Trust ID badge and SystmOne Card
- Uniform

New starters will be given access to an ESR Applicant portal that can be accessed before their first day which includes welcome video from the CEO and Chair, information on the trust, site plans and travel information, and contact information.

In addition, the trust's mandatory training programme is being reviewed to ensure that it is optimised and rationalised, consistent with the NHS England's review of mandatory training. This has influenced the contents of the one-day clinical mandatory training course and following an in-depth review of mandatory training subjects with the SMEs, changes have been agreed such as increased review periods to competencies to align to national standards. In 2025, this will be extended to all role essential training subjects, and a governance plan will be established to oversee any requests for new subjects or changes to existing subjects on mandatory training or role essential training. It is expected to improve the quality of the training and where possible reduce the amount of time of training that is not adding value to the delegate.

Building a compassionate and inclusive culture
Following engagement with key stakeholders and consultation of national programmes, the trust relaunched a revised trust Behaviour Framework and the new Our Leadership Way. This sets out the expectations of us all at NCH&C. It is the foundation of our employment lifecycle from recruitment and selection, induction, through to appraisals and development conversations. It is the standard we want us all to achieve to contribute to making NCH&C the best healthcare employer in Norfolk and Waveney.

Our leaders are those who are closest to our staff, and the experience of our staff is greatly dependant on their experience of their leader. Supporting our leaders to feel confident in their leadership role, and to have the knowledge, skills, and capabilities to lead in an approach that is consistent with our values - Community, Compassion, Creativity, is vital.

Following the changes to the NHS People Promise, the new Our Leadership Way and trust Behaviour Framework, the support provided to our leaders needed to be updated. Data was gathered in the 2023 NHS Staff Survey to understand the experience of leaders, what support they had accessed and whether this was beneficial or not, together with engagement with leaders and specialists in the trust.

Using the NHS frameworks as a base and working with colleagues across the Norfolk & Waveney system, the trust's approach to leadership development has been reviewed. The first pilot cohorts of the new leader's induction and leadership development programme will launch in Spring 2025. This will continue to be supported by a one-day leaders' workshop for all leaders in the Summer each year, which provides an opportunity for leaders to re-connect in person and receive knowledge and skills updates.

Our approach supports the ethos that leaders at every level across the NHS can help raise the standards of leadership by committing to compassionate and inclusive leadership, supported by a culture of lifelong learning and development.

To support the relationship between leaders and their staff, it was highlighted that there was inconsistency in the deployment of supervision across the trust, staff were not having regular access to supervision and that there was confusion about the different types of supervision and expectations for supervision. After consultation and engagement with a range of stakeholders, the trust introduced its first Supervision policy that sets out the expectations for supervision for all staff. It was launched at the beginning of 2024, and it has highlighted some team structures that are not effective. However, over 1200 staff have an annual supervision agreement in place with their manager, that sets out the arrangements for supervision that will support their wellbeing, professional practice and ongoing development.

The policy was reviewed at the end of 2024 after being in place for almost one year. Some small changes were recommended and agreed, and it continues to be in place for 2025.

Professional Nurse Advocate Role

The Professional Advocate works in an advocacy role supporting colleagues to function effectively both in, and out of work, by providing clinical supervision using a restorative approach. It uses an A-EQUIP model (Advocating for Education and Quality Improvement) to support colleagues to. The model consists of four functions which interrelate and are based on Proctor's model of clinical supervision. These are:

- Undertake personal action for quality improvement.
- Promote the education and development of staff.

We have 21 qualified Professional Advocates working within NCH&C and a further 2 who have completed their training and are awaiting their results. This last cohort included our first AHP to complete the training, which reflects the national trend in expanding this role further to include colleagues from a variety of health disciplines. We have a further 3 clinicians who commenced their training in January 2025 with a short waiting list for future courses operating later in the year.

Since September 2024, the funding of this course has moved to local CPD monies. There is the possibility of further funding opportunities through NHSE for one further year which will be communicated through the Regional PNA Lead. With support from the Clinical Education team, we have formed close links with Anglia Ruskin University to support training as this is one higher educational setting which supports the training of AHPs to become Professional Advocates and does not limit applications to nurses only.

The national target set for Professional Advocates within organisations was set as 1 PNA for every 20 nurses. For NCH&C, this corresponds to us needing 37 PAs for our nursing staff. Sustaining numbers of qualified and active PAs can be a challenge as staff move roles or leave the organisation, or they find themselves with limited capacity to support the role.

Locally, we have continued to provide a quarterly forum to qualified PAs where they can network and support each other. We established a PA working group in November 2024, where a small group of PAs meet monthly to review the provision and work to develop the PA role within the Trust. It is here where we are reviewing how we promote the service to support our staff, how we recruit into the service, and how we maintain and sustain the role. Requests for support remain low through our booking line (12 since April 24) but PAs do report that they are offering sessions within their own teams as well as on an ad hoc basis. Beech ward has an established process where their nursing staff receive regular Professional Advocate support which is rostered into their duties. Workforce data indicates that a total of 44 restorative clinical supervision sessions were offered to staff between April 2024 and December 2024. The introduction of a new mandatory clinical supervision policy has not yet impacted on numbers of requests for PA support, but we will be monitoring this as teams move to embed the clinical supervision requirements. We have recently established links with the UEA and been able to have a session with adult nursing students to raise awareness of the Professional Advocate service.

Looking ahead and thinking about the new Group model, we have reached out to CCS and have an initial meeting arranged to meet and understand provision across both organisations. We are also working with the Datix team to link the Professional Advocate team with any clinician impacted by an incident of violence or aggression.

Freedom To Speak Up 2024/25

The Freedom to Speak Up function during 2024/25 has continued to be provided by two Part time Guardians - Chioma and Nijck. They are supported by several Champions throughout the services in the Trust. The Guardians have continued to access support from the National Guardians office and operate within their guidelines, they attend the Eastern region network of Guardians. The Guardians with support from the Champions across the trust continue to raise the importance of creating a positive 'Speaking Up' culture.

Nick Bowman
Freedom to Speak Up Guardian

Chioma Goodchild
Freedom to Speak Up Guardian

Access to the Guardians continues to be via phone, email or App, the later having an anonymous function if desired. A change in reporting direct from Datix this year has resulted in greater levels of directed support for concerns. The Guardians will aim to get back to all those who raise a concern within 72 hours of receipt. Nationally there has been a year-on-year rise in the use of FTSUp Guardians. This shows the continued importance of being able to offer all colleagues a safe, confidential space to raise concerns. Support from the senior leaders within the trust continues to be positive.

During the course of the year, in addition to telephone and online meeting support, the Guardians have visited over 30 of our services in person and organised a range of engagement events during Speak Up month. Participation with the staff engagement and wellbeing teams continues.

Learning from the concerns raised by staff continues to be shared across the trust in a variety of ways; this includes the Guardians having a continued presence at committees at which they can express the themes from the concerns raised and cascading the learning that has been gained from them. The themes associated with the concerns raised during 2024/25 relate to inappropriate behaviours from colleagues and patient safety due to increased demand on the services. The FTSUp Guardians continue to work with teams to address local concerns wherever possible.

Ensuring FTSUp Guardians follow up on each concern raised and feed back to the staff member who has raised the concern ensures that staff feel listened to, without judgement, and supported, which in turn leads to staff feeling valued by the trust.

Strategic objective: Continually improving our standards of excellence

Supporting staff to advance their clinical capabilities

Learning Groups

During 2024/25, the Trust continued to run learning groups on a monthly to bi-monthly basis. These groups of patient-facing clinicians come together in a forum with quality and operational leaders and Subject Matter Experts. The groups provide the opportunity to discuss complex cases, share and disseminate learning from patient feedback and incidents and hear about the latest evidence base. Several of the groups have led to system wide quality improvement projects. Each group reports into the Trust Safety Group to provide an update, opportunity to escalate and sharing of learning from their area.

NCH&C specialist learning groups include:

- The Deteriorating Patient Improvement Group
- Nutrition Group
- Falls Learning and Improvement Group
- Wound Care Group
- 'Stop the Pressure' Group
- Medicines Management Group
- Bladder and Bowel Group
- Children's services

Lunch and Learn

NCH&C Lunch & Learn sessions are informal learning events, held as a live event, online once a month, open to all staff and typically take the form of a short presentation, followed by an opportunity to ask questions, and find out more.

During 2024/25, there have been sessions with topics focused on clinical interventions such as use of MUST (Malnutrition Universal Screening Tool), launch of the new Community Virtual Ward and Donning and doffing for good IPAC practise and the role of Research in clinical practise. There have also been a wide range of non-clinical topics which staff find current and relevant to their working lives, including an Introduction to Staff Networks, Neurodiversity in the Workplace and the role of Charitable funds.

All sessions are recorded and available on the staff Intranet with contact details of the presenter and signposting to further information.

Take 5

Take 5 provides a raid communication tool to promote information sharing across the organisation. It is an active methodology to support learning from incidents, complaints and concerns. Each Take 5 is written by a Subject Matter Expert and is then posted via the Trusts Weekly messages bulletin. This allows leaders to then cascade the information via team handovers and briefings by taking 5 minutes to discussion the 5 points raised. The Take 5 posters can then be laminated to provide a permanent learning brief.

over the year 2024/25 Take 5 bulletins have covered subjects such as:

- Bed rail safety
- Fast track checklist
- Manual handling
- Compression hosiery
- Insulin administration
- Compliment recording
- Changes to Verification of Death policy
- Medicines management

Clinical Education and Training

Clinical Skills Training Provision:

Clinical skills sessions continued face to face throughout 2024. Expanding service provision within NCH&C in relation to delivering Bowel Care sessions for both unregistered and registered nursing staff was developed and rolled out in 2024. As part of the training package competency documents for these skills have been developed to match those in place for the other clinical skills facilitated by the clinical education team. Sessions continue to be monitored six monthly in terms of attendance and spaces made available. The following data is from April 2024-19th of March 2025.

Clinical training sessions	# of sessions offered	# of bookings	# of attendees	DNAs	Cancelled	Total non-attendees
Venepuncture (VP)	202	195	147	35	13	48
Catheterisation - Female	164	168	102	34	12	46
Catheterisation – Male and suprapubic	194	171	128	31	12	43
Verification of Death	144	113	90	20	13	33
Basic Observations	157	145	114	33	0	33

Clinical training sessions	# of sessions offered	# of bookings	# of attendees	DNAs	Cancelled	Total non-attendees
Neurological Observations	143	122	89	30	3	33
Pessaries	32	26	16	8	2	10
Bowel care (registered)	127	121	104	17	0	17
Bowel care (unregistered)	152	124	89	23	12	35
IV Therapy	51	39	39	3	0	3
Management of vascular access devices	36	29	26	4	0	4
Cannulation	47	35	35	3	0	3
HCA Foundation course (2 days)	66	53	45	8	0	8
Preceptorship (3 days)	157	152	116	30	6	36
Totals	**1,672**	**1,493**	**1,140**	**279**	**73**	**352**

Feedback from pre- registration learners:

Pre-registration learners gave feedback on their placement experiences using a variety of different methods including the standard format 'Pare' (the UEA procured online system), the UEA internal student placement questionnaire and the National Education and Training (NET) survey 2024.

Pare feedback is available to all supervisors and assessors and the clinical education team who regularly look at all responses, had an action plan for challenges and suggestions from learners. Pare training took place over 2024 for supervisors and assessors followed by Pebble pad training, the new platform from UEA (University of East Anglia) in the latter part of 2024. Positive feedback themes include excellent support within the clinical learning environment, good supervision by all staff and practice educators and wide range of opportunistic learning and bespoke placements.

UEA presented the following feedback to NCH&C from their student survey that they ran end of 2024, for student (pre-registration nursing and allied health professionals) perception of Trust performance, in relation to key placement themes such as:

- Were students expected
- Orientation to the Trust
- Travel and accommodation issues
- Support from Practice Education
- Length of practice placements time to meet learning objectives
- Overall placement satisfaction.

There were 16 students who have completed the survey, and the data showed overall that the placement experience at NCH&C was exceptional. The data showed that for all but 1 of the students were completely / very satisfied with all aspects their NCH&C placement. The only theme that was identified as an issue was related to travel and accommodation, which in many ways are factors beyond the control of NCH&C.

NETS survey 2024 results:

NETS is the only national survey open to all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare as part of their education and training programme. The survey gathers opinions from students and trainees about their time working and training in practice placements and training posts, asking them to provide feedback on what worked well and what they think could be improved. Every survey response, across every profession and location, counts and helps to improve the experience of current and future students and trainees.

The survey in 2024 received 16 responses for NCH&C learner placement experience. Numbers had to be 3 or over to be able to report detail and this was the case for Nursing, Advanced Practitioners and Post Graduate Medical Students. Overall feedback was very positive for 2024 with 88% of Nurse learners rating their educational experience outstanding or good and 86.7% rating their supervision and 87.5% rating their induction experience outstanding or good. This latter result was over a 10% increase following work looking to improve both of these factors, including a new induction checklist for learners and a support booklet for supervisors, practice educators and assessors by the clinical education team. Well-being experience, for nurse learners topped 100% and Quality of care rated 87.5% good or outstanding, another increase from the previous year.

Last year 23.4% of all learners felt that they could not raise concerns, this reduced to 8.33% this year. Multi- disciplinary experience rated 100% for all learners and 100% also said they had not experience discrimination by staff on placement.

Of 16 learners who responded 39% felt that availability of IT resources was poor or their worst experience and 31.25% witnessed bullying by other staff. The lack of a forum was reported by 31.5%, the Learning Hubs was not run over the placement period that the survey ran, and it is hoped that this will provide opportunities in the future for peer learning and networking for all learners in the future.

Competency Matrix and Competency passports for community Nursing and Therapy teams:

The competency matrix was reviewed alongside the Delegation and Competency matrix policy and competency passports were created to support assurance that all clinical staff had a pathway to attain competency in a range of required clinical skills. This was rolled out to community nursing and therapy teams early in 2025 with the next phase focussing on ward unit clinical staff.

Library services:
These will be formally contracted in June 2025 working in collaboration with Cambridge and Peterborough NHS services to enable NCH&C staff to fully benefit from the extensive benefits of the knowledge and librarian services including continuing personal development and to enable embedding of evidence-based practice. This service will supply the evidence base to enable excellent healthcare; support and inform policy, commissioning, and service redesign decisions, enable lifelong learning and research, and through partnership working offer health and patient information.

District Nursing commissions:
The Specialist Qualification in District Nursing continues to be supported by NHSE, and two NCH&C applicants completed the course in 2024-5 with two more due to start the course in 2025. A register of staff with this qualification is in place as the Trust continues to grow its staff with this important qualification.

Place	DN Trained on register	DN applicants for 2024	Totals- April 2025
Norwich	1	0	1
West	5	0	6
South	1	0	3
North	7	2	10

Creating a quality improvement culture

Quality Improvement in NCH&C

The Trust is determined to ensure that Quality Improvement is everyone's business and to embed a sustainable culture of continuous improvement, including Quality Improvement (QI) throughout the Trust. This has already been well embedded within clinical settings where talk of innovation and improvement are evident. To bolster this, we have evolved the training offered. The focus remains on Plan Do Study Act (PDSA) cycles; and the use of the 'Improvement and Innovation Stacks' (a Teams page set up to detail and report all QI within the organisation) enables quality teams to have sight of project ideas to prioritise their implementation. Pages on The Loop (our intranet page) are kept up to date with relevant information and resources for staff to access and find out more, including further opportunities to hone and expand their quality improvement knowledge.

This domain includes a range of measures that ensures high quality care is delivered according to the best evidence as to what is clinically effective. By applying best knowledge, derived from research, clinical experience, and patient preferences we try always to achieve the very best outcomes for our patients.

Quality Improvement and Innovation 2024/25

North Place:

Community Nursing and Therapy Handover:
During 2024/25 the Trust saw an increase in Coroner's requests for inquest. Learning from feedback included the importance of enhanced communication and handover of patients within our care. A pilot of daily handover processes, replacing the previous twice-weekly format was commenced. The initiative sought to foster a multidisciplinary approach and encourage greater team attendance. A key aim was to ensure that all appropriate patients were discussed at the optimal frequency, and that any patient concerns were promptly escalated to the clinical lead or coordinator. To support this initiative and improve patient safety all handover discussions were accurately recorded, including clear actions plans required to ensure follow-up and accountability.

Actions for each handover to ensure efficiency has been embedded in the team culture to ensure handover is accurate, consistent and methodical. The pilot has now been completed and embedded as business as usual within the team. Outcomes have been shared with other teams for wider sharing of best practice.

Norwich Place:

Improving team wellbeing during handover
In our 2024 staff survey, wellbeing and morale was consistently reported to be an area which needed improving for the team. Work pressures mean that training is being cancelled, extra patients are being allocated, and handovers are not being protected. As predominantly lone workers, many of the team may not see another colleague during their day if they do not come back to base, which increases feelings of being unsupported and isolated (Health and Safety Executive, 2024). We identified that we wanted to maximise the face-to-face time we had with the team on a daily basis, in addition to the monthly 1-1 support already provided. We brainstormed various ideas and decided that making wellbeing a priority during handovers might help to make the team more supported.

We decided to use the Plan, Do, Study, Act cycle to evaluate the change. To begin to plan how we could change handover, we first wanted to collect baseline data so that any improvements could be measured and defined. A Microsoft teams form was developed to collect data on how supported the team felt during handover, if they thought the current structure was working, and how they felt it could be improved. A printed copy was also provided to be filled out anonymously as the team had varying degrees of computer literacy. Three themes were identified: More support from senior staff, Negative impacts of cancelled handovers, Changes to improve handover.

From collecting the data, we could see that more was needed to be done to support wellbeing in handover. We developed a new handover structure which focused on how individual members of the team were feeling, and how their day has gone. We added particular focus on teamwork and how we could support each other when someone has had a hard day and might be behind. We also wanted to highlight work done well and appreciate all the work that the team is doing.

It was agreed to protect handovers three times a week initially, and then review the impact this had on unallocated visits after a few weeks. After the three-month period where the changes were implemented and embedded within the team, a second questionnaire was taken to capture whether this quality improvement plan was beneficial to the teams wellbeing. Questions remained similar to the first questionnaire to try to be able to compare the answers, and again offered opportunity for staff to identify any areas that still required improvement. The results indicated improved wellbeing and improved team working

The next phase of the project will be to take on board all that we have learnt and begin to implement further changes that could be improved. We have feedback on some simple ways to improve handover further which we will now act upon, such as the clinical operations manager and clinical lead staying behind for 10 minutes for more 'informal' chats and reiterating the guidelines for who is responsible for what, and what we would like people to bring to handover in regard to their patients.

Use of Digital Technologies

Long term conditions and specialist nurse teams have been working hard this year to support further improvements in patient care and service offer, by identifying and including innovative digital solutions in service delivery. This information includes just a snapshot of a few ways we have done this, this year.

There can be an assumption that several patients would not be able to use a digital solution, and there are many that this does not suit, but we should be open to seeking solutions for patients who are able to use these methods if it offers a more person-centred approach. We have been surprised at the volume of patients who have taken up this opportunity to have information sent and responded to via email or alternative digital services. We continue to offer non digital solutions for patients who do require this.

Within our Post Covid Service we developed an electronic patient questionnaire in preparation for their first appointment, approximately 2 years ago, and continues to be developed and used within the service. This has been crucial in ensuring we have patient focussed, self-reported information following the initial clinical referral form. We have been able to identify changes to the service offer and delivery method of our services to meet the needs of more patients within this cohort who have a multitude of co-existing symptoms. This cohort often have brain fog and fatigue and are also often of working age or have other commitments and require us to work differently to meet their needs. Over time this has had significant benefit, such that we are now trialling this same approach in our new Pulmonary Rehabilitation Service for West Norfolk, should this show success in use for patients in this population we may consider this being further extended.

Within our Cardiology services we have been developing our use of Telehealth to enable more "real-time" information about patients and their response to medication, this can support us with optimising medication and advice to help patients manage their heart conditions more quickly. We have been working in the past year on a plan to implement the use of an education and exercise support mobile app called MyHeart app for patients, we hope will be up and running in April 2025.

Our services work closely with Primary care /GP practices to support with proactive patient care in the management of long term conditions such as Diabetes, Heart Failure, Respiratory conditions such as COPD, as well as close working relationships across secondary care/acute hospitals, the use of the integrated shared care record has helped our teams to ensure patients don't need to tell their medical history many times and enables us to communicate easily with our partners.

Specialist Diabetes Team:

In October 2023, the community diabetes team in the West Norfolk undertook a project to review all the community insulin patients (patients given insulin by community nursing teams). This 6-month project was successful at improving patient clinical management and had a benefit of reducing insulin visits for the community nurses. Insulin visits are a large part of a community nurses' workload, they are time critical visits and cannot be missed or rescheduled. The volume of these visits creates additional pressures within teams. Due to the success of the West Norfolk project, a year-long project was rolled out in South Norfolk.

The project in the South was slightly different as there is no specialist diabetes team based within the Community Trust. The insulin patients are managed by diabetes nurses based at Norfolk and Norwich University Hospital (NNUH) Diabetes Team. This team require a referral via a GP and are unable to see patients unless they can attend a clinic at NNUH or a surgery. If they cannot attend, community teams send blood glucose readings over to them and the community nurses may be asked to visit in the afternoon/ evening to take these readings over a set period.

The South project recruited a 30hr Registered Nurse (RN) and 22.5hr Nurse (NA). The registered Nurse was recruited into the West Community Diabetes team to ensure suitable and appropriate support was available, and the Nurse Associate was recruited into the south team. The Nurse Associate visited the patients for the initial assessment checking feet, skin, and general health related to their diabetes, and flagged up any issues to the DSN. This often led to further assessment and blood glucose monitoring using libre blood glucose sensors which assisted greatly in changing insulin regimes to meet patient need. Nurse Associate would then visit patients to report libre readings to Registered nurse for review and assessment. So far, 131 patients have been reviewed.

Visits for community nurses have been reduced by appropriately reducing treatment but also by additional support from our team, providing education, advice and libre sensors, patients/family have been able to take on insulin administration. Teaching and advice within residential homes has also been provided in enabling carers to take on insulin administration. Our Nurse Associate has found areas of concern during her foot checks which has enable proactive management which otherwise may not have been addressed. Community Nurses in South Norfolk have reported the project as being useful, especially the ease and accessibility of communication and the responsiveness of the team to support requests. An audit form was completed on initially assessment and again on discharge. This has shown improvement in patients overall diabetes management, as well as a reduction in nursing visits.

The project has now been extended to a substantive service in both North Norfolk and Norwich, with the aim of this being extended further in South and West Norfolk. We continue to develop our clinical recording and audit tools to help us learn more about patient clinical presentation, patient feedback and further improvement in how we deliver our service to patients and our clinical partners.

West Norfolk diabetes team has been exploring opportunities to work more collaboratively with the local hospital to support better discharges and look at how they can support more with our vulnerable housebound patients in the community. This is something that we are also exploring in the North and central at present. A clinician working with the community team from the QEH has been in place for 6 months and has really helped to understand the role of DSNs in the community for acute hospital staff, and the level of complexity, and management undertaken in this role, and the community team have benefited from the additional understanding of the acute DSN role in how patients are managed and transferred back to community. We are looking to further develop this learning into further improved collaboration across our acute and community colleagues across Norfolk.

West Place:

Unplanned Care Team

Additional resource was allocated to the West Place Triage and Allocation Team to recruit staff into Unplanned Care Response roles to enable faster responses to Unplanned Care referrals which would have typically required a response from the planned care community nursing teams and increased handover of visits to the Out of Hours service. This service commenced in September 2024 and covers 8am-8pm, 7 days a week. Following the implementation there has been improvements in both the management of planned community nursing care, less handovers to Out of Hours and increased response times to urgent care referrals, maintaining over the national target for achieving over the 2hr responses times in Place. This has also reduced the risk of additional patients being added to busy ledgers, reducing the pressure on community nurses who are able to focus on planned care.

Peripatetic Team

Additional resource was allocated to West Place to support the increasing demand for insulin administration within patient's homes. The team are also able to assist with double up visits working alongside community nursing teams and are undertaking additional competencies for patients requiring venepuncture, ECG's, Neuro and general observations and INR's. The team work flexibly across West Place to support the community nurses to prioritise patient need and teams with the greatest demand.

Catheter Clinics
Successful implementation of Catheter Clinics being offered across Place was launched in June 2024. These clinics can offer routine appointments for catheter changes, same day urgent and trial without catheter appointments which would have been undertaken by the community nursing teams. This has enabled more patients to be seen in a clinic environment to support the management of the community nursing demand. The catheter clinics have been well received by patients who no longer need to wait in for the nurse to visit them at home and benefits from improved continuity of care.

Children and Young Peoples Services:

Waiting Room Initiative:
This started as a Quality Improvement project to improve the experiences of children, young people and families who attend outpatient appointments with our Children's specialist services. The project recognised that there can be significant challenge for some patients to attend and wait for their appointment; the experience can be for some, detrimental to the clinical appointment itself. The project is looking at ways in which we can prepare children, young people and families for their appointment, considering individual needs and how clinical care can be adapted to ensure we get the very best from each experience. Developing a sensory friendly environment forms part of this.

A bespoke survey was developed to use to understand children's, young people's and families' waiting experiences. This was run through August 2024 at the Children's Centre at Norwich Community Hospital and gave us a good insight into areas we could improve upon. One of the biggest areas for improvement was the need for access to a greater range of activities and toys. The project group is working with the Charitable Funds team to identify ways to raise funds to purchase new activities and toys. A Pub Quiz night was held on 27/11/24 and was a great success, raising £320.
Through 2025, we are arranging for the survey to be run at St James so we can understand the needs of children and young people who use this waiting area. Other waiting areas used by NCH&C Children's services will also be considered.

The project group is working with the Comms team to develop a visual resource to prepare children and families for their appointments at Norwich Community Hospital and St. James. This is likely to be in a video format which children and families will be given a link to, prior to them attending their appointment.

Further work is being done to plan a Spring Walk where children, young people and families can take part and will raise money to support resources which will improve the outpatient waiting experience for children.

NCH&C's Forum for Children and Young People (CYP):
"Young Voices Together" – was launched at the beginning of July 2023.
It was developed as a platform for gaining the views and experiences of children and young people who use our services. An accessible leaflet has been designed this year to raise awareness to the platform and provides a QR code to help children and young people sign up. This has been shared on NCH&C social media platforms and on the Just One Norfolk website.
In line with the NDS Transformation project, the forum has been used to gather the names and contacts of children and young people with known neurodivergence who have volunteered to engage with us and support our service developments.

Father Inclusive Practice:
The National Child Safeguarding Review Panel report "The Myth of Invisible Men", published September 2021, outlines the pressing need to engage with fathers and father figures more effectively. For Norfolk, there is an aim to implement a father inclusive strategy to improve the engagement of fathers across Children's Services. Norfolk Safeguarding Children Partnership (NSCP) group agreed to take action to address this area of work and commissioned the NSCP Safeguarding Intelligence and Performance Co-ordinator to develop this with all partners over a three-year period, 2022-2025. NCH&C invited the NSCP Safeguarding Intelligence and Performance Co-ordinator to deliver training on this subject in January 2024 to all Children's Safeguarding supervisors. During the year, NCH&C developed some quality standards to support Children's clinicians to promote greater father inclusive practice. Clinical and Service Leads attended a session around this subject and have taken this out to promote within their teams.

Advance Care Planning:
An Advance Care Planning (ACP) clinic was established in February 2023 using ICB match funding. Initially this was for a one-year trial, but further ICB match funding enabled this to be extended for a second year.
The ACP clinic is coordinated and run by two NCH&C Paediatricians; it is held at The Nook, East Anglian Children's Hospice at Framingham Earl.
A Palliative Care link nurse was seconded for a one-year term to support with the work of the clinic. This role has provided additional support to the Paediatricians and worked as a positive link between children, families and paediatrician. The aim of the clinic is to ensure children, young people and their families are involved in the planning of their care, have time to think about their views carefully, understand the life-limiting condition and it's management, are supported to prepare for possible future difficulties or complications, have support with continuity of care in the professional or care setting and can receive support which is accessible for all.

The clinic has been run once a month, offering x2 appointments during each clinic. Attendees were originally those registered with a Norfolk & Waveney GP and who had a diagnosis of Cerebral Palsy. They were invited to the clinic following a review by the Consultant Paediatrician.
A patient/family survey was designed, and Privacy Impact Assessment approval gained allowing feedback from those families participating in the trial to be gathered. While numbers of participants in the clinic have been small, the feedback received was positive, with families appreciating the protected time to have a valuable conversation at a time when they were relaxed and not in crisis.

The project has been keenly supported by the ICB who are looking at how to support gaps in care, such as being able to highlight the existence of an ACP on SystmOne and linking the Paediatricians to the All-Age Palliative Care Programme team at the ICB to support transition of young people into adult care.

South Place:

Therapy services:

- Falls assessment outpatient clinics to assess non-housebound patients in clinic, enabling earlier assessment and increased productivity
- S-Press trial on Foxley unit with the aim to see if it can aid patient rehab; reduce length of stay (will be hard to evidence), improve patient experience, reduce therapy team demand/increase capacity to input to other patients.

Podiatry:

- Nail Surgery See and Treat pathway with reduced follow ups and Patient Initiated Follow Up (PIFU)
- Increased use of PIFU to reduce unnecessary follow up appointments
- Introduction of emergency cards for patients to reduce patient risk
- Movement of capacity to sites under higher pressure

Central Adult Speech and Language Therapy:

- Reviewed ‘did not attend’ (DNAs) and returned to face-to-face care home assessments to reduce DNA rate following data review.

MSK Continence Physiotherapy and MSK Biomechanics:

- Pelvic Floor Education Groups and Heel pain groups introduced to provide peer support and encourage health coaching. This was due to high waiting lists and review continues to see if patients can be seen in a different way and more patients can be seen in the same time period to reduce waiting times and improve patient experience.
- MSK B5 rotation developed – provides experience in Physio, continence/ pelvic health, Foot and ankle biomechanics (FAB), and Hand Therapy. Assists with service cohesion, multidisciplinary team knowledge, upskilling, succession planning.

Urgent Care Response:

- Implementing the UCR Co-ordinator / Allocator role to streamline 2hr referral allocation, reduce staff travel, reduce waiting times for visits and increase ability to meet UCR targets.
- UCR Co-ordinator also supports the planned team allocators to review urgent referrals, thus reducing pressure on the planned teams & triage hub Lead and attend daily operational meeting to liaise with capacity issues and planning within all teams.
- Implementing the UCR online suggestion box (in response to staff survey results) allowing increased options for staff to provide feedback which is shared at team meetings to improve staff engagement and understanding regarding change.
- Amended the morning UCR End Of Life handover to ensure this is Nurse led, giving an opportunity for caseload review and clinical discussions to be shared by healthcare assistants and ensure patient needs are addressed in a timely fashion.
- Introduced a daily therapy handover to support staff welfare, ensure appropriate allocation of visits according to priority, optimisation of capacity, realistic staff workloads and efficient travel across the team.

Community Nursing:

- Wound swabbing form developed
- Inhouse clinical triage guide in development to support learning of nursing staff, ensure continuity of advice and support being given to patients and professionals contacting South Hub.
- Identifying patients who may only need a telephone call to ensure insulin is being administered independently to gradually withdraw dependence
- Working closely with insulin patient over several weeks to facilitate independent insulin administration rather than requiring community nursing visits
- Admin supporting ordering for Community Nursing teams to release clinical time for patient care and improve stock management and orders

Clinical research programme

NCH&C Community Research team are a multidisciplinary team, made up of Research Nurses, a Research Occupational Therapist, a Research Physiotherapist and a Research Co-ordinator. We are also pleased to have the support of colleagues working on the bank.

The Trust continues to build its research capacity, both as a study site and a patient identification centre. Whilst 24 studies (18 portfolio and 6 non-portfolio) were actively recruited to during the year, the same as in 23/24, the number of recruiting commercial studies has increased from two to three. Six of these studies were new to the NIHR (National Institute for Health and Care Research) portfolio this year.

A further 5 studies are in set-up. The overall number of participants recruited to portfolio studies in 2024/25 was 833. This represents an almost 200% increase on the previous year (281 recruits in 2023/24). In comparison to other Trusts, NCH&C had the 5th highest recruitment numbers of the 11 Trusts of its type in England (source: ODP); in the previous 2022/23 year, the team was 7th.

Top three recruiting studies:

- ELSA - The ELSA study is screening children (aged 3 – 13) for type 1 diabetes (T1D). Early detection of T1D from the general population will allow insulin treatment to be started sooner, avoid T1D being diagnosed as an emergency, improve glycaemic control, and identify children who can be offered novel clinical trials of therapies for T1D prevention. Recruited 696 participants in 2024/25.
- COMMITS Vs. 1.0 - The aim of the study is to determine, in a multi-centre randomised controlled trial, whether Motivational Interviewing Based Intervention (MIBI) in addition to usual care effectively reduces depressive symptoms in people with acute stroke (up to 28 days post-stroke), more than attention control in addition to usual care, and usual care alone. Recruited 40 participants in 2024/25.
- Environmental factors on Diabetic Foot Ulcers (DFUs) incidence - The role of various environmental factors on the incidence, severity and recurrence of DFUs in adult patients with diabetes in England. Recruited 30 participants in 2024/25.

Highlights for 2024/25 include:

- In 2024/25, building on the success of previous years, NCH&C received £25,000 NIHR Research Capability Funding (RCF) for successfully recruiting over 100 people to studies in the previous reporting year. This money is used to support continued research portfolio development by the community research team in the Trust.
- The Trust continues to build collaborations with UEA and continues to have clinical representatives on work streams to represent community interests.
- Collaboration with the Research Delivery Network (RDN) Agile team, hosted by NCH&C resulted in recruitment of 696 participants to the ELSA study, nearly 37% of the total recruitment within East of England.

Therapeutic Optimisation (THEO) Project

The THErapeutic Optimisation (THEO) project developed by the NICHE Anchor Institute at the University of East Anglia, is a novel and complex intervention research study aimed at optimising the patients' experience of care. THEO is providing an uplift of two registered nurses working as embedded researchers, combined with a process of participatory action research.

The THEO intervention is partly influenced by evidence that showed that higher nurse staffing levels were associated with better patient outcomes, shorter length of stay and less frequent nurse burnout or job dissatisfaction. The participatory action research intervention uses practice development methods as a facilitated intervention to achieve a participatory approach to inquiry. There are two funded positions for this researcher a Band 7 THEO Lead Nurse (0.9wte) and Band 6 THEO clinical co-ordinator (1.0wte) for 12 months who will be working alongside staff clinically, providing coaching support and working as an embedded researcher. These positions with support from the NICHE facilitator will work in collaboration, to "look" (i.e. gather evidence about a situation or context), "think" (i.e. reflect together to critically analyse evidence), then "act" (i.e. develop a shared action plan, from which to take informed action). This process will generate both knowledge and agreed action from which to improve the experience and care for both the ward staff and the people who receive care on the ward.

This participatory approach to research moves away from the traditional stance of "studying a subject and making a judgement about that subject" and involves a collaborative, participatory approach where all involved are partners in both research and resulting in actions and outcomes.

The THEO study is a collaboration with the NICHE team from the University of East Anglia, University of Staffordshire, London South Bank University, NCH&C and James Paget University Hospital NHS Foundation Trust.

Non-portfolio research outcomes and developments:

- Jess Blakely, an Occupational therapist working at Caroline House won an ARC fellowship award and, alongside this and funding from NCH&C charitable funds completed her study and published her results in The Brain Injury journal: Full article: How can healthcare professionals work with families to address misaligned expectations of recovery in brain injury rehabilitation? A scoping review
- Jess Blakely, Louise Gilbert, Community team Research Physiotherapist and Lead ESD Specialist Physiotherapist and Dr Sheryl Parke, Specialist Clinical Psychologist conducted a scoping review and are creating a protocol for delivering music learning across our Stroke pathways.
- Anca Manea, a registered Learning Disability Nurse working in the city team has presented the Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities locally, regionally and internationally supported by the Niche Fellowship award. Anca continues to promote research as a member of the Shared Professional Decision-Making Council for CNO Research. The Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities is an integrated antenatal pathway that sees different stakeholders within Norfolk, working collaboratively to ensure best antenatal outcomes for the expectant person.
- As a NICHE Anchor Fellow, Anca had the opportunity to pilot in the West Norfolk an educational training package about the Norfolk Antenatal Pathway for Women and Birthing People with Learning Disabilities. Around 300 midwifery and obstetric staff took part in this training. The initial findings showed that the training was effective in increasing staff's knowledge about learning disabilities and about implementing reasonable adjustments required during episodes of care. The pathway was presented at national and international conferences and won the East of England 'Innovation in Your Speciality' Learning Disabilities award.
- Juliet Bransgrove our, now retired, Epilepsy team lead was named in a paper that Juliet and her team assisted recruitment with called Efficacy and tolerability of levetiracetam in people with and without intellectual disabilities: A naturalistic case control study https://pubmed.ncbi.nlm.nih.gov/38897161/

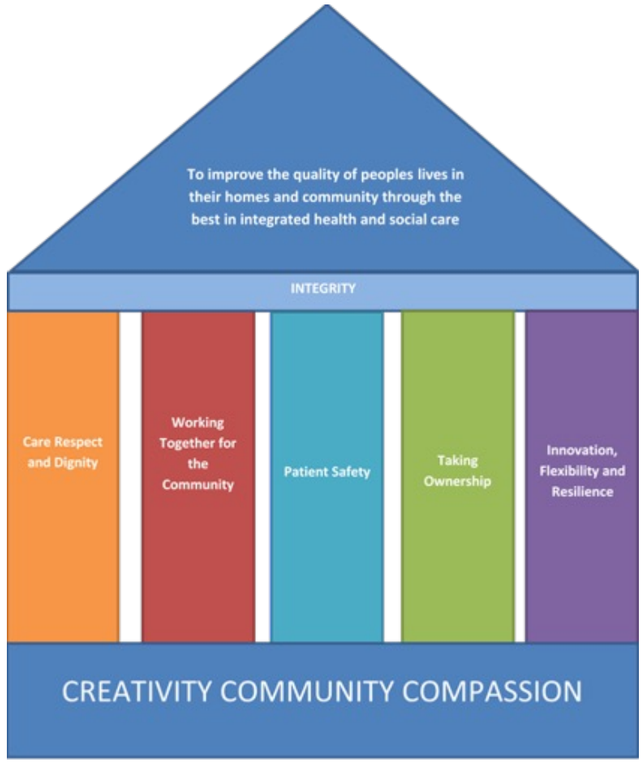
Ward Accreditation at NCH&C

Over the past 2 years the inpatient nursing and therapy team have developed the Ward Accreditation model. The aim of the model is to assess the wards across 5 pillars to meet the required quality standards, ensuring that patients are receiving quality, safe care and a positive experience.

The 5 Pillar Accreditation Model

The model is:

- Based on Trust behaviour Framework
- In use by all inpatient units
- Supporting to identify and collate evidence
- Considering Environment, Care and Leadership
- Identifying the great work already being done across our inpatient units, bringing the evidence together in one neat package
- Supporting learning and sharing from best practice
- A rolling programme of quality assurance and improvement
- Providing assurance internally and externally
- Led by ward teams with Quality Matron oversight



As of February 2025:

- Pine Cottage is fully accredited having completed all 5 pillars of the model and will now be on an annual review
- Beech ward is fully accredited having completed all 5 pillars of the model and will now be on an annual review
- Caroline House has completed 2 pillars
- Priscilla Bacon Lodge has completed 2 pillars
- Mill Lodge has completed 2 pillars
- Foxley Ward have completed 1 pillar
- Squirrels has completed 1 pillar
- Alder ward has 2 pillars ready for presentation and assessment
- All other areas are working towards completion of their first pillar

Keeping patient safety a top priority

This domain includes a range of measures that ensures our patients and service users are kept safe. By monitoring and learning from incidents, safeguarding, working with other organisations, listening, and acting when staff speak up, we aim to achieve the very best outcomes for our patients.

Incident Reporting: by month and category

8736 incidents were reported during 2024/25, a decrease from 9613 in the previous year. The table below shows the number of incidents reported each month categorised by the level of harm.

	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Total
No Harm	339	351	333	339	358	334	378	339	353	365	354	360	4203
Low Harm	295	311	252	320	341	316	358	327	349	369	305	343	3886
Moderate Harm	62	50	58	39	31	32	35	37	28	54	39	44	509
Severe Harm	4	4	3	2	6	7	1	4	7	5	7	8	58
Death not related to patient safety incident (expected death)	1	2	0	1	0	0	1	1	0	4	4	3	17
Death related to patient safety incident (unexpected death)	5	1	1	1	1	3	4	2	4	3	0	2	27
Learning Disabilities - Notifiable Death	1	2	4	4	0	5	5	3	0	5	5	2	36
Total	707	721	651	706	737	697	782	713	741	805	714	762	8736

Staff are encouraged and supported to report an incident, helping to promote a "Just Culture". This approach is being supported by the NHS Patient Safety Training Syllabus, of which Levels 1 and 2 are available to all staff via the electronic staff record (ESR).

Most incidents reported were recorded as 'No Harm' and 'Low Harm' (92.59%).

All incident reporting is closely monitored in Local Place, and all incidents considered" Moderate Harm" and above continue to be reviewed at the twice weekly Trust Wide Learning Huddle (TWLH) (excluding Pressure Ulcers which are reviewed in Local Place). All inpatient return to acutes are discussed at TWLH with local Place oversight for community patients being admitted to acutes and escalated to TWLH where appropriate.

Attendance at Learning Huddle is open to all staff with regular attendance from Clinical Quality Directors, Quality Matrons and subject matter experts including the Safeguarding Team and Pharmacy Team. Representation from members of organisations outside of the trust is also supported with regular engagement from Integrated Care Board colleagues.

TWLH invites a representative from the Local Place to present the incident in a supportive environment and for discussion by the wider audience to identify any immediate learning opportunities for the team and to share more widely. A decision will be made as to whether any further actions are required. For those incidents requiring further investigation members agree if the incident requires local investigation, or if it needs an After-Action Review, or SWARM. Duty of Candour will be reviewed and enacted as appropriate.

Themes, actions and learning from patient safety incidents are reported each month via a Spotlight Report to Quality Committee and onto Trust Board. Themes and associated learning identified have included observation recording, effective escalation of clinical concerns, availability of equipment, patient education and support to make informed decisions about their care. This has also enabled teams to provide debriefs and psychological support to staff managing the incidents.

Following implementation of The National Patient Safety Incident Response Framework (PSIRF) in 2023, Learning from Patient Safety Events (LFPSE) was implemented during 2024.

LFPSE has changed how incidents are reported both internally by staff and nationally. The trust has also published its Patient Safety Incident Response Plan which details how the organisation manages and investigates incidents under PSIRF.

Learning from Patient Safety Incidents

The NHS Patient Safety Strategy 20191 describes a significant change in approach to managing patient safety incidents going forward with a greater emphasis being placed on promoting a safety culture and on improvement and learning. The Trust has been supporting implementation of the strategy throughout 2024/25.

The strategy includes the creation of a Patient Safety Implementation Response Framework (PSIRF) and the development of a Patient Safety Incident Response Plan (PSIRP)for each NHS trust.
The ICB approved the Trusts Patient Safety Incident Response Plan in September 2023, and it has been refreshed in 2024.The organisation has been working to this investigation plan since that time. The PSIRP is published on the Trust internet so that it can be reviewed by the public. This will also be supported by implementation of LFPSE (Learning from Patient Safety Events) which details the reporting and collection of incident data to support learning. The Trust transferred to the new system in April 2024.

Implementation of the Patient Safety Incident Response Framework has led to the use of different investigation methodologies which support learning from incidents. These new methods include After Action Reviews, Patient Safety Incident Investigations, Multi-disciplinary reviews and SWARMS. The new methods have been well received and supported by staff. The Trust has also engaged a Patient Safety Partner to support the patients voice and experience in safety matters.

During 2024 -25 the trust's Patient Safety reporting structure has been strengthened by a workplan which facilitates each of the specialist groups reporting into Safety Group to provide an update, opportunity to escalate and sharing of learning from their area.

The specialist groups reporting into Safety Group are:

- The Deteriorating Patient Improvement Group
- Nutrition Group
- Falls Learning and Improvement Group
- Wound Care Group incorporating 'Stop the Pressure' Group
- Medicines Management Group
- Bladder and Bowel Group
- Children's services

There are also opportunities for ad hoc spotlight reporting as themes are identified and learning opportunities shared. The trust continues to support a 'just culture' with a focus on learning rather not blame.

As we have moved into an Integrated Care System (ICS) there has been an increased opportunity to work with partner organisations reviewing the patient journey through patients' pathways as a whole rather than in a disjointed manner. This change of focus and ability to take a holistic approach has supported patient safety and improved outcomes.

Patient Safety Partner

NCH&C (along with system partners) have recruited a Patient Safety Partner (PSP) as part of the implementation of the Patient Safety Incident Response Framework (PSIRF). The PSP acts as a patient and carer representative with the aim of bringing the patient voice and experience into the Trust patient safety work. Our PSP attends several committees (including Safety Group, People Committee and Quality Committee) and works closely with the Trust Patient Safety Specialist and the Patient Safety and Experience team.

Our role in Safeguarding

The Trust takes our safeguarding responsibilities very seriously and discharges our duties fully in complying with national and local legislation, policy and guidance. Our work is underpinned by the Children's Act (1989,2004), Working Together to Safeguard Children Statutory Guidance (2006, 2015, 2018 and 2023) and the Care Act (2014) in relation to safeguarding adults. The trust contributes to a range of performance and quality measures as required by the Care Quality Commission (CQC), Norfolk Safeguarding Children Partnership (NSCP), Norfolk Safeguarding Adults Board (NSAB) and Integrated Care Board (ICB). The ICB introduced an 'all age' quarterly reporting requirement (assurance around adult and child safeguarding) in 2024/25. In 2024/25 NHS England also introduced a new safeguarding reporting requirement which involved a twice yearly upload of Safeguarding Commissioning Assurance Toolkit data (SCAT) to the NHSE Data Collection Framework as well as quarterly provider Prevent data as per National policy. In addition to this the Head of Safeguarding further developed the NCH&C safeguarding dashboard which contains safeguarding data in real time thus helping to identify emerging risks/gaps. This data is monitored through the Safeguarding Child and Adult Group and Quality Committee.

The Safeguarding team provide safeguarding supervision for staff and provide training on adult and child safeguarding in line with the Safeguarding Child and Adult Intercollegiate Documents (2019,2024). Training was moved to online learning via MS Teams in 2020 utilising workbooks and group sessions with the Safeguarding team. This format is continued to be used in 2024/25. These sessions are well attended, and the Safeguarding Team have received excellent feedback. It has been noted by the safeguarding team that there has been an increase of calls from adult staff raising concerns in relation to child safeguarding concerns which indicates that the training is supporting staff to 'think family'.

In 2024 the safeguarding team have continued to streamline the newly implemented internal section 42 process to ensure safeguarding team oversight of all adult social care contacts and enquiries. Microsoft Teams channels are now utilised to support this. In addition to this, they also further developed the internal section 42 proforma which is designed to capture all section 42 data shared with NCC as part of a safeguarding enquiry, as well as clearly identifies good practice as well as areas of learning. This centrally held data relating to section 42's is shared internally at Safety Group and the Safeguarding Adult and Child Group. As such areas of risk can be identified.

Domestic Abuse
Domestic abuse (DA) and sexual violence affect tens of thousands of people every year in Norfolk. The scale of the problem combined with the impact it has on people, makes tackling domestic abuse and sexual violence a priority for everyone in the county. Around one in five crimes reported to Norfolk Constabulary are domestic abuse related and the number of domestic abuse reports is increasing. However, a significant amount of domestic abuse remains unreported.

As of 2024, the Trust had more than 28 trained Domestic Abuse Champions (DACs). This role can offer support to staff and patients who are experiencing (or have experienced) domestic abuse. This includes assessing risk and sign posting to other agencies. It is well known that individuals' emotional and potentially physical health will be impacted if they are experiencing domestic abuse. In line with our Health and Wellbeing priorities, DACs are able to offer support to staff to continue to work in a safe way, but also ensure they can maintain good health and wellbeing.The safeguarding team continue to support staff members who may also be experiencing DA.

The NCH&C safeguarding team manage a DAC Microsoft Teams channel. This channel is used as a tool by the Domestic Abuse Lead to provide all Domestic Abuse Champions with regular updates to ensure they continue to grow and develop confidence, skills, and knowledge in all aspects of Domestic Abuse. In addition to this, all NCH&C DACS are supported and encouraged to attend external Domestic Abuse training provided by the Domestic Abuse Champions Network and Norfolk Integrated Domestic Abuse Service (NIDAS). The NCH&C safeguarding team recommenced the delivery of their annual internal DAC training day during 2024/25.

Child Safeguarding Practice Reviews (SPRs) and Serious Adult Reviews (SARS)
Serious Case Reviews (SCRs) are now known as Safeguarding Practice Reviews (SPRs). The responsibility for how the system learns the lessons from serious child safeguarding incidents now lies at a national level with the Child Safeguarding Practice Review Panel and at local level with the safeguarding partners (NSCP).

The Panel is responsible for identifying and overseeing the review of all serious child safeguarding cases which, in its view, raise issues that are complex or of national importance. The Panel should also maintain oversight of the system of national and local reviews and how effectively it is operating. This is in line with Working Together (2018, 2023). The trust has only been involved in one commissioned Child Safeguarding Practice review in 2024-2025 but this is only in its initial stages and so learning and recommendations from this will be disseminated at the appropriate time alongside any corresponding action plans. The safeguarding team have disseminated learning from other local and national reviews via the Safeguarding Newsletter, at level 3 training and at the trust Safeguarding Adult and Child meeting.

In 2024/25 the Norfolk Safeguarding Adults Board (NSAB) published three Safeguarding Adults Reviews which involved NCH&C services:
- SAR R (June 2024)
- SAR S (July 2024)
- Eric (February 2025)

SAR R

Learning specific to NCH&C centred around pressure area care.
other recommendations related to the following:

- Hospital discharge and ongoing coordination of support to patients with complex needs
- Escalation pathways
- GP safeguarding policies and significant event analysis requirements
- Mental capacity assessment
- Access to shared care records
- Manual transcription of medication
- Provision of equipment to people receiving bed-based or fully hoisted care at home
- Interagency communication
- Safeguarding triage and the s.42 Care Act mandate

NCH&C have been working with the NSAB and other agencies to evidence improvements in line with all recommendations.

SAR S

This SAR looked at:

- The role of housing when safeguarding concerns are raised
- The use of Multi-Disciplinary Team (MDT) meetings
- The assessment of a person's mental capacity
- Effective multi-agency response to mental health concerns raised about a person's safety

Although no specific recommendations for NCH&C, the safeguarding team have disseminated learning and cascaded to all staff.

NSAB recommendations and updates include:

- Work by NSAB and the Norfolk Community Safety Partnership to look at the viability of using a Norfolk wide Vulnerable Adult Risk Assessment Conference (VARAC) to better coordinate agency responses
- Further promotion of NSAB's Complex Case management guidance which support workers and agencies, at an early stage, to convene meetings of staff from a wide range of organisations
- Promoting the NSAB Managing Professional Difficulties guidance across partnership where practitioners feel a case is not progressing
- Adult Social Care have completed an audit to check that Care Act assessments are being completed correctly and have an ongoing systemic audit process in place that reviews the quality of Care Act assessments. Case work checks are also made during staff supervisions

SAR Eric

This SAR looked at the suicide of a male where there were complex needs including self-neglect and alcohol abuse. This SAR resulted in six recommendations overall:

1. The Safeguarding Adults Board Manager will share the methodology used in this review with the National Board Managers' Network. Lead agency: NSAB

2. Eric's age and needs did not fit neatly into the criteria which would have enabled more options for an appropriate placement. Norfolk County Council, Working Age Adults Commissioning Team, with assistance from the Integrated Care Board and other relevant agencies, will conduct a joint scoping exercise to understand the impact of the lack of placements for adults of all ages presenting with complex needs. This should include a thematic study of national SARs where this was a factor and will be linked to NSAB's upcoming thematic SAR, which will analyse the direct and indirect impact, including system issues, linked to the lack of mental health beds, and the resulting implications for care. Lead agency: NCC

3. The review raises concerns about the use of Mental Capacity Act assessments, and practitioners' understanding of available legislation. The introduction of a single point of access role across the system, for agencies without an MCA, or Deprivation of Liberty Safeguards (DoLS) specialist, would reduce the confusion and possibly inappropriate use of the MCA assessments. The Safeguarding Adults Review Group (SARG) will undertake a cost/benefit analysis of the implications of introducing this role, making a recommendation to NSAB for implementation. Lead agency: NSAB

4. NSAB, working in conjunction with the NCC, Head of Social Care - Adult Mental Health, Norfolk and Waveney ICB All Age Safeguarding Team and NSFT, Deputy Director of Safer Care to produce a learning briefing tool with terminology and criteria for various Mental Health Act and Mental Capacity Act terms, to assist with the legal literacy of professionals. Lead agency: NSAB, NCC, N&W ICB and NSFT

5. The SAR author, working with the NSAB board manager, to produce a briefing video, sharing Eric's story and reminding practitioners of the importance of recording the source of diagnosis and the availability of suicide prevention training commissioned by Norfolk County Council and available via Norfolk and Waveney Mind. Lead agency: NSAB

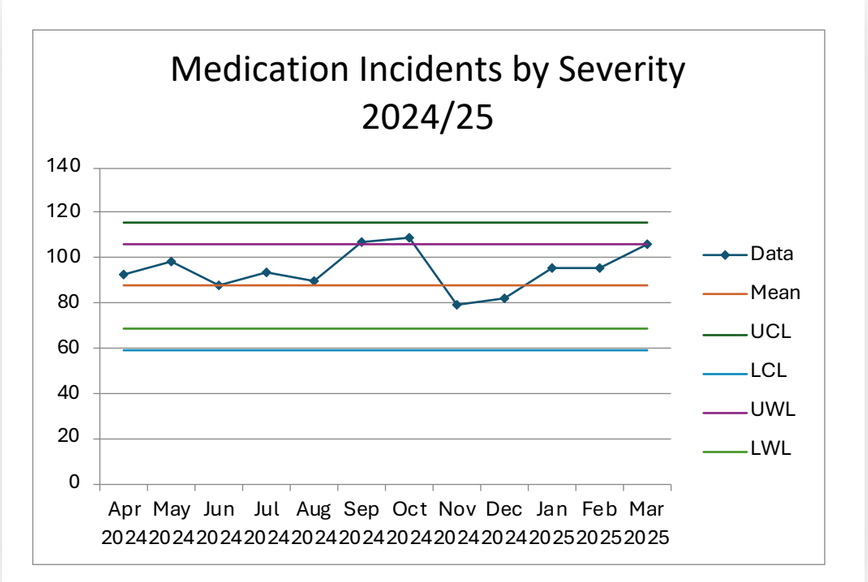
6. Care Home C to review their processes regarding intake of residents, including training for staff on the risk assessment process, both at intake and throughout the placement. Lead agency: Care Home

Although NCH&C have not been named as lead agency in any of the above recommendations, NCH&C have been and will continue to be working with the NSAB and other agencies to evidence improvements in line with all recommendations.

Medicines Management

The Trust encourages an open, transparent culture when incidents involving medications occur. All members of staff are encouraged to raise an incident or near miss through Datix in a bid to seek additional learning opportunities and implement additional safeguards where appropriate.

The Statistical Process Control (SPC) chart below shows the total incidents reported via Datix in the financial year 2024 to 2025.



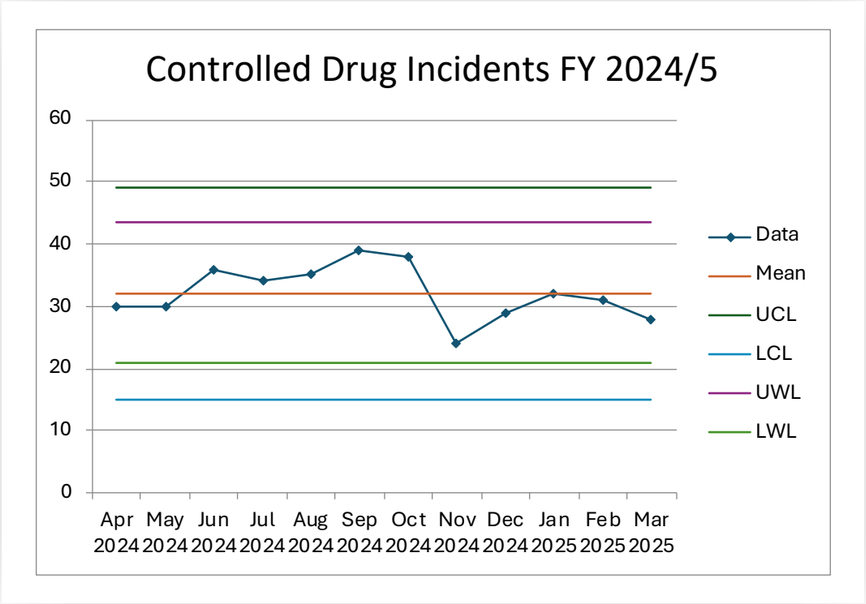
There were 1144 medicines management incidents reported, demonstrating a small increase from the previous year (1052 incidents).

- 99% of incidents classified as low or no harm.
- 1% (13 incidents) classified as moderate harm where the patient required further treatment
- There were no severe harm causing incidents.
- This breakdown in percentages is similar to the previous year.
- There were no never events.

The data demonstrates a 9% increase in total incidents reported from the previous financial year (1052 incidents), a smaller increase than that seen in previous year, where there had been an increase of 19% in total incidents reported.

Some issues to note:

There were 386 incidents were categorised as controlled drug incidents, which is a 14% increase on the previous year.



There were 240 incidents reported where the patient was receiving medication through a syringe driver (an 18% increase).

Common themes were:

- Errors with the current syringe driver chart,
- Medication shortages
- Delays due to prescribing queries

These incidents are shared regularly with system partners to feed into the palliative and end of life medicines working group as there is a system piece of work ongoing to look at this.

In keeping with previous years, the data highlights incidents raised across the system with a large proportion of incidents not being directly attributable to NCH&C. In these instances, we strive to share all learning opportunities regionally with our system partners.

How we learn from our incidents

All thematic learning is disseminated Trust wide to enable actions and safeguarding measures to be implemented.

A number of streams of communication are utilised, including:

- Organisational Wide Learning (OWLs) and 'Take 5' documents to summarise information in an easily accessible format
- Trust weekly communications
- Trust wide events such as the non-medical prescribers forum
- Direct clinician engagement
- Working groups both within the Trust and with System partners

Patient safety focus through the Medicines Optimisation Working Group (MOWG)

In line with the Trust values of community, creativity and compassion, the Medicines Optimisation Team has continued to support and enable the Trust's commitment to patient safety through the following methodologies below.

Teamwork and Collaboration

The Medicines Optimisation team chair and are active members of the Medicines Optimisation Working Group (MOWG), the Trust Safety Group and the Trust Learning from Deaths group. These meetings promote shared learning opportunities and reflection, and staff are empowered to feedback and collaborate on new safeguards and working practices. The Trust also maintains representation at regional and national level through the Medicines Safety Officer, where working practices and thematic learning is shared between Organisations. The Medicines Optimisation team seek to engage with national learning and cascade to our clinicians where appropriate.

Controlled Drug Management in inpatient areas

The Medicines Optimisation team identified, following a review, that there were opportunities for wider thematic learning and quality improvement within our inpatient areas. A quarterly audit completed by pharmacists on each ward is well embedded with local action plans and engagement within place where areas for focus are identified.

Quarterly analysis of Trust wide data has enabled rapid identification of emerging areas requiring focus. It has enabled the Medicines Optimisation team to focus on particular audit standards where a wider approach was necessary, and highlighted areas with an overall improvement against the audit standards. This has led to the development of an OWL focusing on the management of liquid controlled drugs and a more proactive approach in identifying controlled drugs requiring disposal. We are now working with colleagues within the Trust to continue to identify trends and areas for focus to continue to improve quality and ensure all standards of good practice are met going forward.

National Patient Safety Alert: Sodium Valproate

In December 2023, a National Patient Safety Alert was released detailing new regulations regarding Valproate prescribing in male and female patients. A System-wide working group with representation from Medicines Safety Officers (MSO) continues its collaborative approach to ensure that the appropriate processes and safeguards are in place to meet these new regulatory requirements. The Medicines Optimisation team continue to engage on a system level and liaise with individual teams within NCH&C with updates as appropriate by the Trust MSO to the Medicines Optimisation Working Group and Safety Group.

Trust Performance Report

Medicines management incidents are monitored monthly as part of the Trust Performance report across two metrics:

- Medication errors (Hospital) per 1000 OBDs (Organisational Bed Days)
- Medication errors (Community) per 1000 WTEs (Whole Time Equivalents)

The number of medicines management incidents remained within the SPC threshold for the majority of the year, with a number of common cause variations identified due to random variation.

The reported incidents demonstrated and excellent reporting culture within the Community Hospital setting and highlighted areas of good practice, including the daily patch checks being completed, enabling two errors involving delayed patch administration being identified in a timely manner.

Working towards our Medicines Optimisation Strategy

The Medicines Optimisation Strategy was developed in consultation with the members of the Medicines Optimisation Working Group, highlighting areas for continued development in line with the Trust strategy.

Improving quality and safety of medicines: Standards and Audits

The role of the Medicines Safety Officer (MSO) continues be further embedded and developed within the Trust. They lead developments in medicines communication and training following the identification of thematic learning from reviews and highlight good practice in medicines safety. The Trust response to the further restrictions to valproate use, for example, has ensured all areas are compliant with the requirements where valproate is being prescribed or administered.

The Medicines Management Policy is up to date, ensuring clear overarching standards are in place, ensuring learning from incidents, and changes in practice.

Specific standards were moved into Standard Operating Procedures (SOPs) to ensure information is easily accessible enabling the use of the intranet search functionality easily.

Medicines related policies are included within the team workplan to ensure timely review and update.

Policies and SOPs are reviewed in response to thematic learning and changes in practice to ensure that they remain relevant and up to date.

Treatment pathways are in development in some specialist areas such as the use of antipsychotics and antidepressants in children with Learning Disabilities or Autism Spectrum Condition, in collaboration with system partners.

Medicines competencies are now available and are being utilised as a toolkit to complement the new Trust competency passport, where areas for further learning and development are identified as appropriate.

New Clinical Pharmacy Standards have also been developed to enable the prioritisation of clinical safety during times of pressure, as well as identifying aspirations within the team for service development as we become more embedded within clinical areas.

Clinical audits are currently underway including a syringe pump audit within the community setting, and an audit of insulin medicines administration record. Compliance with audit standards as well as targets for quality improvement will be shared with relevant areas for appropriate action and presented to the Clinical Excellence and Quality Improvement Group (CEQIG) once completed. The syringe pump audit results will also be shared with colleagues across the Integrated Care Board to contribute to the working group on issues around medication management in this group of patients.

A safe and secure audit is also undertaken monthly to ensure medicines are stored correctly, safely and securely and disposed of appropriately. Other audits have been highlighted where relevant below.

The Missed Doses audit is undertaken annually to review these errors and has consistently demonstrated a reduction in the number of missed doses of all medicines and the number of missed doses of critical medicines. This focus for the next audit cycle will be around the reporting of missed doses of critical medicines through Datix, any escalation undertaken and further context when doses are refused by patients.

Pharmacy Workforce Development

The team continue to support the training and development of Pharmacists through cross sector placements with System partners. The Medicines Optimisation team also engage with the Pharmacy Workforce System group, aiding in the development of a resilient Pharmacy workforce for the future.

We continue to develop our own workforce, supporting the first Pharmacist to successfully complete a Postgraduate Diploma in Clinical Pharmacy through our Trust as well as the successful completion of a non-medical prescriber (NMP) Pharmacist course.

One NMP forum was held during this period, with feedback from NMPs used to guide in the selection of topics covered. These included epilepsy, palliative care and deprescribing as well as thematic learning from incidents delivered by the MSO.

Medicines optimisation as routine practice, ensuring a person-centred approach

The Medicines Optimisation team deliver patient counselling and consultations in inpatient areas to ensure patients understand their medicines as part of the discharge planning process.

In the next twelve months, there will be an increased focus on the involvement of patients (and relatives/carers) in the medicines reconciliation process, which will be incorporated as an audit standard in the new medicines reconciliation audit.

The self-administration of medicines continues to be in place in all inpatient areas, with keypads implemented in the new Willow unit to enable patients to independently self-administer without the need for keys or staff assistance.

Communicating effectively about medicines

We work to comply with the National Institute for Health and Care Excellence (NICE) guideline 5 Medicines Optimisation: the safe and effective use of medicines to enable the best possible outcomes.

The development of pharmacy technician competencies has enabled medicines reconciliation, with pharmacy input, to take place in a timely manner to ensure unintentional changes in medication are reduced during transfers of care. This has improved compliance with a pilot medicines reconciliation audit which was undertaken to enable the development of data collection processes, and a tool to enable this to be undertaken effectively. This audit is now incorporated into the Trust wide audit schedule having been presented at the Clinical Effectiveness and Quality Improvement Group.

Promote antimicrobial stewardship

Our bi-annual antimicrobial stewardship audits continue to be completed with results presented both within the Trust and at system wide meetings. All audit standards were met during the latest data collection period demonstrating good compliance with antimicrobial stewardship guidance.

Nationally, the Medicines Optimisation team has been involved in the development of a standardised audit template for community and mental health settings that will be undertaken annually. This will allow benchmarking against other similar organisations, the measuring and monitoring of antimicrobial prescribing and continue to enable the identification of targets in the improvement of antimicrobial prescribing.

Deliver safe and effective use of medicines using digital solutions

The roll out of Electronic Prescribing and Medicines Administration (EPMA) has been delayed due concerns around the functionality of the reporting aspects and interoperability of the currently available system (SystmOne). This is identified as a risk on the medicines management risk register, with incidents being monitored regularly by the team and a report focusing on these incidents and how EPMA may have reduced risks being presented on a bi-annual basis to the Medicines Optimisation Working Group.

Improve cost effective use of medicines

Cost-effective use of medicines remains a priority, with the Norfolk and Waveney system working through the Medicines Management Collaborative and Therapeutic Advisory Group input for formulary use and adherence. Prescribing data for FP10 prescriptions and supply data from the provider Pharmacy is shared with colleagues across the Trust to ensure awareness of high cost items and highlight any areas that could be identified for efficiencies. Local actions are also taken within the Trust to reduce the wastage of medication in all areas. Processes around the management of medicines are currently being reviewed to ensure cost effectiveness and improved utilisation.

CCS and NCHC NHS Group and collaboration

As the formal alignment between our two Trusts becomes live with the creation of our new NHS Group, collaboration across the two organisations has begun with the development of a Group-wide Medicines Safety and Optimisation Group which will replace the NCH&C Medicines Optimisation Working Group and Cambridgeshire Community Services Medicines Safety and Governance Group. Standards and processes for medicines will be reviewed and aligned during the next twelve months with the NMP policy and Controlled Drug Policy being identified as areas of priority for this process.

Conclusion

The actions and outcomes highlighted above demonstrate the successes achieved throughout the Trust as well as closer working with colleagues within the system. They also demonstrate progress towards the objectives highlighted in our Medicines Optimisation Strategy and a proactive response to incidents and identified risks to develop an open and honest culture with learning and reflection.

Infection Prevention and Control

The Infection Prevention & Control team (IPaC team) provides a comprehensive and proactive service to both Norfolk Community Health & Care NHS Trust (NCH&C) and its external stakeholders. The team are committed to the promotion of excellence within everyday practice of infection prevention and control.

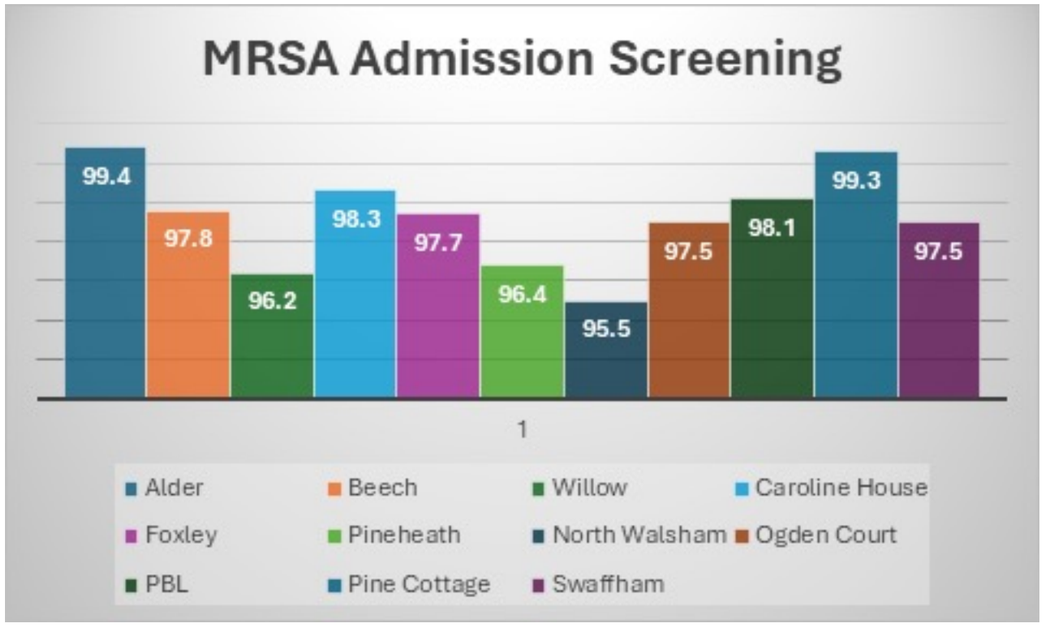
The Infection Prevention and Control Committee (IPCC) is accountable to the Trust Board and reports through the Quality Committee on a quarterly basis. Its primary function is to provide IPAC leadership and strategic direction based on national guidance and the local needs of all services provided by NCH&C. It supports the development of an organisational culture, ensuring staff at all levels prioritise and engage in infection prevention and control. The membership of the IPCC is revised, as part of the annual review, to ensure the committee is positioned to be able to meet its aims and requirements effectively.

The IPaC team maintain a 5-day working week with out of hours on-call service as commissioned for emerging community incidents. The IPaC team has been restructured to provide both skill mix and succession planning.

Alert organism ceiling for MRSA bacteraemia remains at zero and Clostridioides difficile (C. diff) was set locally with NWICB at 6 cases.

a. MRSA bacteraemia cases 0
b. C. diff cases 4

MRSA admission screening (inpatient units) was achieved, on average, 97.3% of all admissions. Accuracy of data is assured by validation of the data monthly by IPaC.



Inpatient unit outbreaks 2024:

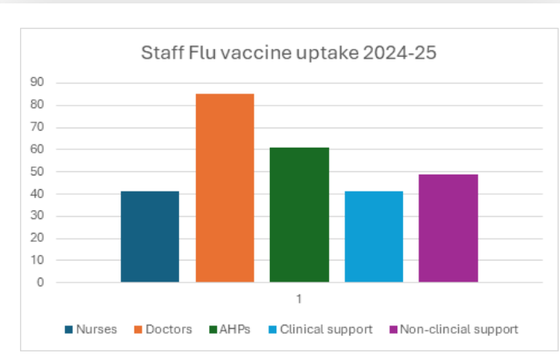
Location	Organism	Month	Patients affected	Staff affected
Kelling	Covid19	April	11	1
Foxley	Covid19	May	9	1
Ogden Court	Covid19	May	7	1
Swaffham	Covid19	May	2	0
Birch	Covid19	June	5	2
Foxley	Covid19	July	4	0
Ogden Court	Covid19	July	4	1
Caroline House	Covid19	August	3	0
Alder	Covid19	September	4	1
Birch	Covid19	October	2	1
Caroline House	Covid19	October	7	10
Foxley	Covid19	October	5	2
Swaffham	Covid19	October	2	2
North Walsham	Covid19	October	4	1
Ogden Court	Covid19	October	8	4
Birch	Norovirus	November	12	10
North Walsham	Covid19	December	3	1
Foxley	C19/FluA/Noro	December	4/9/21	

Inpatient unit outbreaks 2025:

Location	Organism	Month	Patients affected	Staff affected
Ogden Court	Flu A	January	6	4
Swaffham	Norovirus	January	4	1
Birch	Norovirus	February	13	10
Foxley	Covid19	March	2	0

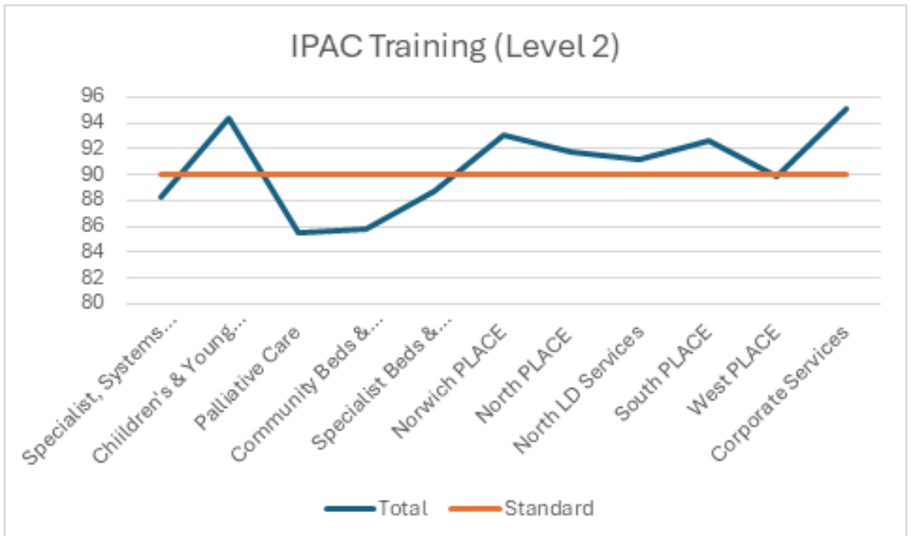
Staff flu vaccination programme 2024-25:

Doctors	85%
Nurses	41%
Other clinical	61%
HCAs/CAPs	27%
Clinical total	41.1%
Admin/Estates	49%
Overall total	**42.8%**



IPaC Training

IPaC training is provided by the IPAC team and e-learning with bespoke training where required. Level 1 training is non-clinical and Level 2 clinical staff.



Quality Assurance Tool

The Quality Assurance Tool (QAT) is a process where teams carry out a quality evaluation of the inpatient unit against a set of standards to gain levels of assurance. It is built on the philosophy of continuous quality improvement, identifying identification for quality improvement potential, the development of action plans, implementation, and subsequent re-evaluation.

The QAT introduces, and reinforces, the importance of self-reporting or assessment as part of the Trusts monitoring approach, encouraging self-reflection and focus. It allows staff to take ownership and responsibility for assessing the quality of their environments and putting action in place to address concerns. Equally, the QAT provides a form of assurance to stakeholders to whom they report e.g., regulators, commissioners.

The embedding of the QAT as part of internal governance frameworks demonstrates a commitment to quality improvement and transformation.

Next Steps:

Ongoing review

The QAT steering group continues to monitor and evaluate the tool, adding or amending questions following learning from areas such as feedback, incidents, complaints or from local focus areas.

Community QAT

The community QAT was piloted in West and North Places during 2024. A full evaluation and review have taken place, and final version has been created. Once the new data system is available in July 2025, this was be rolled out trust wide.

Additional QAT Developments

The steering group is exploring the development of tools for the following areas:

- Specialist community services
- Medicines Management

Conclusion

The QAT tool is becoming an integral part of audit process currently within the inpatient units. Targets set by individual teams continue to be monitored and if required action plans created. Anything critical that could impact patient/staff safety or clinical effectiveness would be addressed as a priority. The measures are also intended to be used to inform teams of any issues to mitigate and support a person's experience within our services.

Prioritising action in our most challenged services

Better For All

Our Community Nursing and Therapy teams are facing mounting pressures from various sources. These include the increasing complexity of patient needs, a rise in the number of patients requiring twice-daily insulin, and a surge in phlebotomy referrals and discharge-to-assess cases, all of which are impacting nursing and therapy waiting lists.

These challenges are contributing to a higher number of unallocated visits and deferrals across all our Places.

Using a data led approach the 'Better For All' community nursing and therapy redesign programme during 2024/25 and 2025/26 aims to identify the key areas that are driving the high numbers of unallocated visits and introduce a sustainable model to reduce these high numbers, whilst improving the quality of care delivered across clinical pathways. We will be increasing our use of digital solutions to support productivity and efficiency.

Key updates from 2024/25:
A single System One (electronic patient record system) unit designed and built to be rolled out during the summer 2025. This will include all community nursing and therapy, specialist palliative care, out of hours and urgent care response team in order to build resilience and ensure smooth, streamlined care.

Benefits of this include:

- Supporting a consistent triage pathway
- Enabling flex between planned and unplanned service support border working between places in times of escalation
- Providing a consistent service to patients by having access to streamlined & standardised templates, care plans and the service offered
- Improving visibility, a strong foundation and a consistent platform, improving communications and patient outcomes
- One platform enables all staff within the unit to receive digital updates and improvements at the same time

A community nursing triage performance framework is being embedded into the four teams with positive feedback and reception. Once the triage teams are on the new SystmOne unit there will be a further move towards a single virtual team ethos and working practice for triage.

The Palliative and End of life care work continues with the aim of having a single palliative pathway that is well co-ordinated across teams to improve the experience of our patients and their families. One of the main principles of the single palliative pathway is that care will be seamless and joined up to minimise the patients needing to contact multiple teams and repeatedly tell their story.

The Tissue Viability Team has expanded, and the wound care pathway is developing an action plan for 2025/26.

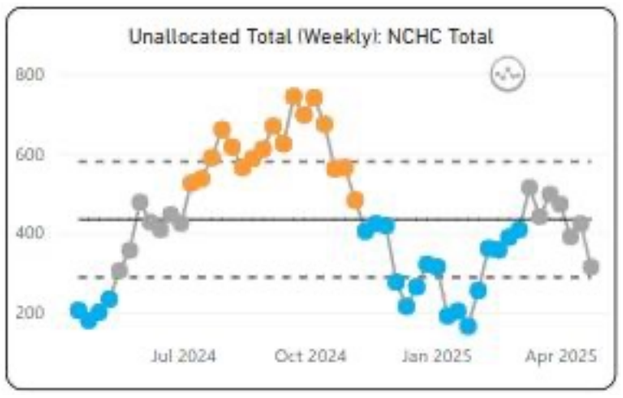
The Specialist Diabetes team has expanded following successful pilots and is now reviewing patients at home in each Place, supporting with insulin management.

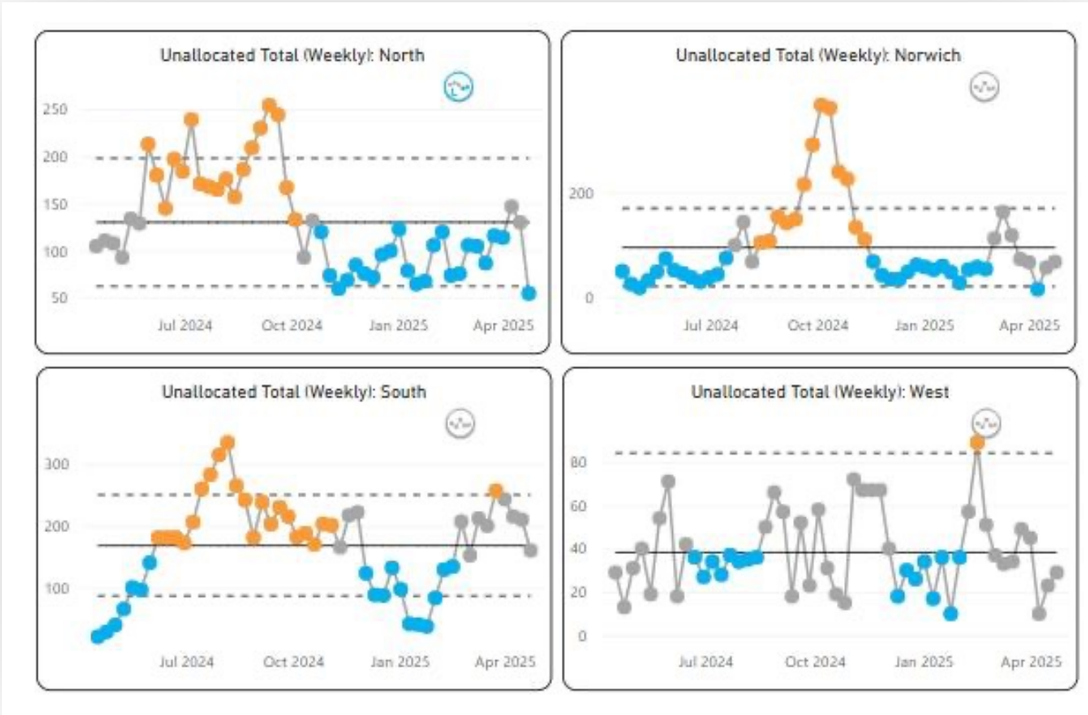
Community Nursing Service - unallocated visits

The community nursing teams are experiencing increasing pressure from a variety of different sources, including increasing complexity of patients, increasing numbers of patients receiving care at home and an increase in demand of patients requiring twice daily insulin and phlebotomy services. In addition to this, recruitment and retention of nurses and healthcare assistants in some teams is challenging leaving vacancies in teams, in addition to when sickness is high. These pressures are a contributing factor to the higher numbers of unallocated and rescheduled visits across the four Places.

Safety netting happens on a regular basis throughout the day to ensure that patients with the most urgent needs are prioritised. Where possible, we telephone patients to inform them that a visit will not be taking place, however this does not happen as often as we would like and does impact on the patient's experience and is a key feature in the feedback that we receive.

Each team and Place escalate any concerns Trust wide through operational meetings and safer staffing groups. Staff work flexibly across all areas to minimise the risk and meet patients' needs. NCH&C takes part in System calls throughout the day to update partner organisations and seek and offer support where required.





Palliative and End of Life Care

The palliative and end of life care (PEOLC) project group working under the remit of Better for All has focused on key developments to improve the way we support patients living with life limiting illness at home. These were identified from feedback and discussions that took place at three workshops arranged to bring together key staff working in different teams across all four Places, as well as patient feedback provided in bereavement calls, and via compliments and complaints. The Better for All work has also dovetailed with service development work happening at PBL following the move into the new hospice and new collaborative relationship with Priscilla Bacon Hospice Charity (PBHC).

The two areas of focus were:

- Improve the ways community and specialist teams communicate and coordinate care together
- Provide more support "upstream" when patients are still in the GSF green phase and more opportunities for advance care planning, what to expect and how to access the right services at the right time.

Actions taken during the year include:

- Specialist Palliative Care Nurses (SPCNs) joining daily operational meetings in each place
- A pilot in the West Place has commenced which involves SPCN and community nursing teams being able to put patients directly onto each other's triage waiting lists to avoid delays rather than going through formal referral processes. The aim is to test and finesse the processes prior to the teams being on the same SystmOne unit, and then roll the process out across all Places.

Plans for 2025/26:
During the next year, we will be developing a trust wide PEOLC action plan, working with system partners to improve the pathway for all patients and families.

Examples of planned work include:

- PBL Day Service being redeveloped and re-launched as a new "Living Well Centre" in conjunction with PBHC
- PEOLC community volunteers project- The Specialist Palliative Care Psychological Therapies team are co-creating a project which involves establishing a team of volunteers who have received appropriate training and support to be alongside patients and their families at the end of life. These may be patients who have recently been discharged from hospital, or patients whom community nurses have seen and identified a need for more pastoral or advance care planning support. The pilot will be based on a successful model which is already well established in Suffolk
- Improving access to PEOLC medicines in the community
- Improving PEOLC prescribing and the use of drug charts
- Improving the palliative care education programme for both NCH&C staff and care homes
- SystmOne optimisation to ensure templates and care plans enable accurate information gathering, provide outcome measures as well as ensuring appropriate individualised care

Special Educational Needs and Disabilities (SEND)

Situation
NCH&C currently does not have a reporting structure with regards to its input, influence and compliance with regards to Special Educational Needs and Disabilities (SEND). The SEND Code of Practice 2014 and the Children and Families Act 2014 gives guidance to health and social care, education and local authorities to make sure that children and young people with SEND are properly supported (NHSE 2025).

NCH&C services have a role with regards to SEND, primarily within the services commissioned for Children and Young People but also in some of our adult services as SEND covers up to the age of 25 years. NCH&C do report on training compliance with regard to SEND and how many Education Health and Care Plans we contribute to.

As a system Norfolk will receive a SEND inspection, this is a joint inspection with the Ofsted and the CQC.

Background
In summer 2024, Norfolk County Council the updated Norfolk Area Special Educational Need and/or Disability (SEND) and Alternative Provision (AP) Strategy for 2024-29 was published. The SEND and AP Strategy was co-produced by the community of practice and then consulted on widely through a series of community engagement events which took place across Norfolk.

The strategy sets out five themes each with priorities to improve the lives of children and young people with SEND in Norfolk:

- My learning and development
- My changes and new beginnings
- My adult life
- My family is supported
- My friends and activities

Norfolk Area SEND and Alternative Provision Strategy (NASAPS) - Norfolk County Council
The Joint Strategic Needs Assessment (JSNA) provides a picture of the health and wellbeing of the people of Norfolk. It also provides demographics and information on population levels and needs. The Health and Social Care Act 2012 requires Health and Wellbeing Boards to be responsible for producing a JSNA for their area. The JSNA is an evidence base for the board to sit alongside their strategy. It provides a central resource for commissioners and funding applications.
View the Norfolk JSNA briefing document.

Assessment

NCH&C Children and Young People services are engaging in the Norfolk SEND inspection preparation meetings, to ensure that we are able to:

- Effectively self-evaluate
- Develop meaningful action plans to close any gaps in evidence and or compliance.
- Support teams to manage their involvement in the inspection process.

Actions for 2025/26

- Develop a SEND group for NCH&C that shares good practice and monitors progress against mandated deliverables.
- Develop a governance reporting progress for the work plan.
- Consider working within the Group Model for CCS and NCH&C

Neurodevelopmental Service (NDS)

Background

The Neurodevelopmental Service (NDS) assesses children and young people up to the age of 18 years where there are concerns regarding possible neurodevelopmental disorders such as Autism Spectrum Disorder (ASD) and/or Attention Deficit Hyperactivity Disorder (ADHD).

Although the waiters continue to rise without significant system and referral pathway transformation, the growth of the caseload has been slowed by the new operating model. Due to the waiting times, the service receives a number of formal complaints from parents and carers.

Current Situation

There are over 7000 children waiting for an assessment. The average age of referral is approximately nine years of age, based on current referral data and pathway flow within the next two years children referred into the service will age out of the service before they are seen.

NCH&C Transformation

A transformation project has been running for eight months, key achievements of the project to date are:

- Development of a digital referral form to reduce administrative time and to ensure that all referrals have all the required supporting evidence in place prior to being sent.
- Improving the efficiency of our service.
- Development of a co-produced digital resource library for families and professionals to support families while they are waiting.
- Development of a new one-day assessment clinic, launching in April 2025 for children under the age of five and in May 2025 for children and young people over the age of five.

Next steps for NCH&C Transformation:

- Review of systems and processes for the assessment and diagnostic process for complex presentations that will not be suitable for the one-day assessment clinic
- Waiting list validations
- Waiting list initiatives developed with the system.

System transformation:

The system transformation is focussing on three key areas:

- Development of an early needs assessment tool
- Development of a universal training offer
- Development of an ND community Support Pathway

Transition of Care

NCH&C has established a Transition of Care Group which is a forum for NCH&C staff to discuss issues common to the transition of care for young people from services specifically commissioned for children and young people to services commissioned for adults. Meetings are held bi-monthly, and services are represented from across the Places in both adult and children's services.

We have developed NCH&C's first transition audit which was run through November with Children's services. The purpose of this clinical audit is to improve the transition experience for those young people and their families who use our services. By measuring our progress against national transition guidance and recommendations, the aim is to identify areas of good practice and areas in need of further development. The data is being analysed and will be presented the Clinical Effectiveness group in March 2025.

Children's services are continuing to develop their Transition pathways and building on the information and resources they provide to support young people and their families approaching transition who use our services. Work has started across the Children's teams to develop a Transition template for SystmOne which will support good practice when moving into adult healthcare services.

Squirrels held their first coffee morning in September 2024 which brought together several of the families whose young person is approaching transition to adult services. The morning enabled families to connect and share their experiences while the guest speakers enabled families to learn more about specific areas around transition. This was very well received by families and a further morning has been arranged for March. The Transition champion at Squirrels was able to present the work she has been doing at the Norfolk & Waveney Palliative & End of Life Care Transitions group.

In recognition of the need to develop services for young people with life-limiting and progressive health conditions who are transitioning into adult services, the ICB have provided short-term funding to establish monthly family drop-in sessions to support these young people and their families.

The sessions are alternating between EACH (Norfolk), the Louise Hamilton Centre, Tapping House and Pricilla Bacon Hospice. They are an opportunity for these young people and families to find out about adult services and for us to understand what support young people and families may need as they navigate transition. The first session at PBH was run on 25/01/25. There were x4 young people and their families who attended who all shared in some fun activities, coffee and a chat.
The session at PBH was well received; the Transition Nurse from Squirrels and the Children's Quality Matron attended and were a familiar face to some of those in attendance.

There were some wonderful moments of connection and equally moments where emotions ran high, and feelings of vulnerability expressed. Families agreed they would like to come again.
A second Family drop-in session at PBH is planned for the end of March. PBH Charity were represented at this first drop-in session and are looking at ways in which they too can further support these sessions. This opportunity has been based on the "Zest" model in Suffolk which has proved to be highly successful.

Wheelchair Service

Background

The wheelchair service has faced significant challenges, prompting the development of a business case to address critical issues affecting the service.

Key drivers for this included:

- **Patient Safety:** Mitigating risks associated with delays in equipment provision.
- **Staff Retention:** High turnover rates impacting service continuity.
- **Budgetary Pressures:** Escalating costs and inefficiencies.
- **High Levels of Complaints:** Indicating patient dissatisfaction and service shortfalls.

Progress and Transformation

In January 2024, the service had a caseload of 1,313. Through targeted transformation efforts, the caseload has been reduced to 948 as of January 2025. This progress has been achieved through a series of strategic initiatives:

1. Smarter Working: Issuing basic equipment (direct issue model) to low-risk patients, enabling quicker resolutions and reducing backlog.
2. Team Development: Expanding the team's skill mix to ensure more efficient use of expertise and improved staff retention.
3. Process Review: Streamlining workflows and processes to eliminate inefficiencies.
4. Supplier Collaboration: Partnering with suppliers to run independent clinics, improving service delivery and accessibility.
5. Administrative Upskilling: Training administrative staff to better support the patient pathway and alleviate clinical burdens.

Future Plans for 2025/26

Building on the success of 2024, the service aims to:

- Continue expanding direct issue provision, ensuring more patients receive timely support.
- Further embed smarter processes to sustain efficiency and productivity.
- Leverage the asset database to optimise the management of stores, ensuring better resource utilisation and reduced waste
- Ambition to transition to electronic referrals, to facilitate easier, faster and more appropriate referrals and reduce administrative inefficiencies

These ongoing efforts will strengthen the wheelchair service, improving outcomes for patients while addressing systemic challenges.

Closing Statement

The last twelve months have seen continuous improvement and innovation to improve the services we deliver, despite the enormous challenges of delivering health and care through sustained system pressures. We continued to deliver our vision through the care, compassion and resilience of our staff and outstanding leadership during unprecedented times. Thank you to all staff and service partners who have made this possible.

We look forward to continuing to serve the population of Norfolk as we head into another year of working towards achieving our annual priorities and playing a key role in delivering community health and care as part of the local integrated care system.

Glossary of terms for the Quality Account 2024/25

Advance Care Plan
An advance care plan is a written statement that sets out your wishes your future care and offers people the opportunity to plan their care and support, including medical treatment, while they have the capacity to do so.

Average Length of Stay
The average length of stay refers to the average number of days that patients spend in hospital. It is generally measured by dividing the total number of days stayed by all inpatients during a year by the number of admissions or discharges.

Care Opinion
Formerly known as 'Patient Opinion' this is an online platform to enable people to share honest feedback on their experiences of health and care services. See www.careopinion.org.uk/.

C. Diff: Clostridium Difficile
A form of bacteria that is present naturally in the gut of around two thirds of children and 3% of adults. On their own they are harmless, but under the presence of some antibiotics, they will multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever. At this point, a person is said to be infected with C. diff.

CQC: Care Quality Commission
An independent organisation that checks whether hospitals, care homes and care services are meeting government standards.

DSPT: Data Security and Protection Toolkit
The DSPT is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' DSPT assessments.

DATIX risk and incident database
DATIX is a web-based risk management monitoring tool that aids NCH&C staff in the reporting and management of incidents, risk, complaints and PALS enquires.

Delayed Transfer of Care
A delayed transfer of care occurs when a patient is ready for discharge from acute or non-acute care and is still occupying a bed.

Dementia
Dementia is a long-term condition. Symptoms include change of thinking speed, mental agility, language, understanding, judgement as well as memory loss, cognition, health and behaviour changes experienced by the person and their family / carer. Each affected person will experience dementia differently.

DPA: Data Protection Act (1998) – also see GDPR
The Data Protection Act 1998 requires every organisation processing personal data to register with the Information Commissioner's Office (ICO) unless they are exempt.

DPO: Data Protection Officer
A DPO is a leadership role required by the General Data Protection Regulation (GDPR). DPO's are responsible for overseeing data protection strategy and implementation to ensure compliance with GDPR requirements.

DoLS: Deprivation of Liberty Safeguards
The DoLS are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

EDT: Executive Directors Team
The team of executive directors of NCH&C, that meets weekly.

FFT: Family and Friends Test
A nationally driven patient satisfaction survey using the question 'Would you recommend this service to your friends and family?'.

FTSU: Freedom to Speak Up
This programme ensures that NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result, that appropriate action is taken when concerns are raised by NHS workers and where NHS whistle-blowers are mistreated, those mistreating them will be held to account.

GDPR: General Data Protection Regulations
The General Data Protection Regulation (Regulation (EU) 2016/679) is a regulation by which the European Parliament, the Council of the European Union and the European Commission intend to strengthen and unify data protection for all individuals within the European Union.

IG: Information Governance
Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

KPI: Key performance indicator
Key performance indicators help an organisation to define and measure progress towards organisational goals.

LD: Learning disability
A learning disability affects the way a person learns new things in any area of life. It affects the way they understand information and how they communicate.

LeDeR Programme: Learning Disabilities Mortality Review Programme
The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere. It is not an investigation nor is it aimed at holding any individual or organisation to account.

Learning from patient safety events (LFPSE)
The Learn from Patient Safety Events (LFPSE) service is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare. The service introduces a range of innovations to support the NHS to improve learning from the over 2.5 million patient safety events recorded each year, to help make care safer.

LFPSE is currently being introduced across the NHS as organisations switch to recording patient safety events onto the new LFPSE service, rather than the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) it is replacing.
www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/learn-from-patient-safety-events-service/

MCA: Mental Capacity Act 2005
The Mental Capacity Act (MCA) provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

MRG: Mortality Review Group
All deaths (including unexpected deaths) are reviewed by the MRG to ensure that any trends and learning are appropriately disseminated. This group reports to Quality Committee and upwards to the Trust Board.

MRSA: Methicillin-resistant Staphylococcus Aureus
A bacterium responsible for several difficult-to-treat infections in humans due to its resistance to methicillin and other beta-lactam antibiotics. MRSA is especially troublesome in hospitals and nursing homes, where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.

NCH&C: Norfolk Community Health and Care NHS Trust
We are a community NHS trust serving a population of 1.5 million people, in and around Norfolk and Suffolk. Our aim is to constantly improve our patients' lives by providing you with the best care, close to where people live.

NED: Non-executive Director
A non-executive director is a member of the Board appointed by the Appointments Commission, to hold the executive to account, bring independence, external skills and perspectives and challenge on strategy development, risk management, shaping culture, and the integrity of financial and quality intelligence.

NEWS2: National Early Warning Score 2
NEWS2 is a tool which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

NHSI: NHS Improvement
NHSI is responsible for overseeing NHS trusts and independent providers that provide NHS-funded care. NHSI offers providers support to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.https://improvement.nhs.uk/

NICE: National Institute for Health and Clinical Excellence
The National Institute for Health and Clinical Excellence provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

Norovirus
The most common cause of upset stomach. It's sometimes called 'small round structured virus' (SRSV) or 'Norwalk-like virus'. However, most people are familiar with it as 'the winter vomiting bug' because they're most likely to catch it during the winter months. The main symptoms are diarrhoea and vomiting. Some people also experience fever, headache, stomach cramps or aching limbs. Although it's an unpleasant illness, it is generally mild and people usually recover within two to three days of being infected.

NRLS: National Reporting and Learning System
Through the National Reporting and Learning System, the Patient Safety Division collects confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts help analyse these reports to identify common risks and opportunities to improve patient safety.

PALS: Patient Advice and Liaison Service
The Patient Advice and Liaison Service has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

Patient Safety Incident Response Framework (PSIRF)
The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.
www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/

PLACE: Patient-Led Assessments of the Care Environment
This is the annual system for assessing the quality of the patient environment and applies to hospitals, hospices and day treatment centres providing NHS funded care. The assessments will see local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness and general building maintenance.
www.england.nhs.uk/ourwork/qual-clin-lead/place/

PREM: Patient reported experience measure
Patient-reported experience measures (PREMs) are psychometrically validated tools (e.g. questionnaires) used to capture patients' interactions with healthcare systems and the degree to which their needs are being met.

Pressure ulcer
Pressure ulcers are injuries that break down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as 'bedsores' or 'pressure sores'. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

ReSPECT: Recommended Summary Plan for Emergency Care and Treatment
The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

SBAR: Situation, Background, Assessment, Recommendation
The SBAR communication tool can be used to facilitate prompt and appropriate communication. This communication model has gained popularity in healthcare settings, especially amongst professions such as physicians and nursing.

Starfish Learning Disability Child and Adolescent Mental Health Service (Starfish LD CAMHS)
This service offers interventions to children / young people who have a diagnosed learning disability who present with challenging behaviour and or emerging mental health difficulties.

Starfish + Service
Starfish+ is a specialist learning disability service that provides an intensive multi-disciplinary therapeutic approach to children and young people up to 18 years.

S1: SystmOne
SystmOne is a centrally hosted clinical computer system developed by The Phoenix Partnership. It provides clinicians and health professionals with a single shared Electronic Health Record available in real time at the point of care.

VTE: Venous Thromboembolism
A blood clot that forms within a vein.

NHS

Norfolk Community Health and Care

NHS Trust