



**Norfolk Community  
Health and Care**  
NHS Trust

# **Norfolk Community Health & Care NHS Trust**

## **Quality Account 2025 – 2026**



# Quality Account 2025/2026

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## Map of Trust geographical area and summary of services

# A map of our services



**Norfolk Community  
Health and Care**  
NHS Trust

We provide our services to people where they most need them, including in patients' homes, community clinics, care homes and schools.

This map shows the broad area our staff cover. In each location we have either an office, inpatient unit, hospital or health centre. This makes it easier for us to get out to our patients, and for our patients to access our services.



- Acute Diabetic Foot Podiatry Team
- Admission Avoidance
- Amputee Rehabilitation
- Biomechanics
- Bladder and Bowel Health
- Cardiac Rehabilitation
- Cardiac Vascular Disease
- Children's Community Nursing
- Children's Epilepsy
- Children's Occupational Therapy
- Children's Psychology
- Children's Short Breaks
- Community Access Team
- Community Matrons
- Community Nursing and Therapy
- Community Paediatricians
- Community Podiatry
- Chronic Obstructive
- Diabetes

- Dietetics
- Epilepsy
- High Intensity User Service (Frequent attenders)
- Heart Failure
- Inpatient Rehabilitation
- Inpatient Specialist
- Stroke Rehabilitation
- Lymphoedema
- MSK Physiotherapy
- MSK Occupational Therapy
- Neurology
- Neurological Rehabilitation
- Occupational Therapy
- Pulmonary Disease

- Orthopedic Triage
- Out of Hours Unplanned Care
- Oxygen Management
- Palliative Care
- Phlebotomy
- Podiatry
- Post COVID Service
- Pulmonary Rehabilitation
- Specialist Nursing
- Specialist Paediatric
- Contingence
- Speech and Language Therapy
- Tissue Viability
- Tuberculosis Adult and Children's Service
- Wheelchair Service

# Part 1

## Introduction

A Quality Account is an annual report that NHS healthcare providers publish to inform patients, service users, staff, partners, and the wider public about the quality of the services they deliver.

The reports help organisations demonstrate how they monitor quality, where they have improved, and what their priorities are for the year ahead. Quality Accounts focus on three key areas:

- Patient safety
- Effectiveness of care and treatment
- Patient experience and feedback

We are pleased to introduce our latest Quality Account, which looks back on providing community-based NHS services. 2025/2026 has been both challenging and rewarding, and through the dedication, compassion, and resilience of our staff, we have achieved a great deal. However, there is more to do, and this report sets out some of the service areas we know we need to improve and provide care in a different way.

The Trust will continue to work collaboratively with patients, families, carers, and partners to provide a safe, personalised experience.

Our Quality Account is split into three parts:

<p style="text-align: center;"><b>Part 1</b></p> <p>Statements about our quality from the Chief Executive, Chief Nursing and AHP Officer and Chief Medical Officer.</p>	<p style="text-align: center;"><b>Part 2</b></p> <p>Priorities for the Trust to improve the quality of our care during 2026/2027.</p> <p>Statements about the quality of services provided by the Trust which also allow readers to compare us against similar organisations.</p>	<p style="text-align: center;"><b>Part 3</b></p> <p>A review of quality performance.</p> <p>This demonstrates how the Trust has performed throughout 2025/2026</p>
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## Statement on Quality from the Chief Executive

Welcome to the 2025-2026 Quality Account for Norfolk Community Health and Care NHS Trust (NCH&C).

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. It highlights the excellent work taking place across the Trust, and the areas that we will continue to work on.

This year we embraced a new Group model and were subsequently authorised to merge with Cambridgeshire Community Services NHS Trust (CCS), on 1 April 2026, to become the East of England Community Health and Care NHS Trust (EEC).

We have maintained our progress with embedding consistent models of operation across Places, through our delivery of services in partnership with Norfolk County Council to support people to live well at home and minimise any time spent in hospital.

Trust wide engagement has been undertaken to identify and embed a consistent approach to raising standards in our services and embedding a new Quality Improvement approach. Key focuses in the year included:

- New 'waiting well' standards and processes
- Implementing consistent Quality Improvement processes, training and resource across both Trusts in preparation for merger on 1 April 2026
- Development of a trust wide co-production and community engagement model
- Implementation of the waiting well audit outcome
- A review of training and education
- Merging of safeguarding policies, processes and learning across the Trusts

We have also continued to focus improvement activity across Wheelchair services and Neurodevelopmental services which have both seen improvements in service delivery, as well as Palliative and End of Life care.

A series of engagement events were held with our new NCH&C Youth Forum to support meaningful engagement and coproduction for the new Children's Neurodevelopmental Project. Hearing directly from children and young people has helped shape service development and strengthened the child centred approach within service redesign.

Throughout this year service user/patient feedback has remained highly positive. Of the 3,450 individuals who responded to the Friends and Family Test question during the year, 96.94% reported that the service they received was very good or good. This

reflects our continued emphasis on compassionate, person-centred care, as well as the commitment of staff across all services to improving experience and outcomes.

Interest in volunteering remains high. Between April and December 2025, 275 new volunteer applications were received, representing a 35.5 percent increase compared to the same period in the previous year. This growth reflects the work of the NCH&C Volunteer Service, delivered by Voluntary Norfolk, to engage with local communities and promote volunteering opportunities.

As we move forward as a new Trust in 2026/2027, we will create a specialist community health and care organisation that enhances care, strengthens services, and builds resilience. We're excited about the opportunities of 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 2025/2026.



**Matthew Winn, Chief Executive Officer**

A handwritten signature in black ink, appearing to read 'M Winn', with a long horizontal flourish extending to the right.

## Statement from Chief Nurse and Chief Medical Director

We are delighted that this year's quality account demonstrates the achievements we have made together, and the impact of these changes on our colleagues, patients and carers. We know that our teams have been dedicated in their approach to provide high standards of care and treatment for those we serve and have worked tirelessly within our services to achieve this.

The Trust has been focussed on several areas this year in its efforts to ensure the quality of care we provide is evidence based, safe and holistic. We have further developed our approach to clinical audit and during 2025–2026, a total of 560 patients receiving NHS services provided or subcontracted by the Trust were recruited into research studies.

In the past year we have started to expand our co-production work and have connected with our communities to develop our new Clinical and Care Strategy. We have ensured that the Patient Safety Incident Response Framework is our standard practice for responding to incidents, providing us with assurance that we are taking learning from issues and sharing best practice across our organisation.

As a Trust we continue to have the wellbeing of our people at the forefront of what we do, we were delighted that the staff survey results showed improvements in some of our key areas, and whilst we recognise there is always more we can do, we were proud of our progress and the steps to improve our 'people's experience' which have been undertaken in the past year. This Quality Account demonstrates how much we have achieved in the last twelve months and how we have met our plans and targets through hard work, passion and determination. We do however recognise there is more to do to ensure those who are waiting for assessment or treatment are supported and are seen as soon as possible, this will be a key focus for us in 2026-2027.

Moving forward, we are excited to be merging with Cambridgeshire Community Health Service NHS Trust on the 1 April 2026 to form a new organisation, the East of England Community Health and Care NHS Trust. As a joint Trust we will have many more opportunities to improve patient care and make a difference to our communities.

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



**Kate Howard, Chief Nurse**

*Kate Howard*



**Caroline Kavanagh, Chief Medical Officer**

*Caroline Kavanagh*

## PART 2

### Priorities for Improvement and Mandated Statements of Assurance

### Part 2: Priorities for Improvement and Statements of Assurance

#### Quality Improvement Priorities for 2026-2027

As we move into 2026/27, we look forward to beginning this next chapter as the East of England Community and Care NHS Trust. A new Clinical and Care Strategy will guide how we deliver high-quality, community-focused care to the diverse populations we serve across the East of England. This strategy aligns with the principles of the NHS *Fit for the Future* 10-year plan, supporting three major shifts:

- From hospital to community: expanding access to care in people's homes and neighbourhoods.
- From analogue to digital: using technology to reduce administrative burden and enable people to manage their care as easily as they manage other aspects of their daily lives.
- From sickness to prevention: identifying needs earlier and making healthier choices easier for all.

#### **Our Mission**

To deliver great health and care services in our local communities.

#### **Our Values**

- Integrity
- Compassion
- Inclusion
- Ambition

#### **Our Vision**

Transforming lives and building healthier communities together.

To achieve this vision, our improvement priorities will focus on four core areas:

1. Best Start in Life – giving every child the foundations for lifelong health.
2. Support for Children and Young People with Complex Needs – ensuring coordinated, high-quality care across health, education and social care.
3. Neighbourhood Care – strengthening place-based, integrated care models delivered closer to home.
4. Unscheduled Care – improving responsiveness, safety and experience for people needing urgent community-based support.

Each priority has a comprehensive plan linked to it, which provides clarity in relation to specific timescales, actions, and outcomes.

Delivery of the strategy is underpinned by four Trust wide priorities:

- Putting people in control of their care
- Valuing our colleagues
- Working in partnership
- Innovating and transforming our organisation

Progress against the strategy is monitored through the Trust's governance arrangements and reviewed by the Trust Board.

#### **Delivering the Strategy in 2026–2027**

For 2026–2027, the first year of the Clinical and Care Strategy will be achieved through:

- Annual service plans, which set out service level quality, performance and improvement commitments.
- Support service plans, aligned to the Trust's annual plan headings of People, Quality and Digital, which ensure that the foundations for safe, effective and sustainable care are in place.
- A compassionate, inclusive and skilled workforce supported through leadership development, wellbeing initiatives, harmonised policies and clear career pathways.
- Strong clinical governance, safeguarding, harm prevention and assurance processes across the organisation.
- Digital and data capabilities that improve access, safety, coordination and productivity, including patient portals, virtual care, automation and AI-enabled solutions.

Together, these plans inform the Trust's Quality Improvement Priorities, set out below.

#### **Priority Area 1: People**

To have a compassionate, inclusive and skilled workforce that is supported to deliver high-quality, neighbourhood-based care and new models of service delivery. We know that safe staffing, improved staff experience and strong leadership are critical to maintaining quality and safety while implementing the Clinical and Care Strategy.

#### **Key Priorities for Improvement**

- Ensure staff are skilled, supported and engaged during a period of organisational change and service transformation.
- Building workforce capacity and capability to deliver community based, preventative and integrated care.
- Improve staff experience, wellbeing and retention.

#### **We will achieve this by:**

1. Embedding Trust values and ethos across all services and people related processes following the merger.
2. Delivering inclusive leadership, supervision and competency frameworks that support developing new models of neighbourhood care, frailty services, urgent community response services, and services for children and young people.

3. Supporting services to deliver workforce redesign within their annual plans, including reducing reliance on temporary staffing and developing advanced and extended clinical practice roles.
4. Investing in learning and development, including apprenticeships, advanced clinical practice, and development of digital skills to support transformed models of care.
5. Strengthening staff wellbeing, health and safety arrangements, including support for staff experiencing increased workload pressures linked to service recovery and transformation.
6. Strengthening delivery of the Violence Prevention and Reduction Standards to prevent and reduce the experience of violence and aggression across all staff groups.

## **Priority Area 2: Quality**

To deliver safe, effective and equitable care that improves outcomes, reduces unwarranted variation and responds to the needs and experiences of local communities. We know that quality and safety are central to all service plans and are monitored through robust governance and assurance structures, providing oversight to the Trust Board and commissioners.

### **Key Priorities for Improvement**

- Address waiting times and access challenges across community and specialist services.
- Strengthen safeguarding, harm prevention and clinical governance across the new organisation.
- Improve consistency of outcomes and experience across all geographies.

### **We will achieve this by:**

1. Supporting services to deliver their annual quality and recovery commitments, including reducing long waits and improving access to care.
2. Strengthening “waiting well” and harm review processes to ensure that risks for people waiting for care are identified, mitigated and monitored.
3. Aligning safeguarding policies, procedures and training across the Trust, with sustainable arrangements for specialist advice and on call support.
4. Expanding the use of patient reported outcome measures and patient feedback across services to monitor and improve patient outcomes.
5. Delivering a Trust wide Anti-Microbial Resistance plan in line with national requirements.
6. Developing and implementing a strategy to further meet the needs of patients and carers with dementia or experiencing mental ill-health.
7. Embedding quality impact assessments to ensure that productivity and efficiency schemes do not adversely affect patient safety or experience.
8. Strengthening learning from incidents, complaints and audits, ensuring that learning is shared across services and leads to measurable improvement.

## **Priority Area 3: Digital**

To use digital technology and data to improve access, safety, productivity and patient involvement, while supporting staff to work more efficiently.

## **Key Priorities for Improvement**

- Improve access to services through digital channels while ensuring equity for people who are digitally excluded.
- Strengthen the use of data to support proactive, population-based care and service improvement.
- Reduce administrative burden for clinicians.

### **We will achieve this by:**

1. Expanding patient access through digital platforms, including patient portals, online booking, self-referral processes and improved information across services for children and young people, musculoskeletal services, dental services, contraception and sexual health services, and adult community services.
2. Supporting services to deliver digital commitments within their annual plans, including virtual wards, mobile working solutions, digital triage and remote monitoring.
3. Improving data quality, reporting and insight through national data platforms and service level dashboards to support decision making.
4. Implementing enabling technologies such as ambient voice technology, automation and advanced digital tools to release clinical time and improve productivity.
5. Ensuring that digital developments support neighbourhood working, integrated care and coordinated delivery across partner organisations.

Each priority is supported by detailed delivery plans with clear actions, timescales and outcome measures, and progress is monitored through the Trust's governance and assurance framework.

## **Mandated Statements of Assurance**

### **2.1 Review of Services**

During 2025/2026, the Trust has been privileged to provide a wide range of community-based NHS and care services to people in their own homes, inpatient units, and clinics across Norfolk.

The Trust has reviewed all available information and data relating to the quality of care provided across the NHS services we deliver. This review draws on a comprehensive range of sources, including performance data, clinical audits, patient experience feedback, safety reporting, and external inspections.

This information has been used to assess how effectively services are delivering safe, effective, and compassionate care, identify areas of good practice, and highlight opportunities for further improvement. Assurance regarding the quality of care is maintained through robust governance arrangements, with learning and improvement actions overseen at both operational and Board level.

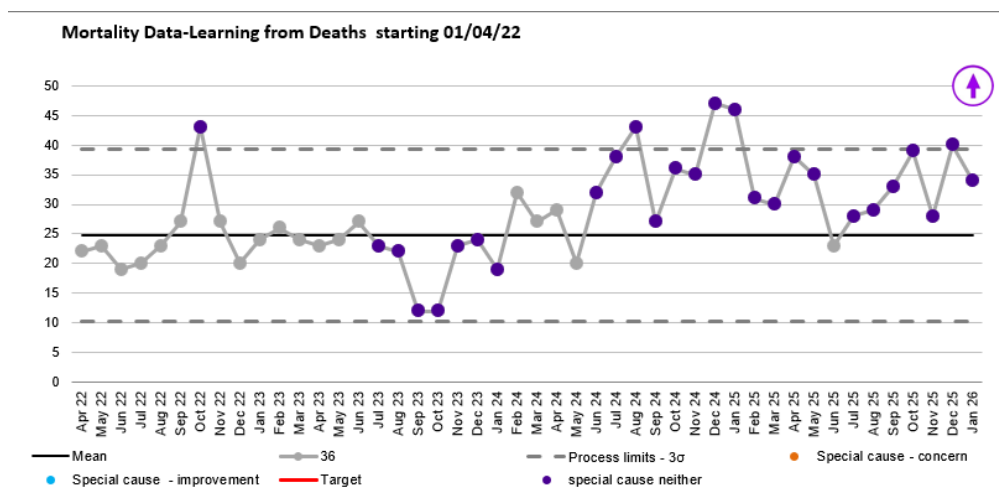
### **2.2 Learning from Deaths**

During 2025/2026, the Learning from Deaths Group met regularly in line with Trust policy and the National Quality Board Guidance (2017). The group reviewed data and reports from our Inpatient Services, including Generalist Rehabilitation Units,

Specialist Rehabilitation Units, and Priscilla Bacon Hospice, as well as beginning to review information from all our Adult Community Services. This ensured learning from all areas of care was captured, shared, and used to support improvement in patient safety and quality at this most precious time.

Most deaths we report are expected and occur as part of normal end-of-life care. When a death is unexpected, we carry out a thorough review to understand what happened and to see if there are improvements to our services that can be made. This includes examining patient safety incident reports, coroners' recommendations, Child Death Overview Panel (CDOP) findings, Learning from Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) reviews, and relevant safeguarding information. In addition, every inpatient death undergoes a Level 1 Mortality Review.

Review of our data shows that around three-quarters of all deaths occurring under our inpatient care take place at Priscilla Bacon Hospice, reflecting the specialist palliative and end-of-life care provided at the hospice.



The group also considered wider developments and external learning. This included reviewing the national extension of the Medical Examiner system to cover all deaths, as well as relevant Regulation 28 Prevention of Future Deaths recommendations, including those relating to wound care and community services.

From this work, a number of key themes were identified for development during 2026/27:

- **Quality of end-of-life care experience**
- **Support available to families**, including before and after bereavement
- **Strengthening feedback and engagement** with service users and system partners
- **Improving the use of data and insights** to guide future and current service development
- **Embedding the National Six Ambitions Framework** as the quality standard for end-of-life care

These priorities will guide the ongoing development of a consistent, compassionate, and learning focused approach across the new Trust.

### 2.3 Participation in Clinical Audits

The Clinical Effectiveness and Quality Improvement Group (CEQIG) plays a central role in overseeing and supporting clinical audit activity across the Trust. National, Trust-wide, and local audits are routinely reviewed and discussed at monthly CEQIG meetings. This process ensures that learning from audit is shared across services, and that action plans arising from limited-assurance audits are completed and embedded into practice.

#### National Clinical Audit Programme Progress

At the start of the year, CEQIG planned participation in seven national clinical audits. One of these, the Sentinel Stroke National Audit Programme (SSNAP), underwent significant national dataset changes in Quarter 4 of 2024/25. These changes were successfully implemented, enabling data submission to continue as planned. Submission of data for the remaining seven national audits continued throughout the year.

#### Trust-Wide and Local Audit Programme Progress

At the beginning of 2025/2026, the Trust carried forward a backlog of three Trust-wide and five local audits from 2024/2025, largely aligned to system-wide pressures and operational challenges.

- Two of the delayed audits have since been completed.
- One audit was postponed due to internal staffing changes.

The team concluded the year with eight of the eleven planned Trustwide audits completed. The remaining audits will be incorporated into the 2026/2027 audit schedule to ensure completion.

#### Learning Highlights

A key area of learning this year was delivered through the ReSPECT audit\*, which resulted in system-wide improvements. Working collaboratively with acute partners, NCHC helped standardise the approach to ReSPECT conversations and documentation. This collective work has strengthened consistency and quality across the wider health and care system.

*\* **ReSPECT** is a personalised plan of care that records a person's wishes about their care and treatment in an emergency. It helps healthcare professionals understand what matters to the person and make decisions that are right for them if they are unable to speak for themselves.*

## National Audits

Trust Audit Reference	Name	Status
25-N-1	Sentinel Stroke National Audit programme (SSNAP)	On schedule
25-N-2	National Respiratory Audit Programme (NRAP) - Pulmonary Rehab	On Schedule
25-N-6	National Audit of Cardiac Rehabilitation (NACR)	On Schedule
25-N-9	Parkinson's UK Audit	On schedule
25-N-10	National Audit of Care at the End of Life (NACEL)	On schedule
25-N-4	National Diabetic Footcare Audit	On Schedule

## *2024/2025 Trust-wide Clinical Audit (carried over to 2025/2026)*

Trust Audit Reference	Name	Status
24-T-5	Deprivation of Liberty Safeguards (DoLS)	Completed
24-T-8	Resuscitation - Skills and Equipment	Completed

## *2025/2026 Trust-wide Clinical Audit*

Trust Audit Reference	Name	Status
25-T-1	Controlled Drug Audit Findings	Completed
25-T-9	Resuscitation - Skills and Equipment	Completed
25-T-2	Red to Green	Completed
25-T-3	Respect Audit	Completed

25-T-11	Mental Capacity Act	Completed
25-T-12	Houdini Audit	Completed

#### 2024/2025 Local Clinical Audit (*carried over to 2025/2026*)

Trust Audit Reference	Name	Status
25-L-1	A local audit of ADHD diagnoses in school aged children according to the NICE Guidelines CG87	Completed
25-L-2	Clinical audit to review NCH&C's progress in implementing good practice guidance around Transition	Completed
25-L-3	Mouthcare Audit	Completed

#### 2025/2026 Local Clinical Audit

Trust Audit Reference	Name	Status
25 –L- 2	Inpatient Nutrition Board	Completed

#### 2026/2027 Local Clinical Audit

Trust Audit Reference	Name	Status
25 –L- 4	Audit of psychological provision across Level 1 and 2 neurorehabilitation services in the UK	On Schedule

### 2.4 Clinical Research

During 2025–2026, a total of **560 patients** receiving NHS services provided or subcontracted by the Trust were recruited into research studies that had received approval from an independent Research Ethics Committee. Across the year, the Trust supported **18 research studies**, with **89%** funded or supported by the **National Institute for Health and Care Research**, the main body responsible for health and care research in England.

## Clinical research programme

The Trust continues to strengthen its research capability, both as a site that delivers research studies and as a service that helps to identify patients who may be eligible to take part. During 2025–2026, active recruitment took place across all 18 studies, including two commercially funded studies, both of which began recruitment during the year. This represents an improvement in commercial research activity compared with 2024–2025.

Although the overall number of participants recruited to nationally supported research studies was lower than the previous year, national benchmarking data showed that the Trust achieved the **third-highest recruitment total** among its ten most similar NHS trusts in England. This marks an improvement from **fifth place in 2024–2025**, demonstrating strong relative performance despite increased national pressures on research delivery.

### Highest-recruiting studies

- **ELSA study** – Screening children and young people to identify early risk of type 1 diabetes
  - 440 children recruited during 2025–2026
  - 1,307 children recruited since the study began
- **Commits study** – Evaluating whether a structured talking therapy supports people who have had a stroke to adjust to their diagnosis and reduce symptoms of depression
  - 23 patients recruited during 2025–2026
- **ART Transition study** – Exploring how remote digital technology can support young people with attention deficit hyperactivity disorder during key life transitions
  - 22 young people recruited during 2025–2026

### Highest-recruiting studies supported by the Agile Research Team

(Agile Research Team working across wider care settings, including non-NHS environments).

- **OPTMISE2 study** – Exploring the safe reduction of blood pressure medication
  - 85 participants recruited
- **Indigo study** – Investigating the impact of digital support for people living with cancer
  - 2,629 participants recruited
- **ADHOC study** – Measuring the impact of a digital social intervention and peer support on wellbeing for people with asthma
  - 498 participants recruited

### Timeliness of research set-up

The Trust has maintained consistently strong performance in setting up research studies quickly:

- **90% of studies** recruited their first participant within **90 days** of site selection or regulatory approval
- When compared with the ten most similar NHS trusts, we demonstrated some of the **fastest set-up times for non-commercial research**, with an average of **30 days**

## Key research achievements during 2025–2026

- The Trust received £27,500 in National Institute for Health and Care Research capability funding, recognising recruitment of more than 100 participants in the previous year
- The Primary Care Research Team, hosted by the Trust, merged with the Agile Research Team to create a single, streamlined research service covering general practice, schools, prisons, care homes and other community settings
- The Community Research Team and Dietetics Team became the first site in the United Kingdom to recruit a participant to the Nutricia Plant-Based Study
- The Trust continued to play an active role in the Norfolk and Waveney Integrated Care System Research Leadership Group, contributing to the delivery of the system-wide Research and Innovation Strategy.

Prior to the merger, the NCHC Research team have met quarterly with the CCS research team and have discussed future initiatives, shared learning and how to increase the research profile across our merged organisation in 26/27. The CMO was also a panel member on a regional research day regarding Research in the Community- shifting the dial supporting the 10year plan.

## 2.5 CQC Registration

The Trust is required to be registered with the Care Quality Commission (CQC) and is currently registered under provider ID RY3 (see: [www.cqc.org.uk/provider/RY3](http://www.cqc.org.uk/provider/RY3)). The Trust's registration certificate confirms that it is registered to provide the following regulated activities:

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

The Trusts' last CQC inspection, was carried out between 21 February and 23 March 2018. The full inspection report is available to download from the CQC website at: [www.cqc.org.uk/provider/RY3/reports](http://www.cqc.org.uk/provider/RY3/reports).

\* The Trust's registration for assessment or medical treatment for persons detained under the Mental Health Act 1983 was subsequently requested for deregistration following a review of updated CQC guidance regarding registration requirements for this activity. The Trust continues to provide holistic, person-centred care and support to all patients, including addressing mental health needs, within the scope of its registered regulated activities and service responsibilities.

## 2.6 Mandated statement: Data Quality

The Data Quality Maturity Index is based on information submitted to three national NHS data collections: hospital inpatient care, community health services and mental health services. These national submissions are used to assess how accurate, complete and consistent data reporting is across NHS organisations.

In 2025–2026, the Trust achieved 95.4% compliance, representing a slight improvement from 94.5% in the previous year. This reflects ongoing work to improve

the quality of data recorded across all services, supporting better patient care, safer decision-making and more reliable reporting at both local and national levels.

### **Steps towards improving our data quality**

While the Trust's overall data quality performance remains above the national average, continued improvement is a key priority. Within the national data collection for community health services, performance has varied slightly during the year.

The completeness of recording for people's ethnic background has reduced marginally, from 86% to 84%, indicating a need for further focus in this area. In contrast, the recording of preferred language has shown a small improvement, increasing from 72% to 72.3%.

The Trust is continuing to work with services to improve the accuracy and completeness of this information, recognising its importance in understanding population needs, addressing health inequalities and supporting safe, personalised care.

The Trust continues to promote the use of the Fair Access Template, which helps staff to consistently record important information such as a person's ethnic background and preferred language. Collecting this information supports teams to better understand individual needs and ensures that care is delivered in a way that is appropriate, fair and accessible for all patients.

### **2.7 Data Security & Protection Toolkit attainment level**

The Trust was fully compliant with all mandatory requirements of the Data Security and Protection Toolkit, the national NHS assessment that measures how well organisations KPI protect patient information. For 2025–2026, the Trust achieved the rating of "standards met", providing assurance that information governance and data security arrangements are effective.

To test our assurance levels, the Trust commissioned an independent audit in March 2026. This audit focuses on selected requirements from the updated Cyber Assurance Framework, which is now aligned to the Data Security and Protection Toolkit. Any areas identified for improvement will be captured within a management action plan.

The Trust's baseline Data Security and Protection Toolkit submission was published in December 2025, and we remain on track to meet all mandatory requirements and to achieve full compliance for the 2025–2026 reporting year.

### **2.8 Clinical Coding Error Rate**

The Trust uses data quality dashboards to review the standard NHS data it submits for national reporting and planning purposes. These dashboards provide detailed information on how complete, accurate and consistent the data is, helping to ensure that information used nationally to plan, monitor and commission services is reliable and robust.

A key part of maintaining high-quality data is clinical coding. Clinical coding involves translating information from patient records into recognised standard codes that describe diagnoses, treatments and procedures. Accurate coding supports safe and effective patient care, enables reliable reporting, informs service planning and ensures meaningful analysis of healthcare data.

The table and charts below show the Trust's clinical coding error rate, providing assurance about the overall accuracy of coding. They also help to identify any areas where focused improvement work is needed to further strengthen data quality.

## 2.9 NHS number and General Medical Practice Code Validity

The Trust submits information every month for three national NHS data collections covering hospital inpatient care, community health services and mental health services. These submissions form part of the national system used to analyse how NHS services are delivered and to support service planning, monitoring and benchmarking across England.

This information is used to produce national reports and performance comparisons, making it important that the data submitted is accurate and complete.

The diagram below, taken from the Data Quality Maturity Index report, shows how well the Trust is performing in recording key patient information across these datasets. This includes the correct use of NHS numbers and details of a patient's registered general practice. These measures provide assurance that patient records are reliable and that data can be safely linked and used for planning and improving services.

## 2.10 Central Alerting System reporting

The Trust has governance arrangements in place to ensure that all notifications issued through the Central Alerting System are received, reviewed and completed in a timely way. These alerts relate to patient safety, medical devices and medicines safety, and are monitored daily by the Patient Safety Team. Each alert is promptly assessed to determine relevance, identify required actions and allocate responsibility to the appropriate operational leads.

Between 1 April 2025 and 31 March 2026, the Trust met national requirements by acknowledging all alerts within 48 hours and tracking actions through to completion. Learning from relevant alerts is shared through the monthly Safety Group, Trust wide communications and targeted safety briefings. This supports organisation wide awareness and helps reduce the risk of recurrence.

During the reporting period, the Trust received **11 CAS alerts**:

- **6 alerts** were relevant to the Trust, and all required actions were completed.
- **3 alerts** were not relevant and required no further action.
- **2 alerts** were issued for information only and were circulated to relevant teams.

### Alerts by Category, 2025/2026

Alerts by category 2025/26	UKHSA	PSA	CMO	NHSE&I	OHI	MHRA	DHSC	DSI
	1	3	2	0	0	1	4	0

*Abbreviations:*

**UKHSA**- UK Health Security Agency  
**PSA**- Patient Safety Alert

**CMO**- Chief Medical Officer  
**NHSE&I**- NHS England and NHS Improvement

**OHI**- Office for Health Improvement and Disparities  
**MHRA**- Medicines and Healthcare Products Regulatory Authority  
**DHSC** - Department of Health and Social Care  
**DSI**- Device Safety Alert

## 2.11 Review of our performance against indicators in 2025/2026

### 18 weeks referral to treatment (RTT)

Under the NHS Constitution, patients have the right to access NHS commissioned services within maximum waiting times, or for all reasonable steps to be taken to offer alternative providers if this is not possible. The Constitution states that patients should begin treatment within 18 weeks of referral, where clinically appropriate. Nationally, the expectation is that 92 percent of patients are treated within this timeframe.

The Trust monitors 18-week Referral to Treatment performance across 70 services. In 2025 and 2026, the Trust achieved:

- an average RTT performance of **75.3 percent** across all relevant services
- **84.3 percent** compliance for consultant led services

During the year, 30 services breached the standard for one or more months on incomplete pathways. Work continues with operational teams to understand the causes of delays, improve patient flow and strengthen waiting list management, with the aim of supporting timely access to care and reducing delays for patients.

### RTT Breaches by Service

Service reported from SystemOne	Months breached	Service reported from SystemOne	Months breached
Adult Speech and Language Therapy Central	8	MSK Services (NCHC)	10
Adult Speech and Language Therapy West	3	Prosthetics	9
Childrens Community Nursing Team	3	Pulmonary Rehabilitation	12
Childrens Consultant Outpatients	12	Rapid Assessment Team OEH	1
Childrens Epilepsy	6	SCSCYP ADHD Medication Review	6
Childrens OT Non NHS	2	SCSCYP Neurodevelopmental Services	2
Childrens Shortbreaks Home Based	12	SCSCYP Non NDS Childrens Key Working	10
Childrens Specialist Continence	4	SCSCYP Non NDS Childrens OT	4
Colman Centre for Specialist Rehabilitation Services	3	SCSCYP Non NDS Starfish Plus	4
Community Dietetics	8	Specialist Neurology Team	5
Community Nursing Clinic	3	Specialist Nursing Dermatology	5
Environmental Controls	3	Specialist Nursing Heart Failure	4
High Intensity Users	1	Specialist Nursing TB Service	2
ICES Review and Recall	8	Wheelchairs	12
Looked After Children	2	Grand Total	183
Lymphoedema	6		

We recognise that performance in some areas has not fully met our expectations over the past year.

Our actions include actively managing waiting lists, reviewing capacity and demand, and putting clear recovery plans in place where needed. Progress against these plans is closely monitored to support timely access to care and reduce delays for patients.

### **Maximum six week waits for diagnostic procedures**

The Trust commissions its diagnostics service from Global Diagnostics (Healthshare). During 2025/2026, the reported compliance against the national six-week diagnostic standard was 71.9 percent. The Trust continues to work closely with the provider to monitor performance, address capacity challenges, and improve timely access to diagnostics.

## **2.12 Management of National Institute for Health and Care Excellence (NICE) Guidance**

NICE publishes new or updated guidance every month, and the Trust reviews all guidance to identify any items relevant to our services. During 2025-2026, this review process was undertaken through the Clinical Effectiveness and Quality Improvement Group (CEQIG), ensuring that subject matter experts (SMEs) and Service Leads were involved in discussions and had appropriate oversight.

As part of the review process, CEQIG agrees the most appropriate SME or Service Lead to undertake a full review and gap analysis for each relevant piece of guidance. For guidance assessed as having a medium or high potential impact, a baseline audit is completed and associated action plans are tracked through to implementation to ensure compliance.

From April 2025 to March 2026, a total of 164 pieces of NICE guidance were published. Of these, 28 were identified as relevant to Trust services, and baseline assessments and action plans have been completed for all applicable items.

## PART 3

### Part 3: Looking back over the last year: 2025-2026

#### Strategic objective: Continually improving our standards of excellence

#### Supporting staff to advance their clinical capabilities

##### 3.1 Clinical Skills Training Provision

Throughout the year, clinical skills training continued to be delivered face to face, ensuring that staff across both ward settings and community teams maintained the high-quality competencies required for safe and effective care.

Training provision expanded following collaboration with acute hospital services. This included the introduction of Tiemann tip catheter training, rolled out Trust-wide between September and December 2025. A Tiemann tip catheter is a type of urinary catheter with a curved tip, used in some patients when standard catheters are more difficult to insert safely. During this period, a total of 85 dedicated training sessions were delivered to support staff in the safe insertion and management of Tiemann catheters.

The activity and participation data presented in the following section covers the period 1 April 2025 to 10 March 2026.

#### Clinical Training Activity

Activity	Sessions Offered	Bookings	Attended	DNAs	Cancelled
Venepuncture (VP)	232	209	161	35	13
Catheterisation – Female	185	165	122	30	13
Catheterisation – Male & Suprapubic	218	191	148	31	12
Verification of Death	144	113	90	20	13
Basic Observations	187	169	137	32	0
Neurological Observations	163	135	102	30	3
Pessaries	32	26	16	8	2
Bowel Care (Registered)	147	141	124	17	0
Bowel Care (Unregistered)	152	124	89	23	12
IV Therapy	51	39	39	3	0
Vascular Access Devices	36	29	26	4	0
Cannulation	47	35	35	3	0
HCA Foundation (2 days)	66	53	45	8	0
Preceptorship (3 days)	157	152	116	30	6
<b>Totals</b>	<b>1817</b>	<b>1591</b>	<b>1250</b>	<b>274</b>	<b>74</b>

### **Continuing Professional Development (CPD)**

During 2025–2026, the Trust received £408,531.43 in Continuing Professional Development (CPD) funding from NHS England to support the development of clinical competencies for all registered Nurses and Allied Health Professionals (AHPs).

Training accessed was aligned with service needs, professional requirements, and individual development objectives. Funded activity included both individual and group bookings, with a significant proportion allocated to accredited courses, which continued to represent the majority of CPD provision across the organisation.

AHPs demonstrated a particularly strong uptake of CPD opportunities, accounting for a level of activity 35 percent higher than that of nursing staff.

### **3.2 Competency Matrix and Competency Passport for Community Nursing and Therapy Teams**

In 2024, the Trust's Competency Matrix was comprehensively reviewed alongside the Delegation and Competency Matrix Policy to strengthen assurance around clinical skills, delegation, and scope of practice. As part of this work, a Competency Passport was created for every clinical staff member, providing a clear, consistent pathway for achieving and maintaining competency across the range of clinical skills required for each role.

The competency passports were rolled out to Community Nursing and Therapy Teams in early 2025.

The programme will progress in phased implementation during 2026:

- April 2026: Roll-out to ward-based clinical staff
- July 2026: Roll-out to specialist ward units
- Late 2026: Roll-out to specialist services and teams

Once fully embedded, the Competency Passport process will support a more reliable and systematic approach for ensuring that staff attending clinical skills training are subsequently signed off as competent. This will be supported by up-to-date record-keeping and an aligned monitoring framework, helping to ensure that clinical competencies remain current, supported, and consistently applied. This enhanced assurance mechanism will contribute to the delivery of safe, high-quality care across the Trust.

### **3.3 Professional Advocate Role**

The Trust continues to strengthen its Professional Advocate (PA) provision, supporting staff wellbeing, professional development, and quality improvement through restorative supervision and career-focused conversations. The Trust has 27 registered Professional Advocates, an increase on the previous year.

## Activity (01 April 2025 – 28 February 2026)

### Activity Summary

Activity	Total
Number of restorative supervision sessions delivered	54
Number of individuals receiving a restorative supervision session	84
Number of career conversations delivered	38
Number of individuals receiving a career conversation	45
Number of Quality Improvement projects supported	10

To enhance accessibility, a direct link has been added to the Datix incident reporting system, enabling staff to easily request professional advocacy support. Feedback indicates that staff seek PA support for a range of reasons and that the service is highly valued.

### 3.4 Learning Hubs

Learning Hubs provide an additional training resource to support clinical learning across the Trust. They are designed to enable staff to access timely refresher training, share learning from patient safety incidents and reviews, and rapidly incorporate practice updates alongside policy updates and refreshes.

The sessions are open to all clinical staff and support continuous professional development by promoting reflective practice, shared learning, and consistency in the delivery of safe, effective care.

During 2025/2026, Learning Hub sessions covered a range of clinical subjects, including:

- Bladder and bowel care
- Catheter refresher
- Neurological care
- Falls prevention and management
- Wound care
- Children's day

These sessions have supported improvements in staff confidence, knowledge, and clinical practice, contributing to safer patient care and enhanced outcomes.

### 3.5 Staff Experience

#### Core Work and Key Activities During 2025

To support our staff, we have undertaken the following during the year:

- 394 new starters attended face to face induction sessions
- 78 leaders participated in the Leadership Way induction programme.

- Nearly 2,000 staff completed clinical mandatory training. Significant work is underway to streamline mandatory training requirements in line with updated NHS England guidance.
- Support to the network of 108 Mental Health First Aiders, providing both new training and refresher sessions.
- Staff networks continued to expand, with 425 members across four networks and two wellbeing groups.
- Over 2,300 staff completed career conversations, and 1,642 staff recorded supervision plans.
- Recognition activity was extensive, including 1,883 peer-to-peer Stars nominations, 153 STAR of Recognition badges, and 300 REACH Award nominations.
- Career development activity included 41 new apprentices, 37 apprenticeship completions, expansion of T-Level placements, and continued delivery of successful work experience programmes.

## **Key Improvement Programmes**

### **Growing the Future Workforce**

The Trust strengthened its approach to developing the future workforce through enhancements to work experience, apprenticeships, and T-Level placement pathways. Work experience capacity increased from 13 placements in 2024 to 35 in 2025, with 36 planned for 2026. The Trust achieved the NHS England Gold Standard for Work Experience, highlighting excellence in access, support, and delivery.

T-Level opportunities also expanded across priority clinical and non-clinical areas, with a continued ambition to grow placements in roles aligned to future recruitment needs and workforce sustainability.

We increased the number of GP trainees coming through NCHC following a review of their training requirements. This involved a variety of our services, and the feedback has been excellent with the recommendation that all GPs should spend time training in our Trust.

### **Recognising and Rewarding Staff**

In line with the NHS People Promise, the Trust refreshed its recognition strategy to strengthen appreciation and visibility of staff achievements. The STAR recognition framework was expanded to offer four levels:

- STAR Community
- STAR of Recognition
- STAR of the Month
- REACH Awards (annual ceremony)

The 2025 REACH Awards celebrated the contributions of 180 staff, and the STAR programme has contributed to a significant increase in peer-to-peer recognition, supporting a positive and appreciative culture.

### **Supporting Inclusion and Workplace Adjustments**

A redesigned workplace adjustments process was implemented to improve consistency, timeliness, and oversight. Since April 2025, more than 100 staff have

been supported through adjustments that range from no-cost digital solutions to specialist third-party equipment, supported by an investment of £40,000.

The Trust received several external accreditations recognising inclusive practice, including:

- Gold TIDE Award
- Veterans Aware accreditation
- Defence Employer Silver Award
- Carer Friendly Tick Employers Award

### **Strategic Objective - Prioritising action in our most challenged services**

This section details four service areas that have had challenges in delivering the standards of care we aspire to provide and how we are rectifying the issues.

#### **3.6 Community Nursing Service:**

Our Community Nursing teams continued to experience sustained and high levels of demand. This included a growing number of patients with increasingly complex needs and higher acuity who require care at home. The number of patients needing insulin administration has continued to rise significantly.

Recruiting nurses and healthcare assistants in some rural areas of Norfolk remains challenging, and sickness levels peaked at various points throughout the year. These combined pressures have meant we have had to re-schedule too many visits across the four Places and our communication about these changes to patients and their families has often been poor.

In times of high demand, teams undertake regular safety netting throughout the day to ensure that patients with the most urgent clinical needs are prioritised. Each team and Place escalate staffing and capacity concerns through Trust wide operational meetings and safer staffing groups. Staff continue to work flexibly across boundaries to minimise risk and ensure patient needs are met.

There has been measurable progress in reducing rescheduled visits across several services over the past year; however, improvement has not been consistent across all areas. Our ambition for 2026/27 is to ensure planned care is delivered reliably, with patients receiving care on the day it is required, without avoidable delay.

To achieve this, we will take a targeted and systematic approach to reviewing and redesigning our community nursing and therapy model, informed by a comprehensive data analysis to be completed in Quarter 4 2025/26. This will support the development of a neighbourhood-based model of care, delivered in partnership with system colleagues.

The initial phase will focus on improving referral and access pathways alongside the detailed demand and capacity modelling. This will strengthen our understanding of population need, support better resource allocation, and reduce unwarranted variation. Through this approach, we aim to improve consistency, efficiency, and the delivery of safe, effective, high-quality care.

### **3.7 Palliative and End of Life care**

During 2025–2026, our focus has been on strengthening the foundations of Palliative and End of Life Care (PEoLC) across our services. This has included a particular emphasis on building workforce sustainability and establishing an increasingly coordinated and consistent approach to quality improvement across inpatient and community services.

The Palliative and End of Life Care (PEoLC) Programme Board has provided clearer oversight and coordination of end-of-life issues across the organisation. Its initial work has focused on setting priorities and developing a clear and shared understanding of current service provision. We have identified the need to improve the co-ordination of care across community nursing, specialist palliative care teams and in hours/out of hours General Practice, to ensure those dying at home receive a well-co-ordinated and responsive service.

A core priority is developing and implementing a comprehensive audit of PEoLC, providing a robust baseline of quality and variation across the pathway to support future improvement.

For inpatient services, we have aligned with the National Audit of Care at the End of Life (NACEL) and enhanced this locally by collecting the full dataset, including:

- Case note review
- Staff survey
- Patient and family survey

Using NACEL questions enables national benchmarking while local data offers more detailed insight across all inpatient areas, including Priscilla Bacon Lodge.

In parallel, a community services audit is being developed, aligned with the Ambitions for Palliative and End of Life Care framework, to ensure care delivered in patients' homes is evaluated consistently and understood at system level.

### **3.8 Neurodevelopmental Service**

The Trust recognises that many children and young people are waiting too long to receive a diagnosis, support, and any treatment that will follow. Our improvement group has focused on:

- Standardising and streamlining pathways to ensure consistent access.
- Expanding skill mix and capacity to improve equity of access.
- Improving data quality to monitor equity and target interventions where delays are greatest.
- Embedding early awareness and outreach in schools and communities to support needs earlier, without requiring a diagnosis.
- Revised triage and streaming pathways are being developed to ensure assessments are proportionate to each child's need.
- For children with less complex presentations, we started a one-day assessment process (ODAC) and a FastTrack route that confirms assessments completed by other professionals, such as local authority educational psychologists or community speech and language therapists.

Our established skill-mix neurodevelopmental (ND) team has begun delivering this revised pathway, improving efficiency and reducing assessment times. We have also

started working with an external organisation to reduce our waiting times of our longest waiting children.

Reporting processes have also been reviewed and adapted to strengthen data quality and increase efficiency across the assessment pathway.

The service continues to work with the Norfolk System Collaborative to embed early identification and promote selfcare, prevention and early intervention. This includes developing an innovative digital needs assessment tool to help families and professionals identify needs earlier and link to advice, information and support without delay.

The Trust Board has agreed to prioritise eradicating long waits for children and young people waiting for neuro-development support and ensure no one waits for more than 18 weeks by April 2028.

### **3.9 Wheelchair Service**

The Wheelchair Service has continued to innovate as part of its ongoing transformation programme, focused on reducing waiting times and improving service user experience. This has included a review of the staffing model and the appointment of new roles, which have strengthened operational resilience within this highly specialist service during periods of high demand and have helped maintain continuity of care during planned staff absences.

#### **Chair-in-a-Day**

Under this model, patients assessed at triage who meet the clinical criteria will be able to leave their first appointment with a fully configured wheelchair, removing the need for a follow-up visit. This approach will significantly shorten the patient journey, improve experience and enhance service efficiency by reducing delays in providing essential mobility equipment.

The service has secured NHS England funding to further reduce waiting times and support more timely provision of equipment. This funding has enabled the purchase of additional wheelchairs for Norwich and King's Lynn clinics, supporting the introduction of a Chair in a Day delivery model.

#### **Just in Time Model**

Development and implementation of a Just in Time model is nearing completion and represents a key advancement for the service. The model aims to improve the efficiency and accuracy of equipment ordering and allocation. Once fully embedded, anticipated benefits include:

**Improved Budget Flow:** Aligning purchasing decisions more closely with real-time patient need will reduce unnecessary expenditure and support more controlled financial planning.

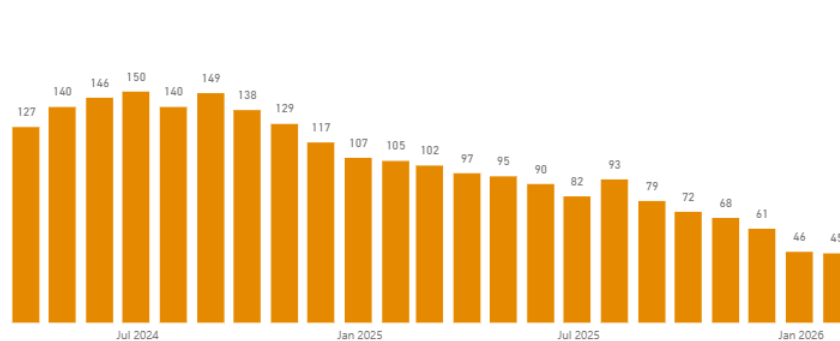
**Reduced Storage Requirements:** By avoiding premature deliveries and excess stockholding, the model will reduce storage needs and associated handling.

**Increased Operational Precision:** The model will enable clinical and procurement teams to focus resources more effectively, supporting timely decision-making and improving the overall responsiveness of the service.

The service continues to demonstrate adaptability, innovation and a strong commitment to high-quality patient care.

Due to these ongoing improvements, the number of patients waiting more than 52 weeks has continued to reduce significantly.

Wheelchairs 52wk waiters- last 2 years



## Strategic Objective - Creating a quality improvement culture

### Quality Improvements

#### 3.10 Quality Improvement in Norfolk Children's Services

Access to digital support for children, young people and families has improved following the transfer of existing digital resources onto the existing *Just One Norfolk* platform, operated by Cambridgeshire Community Services NHS Trust. This has made information and advice easier to find and supports the development of stronger self-care resources for families and young people. Work is also progressing to develop an innovative digital needs assessment tool, which will help families and professionals identify needs earlier and access the right self-care advice or specialist support at the right time.

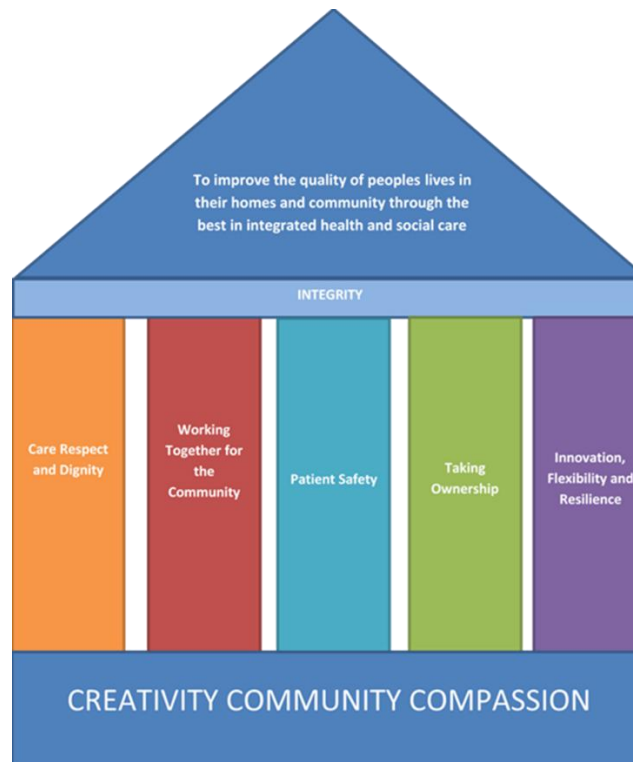
Alongside this, work has begun on the Access Project, which will improve both experience and efficiency by bringing together two existing access routes prior to the organisational merger.

The new, combined access model will provide a clearer and more streamlined route into children's services for families and professionals.

#### 3.11 Ward accreditation

Over the past three years, the inpatient nursing and therapy teams have developed a Ward Accreditation model. The purpose of this model is to assess each ward against five key pillars to ensure that required quality standards are consistently met.

## The 5 Pillar Accreditation Model



It provides a structured framework for continuous quality assurance, improvement and recognition of excellence across inpatient services.

### Accreditation Progress (as of March 2026)

#### Specialist Rehabilitation Units

- **Pine Cottage:** Fully accredited
- **Beech Ward:** Fully accredited.
- **Caroline House:** Fully accredited
- **Priscilla Bacon Lodge:** Two pillars completed
- **Squirrels:** One pillar completed

#### Generalist Rehabilitation Units

- **Foxley Ward:** Fully accredited
- **Pine Heath Unit:** Fully accredited
- **Ogden Court:** Three pillars completed
- **Alder Ward:** Two pillars completed
- **Swaffham:** One pillar completed
- **North Walsham:** Three pillars completed
- **Willow Unit:** Two pillars completed and ready for review

### Strategic Objective - Keeping Patient Safety a Top Priority

#### 3.12 Incident Reporting

During 2025–2026, the organisation continued to embed the *Patient Safety Incident Response Framework*. This is the national NHS approach to learning from patient

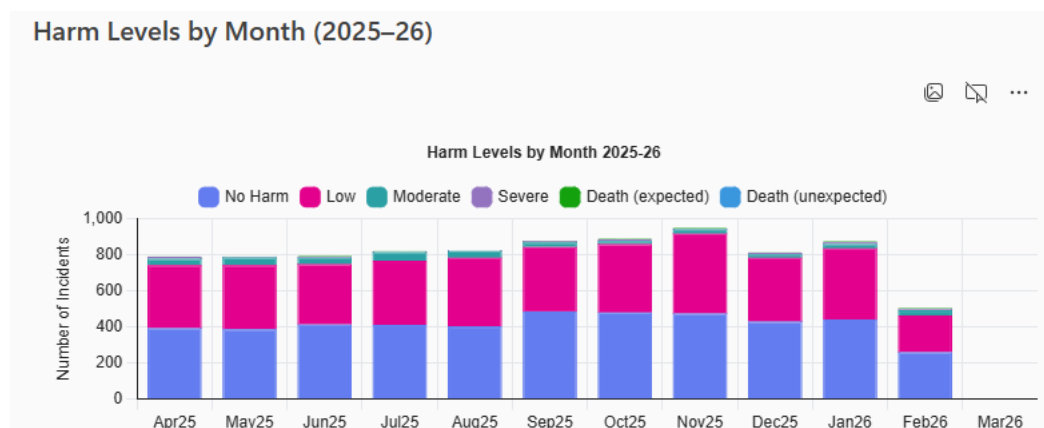
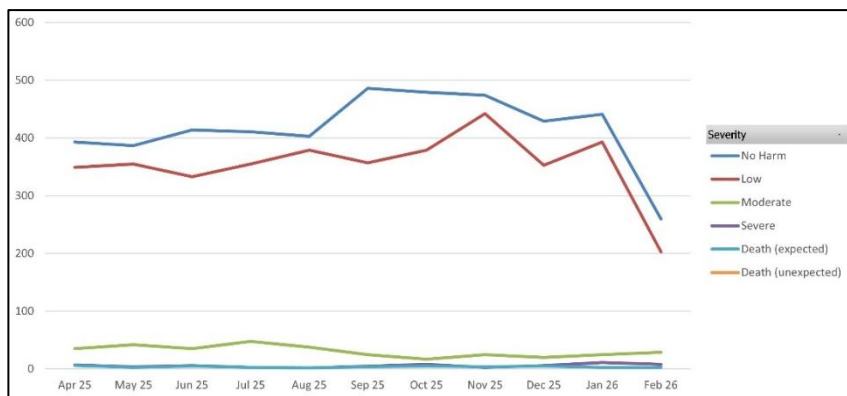
safety incidents, with a strong focus on learning, improvement and preventing harm rather than blame.

Between 1 April 2025 and 31 March 2026, a total of **8,921 patient safety incidents** were reported across all services. A monthly breakdown of incidents by level of harm is provided in the accompanying table.

Across all reported incidents:

- **95%** resulted in **no harm or low harm** to patients
- **3%** resulted in **moderate harm**
- **0.7%** resulted in **severe harm**
- The remaining **1.3%** related to **expected or unexpected deaths**

This level of reporting reflects a strong and open reporting culture, where staff are encouraged to report incidents so that learning can take place. The fact that most incidents resulted in no or minimal harm is consistent with national expectations for community health services and supports ongoing learning and improvement to keep patients safe. A deep dive review of low and no harm incidents is currently underway to explore for any additional themes or opportunities to reduce harm further.



All patient safety incidents continue to be reviewed and monitored locally at place-based service level. This helps teams identify any emerging patterns or concerns and ensures learning is shared and acted on promptly.

Incidents that are assessed as causing moderate harm or above are reviewed through twice-weekly Learning Huddles. These meetings bring teams together to understand what happened, identify learning and agree actions to reduce the risk of similar incidents occurring again.

Incidents relating to pressure damage to the skin are managed slightly differently. These are reviewed locally within services and are then escalated to the organisation's Pressure Ulcer Quality Improvement Group. This group provides additional scrutiny, oversight and support to ensure appropriate learning and improvement actions are taken.

### **3.13 Learning from Patient Safety Events 2025-2026**

Implementation of the Patient Safety Incident Response Framework (PSIRF) has continued in line with national timescales. Key areas of focus include improving how we involve those affected by incidents (staff, patients and carers), applying human factors principles to reduce error, strengthening the quality of improvement plans and ensuring changes are sustained.

We have also fully embedded the National Learning from Patient Safety Events (LFPSE) system, which enables learning from incidents across the National Health Service.

The organisation has refreshed its Patient Safety Incident Response Plan (PSIRP), with a local emphasis on learning from incidents such as:

- Development of a significant pressure ulcer while receiving care
- Falls resulting in significant injury
- Patient deterioration and readmission to acute care linked to sub-optimal care
- Medication-related issues resulting in suboptimal or sub-therapeutic treatment
- Other incidents or emerging themes where wider learning is required

An incident investigation and Regulation 28 report from the Norfolk Coroner led to a review of wound care and patient deterioration through a Patient Safety Incident Investigation. The findings have informed improvements across Community Nursing and Therapy services and will be further incorporated into the developing wound care strategy and community nursing and therapy design workstreams in 2026.

The action plan associated with the Regulation 28 report has been completed. However, we have identified other areas of practice and service improvement to focus on, and these continue into 2026/2027.

### **3.14 Safeguarding / Child Safeguarding Practice Reviews and Safeguarding Adult Reviews**

The Trust continues to play an active role in multiagency safeguarding arrangements across Norfolk, contributing to Child Safeguarding Practice Reviews (CSPRs), Domestic Homicide Reviews (DHRs) and Safeguarding Adult Reviews (SARs). These reviews provide important learning that strengthens organisational safeguarding practice and improves outcomes for children, adults, families and communities. During the year we have updated how we refer into adult safeguarding formal processes, ensuring a consistent and evidence-based approach.

Norfolk's Child Safeguarding Practice Review processes were updated and formally ratified by statutory partners (March 2025), ensuring consistent standards for Rapid Reviews and full Child Safeguarding Practice Reviews. The Trust has contributed health information and practitioner reflections to cases throughout the year. The Norfolk Safeguarding Children Partnership continues to publish learning summaries, including the review of Case AO (Jasmine), which highlighted the importance of understanding the child's lived experience and maintaining professional curiosity across multiagency involvement. The review reinforced the need for better information sharing between agencies, particularly where concerns relate to coercive control, domestic abuse or parental vulnerabilities. Strengthening early identification processes, clear communication pathways and robust safety planning were identified as essential in preventing escalation of harm.

The Trust contributed to several Domestic Homicide Reviews published by the Norfolk Community Safety Partnership in 2025, including Bobo (May 2025), Simon (May 2025) and Irene (April 2025). These reviews highlighted recurring themes around coercive control, professional curiosity and responding effectively to domestic abuse, which continue to inform safeguarding training and practice. A joint Domestic Homicide Review and Safeguarding Adult Review for Doris (September 2025) emphasised the importance of informed risk assessment, mental capacity considerations and improved interagency information sharing.

In adult safeguarding, Trust contributed to Safeguarding Adult Review X, which examined multiagency coordination for an older adult with complex needs, and Safeguarding Adult Review Eric, which explored self-neglect, alcohol misuse and fluctuating capacity. Learning from all reviews is incorporated into organisational training, policy updates and Quality Improvement work, reinforcing the commitment to safe, person-centred community care.

### **3.15 Medicines Management**

Effective medicines management is central to delivering safe, high-quality care across community and inpatient services. The Medicines Optimisation Working Group provides oversight of medicines related incidents, learning, policy development and wider strategic risks.

Over the past year, themes from medicines safety incidents across all care settings have been reviewed and used to drive targeted improvements. Key areas of focus included insulin safety, governance of controlled drugs, medicines management within community palliative care, and risks associated with medicines during transfers of care. Learning from incidents, clinical audits and thematic reviews is shared through multidisciplinary forums, supporting a strong safety culture and continuous improvement.

The leadership team ensure that national medicines safety alerts are reviewed promptly, medicine shortages are monitored closely, and mitigation plans are implemented when system pressures increase risks. Policies, Standard Operating Procedures and clinical guidance continue to be updated to support staff to deliver safe, evidence-based practice. Training, audit programmes and routine quality surveillance further contribute to reducing avoidable harm and maintaining robust medicines governance.

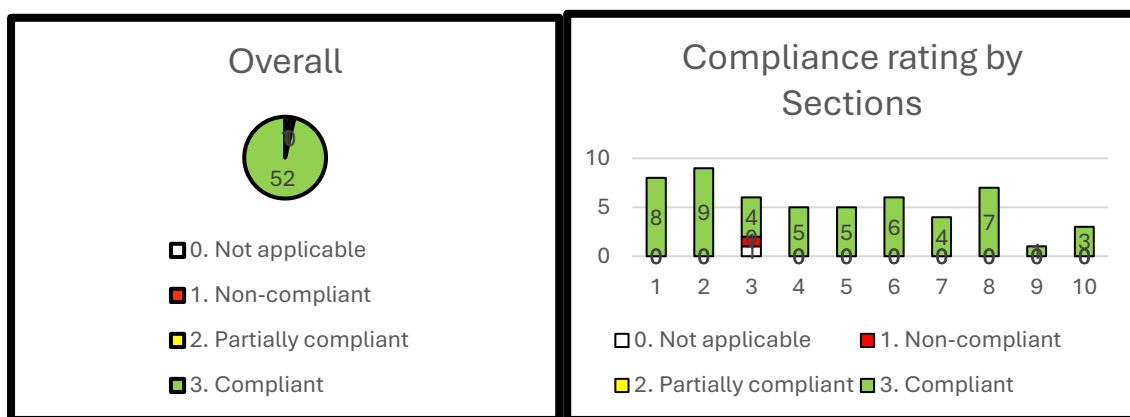
Over the past year, the team have been meeting with the team in CCS to share learning and plan for coming together when we merge in April 2026.

### 3.16 Infection Prevention and Control

#### Infection Prevention and Control Board Assurance Framework

The Infection Prevention and Control (IPaC) Board Assurance Framework, is, provides an evidence-based structure that supports organisational oversight of patient safety. The Trust has undertaken a quarterly self-assessment against the frameworks, which showed a single area of non-compliance relating to the production of an Antimicrobial Report. This report has now been completed, and compliance is expected to be confirmed at the next Board Assurance Framework review.

<https://www.england.nhs.uk/publication/national-infection-prevention-and-control/#heading-2>



#### Public Health Role

The Infection Prevention and Control (IPaC) service provides specialist support across the wider Norfolk and Waveney system, contributing to infection prevention, outbreak response and broader public health management.

An enhancement this year has been the introduction of a new decontamination unit, increasing local capability to respond to High Consequence Infectious Diseases (HCID), including emerging threats such as avian influenza.

Two new pathways have also been implemented:

- **Looked After Children Screening (fixed term pathway):** Developed in partnership with Children's Services, the Tuberculosis (TB) service and Integrated Contraception and Sexual Health, strengthening screening, early identification and safeguarding for Looked After Children.
- **Community Methicillin-Resistant Staphylococcus Aureus (MRSA) Pathway:** Established collaboratively with the Norfolk and Norwich University Hospital and the Queen Elizabeth Hospital to improve community-based identification, management and follow-up.

These developments strengthen local public health resilience and ensure timely, coordinated responses across the system.

## Alert Organisms Performance

### Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteraemia

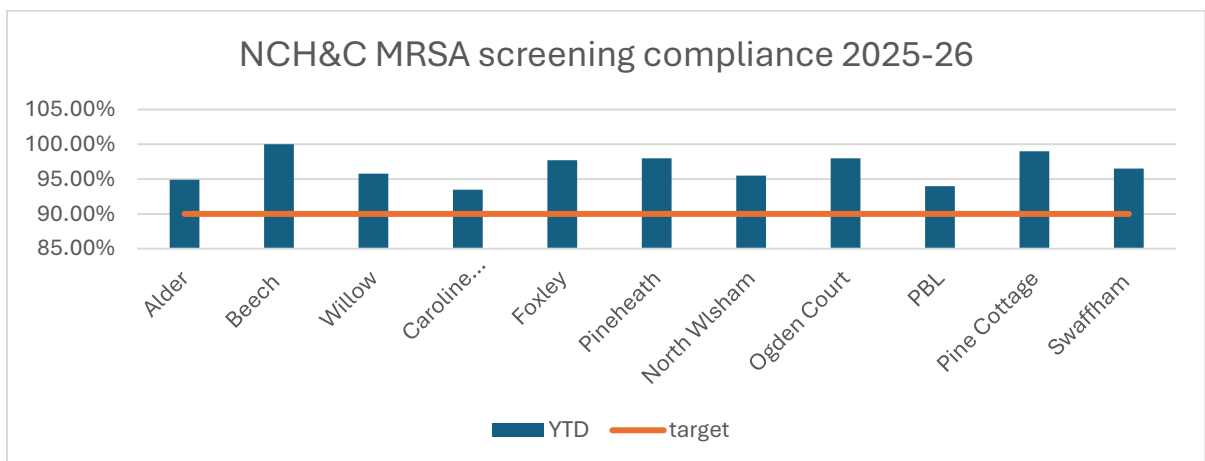
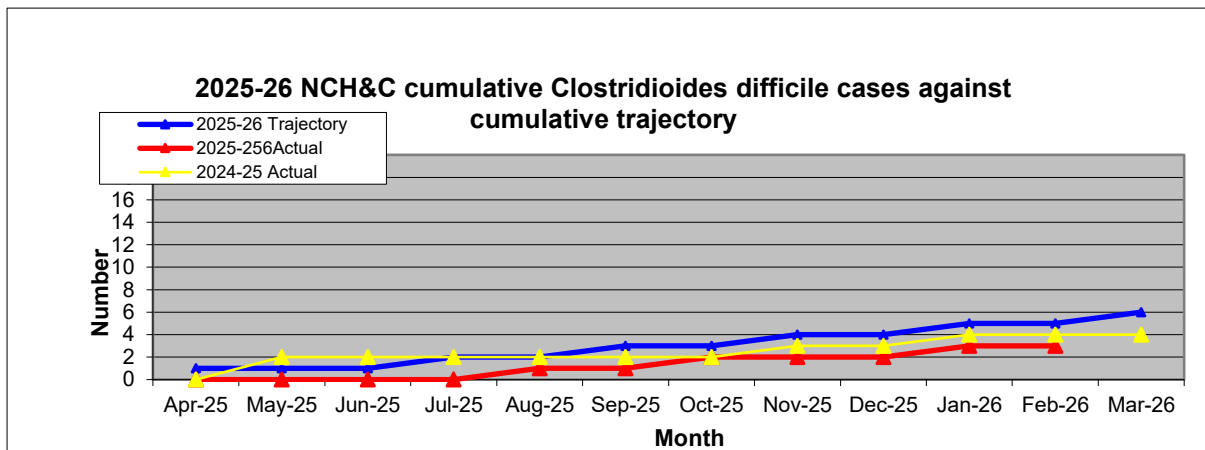
- Zero cases

### Clostridioides difficile

- Nine cases reported in total.
- Three cases were attributable to the Trust, against a year-to-date trajectory of six.
- The primary learning theme relates to delays in specimen collection, highlighting the need for timely sampling and clinical escalation.

### MRSA Admission Screening

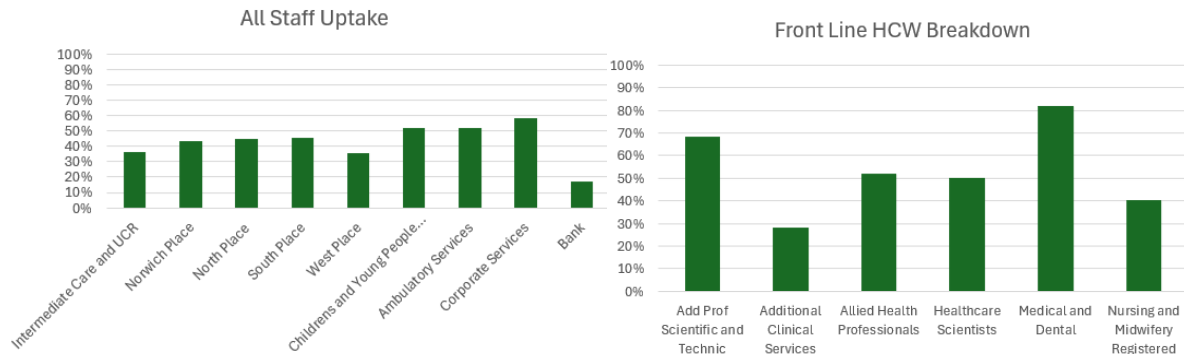
- All patients admitted to an inpatient bed are screened for MRSA.
- Compliance averaged 96.6%, exceeding the 90% target.



## Staff Influenza Vaccination Programme 2025–2026

NCHC Final Frontline Healthcare Worker Vaccination Data shows an uptake of **60.1%**. This rate is significantly above both national and regional averages and reflects the strong engagement of our teams in supporting patient and staff safety.

	% of frontline Healthcare workers vaccinated
National uptake	47.7%
East of England	48.8%
NCHC	60.1%

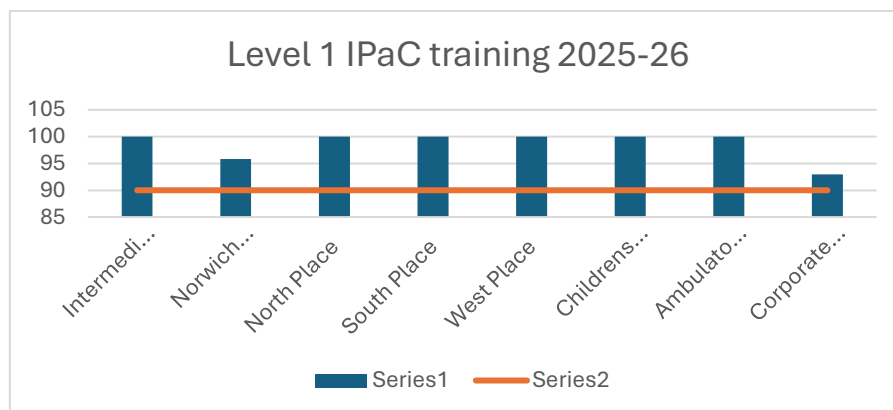


## Infection Prevention and Control Training

Infection Prevention and Control (IPaC) training is delivered through a combination of IPaC-led sessions and e-learning modules, ensuring staff can access learning in a flexible and consistent way.

- **Level 1:** For non-clinical staff
- **Level 2:** For clinical staff

Compliance with mandatory training is monitored on an ongoing basis to ensure all staff maintain the required level of Infection Prevention and Control competence. The IPaC team continues to work with individual services to provide bespoke training and targeted support to help teams achieve and sustain compliance.



### **3.17 Freedom to Speak Up**

The Freedom to Speak Up Guardian, Nijck Bowman, is supported by a network of Freedom to Speak Up Champions across services. The Guardian continues to access support from the National Guardian's Office, follow national guidance and participate in the Eastern Region Freedom to Speak Up Network.

The Guardian and Champions have continued to promote a positive 'Speaking Up' culture throughout the organisation, reinforcing the importance of creating a safe environment where staff feel able to raise concerns.

The Freedom to Speak Up function remains well embedded, with the Guardian regularly visiting services, attending committees, taking part in wellbeing events and maintaining a visible presence across the organisation. These activities help to reinforce that all colleagues have access to a safe, confidential space to raise concerns. Senior leader support remains consistently positive.

Learning from concerns raised is shared widely across the organisation through a range of forums. The Guardian maintains a presence at key committees to highlight themes emerging from concerns and to support the dissemination of learning. The Guardian also has ongoing access to the organisation's Chief Executive, Chair and Non-Executives, ensuring concerns are visible at the highest level.

Themes from 2025–2026 primarily related to:

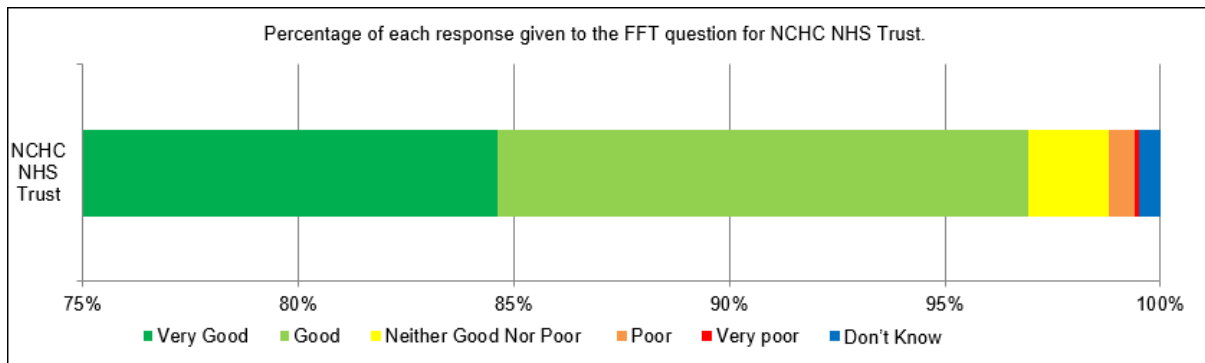
- Patient safety concerns arising from increased service demand
- Inappropriate behaviours between colleagues

The Guardian continues to work with teams to address issues locally wherever possible. Ensuring every concern is followed up and feedback is provided to the staff member who raised it helps build trust, reinforces psychological safety and supports staff to feel listened to, valued and respected.

### **3.18 Patient Experience**

The quality of our services and the experience of our patients, service users, carers and staff remains central to everything we do. Feedback from those who use our services provides valuable insight into what matters most to them and helps us to continually improve the care we deliver. To build a comprehensive understanding of experience, we draw on a wide range of sources including compliments, complaints, PALS enquiries, the Friends and Family Test (FFT), Healthwatch, patient and carer surveys, focus groups, patient stories, staff surveys, local working groups, staff networks and public engagement opportunities.

Throughout 2025–2026, service user feedback remained highly positive. Of the 3,450 individuals who responded to the Friends and Family Test question during the year, 96.94% reported that the service they received was very good or good. This reflects our continued emphasis on compassionate, person-centred care, as well as the commitment of staff across all services to improving experience and outcomes. We recognise the number of patients giving their active feedback is a small proportion of the care we provide, and this will be a key priority for 2026/27 to increase the numbers of patients giving us feedback about the care we provide.



### PALS Contacts and Compliments

In addition to the Friends and Family Test (FFT) results, the Trust continues to receive a substantial volume of positive feedback directly from patients, carers, families and members of the public. During 2025/2026, a total of 1,010 compliments were formally logged through the Patient Advice and Liaison Service (PALS). These were submitted through letters, emails and verbal expressions of thanks and praise to individual services and teams. This feedback highlights the ongoing commitment of staff across our services to delivering high quality, compassionate care.

### PALS Contacts

PALS received, managed and resolved 744 contacts, in partnership with Place based teams. These Are summarised in the table below:

These contacts provide valuable insight into the issues that matter most to patients and carers and support the Trust to identify opportunities for service improvement.

PALS Activity Summary 2025/2026

Category	2025/2026	Total
Appointment change / cancellation	38	38
Comment	9	9
Compliment	1,010	1,010
Concern / Informal complaint	30	30
Guidance / Information	447	447
Locally raised concern	10	10
Medical Examiner query	4	4
Non-NCH&C related query	131	131
Non-PALS but NCH&C query	75	75
<b>Total</b>	<b>1,754</b>	<b>1,754</b>

## Complaints

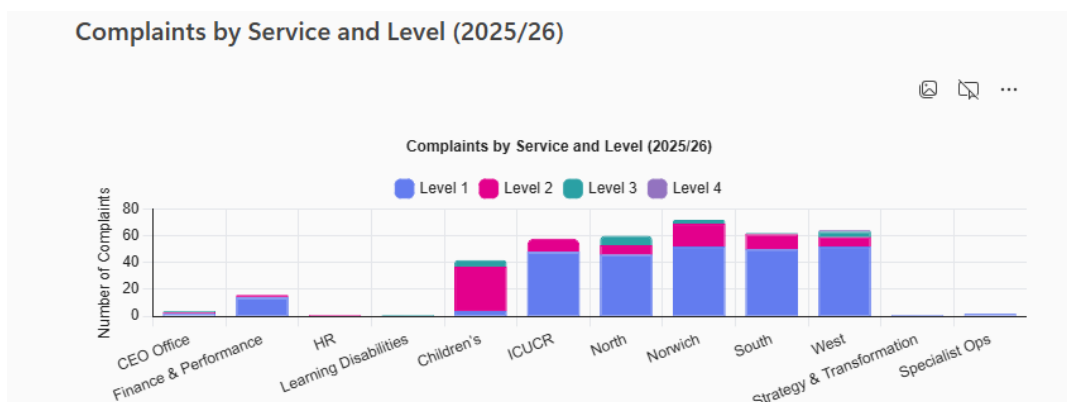
The Trust received 112 formal complaints in the past year, which is a reduction from 2024–2025. In addition, 271 concerns were managed informally and resolved promptly through local resolution within clinical services or directly by service managers.

Local resolution is usually achieved through a telephone discussion and, where appropriate, followed by a written response from the service manager. This approach supports early resolution and helps address concerns quickly and effectively.

All formal complaints are subject to a full investigation. People who make a formal complaint receive a written response signed by the Chief Executive. This response explains the outcome of the investigation, highlights any learning identified and describes the actions taken to improve services. Where appropriate, Trust representatives also meet with complainants or their families to discuss the findings and support resolution.

Of the 112 formal complaints received during the year:

- 55 complaints (58%) were upheld, meaning the complaint was found to be justified
- 33 complaints (35%) were partially upheld, meaning some aspects of the complaint were upheld
- 7 complaints (7%) were not upheld



## Learning from complaints

Regular thematic analysis of complaints, alongside triangulation with inquests and incidents, continues to help the Trust identify opportunities for learning. Themes and outcomes from complaints have been reviewed at relevant committees and presented to Trust Board throughout the year.

Below are examples of improvements made as a result of learning from complaints.

### Children's Services

Complaints received within Children's Services focused primarily on the Community Paediatric service, particularly regarding waiting times, communication and requests for second opinions relating to diagnoses.

In response:

- The Children and Young People Senior Leadership Team have worked with Community Paediatricians to ensure full understanding of assessment, referral and transition processes.
- Clinic letters within the Neurodevelopmental Service were reviewed, in partnership with Family Voice, to ensure they are clearer, easier to understand and more accessible for families.

### Adult Services

A common theme across all Places related to communication from community nursing teams, specifically around changes to planned visits without discussion.

Actions taken include:

- Communicating with patients to advise them of delays and where to seek help if their condition deteriorates.
- Improved expectation setting with patients at the point of referral.
- Screening for red flags at triage to ensure safe prioritisation.
- Clinical Nursing Leads strengthening oversight of competencies to improve staff availability.
- Testing digital tools to support early identification and appropriate triaging of patients.

### Intermediate Care

- Work has focused on improving communication with families regarding therapy and discharge planning.
- Swaffham Community Hospital and Dereham Hospital trialled a co-produced booklet designed to empower carers to ask key questions and support their loved ones during admission and discharge.

### Improving our services using service user feedback You said we did:

Some examples of service improvements are listed below:

#### North Place & Palliative Care

You Said...	We Did...
Patients complained (local resolution) that nurses do not wait long enough at the door.	The team has added reminder notes and reasonable adjustments to patient care plans to ensure staff wait an appropriate amount of time at the door.

## Norwich & Specialist Place

You Said...	We Did...
Patients, carers and significant others raised feedback and complaints regarding scheduled community nursing visits not being completed.	A patient information letter is now provided, outlining demand on the service and explaining that, unfortunately, we are not able to see patients as quickly as we would like. A patient escalation plan is given, including: General Practitioner (GP), National Health Service 111 (physical and mental health), social services including Night Owls and Swifts, 999, and emergency care. Trust pressure ulcer and sepsis leaflets are also provided and documented in patient notes.
Relatives and the team suggested that communication between nurses at Caroline House during daytime shifts could be improved.	A daily well-being check now takes place at <b>2:45pm</b> , where the clinical lead and ward manager ensure timely follow-up for patients and next of kin, and provide staff with support.

## South Place

You Said...	We Did...
Complaints highlighted that language used by staff was sometimes perceived negatively by patients and families.	Staff are taking part in " <b>Better Conversations</b> " training. Lessons are being shared more widely with all staff about the importance of spoken and body language, how it is perceived, and the impact this can have on patient engagement.
A patient moved to the South locality but retained a Norwich GP due to complex health conditions. The referral for wound care was bounced between localities, resulting in delay. The patient's father asked that a process be put in place so patients are seen based on where they live, not where their GP is registered.	All triage staff have been reminded that visits must be arranged based on the patient's presenting condition to avoid delaying care. If there is confusion about which team should provide ongoing care, this must be discussed and agreed <b>after</b> the patient has been seen and assessed. The focus must always be on ensuring the patient receives timely, appropriate care.

## West Place

You Said...	We Did...
You asked to be notified if community teams need to defer or move appointments.	Teams now make a call to inform patients of changes and record this in patient notes when this preference is known.

## Intermediate Care and Urgent Community Response Place

You Said...	We Did...
Meal portions were too small (Alder Ward).	Portion sizes have been increased.
Communication from the ward was limited, particularly regarding medical updates and the use of assisted technology (Willow Unit).	An apology was provided for gaps in communication. Key updates are now shared clearly and in a timely manner. Lessons learned have been shared within the team. Staff consult SystemOne notes before speaking with families to ensure accurate information is given. Mental Capacity Act (MCA) assessments are now completed on admission so that assisted technology can be implemented as early as possible.
Outpatients and visitors did not have access to food or drink while visiting (Foxley Ward).	A vending machine has been installed in the foyer so that food and drink are now accessible to visitors.
A Willow Unit patient required the use of a recliner chair for arthritis, leg elevation and comfort. The high-backed chair provided was too uncomfortable, leading the patient to remain in bed, increasing the risk of pressure damage and deconditioning.	A recliner chair was provided to ensure safer and more comfortable seating for the patient.

## Children and Young People's Service / Mill Lodge

You Said...	We Did...
Families said they would like more guidance and support following attendance at the One Day Assessment Clinic.	An A5 handout is being developed, containing a direct link to the Neurodevelopmental (ND) digital library, where families can access further information.
Young people shared what they would like to see included on the Neurodevelopmental (ND) page of the FYI digital platform.	Their ideas and comments have been passed to the Digital Enabling Group so they can be considered in the development of the new resource.

### Healthwatch Norfolk

As part of a three-year commissioned project, Healthwatch Norfolk engaged with patients, their relatives and staff to understand experiences of the inpatient general rehabilitation service.

Using surveys and structured interviews, the study explored the full rehabilitation journey:

- Transfer from acute care
- Inpatient rehabilitation stays
- Post discharge experiences

The final report highlights both strengths and opportunities for improvement. An action plan has been developed by the Intermediate Care Leadership Team in collaboration with ward managers to address the report's recommendations.

Progress will be monitored through:

- Patient and Carer Experience and Involvement Steering Group
- Quality Committee

### **Carers Hospital Booklet**

Feedback from unpaid carers highlighted a lack of communication and involvement when the person they care for is admitted to hospital.

In response, a co-produced Carers Hospital Booklet was piloted at:

- Swaffham Community Hospital
- Dereham Hospital

The pilot phase provided valuable insight and informed the production of the final version of the booklet.

This will now be rolled out in all inpatient units and more widely across our services.

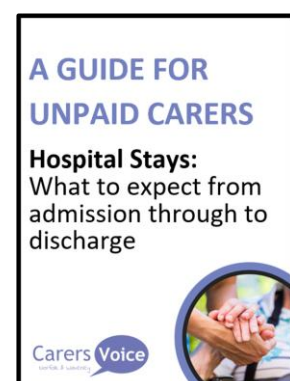
## **Our co-production projects:**



### **Carers Hospital Booklet**

**A GUIDE FOR UNPAID CARERS. Hospital Stays: What to expect on admission through to Discharge**

- Co-produced as a result of feedback shared by Carers about the difficulties with the process including lack of communication and involvement.
- The booklet will be able to be utilised by Carers from when the person they look after is admitted into hospital through to when they are discharged home or to an alternative place of care.
- Provides Carers with a list of questions/ checklist to ensure they have the information they need as well as information about support available.
- The booklet is currently being piloted in the Queen Elizabeth King's Lynn Hospital and the Swaffham Community Hospital



### **Wheelchair Services**

As part of the transformation of the wheelchair service redesign, aimed at reducing waiting lists and improving the way wheelchairs are assessed, provided and maintained, a structured programme of communication and engagement with existing service users took place during the year.

Service users contributed to the development of a new service information leaflet for newly referred patients, carers and families. This included clear explanations of referral processes, guidance on measuring for a wheelchair, and improved supporting information made available through the Trust website, Heron and the Integrated Care Board.

A new information video was also created to support the understanding of assessment and provision processes.

### **NCH&C Youth Forum**

“Young Voices Together”, NCH&C’s forum for children and young people who use our services, was launched at the beginning of July 2023.

Through this forum, a series of engagement events were held in 2025 to support meaningful engagement and coproduction for the new Children’s Neurodevelopmental Project. Hearing directly from children and young people has helped shape service development by providing insight into:

- what it feels like to be neurodivergent
- how young people may mask their emotions
- what matters most to them when attending assessments or follow up appointments

This feedback has strengthened the child centred approach within service redesign.

### **3.19 Volunteering**

Volunteers continue to make an important contribution to patient and carer experience. Throughout 2025 and 2026, volunteers were recruited, trained and supported across a range of key areas, including:

- Willow Therapy Unit
- Inpatient services across all Places
- Outpatient services and community teams

Interest in volunteering remains high. Between April and December 2025, 275 new volunteer applications were received, representing a 35% increase and active volunteers in quarter three of the year compared to the previous year were up 56%. A snapshot of volunteer involvement (quarter three of the year) is shown in the table below.

Activity Support	28
Patient Support (including Therapy Dogs)	55
Visitor & Team Support	13
Stockroom Support / Other Practical	19
Meet & Greet	2
Patient Contact & Feedback	4
Gardening	7
Admin	5
PLACE Assessment	5
Consultations & Focus Group	1
Community Therapy Group Support	5
Total	144

### 3.20 Patient Reported Outcome Measures (PROMS)

The Trust has carried out a scoping exercise aligned with the NHS Fit for the Future: 10 Year Health Plan for England, which sets the expectation that Patient Reported Outcome Measures (PROMs) will be used universally and published publicly by 2029.

PROMs are standardised tools, usually questionnaires, completed by patients to report their progress, outcomes and the impact of treatment. They help services understand the effect of care from the patient's perspective, complementing traditional clinical measures.

A range of PROMs are already used across the Trust, including within:

- inpatient services
- specialist therapy services
- cardiac and pulmonary rehabilitation
- prosthetics services
- therapy services
- neurological outpatient services

### 3.21 Safer Staffing

NCHC has reported on Safe Staffing to the Executive Board and Quality Committee with assurance that no patient harm has been from a result of staffing levels and that the appropriate mitigations are in place when staffing shortfalls occur. Following NHSE and NQB Guidance, reporting includes shift fill rates, Care Hours Per Patient Per Day, Unavailability by Type, Roster Lead in Time, Additional Duty Reasons and Vacancies by grade. Moving forward data will also include Nursing Hours Per Patient Per Day and Registered to Unregistered Ratios. Daily staffing reviews are implemented via our Safe Staffing Escalation Group and daily staffing reported via the Situational Reporting.

Focus has been on reducing reliance on agency whilst maintain safe staffing levels and recruiting to substantive posts. The Trust will be developing its recruitment and onboarding of Band 2 Care Support Workers to further support safe staffing levels as we recognise patient acuity and dependency is increasing.

## **Annex 1 – Statement from commissioners, stakeholders, local Healthwatch organisations and Overview and Scrutiny Committees**

The Trust's Quality Account 2025/2026 will be circulated to our commissioners and stakeholders for comment and feedback (see list below), and responses will be included on the following pages (once received).

**Integrated Care Board (ICB)**  
**Norfolk County Council (NCC)**  
**Healthwatch**



**Norfolk and Suffolk**  
Integrated Care Board

Our Ref:  
NCH&C - QA  
2025-2026

**PRIVATE & CONFIDENTIAL**

Sent by email to:  
kate.howard4@nhs.net;  
eec.quality@nhs.net;

Karen Watts, Director of Nursing and Quality,  
NHS Norfolk and Suffolk ICB,  
County Hall,  
Martineau Lane,  
Norwich,  
NR1 2DH

Direct Tel: 0800 389 6819

Web: [www.norfolkandsuffolk.icb.nhs.uk](http://www.norfolkandsuffolk.icb.nhs.uk)

Email: [nwicb.contactus@nhs.net](mailto:nwicb.contactus@nhs.net)

Dear Kate and Quality Team,

**Re: Commissioner Response to Norfolk Community Health & Care NHS Trust Quality Account 2025/2026**

NHS Norfolk and Suffolk Integrated Care Board (ICB) acknowledges receipt of the Norfolk Community Health & Care NHS Trust (NCH&C) Quality Account for 2025/2026 and welcomes the opportunity to provide this statement.

Based on the information and data available within the report, the ICB supports NCH&C in the publication of its Quality Account for 2025/2026. We are satisfied that it incorporates the required mandated elements and provides a balanced assessment of the quality of services delivered during the reporting period.

The ICB believes that the report reflects key dimensions of quality as defined by the National Quality Board, including patient safety, clinical effectiveness and patient experience, and demonstrates the Trust's commitment to continuous quality improvement.

The ICB recognises that 2025/2026 has been a significant year for the Trust, culminating in its merger with Cambridgeshire Community Services NHS Trust to form the East of England Community Health and Care NHS Trust from April 2026. Throughout this period of organisational change, NCH&C has continued to provide high-quality community services while maintaining a strong focus on patient safety, service improvement and staff wellbeing.

The ICB acknowledges several notable achievements highlighted within the Quality Account, including:

- Continued positive patient experience, with 96.94% of respondents to the Friends and Family Test rating services as good or very good.
- Strong research performance, with 560 patients recruited into research studies and NCH&C achieving the third-highest recruitment rate among its peer group nationally.
- Improvements in quality and governance arrangements, including the continued embedding of the Patient Safety Incident Response Framework (PSIRF) and learning from patient safety events.
- Progress in reducing waiting times within specialist services, including Wheelchair Services and Neurodevelopmental Services.

- Ongoing development of workforce capability through education, competency frameworks, professional advocacy and staff wellbeing initiatives.
- High levels of engagement with volunteering services and positive recognition of staff through the Trust's workforce programmes.

The ICB particularly welcomes the Trust's commitment to addressing known areas of challenge. The Quality Account provides a transparent assessment of pressures relating to community nursing capacity, referral-to-treatment performance, neurodevelopmental waiting times and access to diagnostics. The Trust's acknowledgement of these issues, alongside clearly articulated recovery and improvement plans, demonstrates a mature and improvement-focused approach.

The ICB notes the Trust's commitment to strengthening community-based models of care, improving care coordination, enhancing safeguarding arrangements and expanding digital solutions that improve patient access and experience. These ambitions align well with wider system priorities and the NHS strategic shift towards prevention, neighbourhood health and digitally enabled care.

Staff experience continues to be a critical enabler of high-quality care. The improvements reported in workforce development, staff wellbeing, leadership support and recognition programmes are encouraging and reflect the Trust's commitment to creating a compassionate and inclusive working environment.

The ICB endorses the Quality Improvement Priorities for 2026/2027, particularly the focus on:

- Best Start in Life.
- Support for Children and Young People with Complex Needs.
- Neighbourhood Care.
- Unscheduled Care.
- Workforce development and staff wellbeing.
- Strengthening quality, safety and safeguarding arrangements.
- Digital transformation and improved access to services.

These priorities are aligned with local Integrated Care System objectives and national NHS priorities. The ICB looks forward to working collaboratively with the new East of England Community Health and Care NHS Trust to support delivery of these ambitions.

While recognising the considerable progress made, the ICB supports the Trust's identification of areas requiring continued focus, including reducing waiting times, improving access to community services, strengthening patient feedback mechanisms and ensuring equitable outcomes across all communities served.

The ICB recognises the challenges ahead and values the dedication and commitment demonstrated by staff throughout the year. This report provides a comprehensive overview of the work undertaken to improve quality and demonstrates the Trust's continued commitment to delivering safe, effective and compassionate care.

On behalf of NHS Norfolk and Suffolk ICB, I would like to thank everyone involved in developing and producing this Quality Account and all staff across the Trust for their continued hard work and commitment. We look forward to continuing our collaborative relationship as we work together to improve outcomes and experiences for patients, carers and communities across Norfolk and Suffolk during 2026/2027.

Yours sincerely



Karen Watts  
 Director of Nursing and Quality  
 NHS Norfolk and Suffolk ICB

## Healthwatch Review of NCH&C Quality Account 2025/2026

### Introduction

Thank you for asking Healthwatch Norfolk (HWN) to review the Norfolk Community Health and Care Trust (NCH&C) Quality Account for 2025/2026. We appreciate that this has been a year of change with the move to the inclusion of NCH&C within a group model.

We understand the further changes that are being made in 2026/27 as you have now merged with Cambridgeshire Community Services NHS Trust to become the East of England Community Health and Care NHS Trust.

At such a time of change to your own organisation and to the wider NHS we are particularly pleased and encouraged to see your continued strong performance in relation to the Mandated standards as laid out in Part 2. We can also see in Part 3 of this Quality review the substantial work that you have undertaken to ensure that you continue to focus on Quality improvement.

We have focused our comments on three areas where we believe that you have demonstrated considerable progress in 2025/26 and which we know will form the basis for further improvement in 2026/27.

#### 1) STAFF

NCH&C has always had a strong focus on developing its staff. Evidence of this can be found in the Quality Account, from clinical training activity and learning hub sessions to the work on the development of a competency passport for community nursing and therapy staff.

We applaud your increase in work experience capacity and congratulate you on achieving the NHS England Gold Standard for Work Experience. It is also very good to see you receive several external accreditations that recognise inclusive practice.

Your staff recognition work including the REACH awards is a continuing indication of your efforts to support a 'positive and appreciative culture.'

Taken together your Quality Account shows your continued attention to the embedding of a positive staff culture which we know has a direct link to patient and carer experience.

We look forward to this being developed further within the new Trust.

## **2) PATIENT AND CARER EXPERIENCE**

We note the wide range of sources that you have used to gather an understanding of patient experience. The feedback you get from your service users through the Friends and Family Test is extremely positive. This extended to the large number of compliments received through your PALS service.

Given the high proportion of positive feedback, it is perhaps even more important than you are able to focus on how you learn from, and act upon less positive feedback. The examples you have provided of improvements made as a result of learning from complaints and service user feedback are very encouraging.

HWN were of course pleased to be commissioned by you to engage with patients, their relatives, and staff to understand their experience of the inpatient general rehabilitation service, the latest work in a three-year programme. We are delighted that you have developed an action plan to address the recommendations in our report.

We look forward to working with the new Trust in support of your overall approach to obtaining service user feedback and views, learning from this, and improving services and outcomes for individuals as a result.

## **3) PRIORITISING ACTION IN THE MOST CHALLENGED SERVICES**

You identified four service areas where you have been challenged in 2025/26 to deliver the quality of care that you aspire to provide.

- Community Nursing
- Palliative and End of Life Care
- Neurodevelopmental services
- Wheelchair Services

We recognise the efforts you have made to improve matters in all four services. We understand the complexities of doing this, the limits of what you may be able to do within your own organisation, the need to work with others, and that in all cases it may take time to achieve the overall level of improvement that you would wish to see.

Whilst they all present specific challenges, we can see that there is a common theme of a mismatch between the demand for these services, and the 'supply' of staff and other resources to meet this demand.

We can see that you have developed new pathways for children and young people in the neurodevelopment service and the Wheelchair

Service. We are pleased to see that this is already impacting on 'long waiters.

We can also see within this Quality Account the efforts you have made to communicate better with the patients of the community nursing service where staff shortages and pressures prevent appointments happening as scheduled.

All four services will clearly remain a priority for you in 2026/27, and we look forward to hearing of further progress.

We would encourage you to continue to involve the patient (and carer) voice in the work you are undertaking around making changes to these services.

### **Conclusion**

Overall, we would like to congratulate NCH&C on its achievements as detailed in the Quality Account, and we look forward to continuing to develop our working relationship with you during the coming year.

We would welcome the opportunity to discuss how HWN might work with the new Trust in 2026/27 to ensure that your clear focus on Quality Improvement to achieve better outcomes for patients continues and develops even further.

**Alex Stewart**  
**Chief Executive Officer**  
**June 2026**

## **Annex 2 – Glossary of terms for Quality Account 2025/2026**

### **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.

### **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.

### **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.

### **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?'

### **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.

### **IG: Information Governance**

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

**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.

<https://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.

**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.

**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.

<https://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.

<https://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

**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.

**PROMS Patient Reported Outcome Measures**

PROMs are standardised tools, usually questionnaires, completed by patients to report their progress, outcomes and the impact of treatment. They help services understand the effect of care from the patient's perspective, complementing traditional clinical measures.