

# Norfolk Initiative for Coastal and Rural Health Equalities (NICHE) Anchor Institute's Impact Assessment Report *2023/4*

Enabling sustainable change across integrated  
care systems.



NICHE Website: <https://www.uea.ac.uk/groups-and-centres/projects/niche>



NICHE X



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## EXECUTIVE SUMMARY

**The Norfolk Initiative for Coastal and Rural Health Equalities (NICHE)'s vision is to establish highly effective collaborations to accelerate workforce and system level transformation.** NICHE core objectives are closely aligned and mapped onto the Norfolk and Waveney Integrated Care System Strategic Objectives.

NICHE aims to:

1. Improve health inequalities across rural, coastal and isolated communities
2. Achieve workforce development and sustainable transformation
3. Enhance system collaboration and transformation through effective partnership working.
4. Improve wellbeing and sustainable outcomes

NICHE partners share a common context of operating across coastal, rural, and isolated communities, that have impact on workforce and health inequalities. Integrated and collaborative programme delivery is through four focused workstreams:

1. **Workforce Intelligence Network:** achieving evidence-based workforce planning and modelling
2. **Therapeutic Optimisation:** achieving enhanced care experience and workplace cultures of effectiveness.
3. **Workforce Optimisation:** achieving place-based innovation
4. **Evaluation:** achieving evidence-based impact and outcomes

This NICHE impact report has been requested by the Norfolk and Waveney Integrated Care System (ICS), and aims to capture impact arising from our NICHE activity under the following three core areas:

1. **Quality & Safety:** Our embedded projects and programmes have enabled participants to develop their expertise, and embedded innovations for citizen and population health outcomes.
2. **Workforce Impact:** NICHE investment in supporting embedded workforce capacity, capability and confidence building programmes with partners has yielded evidence of a return on investment.
3. **Economic Impact:** Improvements have been identified in understanding effective strategies for enhanced workplace wellbeing; through a series of projects inspiring confidence, career potentials and talent management being mapped across all four workstreams.

Evaluation evidence is used to further inform and include a diverse range of voices (identified in this report as NICHE stakeholders), particularly seeking active participation, collaboration and inclusion across all integrated care system partners, citizens and communities within which we live and work.

## 1. Quality and Safety: Impact Statements for NICHE

NICHE has funded opportunities to enable effective, safe, and evidenced based embedded projects, ensuring that practitioners' initiatives remain deeply rooted within their 'place', benefiting people and communities. NICHE has funded:

- The Embedded Scholarship Programme – 3 Cohorts are being delivered across the Norfolk and Waveney ICS by the James Paget University Hospital NHS Foundation Trust, Great Yarmouth
- The THRIVE Leadership Development Programme – Proof of Concept is being 'tested' by the Queen Elizabeth Hospital NHS Foundation Trust, Kings Lynn
- NICHE Fellowships – 6 Embedded Fellowships have been awarded
- 7 'Kintsugi' and 'Mini Kintsugi' embedded place-based projects

Embedded Evaluation draws upon key principles of improving workforce impact by building:

- **Research capacity** across the Norfolk and Waveney ICS and within/ across participating organisations
- **Research capability** as part of workforce development and transformation underpinned by Embedded Research
- **Research confidence** of those leading and participating in the Programmes creating a 'ripple effect' enabling growth and ongoing development

### 1.1 Effective Integration

NICHE has funded activity from across the Norfolk and Waveney Integrated care system, regional, national and with international partners enabling opportunities for **integrated and equitable care across the ICS**.

NICHE has over 400 people engaged with us over the past year. NICHE partners receive regular updates on NICHE activity and are emailed the bi-monthly newsletter. All NICHE newsletters, blogs and events can be found on the NICHE website.

### 1.2 NICHE Shared and Active Learning Events

NICHE operates on the underpinning principles—of shared governance, achieved through *collaboration, inclusion, and active participation* (CIP), applied as principles of effective partnership working across complex system settings. This is reflected in our governance and reporting matrix.

NICHE has coordinated and funded 8 shared learning events over the past year, aiming to provide a consistent approach to learning through sharing information of the NICHE project workstreams, to facilitate and enrich outcomes and impact associated with NICHE's strategic objectives.

### 1.3 NICHE Conferences

Other events to enhance shared learning and innovation uptake has been through NICHE conferences, aiming to inspire the spread of practice driven innovation across our system partners at a system - 2022, national - 2023 and planned for international level in 2025.

## 2. WORKFORCE IMPACT

NICHE has funded project opportunities to enable workforce investment in terms of workforce modelling, improved evidence-based workforce planning, investigating effective strategies for recruitment and retention, plus a series of projects focused on workforce wellbeing initiatives.

NICHE embedded programmes for workforce optimisation, offers an infrastructure of enablement and career development that aligns with workforce transformation requirements to achieve highly effective, evidence based, integrated care pathways.

## 3. ECONOMIC IMPACT

NICHE has funded four workstreams of themed activity. This Impact Report captures activity and impact as beneficial outcomes to also demonstrate value for money, a return on investment and the opportunity for fiscal optimisation associated with improved system and workforce effectiveness. This is inspired and supported by the NICHE infrastructure of **igniting** new opportunities, **innovating** ways of working and thinking with a focus on ensuring we **embed** everything that we do in the culture and context of the workplace.

NICHE staff are supporting and engaging across the Norfolk and Waveney ICS through the active participation in the ICS People Board, Chief Nurses Forum, and workforce inclusion meetings. They also offer mentoring, coaching, active learning, and other activities such as Non-Executive Director in the NHS and Governor roles in local schools.

Economic impact from NICHE innovation investment is a focus of the evaluation phase of NICHE activity, with additional work taking place to fully undertake economic evaluation, cost savings calculations, and return on investment evidence.

- *Case study evidence (two examples are provided in section 4 ) continues to be gathered from amongst the NICHE funded Scholars, Fellows, and Embedded projects where*

*clinicians have been enabled to stay in their roles and carry out research that leads to patient benefit, and cost efficiencies.*

#### 4. NICHE IMPACT SUMMARY

NICHE is committed to reducing health inequalities and fostering sustainable health and care practices associated with rural, coastal, deprived, and isolated communities. These localities often face significant health-related challenges due to geographic infrastructures, limited access to services, climate challenges, and socioeconomic disparities. Through an embedded approach, NICHE drives strategic health initiatives and sustainable improvements as an anchor institute, curating connected communities.

NICHE has **achieved 97 impact activities** over 18 months across its four objectives through work that is:

- 1: **Improving health inequalities** across rural, coastal and isolated communities with embedded programmes of work to support and embed improvements addressing health inequalities in our Scholarships, Fellowships, Kintsugi Projects.
- 2: Achieving **workforce development and sustainable transformation** through identifying and evaluating effective strategies for workforce and therapeutic optimisation.
- 3: **Enhancing system collaboration and transformation** through effective partnership working, achieved through principles of NICHE such as shared governance, learning and innovation uptake.
- 4: **Improving wellbeing and sustainable outcomes**, evidencing the benefits, impact and effective integrated care pathways that are wrapped around people and communities, (whether patient, families, residents or workforce personnel), embedded within their context.



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**The Norfolk Initiative for Coastal and Rural Health Equalities (NICHE)'s vision is to establish highly effective collaborations to accelerate workforce and system level transformation.**

## **1.0 Introduction**

18 months into being established, this NICHE impact report has been requested by the Norfolk and Waveney Integrated Care System (ICS) partners and aims to capture impact arising from our NICHE activity to date under the three core areas of i) Quality and Safety, ii) NICHE Impact and iii) Economic Impact.

NICHE core objectives are closely aligned and mapped onto our Norfolk and Waveney Integrated Care System Strategic Objectives.

NICHE aims to:

- 1: Improve health inequalities across rural, coastal and isolated communities
- 2: Achieve workforce development and sustainable transformation
- 3: Enhance system collaboration and transformation through effective partnership working
- 4: Improve wellbeing and sustainable outcomes

Delivery of all programmes of work are through four workstreams:



All NICHE partners share a common context of being placed across coastal, rural, and isolated communities, that have impact on workforce and health inequalities. Transformation for NICHE refers to an intentional outcome, that informs how we work to inspire innovative approaches that enable a broad group of stakeholders to identify and achieve their goals.

Our facilitative approach aims to achieve sustainable cultures and practices that are safe, highly effective and ultimately promote health and wellbeing outcomes for all, working across coastal, rural and hard to reach communities.

We aim to enable:

- **Transformational intent** is achieved through a process of co-design and co-produced praxis; as critically informed actions, where embedded evaluation is integral at all stages of the change process. Evaluation evidence is used to further inform and include a diverse range of voices (identified in this report as NICHE stakeholders), particularly seeking active participation, collaboration and inclusion across all integrated care system partners, citizens and communities within which we live and work (Hardy et al, 2011).
- **Workforce transformation** is a critical challenge, and a recognised asset from which to achieve change (Zurynski et al, 2024). Workforce transformation activities seek to optimise the health and care workforce requirements, as providers who can meet the needs of unique population groups and communities, alongside implications for effective integrated models of care, as they emerge post pandemic. New roles are also emerging, alongside the need for a skilled trans-disciplinary approach to team effectiveness; with active commitment to participation and engagement with local communities, and local assets that can sustain and support people's long-term health and wellbeing goals.
- **System transformation** is focused on identifying and achieving the most effective strategies needed to remain flexible and adaptable for health and care services, alongside associated organisational structures and to address contemporary challenges, such as the interface between population and planetary health.

Working as an **Anchor Institute**, NICHE facilitates opportunities to '*ignite, innovate*' and '*embed*' research, education, evaluation and learning to achieve system level transformation.

Through exploring new approaches to innovation, measurement, integrated with workforce development initiatives and development. NICHE curates connecting communities to share knowledge, for enhanced innovation uptake and sustainable change.

NICHE facilitates a series of embedded workforce transformation programmes, offering shared practice driven improvements to the economic, health and social factors that contribute to sustainability agendas, all of which form part of our NICHE@UEA Anchor Institute status.

NICHE is one of six Higher Education Institutes (HEI) in the East of England funded through NHS England (East of England) and are working collectively across the East of England Region, to address scalability, credibility and develop an evidence base from which to achieve sustainability across different contexts, landscapes and cultures.



NICHE is leading on the Anchor Institute evaluation process, working with external evaluation partners Skills for Health's Workforce Development Trust. This work engaged all six HEIs, through their local leads, who have formed the Eastern Partnership for Innovation in Integrated Care (EPIIC).

## 2.0 Impact and Sustainable Outcome Measures

*'The multi-faceted challenges of health and care addressed by the NICHE project programme are deeply intertwined with unique characteristics of the Norfolk and Waveney Integrated Care System (N&WICS), particularly emphasizing the contextual intricacies of coastal, rural and isolated communities'.* NICHE evaluation protocol, 2024.

NICHE recognises the need for effective embedded evaluation, which has been weaved into all aspects of our work. We have used the following outcome measures as a focused approach to capture impact locally, regionally, nationally, and internationally:

- 1: Enhance and sustain opportunities for integrated collaboration**, from which to sustain health and wellbeing for those who live and work in our region, with particular focus on coastal, rural, and isolated communities
- 2: Inspire innovation as a coordinated approach**, and a process of knowledge exchange, transfer and utilisation across system, regional, national, and international levels, for effective strategies to achieve sustainable improvements across workforce and system level effectiveness
- 3: Gather outcome evidence** evidencing the value benefits, outcomes and impact of research, evaluation, and innovation activities

NICHE impact assessment report aims to capture evidence of embedded multi-measure approach to innovative projects. Information gathered remains sensitive to the contextual and cultural differences found within a diverse, complex socially connected eco-system of health and social care. Impact is through collective action. Facilitating practice improvements that co-creates new cultures does not happen singularly (Bronfenbrenner, 1979; Ospona and Foldy, 2010) .

NICHE impact assessment objectives are to :

1. Document and compare the conceptualisation and design rationale underpinning NICHE with other forms of practice development initiatives.
2. Collect quantitative and qualitative data from workstreams and projects, to outline an impact framework, with a related set of indicators that inform the multifaceted trajectory of development and utilisation of NICHE funded workstreams and projects.
3. Capture the transferable knowledge of context-mechanism-outcomes (CMOs) on 'what works, for whom, how and why?' in multifaceted, complex and inter-related health and social care inspired and embedded innovations.
4. Collaborate with local and international partners to explore applicability and credibility of NICHE generated experience, and actionable insights to comparable health and care contexts around the world.

Table 1: Our initial impact framework (Manley et al, 2022/2024) has identified the following key indicators as:

System Transformation	Workforce Transformation	Sustainability Indicators
Strategic Alignment	System leadership	Addressing global health challenges
Degree of integration	Capabilities wrapped around the citizen	Addressing health inequalities
Whole pathway commissioning	Capacity and capability Confidence and career advancements	Sustainability (across the triple bottom line of <i>People, Products and Planet</i> )
Measuring what matters (co-production)	Workforce wellbeing	Connecting and curating communities (sensitively and inclusively)

Table 2: Using this impact framework, we can then maximize impact and outcomes across all our project workstreams as indicated in the table below.

NICHE 4 WORKSTREAMS	System transformation	Workforce Transformation	Sustainability Indicators	Evidence
1: Workforce Intelligence Network (WIN)	x	x	x	x
2: Therapeutic Optimisation (THEO)	x	x	x	x
3: Workforce Optimisation	x	x	x	x
4: Evaluation	x	x	x	x

## 2.1 Impact Summary

*NICHE offers an agile, embedded, and open approach to new managerial, fiscal, and operational practices. For example, through facilitating rapid development of smaller partnerships for innovative projects that can swiftly address the unique needs of their local communities, workforce assets become paramount in achieving sustainable system wide transformation (Guyen et al, 2024).*

**Inspiring Innovation:** Mistry et al, (2024) writing for the Kings Fund, states those keen to innovate experience significant frustrations, that are exacerbated by colleague's workload pressures, organisational and workplace cultures, hierarchical organisation structures, high levels of bureaucracy and risk-averse leadership. These factors create a complex environment that slows down the pace of innovative initiatives, as seen in the first year of NICHE development.

NICHE undertook a mapping of local strategies to ensure the NICHE objectives were closely aligned and offered an implementation framework. This could then be used by partners to help them achieve

their ambitious objectives across the Norfolk and Waveney system, despite large scale cost efficiencies, a cost-of-living crisis and post pandemic consequences still being felt.

NICHE **four workstreams** have achieved to date **97 impact activities** from which dissemination has been achieved (Appendix 1).

## 3.0 Core Impact Areas

### 3.1 Quality and Safety

Our embedded projects and programmes have enabled participants to develop their expertise, and embed innovations driven and wrapped around the patient/clients/service users/person/community/family<sup>1</sup>). Benefit has been identified and evidenced as; risk reduction, resource maximisation, cost benefit and improved planning for social, cultural, and physical infrastructures that stretch across traditional sector boundaries, as **highly** effective integration.

### 3.2 Workforce Impact

NICHE investment in supporting embedded workforce capacity, capability and confidence building programmes with partners has yielded evidence of a return on investment as embedded practice driven innovations have **improved person-centred care pathways**. Teams are working more effectively, with improved resource management and potentials for embedded projects to provide further dissemination and cost savings over time, as innovation efficiencies cascade across the system.

### 3.3 Economic Impact

Improvements have been identified in understanding effective strategies for enhanced workplace wellbeing through a series of projects inspiring confidence, career potentials and talent management being mapped across all four workstreams. Within this next phase of NICHE impact and evaluation (2024/5) the aim is to focus on capturing cost benefit analysis, from which to report evidence of estimated **cost savings and return on investment** on all projects delivered to date.

## 4.0 Quality & Safety: Impact Statements for NICHE

NICHE has funded impactful opportunities to enable effective, safe, and evidenced based projects, ensuring that practitioners' initiatives remain deeply embedded within their 'place', benefiting people that are cared for. There are also indications of other system benefits, across a variety of community, integrated health, social care, and international partners' workplace contexts.

Our funded projects and programmes have enabled participants to develop their expertise, and embed innovations driven and wrapped around the person and community. Benefit has been identified and evidenced as; risk reduction, resource maximization, cost benefit and improved

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<sup>1</sup> Terminology varies depending on individual preferences and service ethos.

planning for social, cultural, and physical infrastructures that transcend traditional sector boundaries, as **highly** effective integration.

#### 4.1 Embedded Scholarship Programme

NICHE has provided funding to the James Paget University Hospital (JPUH) Great Yarmouth, to lead an Embedded Scholarship Programme (ESP). One cohort has been completed, one is underway, and one is due to commence in September 2024. NICHE has funded three out of four cohorts of embedded scholars offering funded places open to all partners across the Norfolk and Waveney ICS.

Each cohort has achieved between 9 to 16 scholars, funded to undertake an 8-session facilitated programme. The ESP has capacity to reach a total of over 40 interdisciplinary participants from across the Norfolk and Waveney ICS, to initiate their embedded research and quality improvement experiences driven by population /person-centered health, care demands and service need. Each participant identifies and achieves a quality/service improvement project, to date several outcomes have been achieved (Appendix 2).

#### 4.2 NICHE Fellowships

During 2023 NICHE has awarded **6 Embedded Fellowships** in which each Fellow is focussing on two or more of the NICHE key themes. Underpinning each of the Embedded Fellowships is a focus on developing Embedded Research or Service Improvement Evaluation drawing on the key principles of improving workforce impact across:

- **Research capacity** across the Norfolk and Waveney ICS and within/ across participating organisations.
- **Research capability** as part of workforce development and transformation underpinned by Embedded Research.
- **Research confidence** of those leading and participating in the Programmes creating a 'ripple effect' enabling growth and ongoing development.

NICHE Fellowships were recruited via an open call. Each proposal was reviewed by a panel before being awarded the funding and Fellowship. A further Fellowship was funded via the NIHR Eastern ARC, and another to enable applications from community based freelance artists to engage in the new FMH MA Medical and Health Humanities course at UEA.

Supporting the NICHE Embedded Fellows is a series of Active Learning (Dewing, 2008) sessions which has enabled Fellows to critically reflect and share their learning along with the opportunity to interact with invited keynote presenters on topics relevant to their fellowships long term sustainability.

NICHE funded Fellowship projects cover the lifespan and provide a variety of clinical specialisms, including orthopedics; learning disabilities; children; maternal interventions through to end-of-life care.

The Embedded Research and Service Improvement Evaluations are presented in Appendix 3 along with impact and outputs to date. In summary NICHE Fellows products and outputs to date:

<b>6 Fellows</b>	<b>3 external recognition Awards</b>	<b>14 conference presentations</b>	<b>10 seminar presentations</b>	<b>5 blogs</b>
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*To note: there will be a seventh NICHE Fellow commencing the MA Medical and Health Humanities in September 2024.*

### 4.3 NICHE Funded Place-Based ‘Kintsugi’ and ‘Mini Kintsugi’ Projects

NICHE awarded funding to seven Kintsugi<sup>2</sup> place-based projects during 2023. These place-base projects were made-up of two types:

- Kintsugi – up to £20k in funding (4 awarded)
- Mini Kintsugi – up to £5k match funded (3 awarded)

Kintsugi projects are embedded place-based projects that demonstrate achievement of one or more of the NICHE themes. Each are underpinned by an embedded approach to research or service improvement evaluation, derived from a local initiative. Each application went through an independent review via the NICHE Internal Steering Group and are identified in the following table:

Table 3: NICHE Kintsugi projects: Building Capacity, Capability, and Confidence in embedded research and service improvement evaluation.

ICS Partner	PROJECT TITLE
<b>School of Social Work, UEA</b>	Developing an intervention to support the retention of health and social care professionals in Norfolk.
<b>Take a Chance on me CIC, Gt Yarmouth</b>	Take a chance on me. A social enterprise <a href="#">HOME - Take a Chance On Me</a> . Evaluating the impact and effectiveness of the structure, process, and outcomes of the ‘Take a Change on Me’ programme of work.
<b>Norwich Museum</b>	The Community Culture Club initiative embedded evaluation.
<b>School of Pharmacy, UEA</b>	Evaluation of a novel early career prescribing programme to support workforce development, retention, and diversification of pharmacists in the East of England.
<b>Norfolk County Council</b>	Embedded Improvement Evaluation – Norfolk Safeguarding Adults Board.
<b>Norfolk and Waveney ICB</b>	‘My Story, My Words, My Voice’. A quality improvement initiative to improve equity of access and inclusion for marginalised service users.
<b>Norfolk and Suffolk NHS Foundation Trust</b>	Homeless Health Needs Audit and Embedded Project Evaluation in Norfolk.

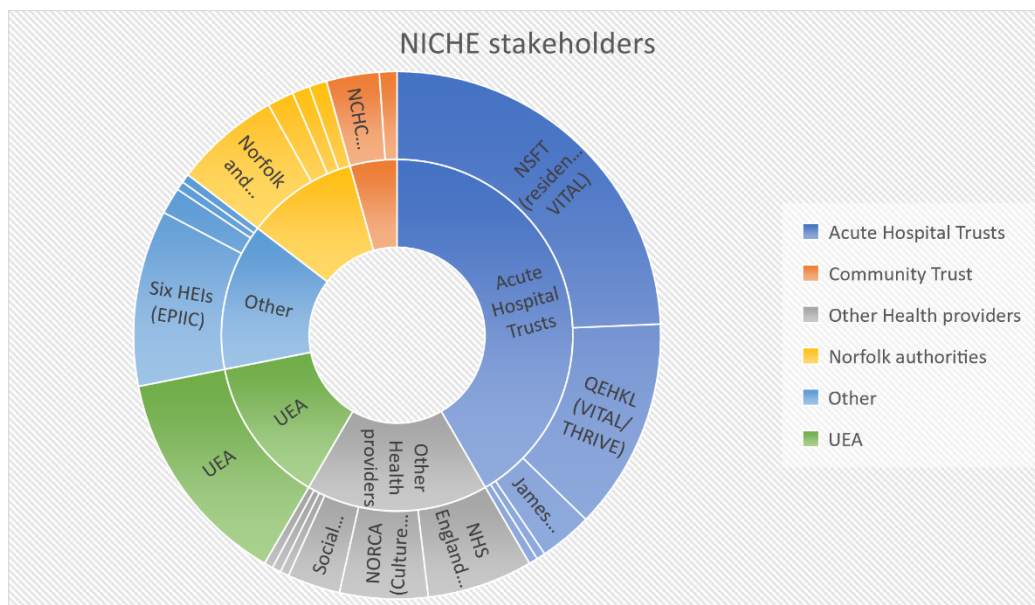
<sup>2</sup> Kintsugi, is the Japanese art of melding pottery with precious metals, to create something unique and with added value.

All Kintsugi projects will commence reporting on study findings beginning in July 2024, through to February 2025, as each project outputs are captured and reported.

## 5.0 NICHE Impact: Effective Integration

NICHE has funded activity from across the Norfolk and Waveney Integrated care system, regional, national and with international partners enabling opportunities for **integrated and equitable care across the ICS**.

NICHE has a live database of collaborating partners that has reached over 400 people who have engaged with us over the past year. NICHE partners receive regular updates on NICHE activity and are emailed the bi-monthly newsletter. The most recent NICHE newsletter Issue 7, May 2024 can be found on the NICHE website. The following Pie Chart reflects the Norfolk and Waveney Stakeholders actively engaged in projects and programmes.



Appendix 4 identifies the trans-disciplinarity of stakeholders engaged with NICHE activity over the past year as an estimated total of direct contacts and active participation.

### 5.1 NICHE Shared And Active Learning Events

NICHE is based on the underpinning principles of shared governance, achieved through *collaboration*, *inclusion*, and active *participation* (CIP), applied as principles of effective partnership working across complex system settings.

NICHE has coordinated and funded eight shared and active learning events over the past year, aiming to provide a consistent approach to sharing information of the NICHE project workstreams, to facilitate and enrich outcomes and impact associated with NICHE's strategic objectives.





June 2024 active learning event was hosted by Dr Kev Harris, (NICHE Honorary Associate Professor) on Realist Evaluation. Two future active learning events are planned and are being hosted by Jack Mellender a Health Economist working with the Workforce Development Trust, as our independent external evaluation partner.

NICHE is also a founding member of the Norfolk and Waveney Arts and Health Collaborative, working in close collaboration with Norwich University of Arts, the Restoration Trust, Norfolk Broads Authority as a collective.

A symposium was held on 10<sup>th</sup> May 2024, with 40 participants from across Norfolk and Suffolk, to share experiences of how to evaluate arts and health creative projects through case study exploration. Future funding is being discussed for joint projects to further the work achieved via the Norfolk and Suffolk Culture Board's report, on which NICHE was part of the steering committee.

## 5.2 NICHE Conferences

Other events to enhance shared learning and innovation uptake has been through NICHE conferences, aiming to inspire the spread of practice driven innovation across our system partners.

NICHE (and its preceding ImPACT research group) has delivered:

- 1 x Norfolk and Waveney Conference (Sept. 2022)
- 1 National Conference (Sept. 2023)
- 1 x Regional Conference (June 2024) working across our six HEI partner anchor institutes, that have come together under the banner of *Eastern Partnership for Innovation across Integrated Care (EPIIC)*.

The EPIIC conference was hosted by Anglia Ruskin University in Cambridge, sharing evidence of work achieved to date, and discussing long term sustainability of HEI based Anchor Institute activities.

Attendance has been growing at each (n=80-110 participants) and evaluation has been highly positive.

NICHE, in collaboration with partners is planning for an International Conference (Oct/Nov 2025) with partners from across the United Arab Emirates, the Caribbean and Australia.

## 6.0 Workforce Impact

NICHE has funded project opportunities to enable workforce investment in terms of workforce modelling, improved evidence-based workforce planning, investigating effective strategies for recruitment and retention, plus a series of projects focused on workforce wellbeing initiatives, including evaluation of Schwartz Rounds and the impact of a psychologically led staff wellbeing service.

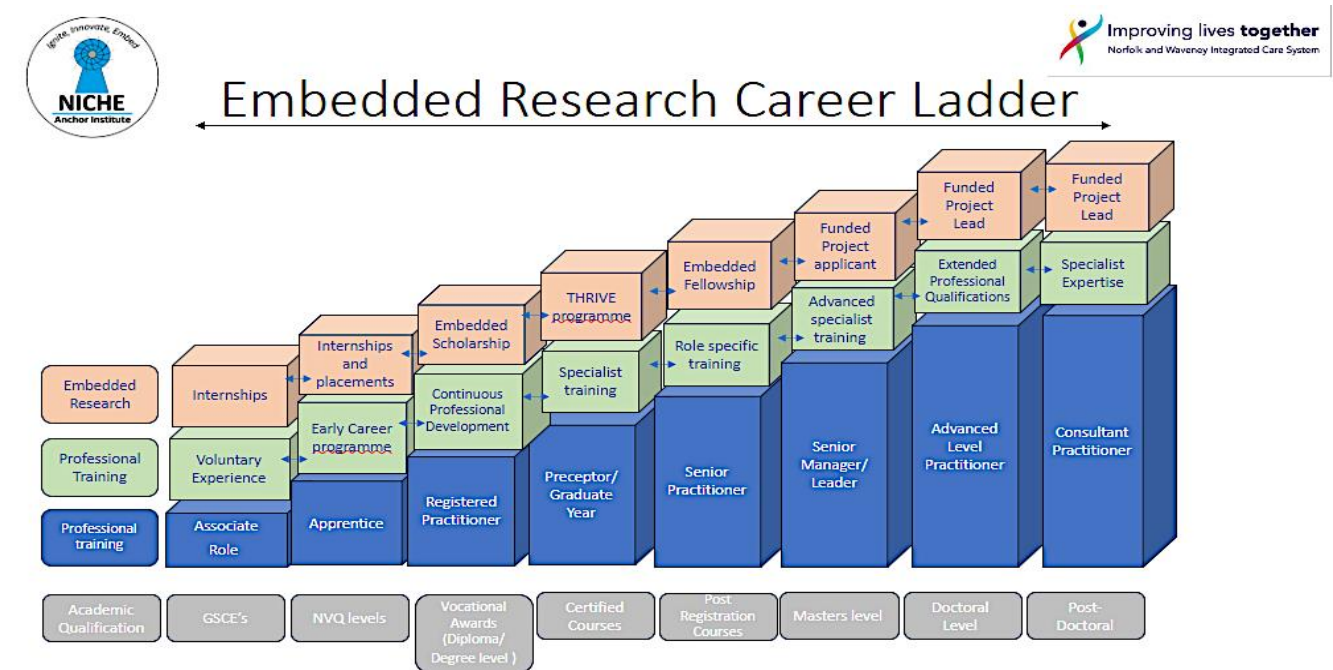
NICHE investment in workforce capacity, capability and confidence building programmes with partners has yielded evidence of a return on investment as embedded practice driven innovations

have **improved person-centred care pathways**. Teams are working more effectively, with improved resource management and potentials for embedded projects to provide further dissemination and cost savings over time, as innovation efficiencies cascade across the system.

NICHE embedded programmes for workforce optimisation, offers an infrastructure of enablement and career development that aligns with workforce transformation requirements to achieve highly effective, evidence based, integrated care pathways.

As outlined in the following NICHE embedded career ladder offered pictorially, this reveals how the programmes provide embedded support around staff at different stages of their career. For example, an internship has been successfully offered to work with the recruitment project, which has enabled a graduating UEA student to gain experience of project management, working alongside ‘This Nurse Can’ recruitment campaign. The funded Embedded Scholarship Programme and the THRIVE Leadership programme, particularly targets those in their early career (who have been identified as high risk of leaving their profession from workforce data). Then there is the support provided to those who are ready to undertake the Fellowships, and lead on Kintsugi projects.

Each of these programmes of work builds upon the other, alongside potential long-term engagement with NICHE to support staff in either joining funding collaborations (as seen in the outputs of scholars), or in submitting their own applications for future fundings to support their initiatives longer term scaling up and sustainability.



Slide 3.1 NICHE embedded career ladder.



NICHE has funded the following opportunities to enable investment in workforce optimisation, in terms of planning, capabilities, targeted recruitment and effective strategies for retention and staff wellbeing (i.e., retainment).

### 6.1 Workforce Intelligence Network

This workstream will focus on undertaking workforce modelling across NHS and Social Care data sets. A series of stakeholder interviews will inform a soft system analysis of productivity, quality, and safety aspects of a workforce plan for the Norfolk and Waveney system. Stakeholder workshops and learning events will continue to share the learning taking place, forming the workforce intelligence network, bringing together workforce commissioners, planners with evidence-based workforce models, applicable to the locality and population health requirements. Undertaken in collaboration with London South Bank University's (LSBU) an LSBU funded PhD student is associated with this project. This project launched in May 2024.

### 6.2 Workforce Recruitment

Two projects have been funded by NICHE to focus on the recruitment and retention of workforce personnel. The impetus has been driven by the diminishing number of student applications, into nursing careers in our region. UCAS has indicated an annual 13% reduction in applications and is therefore a focused recruitment target group at UEA.

**A nursing recruitment campaign video** [This Nurse Can \(uea.ac.uk\)](https://uea.ac.uk) will showcase the diversity of career options available to nurses. Case study materials, and bus advertising will complement the video recruitment campaign in our region. Originally aimed to be launched on International Nurses Day (May 2024), the video underwent final edits, and was launched in July 2024. This will be cascaded widely amongst our stakeholders, for open days and recruitment fayres.

### 6.3 Workforce Retention

**The retention workstream** has undertaken several projects looking at attrition at undergraduate level and evaluating effective strategies for the retention of both student nurses and qualified practitioners. Several conference papers have been produced, and a project report that scoped the literature is about to be published. An innovative project is underway to pilot the clinical placement allocation of students, in the 'Time a Place, a Face', campaign, which has had significant buy in across NHS partner organizations (6 Trusts).

NB. *Retaining one qualified professional will **save the organization £60,000 per annum** in having to advertise, recruit and onboard/induct someone new, plus aims to further reduce reliance on costly bank and agency cover* (Hardy and Nuttall, 2024: Legacy Mentor Evaluation Report).

A new 'graduate programme', entitled '**THRIVE at QEHKL**', is focused on developing professional graduates during their first two years of qualification – which is identified as a high-risk group of staff who leave the health profession. The THRIVE programme aims to help retain staff, offering them a

study day release to explore all aspects of their learning needs, leadership, and professional development.

Eight participants attended the first pilot course and have achieved a mid-point evaluation that affirms their learning embedded within their workplace settings, in areas of leadership, culture change and implementing innovation within their interdisciplinary teams.

Feedback (June 2024) includes:

**Interdisciplinarity:**

*It means that during my practice I will be more willing to spend time learning from members of the multi-disciplinary team. I have been able to learn more about different roles available to help the organization, such as volunteers.*

**Quality Improvement:**

*I have past experience of QI, but it is different now, it was based on the LEAN concept, here I am learning in depth about collaborative work, leadership, QI fundamentals, guiding lights principles, which improve my attitude, knowledge and help me to understand my potential and implement the QI project.*

*Leading a QI project by example, and working towards having a good team, better relationships, and increased positivity on the ward.*

*QI and research, the first time I studied both in nursing school I found them cumbersome. However, this programme has managed to break them down for me.*

**Workplace culture:**

*The programme has been really useful to attend and has meant that I have been able to explore my workplace culture and organizational culture in depth.*

*I am happier, and that spreads to my team.*

**Leadership:**

*Given me the tools to do a leadership role in a discipline I am relatively unfamiliar with. It has given me the confidence to go to work and lead a team which is more experienced than myself.*

*To be a deliberate leader, who is compassionate, and authentic. It is humbling.*

*Leadership, knowing me and what I value and how that affects my work and those around me.*

*I have been able to unlock my creativity and see things from a different perspective, whilst developing skills that can be transferred throughout all areas of life.*

*I wish this programme would become the culture of leadership in the Trust.*

## 6.4 Workforce Retainment

The **NICHE funded evaluation of Schwartz rounds** has been taking place, where both qualified and undergraduate students are sharing experience of clinical cases and exploring the emotional impact of these on pathways of care. The opportunity for storytellers to prepare their stories in dialogue with facilitators, and to narrate them within a Round of engaged listeners, has the potential to be therapeutic for those individuals. Equally, hearing others' stories can help naturalise the idea that health and social care professionals are 'also human' (Elton, 2018; Ng et al, 2022), and have emotional responses to the work they do.

Students and staff who have responded to the evaluation have identified that the Rounds are emotive and powerful. Participants rate the Rounds as 'excellent' or 'exceptional': 100% of student attendees say that hearing others talk about their personal feelings in the context of their work is helpful to them. Students attend the Rounds out of curiosity, to keep them engaged in the course, and because previous Rounds have been insightful. Around 80% of our student attendees think Rounds should be introduced into their curriculum, and over 85% report that Rounds have offered them insight and knowledge that will help equip them for clinical practice. Many feel that Rounds offer a space for reflection and sharing that deepens their compassion and empathy in a safe environment. In addition to the positive feedback received, the Programme team received the first Early Career Researcher (ECR) poster prize for their systematic review at the UEA Lifespan and Population Health Research Centre's joint Postgraduate and Early Researcher Conference (June 2024) along with the first ECR oral presentation prize. This recognition underscores their significant contributions to the field and the importance of the funding received from NICHE

## 7.0 Workforce Transformation Academy

NICHE's Workforce Transformation Academy programmes are commissioned and co-designed to maximise workforce capability for transformation. Last year, we delivered these programs and continue to assess and evaluate their long-term impact.

### **Case Study 1: Norfolk and Suffolk Foundation Trust (NSFT) residential person-centred culture programme (Programme Report completed in August 2023).**

*'Leading and Facilitating the Development of Person-Centred Care and Cultures'* was co-designed and developed with Norfolk and Suffolk NHS Foundation Trust (NSFT). The five-day residential programme used the underlying principles created by the International Practice Development Collaborative (IPDC) or Practice Development Residential Schools, run Internationally (i.e., Australia, Canada, Europe, UK). The content however of the NSFT/ NICHE programme focussed on the key priorities identified by the Trust which guided content development along with a Co-facilitator model for delivery.

Twenty-five participants from across a variety of clinical services at NSFT took part in the residential programme. Key emergent themes from the evaluations across the week are captured as: an appetite

by participants to seek opportunities to learn, share and network with each other making new and renewed connections from across the Trust. In addition, there was a willingness and commitment to create cultures of practice that supported and nurtured person-centred ways of working underpinned by compassionate, collective leadership.

- **Enhanced Self-Reflection and Compassionate Practice:** Participants reported a deeper understanding of the importance of being present in conversations and actively listening. One participant noted, *"The ability to self-check and consider yourself and your impact on the people that you work with and the people that we serve in our communities was really, really important."* This reflective practice fostered a more compassionate and person-centred approach in their professional interactions, both with colleagues and service users.
- **Strengthened Professional Relationships and Networking:** The immersive environment enabled them to connect deeply with colleagues from various backgrounds. One participant emphasized, *"It was a very good programme. And then, personally, I found that my skill and knowledge was updated. But I actually found that...the knowledge I gained through that programme was...a booster of my confidence."* This networking aspect was crucial for enhancing collaborative efforts and professional growth.
- **Improved Leadership Skills and Workplace Culture:** The programme's focus on compassionate leadership and person-centred cultures equipped them with the skills to create supportive and effective workplace environments. Feedback indicated that participants felt more confident in their roles and were better prepared to drive positive cultural change within their teams and the broader organization. For instance, one participant stated, *"It has helped me to become more resilient and has given me the belief to become a better clinician."*
- **Empowerment and Motivation Amidst Organisational Challenges:** The programme played a crucial role in re-energising participants, many of whom were experiencing professional fatigue and demoralisation due to organisational challenges. As one participant shared, *"The five-day residential training was very rich. It was very motivating...Having professional colleagues all around...was a really creative programme."*
- **Long-Term Support and Sustainability:** The ongoing support provided after the residential week, particularly through the involvement of facilitators, ensured that the impact of the programme extended beyond the initial experience. This continued support was crucial for helping participants translate their learning into sustained practice changes. A participant highlighted the value of this support, noting, *"The 12 months support programme had been extremely supportive as well."*
- **Positive Feedback and Recognition:** The programme received positive feedback from both participants and their managers, who noticed significant improvements in their professional practice and interpersonal interactions. As one participant reflected, *"I have stopped seeing myself as just a person. I am valued. I am still relevant."*

- **Promoting Person-Centred Care:** A key learning point was the emphasis on person-centred care, which stood out to many participants. This approach was highlighted as both a theoretical and practical aspect of the programme, significantly impacting how participants viewed and treated their clients. One participant mentioned, "*The client-centred care model made me feel that a lot of time as clinicians we don't really put our client at the centre of our work.*"

In summary, the NSFT/NICHE Residential Programme has had a transformative impact on **fostering a culture of compassionate leadership, enhancing professional relationships, and supporting sustainable change within the organisation**. The programme has highlighted the importance of person-centred care and demonstrated the crucial role of long-term support in maintaining its positive effects.

Other programmes delivered during 2023 include the 'Guiding Lights for Effective Workplace Cultures' programme which was commissioned by the former Norfolk and Waveney Clinical Commission Group and was jointly delivered with The Foundation of Nursing Studies – this programme was open to participants from across the Norfolk and Waveney ICS. The *VITAL Programme* was also delivered within NSFT to a further 3 cohorts of band 7 clinical leaders.

## 8.0 Economic Impact

NICHE has funded four workstreams of themed activity, each being allocated funding between 13-27% (see the following Diagram 1). This impact report captures beneficial outcomes as activity and impact to demonstrate value for money and a return on investment. This provides an opportunity for fiscal optimisation arising from the workforce and the potential for improved system and workforce effectiveness. This has all been inspired and supported by the NICHE infrastructure and an approach of delivery underpinned by skilled facilitation, support and enablement.

Improvements have been identified in understanding effective strategies for enhanced workplace wellbeing through a series of projects inspiring confidence, career potentials and talent management being mapped across all four workstreams. Within this next phase of NICHE impact and evaluation (2024/5) the aim is to focus on capturing cost benefit analysis, from which to report evidence of estimated **cost savings and return on investment** on all projects delivered to date.

NICHE staff are supporting and engaging across the ICS through the active participation in the ICS People Board, Chief Nurses Forum, workforce inclusion meetings. They also offer mentoring, coaching, facilitating active learning, and supporting in other activities such as Non-Executive Director and Governor roles in the NHS and local schools.

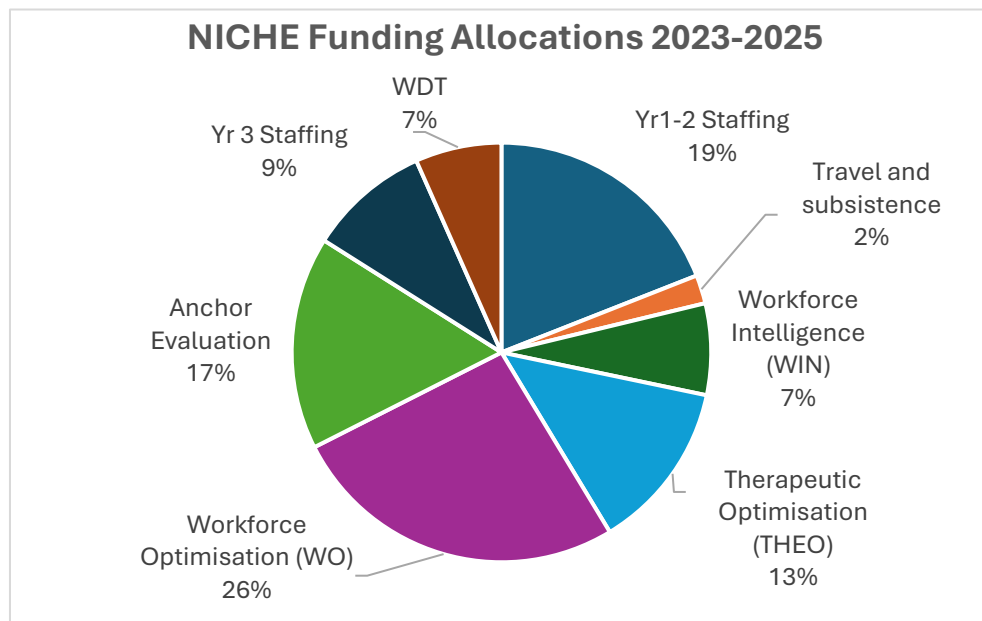


Diagram 1- Funding allocations across NICHE workstreams

Economic impact from NICHE innovation investment is a focus of the evaluation phase of NICHE activity, with additional work taking place to fully undertake economic evaluation, cost savings calculations, and return on investment evidence.

Further case study evidence is being gathered from amongst the NICHE funded Fellows and Embedded Scholars where participants have been enabled to stay in their roles and carry out embedded research that leads to patient benefit, and cost efficiencies.

Evaluation funding was secured to achieve an overarching evaluation of all six HEIs across East of England, working to improve workforce and system transformation. A procurement process has identified an external evaluation partner, as Skills for Health's Workforce Development Trust and are working with our EPIIC partners to achieve a robust evaluation of activity in the Eastern Region.

Two Case Studies to illustrate economic evaluation are presented in Appendix 5.

## 9.0 NICHE Impact Summary

NICHE is dedicated to reducing health inequalities and fostering sustainable health and care practices associated with rural, coastal, deprived, and isolated communities. These localities often face significant health-related challenges due to geographic infrastructures, limited access to services, climate challenges, and socio-economic disparities. Aligned with Integrated Care Systems (ICS) goals, NICHE activity is addressing health outcomes, enhanced workforce capability, engaging with effective partnerships and promoting long term impact and sustainability.



Based at the University of East Anglia (UEA) and funded by NHS England, in its first eighteen months NICHE is driving strategic health initiatives and sustainable improvements as an Anchor Institute, curating connected communities.

NICHE has **achieved 97 impact activities** across its four objectives through work that is:

- 1: **Improving health inequalities** across rural, coastal and isolated communities with programmes of work to support and embed improvements addressing health inequalities in our Scholarships, Fellowships, Kintsugi Projects.
- 2: Achieving **workforce development and sustainable transformation** through identifying and evaluating effective strategies for workforce and therapeutic optimisation.
- 3: **Enhancing system collaboration and transformation** through effective partnership working, achieved through principles of NICHE such as shared governance, learning and innovation uptake.
- 4: **Improving wellbeing and sustainable outcomes**, evidencing the benefits, impact and effective integrated care pathways that are wrapped around the citizen, (whether patient, families, residents or workforce personnel), embedded within their context.

In summary, NICHE is enabling:

**Community-Driven Embedded-Research and Evaluation Activity:** NICHE addresses health disparities through interconnected workstreams, calls for innovative place-based health and social care projects, practice-driven developments, supportive fellowships, and scholarship programmes, co-constructing multi-faceted innovations for and within communities across our integrated health and care system.

**Understanding the System and Community (Workforce Intelligence Workstream):** We analyse data on local healthcare needs and workforce dynamics to inform innovations.

**Enhancing Care Quality (Therapeutic Optimisation Workstream):** We implement person-centered care models and empower healthcare professionals with research skills and insights through the embedded researcher model, to drive continuous improvement and innovation based on real-world needs.

**Strengthening our Workforce (Workforce Optimisation Workstream):** NICHE's multifaceted approach includes initiatives for recruitment, retention and retainment through professional knowledge exchanges, and workplace culture awareness programmes, ensuring the well-being of the health and care workforce.

**Measuring Impact (Evaluation Workstream):** We continuously assess our initiatives across the East of England, to ensure meaningful, sustainably, culturally sensitive community driven health and care experience improvements which aims to inform new knowledge generation and insight to inform future planning, development, and delivery.



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## Appendix 1: NICHE Impact Activity

NICHE has achieved to date **97 impact activities**, from which dissemination has been achieved:

- 30 academic papers (co-authored with practice partners)
- 10 contemporary issues Blogs (published on NICHE website)
- 8 Place-Based 'Kintsugi' projects
- 8 shared learning events
- 7 NICHE Newsletters (shared with over 400 contacts)
- 6 NICHE fellows (with a 7<sup>th</sup> in September 2024)
- 5 Reflective case studies (published on NICHE website)
- 4 cohorts of embedded scholars (cohorts of 10-15 system partners)
- 4 new MOUs with international partners (UWI Jamaica & Trinidad and Tobago, FED Australia, KDU & IIHS Sri Lanka)+ 1 new MOU with UTECH Jamaica in draft.
- 4 evaluation project reports (published on NICHE website)
- 3 collaborating national partner agreements (LSBU, Staffs, Skills for Health WDT)
- 2 new curriculums : i) UWI TT, MSc Mental Health and Psychological Trauma and II) KDU NHS Mental Health Curriculum (train the trainer).
- 2 Interdisciplinary NICHE Conferences (Sept 23/ Sept 24)
- 1 residential clinical system leadership programme for cultural transformation
- 1 Collaborative Creative Arts and Health symposium (10<sup>th</sup> May 2024)
- 1 Regional Conference (EPIIC) 24<sup>th</sup> June 2024
- 1 International Conference (planning has commenced for October 2025).

## Appendix 2: Cohort 2 Embedded Scholarship Programme.(ESP)

Evidenced based projects developed from Cohort 2 (March 2024) of the

IMPACT	PROJECT TITLES
<b>Benefiting patients directly</b>	Identifying Barriers to Mobilisation of Patients in the Queen Elizabeth Hospitals, Kings Lynn
	Community Voices – Evaluation of the In-HIP Bowel Cancer Screening pilot
	Determining the acceptability of using VR headsets for individuals with a learning Disability in healthcare settings
	Bringing services together to provide a wraparound support. An evaluation of a stroke service
	Factors that influence child conveyance decisions made by prehospital clinicians
	Relieving Anxiety for people undergoing cataract surgery
	Implementation of an arts-based therapy group in an acute neuroscience setting
	Palliative Rehabilitation: Exploring service provision from Community Therapist perspectives in NCHC South Place
	Respiratory Traffic light document to improve management of children with long term and complex conditions
	Recognising, reviewing, and responding- the 3Rs which contribute to the reduction of massive obstetric haemorrhages
<b>Benefiting workforce and ultimately patient groups</b>	Mentorship Programme for HealthCare Assistants in a social care setting
	Exploring the wellbeing and sustainability of IC24 staff working from home
	Cambridge Community Services Research Champions programme: Managers evaluation
	Maple Project: Supporting staff to be mindful, to feel assisted and provided for, to have learning opportunities and help them feel empowered to give best end of life care
	Cambridge Community Services Research Champions programme: Evaluating the impacts for participants

Embedded Scholarship outcomes:

- 3 x personal development and project uptake
- 1 x follow up project with paediatric colleagues to continue to develop the scholarship project in practice is underway, with potential to impact national guidelines.
- 1 x scholar is applying for promotion, to another role in their organisation, which prior to the scholarship they say they wouldn't have had the confidence to do.

- 1 x scholar collaborating with other local trusts to extend their QI project findings to inform practice changes.

#### 3 x Publications

- 3 papers have been submitted for publication. 1 x paper has been accepted. An action that attributes the scholarship as gaining confidence in the process of having to resubmit and make edits to papers even after initial journal rejections.

#### 9 x project dissemination activities

- 3 scholars presented their project at a NICHE Learning event (18<sup>th</sup> April 2024) event.
- 1 x project report has been produced for a steering committee within the ICB based on a project evaluation.
- 1 x project abstract submission to national CSP conference

#### 4 x scholars have continued to share their projects at local level via in house team meetings such as:

- 1 x scholar presented their poster at the Norfolk Community Hospital Trust's QI showcase event.
- 1 x scholar has written a reflection piece for the NICHE website.
- 1 x delivery of a 'skills for care' webinar as a direct output from their project
- 1 x presentation of project at Trust level at a Clinical Leaders meeting

#### 3 x Further funding opportunities

- 2 x applications for ARC EoE Fellowship; 1 was successful and 1 unsuccessful (@ 50% success rate)
- 1 x scholar applied for and gained fully funded place on a project masterclass in Cambridge.

## Appendix 3: NICHE Fellows Projects and Outputs 2023

ICS partner	NICHE FELLOWS PROJECT TITLE
<b>James Paget University Hospital Trust NICHE Fellow</b>	Improving early mobilisation after femoral fracture surgery: A MDT approach
<b>Norfolk and Suffolk NHS Foundation Trust NICHE Fellow</b>	Co-producing a child holistic rural and coastal Health Passport (CORACLE)
<b>Norfolk Community Health and Care Trust NICHE Fellow</b>	Norfolk Antenatal Pathway for Women and Birthing people with a Learning Disability
<b>Norfolk Tapping House Hospice NICHE Fellow</b>	Seeing Red- Improving end of Life Care Pathway across the west
<b>James Paget University Hospital NICHE Fellow</b>	NIHR ARC fellowship. Does living by the sea impact palliative and end-of-life care outcomes? An explanatory sequential mixed methods study exploring the inequality of provision and access to palliative care in a coastal region
<b>Freelance Artist- Gt Yarmouth NICHE Fellow</b>	UEA MA Medical Health Humanities Fellowship. Engaging isolated communities with creative health activities

Outputs from the NICHE Fellows include:

NAME	AWARDS/ Recognition	CONFERENCE PAPERS	SEMINAR	BLOGS
<b>NICHE Fellow</b>	Queens Nursing Institute Recognition Award.  #NHS75 CNO award for research	IASSID conference Chicago Sept 2024  Invitation to present to the RCN International Research Conference Sept 2024  Invitation to present to the Radiant Research Forum May 2024	Presented at Shared Learning event UEA May 2024  Lecture delivered to the Year 2 UEA students	QNI.org.uk blog  RP website
<b>NICHE Fellow w</b>	Elected a Fellow of the Faculty of Rural Remote Humanitarian Health care through the Royal College of	Research Visit to Canada Sept 2024 (Yukon University Rural Health Researchers)  Applied for NACIC Oct 2024	Seminars on CORACLE in Canada (Sept)	

	Surgeons in Edinburgh			
<b>NICHE Fellow</b>		<p>Dissemination of the OOBP and NICHE project with the QEHL.</p> <ol style="list-style-type: none"> <li>1. Interview with Integrated Healthcare, July 2023 <u>Expansion planned for The Orthopaedic Out of Bed Project following improved outcomes in early mobilisation after hip fracture surgery – Integrated Healthcare (integratedhlth.co.uk)</u></li> <li>2. Fragility Fracture Conference, Oslo – October 2023 – Oral presentation and poster presentation <u>FFN 11th Global Congress Oslo 2023: - Fragility Fracture Network</u></li> <li>3. Chartered Society of Physiotherapy Birmingham Nove 20023 <u>pdf-program (documediastystems)</u></li> </ol> <p>JPUH Board of Directors Public Meeting – December 2023 <u>Board-of-Directors-meeting-in-Public-Part-A-01-December-2023.pdf (jpaget.nhs.uk)</u></p> <ol style="list-style-type: none"> <li>4. YouTube video to use in the National Hip Fracture Database Annual Report 2024 <u>Orthopaedic Out of Bed Project (OOBP): Using NHFD data (youtube.com)</u></li> <li>5. EFFORT Congress, Hamburg - May 2024 - Oral presentation <u>Home - EFORT Congress Hamburg 2024 - EFORT</u></li> </ol>	<p>Presented at NICHE Conference Sept 2023 – Oral and Poster presentation.</p> <p>Presented at NICHE Shared Learning Event April 2024</p>	NICHE blog
<b>NICHE Fellow</b>		<p>Attended Marie Curie Conference</p> <p>Conference Abstract for Hospice UK conference</p>	<p>Delivery of the Quality End of Life Care for All</p>	

		European End of Life Conference Finland 2025 (abstract submitted)	programme at QEHLK  Presented at NICHE Shared Learning Event April 2024	
<b>NICHE Fellow</b>	End of NIHR Fellowship March 2024	Presentation at NIHR ARC EOE Showcase March 2024		NICHE newsletter item
<b>NICHE Fellow</b>	MA Completion May 2024	Collaboration on Creative Methodologies symposium and publication (pending)	Conducted a Creative Arts Seminar NUA  Creativity and Wellbeing Week HSC workshop on journalling  N&W Creative Health Collaboration Report collaboration May 2024	NICHE blog March and May
<b>Six Fellows</b>	<b>3 External recognition Awards</b>	<b>14 conference presentations</b>	<b>10 seminar presentations</b>	<b>5 blogs</b>

## Appendix 4: NICHE Stakeholder engagement across activities

Stakeholders engaged in NICHE Activities between January 2023 – June 2024

ICS	Partner Organisation	No.
<b>Acute Hospital Trusts</b>	James Paget University Hospital	6
	QEHKL (VITAL/THRIVE/ Guiding Lights Programmes)	25
	NNUH	1
	CCS NHST	1
	NSFT (Residential/VITAL/ Guiding Lights Programmes )	48
<b>Community Trust</b>	NCHC (THEO)	6
	NSFT	2
<b>Other Health providers</b>	Social Care (TLCH Programme)	6
	IC24	1
	NORCA (Culture Workshop)	10
	East of England Ambulance Service	1
	Norfolk Hospice	1
	NHS England (East of England)	12
<b>Norfolk authorities</b>	Norfolk and Waveney ICB (inc Guiding Lights Programme)	4
	Local Authority/ Council (inc Guiding Lights Programme)	3
	Flourish (Children's Services)	2
	Norfolk and Suffolk Culture Board	12
<b>Other</b>	Norfolk Museum	1
	Voluntary Norfolk	1
	Ormiston Families (Guiding Lights Programme)	10
	Health Watch	3
	Six HEIs (EPIIC)	20
<b>UEA</b>	Recruitment and retention (Nursing, social work, Pharmacy), Wellbeing (Psychological services) FMH, HSC, SWK, NBS, Citizen's Academy Civic@UEA, Creative@UEA, Health@UEA LifespanUEA	25

## Appendix 5: Impact Case Study 1 and 2

### Economic Impact Case Study 1: The Legacy Mentor National Evaluation project (Hardy & Nuttall, 2024)

The Legacy mentor/practitioners project evaluation captured activity implemented as a system wide preceptorship scheme where legacy practitioners, who following lengthy careers and accrued professional expertise, are employed to act as workplace facilitators of integrated learning, development and improvement drawing on the workplace as the main resource for learning and development and enabling staff and students to update, develop and knowledge mobilisation in practice.

Studies have shown that to hire a new professional practitioner (at approx. £12,000 per Registered Nurse, or £15, 000 for an overseas nurse<sup>3</sup>) and costs associated with onboarding process (e.g., induction, uniforms, and equipment costs) is equivalent to one and a half times the annual compensation of an experienced nurse. Therefore, losing those new nurses after the huge investments adds burden to healthcare organizations (Makic et al, 2022).

Two of the five East of England project sites identified savings in terms of the impact legacy mentors brought to their localities, through retaining staff who expressed intention to leave, therefore reducing spend on agency costs.

What was not captured was cost saving relating to recruitment, advertising and replacement costs associated to losing one staff member, which would make the savings over the 12 months contracts per legacy mentor role employed, to be substantially higher.

The description of the legacy practitioners work to turn peoples work experiences around from being highly stressful, to confident thriving teams and individuals has perhaps been the most impressive, yet the hardest to quantify. However, using both the Norfolk and Waveney, (N&W) and Bedford, Luton, and Milton Keynes (BLMK) case examples, financial return on investment of each Legacy Nurse does cover their costs.

For example, influence and impact of the legacy mentor role had achieved:

- Multiple staff to remain in their careers (20+)
- Encouraged colleagues to remain passionate about their profession.
- Helped with career advancements (from cadets through to more senior colleagues)
- Influencing and recruiting new staff
- Addressing long term vacancies
- Enhanced cohesive team working.
- Orientating international recruits
- Induction and onboarding

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<sup>3</sup> <https://www.nurses.co.uk/blog/the-complex-costs-of-failing-to-retain-nhs-staff/> (last accessed 16 March 2024)



- Financial support and advice (where to find this)
- Accommodation needs (when moving to a new area)
- Inhouse education and training

The BLMK site example identified potential savings of £60K per staff member retained. Therefore, there was a potential return on investment for East of England over the past year of 25 Legacy Practitioners across five sites, each only retaining one member of staff during their period of employment, would mean £1.5 million staffing recruitment cost savings. This results in a return on investment of 10-15% per legacy practitioner's band 6 salary, per annum.

## Economic Impact Case Study 2: NICHE Fellow

Aims to replicate the Out of bed early project which showed a reduction in Length Of Stay (LOS) by 2 days and a 2% reduction in mortality.

[April: Hip fracture costs | News and features | University of Bristol](#) April 2020

“More than 60,000 older people break their hip each year in England, costing the NHS £869 million. At any one time, one in 45 NHS hospital beds are filled by a patient recovering from these serious injuries. NHS finances and hospital capacity are under severe pressure, which is expected to increase as the UK's population ages. Public Health England (PHE) recently highlighted that inequalities in life expectancy are widening, meaning that people who live in the least deprived (richest) parts of England are increasingly living longer than those living in the most deprived (poorest) areas. Health inequalities are avoidable and unfair differences in health status between groups of people or communities.

The University of Bristol researchers wanted to investigate whether inequalities were evident in the health and care costs of older people with a hip fracture in England. Using anonymous information from over 200,000 patients collected across the NHS in England, they found that on average it costs hospitals £13,000 to look after a patient in the year after a hip fracture, and that £1,120 more needs to be spent to treat patients who broke their hip when they lived in the most deprived, compared to the least deprived areas.”

Further evidence from: 30 March 2023-[Written questions and answers - Written questions, answers and statements - UK Parliament](#)

Using cost collection data for 2020/21, the most recently available data, the unit cost per day of NHS hospital beds is as follows:

- Elective - £2,349

- Non-elective - £901

- Critical care - £1,881

- Standard bed - £345

The elective and non-elective costs above are the average cost per day in those points of delivery, including treatment costs. Elective care has a higher average per day cost as elective patients often have shorter spells in hospital. Patients who are admitted as non-elective admissions often spend longer in hospital including recovery and days spent waiting for discharge, so whilst the total cost for non-elective treatment is higher than

elective treatment, the average per day cost is reduced as it is spread over many more days. Costs for critical care are averages across adults, children, and neonates. The standard bed cost is the average cost of a bed day excluding any treatment costs.

In Norfolk with an elderly population, it would seem reasonable to expect that if this project is able for reduce down LOS by 2 days at both James Paget and the Queen Elizabeth Hospital KL by the intervention of HCA initiating mobilisation rather than a physio there would be a significant saving on money and other associated costs.

People	Cost saving for 2 days LOS
<b>1</b>	£1,802.00
<b>10 people</b>	£18,020.00
<b>100 people</b>	£180,200.00
<b>James Paget Hospital =-*452 (2022) per year</b>	£814,504.00
<b>QEHKL =*441 (2022) per year</b>	£794,872.00
<b>Saving across both organisations</b>	£1,609,186.00

\*Figures taken from the [National Hip Fracture Database annual report 2023 - data.gov.uk](https://data.gov.uk/publications/national-hip-fracture-database-annual-report-2023)



We welcome your feedback.

Please do contact us via:

NICHE Website: <https://www.uea.ac.uk/groups-and-centres/projects/niche>



NICHE X

NICHE  
Instagram

NICHE Web