



# Welcome

In the words of our own staff...

“We are a community of NHS staff serving our local communities, with a deep connection to our patients and local people...”

Welcome to this outline summary of Norfolk Community Health and Care NHS Trust's (NCH&C) Annual Report 2011/12.

We hope that this small insight into our activities over the previous year will assure you that we are a Trust dedicated to looking after you, locally.

In terms of our services, we have continued to provide high quality local services throughout Norfolk. Firstly, in Adult Services we continue to support local GPs in their practices and with patients in their own homes. This means keeping people healthy for longer, avoiding unnecessary hospital admissions and supporting them with chronic conditions. Our Specialist Services continue to offer high quality palliative care, neuro-rehabilitation and dental services. Our Childrens' Services work very closely with Norfolk County Council, supporting vulnerable families and children and safeguarding those most in need. Our Learning Disabilities Services work with some of the most vulnerable in society, caring and supporting them to an independent future. We have many further services that work with marginalised and vulnerable adults across the city of Norwich and the county.

This has been a successful year in many respects. Financially we have balanced the books and returned a healthy surplus for reinvestment next year.

In terms of quality, we hit a number of our major quality targets. This included a rise in patient satisfaction, a decrease in acquired infections, a decrease in falls and more venous embolism assessments.

Our Board is stronger in this year, with a new Chief Executive, a new Finance Director and new Trust Secretary. Equally, we have modified our operational management. A major change this year has been the creation of Clinical Commissioning Groups (CCGs), run by local GPs. We have realigned our services to match their boundaries. This locality management means that we can work even more closely with our local GPs in partnership as fellow providers and commissioners.

So, in many respects this has been a successful year. We believe by becoming a stronger and better governed organisation, this takes us well down the road to Foundation Trust status (FT). This status enables us to deliver even more



high quality services for local people and rightly protects and sustains community services. As we look forward to another busy year, we have set ourselves increasingly challenging goals. This includes a high level of financial surplus (£1m); more challenging quality goals, particularly around the reduction in preventable pressure sores, and further reductions in falls and other harms.

All of this means that we are responding to local needs and reinvesting for the benefit of the local community. As we look forward to this new year, we will be particularly focussing on even better links with our community. We will particularly be looking to build on the relationship with our new FT Members and establishing our Council of Governors. These will be the lifeblood of our new FT and therefore, if you are interested in joining us, then please do get in touch.

**Ken Applegate**  
Chair

**Michael Scott**  
Chief Executive

# Looking after you locally

“Norfolk Community Health and Care NHS Trust (NCH&C) is an independent health and care organisation which is part of the NHS, employs NHS staff and provides NHS health and care to local people...”

We serve a population of 870,000 people in and around Norfolk, making us one of the largest providers of NHS community health and care services in the country. Our aim is to constantly improve our patients' lives by providing you with the best care, close to where you live.

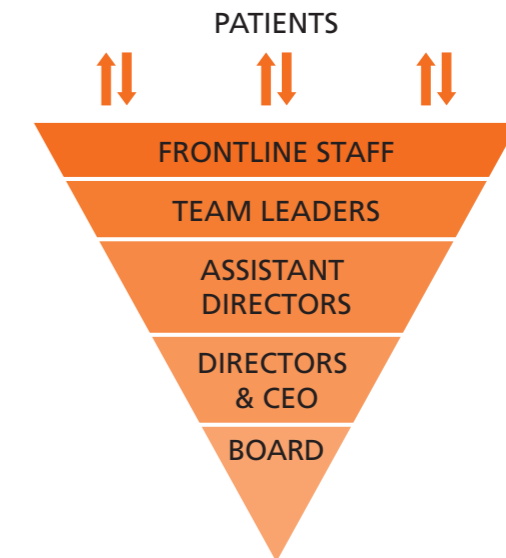
We have around 3,300 members of staff. 80% of these are clinicians; healthcare professionals such as doctors, dentists, nurses, health visitors and physiotherapists. The remainder are the people who help to keep our services running, or who support our patients and clients during their stay with us or in planning their appointments.

## Our vision

The Trust's vision is to improve the quality of people's lives, in their homes and community through the best in integrated health and social care. We often sum this up as 'Looking after you locally'.

The starting point for the Trust is the patient: this means that quality is at the heart of everything the Trust does. The Trust's services are built up around the patient, working closely with GPs as partners whether as commissioners, customers or fellow providers, and, wherever possible, they are delivered in an integrated way with social care.

The diagram demonstrates that we see ourselves as an 'inverted organisation' - that patients come first and that frontline staff are most important in our interaction with them. The role of managers is to support staff to enable them to deliver.



The Trust's longer term corporate objectives are:

- **Improving quality** – for patients and the public and offering the best patient experience in the East of England
- **Transforming services** – being the commissioners first choice provider and being the positive alternative to acute hospital care
- **Building the organisation** – the Trust wants to be the first choice employer for staff and be a clinically led, high performing organisation
- **Building sustainability** – to deliver a long term financial model that demonstrates value for money, delivers innovative services and meets the requirements of the Trust's regulators
- **Building reputation** – to be the first choice for patients and GPs and to play a leading role within the local health economy



## Home and community

**“ We exist to improve the lives of our patients, whenever and wherever they need us. We are proud to be trusted to enter their homes and be part of their communities. We aim to deliver care equally for all, locally...”**



**“ I am writing to express my grateful thanks for the proactive help and care I continue to receive from the staff. Knowing that the team will, and often do, go out of their way, is very reassuring...”**

**“ The nurse was clear, explained everything and she has made my life so much better...”**

**“ Just a short note to thank you for the wonderful care you took of our dad. His last couple of weeks were made easier by your kindness and thoughtfulness. Dad often mentioned how respectful and kind you all were...”**

**“ The care I received from you all was very professional, but just as importantly so kind and reassuring...”**

**“ The exercise regime proved to be a challenge and at a certain point I felt like giving up but your staff's enthusiasm saw me through this period...”**

## Quality Counts: Patient's voice at the heart of what we do

The quality of our services and the experience of our patients, their families and carers, are what count the most and we use their all important feedback to understand what we're doing really well, and where we need to raise our standards even higher.

This year our Trust recorded its highest ever level of patient satisfaction within surveyed adults services. Of those 3,551 who responded:

- 98% were 'satisfied' or 'very satisfied' with the care they had received
- 92.5% were 'very satisfied'

Within our children's services, of those 1,015 who responded:

- 97% were 'satisfied' or 'very satisfied' with the care received
- 80% of these were within the 'very satisfied' marker

Of course, the importance of carers and family is significant to us too and we canvassed their views in 2011/12. Two surveys focusing on our Case Managers service and residential short breaks for children showed that:

### Case Managers (Adults):

- 100% felt they were always or usually treated with respect by staff
- 99% of carers felt they were involved as they wanted to be
- 99% felt the information they were given had been helpful
- 95% felt very satisfied with the overall experience

### Residential Short Breaks (Children's):

- 100% were satisfied (70% were 'very satisfied') with their overall experience of the service
- 100% felt staff had been very helpful (70% saying 'very helpful')
- 96% parents/carers felt very or fairly involved in the planning of care for their child

As well as significantly stepping up our patient experience programme, with regular ongoing surveys across a number of our adult and children's services, we have also started reviewing results month-on-month.

This has meant that we can quickly implement action plans to improve things and, even within a month, see the impact these improvements are having on our patients.

We also continued to improve the methods used to gather this invaluable feedback, introducing hand held devices and kiosks where patients, carers or clients can immediately have their say, offering paper questionnaires, and even freephone lines.

### Compliments and Complaints

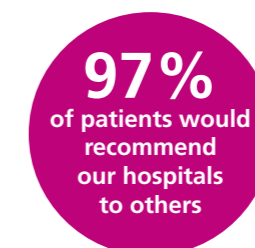
Surveys are not our only method of monitoring standards of care. Monthly reports are submitted to the Trust Board on numbers of complaints versus compliments as another useful temperature check on quality of services.

Figures show that in the first six months of 2011/12, for example, NCH&C received more than 400 official compliments - far outweighing the number of complaints received (106) for the same period.

Compared to the same period in the previous year the number of complaints increased by 11, but the number of compliments recorded significantly increased by 185 - an indication that our ongoing quality improvements are showing real benefits to our patients.



**97%**  
rated care in our  
community hospitals  
as excellent,  
very good  
or good



**98%**  
said levels  
of cleanliness  
were high



**86%**  
of patients  
said they would  
be likely to  
commend our  
services



## Personalised care

**“ We strive to understand each individual patient’s total needs, and energetically join up their health and care requirements across different providers. We aim to prevent as well as treat problems. We are committed to safe, excellent care. Above all, it has to be the right care for the individual... ”**

Our Trust believes that joining up services to ensure local people don't fall between the gaps where one service ends and another begins, is the key to ensuring that people can access the right care, at the right time, in the right place.

In this way, we believe we can keep people healthy and out of hospital, share innovative ideas and can help to keep all local NHS services more cost effective.

### Integrating health and social care services steps up in pace

With the aim of building more responsive and unified local health and social care services, with easier access for local people, our Trust signed a joint statement of intent with Norfolk County Council (NCC) in 2011/12.

This commitment aims to drive forward the integration of our two organisations and therefore further improve the experience of patients and clients when accessing care from our Trust and social care colleagues.

Michael Scott, NCH&C CEO, said: “The integration of health and care services offers real benefits to our patients and they have made it very clear that they expect a joined-up approach linked to primary care. They want to tell their story once and do not expect to have to navigate across organisational boundaries.

“Effective integrated working also offers time and financial efficiencies, and good developmental opportunities for both health and care staff.

“This is an exciting time and we look forward to working with our partners in progressing towards what we agree is the best solution for looking after people locally.”



### Keeping people out of hospital

Over 1,000 acute hospital admissions were avoided in less than five months in 2011, following the development of our Case Manager and Community Matron roles.

These expert specialist nurses provide care to patients within their own homes and helped people to avoid over 1,103 unnecessary admissions to local acute hospitals between August and the end of December 2011.

NCH&C's 60 Case Managers and Community Matrons also reduced pressure on local primary care services, by helping patients to avoid 1,838 GP visits in the same time period.

Case Managers help people to stay more independent and reduce their risk of an unexpected hospital stay by helping patients to better manage their conditions and make best use of their medicines. Community Matrons perform a similar role, but as senior nurses they also offer overarching support to Case Managers.

The service offers benefits for people who have frequent health problems, are frail, or are at risk of developing conditions which could affect their independence, such as a fall.

Patients can be referred to a Case Manager by their GP, NCH&C's community nursing teams, a local hospital, or social services, and these specialist nurses can act as the 'glue' between the different services to ensure patients are able to access appropriate and joined-up care for their individual needs.

For example, in the last five months of 2011, they helped 1,118 people to access support from social services.

### Pressure ulcers pledge

NCH&C has signed up to the elimination of all avoidable pressure ulcers among patients in our care by December 2012. This important clinical initiative will help us make a real difference to our patients' lives.

In order to achieve this target our Trust has set up a Pressure Ulcer Clinical Improvement Team to roll out high level training and education.

The team will also lead a health promotion campaign with local patients and carers to ensure those living within their own homes can help to protect themselves from developing pressure ulcers.



### Glowing CQC report for respite care centre

The Care Quality Commission (CQC) published a glowing report about the health and care services provided at Mill Close, Aylsham - our community respite centre for people with learning disabilities and other complex needs.

The CQC inspectors visited the centre, which accommodates up to five people and provides short term, nurse-led respite care, in February 2012.

The centre was given the highest rating possible in all areas - 'compliant' - which includes staff respecting the needs of people using the services and involving them in their care; ensuring that people benefit from safe, good quality care and were protected from any potential risk of abuse; and that staff were supportive of people's needs and rights.

## Pioneering

**“ We are hungry for innovative and more efficient ways of delivering care to patients. We make it easy for creativity and leadership to flourish. We are determined to break down all barriers to improved care and value for money... ”**

We want to be one of the very best providers of health and care services in the country and to be efficient and effective for the benefit of patients and local people.

Our 'strategic vision' has been created with local people, patients and our staff at the very heart of everything we do and every decision we make, encompassed by the needs of our commissioners and partners.



### New Community Nursing and Therapy Service offers better outcomes for patients

Our Trust was awarded an additional £1.5m to provide an enhanced Community Nursing and Therapy Service across the county. This means more staff delivering more services that patients want.

Patients are already seeing benefits of the new service, with more improvements and expanded services coming online over 2012 and into 2013.

Our community nursing and therapy teams currently have, on average, 108,000 face to face contacts with local patients every month and the new service has an even stronger focus on keeping these patients stable and out of acute hospitals.

It will do this by delivering more equitable access to services through strong integrated frontline teams, using the successful Case Managers model, and increasing the levels of general care and support, right across the county.

### Stroke Service delivering even more excellent care to patients

NCH&C's Stroke Rehabilitation Services form a central part of the Norfolk Integrated Stroke Care Pathway which sees health and care teams from acute hospitals to community services and the voluntary sector all working closely together to offer a joined-up service for patients.

In 2011/12 our Trust's Stroke Rehabilitation Unit (SRU), based at Norwich Community Hospital's Mulberry Unit, admitted over 300 patients at a rate of 26 patients per month, up from 24 per month in 2010/11.

Despite that rise:

- The Stroke Team has successfully discharged 87% of patients back to their own home rather than their going into care, or to an acute hospital
- Over 96% of patients reported that they were satisfied with the care provided by the service in an independent survey (Ipsos MORI)
- The Care Quality Commission's (CQC) National Stroke Report (Jan 2011) reported that stroke services within NHS Norfolk & Waveney's area are rated as among the 'Better Performing'



### Our Health Visiting Service is leading the way nationally

NCH&C's Health Visiting Service has been rolling out a redesigned and further improved service to local families after being granted 'Early Implementer' status by the Department of Health.

The service, which was chosen after showing innovation and high-quality care, is just one of just 20 Health Visiting services nationally - and one of only two in the East of England region - to have started delivering the new service, which is due to be rolled out across the country by 2015.

The redesigned service will see NCH&C's Health Visitors working even more closely with other health and care professionals, such as GPs, Family Nurse Partnership teams, Sure Start Children's Centres and midwives, to deliver further joined-up and personalised care.

A recruitment drive is also underway to significantly expand the NCH&C service. By the end of 2011 around 50 qualified nurses and midwives had already been recruited to undertake Health Visitor training, with an additional 40 recruited since then. The service is expected to expand to around 140 Health Visitors over the next two years, and could see up to 170 in place by 2015.



### Opening doors to better healthcare

A number of major projects to improve the environment in which we offer care to our patients took place throughout 2011 and into 2012, including the rebuild of North Walsham and District War Memorial Community Hospital.

The new £3.7m hospital welcomed its first patients in May 2012 and now provides rehabilitation and care within a new 24-bed ward - eight more than was available in the old hospital, which was demolished at the end of 2011.

Our new £900k health centre in Aylsham opened its doors to patients in July 2012 after months of redevelopment, and is now a central part of the St Michael's Care Complex.

Dussindale Community Clinic, in Thorpe St Andrew, reopened in November 2011 following a redevelopment project. Set within the heart of the community, the clinic provides local people with a range of its high-quality services, including stop smoking services, continence and leg ulcer clinics.

### Falls Service receives award

Our service which helps people across Norfolk to avoid a fall was named 'runner up' at an annual awards ceremony. The Falls Prevention Service received runner up status within the 'Whole Health Economy Engagement' category at the NHS East of England Celebrating our Success Awards.



## Enabling our people

“Our heart is the incredible personal motivation of our staff. We value and develop their expertise and commitment. We balance empowerment and accountability. We communicate clearly and concisely, and like to keep things simple. We are one team...”

Our expert staff and volunteers live and work within the very heart of the communities they serve; to put it another way, they are local people. At NCH&C we expect our staff to deliver the highest standards of NHS care. And, on behalf of local people and patients, our staff demand equally high standards from our Trust, and from the NHS.

We recognise that our clinical staff with their expertise, innovative ideas and commitment to delivering excellent services for local people, are the main drivers in leading the further improvement, modernisation and integration of our services.

All of our staff are champions in helping to deliver improved health and care services, centred round the needs of local people and patients and in 2011/12 we have continued to further strengthen the clinical leadership of our organisation.

### New CEO is leading the way to better services

Michael Scott became our Trust's CEO in January 2012 bringing with him over 10 years' experience as an NHS Chief Executive, as well as 30 years' leadership experience across social care, the NHS and Department of Health.

Commenting on his first months in charge at NCH&C, he said: "The drive that our staff has is fantastic and the support they receive from Norfolk's diverse communities is very encouraging.



"Our Trust is delivering a vast range of high quality services within the community and we are consistently hearing from local patients and carers that they are satisfied with what we are providing.

"But there is more to do. We want to get even better and to provide even more services closer to people's homes, which is what our patients tell us they want.

"Being able to develop our services alongside our partners, including the council, other NHS Trusts, GPs, and charities, is important to helping our services to meet the total needs of our patients and will offer opportunities of the further development of our staff."

### A trio of Queen's Nurses

Three of our specialist nurses were awarded the title of 'Queen's Nurses' in recognition of their commitment to delivering further improved community-based care.

Rebecca 'Becky' Hipkin, based at St James' Clinic, in King's Lynn and Katrine 'Trine' Kiertzner, who has 25 years' nursing experience, are both Community Neurology Specialist Nurses.

Tracy Williams - an NCH&C nurse prescriber - leads the clinical nursing team within our City Reach service, based in Norwich.

All three received the honour from community nurses' charity the Queen's Nursing Institute. This aims to recognise and unite nurses who have promoted high standards of care and encourages them to champion new ways of delivering innovative practices.

Becky and Trine provide care to patients in Norfolk who have conditions such as Parkinson's disease, multiple sclerosis, and motor neurone disease. They visit patients in their own homes, as well as seeing them within community-based clinics, to help them to manage their symptoms.

Tracy was nominated for the Queen's Nurse (QN) award by her nursing peers around the country for her specialised work with vulnerable and marginalised people. She does this through our City Reach service, which offers primary care services to people who are homeless, at risk of homelessness or regarded as vulnerable. This can include ex offenders, sex workers, and people with addictions, as well as refugees, travellers and migrant families.



### Right Royal visitor pops in at PBL

His Royal Highness, the Prince of Wales, recently visited NCH&C's Priscilla Bacon Centre, Norwich, where he met our expert staff as well as patients and their families.

During his private visit, Prince Charles heard how the centre at Colman Hospital, Norwich, provides specialist palliative care, advice and support to people with life-limiting illnesses, such as cancer or motor neurone disease.

The Prince met members of our multidisciplinary team of expert clinicians, including occupational therapists, physiotherapists, nurses, doctors, and a chaplain, who work closely together to support the physical, psychological and spiritual needs of its patients.

He also met patients staying on the unit's 16-bed inpatient ward where they can access specialist nursing care within a community setting.

The ward aims to keep patients as comfortable and independent as possible, particularly when their conditions worsen. While many visit the unit for short stays, other patients will pass away within the unit.

The Prince also visited the centre's Rowan Day Unit where patients have access to a number of medical and complementary therapies, including IV therapy, massage sessions, and even a hair salon.



### Building our future with apprentices

NCH&C continues to support apprenticeship opportunities, offering a range of apprenticeship placements in both clinical and non-clinical roles. Our Trust has around 60 staff members taking qualifications through the Apprenticeship Programme as part of their personal development.

We also offer supernumerary apprenticeships, which sees new people brought into the organisation to receive training and work towards NVQ qualifications.

NCH&C is part of the successful Norfolk and Waveney NHS Apprenticeship Programme, which was ranked as a Top 100 Apprenticeship Employer in 2011 and was awarded Macro Employers of the Year Award in the East of England.

### Finalist at national awards

A community nurse and care manager was named as a finalist in the national General Practice Awards 2011/12, 'Nurse of the Year' category.

Tracey Blazey was one of over 200 nominations in this category put forward by colleagues. Tracey, who has 30 years' NHS experience, was nominated for the consistently high-quality of care she provides to adults who have learning disabilities.



## Why our becoming a Foundation Trust is important to our patients

“As an FT we can further strengthen our role as the local expert in NHS community health and care services. And as Members, our patients and our staff will have a real say in how and where we provide our services...”

As a Trust we want to become an organisation that is recognised as being at the heart of the community and to achieve this we need the community at the heart of our organisation. Becoming a Foundation Trust (FT) is how we intend to achieve this.

During 2011/2012 we made further strides in our journey towards becoming an FT, which we aim to achieve in 2012/13. Perhaps the most significant of these was to successfully recruit more than 9,000 local people and patients as Public Members of our Trust, and around 3,000 Staff Members.

This has helped to demonstrate the high level of local support for our becoming an FT, and the great levels of interest that local people have in our future – which is not only vital to our success, but also in giving local people a real say.

Our Trust also received letters of official support from our NHS colleagues, including the new commissioners of health and care (CCGs), from the primary care trust, NHS Norfolk and Waveney, and we have received backing from the regional health authority, NHS East of England, to take the next steps in the FT journey.

### Why FT is important

Becoming an FT allows us greater freedoms. Not only can we more easily develop our services, but we can invest any money that we make into improving local NHS services.

Being an FT will also allow us to establish a wider range of partnerships with other NHS Trusts, local councils, local and national charities or private sector companies, to improve the services we deliver to patients locally.

We know community based care works. Not only is it more convenient for patients to have the health care they need at home or near to where they live or work, but it also helps save money in the long run by helping people to stay well and avoid having unnecessary acute hospital stays.

As an FT, we will still be very much part of the NHS and we can:

- Treat NHS patients, free at the point of delivery
- Employ NHS staff
- Remain subject to national standards and targets
- Maintain the same quality standards as other NHS organisations
- Continue to have independent inspections

### Contact us to become a Member

You can have your say on the future of local NHS health and care by becoming a Member of our NHS Trust – Norfolk Community Health and Care (NCH&C).

As a Member you will join thousands of other local people who are already Members and who help to influence the successful future of our Trust and NHS care in Norfolk.

### Joining is easy. You can simply:

- Log on to [www.norfolkcommunityhealthandcare.nhs.uk](http://www.norfolkcommunityhealthandcare.nhs.uk) and click 'Join now' or...
- Email the Membership Office at [nchandmembership@nhs.net](mailto:nchandmembership@nhs.net) or...
- Call 01603 697300



## Giving added value to our patients

“Being an NHS provider is our ‘business’ and we must always strive to deliver the very best services we can, while making the best use of taxpayers’ money. We believe that by offering more and more health and care services closer to people’s homes, or within the community, we can help the NHS make some real savings, without cutting back on quality for patients...”

To do this we must continue to modernise and develop our services, and create business partnerships that will give our local communities the services they need.

Good financial management is central to our plans for the future, as achieving Foundation Trust (FT) status will enable us to reinvest any savings we make into further improving the services we provide to local people.

2011/12 represented the first full financial year of trading for Norfolk Community Health and Care, following our establishment as an NHS Trust during the previous financial year as part of the government’s Transforming Community Services agenda. Our Trust met its statutory duty to break even and remained within its resource limits set by the Department of Health. A £545k surplus for the year was achieved which was an improvement on the previous year’s £528k.

Significant efficiency savings were achieved through our Trust’s Cost Improvement Programme (CIP) of £6.1m during the year (£4.6m in 2010/11). Much of this was achieved through the redesign and modernisation of services, as well as non-clinical savings from procurement initiatives and travel costs.

Shortfall in delivery of our Trust’s £7.3m planned efficiency savings coupled with unplanned cost pressures contributed to the £455k underachievement against the planned surplus of £1m for the year.

During the first half of the year our Trust put in place a financial recovery plan to address a projected £1.7m deficit. This revised budgets across the organisation and required additional in-year savings to be found. This, along with non-recurrent income received by our Trust, enabled us to deliver a surplus.

Our Trust is required to remain within our Capital Resource Limit (CRL) as set by the Department of Health. For 2011/12, our Trust underspent by £2m against our CRL of £7.8m. During the year our asset base increased as a result of additional Public Dividend Capital of £3.9m being issued by the Department of Health to support the 2011/12 capital expenditure programme.

During 2011/12 we invested in two key local developments; a new community hospital in North Walsham and a new healthcare complex in Aylsham, both of which were completed in early 2012/13.

Working capital has been stable throughout the year. Our Trust remains committed to prompt payment of suppliers and aims to comply with the Confederation of British Industry (CBI) Better Payments Practice code and is a signatory to the government’s Prompt Payments Code. 2011/12 saw an improvement on the previous year’s performance, with 89% of non-NHS trade payables being paid within 30 days (84% in 2010/11). 74% of NHS payables were paid within 30 days (70% in 2010/11). Details of compliance with the Better Payment Practice code are detailed in note 10.1 to the Accounts.

Our Trust’s external statutory audit for the 2011/12 financial year has been provided by the Audit Commission at a cost to our Trust of £107,467 (inclusive of VAT). The Audit Commission has not provided any other services to our Trust during this period.

Over the coming year we will continue to focus on strengthening our business platform and long-term sustainability through the delivery of our Cost Improvement Programme, strengthening the core business and developing new service opportunities. We also expect to take ownership of a large proportion of the estate from which our services operate during 2012/13, which will increase our Trust’s asset base by c£50m.

### For more details...

A summary of our finances follows later in this document, but for more details, please refer to the full Annual Report and Accounts on our website at:

[www.norfolkcommunityhealthandcare.nhs.uk](http://www.norfolkcommunityhealthandcare.nhs.uk)

## About our Board

Our Trust has an experienced and multi-skilled senior executive team, which we believe is vital to achieving the best outcomes for local patients, for motivating our highly valued workforce and for delivering the most competitive, high quality services for our commissioners. Our voting Board members as of March 31, 2012, were as follows:



**Ken Applegate**  
**Chair**

Voting member  
Remuneration and  
Nomination Committee



**Michael Scott**  
**Chief Executive**

Voting member



**Roy Clarke**  
**Director of Finance**

Voting member  
Finance Committee  
Charitable Funds Committee



**Anna Morgan**  
**Director of Operations**

Voting member  
Finance Committee  
Charitable Funds Committee



**Dr Ian Mack**  
**Medical Director**

Voting member



**Loyola Weeks**  
**Director of Quality and Risk  
and Executive Nurse**

Voting member



**Vivienne Clifford-Jackson**  
**Non-Executive Director**

Voting member  
Remuneration and  
Nomination Committee  
Audit Committee  
Quality and Risk Assurance Committee



**James Ross**  
**Non-Executive Director**

Voting member  
Finance Committee  
Remuneration and  
Nomination Committee



**Alex Robinson**  
**Non-Executive Director**

Voting member  
Finance Committee  
Remuneration and  
Nomination Committee  
Quality and Risk Assurance Committee



**Lisa Gamble**  
**Non-Executive Director**

Voting member  
Audit Committee  
Remuneration and  
Nomination Committee  
Charitable Funds Committee



**Patrick John Harris MA FCA**  
**Non-Executive Director**

Voting member  
Remuneration and  
Nomination Committee  
Audit Committee  
Quality and Risk Assurance Committee  
Charitable Funds Committee

## Register of Directors' Interests

Name	Title	Declared interest
Ken Applegate	Chair	Non-Executive Director, UNAT Direct Governor, Lowestoft College Director, Lowestoft and Waveney Education Services Ltd
Michael Scott	Chief Executive	Director, Barrowby Management Solutions Ltd (No current NHS contracts)
Roy Clarke	Director of Finance	None
Vivienne Clifford-Jackson	Non-Executive Director	Residential landlord – small monthly rental income Dissertation supervisor at the University of East Anglia Business consultant, Clifford Consulting – training and communications Vice-President of the Royal Norfolk Show
Matt Colmer	Director of Organisational Performance from 7 June 2011 Director of Finance from 4 January 2010 to 6 June 2011	Governor of City College, Norwich
Paul Cracknell	Interim Director of Human Resources 27 August 2011 to 31 August 2011 Interim Chief Executive from 1 September 2011 to 6 January 2012 Interim Director of Business Development from 7 January 2012 to 31 March 2012	Trustee/Director of charitable company, The Open Youth Trust Seconded, NHS Norfolk
Lisa Gamble	Non-Executive Director	Consultancy and coaching, from 1 March 2012 Company Director for Dream On – community interest company, working on funded client programmes and with personal and corporate clients such as FSA, Aviva, etc
Patrick Harris	Non-Executive Director	None
Dr Ian Mack	Medical Director	Elected Member, King's Lynn and West Norfolk Borough Council Partner, Watlington Medical Centre Director, Watlington Health Member, Transitional Executive West Norfolk Shadow GPC
Anna Morgan	Director of Operations	Peer Reviewer for RCN Publications – review all articles that have Safeguarding/LD/Older People context
Tracey Parkes	Interim Director of Human Resources From 1 October 2011 to 31 March 2012	None
Alex Robinson	Non-Executive Director	Governor, Millfield Primary School Director, Alex Robinson Ltd
James Ross	Non-Executive Director	None
Loyola Weeks	Director of Quality, Risk and Executive Nurse	None



## Summary Governance Statement

The Trust's Annual Governance Statement records the stewardship of the organisation to supplement the accounts. It provides a sense of how successfully the Trust has performed and coped with the challenges it faces. It draws together position statements and evidence on governance, risk management and control, to provide a coherent and consistent reporting mechanism. Full details are also provided in the Statement on the significant issues that the Trust has faced and the remedial actions taken to address them. Reference is also made to the work of Internal Audit. The main headings from the Statement are set out below.

### The governance framework of the Trust includes...

- Information about the Board's committee structure, its attendance records and the coverage of its work
- The Board's performance including its assessment of its own effectiveness
- Highlights of Board committee reports
- An account of corporate governance, including the Board's assessment of its compliance with the Corporate Governance Code.

### Risk assessment

Describes how risk is assessed, including the Trust's risk profile, and how it is managed, including the newly identified risks in 2011/12, and a summary of the lapses of data security.

### The risk and control framework

Describes how the risk and control mechanism works, covering the key elements and why they were chosen to deliver reasonable assurance for: prevention of risks; deterrent to risks arising; and the management of both manifest and potential risks.

The Head of Internal Audit's overall opinion is that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and / or inconsistent application of controls, puts the achievement of particular objectives at risk, and these are described in detail in the full Annual Governance Statement.



### For more details...

The full Governance Statement is included in the Annual Report and Accounts, which is available on the Trust's website: [www.norfolkcommunityhealthandcare.nhs.uk](http://www.norfolkcommunityhealthandcare.nhs.uk)

## Financial performance

2011/12 represented the first full financial year of trading for Norfolk Community Health and Care, following establishment as an NHS Trust during the previous financial year as part of the government's Transforming Community Services agenda. The Trust met its statutory duty to break even and remained within its resource limits set by the Department of Health. A £545k surplus for the year was achieved which was an improvement on the previous year's £528k.

Significant efficiency savings were achieved through the Trust's Cost Improvement Programme (CIP) of £6.1m during the year (£4.6m in 2010/11). Much of this was achieved through the redesign and modernisation of services, as well as non-clinical savings from procurement initiatives and travel costs. Shortfall in delivery of the Trust's £7.3m planned efficiency savings coupled with unplanned cost pressures contributed to the £455k underachievement against the planned surplus of £1m for the year. During the first half of the year the Trust put in place a financial recovery plan to address a projected £1.7m deficit. This revised budgets across the organisation and required additional in-year savings to be found. This, along with non-recurrent income received by the Trust, enabled the Trust to deliver a surplus position.

The Trust is required to remain within its Capital Resource Limit (CRL) as set by the Department of Health. For 2011/12, the Trust underspent by £2.0m against its CRL of £7.8m. During the year the Trust's asset base increased as a result of additional Public Dividend Capital of £3.9m being issued by the Department of Health to support the 2011/12 capital expenditure programme. The Trust is currently investing in two key local developments; a new community hospital in North Walsham and a new healthcare complex in Aylsham, both of which are expected to complete early in 2012/13.

Working capital has been stable throughout the year. The Trust remains committed to prompt payment of suppliers and aims to comply with the Confederation of British Industry (CBI) Better Payments Practice code and is a signatory to the government's Prompt Payments Code. 2011/12 saw an improvement on the previous year's performance, with 89% of non-NHS trade payables being paid within 30 days (84% in 2010/11). 74% of NHS payables were paid within 30 days (70% in 2010/11). Details of compliance with the Better Payment Practice code are detailed on p23.

The Trust's closing cash position of £14.5m included £5.7m owed to NHS Norfolk in respect of 2011/12 estate rental payments which was paid over in April 2012.

Over the coming year the Trust will continue to focus on strengthening the Trust's business platform and long-term sustainability through the delivery of its Cost Improvement Programme, strengthening the core business and developing new service opportunities. The Trust also expects to take ownership of a large proportion of the estate from which it operates during 2012/13, which will increase the Trust's asset base by c£50m.



## Summary financial statements

The financial information presented below is a summary of key elements of the Trust's accounts for 2011/12.

Due to its summarised nature, the information presented below may not contain sufficient information to enable a full understanding of the Trust's financial position and performance. These summaries and associated narrative have not been subject to external audit. The Trust's full audited accounts for 2011/12 are available on the Trust's website at [www.norfolkcommunityhealthandcare.nhs.uk](http://www.norfolkcommunityhealthandcare.nhs.uk)

### Statement of Comprehensive Income for year ended 31 March 2012

	2011/12 £000	2010/11 £000
Employee benefits	(88,321)	(90,109)
Other costs	(38,664)	(39,918)
Revenue from patient care activities	120,861	127,945
Other operating revenue	6,864	2,764
<b>Operating surplus</b>	<b>740</b>	<b>682</b>
Finance costs	0	(4)
<b>Surplus for the financial year</b>	<b>740</b>	<b>678</b>
Public Dividend Capital dividends payable	(195)	(150)
<b>Retained surplus for the year</b>	<b>545</b>	<b>528</b>
Other comprehensive income	0	0
<b>Total comprehensive income for the year</b>	<b>545</b>	<b>528</b>

### Statement of Financial Position as at 31 March 2012

	31 Mar 2012 £000	31 Mar 2011 £000
<b>Non-current assets</b>		
Property, plant and equipment	8,981	4,910
Intangible assets	87	70
<b>Total non-current assets</b>	<b>9,068</b>	<b>4,980</b>
<b>Current assets</b>		
Inventories	404	510
Trade and other receivables	8,418	10,015
Cash and cash equivalents	14,484	2,013
<b>Total current assets</b>	<b>23,306</b>	<b>12,538</b>
<b>Total assets</b>	<b>32,374</b>	<b>17,518</b>
<b>Current liabilities</b>		
Trade and other payables	(15,696)	(5,191)
Provisions	(517)	(611)
<b>Total current liabilities</b>	<b>(16,213)</b>	<b>(5,802)</b>
<b>Non-current assets plus net current assets</b>	<b>16,161</b>	<b>11,716</b>
<b>Non-current liabilities</b>		
Provisions	(145)	(120)
<b>Total non-current liabilities</b>	<b>(145)</b>	<b>(120)</b>
<b>Total assets employed</b>	<b>16,016</b>	<b>11,596</b>
<b>Financed by taxpayers' equity</b>		
Public Dividend Capital	14,943	11,068
Retained earnings	1,073	528
<b>Total taxpayers' equity</b>	<b>16,016</b>	<b>11,596</b>

### Statement of Changes in Taxpayers' Equity For the year ended 31 March 2012

	Public Dividend Capital £000	Retained earnings £000	Total reserves £000
<b>Changes in taxpayers' equity for 2011/12</b>			
Balance at 1 April 2011	11,068	528	11,596
Retained surplus for the year	0	545	545
New Public Dividend Capital received	3,875	0	3,875
Net recognised revenue for the year	3,875	545	4,420
<b>Balance at 31 March 2012</b>	<b>14,943</b>	<b>1,073</b>	<b>16,016</b>
<b>Changes in taxpayers' equity for 2010/11</b>			
Balance at 1 April 2010	0	0	0
Retained surplus for the year	0	528	528
New Public Dividend Capital received	11,068	0	11,068
Net recognised revenue for the year	11,068	528	11,596
<b>Balance at 31 March 2011</b>	<b>11,068</b>	<b>528</b>	<b>11,596</b>

### Statement of cash flows for the year ended 31 March 2012

	2011/12 £000	2010/11 £000
<b>Cash flows from operating activities</b>		
Operating surplus	740	682
Depreciation and amortisation	1,674	1,428
Impairments and reversals	92	24
Interest paid	0	0
Dividend paid	(356)	(156)
(Increase)/decrease in inventories	106	35
(Increase)/decrease in trade and other receivables	1,597	(4,654)
Increase/(decrease) in trade and other payables	9,124	(1,292)
(Increase)/decrease in other current liabilities	0	(813)
Provisions utilised	(480)	(3,586)
Increase/(decrease) in provisions	411	1,558
<b>Net cash inflow/(outflow) from operating activities</b>	<b>12,908</b>	<b>(6,774)</b>
<b>Cash flows from investing activities</b>		
(Payments) for property, plant and equipment	(4,259)	(2,317)
(Payments) for intangible assets	(53)	(59)
Proceeds of disposal of assets held for sale (PPE)	0	95
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(4,312)</b>	<b>(2,281)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>8,596</b>	<b>(9,055)</b>
<b>Cash flows from financing activities</b>		
Public Dividend Capital received	3,875	11,068
<b>Net cash inflow/(outflow) from financing activities</b>	<b>3,875</b>	<b>11,068</b>
Net increase/(decrease) in cash and cash equivalents	12,471	2,013
Cash and cash equivalents (and bank overdraft) at beginning of the period	2,013	0
<b>Cash and cash equivalents (and bank overdraft) at year end</b>	<b>14,484</b>	<b>2,013</b>

## Financial performance targets

### Breakeven performance

	2011/12 £000	2010/11 £000
Turnover	127,725	130,709
Retained surplus for the year	545	528
Adjustments for impairments	92	24
Break-even in-year position	637	552
Break-even cumulative position	1,189	552

### External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	£000	2011/12 £000	2010/11 £000
External financing limit		6,264	11,068
Cash flow financing	(8,596)		9,056
External financing requirement		(8,596)	9,056
Undershoot		14,860	2,012

### Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2011/12 £000	2010/11 £000
Gross capital expenditure	5,854	5,657
Charge against the capital resource limit	5,854	5,657
Capital resource limit	7,825	5,724
Underspend against the capital resource limit	1,971	67

## Better Payment Practice Code

### Measure of compliance

Non-NHS payables	2011/12 Number	2011/12 £000	2010/11 Number	2010/11 £000
Total non-NHS trade invoices paid in the year	19,105	29,329	26,072	25,015
Total non-NHS trade invoices paid within target	16,938	25,528	21,906	20,588
Percentage of NHS trade invoices paid within target	88.7%	87.0%	84.0%	82.3%

### NHS payables

Total NHS trade invoices paid in the year	1,018	13,089	1,378	16,112
Total NHS trade invoices paid within target	757	11,219	967	13,708
Percentage of NHS trade invoices paid within target	74.4%	85.7%	70.2%	85.1%

The Better Payment Practice Code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

