

Ten minutes with the Trust



GP satisfaction survey launched

To ensure we are meeting patients' needs and delivering what local GPs want, we've devised a GP Net Promoter Score. To establish a benchmark all GP practices will be invited to complete this twice during the remainder of 2012/2013. From 2013/2014, surveying will rotate through CCG areas, so practices will only be asked to complete two, three-minute surveys per year. This will give us a clear picture of how we are doing and where we can further improve.



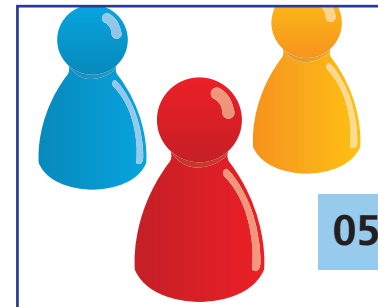
Reducing the number of avoidable pressure ulcers

NCH&C is aiming to eliminate grade three and four pressure ulcers and has taken steps to protect patients from harm. We recently updated our Datix recording system, rolled out training to over 400 frontline staff, and implemented a 'best practice' Pressure Ulcer Policy to help staff in the prevention, management and treatment of pressure damage. We are also working alongside other organisations to raise awareness among professionals, patients and carers about pressure ulcers and the dangers they present.



Embedding quality is our top priority

We have recently made a number of changes to the way that 'quality' is led within the Trust. As quality is created by the interaction of our frontline staff with patients, we have combined the roles of Director of Quality and Director of Operations, to create a single director position. We have also enhanced the Medical Directorate to further entrench clinical leadership, audit, and quality into our practices. Our strategic direction director is also now lead for patient experience, ensuring patient feedback is at the heart of our plans.



NCH&C progresses towards FT status

NCH&C's Foundation Trust (FT) application has now been scrutinised and accepted by the Department of Health Technical Committee. It is anticipated that the next stage of the process, the NHS Trust Development Authority, will be completed in early 2013. The application will then be assessed by Monitor. As an FT, NCH&C will have a Council of Governors, which will include representatives from CCGs, other partners, members of the public and staff. They will promote the views of local people and have a say in how the Trust operates in the future.



Bringing together health and social care services

Local health and care services in Norfolk are being more closely aligned, following the recruitment to a brand new, integrated role. The Assistant Director for Integrated Services in west Norfolk is a joint appointment between NCH&C and Norfolk County Council. The unified position brings together the leadership and management of local NHS and social care services, meaning patients benefit from seamless care which meets their total needs.



A few words from our Interim Medical Director

“ Welcome to this autumn edition of
The GP Exchange.

As well as bringing changes to the clocks, darker evenings, and the onset of cooler weather, autumn also brings a number of changes at NCH&C.

We recently bid a fond goodbye and thank you to Dr Ian Mack, our former Medical Director. We congratulate Ian on taking up the role of Chair of the CCG in west Norfolk.



During his 18-months with NCH&C, Ian has helped to strengthen the role of our Medical Directorate, ensuring our expert clinicians can continue to deliver the very best, effective, and safe care to our patients.

Since Ian moved on in October, I have stepped into the role as Interim Medical Director. Having been Associate Medical Director with the Trust for over a year, I will ensure that there is consistency within the Medical Directorate and will continue with our momentum of further improving quality within our services.

As part of our efforts to develop quality within the Trust, and as a result of recent changes within the Trust's structures, we have now enhanced the role of the Medical Directorate in order to further build clinical leadership, audit and quality into our practices. There is more on this on page 4.

Other changes within our structures include combining the role of Executive Nurse with the role of Operations Director, creating a new role of Director of Nursing, Quality and Operations. This ensures that the director responsible for quality is also responsible for frontline operations. You can read more about this change on page 4.

On the frontline, the Trust is also seeing changes which will further improve care for our patients. We are increasingly working alongside our Norfolk County Council colleagues to join-up health and social care support, to ensure patients' total needs are met.

This has recently seen an innovative joint assistant director appointment to lead these services, and services becoming co-located. You can read more about both of these on page 6.

As lead provider, our Trust is working alongside other organisations to deliver an enhanced 'Hospice at Home' service in west Norfolk, which will enable even more patients to access palliative care support within their own homes. More on page 11.

Within Children's Services, our new Every Step of the Way DVD and handbook pack will help families whose children have complex health needs to access the range of support on offer locally. Contributors to the film and information handbook have included local families, NCH&C's expert staff, and local GPs, as well as and representatives from a range of partners, such as other NHS Trusts, councils and charities. See page 13 for more.

To continue providing high-quality services we need a well-trained and well-supported clinical staff group. And so, as the GMC Responsible Officer, I am pleased to report that we are on track with our medical appraisal and revalidation system.

We also continue to offer opportunities to attend our Grand Round events, which attract an ever increasing group of clinicians. Our recent event looked at the topic of Violence within the NHS (more on page 9) and the Diary Dates section (page 15) details our future Grand Round event to which you are all invited. I hope to see you there!

Best wishes,

Rosalyn Proops
Interim Medical Director
Norfolk Community Health and Care NHS Trust

Listening to our 'customers' and responding quickly

In this edition of the GP Exchange, Paul Cracknell, Director of Strategy and Transformation, discusses NCH&C's continued commitment to working closely with GPs to improve local services for patients and to develop effective working relationships with our customers.



"As a local NHS Trust we regard delivering excellent services to, and working well with, GPs and CCGs as a key priority.

"This is not only to ensure that we deliver high quality and safe services to your patients but also because we recognise GPs and CCGs are our primary 'customers'.

"We want to be an organisation which listens and responds to you, and does so swiftly, so that local patients feel the improvements as soon as possible.

"Our Trust has already put the foundations in place to enable us to do this, including restructuring our operational base and business units to better wrap around local CCGs and GP practices.

"Our locality-based model has allowed us to offer practices key face-to-face contacts within our Trust with whom they can discuss local issues and promptly receive effective responses. (See page 16)

"After months of collaboration with GPs and NHS Norfolk and Waveney, we also redeveloped the Community Nursing and Therapy specification, out of which we have developed the 'Named or Link Nurse' role for local practices. (See page 12)

"We have a real drive and commitment to continue to learn and develop our relationship with you and to make every effort to keep our ears open.

"To that end we are introducing a further feedback mechanism to benchmark what our customers feel about us now and to continue to take quick temperature checks each quarter to ensure we are responding well and delivering what you want from us.

"The results from these three-minute surveys, along with your direct contacts with our staff, will give us a clear picture of how well we are doing, and where we can further improve.

"We recognise that clinicians are busy people and the last thing you are likely to want to do is complete a long and complex survey. And so we've devised our version of a GP Net Promoter Score which should take no longer than three minutes to complete.

"Wherever possible, we ask that you and the colleagues at your practice complete this survey individually so we can gather your own, specific views.

"However, we also recognise that you may prefer for your Practice Managers to complete this survey on behalf of the practice doctors. If you would like to do this, please ensure you feed in your thoughts to your PMs – including any issues you may have.

"This feedback loop is another opportunity to help us better serve the needs of your practice and patients. The results and trends from these surveys will be reported back to you through further issues of The GP Exchange, and the Trust will respond directly to any specific queries or issues you may raise.

"We look forward to hearing from you."

Survey Launch

For the remainder of 2012-13 we will survey all GP practices across Norfolk to establish a good benchmark of results. This will happen twice.

From 2013-14 surveying will rotate through the CCG areas, and so practices will only be asked to complete **two, three-minute responses per year**.

The questions are:

1. How satisfied are you with the service delivered to your patients?
2. How satisfied are you with the service we deliver to you as a GP?
3. Would you recommend our services to your patients?
4. Would you recommend us as a provider to your fellow GPs?
5. Is there anything you would like to raise that we can act on in the next quarter or would like to discuss about developing our services or how we work together?

Resource point:

- To complete your survey log on now at: www.surveymonkey.com/s/gp-net-promoter

Quality is the top priority at our Trust

Quality is the top priority of NCH&C's Board. We have a strong quality record at the Trust but we know that there is no room for complacency, particularly as we have tough quality goals for the coming years.

We have therefore decided to change the way that quality is led at Director level within the Trust.

New Director of Nursing, Quality and Operations role

We have now combined the role of Director of Quality and Executive Nurse with our Director of Operations role to create a new Director of Nursing, Quality and Operations position.

I am delighted to confirm that Anna Morgan, who previously held our Director of Operations role, has been appointed to this post.

There is a clear aim behind this decision to merge 'quality' with 'operations'. Quality is created by the interaction of our frontline staff with patients, making it the responsibility of every staff member. It is therefore appropriate that the overall responsibility for quality is with the Director responsible for frontline operations.

And, as the single largest element of our workforce is our committed nurses and therapists, it makes sense to unite the day-to-day delivery of our services with managing the highest levels of patient safety and experience, ie, quality.



Changes to Medical Directorate

As you may have read on page 2, Dr Ian Mack recently decided to move on from his position as our Medical Director (MD).

Following Dr Mack's departure, Dr Rosalyn Proops is now 'acting up' as interim Medical Director. Dr Proops has been our Associate Medical Director since September 2011 and during her career has spent more than 25 years working as a Community Paediatrician.

We have also taken this opportunity to further enhance the MD role within the Trust to further entrench clinical leadership, audit, and quality into our practices.

Our Medical Directorate will take responsibility for medicines management, infection control, risk, research and development and clinical audit – all key elements of quality and safety.

Putting patients at the heart of our Trust

The experiences that our patients and their carers have while accessing our services is a key measure of our Trust's quality. We have consistently achieved very high patient satisfaction scores and we want this to continue in the future.

As such, we have now aligned our Patient Experience, Service Development and Patient Advice and Liaison Service (PALS) to sit within our Strategy and Transformation directorate.

This will help to ensure that feedback from our patients is at the heart of our strategies for the future and will inform how we develop and improve our services going forward.

Trust's new Non-Executive Director

Our Trust has also been further strengthened by the appointment of a new Non-Executive Director (NED).

As of November, Neil Harrison has joined the Trust, following the announcement that one of our existing NEDs, Patrick Harris, had decided to step down from the role.

Neil brings a wealth of experience, having been a finance director in the private sector for over 20 years. More recently, he has been a NED at the Queen Elizabeth Hospital in King's Lynn and chair of the hospital's Audit Committee.

We are also making good progress towards achieving Foundation Trust status and we anticipate that the Trust will be authorised in the spring of next year – you can read more about this on page 5.

This is an exciting time for local patients as these changes will ensure that quality and patients are central to the future of local services. This will ensure that our Trust can continue to deliver on its mantra to "look after you locally".



Michael Scott
NCH&C CEO

CCGs to have a voice in our Foundation Trust

CCGs are being invited to put forward a representative who will have the opportunity to discuss the views of local GPs and their patients at the highest levels of NCH&C.

As a Foundation Trust, NCH&C will have a Council of Governors and a representative Partner Governor from each of our local CCGs will sit on this Council, which will have a say on how the Trust operates in the future.

The Council will also consist of Governors from other organisations which NCH&C works with regularly, including Norfolk County Council, Voluntary Norfolk, Norfolk LINK, and the UEA. There will also be 16 Public and 5 Staff Governors who will be elected from and by NCH&C's 12,850-strong Membership.

The Council will have key responsibilities, including representing the views of patients, public, staff and partners, getting involved in the appointment of NCH&C's Chair and Non-Executive Directors, and holding the Trust's Board of Directors to account.

Ahead of the elections in early 2013, the Trust is holding a number of Roadshow events to give people the opportunity to find out more about becoming one of NCH&C's very first Governors.

Information events with Partner Governors can also be facilitated on request.

At the roadshows, attendees will hear more about: the important role that Governors will have in shaping the future of NCH&C; how Governors can make a difference to patients, health and care professionals, and services; how they can become a Governor; and how the election process works.

While CCGs will soon be selecting their official representative for the Council of Governors, GPs and other staff are welcome to attend these events to find out more and even to become a Member and stand as a Public Governor.

Update on Trust's progress towards FT

NCH&C is one of just three community NHS Trusts in the country to have submitted a formal application to the Department of Health (DH) to become an FT.

This makes the Trust one of the only aspirant Foundation Trusts in the country to remain on track with its plans and to have submitted an application to DH on time. Many other community trusts in the country have had to put back their plans.

Having previously received letters of support from local CCGs and gained SHA approval on being a credible applicant in July, further progress towards FT status has now been made, with our application recently scrutinised by the DH Technical Committee.

Here, they ranked the Trust's application on eight different domains. NCH&C scored an 'A' (the highest mark) on seven of these criteria, and a 'B' on the eighth.

The Trust has now advanced to the next stage of the application process: the NHS Trust Development Authority. Approval is expected to take place in early 2013. When this penultimate hurdle has been negotiated, the Trust will then be assessed by Monitor, with a view to becoming an FT early in 2013/14.

“Be my VOICE...”

Resource point:

- Roadshow event details: www.norfolkcommunityhealthandcare.nhs.uk/Get-involved/governor-roadshows.htm

Contact point:

- Trust Secretary: michael.jones@nchc.nhs.uk

Joined-up working closely aligns health and social care services

Innovative joint appointment

NCH&C is more closely aligning health and care services in Norfolk, following the recruitment to a new, integrated role.



Jo Fisher has taken up the role of Assistant Director for Integrated Services in west Norfolk, which is a joint appointment between NCH&C and Norfolk County Council (NCC). Prior to this, Jo was NCH&C's Assistant Director for west Norfolk, a post which has been replaced by this new role.

The unified position brings together the leadership and management of local NHS and social care services, which will enable us to build a more responsive health and social care system. This means patients will benefit from seamless care which meets their total needs.

Jo will be responsible for ensuring local services are closely coordinated, bringing joined-up working between community nursing and therapy teams, social workers, and services based at Swaffham Community Hospital.

This will also mean that staff from NCH&C and NCC are more able to access support from colleagues within other organisations. For example, NCH&C's community nursing staff may access social care packages from NCC, while social care staff can call on NCH&C's clinicians for advice and assistance.

We are currently considering how similar joint appointments could benefit other areas of Norfolk.

LD team relocates alongside social care

One of NCH&C's Learning Disabilities teams has moved bases to become more integrated with NCC social services colleagues.

The Norwich Learning Disabilities Team has relocated to County Hall, having formerly been based at St Andrew's Hill, Norwich.

Lilian Larwood, Team Leader, said: "Being co-located means that we can share information much more quickly and efficiently, so we can keep each other up-to-date on what our clients and patients need and the best way to fulfil their requirements."

The team includes physiotherapists, speech and language therapists, occupational therapists, nurses, social workers, and transition staff.

Contact point:

01603 638520

This number has been transferred from the team's previous base, so there is no need to update any existing contact details.



Communication and education are the key to providing positive end of life care

NCH&C is calling on all health and care colleagues in Norfolk to renew their pledge to deliver effective end of life care, which is well communicated with patients and their families.

The call comes after recent local and national media reports have focused on issues around end of life care, particularly the Liverpool Care Pathway (LCP) and DNACPR decisions.

In some cases, this coverage has been misleading and the Department of Health has sought to produce evidence and expert opinion to correct any misunderstandings.

However, it is important that we also take this opportunity locally to refocus our efforts and ensure that we are delivering the very best care to patients and keeping them informed every step of the way.

NCH&C has consistently taken a proactive approach to palliative and end of life care, which includes writing and revising policies and educating our staff. Key to the care we provide is the compassionate communication we share with both patients and their families during difficult times.

Partnership and personal dignity are the bedrock of our approach to care and are the principles which we actively pursue so we can deliver the right support for our patients.

A common concern raised in recent media coverage has been lack of proactive communication from health professionals when important care decisions need to be made.

In Norfolk there is an active education programme around palliative and end of life care that NCH&C staff take part in, or in some cases lead. These programmes have had thousands of participants over the last five years and there is no sign that the number of staff wishing to enhance their skills in this area is diminishing.

This year, the Trust has modified its resuscitation policy to bring it into line with the NHS Midlands and East DNACPR Policy. We have also agreed a comprehensive End of Life Care Policy.

We have also created patient information leaflets on Preferred Priorities for Care (Advance Care Planning) and the LCP. NHS Midlands and East also has a patient leaflet as part of the DNACPR policy. All of this information is freely available to NCH&C staff.

Education courses

So far, 45 GPs have undertaken our **GP Palliative Care** course. We have seen significant gains in confidence in end of life care, recognising and treating emergencies, managing nausea and vomiting, managing breathlessness, and managing pain.

Our **Nuts and Bolts of Palliative Care** course has been completed by 300 registered health and social care staff in the last five years. It has a strong core

of communication skills and scores 14/15 on the National End of Life Care Communication Skills course benchmarking tool.

The **End of Life Care for People with Dementia** course looks at the whole pathway for this group of vulnerable people and has been attended by over 1,000 health and social care staff.

In collaboration with all the Specialist Palliative Care teams in Norfolk, **Emotional First Aid at the End of Life** has been delivered to more than 100 health and social care staff, including GPs, dementia care workers, care home staff, social workers, nurses and AHP's. The course centres around the communication skills needed to enter into advance care planning discussions with people nearing the end of life.

In addition to supporting the National Gold Standards Framework in service development for care homes, NCH&C also runs a **Six Steps to Success** course for care home managers. This requires local care homes to audit performance against CQC quality markers for end of life care and is currently being undertaken by 11 care homes in the west of Norfolk.

Contact point:

- Education Coordinator, Specialist Palliative Care Services: david.smith@nchc.nhs.uk

Palliative care unit to undergo refurbishment

Priscilla Bacon Centre, the specialist palliative care unit at Colman Hospital, in Norwich, is expected to soon undergo significant refurbishment.

The planned work is expected to commence in late January and will be carried out in two phases, each lasting around 6-8 weeks. During this time, the unit's inpatient area will be reduced from 16 to 11 beds. This is to facilitate the work and ensure the safety and comfort of our patients.

Referrals will continue to be accepted in the usual way and they will continue to be triaged and prioritised. Every effort will be made to minimise impact on patients; however, we ask that you be aware of this capacity change and possible delays in admissions.

The refurbishment will see an extension of the medication preparation room, clean utility room, patient toilets and assisted bathroom, and kitchen. Additional office space for the multidisciplinary team will also be created, while the day room will also be redecorated.

The work is being funded from NCH&C's capital program and aims to create a safer and improved environment for patients, visitors, and staff.

Resource point:

- www.norfolkcommunityhealthandcare.nhs.uk/The-care-we-offer/v-specialist-palliative-care-inpatients.htm

Expected changes to COPD QOF indicators

It is anticipated that changes will soon be made to the Quality and Outcomes Framework (QOF) indicators for patients with COPD.

This means more patients with COPD may require access to Pulmonary Rehabilitation, provided by NCH&C's expert clinicians.

Recently, the Primary Care QOF Indicator Advisory Committee recommended that one of the 2013/14 indicators should include an offer of a referral to a pulmonary rehabilitation programme if they are beginning to be limited in activity due to breathlessness.

NCH&C's high-quality service is provided by an experienced team of respiratory nurses, physiotherapists and technical instructors at venues across the county.

Pulmonary rehabilitation concentrates on improving physical fitness, quality of life and confidence for those living with a long-term lung conditions.

Each course consists of a pre-course assessment, six consecutive two hour sessions for groups of up to 16 people and a final discharge assessment. Patients are given an individual exercise programme and lung health education.

Resource point:

- www.norfolkcommunityhealthandcare.nhs.uk/the-care-we-offer/Service-search/pulmonary-rehabilitation.htm

Patients highly rate COPD clinic

People in west Norfolk have praised one of NCH&C's community COPD clinics, saying that it offers an excellent service, provides effective care, and is easy to access.

In total, 80% of the people who took part in the survey gave the service 10-out-of-10 overall, the highest possible score. A further 8% rated it 9-out-of-10.

The clinic is a joint initiative between NCH&C and the Queen Elizabeth Hospital in King's Lynn and aims to offer care closer to patients' homes. This is something that patients highly value, with 96% saying the community clinic is more convenient than clinics at the hospital.

The same percentage of people (96%) said that they felt involved in decisions about their treatment, while 100% of patients said staff gave consistent information.

Almost all (96%) of the patients said that they would recommend the service to a friend.

The questionnaires were sent to patients who accessed the COPD community clinic between July 2011, when it launched, and up to March 2012. In total, 25 patients took part.

Resource Point:

- www.norfolkcommunityhealthandcare.nhs.uk/The-care-we-offer/Service-search/copd-nurse.htm

GPs and clinicians invited to upcoming Grand Round

GPs and other clinicians across Norfolk are being encouraged to attend our upcoming Grand Round, which will look at the Mental Health Act 2007 and its implications.

The event will take place on December 12 at Norwich Community Hospital and carries **two Continuing Professional Development (CPD) points**. Attendees will hear about, and discuss, the use of legal powers in clinical services, including patient stories which have a legal or ethical dimension.

At the Grand Round in September, doctors, dentists, clinicians, a chaplain and solicitors heard about different occurrences of violence across the NHS and the personal and financial cost to the NHS and its staff.

Among the speakers was Dr Kate McGlashan, NCH&C's Clinical Lead in Specialist Rehabilitation, who presented a case study describing how aggression and violence became part of one patient's communication, and the problem this posed for his family and our staff.

Details on other upcoming events can be found in the Diary Dates section on page 15.

Contact point:

- For more information and to book your place: debbie.blundell@nchc.nhs.uk

Free diabetes foot-screening training available

NCH&C has now introduced more accessible diabetes foot-screening training, which is essential for health professionals who undertake diabetes foot-screening as risk stratification is part of the Quality Outcomes Framework (QOF).

This training is free for all health professionals involved in diabetes care and provides an overview of the diabetic foot, vascular and neurological screening techniques, risk stratification, and referral pathway information. Some training sessions will also include a competency assessment.

The training sessions are led by experienced NCH&C podiatrists and will now be held at venues across Norfolk, over a lunchtime period, to minimise impact on clinical time, on a rolling yearly program.

Diabetes foot-screening is a vital part of diabetes care as it is well documented that detecting risk factors for diabetic foot complications early and accessing appropriate care pathways can reduce amputation rates and unnecessary - and costly - hospital admissions.

It is recommended that clinicians attend training every two years, especially if diabetes foot-screening is a core part of your role.

Contact point:

- To book a session, email: nhcfootscreeningtraining@nhs.net
Please state your name, employer, place of work, and your preferred training date and venue

Date and time	Location	Content
November 21 12.30 - 1.45pm	Downham Market Health Centre	Training only
November 28 12 noon - 2pm	Diss Health Centre Health Education Room	Training and Assessment
December 12 12 noon - 2pm	Kelling Hospital Seminar Room	Training and Assessment
January 30 12 noon - 2pm	Dereham Hospital Seminar Room	Training and Assessment
February 6 12 noon - 2pm	Unit 20 Hellesdon	Training and Assessment
March 13 12 noon - 2pm	Heacham Surgery	Training and Assessment
April 24 12 noon - 2pm	Diss Health Centre Health Education Room	Training and Assessment
May 8 12 noon - 2pm	Downham Market Health Centre	Training and Assessment
June 5 12 noon - 2pm	Norwich Community Hospital Fledglings Unit	Training and Assessment

Survey for carers of palliative care patients

A carers' survey has been launched to find out what bereaved relatives think of the quality of end of life care received by dying patients.

The Voices Survey is being posted to the next-of-kin of patients who died in either February or July 2012 and who had previously received care and treatment from NCH&C's specialist palliative care services.

This will give carers the opportunity to comment on the quality of the end-of-life care their family member received and help the Trust's expert staff better understand what worked well and what can be further improved.

Feedback from patients and their carers is an important way that the Trust can monitor quality and service-user satisfaction.

The survey is being led by John Elsegood, NCH&C's Psychological Services Co-ordinator, based at Pricilla Bacon Centre in Norwich.

He said: "The purpose of this survey is to further improve our working practices and inform our service development. We want to ensure that patient experience remains heard and has an influence over what we do in the future."

The questionnaire asks about the services received by the patient during the last three months of life and covers the care and treatment provided by different health and social care staff working in a variety of care settings, including out-of-hours care and treatment.

It also asks about the support received by the next-of-kin since the patient died.

The survey is based on a national Voices Survey, which was recently undertaken by the Office for National Statistics, but our local version will provide a more accurate picture of service quality in Norfolk.

Contact point:

- John.elsegood@nchc.nhs.uk

Pressure Ulcer initiatives protecting patients from harm

Steps taken by NCH&C to raise awareness of pressure ulcers and the dangers they present are helping to protect local patients.

The Trust recently updated its Datix recording system, rolled out training to over 400 frontline staff, and implemented a 'best practice' Pressure Ulcer Policy to help staff in the prevention, management and treatment of pressure damage.

NCH&C has also signed up to a number of initiatives to help staff eliminate avoidable pressure ulcers by the end of the year, while heightened awareness means staff are recording more incidents of pressure ulcers than ever before.

Latest figures for pressure ulcers grades 1-4 show that around 130 pressure ulcers were recorded during September. This is a rise from around 60 at a similar point last year, showing how NCH&C's campaign to make staff and patients more aware of pressure damage is proving to be a success.

Led by Anna Morgan, NCH&C's Director of Nursing, Quality and Operations, and our Chief Executive, Michael Scott, NCH&C has signed up to a number of new initiatives.

The Trust is taking part in Pressure Ulcer Collaborative Programme, organised by the SHA, which brings together frontline staff and senior leaders from across our region to share information, case studies, and learning, which can then be cascaded back to teams across all participating organisations.

Within Norfolk, we have joined up with Norfolk County Council to coordinate our approach to 'harm free care'. A Development and Training steering group is in the process of developing a range of support materials and information for local patients, the public, health and social care staff, care home teams, and anyone else who supports vulnerable people in Norfolk's communities.



New service offers more people palliative care support at home



An improved service to support patients at the end of their lives was recently launched in west Norfolk.

The Hospice at Home Service is being led by NCH&C's expert staff, after the service was commissioned by the West Norfolk Clinical Commissioning Group.

Referrals can be made by GPs, community nurses and matrons, and hospital-based doctors and nursing staff.

The service is another example of the Trust working in partnership with other organisations, as Hospice at Home sees NCH&C's nursing and care staff working alongside staff from Norfolk Hospice and Marie Curie Cancer Care.

As the lead provider of the service, NCH&C's experienced community matrons and nurses will work closely with patients to ensure that the care they receive meets their individual needs.

The service is for patients who have end-of-life needs and enables them to choose to access support within their preferred place of care, which in many cases is at home.

While NCH&C already provides palliative care support to patients across the county, including in west Norfolk, Hospice at Home builds upon existing service provision and has seen significant expansion made to improve the support on offer.

For example, as lead provider NCH&C is playing a key coordination role and has recruited more coordination staff, enabling the service to run seven-days-a-week.

NOAH patients go home two-by-two

An innovative pilot scheme is not only helping patients to return home from hospital sooner but is also freeing-up beds for more serious cases.

The project, run in partnership between NCH&C and the Queen Elizabeth Hospital in King's Lynn (QEH), is known as NOAH, from the descriptive phrase 'No One At Home'. This refers to patients who do not have anyone at home to look after them while they recuperate.

The NOAH pilot aims, in appropriate cases where patients do not have a suitable carer at home, for patients to be accompanied home by one of NCH&C's Health Care Assistants (HCAs).

This fulfils the mandatory requirement for any patient who is having a general anaesthetic or sedation in hospital to have a competent adult to stay with them at least for the first night of their return home.

As a result, patients who would otherwise have to be admitted to hospital for observation can now be offered day surgery at the QEH and then sent home under the watchful eye of NCH&C's staff.



AGM attendees hear about Trust's surplus in 2010/2011

In 2010/2011, NCH&C met its statutory duty to break even, remained within resource limits set by the Department of Health, and achieved a surplus of £545k -up from £528k in 2010/2011- attendees at the Trust's Annual General Meeting (AGM) heard.

As well as presenting the Annual Report and Accounts, Roy Clarke, NCH&C's Director of Finance, told people how the Trust became more efficient through the delivery of a Cost Improvement Programme (CIP) which saved £6.1m.

NCH&C also invested into further improving local services, including the development of the new Aylsham Care Complex and new North Walsham and District War Memorial Hospital.

Also speaking at the AGM, Michael Scott, NCH&C's CEO, told people how the Trust's dedicated staff have continued to provide high-quality services to people in and around the county.

During 2011/2012 the Trust met its key performance targets and continued to make progress towards becoming a Foundation Trust. You can read more about this on page 5.

Director of Nursing, Quality and Operations, Anna Morgan, explained how the Trust had worked hard to reduce risks of harm around medication, infection, falls, and pressure ulcers.

Anna also shared some highlights from the Trust's Quality Account, which indicates key achievements and learning over the past year. It also sets out NCH&C's priorities and quality goals for the current year, demonstrating the Trust's ongoing commitment to quality and improvement.

The AGM took place in September and was attended by Trust staff, members of the public and a number of partners.

Resource point:

- Download the Trust's Annual Report and Quality Account: www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm

One-to-one Community Link Nurses introduced in north Norfolk

GP practices in north Norfolk will now benefit from a practice-dedicated Link Nurse.

There will be a named Community Link Nurse for each GP practice in north Norfolk which will provide our GP colleagues with a clear point of contact for local clinical matters. This will help to ensure patients receive the most appropriate care for their needs.

With the introduction of this new role, north Norfolk is also set to see the successful Case Management service expanded and made available to more patients.

The Community Link Nurses will also establish early intervention and self-care, wherever possible, and ensure full holistic assessments are undertaken for each episode of care.

They will also help to agree a vulnerable patients register to support admission avoidance and ensure that patients who are considered at high-risk of hospital admission are visited and assessed regularly.

A Community Link Nurse will also attend meetings involving staff from GP practices, social care, mental health and other relevant organisations to help prioritise care and ensure patients have access to the right support for them.

This role has been developed in response to the new Integrated Community Nursing and Therapy Service Specification and CQUIN indicators.

While north Norfolk is the first locality to introduce one-to-one Community Link Nurses, other areas of Norfolk benefit from their own variation, including Frail and Elderly nurses in south Norfolk, Case Managers in Norwich, and Community Matrons in west Norfolk.

Contact point:

- Becky Cooper, Assistant Director (North): rebecca.cooper@nchc.nhs.uk

Supporting families 'every step of the way'

Families of children with complex health needs are now benefitting from a brand new information resource which makes it easier for them to access the range of services available locally.

The Every Step of the Way DVD and handbook pack has been produced by NCH&C, in collaboration with a range of local health and care experts, to raise awareness of the services in place to support them, whether they be provided locally by the NHS, councils, charities, or private providers.

Every Step of the Way will be provided to families shortly after they have been informed that their child has a life-limiting condition, to be used as a source of information that they can refer to at any time. It will also be provided to key services and clinicians in Norfolk to use for reference and to enable effective signposting.

The pack's hour-long DVD features interviews with Norfolk families who have a child with complex needs. They share their experiences about services which have benefited them and also how they have coped with the challenges of looking after a child with complex health needs.

Also featured on the film are interviews with a range of professionals from local services, including expert contributors from NCH&C, local NHS Trusts, local GPs, and representatives from Norfolk County Council, charitable organisations and other groups.

The DVD is provided with an accompanying handbook, which includes more detailed information about services and some of the challenges and opportunities families may face.

Among the handbook content is information



about: receiving and sharing the initial diagnosis; NHS services based within the community and hospitals; services provided by private providers and charitable groups; schooling and education services; making the transition from children's to adults' services; and the bereavement support on hand if a child dies.

The pack was launched at a screening at the end of October 29.

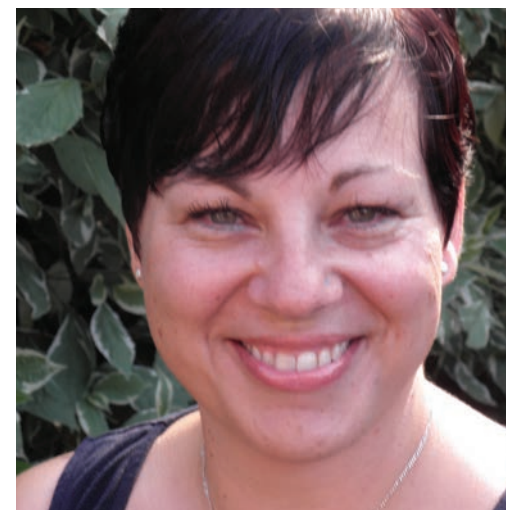
Contact point:

- NCH&C's Head of Children's Complex Health and Disabilities Team: jenny.fryer@nchc.nhs.uk

Fellowship identifies future NHS leader

A member of staff from our Community Alcohol and Drugs Service (CADS) in King's Lynn has completed a prestigious national fellowship programme which has been designed to develop the next generation of leaders in health and care.

Becky Judge, a Substance Misuse Nurse, was selected from over 1,000 clinicians to take part in the Clinical Leadership Fellowship Programme. Run by the NHS National Leadership Academy, the programme aims to identify people with fresh ideas and new ways of working to improve services and make them more efficient.



Quarterly performance

The following table details a small number of key indicators, where NCH&C is meeting the expectations of our customers and stakeholders, including commissioners and NHS Midlands and East. They also highlight areas where our Trust is approaching its ceiling or is at risk of missing a target.

July 2012 – September 2012

Encourage your patients to go smokefree

NCH&C's Smokefree Norfolk service is on hand to offer expert advice and support to smokers who want to kick the habit. Recently, the service has supported the national 'Stoptober' campaign which has encouraged even more people to access the one-to-one support, group sessions, and medication on offer. GPs can refer their patients to the service on 0800 0854 113 or via a referral form at: http://nww.knowledgenorfolk.nhs.uk/heron_km/organisationdetails.aspx?id=19492



Ref	Indicator	Target or upper ceiling	Quarterly performance	Year-to-date performance
1	MRSA bacteraemia	No more than one case during 2012/13	1 case	2 cases
2	MRSA Screening - elective patients	100% of patients having planned surgery screened for MRSA	100%	100%
3	Clostridium difficile	No more than nine cases during 2012/13	0 cases	0 cases
4	Injurious falls	Number of falls resulting in harm per 1,000 Occupied Bed Days below 4.0	2.8	3.03
5	Smoking cessation	On or above cumulative year-to-date trajectory (to end of September = 953)	710	
6	Venous Thromboembolism (VTE) assessments	90% or more admissions having a VTE assessment	95.8%	96.4%
7	Delayed transfers of care	No more than 6% of beds occupied by patients whose discharge is delayed for non-medical reasons	5.4%	5.0%
8	Community equipment store (CES) response within seven days	99% or more items delivered within seven days of receipt of a referral	99.2%	98.90%
9	18 week wait referral to treatment	95% patients receiving definitive treatment within 18 weeks of referral	98.6%	99.0%
10	Health visiting	95% or more of mothers receiving a New Birth Visit within 28 days of birth	95.0%	95.7%

Diary Dates

November

Governor Elections Roadshow

20 November 2012, 7pm - 8.30pm
King's Lynn Town Hall, Saturday Market Place,
King's Lynn, PE30 5DQ
More information: nchandcmembership@nhs.uk or
01603 697366

Governor Elections Roadshow

21 November 2012, 7pm - 8.30pm
Swaffham Assembly Rooms, Market Place,
Swaffham, PE37 7AB
More information: nchandcmembership@nhs.uk or
01603 697366

Clinical Workshops in Palliative Care Symptoms: Breathlessness and fatigue

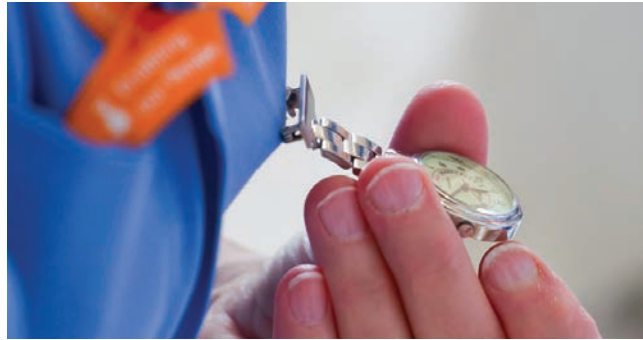
21 November 2012, 2pm - 4pm
Rowan Day Centre, Colman Hospital,
Norwich, NR2 2PJ
Cost: £10
Booking: sandra.taylor@nchc.nhs.uk or
01603 255738

NCH&C Public Board Meeting

28 November, 9.30am - 12 noon
NCH&C Head Office, Elliot House
Norwich, NR1 3FR

Governor Elections Roadshow

26 November 2012, 7pm - 8.30pm
The King's Centre
Queen Anne's Road, Southtown
Great Yarmouth, NR31 0LE
More information: nchandcmembership@nhs.uk
or 01603 697366



December

Governor Elections Roadshow

4 December 2012, 7pm - 8.30pm
The Atrium, Spenser Avenue
North Walsham, NR28 9HZ
More information: nchandcmembership@nhs.uk
or 01603 697366

Grand Round for Clinical Professionals: Mental Health Act 2007 and its implications

12 December, 12 noon - 2pm
Pelican Room, Fledglings,
Norwich Community Hospital, NR2 3TU
CPD Points: 2
Booking: debbie.blundell@nchc.nhs.uk

NCH&C Public Board Meeting

19 December, 9.30am - 12 noon
NCH&C Head Office, Elliot House
Norwich, NR1 3FR

January

NCH&C Public Board Meeting

30 January 2013, 9.30am - 12 noon
NCH&C Head Office, Elliot House
Norwich, NR1 3FR

Clinical Workshops in Palliative Care Spiritual and Social: Holistic assessment and support, mental capacity, funding

23 January 2013, 2pm - 4pm
Rowan Day Centre, Colman Hospital
Norwich, NR2 2PJ
Cost: £10
Booking: sandra.taylor@nchc.nhs.uk
or 01603 255738

February

NCH&C Public Board Meeting

27 February 2013, 9.30am - 12 noon
Venue tbc

Clinical Workshops in Palliative Care Urgent and Relaxed: Palliative care emergencies, complementary therapies

27 February 2013, 2pm - 4pm
Rowan Day Centre, Colman Hospital
Norwich, NR2 2PJ
Cost: £10
Booking: sandra.taylor@nchc.nhs.uk or
01603 255738

Locality leads for your area

If you have any questions or comments about NCH&C's services delivered in your area, or would like to know more about services you have heard are benefiting patients in other localities, please contact the leads below.

Central



Assistant Director
John Mallett
john.mallett@nchc.nhs.uk
01603 776608

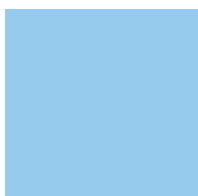


Locality Manager
Sue Stockton
susan.stockton@nchc.nhs.uk
01603 776751

South



(Interim) Assistant Director
Lisa Edwards
lisa.edwards@nchc.nhs.uk
07734 703344



Locality Manager
Vacancy

North



Assistant Director
Becky Cooper
rebecca.cooper@nchc.nhs.uk
07990 595193



Locality Manager
Jayne Rose
jayne.rose@nchc.nhs.uk
07789 861517

West



Assistant Director for Integrated Services
Jo Fisher
jo.fisher@nchc.nhs.uk
01553 668579



(Interim) Head of Health and Social Care
Sarah Elliis
sarah.ellis@norfolk.gov.uk
01553 669629

Children's Services



Assistant Director
Siobhann Leviton
siobhann.leviton@nchc.nhs.uk
01603 776605

Specialist Services



Assistant Director
Jane Webster
jane.webster@nchc.nhs.uk
07827 283452