

## Ten minutes with the Trust



### Innovative harm free care project in care homes

We are helping to protect patients from major harms by rolling out an assessment tool, supporting guidance and information to care home staff. The innovative Harm Free Care Project aims to reduce people's need to call on clinical support by helping care home staff to spot residents who are at risk of developing a pressure ulcer, an infection linked to urinary catheters, or having a fall. The pilot is set to begin in May.



### Partnership approach helps 1,600 patients

Working alongside GPs, hospital teams, and social services colleagues, our community nurses, therapists and healthcare assistants have helped to triage and care for more than 1,600 patients at the temporary Urgent Care Unit. The pilot, based at NNUH, brought together healthcare colleagues to assess and treat people with minor conditions so they could be safely discharged home with the right community services in place and to reduce A&E pressures.



### Medical model extended to north Norfolk

We are extending our consultant-led model of care to provide enhanced medical support for older people. The model, used successfully elsewhere in the county, will now see consultants carrying out regular ward rounds within the Trust's inpatient units in north Norfolk to assess patients' progress and medical needs. Our thanks go to local GPs who have supported the model, but who will no longer carry out ward rounds at Kelling or North Walsham.



### Staff survey shows steady progress

NCH&C is continuing to improve in key areas, results from the latest NHS Staff Survey have shown. The Trust scored higher than the national average for 'effective team working' and the proportion of staff agreeing that their role 'makes a difference to patients'. Ongoing programmes, including our Transformation Project, the use of mobile working technology, and better work allocation, will help to further improve conditions for staff and, ultimately, the care we offer patients.



### Stop smoking advisors welcome colleagues

GP practice staff were among those who attended our first ever Smokefree Norfolk Conference, which was held in March. It was organised to bring together staff from GP practices, pharmacies, hospitals, and community services to hear about the latest national research and discuss a joined up approach to help people give up smoking. Smokefree Norfolk will offer enhanced training and information to advisors throughout 2014/15.



# A few words from our Medical Director



“ Welcome to the Spring edition of the GP Exchange. The new season brings about the beginning of the new financial year and we have big plans for the coming 12 months.

Our Trust's Quality Goals for 2014/15 have now been set, as have our Commissioning for Quality and Innovation (CQUIN) initiatives, following input from CCGs and other commissioners, patients, partners, and the public. These will drive exciting developments and help us continue providing safe, effective care to local patients. More on page 3.

The new financial year has already seen the roll out of new ways of working, including extending our consultant-led model of care to north Norfolk, in recognition of the increasingly complex cases and rising medical needs of patients admitted to our inpatient units. See page 4 for details. My sincere thanks go to all GP colleagues for the care you have provided within our inpatient units for a number of years, and for your support in implementing this new approach.

We are also working with local care homes to further enhance care locally. The Harm Free Care Project will see advice and resources rolled out to help reduce people's risk of suffering a harm. See page 4.

In west Norfolk, we expect to shortly see the return of an x-ray diagnostic service at Swaffham Community Hospital, following the installation of modern,

computerised image processing equipment. This will offer patients a real choice and enable them to access this service right on their doorsteps. More about this on page 6.

Meanwhile, in central Norfolk, I'm delighted by the ongoing success of our Palliative Care Advice Line, which has proven to be such an invaluable tool to GPs and healthcare colleagues. Figures have shown that around 900 professionals have called for palliative care advice, ensuring patients are able to remain in their usual place of residence, wherever possible. See page 5.

Over the coming few weeks we expect to see a number of new faces at the Trust, including the arrival of our new Consultant Community Paediatrician. Children's expert Dr Jenny Long, who first worked at NCH&C as a registrar in 2012, will begin her substantive role in May – see page 7. We will also soon welcome our new Interim Chief Executive, who you can read about below.

I look forward to building further on our excellent partnership working during 2014/15, including welcoming you to our next Grand Round, which will take place on June 11 and focus on Mortality Governance in the Community. I hope to see you there.

## Interim Chief Executive appointed

We have now appointed an Interim Chief Executive Officer to lead our Trust. Mark Easton - who has 10 years' experience as a Chief Executive - will take the lead at our Trust from May 1.

During May, he will complete a handover with our outgoing Chief Executive Michael Scott who, as you

may already know, is moving on to become CEO at Norfolk and Suffolk NHS Foundation Trust.

Mark brings a great deal of experience, having led a range of NHS services during his career. Joining the NHS in 1982 as a management trainee, he has since provided leadership and support to a number of diverse NHS organisations, including community services, acute hospitals and primary care trusts, as well as strategic health authorities and mental health organisations.

Most recently he has been working with councils and clinical commissioning groups in London to advise on the successful delivery of integrated care, a firm focus for our Trust.

With his clear drive to create health and social care integration, he is perfectly placed to help our Trust deliver its own strategy to join up local services for the benefit of our patients, and to progress towards foundation trust status.

Among the appointment panel members was Jonathon Fagge, Chief Executive at Norwich CCG, and I'd like to thank Jonathon for his help in appointing such a strong candidate to this interim role. We will also be speaking to local stakeholders as part of our process to appoint a substantive Chief Executive over the coming months.

Best wishes,

Dr Rosalyn Proops  
Medical Director

# Trust commitments will ensure delivery of safe and effective care



We have now signed up to plans which will further improve the care provided to local patients.

Our Quality Goals for 2014/15 have been set out under the five CQC Quality Indicators, while our Commissioning for Quality and Innovation (CQUIN) initiatives will drive new ways of working and service expansions.

Key stakeholders – including quality leads from each of the local CCGs, as well as staff members, patients, and the public were invited to share their views on what the Trust should prioritise in the new financial year. Their feedback was used to form our Quality Goals.

Underpinning the goals are a number of quality initiatives, such as pressure ulcers and falls prevention agendas and the Harm Free Care project (see page 4), which will drive NCH&C's Quality Improvement Strategy for the next two years.

## Quality Goals 2014/15 summary:

**Safe, harm free care:** We will reduce the number of pressure ulcers, catheter-acquired urinary tract infections, and inpatient falls, and will carry out VTE risk assessments. All clinical staff in Children's Services will receive safeguarding supervision and undertake referrals to the Local Authority Children's Services.

**Effective services:** We will review a number of our Trust's services against key NICE Quality Standards and measure clinical effectiveness related to dementia, stroke, VTE prevention, end of life care for adults, and the health and wellbeing of looked-after children and young people.

**Care and compassion:** Using the Friends and Family Test, we will maintain or improve our feedback score within our CN&T Service and respond to 100% of public and patient feedback received via Patient Opinion.

**Responsive services:** We will ensure that at least 95% of patients are seen within 18 weeks of a referral and that the same proportion of 'Category A' CN&T patients are seen within 4 hours. Inpatient care will enable people to return to their place of residence within 22 days.

**A well-led organisation:** We will improve our NHS Staff Survey scores, including our overall score and the proportion of staff who would recommend NCH&C as a place to work or to receive treatment. All staff will receive relevant mandatory training on induction, at least 90% will receive ongoing mandatory training and safeguarding training, and staffing levels and skill mix will be considered against assessed patient acuity levels.

## CQUINs set to enhance services

Our CQUINs have also been agreed, which will guide our Trust in prioritising areas which our commissioners - including local CCGs – want to see improved locally, in order to benefit patients.

They include the development of new and existing services, new quality and patient experience measures, and the development of further staff training.

Among our CQUINs, we have committed to: roll out the Friends and Family Test to more of our teams; measure and reduce harm, particularly related to pressure ulcers; develop and implement services which help avoid hospital admissions; and expand our lymphoedema service to bring even more care closer to home.



### Resource point:

- Full Quality Goals: [www.norfolkcommunityhealthandcare.nhs.uk/quality-goals-for-2014-15.htm](http://www.norfolkcommunityhealthandcare.nhs.uk/quality-goals-for-2014-15.htm)

## Scheme to embed culture of safe, harm free care



We are helping to deliver an innovative, new scheme to improve health outcomes for Norfolk care and nursing home residents.

The Harm Free Care Project is looking to reduce people's risk of suffering a pressure ulcer, infection linked to urinary catheters, or falls. These three major harms can particularly occur in vulnerable, elderly and frail residents and can lead them to need significant clinical support.

Working in partnership via the Norfolk Harm Free Care Board, we have joined up with Norfolk County Council to commission the development of an assessment tool and supporting guidance and information for care homes.

The tools, which are due to be piloted from May, will help care staff review the potential risks to residents, looking at their hydration and nutrition levels, mobility issues, and skin condition. They will also guide staff and carers as to the best actions to take to prevent harm from occurring.

We recently held a workshop for local care home staff to give them the opportunity to develop the resources, including a guide to harm free care booklet, and looking at how the toolkit could be integrated into their current documentation.

The materials will be offered to residential homes across the county, with staff also signposted to national materials. A guide to harm free care will also be made available to patients and the public.

Our jointly appointed Harm Free Care Project Manager, Marie McDermott, said: "A culture of safe, dignified and harm free care is paramount. This project takes the experience of NCH&C's community staff and that of social care staff to do our very best for local care residents. In doing so, we can ensure they can access the safest and most compassionate care possible."

### Contact point:

- [marie.mcdermott@nchc.nhs.uk](mailto:marie.mcdermott@nchc.nhs.uk)

## Consultant-led care extended to north Norfolk

Patients in north Norfolk will now be able to access enhanced medical support following the roll out of a consultant-led model of care for older people.

Consultants are now carrying out regular ward rounds within the Trust's inpatient units in order to assess patients' progress and their medical needs. Working with each hospital's team of nurses and therapists, they identify the best care and medication for the increasingly complex cases and rising medical needs of admitted patients.

The model, which is already used successfully in Norwich, south and west Norfolk, has been adopted by the Trust's four north Norfolk inpatient units to ensure we can continue to fully meet people's increasingly complex needs. It is expected that this will also help people to recover quickly and return home as soon as possible, while freeing up resources for other patients.

Consultants at Kelling and North Walsham hospitals will be supported by a team of Middle Grade Doctors, who will take over responsibly for the provision of the medical service from local GPs.

GP colleagues, who have supported these hospitals for a number of years, will no longer be carrying out regular ward rounds and other medical duties at the hospital, but the Trust will continue to work closely with the GPs and their practice staff to ensure the best possible care is provided to all patients.

Dr Rosalyn Proops, Medical Director, said: "I'd like to recognise the good work of all the GPs who have provided medical care within our community hospitals over a number of years and thank them all for their support in helping us to develop this new model."

The Trust's two other units in north Norfolk - Benjamin Court, in Cromer; and Cranmer House, in Fakenham - will also now have access to consultant-led support, but continue to be supported by local GPs.

It is hoped that the new look model may also offer opportunities to develop increasingly joined up NHS services going forward; for example, with consultant or Middle Grade Doctors offering community-based clinics and linking in more closely with GP practices and acute services.

## Palliative care advice line supports almost 900 clinicians

Nearly 900 health and care staff made use of a dedicated palliative care advice line in the last year, latest figures have shown.

The telephone support, provided in central Norfolk by NCH&C in partnership with the Norfolk and Norwich University Hospitals NHS Trust (NNUH), offers GPs, community-based staff, acute colleagues, and other health professionals guidance on how to best support patients with palliative care needs.

This includes symptom control advice, guidance on compatibility of drugs, or support with a patient who may have early signs of spinal cord compression and needs urgent assessment. The support aims to help people remain in their usual place of residence, rather than having to be admitted to hospital or palliative care unit unnecessarily.

Figures for 2013/14 show that 875 calls were made over the 12 month period, with around 70% of calls made by GPs or other community-based staff. Other callers included those based at NNUH and in care homes, while a relatively small number of patients' families who called NCH&C's Priscilla Bacon Lodge inpatient unit for advice were also recorded as having accessed the advice line.

The majority of calls (80%) related to symptom control issues, with other queries relating to equipment provision, possible admission to Priscilla Bacon Lodge – NCH&C's specialist palliative care unit, and social or psychological issues.

Most of these calls were dealt with by a specialist palliative care nurse, though consultants are on hand if required, and took less than 15 minutes to address. Written advice can also be faxed to healthcare staff, if required, along with guidelines and other information.

GPs accessing NCH&C Palliative Care Education (PACE) courses are encouraged to access the palliative care advice line if they need it, but NCH&C is now encouraging all GPs in central Norfolk to make use of the advice service which is available 24/7, 365 days-a-year.

### Resource point:

- Palliative care advice line for health professionals only: 07699 734610

## Urgent Care Unit treats more than 1,600 patients over winter



The temporary Urgent Care Unit in Norwich is set to close at the end of April after seeing more than 1,600 patients in three months.

The project brought together a partnership team of community nurses, therapists and healthcare assistants from our Trust, alongside GPs, hospital teams, and social services staff.

Together, they assessed and treated people with minor conditions so they could be safely discharged home with the right community services in place to keep them safe and well.

While analysis of the pilot is still underway, it is thought that the approach helped patients with minor conditions to be seen more quickly and to avoid a hospital admission, while A&E resources could be concentrated on people with more serious needs.

Working together, NCH&C's community teams and NNUH's A&E-based staff managed to help an additional 30 people get home directly from A&E every month – the equivalent of a whole hospital ward.

The unit was trialled at the Norfolk and Norwich University Hospital over the winter and opened in late January. It was originally due to close in March, but was extended for another month to cover the busy Easter period, and will finally close on April 27.

Dr Chris Carney, NCH&C's Associate Medical Director, said: "The feedback we have received from staff and patients has been really positive. We are always looking at ways to join up services to meet people's needs and this seems to have made a difference.

"It has been well received by patients, who commented on the short waits and friendly but professional atmosphere. We now need to assess the impact the unit has had and look at how we can take the experience and learning from this and use it inform services that are developed in the future."

## Research discussed at Grand Round

At our latest Grand Round event, held on March 19, local GPs and NCH&C staff discussed the benefits of research programmes within the NHS, including the support for professionals and ethical challenges.

Chaired by Dr Chris Carney, NCH&C's Associate Medical Director, the Grand Round began with a presentation from Professor Val Pomeroy, Professor of Neurorehabilitation at the UEA. She described how stroke affected 150,000 people each year in the UK.

She then gave an overview of her research into how some stroke patients could potentially be helped to recover more quickly by observing actions and imitating them and how equipment could enhance recovery too.

The 40 attendees then heard about a project which aims to identify the causes of unintentional falls, poisonings, and burns to children aged under-four and use the results to drive down these harms.

Dr Richard Reading, NCH&C's Clinical Lead for Academic Liaison and Research, observed that research is good for patients, for clinicians, and for the Trust. He explained that engaging in trials and generating research, results in better treatment for patients.

Professor Ian Harvey, Executive Dean of the UEA Faculty of Medicine and Health Sciences and a Non-Executive Director at NCH&C, emphasised how evidence shows that research is good for patient care and outcomes, highlighting the role of the National Institute of Health Research.

See page 11 for upcoming Grand Rounds.

## Return of west x-ray service

Patients in west Norfolk will soon be able to access x-ray services closer to their homes when a clinic reopens at Swaffham Community Hospital.

We have installed modern, computerised image processing equipment at the hospital and expect to welcome our first patients to the x-ray diagnostic service from May.

The return of the clinic means we can once again offer patients an alternative to travelling to an acute hospital to access x-ray diagnostics. After being offered at the hospital for around 15 years, the service temporarily closed in early 2012 as a result of the existing equipment becoming outdated and difficult to repair.

The equipment and clinic upgrade, which has been jointly funded by our Trust, NCH&C's Charitable Funds, and the Hospital League of Friends, will mean the x-ray machinery can produce images more quickly and of a higher quality, compared to the old processing system.

The x-rays will be sent electronically using a secure system to a Consultant Radiologist based at Queen Elizabeth Hospital, in Kings Lynn. The service will operate on Wednesdays and Fridays initially and will be accessible via a GP or Consultant referral.

### Referral information:

- [www.norfolkcommunityhealthandcare.nhs.uk/diagnostic-imaging.htm](http://www.norfolkcommunityhealthandcare.nhs.uk/diagnostic-imaging.htm)

## Training protects patients from falls

We have launched some new initiatives to help patients avoid a fall.

New training for our inpatients staff aims to equip them with further information to help reduce falls, by improving their knowledge around care planning and risk reduction methods.

It is hoped that this training will enable our staff to help our patients to avoid a fall, which can be debilitating, affect people's independence, and cause them to require significant care and rehabilitation.

We are also helping people to avoid a fall at home by informing some free, practical, bite-sized training courses for carers. We have linked up with Norfolk Fire and Rescue Service to try to prevent falls and fires happening in people's homes.



The courses aim to help them identify hazards which can lead to a fall and to take action to prevent falls from happening. They involve a mock up of a typical home and carers can be trained to spot the common causes of falls and fires in the homes of vulnerable people.

Around one-in-three adults over 65 who live at home are likely to have at least one fall a year, which can lead to a hospital admission, loss of mobility, or even death.

# NHS Staff Survey shows steady progress

Results from the latest NHS Staff Survey have shown that NCH&C is steadily moving in the right direction, but with more still to do.

Around 400 of our staff responded to the survey, which was carried out between October and December 2013, with our Trust's Overall Staff Engagement score coming in at 3.65 out of 5.

This represents an improvement on the previous year's score, up from 3.61, and a further improvement on 3.50 in 2011. However, we remain behind the average score for community trusts of 3.71.

Feedback also showed that 92% of our staff agree that their role makes a difference to patients, slightly higher than the national average. But, a number of staff said that they were working extra hours.

Michael Scott, Chief Executive, commented: "Against a backdrop of challenging finances and increasing demand for our services, I am delighted to see that we have made progress in a number of key areas.

"These include improvements in the support and training available to staff, ensuring colleagues are able to work as a team which is dedicated to delivering excellent care to our patients.

"However, more needs to be done and we are all working on delivering improvements. Results from the survey, as well as feedback we have gathered separately, will inform how we can improve going forward."

The results showed the proportion of staff feeling satisfied with the quality of work and patient care

**92%**  
of our staff  
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to patients

had increased from 69% to 73%, while those reporting 'effective team working' gave our Trust an overall score of 3.84 out of five - placing NCH&C above the national average (3.80).

The vast majority of staff reported good provision of training and support, with 94% saying they had recently had an appraisal (7% higher than the national average), 81% accessing health and safety training (5% higher) and 85% receiving job-relevant training (2% higher).

We are holding workshops to find out more about issues reported by staff, which included rises in those experiencing abuse or physical violence. Our Transformation Programme, the introduction of mobile working technology, and better work allocation will help to improve the conditions for our staff and, ultimately, the care we can offer our patients.



# Consultant role for paediatric expert

A paediatric expert who is currently working at NCH&C as a locum consultant will be joining our Children's Services team permanently later in the spring.

Dr Jenny Long, who first worked at NCH&C as a registrar in 2012, rejoined the Trust as a locum at the start of March and is set to begin her substantive post as Consultant Community Paediatrician in May.

Based at Upton Road Children's Centre, in Norwich, she will initially run clinics at Norwich Community Hospital for children aged up to 16 with possible ADHD, autistic spectrum disorder and developmental and behavioural concerns.

She hopes to launch additional clinics for NCH&C at the Jenny Lind Hospital over the next few months.

Dr Long, who qualified as a doctor in 2001, has previously worked in Cambridge and the North West, and also brings with her international experience after spending a year caring for babies and children in New Zealand.



# Smokefree Norfolk welcome practice-based staff to inaugural conference

GP practice and pharmacy-based staff, those based at Norfolk's acute hospitals, commissioners, and advisors from NCH&C have discussed how they can all ensure they are offering the most effective and consistent support to help local people to give up smoking.

At our first ever Smokefree Norfolk conference, held on March 12 to coincide with No Smoking Day, health and care professionals heard about the most up to date national research to kick the habit – and kick it for good.

Our event was headed up by international speaker Robert West, co-founder of the NHS stop-smoking service and Professor of Health Psychology and Director of Tobacco Studies at University College London.

We discussed the 'Smokefree Formula', a tool which enables advisors to bring the science of quitting to their clients so they can be more informed about giving up smoking. Specialist advisors from Smokefree Norfolk also led group discussions as attendees debated the use of e-cigarettes.

The event came after a challenging year for Smokefree Norfolk and stop smoking services across the country, but is a good launch pad for 2014/15. Over the coming months, we will be working with GPs, pharmacists, and advisors to enhance the training and information available.

In addition to the initial training that we provide to Level 1 and 2 advisors, please don't forget to attend our update and refresher training. This will keep you up to date on the latest national thinking about how you can help people to quit.



## At the sharp end of research

Conference attendees also heard how our Smokefree Norfolk team successfully recruited more than 1,000 clients to take part in an innovative piece of research.

Team members also contributed to the design of the SHARPISH (Self Help And Relapse Prevention In Smoking) trial, alongside members of the trial Steering Group based at the University of East Anglia.

It aims to measure the success and impact of self-help materials and could help to inform local and national support. Results are due in the autumn.

### Resource point:

- Freephone 0800 0854 113
- [www.smokefreenorfolk.nhs.uk](http://www.smokefreenorfolk.nhs.uk)
- Text **bfree** and **your name** to **65000**

# West respiratory group launches

Clinicians in west Norfolk are being asked to encourage their patients to make the most of a support group which is in place for people with respiratory problems.

The King's Lynn Breathe Easy group, which is run by patients and carers with support from NCH&C's respiratory experts and the British Lung Foundation, celebrated its official launch at the end of March.

The group, which meets on the last Monday of every month at 1.30pm at Engage Norfolk, on the North Lynn Industrial Estate, gives people the chance to learn skills to help them manage their condition. They can also pick up expert support and health advice from specialist staff from our Respiratory Service.

It is open to anyone with a respiratory condition, such as COPD, asthma and fibrosis, as well as their carers and families. It is one of more than 200 Breathe Easy groups which are held around the UK and act as an important support network for people affected by lung disease.

NCH&C's Respiratory Service offers diagnosis and treatment for people with respiratory conditions such as asthma, COPD and a cough. It provides education and advice to patients to help them manage their condition as effectively as possible.

### Resource point:

- [www.norfolkcommunityhealthandcare.nhs.uk/respiratory-service.htm](http://www.norfolkcommunityhealthandcare.nhs.uk/respiratory-service.htm)



## We thank our lucky stars



Our NHS staff who go above and beyond to deliver the

best possible community-based care for Norfolk's patients have been presented with special awards in recognition of their skill and dedication.

The winners of our Recognition of Excellence and Achievement in Community Health (REACH) Awards 2014 were announced at a special gala event held at Sprowston Manor, near Norwich, at the end of March.

The evening was organised to celebrate the commitment our staff show to patients across Norfolk every single day.

The winners and runners up came from a cross-section of the Trust, from senior managers to frontline staff and back-office teams, and from those working in all four corners of the county.

Michael Scott, Chief Executive, commented: "We heard about some truly exceptional individuals and teams who go the extra mile to make sure patients across Norfolk have the best possible experience when receiving community healthcare."

### Resource point:

- Read about the inspirational REACH Award winners from your area and take a look at our special publications and films at: [www.norfolkcommunityhealthandcare.nhs.uk](http://www.norfolkcommunityhealthandcare.nhs.uk)

## Aspiring nurses discuss 6Cs



Student nurses taking part in an innovative pilot at NCH&C have spoken at a regional conference about how they are striving to deliver the NHS 6Cs.

Lucy Softley, Bethany Ainscombe, and Meg Simmons have been working as healthcare assistants at our inpatient units as part of the Pre-Nursing Experience Pilot.



The pilot was set up following the 2013 Francis report and is designed to ensure future NHS staff show the highest levels of care and compassion and live up to the core values of the NHS.



Speaking at the regional conference, which was held in January and organised by Health Education East of England, the three recruits told the 250 attendees what they had learnt so far.

Bethany told the audience about the importance of good communication between staff and patients and involving them in decisions about their care.

Marcia Perry, Deputy Director of Nursing, Quality, and Operations, said: "As the only community NHS Trust to be participating in the pilot, I am delighted that we are a pioneer of this scheme."

## Trust shortlisted in tender bid

NCH&C has been shortlisted in the final stage of the ongoing tender to appoint a provider of Older People's and Adult Community Services in Cambridgeshire and Peterborough.

NCH&C have secured this by working in the Care for Life consortium, which is a partnership between our Trust, Lincolnshire Community Health Services NHS Trust, and Care UK the lead bidder.

If we are successfully identified as the Preferred Bidder then the additional activity and income will contribute to the overall sustainability of NCH&C. We will also gain valuable experience and insight into new ways of working, which we could transfer back into Norfolk to benefit patients closer to home.

This opportunity fits well with NCH&C's strategy to expand into appropriate markets and to strengthen its position as a leading provider of community-based services; however, NCH&C's Board is monitoring this bidding process closely to ensure that it has no impact on the Trust's existing services in Norfolk.

The contract, which is being tendered by NHS Cambridgeshire and Peterborough CCG, is to provide community-based support, end of life care, and mental health services, as well as commissioning acute care for emergency attendances and older people admissions, and voluntary services.

The Care for Life consortium would see each of the partners playing to their strengths to provide patients with the very best care possible. Final bid submissions are due in the summer.

# Quarterly performance: Quarter Four

The following tables detail NCH&C's performance during Quarter Four of 2013/14 against a number of key indicators. As well as showing those that meet the expectations of our customers and stakeholders, including CCG commissioners, they also highlight areas where we are currently behind target.

## January - December 2014

Indicator	Target or upper ceiling	Quarterly performance
MRSA bacteraemia	No more than one case during 2013/14	0 cases
MRSA Screening - elective patients	100% of patients having planned surgery screened for MRSA	100%
Clostridium difficile	No more than five cases during 2013/14	0 cases (3 cumulative)
Injurious falls	Number of falls resulting in harm per 1,000 Occupied Bed Days below 4.0	3.47
Smoking cessation	On or above cumulative trajectory against annual target of 2,000 quits	1,332*
Venous Thromboembolism (VTE) assessments	95% or more admissions having a VTE assessment	95.6%
Delayed transfers of care	No more than 5.4% of beds occupied by patients whose discharge is delayed for non-medical reasons	5.1%
18 week wait referral to treatment	95% patients receiving definitive treatment within 18 weeks of referral (non-admitted patients)	99.7%
Health visiting	95% or more of mothers receiving a New Birth Visit within 28 days of birth	97.1%

\* Data one month in arrears, figures to the end of November

## Commentary

**MRSA bacteraemia** - NCH&C has recorded zero cases of MRSA bacteraemia in 2013/14, with the last case recorded in July 2012.

**Smoking cessation** - 2013/14 has been a challenging year for the Trust's Smokefree Norfolk team, but the service's recent conference will be a good launch pad for the new financial year. In addition to helping people to quit directly, the Smokefree Norfolk team will be working with community-based staff, including GPs, pharmacists, and advisors, to enhance the training and information available. They will continue to provide a range of training opportunities for local advisors, which will mean that we can all consistently take a 'best practice' approach to helping people to quit smoking.

# Diary Dates

## April

### Palliative Care Education

**Communication: assessments, strategies and difficult conversations**

April 24, 2pm-4pm

Rowan Day Centre, Colman Hospital, Norwich

Bookings: [pace@nchc.nhs.uk](mailto:pace@nchc.nhs.uk) or 01603 255738

### Palliative Care Education - Pain: assessment, tools and breakthrough pain

April 30, 2pm-4pm

Rowan Day Centre, Colman Hospital, Norwich

Bookings: [pace@nchc.nhs.uk](mailto:pace@nchc.nhs.uk) or 01603 255738

### NCH&C Public Board Meeting

April 30, 9.30am-12pm

Seminar and Training Room,

Keystone Innovation Centre,

Croxton Road, Thetford, IP24 1JD

### Norfolk Palliative Care Conference

April 30, 8.30am-3pm

The Lecture Theatre, John Innes Centre, Norwich

Bookings: NNUH T: 01603 287227

## May

### International Nurses Day

May 12

### Dying Matters Week

May 12-18

### Palliative Medicine for GPs

May 14, 7pm-9pm

Rowan Day Centre, Colman Hospital, Norwich

Bookings: [pace@nchc.nhs.uk](mailto:pace@nchc.nhs.uk) or 01603 255738

### Palliative Care Education - Psychological support

May 21, 2pm-4pm

Rowan Day Centre, Colman Hospital, Norwich

Bookings: [pace@nchc.nhs.uk](mailto:pace@nchc.nhs.uk) or 01603 255738

### NCH&C Public Board Meeting

May 28, 9.30am-12pm

Cromer Room, Elliot House, Norwich, NR1 3FR

### End of Life Care for People with Dementia Workshop

May 29, 9.30am-4pm

Rear Rm, Watton Youth and Community Centre,

Harvey Street, Watton IP25 6EB

Booking: [lesley.knox@nchc.nhs.uk](mailto:lesley.knox@nchc.nhs.uk)

## Grand Round events

### Mortality Governance in the Community

June 11

### Safeguarding (Adults and Children)

September 17

### Health Services for Marginalised People

December 10

### Contact point:

- All Grand Round events 12-2pm, in the Pelican Room, Fledglings, at Norwich Community Hospital
- For more information and to book your place: [debbie.blundell@nchc.nhs.uk](mailto:debbie.blundell@nchc.nhs.uk)



### Resource point:

- Board papers can be accessed on our Trust website one week before each Board meeting at: [www.norfolkcommunityhealthandcare.nhs.uk/board-papers.htm](http://www.norfolkcommunityhealthandcare.nhs.uk/board-papers.htm)

# 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.

## North



**Assistant Director**  
Becky Cooper  
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07990 595193

**Modern Matron**  
Belinda Williamson  
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07979 986704

**Modern Matron**  
Karen Wilson  
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07775 118080

## South



**Assistant Director**  
Lisa Edwards  
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07734 703344

**Head of Operations**  
Cheryl Topper  
(Joining May)

**Modern Matron**  
Christine Harvey  
christine.harvey@nchc.nhs.uk  
07825 851170

## West



**Assistant Director for Integrated Services**  
Jo Fisher  
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01553 668579

**Head of Operations for Integrated Services**  
Sarah Ellis  
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01553 669629

**Modern Matron**  
Roy Crane  
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07827 881250

## Norwich

**Assistant Director (Interim)**  
Mark Walker  
NorwichLocality@nhs.net  
01603 776765

**Service Lead for Planned Care**  
Louise Rawlings  
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01603 776628

**Service Lead for Unplanned Care**  
Rachael Peacock  
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01603 776628

## Children's Services



**Assistant Director (Interim)**  
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You can find out more about the Trust by going to [www.norfolkcommunityhealthandcare.nhs.uk](http://www.norfolkcommunityhealthandcare.nhs.uk) or following us on Twitter @NCHC\_NHS