Community Compassion Creativity
2017·18
Quality Account
Quality Account 2017/18

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Part One

1.1.0 Executive summary

What is a quality account?

A quality account is our annual report, as a provider of NHS health services to the staff, stakeholders and most importantly, to the people who use our services. In essence it reflects and demonstrates the importance our board and our staff place on quality. This is our eighth Quality Account since becoming an NHS trust.

The Quality Account 2017-18 is divided into three sections, each colour coded for ease of reference.

Part One contains the introduction by the Trust Chair, the Chief Executive and the Director of Nursing and Quality and high level objectives/drivers such as the Sustainable Transformation Partnership (STP) for Norfolk Community Health and Care NHS Trust. It also contains the first of a series of mandated statements which are designed to allow comparison with other trusts’ quality accounts.

Part Two contains our priorities for improvements for 2018/19 and further mandated statements as detailed in the ‘Detailed Requirements for Quality Reports 2017/18’ published by National Health Services Improvement (NHSI).


We encourage everyone to read through our 2017/18 Quality Account so that you are informed on what we have already achieved to date, how care locally has improved as a result and what our commitments are for the following year.

1.2.0 Introduction from the Norfolk Community Health and Care (NCHC) Trust Chair, Chief Executive and Director of Nursing and Quality

We are delighted to present our eighth Quality Account which describes another successful year of our quality achievements made through the care, commitment and compassion of our frontline staff. We are proud of all of our staff for the valuable work they do every day particularly against another challenging year across health and social care systems where pressures and demands for services have been even more in focus with increasing waits and a hard winter. In addition to working closely with system partners to deal with the pressures and demands, we have also been preparing for our CQC inspection which was completed at the end of March 2018.

Our ‘unannounced’ inspection to services involved visits to adult inpatient units, children’s services, community clinics and community teams right across the trust, and were positively supported by our frontline staff. During the ‘Well-led’ interviews with CQC we gave many examples of everyday activities and evidence of our systems and processes, and it reminded us of how far we have come in relation to really embedding a culture that positively works to keep patients safe. That is credit to our staff at frontline and those in corporate teams who have supported the development of systems to make it easier to demonstrate safety every day.

At the end of the process the lead inspector gave us some early feedback, telling us how welcoming and responsive staff had been and that the inspection team had seen many examples of excellent individualised personal care delivered by caring staff who were clearly very proud of the work they were doing. They saw good examples of collaboration and multidisciplinary team working and were pleased to hear about innovations and audit. We would like to send a huge thank you once again to everyone who met and worked with the inspectors and to the many staff who helped with preparation for the inspection. We anticipate that the publication of our inspection will be close to the date that our Quality Account is also published.
There are just a couple of areas we would like to highlight in particular; Freedom to Speak Up; our Health and Care Strategy and the Sustainable Transformation Partnership.

This year we have made excellent progress on implementing the ‘Freedom to Speak Up’ guidance which highlighted the importance for the NHS to develop a culture in which all staff are positively encouraged to raise issues about safety, quality and effectiveness of patient care and supported when they do so. We were pleased to receive the National Guardian, Dr Henrietta Hughes, on her visit to Norfolk in November. Dr Hughes met with our guardians and our champions and included our approach in her annual report as an example of good practice. The number of Freedom to Speak Up concerns has increased this year and we are working positively with staff to resolve concerns satisfactorily.

The implementation of our Health and Care Strategy has accelerated this year with excellent progress on workforce, empowerment and volunteers. We recently published the Workforce Strategy, the Workforce Plan and the Skills and Competency Framework; these key documents will inform staff of the direction of travel for existing and new staff and support delivery of our strategy. We are delighted to have commenced the first cohort of our recruitment to both the two and four year apprentice courses. We are also recruiting to our first Trainee Nurse Associates later this year and have recruited Advanced Nurse Practitioners who are working closely with our medical colleagues to use skills in prescribing and clerking patients on admission. We have trained more staff this year in health coaching and will increase this substantially by training a further 20 staff to deliver training locally to teams. Our staff have really embraced the Volunteers’ Ambition and have developed more roles for volunteers across more services. We also now have our West Locality Volunteer Coordinator lead in place.

Finally, our frontline staff are getting more involved with developing new models of care that will enable us to meet the aspiration of the STP in developing an integrated care system. For example projects like NEAT (Norwich Escalation Avoidance Team) and Supported Care are showing the benefits for our patients of wider integration. As Lead Nurse for the STP, Anna is also working closely with all organisations in Norfolk including primary care and care home sector to develop integration of new roles such as Trainee Nurse Associates and spread best practice from all organisations on volunteering.
We also want to take the opportunity to express our heartfelt thanks to our outgoing Chief Executive who will be leaving us at the end of May 2018 and extend the warmest of welcomes to Josie Spencer who will take up her interim appointment of Chief Executive in June for the coming twelve months.

1.3.0 Norfolk and Waveney Sustainable Transformation Partnership (STP)
We told you about our involvement in the Norfolk and Waveney STP in last year’s Quality Account and we explained how the health and social care system in Norfolk and Waveney remains unsustainable in its current form. Commissioning health services is the responsibility of five different clinical commissioning groups (CCGs), which in turn work with a number of health trusts, three acute hospitals and a social enterprise organisation which delivers community health care. Social care is commissioned by Norfolk County Council and delivered by more than 800 provider organisations, the majority of which are small and community based.

Norfolk and Waveney Health and Care Partnership (NWHCP) has been established to share resources and expertise, reduce unnecessary bureaucracy and, crucially, to plan and implement significant structural and cultural change that is essential to meet future challenges. The NWHCP includes representation at Chief Executive Officer/Chair level from all health provider trusts including the county’s hospitals and CCGs, Norfolk County Council (which takes in Public Health) and Norfolk’s main independent care provider body. NCHC has been instrumental in bringing this group together and we play a key role in the identified work streams. Please see https://www.healthwatchnorfolk.co.uk/ingoodhealth/ for more details of this.
The partnership has been proactive in establishing a programme governance structure, ensuring active partner engagement in driving strategic change. This is underpinned by a commitment to share resource to support this change. To demonstrate our commitment our Chief Executive, Roisin Fallon-Williams, chairs two of the work streams currently in progress. Our Director of Nursing and Quality, Anna Morgan was appointed lead nurse for the STP in 2017.

The partnership has devised a set of five guiding principles to which the boards of all participating organisations have agreed. This will inform the range of work streams that will underpin system sustainability work. The principles have been chosen to ensure patients and service users are central to the plans:

- **Preventing Illness and Promoting Wellbeing** - Strong community services aligned with local authorities and the third sector support independence and increase resilience

- **Care Closer to Home** - People are supported to live with maximum independence, with improved access to primary and secondary care, and supported by thriving links to the third sector

- **Integrated working across physical, social and mental health** - Integrated working across all system interfaces is coordinated to deliver holistic care with reduced duplication and gaps in care

- **Sustainable acute sector** - Out of hospital services will reduce demand at the front door, and assist discharge processes to maintain capacity within the acute system

- **Cost-effective services** - Delivered within the finances available

By 2020/21 the citizens of Norfolk and Waveney will receive their health and social care, and some district/borough services, from a cohesive integrated system. Patients and users will receive seamless care coordinated between different provider organisations. The system will be user-focused, delivering high quality and safe services, comparable with the best in the country. Operating in a coordinated way, eliminating inefficiency and waste, and striving for more effective delivery methods will ensure optimal resource usage. This means constituent member organisations and the Norfolk and Waveney health and social care system will be financially balanced and able to invest in further improvements.

A number of work streams are already established and described below. A consistent, accepted narrative that can be easily articulated to both internal and external stakeholders has been developed.

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<td>• Target obesity and diabetes</td>
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<td>• Secondary prevention – optimising healthcare</td>
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<td>Primary, community &amp; social care</td>
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<td>• Improve the prevention, detection and management of major chronic illnesses</td>
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<td>• Increase individual and community capacity for self-care through patient activation</td>
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<td>• Development of a social prescribing model that enhances access to more appropriate community support mechanisms, reducing dependency on core health and social care services for Norfolk and Waveney’s most deprived areas</td>
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<td>• Integrate physical and mental health care</td>
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<td>• Support more people in the community at an earlier point, reducing the demand on acute care and mental health acute beds</td>
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<td>• Reduce suicide and self-harm</td>
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<td>• Increase recording of dementia, improve access to support and reduce use of residential and acute care</td>
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<tr>
<td>• Support community and primary care to provide mental health support at an early stage</td>
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<td>• Increase community based treatment for children and young people (addressed separately through the LTP)</td>
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<td>• Reduce acute hospital use for people of all ages with reported MH problems, including children and young people and dementia</td>
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<th>Acute services</th>
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<td>• Assist in reducing acute activity</td>
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<td>• Improve demand management (supporting the out of hospital and prevention work streams to deliver admission avoidance schemes)</td>
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<td>• Reduce length of stay by improving the process of care</td>
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<td>• Ensure acute clinical service sustainability at an STP footprint level across the key nominated specialty areas and their interdependencies</td>
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<td>• Ensure specialty sustainability</td>
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<td>• Ensure acute process improvement reducing avoidable bed days</td>
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<td>• Reduce NEL activity and reduced variation in practice will ensure RTT standards are met</td>
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1.4.0 Mandated Statement - Trust Chair and Chief Executive
The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Account (in line with requirements set out in Quality Account legislation). In preparing their Quality Account, directors should take steps to assure themselves that:

- The Quality Account presents a balanced picture of the trust’s performance over the reporting period
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm they are working effectively in practice
- The data underpinning the measure of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with any Department of Health guidance

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the board:

Date and signature – The Chief Executive dated 26.06.18
Date and signature – Trust Chair dated 26.06.18

Part Two

2.0.0 Introduction

In this section we will describe our priorities for future quality improvements in 2018/19 and we will include further mandated statements as detailed in the ‘Detailed Requirements for Quality Reports 2017/18’ published by National Health Services Improvement (NHSI).

2.1.0 Our priorities in the coming year

Our annual priorities are rooted within our longer term, strategic objectives detailed in our overarching Integrated Business Plan and Business Development Strategy. We use them to help us focus our attention on the right things so that we are prioritising the actions that will help us make sure we are providing outstanding services for patients, taking care of our staff and making sure our services are sustainable for the future.
Our Trust’s vision is to improve the quality of people’s lives in their homes and community by providing the best in integrated health and social care. We often sum this up as ‘Looking after you locally’.

Seeing ourselves as an ‘inverted organisation’ enables the delivery of this vision. We believe this diagram demonstrates that patients come first and that it’s our front line staff who are the most important in interactions with patients. The role of our managers and corporate functions is to support our staff in delivering great care.

The board has agreed three interconnected and mutually dependent strategic priorities to achieve the trust’s vision. These relate to Our Quality; Our People and The Future. If we focus on them all, we will ensure we deliver our vision and the best care we can to patients. How we deliver them is in line with our values – the themes of Compassion; Community and Creativity.

Supporting these themes are a number of strategic objectives and initiatives - our annual priorities flow from these. You can download our annual priorities and our annual plan at:

http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm

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<td>Delivering harm-free, clinically effective and compassionate care Involving patients and the public and delivering excellent patient experience</td>
<td>To ensure patients are at the heart of all our services and reshaping how we provide care to help us move from ‘Good’ to ‘Outstanding’</td>
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<tr>
<td>Enabling our people through:</td>
<td>Inspiring staff and staff engagement Empowering staff to speak out and put things right Ensuring the right staff, with the right skills are available to deliver compassionate care Integrating delivery with social and primary care and having effective partnerships with other organisations Transforming services Demonstrating effective leadership</td>
<td>Working together to make NCHC a great place to work</td>
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<tr>
<td>Securing the future through:</td>
<td>Delivering what commissioners require Delivering a financially sustainable organisation Investing in infrastructure Growth</td>
<td>Play a leading role in partnership to ensure both we and the health and care systems in which we operate improve, stay sustainable and represent value for money</td>
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</table>
Quality remains at the heart of everything we do in our trust. We will continue to improve quality through delivering harm-free, clinically effective and compassionate care and learning together from patient safety incidents. We have implemented the Duty of Candour and continue to ensure our trust culture is one in which all staff are encouraged to report patient safety incidents. We are committed to driving up standards as we deliver our quality goals, Commissioning for Quality Innovation (CQUIN) initiatives and Sign up to Safety pledges. Our activities relating to harm-free care are demonstrated by our NHS Safety Thermometer results and our quality assurance processes.

Our quality priorities for the coming year are:

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<th>The Trust’s top three quality priorities for the coming year 2018/19</th>
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<td><strong>1</strong></td>
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2.1.1 CQC: NCHC has been rated as an outstanding Trust

This Quality Account covers the period April 2017 to March 2018 and during this period we have been inspected by CQC as part of their routine inspection timetable. Our previous CQC inspection was in 2014.

Following their new inspection regime, our ‘unannounced’ inspection lasted three days and covered core services and involved adult inpatient units, children’s services, community clinics and community teams across the trust. The ‘Well-led’ interviews lasted for two days and we gave many examples of everyday activities and evidence of our systems and processes which we think showed that we are embedding a culture that positively works to keep patients safe.

At the end of the process the lead inspector told us how welcoming and responsive staff had been, and that the inspection team had seen many examples of excellent individualised personal care delivered by caring staff who were clearly very proud of the work they were doing. We are delighted to tell you that we were rated as Outstanding and we believe we are the first stand-alone Community NHS Trust in the country to receive this overall rating. The full report can be downloaded from https://www.cqc.org.uk/provider/RY3/c

2.1.2 Our Health and Care Strategy, Workforce Strategy and Workforce Plan

The healthcare landscape is changing fast and many more people will require care over the next five years, especially in Norfolk where we have a large ageing population. Meanwhile technology is advancing and what people need and expect is evolving too – but there isn’t unlimited money in the pot to pay for all this.

We need to change and we are changing. We told you about our Health and Care Strategy in our last Quality Account, the challenges we expect to face in the future and how we will meet them. You can download your copy of the Health and Care Strategy here:

http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm

Our strategy is designed to empower people and communities and put them at the centre of a fresh and joined up way of caring. It has four key strands: Workforce, Empowerment, Technology, and Volunteers.

We have developed a Workforce Strategy for the next three years which creates the building blocks to deliver the Trust’s wider direction for community services. To ‘Transform our Workforce’, as part of our Workforce Strategy, we have developed a Workforce Plan. We tell you how we will develop our workforce to enable staff to be equipped with the skills and knowledge to be competent in delivering and responding to the changing and increasing demands within healthcare. The plan details how we will ‘Grow Our Own’ workforce and the key principles that underpin the redesign of our services.
**Workforce update**

The apprenticeship levy came into action on 1 April 2017, which resulted in the trust paying a levy tax of 0.5% of our total pay bill and amounted to £319k per year. This money is taken from the trust monthly and put into an online account where we can utilise the funds for 24 months on apprenticeship training only before the funds expire.

The Apprenticeship Levy Group has achieved successful, full implementation of the apprenticeship levy to grow and stabilise our workforce and the group has now ceased. The main area of focus now is monitoring the apprentices in line with the workforce plan, monitoring the overall spend against levy coming back in, and supporting apprentices in practice. These objectives will be delivered by the new Delivering the Workforce Plan Steering Group.

**Current Progress**

We recognise that in order to develop our workforce for the future it is essential that we make sure all our staff have the right skills to deliver support, where and when our patients need it. We have been working on the core competencies required of staff in the future and looking at how a shift in skills could give our staff greater development opportunities, as well as addressing the expected national shortages of registered nursing staffing in the future. Our workforce plan, inclusive of all services and covering all localities, sets out how we will achieve these changes. Apprenticeships are heavily built into this allowing us to grow and train our future workforce to achieve the required staffing levels to deliver excellent patient care.

We propose to recruit at least 135 clinical apprentices per year, for the first two years 2017-19, and review in 2019 the numbers that would be required for the following three years. These are in addition to those recruited for non-clinical posts.

In terms of clinical apprentices within NCHC, we intend to recruit, train and support within six categories:

**GROUP 1.** Existing staff with a foundation degree who would undertake the nursing apprenticeship two year programme and become registered general nurses (RGN).

**GROUP 2.** New and existing staff without a foundation degree who meet the education requirements to undertake the nursing apprenticeship four year programme and become RGNs.

**GROUP 3.** New recruits who would undertake Level 2/Level 3 health and social care or clinical care apprenticeship training as well as the Care Certificate and would then go onto associate nurse standards training to undertake the newly developed associate nurse role, or foundation degree for assistant practitioner.

**GROUP 4.** Existing staff who would undertake the foundation degree with a view to becoming an assistant practitioner and progressing, if desired, onto a pathway for professional registration.

**GROUP 5.** Existing staff who would undertake the associate nurse standards with a view to becoming an associate nurse within the trust.

**GROUP 6.** New and existing non clinical staff undertaking apprenticeships at all levels and working within both corporate and operational teams.
2.1.3a Looking ahead: Trust’s quality goals and quality initiatives

The trust’s new quality goals and initiatives for the coming year 2018/19 are as follows:

### NCHC quality goals and quality initiatives: 2018/19

#### Patient safety

We will increase the percentage of patients receiving harm-free care and improve our rate of 92% of patients receiving harm-free care, and stretch our target of no more than 3% new harms by:

- Reducing the number of catheter acquired infections across the trust, and attributable to NCHC, to three or less per month
- Reducing the number of avoidable pressure ulcers (PUs) to six or less (will require review when national guidance changes)
- Reducing the number of falls resulting in injury to 3 per 1,000 occupied bed days (OBD)
- Maintaining 100% venous thrombo-embolism (VTE) assessments

We will continue to implement our medicines’ optimisation strategy to ensure:

- The safe and effective use of medicines including antibiotic prescribing
- Improved handling and storage of medicines including missed dose
- Optimising medicines referrals to community based teams in collaboration with SystmOne analysts
- A reduction in the number of medication incidents resulting in harm to 10 or less

We will undertake a review of the trust’s activity under the Sign Up To Safety Pledges and develop a revised action plan for 2018/19

We will work towards the Trust’s vision of a dementia friendly organisation by implementation of the year one goals, as outlined in the trust’s Dementia Strategy.

#### Patient experience

We will ensure a systematic approach to capturing patient feedback:

- By empowering staff with knowledge and skills in capturing patient experience feedback with tools and techniques which enable them to do it
- By increasing the electronic capture of FFT to 50% by March 2019

We will work with NHS England (in cohort 7) in the development and delivery of a programme of Always Events by:

- Attending a minimum of six coaching sessions
- Co-designing and testing an Always Event
- Reliably implementing an Always Event
- Sustaining and spreading Always Events
- Set-up and oversight of a minimum of four Always Events by March 2019

We will hold a review of the FFT process and systems to ensure consistent data collection and develop a trust wide standard for implementation across all localities

#### Clinical effectiveness

We will improve the early recognition and screening of patients with sepsis by:

- Implementation of the revised NEWS screening tool
- Ensuring case review and learning is disseminated from identified case
We will endeavour to learn the human factors behind the reason for those patients who are re-admitted to the acute trust from inpatient care by:

- Undertaking an audit of unplanned readmissions to acute care from community inpatients during 2018/9 and developing an action plan on the findings
- Undertaking case note review of unplanned readmissions from community inpatients to acute in a multi-disciplinary team (MDT) setting to identify learning and the influence of human factors

We will reflect and learn from the reviews of avoidable patient deaths and harm ensuring that we involve families in this process at an early stage as outlined in the Learning from Deaths Framework.

We will ensure the national standards for food and nutrition are implemented in our inpatient and community settings by:

- Undertaking a baseline assessment of current practice against the national standards and developing an action plan for improvement

The high level quality goals above have leadership from an executive director and management oversight from a senior manager. Underneath each goal are detailed action plans which are reported on a quarterly basis to the Quality and Risk Assurance Committee, a subcommittee of the trust board.

2.1.3b Looking ahead: Goals agreed with commissioners (CQUINs)

A proportion of NCHC’s income for April 2017 and March 2018 was conditional on achieving quality improvement and innovation goals agreed between NCHC and any person or body that we entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality Innovation (CQUIN) payment framework. Details of NCHC’s achievements against the agreed CQUIN indicators for April 2017 to March 2018 are set out in Part Three.

The CQUIN indicators below have been agreed with the different commissioners with whom we work.

<table>
<thead>
<tr>
<th>National indicators Norfolk CCGs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS staff health and wellbeing - three parts over two years</td>
<td>Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year. As well as the economic benefits that could be achieved, evidence shows that improving staff health and wellbeing leads to higher staff engagement, better staff retention and better clinical outcomes</td>
</tr>
<tr>
<td>1a) Improvement of health and wellbeing of NHS staff</td>
<td>Achieving a 5% improvement in two of the three NHS annual staff survey questions on health and wellbeing, MSK and stress</td>
</tr>
<tr>
<td>1b) Healthy food for NHS staff, visitors and patients</td>
<td>Providers will be expected to continue to achieve a step-change in offering healthy food on their premises in 2017-19</td>
</tr>
</tbody>
</table>
### Preventing ill health by risky behaviours – alcohol and tobacco – over two years

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) % of unique adult patients who are screened for smoking status and</td>
<td>whose results are recorded</td>
</tr>
<tr>
<td>B) % of patients who smoke and are given very brief advice</td>
<td></td>
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<tr>
<td>C) % of patients who are smokers and are offered referral to stop</td>
<td>smoking services AND offered stop smoking medication</td>
</tr>
<tr>
<td>D) % of adult patients who are screened for drinking risk levels and</td>
<td>whose results are recorded in local data systems</td>
</tr>
<tr>
<td>E) % of unique patients who drink alcohol above lower-risk levels and</td>
<td>are given brief advice OR offered a specialist referral</td>
</tr>
</tbody>
</table>

### Improving the assessment of wounds over two years

Aims to increase the number of wounds which have failed to heal after four weeks to receive a full wound assessment

### Personalised care and support planning over two years

This CQUIN is aimed at embedding personalised care and support planning for people with long-term conditions. In the first year, activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers. The second year will focus more on delivery of personalised care and support planning, the quality of conversations and the impact on individual levels of knowledge, skills and confidence

### NHS England (NHSE) specialist commissioning: Supporting patient flow through the rehabilitation pathway

This CQUIN is to be delivered over one year and is aimed at improving patient flow in Caroline House, the Trusts Level 1 Specialist Neurological rehabilitation unit.

### NHS England (NHSE) specialist commissioning hepatitis C screening: City Reach Health Services (1 Year)

The Scheme for 18-19 is in draft format currently but it is likely that is will focused on improving palliative care for homeless people with advanced ill health. This CQUIN is to be delivered over 1 year. The commissioners will continue to fund CQUIN, however for 18-19 there will be no CQUIN specific scheme. The CQUIN funding will be paid to the trust in full at 2.5% at contract value. This is an application of section 5.6 Small-Value Contracts, from the NHS England CQUIN Guidance 17-19

### Two Year National Indicator: Supporting proactive and safe discharged (Community Trust)

2017-18 Increasing proportion of patients admitted via non-elective route discharge from acute hospitals to their usual place of residents within 7 days of admission by 2.5% points from baseline. 2018-19 NHS England have taken the decision to withdraw this CQUIN for 2018-19.
2.2.0 Looking ahead: Launch of our new Dementia Strategy 2018 – 2021

We are delighted to tell you about our new Dementia Strategy which is now ready to launch. This document sets out our three year plan for the trust and tells you about our aim to improve the care and experience for our patients with dementia, and their carers too.

Norwich CCG – Specialist Nurse Heart Failure Service (1 Year):
The commissioners will continue to fund CQUIN, however for 18-19 there will be no CQUIN specific scheme. The CQUIN funding will be paid to the Trust in full at 2.5% at contract value. This is an application of section 5.6 Small-Value Contracts, from the NHS England CQUIN Guidance 17-19.

NHS England – Health & Justice:
The commissioners will continue to fund CQUIN, however for 18-19 there will be no CQUIN specific scheme. The CQUIN funding will be paid to the Trust in full at 2.5% at contract value. This is an application of section 5.6 Small-Value Contracts, from the NHS England CQUIN Guidance 17-19.

Ipswich and East Suffolk CCG - Suffolk Early Supported Discharge (6 months to one year)
The commissioners will continue to fund CQUIN, however for 18-19 there will be no CQUIN specific scheme. The CQUIN funding will be paid to the trust in full at 2.5% of contract value.

Local incentive Schemes (LIS)
Local incentive schemes are funded in the same way as CQUIN and are paid at 2.5% of contract value. The Trust will have 2 local incentive schemes rolled out during 2018-19.

Integrated Therapy Partnership (ITP) Norwich and South Norfolk CCGs – Improving outcomes for patients local incentive scheme – 18 months scheme
The ITP service currently utilises Measure Yourself Medical Outcome Profile (MYMOP), which is a patient – generated, or individual, outcome questionnaire. It is problem-specific but includes general wellbeing. The purpose of this local incentive scheme is to identify the conditions where the service can make a change which has the potential to improve patient outcomes for specific agreed conditions.

Integrated Palliative Care Service (IPCS) West Norfolk CCG
At the time of writing, there is no scheme agreed with commissioners of the IPCS contract although there is a consensus between the Trust and the commissioners but a scheme will likely begin sometime in Quarter 3 and will focus on stake holder training and education.
Our vision is:

- To be a ‘dementia friendly’ organisation, delivering quality care that patients and carers report back to us as being valued, dignified, caring and compassionate from skilled staff in safe environments; both local to, and centred around, the individual and their carers needs
- To work collaboratively with our partners in health, voluntary and social care settings, looking at creative and innovative ways to develop compassionate, integrated care and support for our patients across Norfolk community health and social care settings

Providing ‘Outstanding’ compassionate care for patients with dementia is complex, exciting and challenging. Our staff will be supported by a framework which is evidence based integrating national policy, practice and guidance; ‘The Dementia Assessment and Improvement Framework’ from NHS Improvement (2017). We will use the framework to learn from other organisations who have achieved ‘Outstanding’ in practice for meeting the needs of patients and their carers living with dementia and will work with experts in the field of dementia care, to improve our staff’s knowledge and skills where they can use any opportunity to engage positively with patients and carers to increase their wellbeing.

### 2.3.0 Mandated statements

The following statements, relevant to community trusts are taken from ‘Detailed Requirements for Quality Reports 2017/18’ published by NHS Improvement.

#### 2.3.1 Mandated statement: service review

During the reporting period April 2017 to March 2018, NCHC held contracts for 70 services, covering 38 broad service areas as follows:

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<td>Community Nursing Service</td>
<td>Admission Avoidance</td>
<td>Orthopaedic Triage</td>
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<td>Rehabilitation, including Inpatient Beds</td>
<td>Palliative and End of Life Care</td>
<td>Clinical Waste</td>
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<td>Specialist Palliative Care, including Beds</td>
<td>Long-term Conditions Management</td>
<td>Referral Management</td>
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<td>Musculoskeletal Services</td>
<td>Case Management</td>
<td>Looked After Children</td>
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<td>Specialist Neuro Rehabilitation</td>
<td>Stroke Rehabilitation</td>
<td>Environmental Controls</td>
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<td>Amputee and Post-Surgical Rehabilitation</td>
<td>‘Hard to Reach’ Community Care</td>
<td>Rapid Assessment Team</td>
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<td>Diagnostic Imaging Services</td>
<td>Adult Speech and Language Therapy</td>
<td>Early Supported Discharge</td>
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<td>Foot Health Services</td>
<td>Wheelchair Assessment-Adults and Children</td>
<td>Paediatric Sexual Assault Referral Centre (SARC)</td>
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<td>Continence Services – Adults and Children</td>
<td>Dermatology</td>
<td>Children’s Short Breaks- Residential and Home Based</td>
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<td>Dental Services - Emergency and Special Care</td>
<td>Adult Learning Disabilities</td>
<td>Clinical Support Services</td>
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<td>Prosthetics Services</td>
<td>GP Services for the Homeless</td>
<td>Children’s Therapies</td>
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<td>Sure Start Nurseries</td>
<td>Children’s Community Nursing</td>
<td>Community Paediatrics Services</td>
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The income generated by these services represents 100% of the total income generated from the provision of NHS services by NCHC for 2017/18.

The trust has received notice on the following contracts or services during 2017/18;

- Dermatology (Norwich CCG)
- Benjamin Court Intermediate Care Beds (North Norfolk CCG)
- Cranmer House Intermediate Care Beds (North Norfolk CCG, West Norfolk CCG)
- Community IV Service (North Norfolk CCG)
- The Matrix Service (Norfolk County Council). This is following a recent procurement for a remodelled Drug and Alcohol Service.

The trust reluctantly gave notice to South Norfolk CCG for the Diagnostic Imaging Service during the reporting period.

We are however delighted to be piloting new service the Frequent Attenders Service which is commissioned by Norwich CCG, South Norfolk CCG and North Norfolk CCG.

In addition, the trust has been commissioned by North Norfolk CCG and South Norfolk CCG to provide a new service - the Supported Care Service.

2.3.2 Mandated statement: Information Governance (IG) Toolkit attainment levels

On 30 March 2018 the trust declared a satisfactory overall compliance at Level 2 against v14.1 of the IG Toolkit with an overall submission score of 78%. This score has been maintained from the previous year. You can see more details regarding our submission at: https://www.igt.hscic.gov.uk/

2.3.3 Mandated statement: Department of Health Central Alerting System (CAS) summary

There were a total of 128 CAS alerts for 2017 as detailed in the table below. Central alerts are cascaded to the appropriate service areas for action, and the Executive Directors’ Team (EDT) monitors communication and supporting actions in conjunction with the locality health and safety groups and the general Health and Safety Committee.

<table>
<thead>
<tr>
<th>CAS alert</th>
<th>CAS alert classification</th>
<th>Number received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical device alert</td>
<td>MDA</td>
<td>45</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>EFN/EFA</td>
<td>51</td>
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<tr>
<td>Estates and Facilities</td>
<td>DH</td>
<td>01</td>
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<tr>
<td>Drug alert</td>
<td>EL</td>
<td>15</td>
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<tr>
<td>Patient safety alert</td>
<td>PSA</td>
<td>06</td>
</tr>
<tr>
<td>Chief Medical Officer alert</td>
<td>CMO</td>
<td>05</td>
</tr>
<tr>
<td>Dear doctor letter</td>
<td>DDL</td>
<td>03</td>
</tr>
<tr>
<td>CAS service alert</td>
<td>CHT</td>
<td>02</td>
</tr>
</tbody>
</table>

Of the 128 CAS alerts received:

24 were for information only with no response required
81 required no action from the trust following assessment
23 alerts required actions which have been completed
2.3.4 Mandated statement: Clinical coding error rate

NCHC were not subject to the payments by results (PBR) clinical coding audit in 2017/18.

2.3.5 Mandated statement: Data quality

NCHC does not have any actions in regards to inpatient data quality. This is not considered to be an issue for the trust.

2.3.6 Mandated statement: NHS number and general medical practice code validity

NCHC (RY3) submitted 3,691 records during the reporting period April 2017 to January 2018 to the Secondary Users Service (SUS) for inclusion in the Hospital Episodes Statistics which are included in the latest published data. The Trust submits monthly data to SUS for the Community Data Set (CDS) V6.2 Type 130 - Admitted Patient Care - Finished General Episode CDS only.

The percentage of records in the published data which included the patient’s valid NHS number was 100% and 100% included the patients valid General Medical Practice Code.

2.3.7 Mandated statement from the Care Quality Commission (CQC)

NCHC is required to register (see https://www.cqc.org.uk/provider/RY3 )with the CQC, and its current registration certificate confirms that we are registered to provide the following regulated activities:

- Assessment or medical treatment for persons detained under the 1983 Act
- Diagnostic and Screening procedures
- Personal care
- Surgical procedures
- Treatment of Disease, disorder or injury

The CQC has not taken enforcement actions against NCHC during the period April 2017 to March 2018. The trust received an overall rating of ‘Outstanding’ in our 2018 inspection (21st February 2018 to 23rd March 2018) below
2.3.8 Mandated statement: Participation in clinical audits and local audits

During the reporting period of April 2017 to March 2018 there were seven national clinical audits and there were no national confidential enquiries that covered relevant health services provided by NCHC.

During the same reporting period NCHC participated in 71.4% of national clinical audits and national confidential enquiries which it was eligible to participate in.

<table>
<thead>
<tr>
<th>The national clinical audits and national confidential enquiries that NCHC was eligible to participate in during 2017/18 are as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>National COPD Audit Programme - Pulmonary Rehabilitation</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
</tr>
<tr>
<td>Specialist Rehabilitation for Patients With Complex Needs</td>
</tr>
<tr>
<td>Learning Disabilities Mortality Review (LeDeR)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The national clinical audits and national confidential enquiries that NCHC participated in during 2017/18 are as follows:</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
</tr>
<tr>
<td>Specialist Rehabilitation for Patients With Complex Needs</td>
</tr>
</tbody>
</table>

NCHC was unable to register involvement for the National Audit of Inpatient Falls due to the disruption caused during the NHS cyber-attack.

NCHC’s involvement in the National Diabetes Foot Care Audit was registered under The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust.
During 2017/18 NCHC reviewed four national clinical audit reports and reviewed the reports from 21 local clinical audits. All clinical audit reports have full action plans available on request.

2.3.9 Management of NICE guidance

NICE guidance is published monthly; guidance applicable to the trust is then reviewed by the Clinical Effectiveness Group and is sent to relevant services for assessment. Guidance is also prioritised based upon its impact on Trust patients. Low priority guidance is reviewed by a relevant clinician and significant gaps identified. Medium and high impact guidance have baseline audits undertaken with action plans tracked through to implementation.

There have been a total of 233 pieces of NICE guidance (NG) published in the period April 2017 to March 2018; 62 pieces were considered relevant to Trust services. The medium and high impact pieces of guidance were:

<table>
<thead>
<tr>
<th>NG reference</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NG93</td>
<td>Learning disabilities and behaviour that challenges: service design and delivery</td>
</tr>
<tr>
<td>NG89</td>
<td>Venous thromboembolism in over 16s: reducing the risk of hospital acquired deep vein thrombosis or pulmonary embolism</td>
</tr>
<tr>
<td>QS39</td>
<td>Attention deficit hyperactivity disorder: diagnosis and management</td>
</tr>
<tr>
<td>QS3</td>
<td>Venous thromboembolism in adults: reducing the risk in hospital</td>
</tr>
<tr>
<td>KTT17</td>
<td>Acute kidney injury (AKI): use of medicines in people with or at increased risk of AKI</td>
</tr>
<tr>
<td>KTT16</td>
<td>Anticoagulants, including non-vitamin K antagonist oral anticoagulants (NOACs)</td>
</tr>
<tr>
<td>KTT9</td>
<td>Antimicrobial stewardship: prescribing antibiotics</td>
</tr>
<tr>
<td>KTT7</td>
<td>Antipsychotics in people with dementia</td>
</tr>
<tr>
<td>KTT5</td>
<td>Asthma: medicines safety priorities</td>
</tr>
<tr>
<td>KTT15</td>
<td>Biosimilar medicines</td>
</tr>
<tr>
<td>KT19</td>
<td>Psychotropic medicines in people with learning disabilities whose behaviour challenges</td>
</tr>
<tr>
<td>MIB141</td>
<td>Reveal LINQ insertable cardiac monitor to detect atrial fibrillation after cryptogenic stroke</td>
</tr>
<tr>
<td>KTT20</td>
<td>Safer insulin prescribing</td>
</tr>
<tr>
<td>KTT12</td>
<td>Type 2 diabetes mellitus: medicines optimisation priorities</td>
</tr>
<tr>
<td>KTT14</td>
<td>Wound care products</td>
</tr>
<tr>
<td>NG74</td>
<td>Intermediate care including re-ablement</td>
</tr>
<tr>
<td>QS161</td>
<td>Sepsis</td>
</tr>
<tr>
<td>CG32</td>
<td>Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition</td>
</tr>
<tr>
<td>NG72</td>
<td>Developmental follow-up of children and young people born preterm</td>
</tr>
<tr>
<td>NG71</td>
<td>Parkinson’s disease in adults</td>
</tr>
<tr>
<td>PH42</td>
<td>Obesity: working with local communities</td>
</tr>
</tbody>
</table>
2.3.10 Mandated statement: Learning from deaths

During the reporting period April 2017 to March 2018, there were 359 deaths in NCHC inpatient units. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 103 in the first quarter
- 88 in the second quarter
- 87 in the third quarter
- 81 in the fourth quarter

By February 2018, 294 case record reviews and three investigations have been carried out in relation to 359 inpatient deaths noted above.

In three cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out were:

- 90 in the first quarter
- 80 in the second quarter
- 67 in the third quarter
- 57 in the fourth quarter

None of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

**Learning from case reviews and investigations:**

Examples of learning from our stage one mortality reviews have included:

- Ensuring accurate contact details of families are available which take into account the patient's wishes
- The importance of having a clear care plan in place for patients receiving end of life care in relation to monitoring their condition

Examples of learning from an investigation included:

- Improvement in the patient pathway for admissions to inpatient units from primary care so that all relevant information is available to accurately assess patients especially when related to cardiopulmonary resuscitation decisions
- Further activity is on-going in relation to admission criteria from primary care to inpatient units and is part of a systems wide project to utilise community beds more efficiently
- Examples of good practice identified in reviews include our palliative care unit providing good multi-disciplinary team working and good family support with positive feedback received. On other inpatient units allowing families to stay with patients and the timely use of anticipatory medication is noted in several mortality reviews. Learning has been shared with all departments to ensure continued improvement in practice. Please see 3.1.11 for further information and our involvement in the LeDeR programme.

2.3.11 Mandated statement: Clinical research

The number of patients receiving NHS services provided or sub-contracted by NCHC in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 635. In total, we were involved in 34 research studies during the course of the year. The National Institute for Health Research (NIHR) supported 70% of these studies through its research networks.
3.0.0 Introduction to Part Three

Part Three of our Quality Account reviews progress over the past year and includes some of the highlights of 2017/18. We will use Lord Darzi’s (NHS Next Stage Review DH 2008c) ‘Framework for Quality’ in the NHS which identifies three core areas for describing and measuring quality:

- Patient safety
- Clinical effectiveness
- Patient experience

We will look back at both our achievements and at what hasn’t gone as well as we would have hoped, and we will tell you what our patients, commissioners and partners have told us about our services.

3.1.0 Framework for quality
3.1.1 Review of first domain: Patient Safety

Compared to other trusts we can show that we manage more complex patients, see them sooner, discharge them quicker and deliver good outcomes. As the most efficient standalone community trust (Reference Cost Index: see section 3.2.2) we can also show that we deliver very efficient, as well as very effective, care to our patients. We are consistently recognised by third parties as pioneering care delivery and we have a track record of mobilising new services and investing in continuous improvement.

The Modified Barthel Index is a recognised tool for assessing the independence of a patient and therefore their rehabilitation potential. It is a good proxy for the acuity of the patients in our care. The National Audit of Intermediate Care 2017 suggests that NCHC is discharging patients from our inpatient units and caring for them in the community at a similar mean Barthel score as the admission scores of community services nationally. See https://www.nhsbenchmarking.nhs.uk for further information.

This means we are admitting patients who are significantly more 'dependent' than the national average and managing them safely and successfully through our innovative models of inpatient and community care. It also means we are responding to the needs of our patients and implementing innovative roles within our workforce (for example advanced nurse practitioners as part our medical model who play a key role in prescribing and managing complex care).

Other indicators of patient safety include

3.1.2 Safety Thermometer

We have reported against five avoidable harms over 2017-18:

- Preventable pressure ulcers
- Catheter acquired urinary tract infections (CAUTI)
- Injurious falls
- Venous thromboembolism (VTE)
- Dementia care

In 2017/18 Safety Thermometer results indicated that the overall proportion of our patients receiving harm-free care in the reporting period was 90%. Please see the table below.
3.1.3 Quality Goals – achievement in 2017/18

Please see below our achievement over the range of quality goals we set for the previous year.

| We will reduce harm caused by Grade 3 and 4 preventable pressure ulcers (PU) |
|---------------------------------|-------------------|
| 2016: 77 reported               | 2017: 50 reported |
| Improvement due to: whole systems review including executive oversight, improved leadership, PU steering group, training, PDSA cycles to drive success, policy and process reviews, documentation review, improved assessments, better reporting, and use of SSKIN bundles tool. |

<table>
<thead>
<tr>
<th>We will reduce the number of falls resulting in injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016: 226 reported</td>
</tr>
<tr>
<td>Improvement due to: critical action plan reported through Quality and Risk Assurance Committee (QRAC) to Board, improvement in incident reporting and information capture, falls validation panel ensures all moderate and severe harms are discussed and learning shared, policy revised and implemented and training for staff revised.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>We will reduce the number of catheter acquired urinary tract infections (CAUTI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016: 34 reported (not directly comparable due to definition change)</td>
</tr>
<tr>
<td>Explanation: the CAUTI reduction action plan 2016 revised the definition of CAUTI to be used trust wide for 2017. This year the DATIX reporting template underwent extensive redesign along with policy revisions#ta! best practice guidance booklet for clinicians and revisions to training. This has raised awareness and this combined with clarity of definition and reporting criteria is likely to have led to the increase in figures.</td>
</tr>
</tbody>
</table>
We will reduce the number of medication incidents

<table>
<thead>
<tr>
<th>2016: 332 incidents were reported to National Reporting and Learning System</th>
<th>2017: 369 have been reported to date however 31 are currently awaiting validation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medication incidents are closely monitored on a monthly basis at QRAC and form part of the quality and risk report, not all are directly attributable to NCHC</td>
<td></td>
</tr>
<tr>
<td>• Incidents are below the upper control limit statistically but work is underway to review the Statistical Process Chart (SPC) limits to check tolerance limits remain sensitive</td>
<td></td>
</tr>
<tr>
<td>• Highlighting safe medicines management has been a focus on wards recently for all modern matrons and ward managers</td>
<td></td>
</tr>
</tbody>
</table>

We will reduce the number of venous thromboembolisms (VTEs)

<table>
<thead>
<tr>
<th>2016: 97% patients were screened (target 95%) with 0 VTEs reported</th>
<th>2017: 99% screened and 0 VTE reported at year end</th>
</tr>
</thead>
</table>

We will continue to implement our Medicines’ Optimisation Strategy to ensure the safe and effective use of medicines including antibiotic stewardship and prescribing review

| The antimicrobial policy has been reviewed and updated (January 2018) | |
| Antibiotic prescribing audits are scheduled for February and March following staff updates on the revised policy | |
| The antibiotic formulary has been revised in partnership with Norfolk and Norwich University Hospital (NNUH) to ensure alignment with NNUH microbiologists | |

We will implement a consistent process of case review to improve the quality of care and learning from avoidable patient death and harm

| Mortality Policy and Process updated and published externally as per national guidance | |
| Mortality data monitored monthly at QRAC and presented at public board quarterly | |
| Mortality Review Group in place with action/work plan | |
| Working with UEA and statistician to improve understanding of data | |
| Current challenges: how best to involve families in process and lack of information systems for tracking community deaths | |

Patient experience and involvement including making feedback from patients easier, increasing engagement and involvement opportunities, empowering staff to use patient feedback to drive quality improvements and develop a suite of tools for staff to increase local patient involvement

| The new patient experience strategy aligned to the Health and Care Strategy | |
| FFT consistently high 97-98%, and one of the highest for community trusts | |
| Increasing electronic FFT capture by using iPads | |
| Pilot commencing using SMS texting | |
| Pilot completed with volunteer obtaining feedback via telephone | |
| Tools developed and available on intranet e.g. ‘How to run a focus group with patients’ | |
| First patient experience and involvement forum with multiple partners hosted by NCHC in Jan 18 | |
### Implementation of NICE Guidance

- NICE guidance is published monthly and reviewed to assess relevance to the trust.
- Guidance is prioritised into high, medium and low impact on trust patients.
- High and medium impact guidance requires the completion of a full baseline assessment which is submitted to the Clinical Effectiveness Group.
- Progress against NICE guidance is presented to QRAC on a quarterly basis and published as a mandated statement annually in the Quality Account.
- The Management of NICE Guidance Policy has been reviewed and revised in January 2018.

### Sepsis management

754 staff (April 2018) have completed sepsis training – both sepsis and NEWS training will be added to the Trust Induction course from April 2018. This will ensure all new recruits in clinical roles will receive the training!

#### 3.1.4 Preventable pressure ulcers

We have continued our hard work reducing preventable pressure ulcers and are pleased to be finalists in the HSJ Patient Safety Category for our work in this area.

During this year we have launched a multi-disciplinary Pressure Ulcer Steering Group (PUSG) led by our Director of Nursing and Quality which has a dedicated programme of work and a wide membership including the Head of Patient Safety, clinical/therapist representatives from each locality, Tissue Viability Nurse, Head of Safeguarding and commissioner representatives. This programme has been rolled out across c. 1500 staff in community nursing and therapy teams. We are consistently achieving better prevention as the quality of assessment and care planning improves and staff confidence increases. Positive feedback from relatives on the use of our leaflet to engage them in the care approach has also been key. This approach has resulted in improved harm-free care rates, reduction in pressure ulcers with a benefit of a decrease in nursing visits and increase in patient empowerment.

#### 3.1.5 Incident reporting and learning

We have continued to improve our Incident Reporting Investigation and Management Policy reflecting the reporting requirements of the National Reporting and Learning System, which is monitored by NHS Improvement. The policy contains flowcharts for reporting incidents and serious incidents requiring investigation (SIRIs), and describes the process for
escalation through the Datix Incident Management system, assignment of an investigator and level of investigation required through to final approval of an incident. We know by our benchmarking work that we are high reporters of incidents and we also know that this reflects transparency in our organisation and arises from a culture where staff feel supported in being able to raise an incident.

Number of incidents reported on Datix per month and by category:

<table>
<thead>
<tr>
<th>Incident category</th>
<th>Apr 17</th>
<th>May 17</th>
<th>Jun 17</th>
<th>Jul 17</th>
<th>Aug 17</th>
<th>Sep 17</th>
<th>Oct 17</th>
<th>Nov 17</th>
<th>Dec 17</th>
<th>Jan 18</th>
<th>Feb 18</th>
<th>Mar 18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No harm</td>
<td>310</td>
<td>398</td>
<td>365</td>
<td>348</td>
<td>380</td>
<td>352</td>
<td>292</td>
<td>323</td>
<td>278</td>
<td>330</td>
<td>245</td>
<td>298</td>
<td>3919</td>
</tr>
<tr>
<td>Low harm</td>
<td>393</td>
<td>400</td>
<td>404</td>
<td>370</td>
<td>427</td>
<td>345</td>
<td>286</td>
<td>281</td>
<td>221</td>
<td>281</td>
<td>225</td>
<td>272</td>
<td>3905</td>
</tr>
<tr>
<td>Moderate harm</td>
<td>91</td>
<td>97</td>
<td>83</td>
<td>77</td>
<td>80</td>
<td>67</td>
<td>43</td>
<td>44</td>
<td>37</td>
<td>62</td>
<td>39</td>
<td>60</td>
<td>780</td>
</tr>
<tr>
<td>Severe harm</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>9</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>67</td>
</tr>
<tr>
<td>Expected death</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Unexpected death</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Learning Disabilities - Notifiable Death</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>807</td>
<td>908</td>
<td>861</td>
<td>810</td>
<td>900</td>
<td>772</td>
<td>632</td>
<td>659</td>
<td>544</td>
<td>685</td>
<td>515</td>
<td>636</td>
<td>8729</td>
</tr>
</tbody>
</table>

All incidents, including actions and learning, are reported to the board each month. All serious incidents requiring investigation (SIRIs) are investigated using root cause analysis (RCA) methodology. We aim to submit our initial investigation report to our commissioners within three days of reporting a SIRI and aim to submit our full investigation together with any resulting action plan to the Norfolk commissioners within 40 days of the SIRI being reported.

Below are the numbers of SIRIs reported by the organisation during the reporting period:
Below we have broken the data down and excluded pressure ulcers to show the categories reported:

Examples of learning from incidents over the reporting period:

**Orthopaedic Triage Service:**

A batch of referrals from the Orthopaedic Triage service were not forwarded to the Acute Orthopaedic Service in a timely manner resulting in a delay to patient care and breaching of the 18 week pathway. An investigation using Root Cause Analysis (RCA) methodology identified:

**Root causes:**

- New staff in our organisation were not fully understanding the process and their role within it
- Orthopaedic triage staff did not fully understand changes to the SystmOne template which allowed for a referral to be made without generating a task if the wrong selection was made from a drop down box

**Learning from the RCA**

- Both root causes have now been addressed and the relevant staff fully understand the correct procedure to ensure referrals are processed at the earliest opportunity
- As a fail-safe, the SystmOne template has been modified to ensure an automatic task is generated for each referral to secondary care
- A Standard Operating Procedure has been developed to ensure the process is fully mapped out and understood by both the administrative and clinical staff
- Changes to local induction mean that new staff will receive comprehensive training
- The full RCA will be shared with Allied Health Professionals (AHP) Suffolk service and all orthopaedic triage clinical staff

**Swaffham Community Hospital (SCH)**

SCH was closed to new admissions following a small number of patients being treated for flu. In the interests of patient safety and containment, the ward remained closed to new admissions for five days from the date of onset of the last case of infection. This was subsequently reported as a serious incident and an investigation using RCA was completed.
Notable practice within the case

Effective management of the outbreak once the extent of the situation on the ward was recognised.

Learning from the RCA

- Stocks of facial personal protection equipment have been increased
- Oseltamivir or other anti-viral agent on wards to be stocked on the wards
- A trust wide risk assessment for influenza to be developed
- Medical cover during weekends and bank holidays to be reviewed
- Staff to have improved awareness of influenza in relation to early reporting of outbreak

3.1.6 Never events

Never events are defined by the Department of Health as ‘serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers’.

We are pleased to report that there have been no never events during 2017/18.

3.1.7 Medicines incidents

There were 730 medication incidents reported by our trust during 2017/18. 79% of these incidents were near misses or caused no harm, 18% caused low harm, 1% caused moderate short term harm and there were none that caused severe harm to patients.

11 moderate harm incidents were reported, these were:

- One incident involving failure to check blood monitoring prior to insulin administration resulting in hypoglycaemia
- One incident involving the Intravenous Team and poor support by the microbiology team at the Queen Elizabeth Hospital
- One incident involving an out of date syringe driver chart
- One incident involving an error in transcribing medicines into a patient’s discharge letter that resulted in another acute admission
- One incident involving a patient overdosing on lorazepam in their own home
- Two incidents involving the failure of an acute hospital to supply patient with end of life medication on discharge
- One incident involved the incorrect prescribing of a thickener by a general practitioner resulting in the patient aspirating and the development of a chest infection
- Two incidents involving suboptimum management of pain by an acute hospital for a palliative patient
- One incident involving a patient suffering hypoglycaemia due to being prompted by their carer to administer insulin despite having a low blood sugar
- One incident where the family of a patient under the care of the trust accused the GP of administering a lethal dose of an injection
The following graph shows the trend of severity January 2017:

The peak in January 2018 with a total of 67 medicines-related incidents was thoroughly investigated. Of the 67 incidents reported in the month, 31 incidents were attributable to our staff and 36 incidents (54%) were not attributable to our organisation. We also found there was a slight increase in incidents with moderate harm however all four incidents were investigated and found to be not attributable to our organisation but to another healthcare provider. Other providers are notified when we raise a Quality Incident Report (QIR) so they are able to undertake their own internal investigation.

3.1.8 Controlled drugs incidents

All controlled drugs incidents are reviewed by the Trust’s Accountable Officer for Controlled Drugs, and if necessary reported to external agencies. There were 155 incidents involving controlled drugs reported during 2017/18. 126 reported incidents were no harm incidents, 24 recorded as low harm incidents, 5 incidents resulted in moderate harm and none resulted in severe harm. Monthly breakdown of controlled drugs incidents are provided to the Trust’s Quality and Risk Committee and a quarterly report is submitted to East of England Controlled Drugs Accountable Officer.
Actions relating to controlled drugs incidents:

- Controlled Drugs Management and Accountability Policy has been updated and published for staff.
- A number of controlled drugs Standard Operating Procedures (SOPs) have been reviewed, amended and published.
- Learning from incidents involving errors in prescribing, administration, safety, security and recording have been highlighted in the monthly Medicines Safety Newsletter.

3.1.9 Freedom to Speak Up (FTSU)

Compliance with the implementation of the FTSU agenda and embedding this in practice is monitored by the Care Quality Commission under the Well Led domain. We have embraced this agenda in our trust because we believe that any member of staff should be free to raise a concern about risk or wrong doing regarding patient care and safety without fear of reprisal or repercussion. We have appointed two Guardians; Anna Morgan, Director of Nursing and Quality, and Geoff Rivers, Non-Executive Director, pictured opposite when they delivered FTSU training to the Trust board.

During 2017 we reviewed our practice against the Freedom to Speak Up National Benchmarking Standards, set by Sir Robert Francis. We are pleased to report compliance in October 2017 with the 14 principles relevant to our Trust.

We know that we are unique in investing visibility and capacity at such a senior level to endorse and empower this agenda but we believe this is the right way. This approach has seen high use of the process, improvements made as a result and satisfaction from those people using Freedom to Speak Up as a route to resolve issues.

We were delighted to be shortlisted in the National Freedom to Speak Up Awards in 2017.

FTSU and going forward

During 2018 we will continue to ensure compliance with the National Standards. We will take our steering group to localities, meeting with staff and champions to develop greater understanding of the FTSU agenda and strengthening the culture of speaking up within our Trust. We will improve our feedback to staff raising concerns ensuring appropriate support for all involved. We will strengthen our training for champions and ensure that learning is shared throughout the organisation. We will continue to publish statistics locally through the Nursing and Quality Report to the board and ensure we report our activity nationally as required.
3.1.10 Safeguarding

We take our safeguarding responsibilities very seriously and discharge our duties fully in complying with national and local legislation, policy and guidance. Our work is underpinned in particular by the release of the Care Act (Department of Health 2014), multi-agency guidance in relation to adults, the Children’s Act (2004), and Working Together to Safeguard Children Statutory Guidance (Department of Health 2006 and 2015). We contribute to a range of performance and quality measures as required by CQC, Norfolk Safeguarding Children Board (NSCB), Norfolk Safeguarding Adults Board, and our CCGs. These monitoring requirements are reflected in our safeguarding children and adults team work plans and progress is monitored by the trust’s Quality and Risk Assurance Committee. Safeguarding processes and case management reviews are also undertaken jointly by regulators Ofsted and CQC.

Safeguarding is everyone’s business and all staff receive regular training according to their role to ensure everyone knows how to report a concern, or seek advice or support.

The safeguarding team provide specific safeguarding supervision for all staff and provides training on adult and child safeguarding. Staff working in adult services have been trained in the Mental Capacity Act and Deprivation of Liberty safeguards and a template for both electronic and paper records has been devised to ensure staff record capacity and consent to care and treatment to support personalised care. Our safeguarding team have seen an increase in calls giving assurance that staff are confident in contacting the team for advice and support or to raise concerns.

Working in partnership with other organisations

Our safeguarding team have played a key role in improving multi-agency working by contributing to a number of working groups to take forward Norfolk-wide initiatives. This has included the development of the Norfolk Safeguarding Children Board Workforce Development Group, child sexual abuse, child sexual exploitation and young carers. Supervision and training continues to be delivered to the East Anglia’s Children’s Hospices staff.

The wider safeguarding team has contributed to the development of a Norfolk-wide domestic abuse strategy and has supported a group of staff within the trust to develop skills and knowledge to become domestic abuse champions. The team have also been engaged with the Norfolk hate crime agenda, Operation Gravity, led by Norfolk Constabulary, (targeting criminals involved in a drug-related crime) and County Lines (youth crime and violence).

Serious Case Reviews (SCRs)

Norfolk Safeguarding Children Board authorised ten SCRs during 2017/18. Our Trust has contributed to six of these as an employer of staff involved in the cases. Publication of the overview reports has triggered action plans across all agencies, including our trust and implementation of the recommendations has been monitored internally by QRAC. Our team have continued to present and share learning at internal and external dissemination events arising from SCRs.

Norfolk Safeguarding Adult Board authorised four Safeguarding Adult Reviews (SARs) in 2017. NCHC is an active member of the board to support reviews. Learning from the SARs is being rolled out with safeguarding training.

Safeguarding
Mental Capacity Act (MCA)

During last year our quality assurance audits highlighted that staff were continuing to struggle in understanding their role in the MCA process and/or application of it for their patient group. The safeguarding team have played a key role in supporting staff development and confidence in this area. This year has seen:

- Development of SystmOne and paper record templates to record patient capacity
- Sharing the SystmOne template with the Designated Safeguarding Adults team for roll out to GPs
- Delivery of MCA training to over 75% of our clinical staff
- Delivery of PREVENT (WRAP3) to 82% of clinical staff (target 80%)
- Adding mental capacity in all pressure ulcer investigations and falls validation meetings
- Asking all staff ‘Does the patient have capacity?’ when giving safeguarding advice

A two phase project, funded by CCGs and NHS England, has been delivered by POhWER (a national advocacy organisation) to improve staff understanding of MCA:

- **Phase 1** consisted of training and support in four inpatient units
- **Phase 2** consisted of training and support to Norwich locality community teams
- **Phase 3** will support the remaining inpatient units and community teams

We have been delighted to work with POhWER in developing our staff and we will continue to provide commitment, support and supervision to our staff in this area and we are currently involved in agreeing a best interests training course with our local university.

3.1.11 Mortality reviews and our participation in the national LeDeR programme

Analysis of our inpatient deaths is difficult, given the small numbers of deaths on each in-patient unit. So in 2016, we commissioned the University of East Anglia and Dr George Savva, Senior Lecturer in Applied Statistics and Associate Director for Research, to develop a statistical model for monitoring deaths in community inpatient units. The aim was to develop a method of rapid identification of abnormally high death rates, taking into account the previous mortality rate at each site and varying case-mix using a risk-adjustment model. Ongoing statistical modelling has been further developed to allow the calculations to be embedded in performance data reports on a ‘live’ basis. This will act as a flag to identify increases in death rates in units so they can be explored and reviewed in a timely manner to improve patient outcomes. Currently no tools exist nationally relating to monitoring of death rates in community inpatient units as there are for acute trusts and so we have created our own.

NCHC has had a Mortality Review Group in place for several years now which reports to QRAC. The key focus in the coming year will be:

- Involving families in our reviews: ‘FamCare’ is a feedback tool in regular use in our trust and has been completed for all our palliative care patients who have died. Priscilla Bacon Lodge already writes to patients about any reviews they undertake and we will extend this approach and learn from their experiences. We will also work with the Palliative Care Steering Group who have patient representatives to see how we might include patient representatives in the work of the Mortality Review Group

- Aligning our processes with LeDeR: the Learning Disability Mortality Review Programme

The trust is an active participant in the Learning Disability Mortality Review Programme (LeDeR). All known deaths of people with learning disability are reported to the national team and the trust has a number of clinical staff that have been trained to be independent reviewers to support case reviews across the county. The national programme will publish its annual report for 2017/18 and learning will be shared with community teams. (Please see 2.3.10 for additional information in the mandated section on learning from deaths).
3.1.12 Safer staffing

Safer staffing is embedded in our quality assurance processes. Monthly data on staffing numbers for our inpatient units, ratio of registered to non-registered, bank and agency usage is presented through the Quality and Risk report. The monthly safer staffing compliance reports are uploaded onto the Unify National Reporting System and published on our Trust website for the public. You can see our reports here:


In addition to staffing numbers we review and report on the recommendations of the National Quality Board by using a ‘triangulated’ approach to our staffing levels as detailed in ‘Right Staff, Right Skills, Right Place and Time’ (2016) and including staffing levels based on patients’ needs, acuity and risks. CQC supports this triangulated approach to staffing decisions, rather than making judgements based solely on numbers or ratios of staff to patients.

We aim to ensure 95% (or above) of staff on duty. All units adjust staffing to include bank and agency to ensure the needs of the patients are met and adjust staffing mix if one to one patient care is required or there is unexpected staff sickness. Our general inpatients units have received increased funding this year to increase our registered nursing levels of one nurse to eight patients. Our four specialist units (children’s respite; learning disabilities respite; specialist neurology and specialist amputee units) have a higher number of staffing based on the needs of the patients.

**In March 2018 we have commenced implementation and reporting of care hours per patient per day (CHPPD).**

<table>
<thead>
<tr>
<th>Care hours per patient day =</th>
<th>Hours of registered nurses and midwives alongside</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total number of inpatients</td>
</tr>
</tbody>
</table>

This tool enables the ward manager to determine on a daily basis how much care the patient requires on a daily basis, for example; washing, turning, support with feeding; which in turn informs staffing requirements or the need for extra staff. This tool will complement the electronic data capture work already commenced throughout the trust, such as ‘safe-care’ and e-roster. National benchmarks have now been developed for determining safe caseloads in the community. We are commencing assessment of our community teams later in 2018.
3.1.13 The National Staff Survey 2017

1,175 staff took part in our NHS Staff Survey this year which is the largest employee opinion survey in the world. We have also seen our highest response of 55% against a national average for community trusts in England of 50%, and compares favourably with a response rate of 48% in the 2016 survey. Our staff’s views help us to implement changes which in turn improve the quality of care for our patients. This year we have seen some statistically significant improvements in many of the key findings showing positive progress throughout the trust. Initiatives such as Freedom to Speak Up, Your Voice Our Future, Quality Champions Programme and our emphasis on improved staff engagement have brought significant improvements which give us the momentum to drive continuous improvement. We are also working hard embedding our ‘Be a Buddy not a Bully’ internal campaign and have an increasing number of champions working to address issues of unacceptable behaviour by staff.

Some of our results:

<table>
<thead>
<tr>
<th>On specific measures see below For the 1-5 scale: 5 is positive and 1 is negative.</th>
<th>2016</th>
<th>2017</th>
<th>Community Trusts Average 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall staff engagement</td>
<td>3.71</td>
<td>3.77</td>
<td>3.78</td>
</tr>
<tr>
<td>Care of patients is our number one priority</td>
<td>59%</td>
<td>62%</td>
<td>76%</td>
</tr>
<tr>
<td>Recommend NCHC as a place to work</td>
<td>48%</td>
<td>53%</td>
<td>57%</td>
</tr>
<tr>
<td>Would be happy with standard of care for a friend or relative</td>
<td>68%</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>The combined recommendation for work or treatment</td>
<td>3.58</td>
<td>3.64</td>
<td>3.76</td>
</tr>
<tr>
<td>Staff who have felt unwell due to work related stress</td>
<td>43%</td>
<td>43%</td>
<td>39%</td>
</tr>
<tr>
<td>Interest and action in health and wellbeing</td>
<td>3.58</td>
<td>3.67</td>
<td>3.63</td>
</tr>
<tr>
<td>Staff recognition</td>
<td>3.24</td>
<td>3.44</td>
<td>3.53</td>
</tr>
</tbody>
</table>

Next steps

Our initial findings have been presented at trust board, Staff Management Council, Trust Management Team (TMT) and Business Unit meetings.

We have continued with our engagement plan through YVOF campaign 7 which will discuss the themes as identified in the staff survey results.

TMT and locality management teams are undertaking further locally focused analysis and developing local action plans.

You can find the full results of our staff survey at [http://www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com)
3.1.14 Staff Engagement

Meet Laura, our Staff Engagement Manager whose role is to lead on key staff engagement activities across the trust and enable our organisational culture to develop in a way that embraces diversity and creates equality of opportunity.

Laura provides support to our leadership and management teams in order to increase engagement levels and specifically to progress our ‘Your Voice Our Future campaigns’, leading to improvements in service quality and a better place to work.

Your Voice Our Future (YVOF)

We told you in our last Quality Account about the launch of ‘Your Voice, Our Future’ (YVOF), a crowdsourcing engagement platform which enables large scale ‘big’ conversations. Since our launch we have held seven conversations in total covering the following areas:

- YVOF Launch
- Executive Directors’ 5 Pledges
- Leadership and Behaviours
- IM&T services, Technology and Innovation
- Recognition, Health and Wellbeing
- New Year, Fresh Start
- NHS Staff Survey Results

We have made changes in lots of areas resulting from our conversations – both big and small such as:

- Bench seats in commemoration of staff who have died in service
- Guest WiFi and increasing the use of bring your own devices
- IT service desk have extended their opening times
- Recognition awards – formal, informal and frequent
- Back to floor sessions for managers and opportunities for shadowing for all staff
- Gym facilities, lunchtime yoga and self-referral to physiotherapy
- Talent management
- Video conferencing facilities to reduce travel
Recognition at NCHC

We strive to continually acknowledge individuals and teams whose efforts and achievements support the trust’s vision, values and behaviours but through Your Voice Our Future (YVOF) we identified that recognition is not a ‘one size fits all’ process.

At the end of 2017 we launched three strands of recognition throughout the trust:

- **Formal** (for example the REACH Awards)- held annually staff are invited to submit entries for individuals or teams in the following categories:

  - **Creativity**
    - Innovation award
      - Clinical
    - Innovation Award – Non Clinical
    - Emerging Talent
    - Excellence Award – Clinical
    - Excellence Award – Non Clinical

  - **Community**
    - Partnership Working – Clinical
    - Partnership Working – Non Clinical
    - Apprentice of the Year
    - Volunteer of the Year
    - Healthcare Assistant of the Year
    - Mentor of the Year
    - Lifetime Achievement

  - **Compassion**
    - Patient Choice – Individual or Team
    - Unsung Hero
    - Team of the Year – Clinical
    - Team of the Year – Non Clinical
    - Inspirational Leader – Clinical
    - Inspirational Leader – Non Clinical

- **Informal** (for example our e-thank you cards)

Sometimes just a small token of appreciation goes a long way. Electronic ‘thank you’ cards came from YVOF and therefore are a staff idea - they are for anyone to send to any member of staff / colleagues to thank them for anything …
● **Frequent (our Badges of Recognition)**

We really want to ensure our staff receive recognition for their outstanding work and achievements and see that their work is appreciated and highly valued by peers, colleagues and managers. Nominating individuals and teams is easy with nominations being reviewed regularly by our Staff Engagement Committee judging panel – our recognition badges pictured above are a small but important way to say thank you to those who have gone the extra mile in performing their work.

### 3.1.15 Infection prevention and control (IPAC)

The Director of Nursing and Quality is the trust’s nominated Director of Infection, Prevention and Control (DIPC) and is responsible to the board for all infection control matters. In addition, a service level agreement with the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT) Microbiology Department provides us with appropriate consultant level support for infection control and anti-microbial prescribing. The DIPC role is supported by the Infection Prevention and Control (IPAC) team who work across all our services. Monitoring and reporting, both internally and externally, is led by the IPAC team. The trust’s Infection Control Committee is accountable to the board and reports quarterly to QRAC.

● **Healthcare associated infections statistics**

The following data shows all new methicillin-resistant Staphylococcus aureus (MRSA) non-bacteraemias and Clostridium difficile (CDiff) isolates identified from patients in our inpatient areas during 2017-18. Normally prior to 48 hours the infection/colonisation is regarded as incubating at the time of admission and therefore would not be attributed to the hospital taking the specimen.

MRSA bacteraemias (blood cultures) are reported by NNUHFT microbiology laboratories under the Department of Health’s Mandatory MRSA surveillance scheme. Investigations using root cause analysis methodology are completed for all MRSA bacteraemias and action plans agreed where contributory causes are identified. We continue to screen patients for MRSA on admission to our inpatient units, although this no longer forms part of contractual reporting requirements.
• C. Difficile

The trust target, set by our commissioners, was a ceiling of nine cases for 2017-18 and we are pleased to report that we remained under this ceiling, ending the year with two cases of C. Difficile within our inpatient beds. Whilst we had a total of two cases of C difficile reported through the year, one was removed from attribution through the post-infection review process.

• Norovirus

There were four confirmed outbreaks of norovirus within our inpatient areas during 2017-18. This is a testament to the hard work and vigilance of our staff in handling patient transfers efficiently whilst maintaining effective infection control practices as our acute hospitals have had significant levels of Norovirus throughout the winter period.

• Flu vaccinations

We were really delighted with everyone’s efforts during this year’s flu campaign which resulted in a much higher uptake of flu vaccinations by our staff during 2017/18:

<table>
<thead>
<tr>
<th>Healthcare workers with direct patient contact</th>
<th>Number vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>38</td>
</tr>
<tr>
<td>Nurses</td>
<td>680</td>
</tr>
<tr>
<td>Other qualified staff</td>
<td>358</td>
</tr>
<tr>
<td>Support staff</td>
<td>1149</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>2225</strong></td>
</tr>
</tbody>
</table>

![Jab-o-meter](image)
How did we do it?

- Peer vaccinators – this year we recruited over 40 peer vaccinators covering every part of the trust making it as easy as possible for staff to receive their flu vaccination at a time and a place that suited them

- We offered a financial incentive via the Director of Finance - £25k of the CQUIN money was promised to staff if the target was reached. This money is now available to staff following consultation on how it should be allocated and spent

- Dedicated, innovative and sustained advertising campaign which was especially good in raising awareness of the carriage of flu

3.2.0 Review of second domain: Clinical Effectiveness

The Department of Health (1996) describes clinical effectiveness as “the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice.” In this section we will give you some strategic and operational examples of our work in this domain area.

3.2.1 Carter Review

We told you in our last Quality Account about our early participation in Lord Carter’s Review of Operational Productivity in the Community and Mental Health Sector which is facilitated by NHS Improvement and a follow on to the model hospital work. Our initial motivation was to seek out new ideas and opportunities for improvement but we are proud to tell you that we have been held up as an exemplar:

- Other trusts did not have capacity and demand models as we do for all our services

- Nor did they have effective referral to triage and allocation processes or rostering systems (our ‘hubs’)

- We have embraced mobile working more than others (during our initial Transformation Programme we rolled out over 1,000 mobile devices and were recognised as finalists in the national E-Health Insider Awards ‘Excellence in Mobile healthcare’ category)

- We are more innovative in our approach to skill mix and workforce planning

As a result we were highlighted (even at the initial cohort meeting) and invited to speak at a subsequent NHS Improvement “Community and Mental Health Operational Productivity Review Engagement” event open to all Trusts across the country. We went on to host a “Sharing Good Practice” day in 2017 which was attended by 17 community and mental health provider organisations from across the country. We have also facilitated a number of individual trust visits to us.
3.2.2 Reference costs

Our work has shown that our trust has one of the highest proportions of patient facing time and the most contacts in a day within our Community Nursing and Therapy Services. As well as excellent clinical outcomes this contributes to us being the most efficient standalone community trust using the Reference Costs Index. The most recently published National Reference Cost Indices (financial year 2016/17) rate the trust as the most efficient community provider in the country with a Reference Cost Index of 87, up from 5th place in the previous year. More information on reference costs is available at:

https://improvement.nhs.uk/resources/reference-costs/

3.2.3 Clinical research programme

We explained our aspiration for our trust to be acknowledged as a national leader within the community research field in our last Quality Account. Once again the National Institute for Health Research (NIHR) Clinical Research Activity League Table shows a significant increase in research activity across our region and NCHC remains in the top 10 recruiting care trusts in the country.

We are also pleased to tell you that we were one of the recruiting hubs for a study on Multiple Sclerosis and Chronic Fatigue Syndrome which reached the target number of participants and for which NCHC was the highest recruiting NHS organisation out of seven nationally. We were also the highest recruiter out of 11 NHS organisations nationally for LoTS2Care, a project aimed to inform a future definitive trial to investigate the clinical and cost-effectiveness of the “Moving Forward” intervention for stroke survivors.

In addition the trust is working closely with the University of East Anglia to influence research ideas and topics for the future and ensuring academics are linked with clinicians to develop research and evidence based practice. There has been particularly strong collaboration with Acquired Brain Injury and Stroke Services and the university.

Our trust hosts the Primary Care Research Team for Norfolk and Waveney and this has enabled collaborative research across community and primary care. We also host the EPIC study which is a long term study, led by Cambridge University, following up the health of the population over 25 years. We are keen to establish a research hub of expertise for community and primary care to inform future service development and support research across the STP in the years to come. See section 2.3.11 Mandated statement on clinical research.

3.2.4 Clinical Audit Programme

Clinical audit is a quality improvement cycle that involves measurement of existing practice and the effectiveness of healthcare intervention against agreed, evidence based clinical standards.
<table>
<thead>
<tr>
<th>Examples of clinical audits completed in 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pressure ulcer audit (Trust Wide)</strong></td>
</tr>
<tr>
<td>• This audit aimed to identify current practice in the prevention and management of pressure ulcers and to improve practice, particularly in relation to the use of the five step tool for pressure ulcer prevention called the SKINN Bundle</td>
</tr>
<tr>
<td>• The audit identified improvements in practice from the 2016/17 audit. Some key areas requiring further improvement included: documenting the date of order and delivery of patient's pressure relieving equipment and timely pressure ulcer risk assessment for community patients</td>
</tr>
<tr>
<td><strong>Community bladder Bowel audit (trust wide)</strong></td>
</tr>
<tr>
<td>• This audit aimed to identify compliance with best practice in relation to bladder and bowel assessments</td>
</tr>
<tr>
<td>• Although there were improvements from the 2017/18 audit this was limited and further development is required to improve the recording of assessments and onward referral to the continence service</td>
</tr>
<tr>
<td><strong>Resuscitation equipment audit (trust wide)</strong></td>
</tr>
<tr>
<td>• This audit was to monitor compliance with obligatory clinical standards in resuscitation for community hospitals set by the Resuscitation Council (UK)</td>
</tr>
<tr>
<td>• Overall the audit demonstrated significant assurance. To ensure sustainability of good practice actions following the audit related to; ensuring the completion of weekly resuscitation equipment/cleaning checklists and staff training in resuscitation using specialist equipment</td>
</tr>
<tr>
<td><strong>Identification and the management of the deteriorating patient (local audit)</strong></td>
</tr>
<tr>
<td>• The audit was to monitor compliance with trust guidelines and to identify training needs, following implementation of a new training programme for the correct identification and management of the deteriorating patient</td>
</tr>
<tr>
<td>• The findings demonstrated good compliance with standards and good use of clinical skills and judgement in the absence of an elevated NEWS scoring. Actions included ensuring evidence of staff competencies in NEWS training</td>
</tr>
<tr>
<td>• The audit will be repeated in 2018/19 in all inpatient units trust wide</td>
</tr>
<tr>
<td><strong>Pituitary function testing following traumatic brain injury and subarachnoid haemorrhages</strong></td>
</tr>
<tr>
<td>The audit was to check whether patients with traumatic brain injury and subarachnoid haemorrhage had their pituitary function tested in 3-6 months following their injury and repeated within 1 year. Overall there were improvements from the previous audit but further development is required to ensure all patients are tested in accordance with the standards</td>
</tr>
<tr>
<td>• Creation of a protocol including checklist on pituitary function testing and for an education session for medical and nursing staff on pituitary function testing</td>
</tr>
</tbody>
</table>
3.2.5 Quality Champion Programme

We told you in last year’s Quality Account that we had just launched the Quality Champions Programme (QCP). We outlined our plans for a quality improvement methodology and set of tools that we hoped would empower staff to lead local improvements and deliver quality improvement projects.

We wanted to create a social movement – cultivating a culture for quality improvement across the trust and inspiring others along the journey. We are almost a year on now and we believe we really have a recognised programme that has really driven quality improvement in so many different ways. We have revised our approach and delivery so that QCP is:

- An opportunity to learn about quality improvement tools and techniques and put this knowledge into practice – learning by doing
- Promoting a learning culture where staff are engaged in self-generating quality improvements
- An opportunity for staff to test and apply improvement tools and techniques in a small way
- Generating ideas that result in an improvement can then be spread more widely, making a positive difference for staff and patients
- An opportunity to celebrate and recognise success!

<table>
<thead>
<tr>
<th>Some of the QCP projects to date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient safety boards: pilot in the inpatient units</td>
</tr>
<tr>
<td>Patient Goal Setting</td>
</tr>
<tr>
<td>Weekend exercises delivered by non-therapy staff</td>
</tr>
<tr>
<td>Improving in DNA rates in children’s clinics</td>
</tr>
</tbody>
</table>
3.2.6 Health Coaching and empowerment

The trust is also committed to empowering staff to empower patients and was an early adopter of the health coaching model working with NHS England to increase the number of health coach trainers at the trust.

We’ve had 102 staff complete the course since March 2017 but have also delivered it to nine staff from Norfolk County Council as part of our integrated service delivery. We will train 20 new health coach trainers in the coming year which will build capacity to train a further 800 staff to work in this way. Coaching works to increase patient activation levels and we believe this approach brings real benefits for patients and staff. Our trained health coaches work with clinicians to build the skill and tailor it dependent on the activation level of the patient they are working with.

Our communications team have also re-established the trust Readers Forum, which brings together volunteers and clinical experts who ensure our literature is up to date, relevant and empowering.

3.2.7 Supporting professional training and education

We are committed to supporting training for all professional disciplines within our organisation. In April 2017 to March 2018, 468 students from the University of East Anglia worked within our services in a variety of areas as detailed in the table below:

<table>
<thead>
<tr>
<th>Ward Based Students</th>
<th>Community Nurses (10WKS)</th>
<th>Other</th>
<th>PT’s</th>
<th>OT’s</th>
<th>Adult SALT</th>
<th>LD</th>
<th>Paramedics</th>
<th>Medical</th>
<th>Psychology</th>
<th>Flexible Nurses</th>
<th>RTP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>212</td>
<td>10</td>
<td>19</td>
<td>31</td>
<td>11</td>
<td>16</td>
<td>48</td>
<td>7</td>
<td>2</td>
<td>14</td>
<td>0</td>
<td>468</td>
</tr>
</tbody>
</table>

3.2.8 Quality Improvement Performance Framework for Education (QIPF)

The QIPF framework covers all disciplines and directs excellence in education provision by recommending how students should be inducted, assessed in practice and supported by providers. Health Education England monitor all aspects of student training and QIPF compliance.

We achieved good in all eight education standards for 2017/2018

In addition our organisation scored highly on student satisfaction in our annual student survey with student satisfaction for NCHC students being higher than the East of England regional score. Our students told us their community placement had given them a good learning experience and many said they would like to work with us when qualified. Below are some comments from students:
3.2.9 Final achievement for CQUIN 2017-18

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Achievement awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two year national indicator: NHS staff health and wellbeing:</td>
<td></td>
</tr>
<tr>
<td>1A</td>
<td>50%</td>
</tr>
<tr>
<td>1B</td>
<td>100%</td>
</tr>
<tr>
<td>1C</td>
<td>100%</td>
</tr>
<tr>
<td>Two year national indicator: Supporting proactive and safe discharge</td>
<td>100%</td>
</tr>
<tr>
<td>Two year national indicator: Preventing ill health by risky behaviours alcohol and tobacco</td>
<td>84%</td>
</tr>
<tr>
<td>Two year national indicator: Improving the assessment of wounds</td>
<td>100%</td>
</tr>
<tr>
<td>Two year national indicator: Personalised care and support planning</td>
<td>100%</td>
</tr>
<tr>
<td>NHS England (NHSE) hepatitis C screening City Reach health services (one year)</td>
<td>100%</td>
</tr>
<tr>
<td>NHS England (NHSE) specialist commissioning- specialist neurological avoidable re-admission strategies (one year)</td>
<td>100%</td>
</tr>
<tr>
<td>NHS England (NHSE) specialist commissioning- supporting proactive and safe discharge level 1 specialist neurological rehabilitation provider (one year)</td>
<td>100%</td>
</tr>
<tr>
<td>Ipswich and East Suffolk CCG - Suffolk Early Supported Discharge (six months-one year)</td>
<td>Final achievement to be agreed although we anticipate 100%</td>
</tr>
<tr>
<td>Norwich CCG – Specialist Nurse Heart Failure Service (one year)</td>
<td>100%. This is an application of section 5.6 Small-Value Contracts, from the NHSE CQUIN Guidance 17-19.</td>
</tr>
</tbody>
</table>

Thank you so much for being my brilliant mentor over the past 13 weeks. I have learnt so much from you and really appreciate your time and patience with me...you have been so supportive and I have had the best placement ever. I would love to work alongside you again one day.

The nurses taught me so many valuable skills in regards to wound care, diabetic patients, palliative care and end of life care in the community.

I am surprised at how much I have grown and developed and the level of confidence I have found in the community.

The whole way of nursing in community is so different to what I expected and now a career I am strongly considering due to having such an amazing placement!

The friendly hard working team made me feel so welcome.
3.2.10 Review of main key performance indicators (KPIs) for 2017/18

- 8 weeks referral to treatment
  Our trust reports 18 week referral to treatment (RTT) compliance for 29 of its services. There were two RTT targets for the trust, the first of which is a local target and the latter a national target:
  - 95% of non-admitted patients should receive a definitive treatment or intervention within 18 weeks of referral. Overall, our trust met this target for 2017/18 with a performance of 98.6%
  - 92% of patients on an incomplete pathway waiting less than 18 weeks against the total number of patients on an incomplete pathway as at the end of each calendar month. Our trust achieved an average performance of 92.5% for 2017/18

There were 18 services below breached their RTT performance more than one month in the year (incomplete pathways).

<table>
<thead>
<tr>
<th>Service (reported from SystmOne)</th>
<th>No of months when RTT target breached in year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Community Nursing</td>
<td>4</td>
</tr>
<tr>
<td>Children’s Consultant Outpatients</td>
<td>8</td>
</tr>
<tr>
<td>Children’s Epilepsy</td>
<td>3</td>
</tr>
<tr>
<td>Children’s Specialist Continence</td>
<td>12</td>
</tr>
<tr>
<td>SCSCYP Neurodevelopmental Services</td>
<td>12</td>
</tr>
<tr>
<td>SCSCYP Non Neurodevelopmental Services</td>
<td>6</td>
</tr>
<tr>
<td>Adult Speech and Language Therapy - West</td>
<td>4</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>3</td>
</tr>
<tr>
<td>Amputee Outpatients</td>
<td>3</td>
</tr>
<tr>
<td>Lymphoedema West</td>
<td>6</td>
</tr>
<tr>
<td>MSK Physiotherapy West</td>
<td>2</td>
</tr>
<tr>
<td>Palliative Care Consultant Outpatients</td>
<td>2</td>
</tr>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>12</td>
</tr>
<tr>
<td>Specialist Neurology Team West</td>
<td>6</td>
</tr>
<tr>
<td>Specialist Nursing Dermatology West</td>
<td>3</td>
</tr>
<tr>
<td>Dermatology CATS</td>
<td>2</td>
</tr>
<tr>
<td>Wheelchairs – Children</td>
<td>10</td>
</tr>
<tr>
<td>Wheelchairs - Adults</td>
<td>9</td>
</tr>
</tbody>
</table>

Whilst we continually strive to improve our 18 week compliance across all services, we are fully sighted on those services where performance has not been as good as we would have wished over the year:

- Children’s Specialist Continence
- Neurodevelopmental Services
- Pulmonary Rehabilitation
- Wheelchairs
Children’s Specialist Continence – Demand for this service has been slowly increasing beyond the level of staffing commissioned by the CCGs. The trust is in the process of agreeing funding for additional substantive staff to meet the increased demand and is also bringing in temporary additional staff to clear the backlog.

Neurodevelopmental Services (NDS) – Work on developing the new NDS pathway has led to longer waiting times than desired whilst funding has been agreed with commissioners for the staffing required to deliver against demand. This has now been agreed and vacancies have recently been filled and waiting times are reducing in line with trust plans.

Pulmonary Rehabilitation – The patient cohort has a high propensity to delay care due to their medical condition which frequently causes patients to exceed 18 weeks at their own request. These patients will go on to attend the course when they feel they feel well enough to attend. The service is looking at implementing a home-based element of care to their service for this patient group and are working with commissioners on a wider pathway review.

Wheelchair services have experienced long term absences of key staff early in the year which coincided with the busiest times for referrals. Specialist staff such as these are more difficult to recruit and so in agreement with our commissioners we have put in a series of short term measures to maximise clinical availability and by February 2018 both adults and children’s 18 week targets had returned to compliance against the 92% target.

- Delayed transfers of care (DToC)

<table>
<thead>
<tr>
<th>DToC target</th>
<th>% achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>No more than 5.5% of beds to be occupied by patients whose discharge is delayed for non-medical reasons</td>
<td>Annual performance 9.6% (deteriorating)</td>
</tr>
</tbody>
</table>

System wide changes underpin performance DToC figure above. There has been an overall reduction in the number of beds we are commissioned to provide and a range of commissioning of other bed and home based services as replacement. This has led to a significant drop in the total number of occupied bed days (OBDs) which has not yet been matched by a proportional drop in the number of OBDs lost to DToCs. The trust continues to work with local commissioners, Norfolk County Council and other service providers to find a way of ensuring that patient delays in our units are mitigated at a system level.

- Maximum 6-week wait for diagnostic procedures

As a trust we commission Global Diagnostics to provide MRI scans, ultrasound scans, ultrasound injections and x-rays for our patients. Overall during the reporting period this provider completed 99.6% of requested procedures within six weeks.
3.3.0 Review of third domain - Patient Experience

This year we have launched our new Patient Experience and Involvement Strategy.

This is our strategic plan and commitment to:

- Make it easy and straightforward for patients and carers to share their experiences
- Make sure we use the experiences shared to help improve our services and inform others
- Work with patients, carers, and the public to develop ways that they can shape the design and delivery of our services

We are developing new ways of working, and increasing our collaboration with other NHS trusts, key partnerships, patients and the public to ensure we are listening and learning about what matters to patients and carers so that services really can be co-designed going forward. You can download your own copy from:

http://www.norfolkcommunityhealthandcare.nhs.uk/The-care-we-offer/Patient experience/patient-experience.htm

3.3.1 Patient Experience and Involvement Forum and service redesign

We have set up a Patient Experience and Involvement Forum and have delivered one of our planned quarterly forum events.

The first forum was in January 2018 and focused on Volunteering. We delivered the event with our partners in Voluntary Norfolk and the Norfolk and Norwich University Hospital. The forum was attended by staff, patients, members of NCHC and other voluntary organisations. New and innovative volunteer roles are being explored across the whole system and we have recently piloted the use of volunteers in collecting patient experience through the Friends and Family Test by telephone and therefore contributing to the quality of services provided by the trust. Outputs from the forum group work will be used to inform the Volunteering Vision for the trust going forward.

Our second forum is planned with our partners for April 2018 and will focus on our approach and commitment to the health coaching model and how we support and enable our patients and carers to self-care. Research demonstrates that enabling self-care promotes independence, a sense of wellbeing and leads to positive patient experience.

The third event will be a focus on ‘Move More, Stay Healthy’ co-designed by patients and our musculoskeletal (MSK) physiotherapy staff. This event will have displays, information stations, presentations on the new Integrated Therapy Provision (ITP) MSK service and feedback from patients.
Our fourth forum, planned for early 2019, will focus on Children and Young People’s Services.

Other more specific examples of where patient involvement in service redesign has led to improved service delivery and increased knowledge for service users include:

- Changes in the podiatry service led to a rise in the number of patients complaining they were unhappy with the range of services commissioned and their discharge from the service. The patients were invited to tell us more about their experiences of the service changes and what it meant for them. These patient stories and lived experiences have helped the service to review their patient information, and together with health coaching training for staff, we are now engaging patients much more in planning for discharge from the service. We were also able to share the outcomes with commissioners which have led to them rethinking their communication with patients during changes in service provisions.

- We have held two patient engagement events with the MSK ITP service resulting from the feedback received in the Patient Reported Experience Measure.

### 3.3.2 Always Events

Working with NHS England (NHSE), we have just joined Cohort 7 to deliver and embed a range of ‘Always Events®’ across our trust in the coming year. Always Events® as a quality improvement methodology is based on service co–design and is supported by NHS Improvement. Always Events® are described as ‘those aspects of the patient’s experience that should occur when patients, service users, their family members and carers, interact with health care professionals and the health care delivery system’. We are currently triangulating themes from our patient experience data to help us identify areas where we can make the most difference. More details about Always Events can be found at:

[https://www.england.nhs.uk/always-events/](https://www.england.nhs.uk/always-events/)

### 3.3.3 Patient Voice at Board

NCHC Trust Board
We believe the main benefit of our Patient Voice at Board programme is that it helps ground the board’s discussions in the reality of patient care. By starting each board meeting with a patient story told to us by patients, carers, families or volunteers it reminds all our board members of the context in which decisions are made. Our executive and non-executive directors are able to see how their decisions impact on patients and carers and it helps them to understand better the complexities of day to day life at an operational level.

Over the past year our board have heard stories which reflect wholeheartedly the trust values of creativity, compassion and community and demonstrate individualised, personalised and compassionate patient care. They also demonstrate the importance of empowerment and shared goals. The range of stories heard by the board during the year is below:

- The wife of a patient who had received six weeks care from our early supported discharge team in Suffolk
- The daughter of a lady who received care and support but then sadly died at Priscilla Bacon Lodge
- Two gentleman described the physical and mental health support they had received from City Reach Health Services in helping them manage their move from being homeless to supported housing
- A gentleman who after being a patient on Alder Ward has now become a much valued volunteer with us
- A gentlewoman described his involvement in the two pulmonary rehabilitation courses he had attended in the last five years. A keen and regular attender of the Lung Club at North Walsham he is a member of the Breathe Easy group at Sheringham. He has also developed a link with the Primary Care Respiratory Society as a patient voice and advisor
- A patient and their daughter talked about lipoedema, and how the treatment and support of the team has helped her manage the condition. The family are keen to continue to raise awareness and are now trustees of the support group Talk Lipoedema. Their aim is to start a support group in their area
- A gentleman described the care NCHC staff had given his wife and shared his motivations for wanting to give back to the trust through his experiences as a volunteer
- A lady told the board about her recent multiple sclerosis diagnosis which she had received not long before moving to Norfolk. She has received exercise therapy in her home, the gym and in the pool and described the work of the occupational therapists. She received care from the specialist nurses and the clinical psychologist
- A gentleman described goal setting in relation to managing fatigue
- Our first video story of a patient and carer receiving community nursing highlighted the innovative work our staff are doing to enable carers to support the care of the patient, in this case, changing a suprapubic catheter. This story also highlighted areas for improvement which the board agreed to follow up.
3.3.4 Friends and Family Test (FFT)

Between April 2017 and March 2018 our organisation received 10,950 Friends and Family Test responses from patients with over 15,000 positive comments given. The overall percentage of patients recommending our trust (extremely likely or likely) was 98% which has been maintained from last year.

![Percentage recommend](image)

In order to increase the range of methods for patients to complete the FFT we have focused on increasing collection via electronic methods after securing an investment bid to purchase 25 iPads for patient feedback. We also produced some credit-sized cards with the online FFT link which are given to our patients after their appointment or visit as an alternative to the paper form.

In October 2017, and working closely with our Volunteer Coordinator, we set up a pilot using a small group of volunteers to telephone housebound patients in the North Locality and obtain their FFT feedback over the phone. We wanted to explore whether this group of patients had the same opportunity to access and complete FFT or whether we would improve the responses by offering to support the completion by phone.

The pilot phase resulted in an increase in responses and revealed the following results:

- In the 10 weeks prior to 18 October 2017, 32 surveys completed
- In the 10 week period 18 October to 27 December 2017, 82 surveys completed, of which 61 were by volunteers
- Two volunteers were able to undertake an average of 30 calls and completed 15 surveys each session
- Feedback was found to be more nuanced and much more detailed
- Patients on the whole seem to enjoy the phone calls and said they felt listened to

We have shared the success of this pilot across the trust and our hope is to recruit more volunteers into similar roles to ensure we are capturing the feedback from all groups of patients, especially harder to reach groups.

Initial discussions are also underway to collect FFT via SMS text. Children’s Services have been identified as the pilot site and we look forward to telling you more about this in our next Quality Account.
3.3.5 Patient Advocacy and Liaison Service (PALS)

The Patient Advocacy and Liaison Service is part of our commitment to provide high standards of care and support to patients, carers and the public. It provides an informal way for resolving concerns that our service users may have. The core functions of PALS are to manage concerns, comments and enquiries effectively, and to reduce the number of issues that may escalate to a formal complaint. Common themes over the last year related to waiting times in Children’s Services, car parking fines, discharges from Foot Health Services, and people being unable to get through to the Hub/Central Booking services.

Below are the areas that were addressed by PALS over the year:

- 860 enquiries were received in PALS from April 2017 to March 2018, which is a 29% increase on the 608 received last year
- 378 enquiries were for guidance and information
- 224 enquiries were redirected and not related to our trust
- 106 calls were general enquiries about services within NCHC
- 26 were appointment change/cancellations
- 39 were complaints of a general nature
- 22 enquiries were for the noting of comments
- 65 enquiries were logged as raising a concern of which five were escalated to the Complaints Officer for further investigation through the formal Complaints Procedure

3.3.6 Care Opinion

Care Opinion (see www.careopinion.org ) and NHS Choices allow patients/carers and their families to tell us about their experiences via a web-based tool which enables staff to interact with patients to help improve care.

In 2017/18, there were 22 stories posted on Care Opinion and NHS Choices for our trust, which is double the number of stories from last year. However, two stories were unrelated to services provided by our trust.

We received eight positive stories and sadly 12 stories where experiences by our patients had not been so positive. These comprised:

- Three stories commended the Botox treatment received at Jubilee House
- One story thanking the MSK Physiotherapy service for the professionalism and treatment prior to the change of provider
- One story related to care and treatment throughout the patient pathway following a stroke
- One story relating to Colman Community Hospital Outpatient Neurological Service, thanking the service for their care and treatment in helping the patient in his ability to manage his lifestyle following acquired brain injury
- One story thanking the Out of Hours Nursing Service for their efficient skilled and compassionate catheter care which prevented a visit to the acute hospital
- One story thanking our Dental service for their skill and care in an emergency situation
- Eight stories related to car parking fines received at Norwich Community Hospital
- One story relating to a change of appointment and the appointment booking system at North Walsham Hospital
- One story raised unhappiness at the negative telephone attitude of a staff member at Norwich Community Hospital
- One story relating to the negative experience a patient had with the Reception staff at Norwich Community Hospital when trying to find and register for a correct clinic
- One story from a patient describing the long wait on the day of the appointment at Norwich Community Hospital
- One story thanking our Dental service for their skill and care in an emergency situation
- Eight stories related to car parking fines received at Norwich Community Hospital
- One story relating to a change of appointment and the appointment booking system at North Walsham Hospital
- One story raised unhappiness at the negative telephone attitude of a staff member at Norwich Community Hospital
- One story relating to the negative experience a patient had with the Reception staff at Norwich Community Hospital when trying to find and register for a correct clinic
- One story from a patient describing the long wait on the day of the appointment at Norwich Community Hospital

All stories entered on Care Opinion and NHS Choices are responded to online by the Patient Experience Team as soon as possible, and where the stories are complex we have asked for the author to contact our PALS or Complaints Department directly to explore the concern in detail and to fully understand the concern in order to improve services for other patients and families.

**You Said We Did: some examples of changes we have made**

<table>
<thead>
<tr>
<th>You Said</th>
<th>We Did</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Epilepsy Clinic at Aylsham Health Centre was “soulless” with no one being present on reception when they arrive</td>
<td>We now have a team of eight ‘meet and greet’ volunteers at the Health Centre</td>
</tr>
<tr>
<td>The range of appointment times for the Continence Clinics in the South and City was not wide enough</td>
<td>Earlier and later appointments have now been added to some staff rota as well as more telephone slots at the beginning and end of the day</td>
</tr>
<tr>
<td>The pre-school psychology parent psychoeducation workshops should continue running after the completion of the series</td>
<td>We agreed and have set us another series of workshops</td>
</tr>
<tr>
<td>The car park information and signage was insufficient at Norwich Community Hospital</td>
<td>We have improved signage and information in this car park</td>
</tr>
<tr>
<td>Admission and discharge information is helpful but could be improved and should be given earlier</td>
<td>A “Meet and Greet” service has been set up, provided by the Discharge Coordinator in order to engage with patients earlier.</td>
</tr>
<tr>
<td>Please involve relatives more and increase the information you give us</td>
<td>The Psychology service have set up a Relatives Group to engage with relatives at an early stage in order to provide information and support</td>
</tr>
</tbody>
</table>

**3.3.7 Local patient surveys**

**Musculoskeletal Integrated Therapy Partnership (ITP) survey**

In April 2017, an MSK Integrated Therapy PREM survey was set up to receive more in-depth feedback from patients once they had been discharged from the ITP service. The survey consisted of 25 questions, including the FFT question ‘How likely are you to recommend our service/team/ward to family and friends if they needed similar care or treatment?’, and others such as wait for referrals, information given, involvement of the patient in their care, and the arranging of appointments. We also asked if patients involved would like to be notified of any future involvement events.
A total of 661 surveys were returned with 174 expressing interest in future involvement events.

Our findings:

- 94% were likely to recommend the service to friends and family if they needed similar care or treatment
- 85% felt that the length of time before their contact with the service was either sooner than expected or about the amount of time expected
- 75% felt that they were given information on how to self-manage their condition prior to seeing a therapist/practitioner
- 91% agreed that they were offered sufficient choice of appointment days and times

Wheelchair Services survey

The Wheelchair Services Patient Experience survey was carried out between February 2017 and April 2017. This survey was undertaken using a paper based questionnaire. There were a total of 17 respondents to the survey which was paper-based and entered onto the system manually. There were a total of 15 questions which incorporated the Friends and Family Test.

Our findings:

- Question 1 asked ‘How likely are you to recommend our service/team to friends and family if they need similar care or treatment?’ The responses to this were largely positive with almost 94% of respondents answering likely or extremely likely. One respondent answered ‘Don’t know’
- Questions 7 and 8 were regarding the opportunity to ask questions during the appointment, and patients feeling that their privacy and dignity were respected during their visit – both had 100% positive responses
- Question 15 asked for any further comments. There were eight responses to this question. These included the following: ‘We are very pleased with the service we have always received from the OTs and technicians at the Wheelchair Centre’, ‘A wonderful team of people. Many thanks. X’, and ‘Very happy with today’s outcome. I should be receiving my wheelchair which will enable me to get out’

3.3.8 Compliments and thanks

We received 897 compliments from the period April 2017 to March 2018. This is an increase on last year and may be due to the introduction of the patient feedback form that is now used by all localities to record their own compliments when they receive them both written and verbally. We are always pleased to hear from our patients and their relatives or carers and here are just a few of the lovely compliments and thanks we have received during the year:
Our trust is committed to increasing both the number of volunteers working with us and the breadth and range of work they undertake. We have piloted with success a range of volunteers who collect patient experience feedback particularly from housebound patients and we have used the volunteers in involvement and redesign of services as a result. As a trust we work in partnership Voluntary Norfolk (a registered charity) as part of our Health and Care Strategy. They support us in the development of our volunteers.

We have also re-established the Trust Readers Forum led by our communications team, which brings together volunteers and clinical experts who ensure our literature is up to date, relevant and empowering.
Examples of successes

**Norwich Operational Hub Phlebotomy Team**
Saved 36 hours of nursing time in Quarter 3 by calling patients in advance of their domiciliary appointments.

**Peer support and ambassador roles**
(Currently in development)
0im to promote the patient voice within Continence Service and Colman Centre.

**Frequent Attenders Service link role**
(Launching January 2017) Volunteers are matched with patients who attend A&E frequently for non-medical reasons; aim is to help the achieve goals identified by a health improvement practitioner.

**North Norfolk - Friends and Family Test telephone pilot.**
Almost doubled amount of feedback returns over the first eight weeks.

**Alder Ward**
Voluntary Norfolk Digital Inclusion sessions; Volunteers assist people to access devices such as iPads and smart phones and to enable them to use functions such as Skype, emails and online shopping.

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**3.3.10 Complaints and how we learn**

Our aim is to provide high quality services at all times but occasionally things can go wrong and our complaints procedure is one way that our patients tell us if they feel we have let them down. We take all complaints seriously and act swiftly whenever we can. We learn as much as we can from both individual complaints in real time and from the trend analysis that we undertake on a regular basis to ensure wherever possible we prevent further harm arising. Complaints are monitored by the Quality and Risk Assurance Committee (QRAC) and reported to board.
Some of the themes emerging this year have been:

- Complaints have continued about waiting times for some Children’s Services
- Continuation of podiatry related complaints at the start of the reporting period, but these have subsequently declined
- Commencement of the new service (Integrated Therapy Partnership) saw a rise in complaints initially which have now resolved
- Car parking issues and parking fines at Norwich Community Hospital

The table below shows the number of complaints received on a month by month basis:

![Complaints Graph]

Assurance around the complaints process, themes and trends, and learning continues to be provided in a number of ways:

- A twice-yearly thematic review across all services is undertaken. Whilst emerging themes are reviewed on a monthly basis it is sometimes difficult to see emerging themes and so a half-yearly review helps to draw themes out. Our plan for the coming year is to share the outcomes from our thematic reviews at all locality team meetings
- This year our complaints officer visited the complaints team of an acute trust and gained assurance that our processes are robust. We learned that Healthwatch carry out an annual complaints audit for that acute trust, and so we have asked Healthwatch to undertake this in our trust going forward to enable a like-for-like comparison of complaint responses
- Complaints and themes are also triangulated by the complaint officer’s attendance at various internal meetings

3.3.11 Patient-led assessments of the care environment

Patient-Led Assessment of the Care Environment (PLACE) is an annual self-assessment tool designed to measure standards in:

- Cleanliness
- Food
- Privacy, dignity and wellbeing
- Building condition, appearance and maintenance,
- Dementia friendly environment
- Disability access

The assessment focuses on inpatient facilities and the surrounding patient accessed environment. NHS Digital provides comprehensive guidance for internal, external and patient assessors. External assessors include patient assessors from Healthwatch, Voluntary Norfolk and from our volunteers.
How did we perform?

Our trust scored above national average in five domains with only the Condition, Appearance and Maintenance scoring below national average.

<table>
<thead>
<tr>
<th>2017 SCORES</th>
<th>Cleanliness</th>
<th>Food</th>
<th>Privacy, Dignity &amp; Wellbeing</th>
<th>Condition</th>
<th>Dementia</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Average Score</td>
<td>98.4%</td>
<td>89.7%</td>
<td>83.7%</td>
<td>94.0%</td>
<td>76.7%</td>
<td>82.6%</td>
</tr>
<tr>
<td>NCHC Trust Scores 2017</td>
<td>99.65%</td>
<td>92.93%</td>
<td>86.58%</td>
<td>93.03%</td>
<td>86.97%</td>
<td>92.76%</td>
</tr>
<tr>
<td>Variance +/-</td>
<td>1.25%</td>
<td>3.23%</td>
<td>2.88%</td>
<td>-0.97%</td>
<td>10.27%</td>
<td>10.16%</td>
</tr>
</tbody>
</table>

And compared with last year’s scores:

<table>
<thead>
<tr>
<th>2016/17 COMPARISON</th>
<th>Cleanliness</th>
<th>Food</th>
<th>Privacy, Dignity &amp; Wellbeing</th>
<th>Condition</th>
<th>Dementia</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCHC Trust Scores 2016</td>
<td>99.29%</td>
<td>94.59%</td>
<td>86.52%</td>
<td>92.57%</td>
<td>82.11%</td>
<td>82.16%</td>
</tr>
<tr>
<td>NCHC Trust Scores 2017</td>
<td>99.65%</td>
<td>92.93%</td>
<td>86.58%</td>
<td>93.03%</td>
<td>86.97%</td>
<td>92.76%</td>
</tr>
<tr>
<td>Variance % +/-</td>
<td>0.36%</td>
<td>-1.66%</td>
<td>0.06%</td>
<td>0.46%</td>
<td>4.86%</td>
<td>10.60%</td>
</tr>
</tbody>
</table>

The drive to continuously improve our patient environment has been and will continue to be an ongoing process which includes engagement with staff throughout the trust to ensure that the importance of PLACE is understood by everyone.

The relationship between PLACE, the Patient Environment Group and the Trust Capital Programme has strengthened year on year to deliver a programme of sustained improvements, resulting in an enhanced patient environment and improved PLACE scores. The Estate Strategy has also provided focus on investment in trust estate, improving maintenance and the condition of buildings, particularly areas used for patient care.

We are proud that the hard work and commitment of patient assessors and trust staff have resulted in the Patient Environment Group becoming finalists in the 2017 Health Service Journal Awards and receiving two nominations for the trust’s REACH awards.
4.0.0 Innovative practice – Normal for NCHC

We wanted to take this opportunity to tell you about a few of the many examples of really good innovation in our organisation.

4.1.0 Early Intervention Falls Vehicle (EIFV), winner of the REACH Innovation Award 2017

This has been a pioneering service development in partnership with the East of England Ambulance Service NHS Trust which involves a community occupational therapist attending with an ambulance crew in response to falls and falls avoidance.

This has now been spread to other providers in the region and is keeping between 60-83% of patients at home who previously would have been admitted and is a real success and a ‘fantastic achievement’.

So what are the aims and objectives?

- To reduce the number of older people presenting at the Emergency Department following a fall
- To reduce unnecessary hospital admission due to social or non-medical factors
- To reduce demand for frontline ambulance responses for green category falls incidents
- To deliver immediate actions to support older people to remain safely at home following a fall including advice on falls prevention
- To sign-post and/or refer to appropriate longer term support services
- To improve outcomes for patients who can be managed at home
- To increase the frontline 999 emergency resources available

4.2.0 Home Ward

Home Ward is an umbrella name for Unplanned Care Services provided by teams of nurses, occupational therapists and healthcare assistants. Home Ward is made up of a Virtual Ward; IV team; Procured Beds (Twin Oaks, Norwich) and Unplanned Care.

What are Home Ward’s priorities?

- To support people to remain at home for end of life care
- To facilitate ‘Step Up’ admission avoidance
- To provide ‘Step Down’ care from the community
- To provide ‘Step Down’ care from acute wards, emergency departments and early intervention teams
- Provision of integrated multi service “wrap-around” care
What difference has it made to patients/service users, clinicians, and the organisation?

**Enabled patients whose preferred place of death is home to return home quickly and with appropriate care**

**Prevented admissions to acute hospitals, by providing prompt occupational/physiotherapy assessments, nursing support and package of care.**

**Patients requiring long term intravenous antibiotics can do so at home which is better for patient recovery and creates capacity within acute/community hospitals**

**Clinicians are able to refer to Home Ward with confidence that appropriate care will be organised and that patients will be monitored by the team; clinicians are also aware that Home Ward will liaise with them for advice or to update them on a patient’s condition.**

**353 referrals since April 2017 including:**
- 248 Step up
- 105 Step down
- 43 IV therapy

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**4.3.0 Norwich Escalation Avoidance Team (NEAT)**

NEAT is a single, multi-agency point of contact for urgent, unplanned health and care needs for Norwich patients. It’s a co-located team of health, social and mental health professionals working together to deliver an integrated, coordinated response for patients within 24 hours or same day.

NEAT use current existing services to see and assess patients and therefore do not hold caseloads. It has four elements:
Progress and success so far …

600 referrals since the service opened in June 2017
1,000+ onward referrals made
Biggest age group referred in is 80-89 years

What do referrers tell us about the difference it has made to patients/service users, our services and clinicians, and the organisation?

Referring to NEAT saves referrers time from making several onward referrals. Patients’ care is more coordinated as referrals come through to one point.

4.4.0 Readmission avoidance in our specialist neurological rehabilitation service

We achieved 100% for this CQUIN achievement in 2016/17 … and it was so successful commissioners rolled it over to 2017/18!

| 2016/17 Reduction in unplanned and avoidable readmissions to acute trusts | This CQUIN enabled improved understanding of the reasons for readmissions, and then proactively considered how readmissions could be better anticipated and prevented within our specialist neuro-rehabilitation pathway – 100% achievement. |

We know the acuity of inpatients for specialist neurological rehabilitation is increasing with a higher percentage of very highly complex patients being admitted to the unit which results in more patients needing to return to NNUH for periods of unplanned admission.

We know that returns to the acute unit impact on the capacity of the specialist neuro-rehabilitation unit due to beds being held open, and the capacity of NNUH with resulting costs to the local and regional healthcare economy.

We know that re-admissions negatively impact on the patient’s rehabilitation.

This CQUIN indicator is intended to reduce the incidence of unplanned and avoidable re-admissions into the NNUH by first gaining a robust understanding of the reasons for re-admissions, and then proactively considering how re-admissions can be better anticipated and prevented with the introduction of appropriate strategies.
National Apprenticeship Week (NAW) was the perfect opportunity to raise the profile of apprenticeships and to celebrate the work they do within our trust.

This year, we offered a vast array of activities including:

- An ‘apprentice swap’ in collaboration with the James Paget University Hospitals NHS Foundation Trust. Four of our apprentices undertook a day within an acute setting offering a different insight to potential job roles. We then hosted a return visit and it created a buddy system between these apprentices.

- We attended The Skills Show at the Norfolk Skills and Careers Festival—a two-day event involving over 20 schools across Norfolk. This was an ideal platform to promote our work experience, traineeships and apprenticeship opportunities at NCHC.

- Interview and application workshops for NCHC staff.

- A six week integrated traineeship programme began on Alder and Beech wards where both wards welcomed a total of 16 candidates for experience in a clinical setting. This was a joint collaboration with our trust, Norfolk and Norwich University Hospitals NHS Foundation Trust, Norfolk and Suffolk Care Support and Serco.

- Our corporate services supported a 10 week experience programme working with MINT. MINT is an organisation which helps young people aged between 16 and 25 overcome personal barriers that might make it difficult for them to find employment. The aim will help candidates to gain experience and confidence working within non-clinical areas of the NHS.

- We encouraged all our apprentices to get involved and photograph themselves with the NAW ‘18 poster. Entries were shared on social media to showcase the fantastic work our apprentices do within NCHC.
4.6.0 Talent For Care

We told you in our last Quality Account about our ambitions under the Talent for Care and Widening Partnership Pledge. We will continue to raise awareness around Talent for Care and our approach through the ‘Get in, Get on and Go further’ agenda.

Below are some of the trust activities:

- Regular communications on the Apprenticeship Levy and the workforce plan in our Weekly Messages and monthly Exchange newsletters
- Drop-in sessions for staff and managers
- Information days (as well as specific cohort/apprenticeship awareness days)
- Case studies distributed via Weekly Messages
- Presentations at team meetings / business unit meetings
- Information on our intranet and internet pages
- National and local press releases for new programmes such as the nursing apprenticeships
- We have 30 health ambassadors going into schools, colleges and jobs centres to present and promote career opportunities within our organisation
- Poster and leaflet promotion

4.7.0 Technology and innovation

At the beginning of 2018, our Technology Working Group was revitalised with the aim of continuing the good work of the previous membership. We have missed having the forum which offers an opportunity for discussion of any idea around a technological intervention or improvement in service delivery. It ensures any idea or innovation that could potentially result in patient or staff benefit is moved on quickly to teams who can assess for funding and resourcing to make the idea a reality.

Current ideas, pieces of work or projects that have come through the working group recently have included mobile atrial fibrillation devices (to detect undiagnosed heart arrhythmias), 3D wound cameras (for highly accurate assessment and subsequent treatment decision) and the development of Quick Response (QR) codes for speeding up our recruitment.

4.7.1 IT Service Desk

Meet the staff that make up our IT Service Desk at NCHC – they were awarded the Service Desk Institute (SDI) Global Award for Best Small Service Desk 2018. This follows their achievement last year in becoming the first service desk team in Norfolk to be awarded the customer-led certification by the Service Desk Institute (SDI).

Following an audit, which included satisfying 104 criteria and over 400 domains alongside providing evidence from customer questionnaires and interviews, our team were awarded the globally recognised accreditation. Demonstrating how the IT service desk delivers to the trust values of community, compassion and creativity and how this helps our clinical staff deliver and improve care to our patients was a pivotal aspect of our entry.
4.7.2 Mobile working and the roll out of the SystmOne mobile app

We continue to improve our processes and develop our use of technology in support of improved patient care as part of our strategy of ‘looking after you locally’.

With the support of the Chief Clinical Information Officer (CCIO) and a dedicated IT project team we are taking mobile working a step further by rolling out a mobile clinical records app and piloting an e-scheduling tool to further improve the allocation of staff to patient visits and reduce travel time. We have trained over 350 staff to use the app over last year and hope to train a further 350 by the end of this year.

We describe mobile working as having the tools, behaviours and capabilities to access real time patient data at, or close to, the point of care. The benefits of using the app are:

- With an internet connection at the beginning of the shift live and up to date patient records can be downloaded to the app
- Patient records can then be accessed on the device anytime and anywhere and online or offline
- Information is added to the patient record with a live internet signal in real time or uploaded to the record when an internet signal is received
The diagram below shows how we intend to deliver this ambitious project:

Community Working—next steps

A new two year programme delivering community working for 700 clinicians. A project clinically led by a cross-functional team utilising the learnings from the original Mobile working project and the Transformation programme.

You can also watch a You Tube video on the SystmOne mobile working app at:

https://www.youtube.com/watch?v=SLsezgb3WWo&feature=youtu.be

By watching our short video you will meet our CCIO, Laura Clear, and see:

- How the app works
- How clinicians are using the app out in the community
- What our clinicians think of the app
- What our patients think of mobile working
- What the project has achieved so far

4.7.3 Use of virtual reality within Children’s Services

The Autistic Spectrum Disorders (ASD) Assessment Team are exploring the latest ‘virtual reality’ technology to simulate the experiences of individuals with autism in parent workshops and training, so they can better understand the challenges their children face. This will give them a unique insight into the sensory perspective of their child and help them to provide ongoing support.
Headsets, with hand-held controls, are used in conjunction with smartphones, simulating the experience of a person with autism in terms of how they see and hear their environment. This is far more insightful than using videos or narratives and can really help people understand the challenges faced daily by these individuals. The equipment can also be used to create an immediate 3D environment within which the young person can ‘rehearse’ for an event or familiarise themselves with a new place before having to attend for real (e.g. local colleges).

This can be a really useful tool in helping to reduce anxiety and enable children to better access healthcare facilities. Our team plan to film the clinic room environment and the healthcare professionals within them to share with families before they come for an appointment. In a similar way the equipment can be used in phobia therapies. Virtual reality has also begun to be used for helping individuals with autism practise and develop their social communication and interaction skills, two areas which can be incredibly difficult and at times disabling for these individuals - this is something our team hopes to explore further within their service. We will tell you more about this in our next Quality Account.

4.7.4 Development of Neurodevelopmental Disorders Services (NDS) pathway

Working with our commissioners, GPs, clinicians, service users and third sector partners we have redesigned our community paediatrician service and created a new pathway and approach for children with Neurodevelopmental Disorders – this new approach means referrals for assessment of mixed disorders such as Autistic Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder are triaged to ensure the correct pathway is selected at the referral stage. Some new therapy, nursing and psychology posts have been created to deal with the additional demand.

4.7.5 The launch of our children and young peoples dedicated website

The purpose of our new website is threefold:

- to improve the profile of what we offer to children and young people with specialist health needs
- to provide an online platform to advise users/families how to self-manage their condition
- to provide general information to referrers and users about how to access our teams.

A key aim is to empower our community of users, and thus achieve greater engagement in the care they receive. Development commenced in early 2017 when staff met with a local website developer to explore development ideas. Working with our communications department and IT department teams were asked to prepare service descriptions and downloadable resources to be added to the site. Family Voice also worked with us to review some of the patient information for the website.

The website went live in January 2018. We are now in the process of adding a function to enable us to monitor the number of visitors to the site, and will refine the content and functionality in line with feedback received from our service users.
Responses received from our stakeholders and partners

- **Statement from Norfolk Health Overview and Scrutiny Committee**

  ‘The Norfolk Health Overview and Scrutiny Committee has decided not to comment on any of the Norfolk provider trusts’ quality accounts and would like to stress that this should in no way be taken as a negative comment. The committee has taken the view that it is appropriate for Healthwatch Norfolk to consider the quality accounts and comment accordingly.’

  Received from Maureen Orr, Democratic Support and Scrutiny Team Manager on 27 April 2018

- **Statement from Healthwatch Norfolk**

  Healthwatch Norfolk would like to congratulate NCHC on its comprehensive and well-structured quality account. It is good to see the reduction in jargon so that the document is accessible to a wider audience. The introduction of links to trust and national documents, such as the Health and Care Strategy, is helpful.

  We welcome the successful delivery of the many elements of the transformation plan over the last year and the clear difference this is making to the treatment of patients. This is evidenced by the external recognition of your achievements through awards and accreditations; we look forward to seeing further progress in the future. The extent of patient and carer engagement and involvement is clear throughout the sections covering both the past and current years’ activities in the Quality Account; there is a good range of opportunities from general issues to helping develop specific services as well as volunteering. The patient and carer voice at the Board ensures that messages are spread throughout the trust. The expansion of ways of engaging the staff in service improvement is also welcome.

  The strategic priorities for 2018/19 follow on from the transformation priorities which started in 2017/18 or before. This should lead to a further increase in NCHC’s effectiveness. There is again particular emphasis on growing patient involvement and staffing. We welcome the plan within NCHC’s Workforce Strategy to grow its own staff to deal with the expected national shortages in registered nurses. Because of the continuation, the boundaries between the sections on past and future priorities are blurred but all the necessary information is available. It would be helpful if sections covering the requirement to collect statistics, such as CQUINs, could cover actual figures to be achieved as well as percentages to give the reader an idea of how much is to be achieved.

  Alex Stewart
  Chief Executive
  May 2018

- **Statement from NHS Norwich Clinical Commissioning Group (CCG), as the coordinating commissioner for Norfolk Community Health and Care NHS Trust**
NHS Norwich Clinical Commissioning Group (CCG), as the coordinating commissioner for Norfolk Community Health and Care NHS Trust on behalf of North Norfolk, South Norfolk, West Norfolk and Great Yarmouth and Waveney CCGs supports the trust in its publication of the 2017/18 Quality Account. Having reviewed the mandatory detail of the report, we are satisfied that the quality account incorporates the mandated elements required, based on information available. The CCG will continue to support the trust through the Clinical Quality Review Group (CQRG).

The CCGs recognise the challenges experienced by the trust over the last contractual year and the impact that this has had on the organisation. The trust has recently had a Care Quality Commission (CQC) inspection which concluded on 23 March 2018. The trust and commissioners are awaiting the full publication and outcome of the inspection.

The trust has continued to work in collaboration with system partners and other key stakeholders as part of the Sustainability Transformation Partnership (STP). The trust has been working closely with local primary care services on the development of shared nursing roles that will cross over between both organisations.

Commissioners support the trust’s quality goals and Initiatives for 2018-19 and will continue to work with the trust to monitor and review progress on the areas identified:

• Patient Safety
The trust will continue to focus on increasing the percentage of patients receiving ‘harm-free care’ and aim to achieve a sustainable reduction in the number of medication incidents resulting in harm. A revision of the trust’s ‘Sign up to Safety’ pledges will be undertaken with a revised action plan.

• Patient Experience
The trust will look to increase the level of patient feedback by increasing the use of electronic resource tools to capture patient experience.

• Clinical Effectiveness
The trust will maintain a dedicated focus on the early recognition of sepsis. Commissioners are pleased to note that sepsis training is now incorporated into the trust’s induction programme which came into effect from April 2018, and this will ensure that all new staff coming into the trust will receive training. The trust will be completing an audit focusing on unplanned readmissions from community inpatient units back into acute services and will formulate an action plan based on the findings.

Over the 2017-18 contractual year, the trust has continued to make progress against the recommendations from the National Guidance on Learning from Deaths (2017). Commissioners continue to attend the trust’s Mortality Review Group on a regular basis and have supported the trust in learning from case reviews. In the vast majority of cases reviewed, it is noted that high standard of clinical care has been provided.

Commissioners are pleased to note that there was reduction in the number of preventable grade three and four pressure ulcers and falls resulting in harm reported in 2017 compared with the previous year. There was an increase in the number of catheter acquired urinary
Infections and medication incidents reported in 2017 compared with the previous year. However, commissioners acknowledge the work the trust has undertaken in both of these areas to encourage reporting which is likely to have had an impact.

During the 2014 CQC inspection, it was noted that staff had little or no understanding of their responsibilities in relation to the Mental Capacity Act (2005). Since this time the trust has undertaken a number of actions to support staff, including improving templates to document patient capacity and providing mental capacity training. In addition, a national advocacy organisation (POhWER) has also been commissioned to provide further training and support to frontline staff.

Commissioners would like to commend the trust on their commitment to staff engagement, this includes the introduction of the 'Your Voice, Our Future' initiative and the appointment of a dedicated Staff Engagement Manager. The trust has also introduced a staff recognition scheme where staff can be nominated for their dedicated work and those chosen by the judging panel will receive a recognition badge.

The trust has continued to make significant improvements in key areas of Infection Prevention and Control. The trust did not declare any MRSA bacteraemia cases during the 2017/18 contract year and were well below the agreed ceiling for Clostridium Difficile cases. The trust achieved a high flu vaccination rate amongst their staff during 2017/18, vaccinating 76.8% of staff, exceeding the 70% national ambition set by NHS England.

The trust has actively worked with local commissioners and other provider partners to support innovative new services. This includes the Early Intervention Falls Vehicle in partnership with the East of England Ambulance Trust to respond to falls and deliver falls avoidance interventions. Other services include the Norwich Escalation Avoidance Team, which provides a multi-agency single point of contact for urgent and unplanned healthcare needs.

Commissioners would request that the quality account also reflects the challenges and progress made within the trust’s paediatric services.

NHS Norwich CCG, as coordinating commissioner for Norfolk Community Health and Care NHS Trust, would like to thank you for your continued hard work and we look forward to working with you throughout the 2018/19 contracting year.

Karen Watts
Director of Quality and Chief Nurse
NHS Norwich Clinical Commissioning Group
Room 202 City Hall St Peter’s Street Norwich NR2 1NH

**Stakeholder comments not yet received**
The following organisations have also been invited to comment on our Quality Account but as yet have not returned any comments:

- Norfolk County Council,
- Carers Council
• Voluntary Norfolk

Glossary of terms for the Quality Account 2017/18

Atrial fibrillation (AF)
AF is a common abnormal heart rhythm that happens when electrical impulses fire off from different places in the atria (the top chambers of the heart) in a disorganised way. This causes the atria to twitch, and is felt as an irregular heartbeat or pulse.

Barthel Index
The Barthel Index (BI) consists of 10 items that measure a person’s daily functioning, particularly the activities of daily living (ADL) and mobility. The items include feeding, transfers from bed to wheelchair and to and from a toilet, grooming, walking on a level surface, going up and down stairs, dressing, continence of bowels and bladder.

Care Opinion
Formerly known as ‘Patient Opinion’ this is an online platform to enable people to share honest feedback on their experiences of health and care services
See https://www.careopinion.org.uk/

C. Diff: Clostridium Difficile
A form of bacteria that is present naturally in the gut of around two thirds of children and 3% of adults. On their own they are harmless, but under the presence of some antibiotics, they will multiply and produce toxins (poisons), which cause illness such as diarrhoea and fever. At this point, a person is said to be infected with C. diff.

Carter Review
Lord Carter of Coles is leading the review into efficiency across community and mental health trusts. As part of the review process, the Carter team will work with a cohort of 20 trusts to specify the benchmarking criteria for an ‘optimal model’ NHS community or mental health care trust.

CAUTI: Catheter-acquired urinary tract infection
A bladder infection that has occurred as a direct result of the presence of an indwelling catheter (a mechanism used initially to help the bladder).

CCG: Clinical Commissioning Group
These are groups of GPs that, from April 2013, are responsible for planning and designing local health services in England. They do this by ‘commissioning’ or buying health and care services.

Chief Clinical Information Officer (CCIO)
The CCIO is a senior leader within the organisation generally responsible for the health informatics platform required to work with clinical staff to support the efficient design, implementation, and use of health technology within a healthcare organisation.

CQC: Care Quality Commission
An independent organisation that checks whether hospitals, care homes and care services are meeting government standards.

**CQUIN: Commissioning for Quality and Innovation**
The Commissioning for Quality and Innovation payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers’ income to the achievement of local quality improvement goals.

Available at: https://www.gov.uk/government/publications/high-quality-care-for-all-nhs-next-stage-review-final-report

**DATIX risk and incident database**
DATIX is a web-based risk management monitoring tool that aids NCHC staff in the reporting and management of incidents, risk, complaints and PALS enquiries.

**Dementia**
Dementia is a long-term condition. Symptoms include change of thinking speed, mental agility, language, understanding, judgement as well as memory loss, cognition, health and behaviour changes experienced by the person and their family/carer. Each affected person will experience dementia differently.

**DPA: Data Protection Act (1998) – also see GDPR**
The Data Protection Act 1998 requires every organisation processing personal data to register with the Information Commissioner’s Office unless they are exempt.

**DoLS**
The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

**EDT: Executive Directors Team**
The team of executive directors of Norfolk Community Health and Care NHS Trust, that meets weekly.

**Early Warning Trigger Tool**
The Early Warning Trigger Tool is designed to capture and bring together all of the factors that could impact on the quality and safety of clinical services, to identify services that may be at risk, and to help prevent serious incidents and patient safety issues in the future. It is part of a package of measures being used to ensure that quality and patient safety remain a key priority for NCHC.

**FAMCARE survey tool**
The FAMCARE Scale is a tool used to measure family satisfaction with care of patients with advanced cancer. The tool was originally developed for use on inpatient units, measuring different areas of care such as availability of care, physical patient care, psychosocial care and information giving.
**FFT: Family and Friends Test**
A nationally driven patient satisfaction survey using the question ‘Would you recommend this service to your friends and family?’

**Freedom to Speak Up**
This programme ensures that NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result, that appropriate action is taken when concerns are raised by NHS workers and where NHS whistle-blowers are mistreated, those mistreating them will be held to account.

**General Data Protection Regulations (GDPR)**
The General Data Protection Regulation (Regulation (EU) 2016/679) is a regulation by which the European Parliament, the Council of the European Union and the European Commission intend to strengthen and unify data protection for all individuals within the European Union.

**Global Diagnostics**
Global Diagnostics, based in Norwich is a provider of MRI scans, DXA scans, Fibroscan, ultrasound and x-rays. It delivers a range of private and NHS services. See [http://www.globaldiagnostics.co.uk/nhs/clinics.html](http://www.globaldiagnostics.co.uk/nhs/clinics.html) for further information.

**Health and Care Strategy**
This document sets out NCHC’s intentions to meet the current and future challenges to deliver quality patient centred care locally. The strategy adopts a Levels of Care model of service delivery which aims to provide a consistent approach to care and underpins how services will be developed and managed by NCHC. At the heart of the Levels of Care model is the needs of patients and the requirement of coordinated care to improve the patient’s experience of the care delivered. Available at: [http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm](http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/our-documents.htm)

**IG: Information governance**
Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

**IG Toolkit: Information Governance Toolkit**
The Information Governance Toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health Information, governance policies and standards. It also allows members of the public to view participating organisations’ Information Governance Toolkit assessments.

**KPI: Key performance indicator**
Key performance indicators help an organisation to define and measure progress towards organisational goals.

**LD: Learning disability**
A learning disability affects the way a person learns new things in any area of life. It affects the way they understand information and how they communicate.

**LeDeR Programme**
The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person’s death, and works to ensure that these are not repeated elsewhere. It is not an investigation nor is it aimed at holding any individual or organisation to account.

**MCA: Mental Capacity Act 2005**
The Mental Capacity Act (MCA) provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

**MRG: Mortality Review Group**
All deaths (including unexpected deaths) are reviewed by the MRG to ensure that any trends and learning are appropriately disseminated. This group reports to QRAC and upwards to the trust board.

**MRSA: Methicillin-resistant Staphylococcus Aureus**
A bacterium responsible for several difficult-to-treat infections in humans due to its resistance to methicillin and other beta-lactam antibiotics. MRSA is especially troublesome in hospitals and nursing homes, where patients with open wounds, invasive devices, and weakened immune systems are at greater risk of infection than the general public.

**MUST**
'MUST' is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers.

**NCHC: Norfolk Community Health and Care NHS Trust**
We are a community NHS trust serving a population of 1.5 million people, in and around Norfolk and Suffolk. Our aim is to constantly improve our patients’ lives by providing you with the best care, close to where people live.
See [http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/](http://www.norfolkcommunityhealthandcare.nhs.uk/About-us/)

**NED: Non-executive director**
A non-executive director is a member of the board appointed by the Appointments Commission, to hold the executive to account, bring independence, external skills and perspectives and challenge on strategy development, risk management, shaping culture, and the integrity of financial and quality intelligence.

**NEWS**
The NEWS tool was developed as an early warning system to improve the detection of and response to clinical deterioration in patients with acute illness including sepsis.

**NHS Improvement (NHSI)**
NHSI is responsible for overseeing NHS trusts and independent providers that provide NHS-funded care. NHSI offers providers support to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-
term challenges and secure its future. For further information see https://improvement.nhs.uk/

**NICE: National Institute for Health and Clinical Excellence**
The National Institute for Health and Clinical Excellence provides independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation.

**Norovirus**
The most common cause of upset stomach. It’s sometimes called ‘small round structured virus’ (SRSV) or ‘Norwalk-like virus’. However, most people are familiar with it as ‘the winter vomiting bug’ because they’re most likely to catch it during the winter months. The main symptoms are diarrhoea and vomiting. Some people also experience fever, headache, stomach cramps or aching limbs. Although it’s an unpleasant illness, it is generally mild and people usually recover within two to three days of being infected.

**NRLS: National Reporting and Learning System**
Through the National Reporting and Learning System, the Patient Safety Division collects confidential reports of patient safety incidents from healthcare staff across England and Wales. Clinicians and safety experts help analyse these reports to identify common risks and opportunities to improve patient safety.

**OD: Organisational development**
Organisational development is all the activities engaged in by managers, employees and helpers that are directed towards building and maintaining the ‘health’ of the organisation as a total system. (Schein, 1988).

**Ofsted**
Ofsted is the Office for Standards in Education, Children's Services and Skills. Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages.

**PALS: Patient Advice and Liaison Service**
The Patient Advice and Liaison Service has been introduced to ensure that the NHS listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible.

**PLACE: Patient-Led Assessments of the Care Environment**
This is the annual system for assessing the quality of the patient environment and applies to hospitals, hospices and day treatment centres providing NHS funded care. The assessments will see local people go into hospitals as part of teams to assess how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. See https://www.england.nhs.uk/ourwork/qual-clin-lead/place/

**POhWER**
POhWER is a national advocacy organisation and provides statutory advocacy services throughout Norfolk via Independent Mental Capacity Advocates (IMCAs), Deprivation of
Pressure ulcer
Pressure ulcers are injuries that break down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as 'bedsores' or 'pressure sores'. Pressure ulcers can range in severity from patches of discoloured skin to open wounds that expose the underlying bone or muscle.

PREVENT: The Prevent strategy
The Prevent strategy published by the government in 2011 is part of the overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

QR Code
Quick Response Codes (QR codes) are a type of two-dimensional barcode that can only be read using smartphones or other devices that are dedicated to QR reading. The devices that can read a QR code connect directly to texts, emails, websites, phone numbers etc.

QRAC: Quality and Risk Assurance Committee
This is a sub group of the trust board and provides assurance to the board on all matters related to quality and risk management. The committee meets on a monthly basis as per the terms of reference and is chaired by a NED.

RCA: Root cause analysis
RCA is a process designed for use in investigating and categorising the root causes of events. When incidents happen, it is important that lessons are learned across the NHS to prevent the same incident occurring elsewhere. Root Cause Analysis investigation is a well-recognised way of doing this.

Reference costs
Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide healthcare to patients.
More available at https://improvement.nhs.uk/resources/reference-costs/

Safety Thermometer (NHS)
Is a monthly point of care survey instrument which provides a ‘temperature check’ on harms that can be measured alongside other local measures of harm. Information on urine infections (inpatients with a catheter, falls, venous thromboembolism and pressure ulcers are reported nationally. More available at: https://www.safetythermometer.nhs.uk/

Sign up to Safety
A national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.
See https://www.england.nhs.uk/signuptosafety/

SIRI: Serious Incident Requiring Investigation
The former National Patient Safety Agency has developed a national framework for serious incidents in the NHS, titled ‘National Framework for Reporting and Learning from Serious Incidents requiring Investigation’. An incident or event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public. A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care resulting in for example unexpected or avoidable death of one or more patients, staff, visitors or members of the public; serious harm to one or more patients, staff, visitors or members of the public etc.

**SSKN bundles**
The SSKIN Bundle is a five step tool for pressure ulcer prevention covering aspects of Surface, Skin inspection, Keep moving, Incontinence/moisture and Nutrition.

**STEIS: Strategic Executive Information System**
A system to collect data for the Department of Health. All serious incidents requiring investigation (SIRIs) are recorded onto this system by all NHS organisations.

**STP: Sustainability and Transformation Plan**
These are local plans that aim to improve health and care. Produced collaboratively by local NHS organisations and local councils, they set out practical ways for the local NHS to improve NHS services and health outcomes for people in every part of England. For further detail please see [https://www.healthwatchnorfolk.co.uk/ingoodhealth/](https://www.healthwatchnorfolk.co.uk/ingoodhealth/)

**SystmOne**
SystmOne is a centrally hosted clinical computer system developed by The Phoenix Partnership. It provides clinicians and health professionals with a single shared Electronic Health Record available in real time at the point of care.

**The National Audit of Intermediate Care (2017)**
See [https://www.nhsbenchmarking.nhs.uk](https://www.nhsbenchmarking.nhs.uk) for further details

**Traumatic brain injury**
Traumatic Brain Injury (TBI) is an injury to the brain caused by a trauma to the head (head injury). There are many possible causes, including road traffic accidents, assaults, falls and accidents at home or at work.

**Your Voice Our Future**
An online crowd sourcing platform to enable ‘big’ conversations to take place across NCHC.

**VTE: Venous Thromboembolism**
A blood clot that forms within a vein.