

Annual report 2010/11

Bold and Ambitious Year 2 update



Fit for the future

Changing the way we do things for the better



Care closer to home

The right care at the right time in the right place



Have your say

Get involved and help to *shape* your local NHS



Service improvement

Improving the health of NHS patients



Easier Read

excellent health

outstanding care

best value



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Introduction



Andrew Morgan
Chief Executive

2 years ago we wrote our plan which was called 'Bold and Ambitious'. The plan is all about giving our patients high quality care closer to where they live.

We are still following the 'Bold and Ambitious' plan. We talk about some of the new health services we have introduced to (1) stop people getting ill, where possible, and (2) give good healthcare to patients when they need it; see pages 17-24.

We have to spend our £1.2 billion budget carefully so we can do as much as possible with it. A lot of changes are happening within the NHS, including the buying of health services being taken over by local GP Commissioning Consortia (this means groups of GPs).

By the end of 2010/11 GP groups that will be buying health services were set up in North Norfolk, West Norfolk, Norwich and South Norfolk. We will support these groups as they begin buying services.



Dr Ian Mack
Clinical Executive Chair

A word from the Chair



This year we had a new Chief Executive, Andrew Morgan. Andrew has been working hard to make NHS Norfolk a fitter organisation that is able to provide the healthcare services that patients need, when and where they need them.



We were getting ready to say goodbye to Ian Mack, who was our Clinical Executive Chair. In May 2011 he joined the Norfolk Community Health and Care NHS Trust as Medical Director.

A special thank you too, to Andrew Egerton-Smith who was a non-executive director from 2006; he left this role in June 2010.

It has been a difficult year for our staff. There have been so many changes to get used to and less money for employing staff has meant a number of redundancies (people who are no longer needed to do their jobs).

Despite all this our staff have done a great job looking after our patients and improving health services.



Sheila Childerhouse
NHS Norfolk Chair

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About us

What we do

NHS Norfolk was set up on 1st October 2006.

NHS Norfolk covers most of Norfolk, except for Great Yarmouth, and about 757,000 people.



What we want

We want to offer 'excellent health, outstanding care and best value.'

This means that we will make sure that whoever you are or wherever you live, you will receive high quality, safe healthcare services and we will use our money as efficiently as we can to deliver this to you.



The main things we do

- We buy health services for our patients. This means planning what services we need and then buying these service from:



- GPs



- Hospitals



- Mental health trusts



- Voluntary organisations.



- We work in partnership with organisations to improve the health and wellbeing of the people in our area.

The main things we do continued

- An important role for us this year has been to support the development of the GP Commissioning Consortia.

The GP Commissioning Consortia is a group of GPs who together will buy healthcare services.



Money from funding = Money spent

We will make sure that:

- The money spent on healthcare is the same as the money we receive from funding for healthcare.
- We deliver a strong health system that responds to people's needs.



This year our budget was £1.2 billion. This was the amount of money given to us by the Department of Health to pay for all NHS care for our patients.

The main things we do continued



Our Public Health team are responsible for many different types of projects to support people who want to live healthier lives. Change4Life is an important part of helping people to be healthy.



Change4Life aims to prevent people from becoming overweight by encouraging them to eat better and move more.

Our Public Health team has also:



- Arranged 28,584 health checks for 40-74 year olds at GP surgeries, pharmacies and in workplaces.



- Helped change individuals' lives through the Health Trainers programme.



- Managed screening programmes.



- Worked to reduce infections passed on in hospitals or in the community.

Our priorities for 2011/12

In 2010/11 NHS Norfolk continued to work on:

- improving the experience of patients; and
- meeting our targets.



Our stroke and cancer services have improved.



We also managed to reduce waiting times for planned hospital care.



We managed well over the winter when health services are often put under a lot of pressure.

The NHS has a lot of change to deal with over the next few years:

- The move to personalised service to improve the health of NHS patients.
- To make sure that services stay excellent while the new way of buying services (GP Commissioning) is introduced.

Although there is a lot of change planned, our aims - which we published in our Bold and Ambitious 5 Year Plan - are still the same.

Patients will continue to have choice and to:

- Get care that is the best for them personally.
- To deliver services with the right care at the right time, in the right place.





Caring for our environment

It is important to NHS Norfolk that healthcare is provided in a way that doesn't affect the environment in a bad way.

We are doing lots of things to make sure that the environment doesn't suffer because of what we do:

- We have a Cycle to Work scheme.
- We set up a Forum with our partners so we can share ideas.
- We are keeping an eye on how much energy we use. As we try different ways of using less energy we will monitor how successful these are.
- We have joined in with national and international projects to raise awareness within the organisation of what we are trying to do.
- We encourage staff to come up with ideas to care for the environment.



We will encourage the GP Commissioning Consortia to look after the environment, too.



Equality and diversity

Equality means treating people equally, fairly or the same.

Diversity means differences. Some of the ways that people are different are shown below.



Disability

Learning, physical or sensory



Race

Ethnicity (colour, nationality, language)



Gender

Male or female



Age

Young or old



Religion and belief



Sexual orientation

Lesbian, gay or bisexual

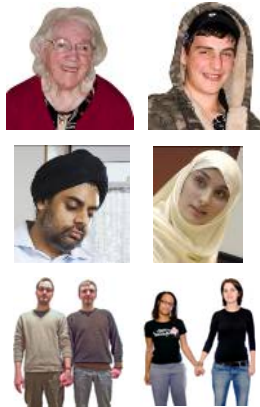


It is important to NHS Norfolk that all the different people who work within the organisation or use its healthcare services, are treated fairly and equally.

Equality and diversity continued

We take our responsibilities seriously as a buyer of healthcare and as an employer.

We have been getting ready for the Equality Act 2010 and the new Public Duties by including:



- age;
- religion and belief; and
- sexual orientation.

We have updated our Single Equality Scheme Action Plan.

We are preparing for the NHS Equality Delivery System (this is the way that the NHS reports on how it is making sure that everyone is treated fairly).



We continue to have Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgendered staff networks.



We have set up a network for our staff with disabilities and long term conditions.



We believe it's important for staff to have a voice on these issues. We took part in the Stonewall Workplace Index as part of their Diversity Champions Programme. We will be working on ways to do better in this next year. NHS Norfolk is also taking part in the Stonewall Health and Wellbeing Project.



Equality and diversity continued



As a member of the Race for Health Programme, NHS Norfolk organised a BME Health Needs Survey. We are working on the results and recommendations from this report and will publish them as soon as possible.



What we find from this survey will be included in the Eradicating (this means removing) Racism in Norfolk NHS (ERINN) 2011 report. This will tell us how well NHS Norfolk is doing in terms of race equality and how much more we need to do.



We still work with the Norwich and Norfolk Racial Equality Council (NNREC) to make sure the everything we do involves equality and diversity.

NHS Norfolk supports and uses the services of INTRAN (Interpretation and Translation in Norfolk).



INTRAN's services support people who cannot speak English, whose first language is not English or who are deaf or hard of hearing.



Making our health services better

We spend a lot of time looking at ways of making sure that our care and services:

- Are safe and that risks are reduced.
- That they work (do the job they're meant to do).
- That they are high quality (not just average or ok, but really good).



And that our patients are treated with respect and dignity.



Being ready for emergencies

When there is a disaster or health services are very busy, NHS Norfolk is in charge of deciding what to do.

During the year:

- We rehearsed dealing with major incidents twice.

- Exercise Black Gold which tested how we would cope with a fuel emergency (this means a lack of energy to run our equipment and buildings).
- Exercise Watermark, which tested how we would cope with a emergency from flooding.

- We had to deal with real major incidents 3 times.

- Swine Flu at the beginning of the year.
- Swine Flu returned this winter. There weren't enough vaccines so NHS Norfolk made sure that the vaccines went to people who needed them most - 'at risk groups' (that means vulnerable patients who were most likely to get Swine Flu).
- The severe cold weather and snow this winter meant that health services would have found it hard to cope if they hadn't been prepared.



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How we work

About buying health services

NHS Norfolk is organising itself differently so it can buy services better.



We used to have Programme Boards, but from November 2010 we introduced Delivery Units - these are:

1. Out of Hospital Care
2. West Norfolk
3. Central Norfolk
4. Mental Health.

NHS
Norfolk



In April 2010 NHS Norfolk and Norfolk County Council decided to work in partnership to buy health services for all out of hospital, mental health, learning disability, substance misuse and social care.

 **Norfolk** County Council

Improving patient care



Doing what we said we would in our 'Bold and Ambitious' plan

NHS Norfolk and its partners are working together to make patient care better.



Here are some of the ways we are changing the NHS together.

Dementia Intensive Support Team



A 7-day-a-week service provided by Norfolk and Waveney Mental Health NHS Foundation Trust. They provide immediate, practical support to dementia patients at home, when crises occur, to help them continue to live well.



Better recovery for patients - Norfolk and Norwich University NHS Foundation Trust

Patients are up and walking within hours of a knee or hip replacement and can go home in half the time.

It was worked very well for me. I have had a lot of help.



Sheila Leach, from Mundesley, is in her 80's

Better care for frail / older people

NHS Norfolk is spending £4 million to find better ways of caring for older and more frail patients. We are working closely with GP practices, community nursing teams and social care. This means that 100s of old or frail people can be looked after in their home instead of having to be admitted to hospital.

Telehealth

A number of patients across Norfolk are being provided with equipment which means that their health and care staff can monitor patients' conditions from a distance.

The joint project involves NHS Norfolk, Norfolk County Council and Norfolk Community Health and Care NHS Trust (NCH&C). The equipment is used by patients in their own home to check things like their weight and blood pressure. The results are then sent electronically to one of NCH&C's specialists who keep a check on their progress.

I like knowing that Fiona is keeping up-to-date with my condition without needing to wait for her to come to the house to do tests everyday. I have the freedom to do what I want with my day, safe in the knowledge that I'm still being cared for.



Clive Wilkinson records his weight, blood pressure, blood oxygen levels and pulse everyday. NCH&C monitor the readings from their base in Norwich.

Acute community beds

The bed was nearer to my home than the hospital so my wife could visit me more often, so I liked that. And the nice thing about it was that the nurse came across a couple of times a day to see me and make sure I was alright.

If a patient really does need a hospital bed there are around 20 beds in community hospitals or nursing homes around Norfolk. These allow patients who are too ill to be at home, but not ill enough to need to stay in a large hospital, to receive intense care for a few days.



Patient
Ken Redgment

Easier for people with depression, anxiety or a phobia to get help

Jan, who lives in North Norfolk was helped by the treatment

Things were wrong, I knew I was ill but I was not going to admit it. My doctor told me IAPT would help and it did. I was only having negative (bad) thoughts before but IAPT help me to have positive (nice) thoughts. I don't know what I would have done without it.

In the middle of 2010 a new 'Norfolk Wellbeing Service' was set up to make it easier for people with mild and moderate depression, anxiety or a phobia to get help. Before this there was a similar service called 'Improving Access to Psychological Therapies' (IAPT).

Patients can self-refer or be referred by their GP and be helped by services such as counselling.

Since June 2009, 3,097 people have been helped by the treatment.

Better treatment for people with eating disorders

Since January 2011 Cambridge and Peterborough NHS Foundation Trust has provided community eating disorder services for local people.



I found the Norfolk CEDS team all very friendly and easy to speak to.

They were good at finding the right treatment for me.

Patient

Norfolk Community Eating Disorder Service (Norfolk CEDS) works with beat (beating eating disorders), a leading UK charity, to provide a service for adults over 18 who have moderate to severe eating disorders.

Norfolk CEDS works to assess individuals' needs quickly so that they can get the treatment they need.

The beat helpline, internet-based information and support groups, are available to anyone in the NHS Norfolk area who needs advice and support with eating disorders.

Start4Life

In June 2010 the East of England breastfeeding programme started in Norfolk, setting out how mums can be supported to breastfeed their babies.



At the same time the Norfolk 'Start4Life' campaign has been promoting breastfeeding and the introduction of solid food and physical activity to give babies the best start. NHS Norfolk helped fund some events promoting Start4Life to parents.



Equal access to health care

More than 120 people with learning difficulties and their carers took part in a Big Health Check Day in Norfolk.

There was a chance to have a blood pressure check and find out about anything from hand hygiene to aromatherapy (massage with perfumed oils) to mental health.

The day was part of the Norfolk Learning Disabilities Health Action Plan. We want to improve access to everyday health services for people who have learning difficulties.



For 2011 the 3 things that the Action Plan is trying to do are:

1. **Information:** more easy-to-understand information.
2. **Health Books:** make sure everyone with a learning difficulty has a Health Book with their personal health information and needs in it.
3. **Consent:** people with learning difficulties have the right to make choices about their health.



Stubbing out smoking



This year NHS Norfolk has helped 5,033 people stop smoking.

Sophie Tarsey from King's Lynn gave up smoking thanks to her NHS Norfolk Health Trainer, James.

We have:

- Carried on working with Norfolk Community Health and Care NHS Trust who provide the Smokefree Norfolk Service.
- Arranged for META, in Thetford, to provide stop smoking services for migrant workers.



META (incorporating META Health) is a face to face information and support service staffed by migrant workers to help mobile communities with their health needs.

- Signed up GPs, pharmacists and some dentists to promote stop smoking services with their patients.



Ewa Wilson stopped smoking with help from the Health Trainers - and saved £600.

24 hours a day, 7 days a week care for terminally ill people



NHS Norfolk arranged on-call specialist nursing through the East Anglian Children's Hospice (EACH) at Quidenham, for children who are nearing the end of life.

Hospice nurses provide care, pain relief and support at home any time, day or night.

This service started in June 2010 and in that time 16 children have been looked after. Parents are very pleased with the service.

Intermediate care at North Walsham and Aylsham



We began renovating (this means updating) Rebecca House. We also went ahead with plans to build a 24-bed ward to be opened in winter 2011/12. This means we will have an extra 6 beds.

North Walsham and District War Memorial Hospital has been developed. This had to be done before St Michael's Community Hospital in Aylsham could be closed.



We worked with Aylsham Care Trust to develop the St Michael's site to improve the facilities: buying 9 nursing beds and developing NHS physiotherapy rooms in the new St Michael's Court Care Home; and building a new health centre and community centre.



Improving stroke care

Before this year we opened a specialist stroke rehabilitation unit at Norwich Community Hospital in January 2010 and introduced the 24 hours a day, 7 days a week thrombolysis service in Norwich in 2009.



We introduced a 24 hours a day, 7 days a week thrombolysis service in Kings' Lynn this year.

Thrombolysis is when patients are given drugs to break up blood clots that have travelled to the brain and are stopping blood from flowing properly. By doing this strokes can be prevented.

55 GP Practices in Norfolk have screened patients to check those people that might be at higher risk of having a stroke. We are arranging this service again for 2011/12.

FAST message saved life



When John Alexander, 75, of Norwich, suffered a stroke last year, his wife Maureen remembered the FAST message and dialled 999. Thanks to Maureen and FAST he has made a remarkable recovery:

F ace	Has the face fallen on one side? Can they smile?
A rm	Can they raise both arms and keep them there?
S peech	Is their speech slurred?
T ime	Time to call 999 if you see any of these signs of stroke.

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Norfolk Community Health and Care



Looking after you locally

Norfolk Community Health and Care NHS Trust (NCH&C) provides over 70 community-based NHS services to around 850,000 people in Norfolk.



NCH&C is part of the NHS and delivers NHS health and care to local people.

The organisation became an NHS Trust on 1 November 2010, so is no longer part of NHS Norfolk.

NCH&C manages and runs 12 community hospitals, as well as 74 different health and care services to the people of Norfolk.



These services include:



- community nursing
- health visiting
- school nursing
- speech and language therapy
- stroke rehabilitation
- podiatry services
- stop smoking services
- services for vulnerable people
- diabetic services, and
- specialist palliative care (for the terminally ill).



NCH&C provides services to patients in:

- community hospitals
- outpatient units
- GP practices
- health centres
- and even within patients' own homes.



4

Involving and listening to you



How we involve patients and carers



NHS Norfolk wants to involve patients and their carers in making decisions about the healthcare services that we buy.

Here are just a few examples of how we have listened to local people over the last year.

Local Involvement Networks (LINKs)

Members of the Norfolk Local Involvement Network are very important in helping NHS Norfolk make decisions.

There is a member on our main Board, and the new Delivery Units making sure that the patient voice is heard in all planning and decision making.



Listening to local people



Norfolk Citizens Panel and 'Your Voice'

NHS Norfolk is a partner in the Norfolk Citizens Panel.

The panel is made up of a group of local people who are asked questions several times a year by organisations who want to hear what they think.

Over 7,000 people sit on the panel. Over the past 12 months we have asked them many questions, including questions about our stop smoking services and pharmacy services.

NHS Norfolk is working with Norfolk County Council's Adult Social Services Department and the Norfolk Local Involvement Network (LINK), in running the joint Involvement Register called 'Your Voice'. People who use health services or social care services can sign up to be involved in improving these services.

We are hoping to join up the people on the register and the panel so that both patients and public can be involved in improving health and social care.





North Walsham Health Campus

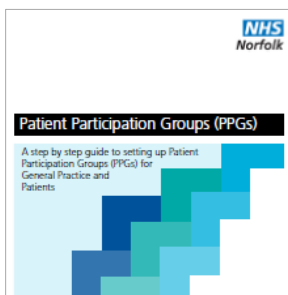
The North Walsham Health Campus is going to have lots of new and current services all in one building, including an inpatients unit with 24 beds.

To make sure that NHS Norfolk involves local people in how the new health campus is designed and what services it offers, a Community Involvement Panel (CIP) was set up. The panel was made up of people from local voluntary and community organisations, as well as the public sector.



Patient Participation Groups

NHS Norfolk has done a lot to encourage and support the development of patient participation groups (PPGs) in GP surgeries. This work has been recognised locally, regionally and nationally.



The NHS Norfolk Step by Step Guide to setting up a Patient Participation Group is being used as an example of best practice across the NHS.

Aylsham Health Campus

After speaking with lots of people on the telephone and asking people questions using a questionnaire, NHS Norfolk produced plans to redevelop the Aylsham Hospital site.



Compliments, comments and complaints

Serving our customers

NHS Norfolk has a complaints handling policy so that patients, families and their carers are able to feedback their compliments, comments, concerns and compliments to us. We check the policy to make sure this is easy to do.



We use the information that people give us to make sure that the healthcare services we develop are what patients' need and expect.

We make changes and improvements following complaints wherever they are needed; things like:



- A revised appointment system in some GP surgeries.
- Unannounced visits to acute hospitals as a result of concerns about nursing care.
- GPs to provide written instructions to patients about medication.
- A reminder to staff to deal with patients in a sensitive way.



Patient Advice and Liaison Service (PALS)

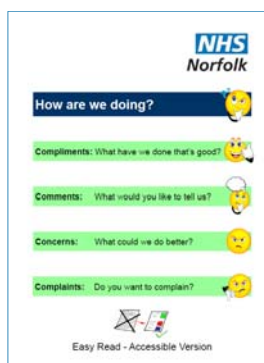
The Patient Advice and Liaison Service (PALS) gives advice and information to patients, their carers and families about healthcare and NHS services.



Between 1 April 2010 and 31 March 2011, PALS handled 2,649 enquires; most of these were answered within one working day.

These are some of the ways that PALS has given help and advice to patients:

- How to put together a Personal Health Plan.
- Registering with a GP.
- Patients from overseas needing healthcare.
- How to find a dentist who will visit a patient who is housebound.
- How to find a local optician.



We want all our patients to be able to use NHS Norfolk PALS. To help with this we have produced an 'Easy read' leaflet. We also have leaflets in other languages.

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Our staff



When Norfolk Community Health and Care (NCH&C) became an NHS Trust on 1 November 2010, about 3,000 staff transferred to it from NHS Norfolk.

NHS Norfolk employed 349 staff who buy NHS services, from November 2010.

Our staff in NHS Norfolk

Because the Government Health White Paper means that Primary Care Trusts won't exist after March 2013, NHS Norfolk's Workforce team has been working on:

- Making sure they are well prepared to support GP-based commissioning (service buying) in the future.

Or

- Making sure they are prepared for leaving NHS Norfolk.



Some staff have left through a Mutually Agreed Resignation Scheme (MARS) - this is where both an individual and the organisation agree to him or her leaving. Some staff have left through compulsory redundancy.

Supporting staff through change

Health and wellbeing: NHS Norfolk follows the 'Staying Healthy at Work' programme. This means that activities and services, such as stress management workshops, are available to staff.

Occupational health (including counselling): we have expanded these services.

Redeployment: we have developed ways of making it easier for staff to move jobs inside the organisation.

Training: to help staff get jobs in the future within the NHS, there is now:

- A support website, offering things like online learning and job search.
- Career Support Workshops, including things like CV writing and interview techniques.

Norfolk Leadership Academy: through this we have made sure that line managers can support staff through change.

Pensions clinic: for those thinking of retiring.

Information to, and consultation with staff.

Staying Healthy at Work
Making life better



6

Who's who



About the NHS Norfolk Board

NHS Norfolk is led by a Board which is chaired by Sheila Childerhouse. Sheila heads up the non-executive directors, who were all recruited from the local community by the NHS Appointments Commission.



The Board is also made up of:

- Senior officers from NHS Norfolk, led by Chief Executive, Andrew Morgan.

And



- Members of NHS Norfolk's Clinical Executive Committee led by Chair Dr Ian Mack.



The role of NHS Norfolk's Board is to:

- Provide leadership.
- Make decisions about healthcare services and make sure that staff facilities and finances are managed properly.
- Work together as a team and take responsibility if things go wrong, as well as when they go well.
- Plan for the future so that services can be steadily improved.

The Board concentrates on the overall strategies for NHS Norfolk and makes sure that it meets its statutory, financial and legal responsibilities.

7





Our performance















How we have done this year

To work out how NHS Norfolk has performed during the year, 16 things are measured; these mainly fall in to the areas of health improvement and treatment times.

The table shows whether we have met our targets in 2010/11.

Providing timely healthcare	
The percentage of people who were treated within 18 weeks from referral to treatment - admitted patients	
The percentage of people who were treated within 18 weeks from referral to treatment - non-admitted patients	
The number of patients first seen within 2 weeks after referral by GP for urgent cancer	
The number of patients spending 4 hours or less in all types of A&E department	

Improving Norfolk's health and wellbeing	
The average mortality rate per 100,000 for men	
The average mortality rate per 100,000 for women	
The actual mortality rate per 100,000 from cancer in people over 75	
The actual mortality rate per 100,000 population from heart disease and stroke in people under 75	
Percentage of children recorded as obese in reception year	
Percentage of children recorded as obese in year 6	
The number of smokers who successfully quit	
The number of C.difficile infections from all patients aged 2 and over	
The number of MRSA blood stream infections	
Other measures	
Percentage of stroke patients who spend at least 90% of their time on a stroke unit	
Percentage of women aged 53 - 70 screened for breast cancer in the last 3 years	
The actual number of conceptions to 15 - 17 year olds in the calendar year 2009 per 1,000 15 - 17 year old population	



Improvements in 2011/12

During 2011/12 NHS Norfolk will be working really hard to improve in a range of areas:

- Healthcare Acquired Infections (HCAIs)
- Smoking
- Stroke
- Breastfeeding
- Childhood immunisations
- A&E performance.



Governance

As a public body it is important that NHS Norfolk has strict governance arrangements in place. This means that there are systems in place to make sure that money is spent wisely, all the services we buy are of the best clinical quality and that all money is accounted for properly. We had in place clear governance arrangements between NHS Norfolk and its provider arm Norfolk Community Health and Care NHS Trust.

Along with our providers, we have looked at keeping our person-sensitive information safe by working closely with the Information Commissioner, the auditors, and using national guidance.



8

Summary financial statements

Directors' Statements

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Primary Care Trust

The Chief Executive of NHS Norfolk is also the Accountable Officer. This means the Chief Executive has many responsibilities, including:

- Making sure that the public money used by NHS Norfolk is safe.
- Making sure that all the money spent by NHS Norfolk is accounted for.
- Making sure that everything we buy is value for money.
- Making sure that the annual statutory accounts are prepared in line with the guidance from the Treasury and Secretary of State.



To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed

A handwritten signature in black ink, appearing to be 'R. Brown'.

Chief Executive

Date: 8 June 2011

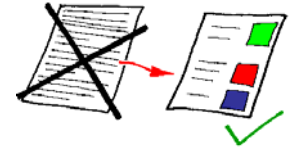
Statement of the directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. These accounts must give a true and fair view of the state of affairs of NHS Norfolk.



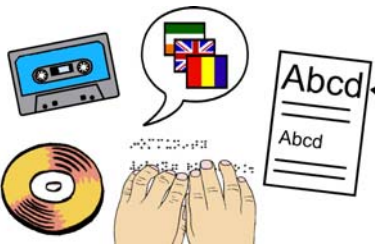
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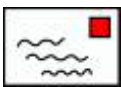


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