



East Coast Community
Healthcare CIC

Quality Account 2011/12



About this Quality Account

On 1 October 2011 the services and staff of Great Yarmouth and Waveney Community Services (GYWCS) transferred into a new community interest company called East Coast Community Healthcare CIC (ECCH).

This Quality Account covers the year ended on 31 March 2012. It therefore includes the six-month period (1 April 2011- 30 September 2011) when GYWCS was managed by NHS Great Yarmouth and Waveney Primary Care Trust and the six-month period (1 October 2011 to 31 March 2012) when GYWCS was managed by ECCH. References to prior objectives relate to the 2010/11 Quality Account of GYWCS produced by the Trust.

The 2011/12 account has been compiled by the Governance Team, based on contributions from the service leads within East Coast Community Healthcare CIC. It reflects the achievements of our services and the organisation as a whole, together with our aspirations and plans for the coming year, embodying six key principles:

- Quality is at the heart of our organisation
- We are committed to learning from best practice and research
- We plan to be a listening organisation that acts on feedback from patients and carers
- We aspire to be transparent and open about our strengths and weaknesses
- We want our plan to be clear and easy to follow
- We want to secure robust external assurance to give confidence in our plan

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PART 1: Statement on Quality

East Coast Community Healthcare CIC (ECCH) is a social enterprise which became the provider of NHS community healthcare services for Great Yarmouth, Gorleston, Lowestoft and Waveney on 1 October 2011. Previously, NHS community services for these areas were provided by the local primary care trust, NHS Great Yarmouth and Waveney.

ECCH is owned by our staff, the majority of whom live and work in the area. As a community interest company (CIC), we exist purely for the benefit of our community, and our aim is to help improve the health and wellbeing of all who live in it. We are a not-for-profit organisation and do not distribute dividends to our staff shareholders. Any surpluses we make are reinvested in the organisation to improve services and to benefit our local communities.

As a new organisation working in the rapidly changing environment of health and social care, we are committed to providing high quality, responsive services that meet the needs of the people who use them. We are funded almost entirely by taxpayers and it is important that we spend their money wisely and not wastefully.

We are an organisation whose values come from our staff. That means first and foremost we care about people, and we strongly believe our services should always be delivered to the best of our ability and to the standard people expect of us.

ECCH is only a few months old, but in that time we have already developed a new identity as a new company - proud of our origins and history as an NHS provider, but also enthusiastically embracing the challenge of being an independent service provider.

As a new organisation we believe that delivering high quality care every time is our biggest priority. One of our most important challenges is to make our services work in a way that works for patients. This involves understanding people's needs, building trust by being open and honest about what we do well and what we need to improve, but also about what we can or can't do.

We have started to do this by meeting with patient groups and conducting patient surveys. And in the coming months we will be introducing and publishing a 'Net Promoter Score', to indicate user satisfaction levels about our services. It shows the difference between the proportion of people who would recommend us to their friends and families, less the proportion who would not recommend us.

Measuring what patients think of us is not enough. As a new organisation we have developed internal measurements alongside national measurements which aim to ensure the best possible clinical outcomes for users of our services. We are also beginning to benchmark our services against those of similar providers. Our Board has established an Integrated Governance Committee which meets bi-monthly to review the quality of our services.

PART 1: Statement on Quality

Our quality is underpinned by our systems, but it is delivered by our staff. Ensuring that staff are engaged and committed to our values is essential. We encourage staff to take up share ownership in the company; our staff have elected two members of staff as Board Directors; and we have established a staff council, called the Hub, which provides advice and guidance to the Board, enabling staff to participate in steering the business. We invest in staff induction, training and development to enable our people to do the best for our patients. We monitor employees' satisfaction with their work on an annual basis, and we work to with improve any aspects of the working environment that employees perceive as being poor or in need of improvement.

In summary, the Board confirms this report as an accurate reflection of the quality of services delivered, we will continue to work hard in the coming year to improve service quality for patients and service users. We hope you will find the report helpful in reviewing our progress against our key priorities in the year ahead.



Paul Steward
Paul Steward, Chair



Tracy Cannell
Tracy Cannell, Managing Director



PART 2: Our Vision for the Future

Priorities for Quality Improvement 2012/13

At East Coast Community Healthcare we are constantly reviewing our systems and processes to assure the safety of patients in our care and promote a positive experience of our services. Our frontline teams are increasingly engaged in self-generated projects to improve patient safety and service quality.

Our quality goals for 2012/13 are:

- Enhancing the medical support for our community hospital beds
- Creating a single point of access for patients by moving to co-locate staff with partners to create integrated teams
- Rolling out mobile working equipment, so staff can record patient care notes in real time during their visits, removing the need to travel back to the office to write up patient records and giving them more time overall to spend with patients
- Using a fund of £10,000 from our trading surplus to support services to make quality improvements
- Making improvements in the provision and prescribing of medicines to prisoners at Blundeston Prison
- Introducing new patient record documentation for the District Nursing service to improve ease of use and reduce potential for errors
- Working with our care homes and local authorities to meet the published Strategic Health Authority target to eliminate all avoidable pressure ulcer grades 2, 3, and 4 by December 2012
- Rolling out a new complaints procedure to ensure all complaints are investigated and responded to within 30 working days
- Introducing Net Promoter Score as an indicator of patient satisfaction levels
- Setting up patient user groups aligned to specific ECCH services

PART 2: Our Vision for the Future

Commissioning for Quality and Innovation (CQuIN)

The Commissioning for Quality and Innovation payment framework (CQuIN) supports primary care trusts to improve quality and innovation by identifying and monitoring quality indicators with its providers.

A proportion (1.5%) of ECCH's income in 2011/12 was conditional on achieving CQuIN quality improvement and innovation targets in its contracts to provide NHS services to Great Yarmouth & Waveney PCT during 2010/11 (see page 16 of this report).

We and our commissioner have identified the following targets in its CQuIN scheme for 2012/13, which are designed to improve patient safety, clinical effectiveness and patient experience, and demonstrate innovation:

- Reduce avoidable death, disability and chronic ill health from venous-thromboembolism (VTE)
- Improve responsiveness to personal needs of patients and carers
- Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE
- Improve awareness and diagnosis of dementia in community hospitals and carry out awareness training
- Demonstrate patient satisfaction with community hospital services through asking patients, "How likely is it that you would recommend this service to friends and family?" (also known as the Net Promoter score)
- Reduce admissions to acute hospital and improve discharge from hospital
- Complete the Productive Community Series in the three services where it was begun in 2011/12 to complete the two-year programme
- Ensure that all patients have their medicines reconciled within 72 hours of admission to a community hospital

Further details of ECCH's CQuIN targets 2010-2013 are available electronically at www.eastcoastch.co.uk



Statements of Assurance from the Board

Review of Services

During 2011/12 ECCH provided and/or sub-contracted 35 NHS services (see Appendix 2). ECCH has reviewed all the data available on the quality of care in 100% of these NHS services. Overall, 90% of our income comes from NHS Norfolk & Waveney PCT (formerly NHS Great Yarmouth & Waveney PCT).

Governance and Clinical Quality Committee – this is the operational arm for quality delivery, attended by service heads and/or Business Unit leads and chaired by the Director of Quality and Assurance. It performs a bi-monthly review of clinical quality, risk management, clinical audit and research, medicines management and receives quarterly performance reports from all service areas and specialist functions. Minutes from this committee go to the Integrated Governance Committee.

Integrated Governance Committee – this performs much the same function as the Governance and Clinical Quality Committee but at Director level and is also attended by a non-Executive Director. The Minutes from this committee then go to Board meetings.

Participation in Clinical Audits and National Confidential Enquiries

From April 2011 to March 2012, there were 14 national clinical audits and six national confidential enquiries covering NHS services. During that period ECCH was eligible to participate in the Parkinson's Disease (National Parkinson's Audit) lead by Parkinson's UK.

Local Clinical Audits

From April 2011 to March 2012, ECCH reviewed the reports of 27 Local Clinical Audits and took the actions described in the table below:

Directorate/ Department	Audit Topic	Aims	Results & Actions
Physiotherapy	Governance Audit	To ensure safe storage and transfer of confidential data within the NHS physiotherapy departments	Action plan developed by senior physiotherapist, Lowesloft hospital
	Completion of therapy outcome measures (TOMS) in the neurological physiotherapy team	Completion of therapy outcomes complies with evidence based management. Therapy outcome measures (TOMS) provide a system for monitoring patient care and progress.	Recommendations: poor completion of intermediate/final scores. TOMS are to be completed every 3-6 months. 2-3 methods of collected this data have been introduced
	Outcome measures	Measure compliance with regard to use of therapy and profession-specific outcome measures at assessment and discharge	The musculoskeletal outpatient physiotherapy service intends to change the way it manages low back pain potentially through a stratification approach
	Patient satisfaction surveys	To perform a large-scale survey of patient satisfaction within the physiotherapy service as a whole across GYWPCT by the use of electronic pedestals	Interpretation is as follows: 0-1.5 strongly negative, 1.5-2.5 negative, 2.5-3.5 unsure, 3.5-4.5 positive and 4.5-5.0 strongly positive
	Hydrocortisone injections	To ensure adherence of clinical practice to Patient Group Directives (PGDs) and identify any potential areas for improvement	100% compliance was recorded for all standards in all four patients. One adverse incident was recorded
	Elastic exercise band safety leaflet compliance	To measure compliance of therapists in issuing a safety leaflet when providing elastic exercise band to patients.	A record of safety leaflet provision was documented in 40% of notes audited. Audit results have been circulated to all physiotherapists with a strongly worded message instructed that full compliance with standard is essential
Patient Safety	Back to basics: Check your charts	To ensure adequate/appropriate recording	Action plans in place via matron following each audit as required
	Wrist bands	To ensure adequate/appropriate recording	Action plans in place via matron following each audit as required
	Safety thermometer	To ensure safe patient care	Monthly audits completed and actions taken as necessary to improve standards Waterlow and MUST assessments, and VTE assessments in particular. National CQUIN for 2012/13



Directorate/ Department	Audit Topic	Aims	Results & Actions
Children and Families	Record audits	To ensure safe storage of records, accurate and prompt documentation of contacts, safe transfer of records within NHS, correct use of Assessment Framework and compliance with action plans	Main non-compliance areas to do with recording clients' ethnicity, religion and home language. Action plans to be formed by services individually
	Client satisfaction, Breastfeeding Team	To fully understand client needs and to monitor client usage of Breastfeeding Team	Parents, especially mothers, share their breastfeeding experiences from birth. Some are very positive and some highlight areas of concern. These are shared with appropriate providers and public health. They are all anonymous
	Prevalence of breastfeeding at 6-8 weeks VSB11	<ul style="list-style-type: none"> The number of infants due for a 6-8 week checks during the quarter The number of infants recorded as being totally breastfed at 6-8 weeks during the quarter The number of children recorded as being partially breastfed (receiving both breast milk and infant formula) at 6-8 weeks during the quarter The number of children being recorded as not at all breastfed at 6-8 weeks during the quarter 	Breastfeeding rates remain low in GYW area. Compliance with the organisations. Breastfeeding policy is still an issue for James Paget University and Community staff. This is being addressed via clinical skills updates with all Health Visiting teams and improving GP training access
ME/CFS	ME-CFS Change Questionnaire Audit	<ul style="list-style-type: none"> To gauge whether patients feel that they are improving since having contacted the ME/CFS service To determine whether patients are better able to manage their symptoms since contact with the ME/CFS service To determine whether patients' outlook for the future is positive To determine whether patients would recommend the service to others To compare results from previous audit in January 2010 to see if changes implemented as a result of audit have improved patient care 	<ul style="list-style-type: none"> All of the questions showed that the ME/CFS Service is helping patients to manage their symptoms and generally improve their condition. Over half of the respondents stated their illness had improved since contacting the service and over two-thirds stated that they are better able to cope with their illness since contacting the service. 94% of patients would recommend the service to someone else. This is an increase of 8% from our last audit
	Admin audit	<ul style="list-style-type: none"> To establish the amount of typing the service is needing to complete To consider the effectiveness of the typing slip To look at how much typing is being completed within the agreed timeframe 	It was decided to continue to use the typing priority systems, as both administrative and clinical staff find the system beneficial.

Directorate/ Department	Audit Topic	Aims	Results & Actions
Contraception and Sexual Health Service	Laboratory turnaround times for Nucleic Acid Amplification Testing (NAAT) for Chlamydia and Gonorrhoea and all serology	To monitor the time from clinician taking a specimen to clinician receiving results.	This rolling audit has enabled ECCH to meet national recommended turnaround times by working with the Norfolk & Norwich Hospital to establish email results for all tests sent to them
	Termination of pregnancy	<ul style="list-style-type: none"> To monitor the numbers of patients referred from CaSH for a termination of pregnancy To review the numbers of these patients receiving contraception prior to discharge To monitor the number of those without contraceptive provision who accept a follow-up appointment with CaSH and leave with contraception 	Ongoing data collection
Contraception and Sexual Health Service	Uptake of Long Acting Reversible Contraception among those attending joint CaSH / Teenage Pregnancy Midwife clinics	To review the uptake of Long Acting Reversible Contraception in teenage mothers post-delivery	Ongoing data collection
Medicines Management	Prescribing standards	Each ward area was visited once between February and March 2011. All available community hospital in-patient drug charts were audited. Visits to complete the audits were not announced prior to arrival. This audit does not take into account the clinical accuracy of prescribing	<ul style="list-style-type: none"> Prescribers must ensure that prescriptions are legible, written in black ink, generic where appropriate Dose, route and frequency must be stated Prescriptions must be signed and dated
	Medical Reconciliation Audit	This audit was carried out by the Head of Pharmacy and Medicines Management. A visit was made to each ward on one day in February/March 2011 and admission dates for all patients were recorded. The records were then used to ascertain the date the patient had been seen by a pharmacist and their medicines reconciliation was completed	100% of the 49 inpatients reviewed in this audit were seen by a pharmacist during their admission and had their medications reconciled
SALT Paediatric Service	Report writing	To ensure prompt information provided to family and school following assessment	Results pending
	Narrative Group Efficacy	Use of narrative groups in school	Results pending
Community Nursing	Community Nursing insulin report	Safe use of insulin in primary care: collaborative baseline audit of insulin administration and documentation by community nurse teams	Recommendations made for improved practice



Annual Internal Audits










We currently undertake four annual audits which encompass all services:

- Compliance to the standards for record keeping
- Compliance to Standards for Decontamination
- Annual audit of compliance to the Management of Health & Safety at Work Act 1974
- An organisation-wide infection control audit carried out by the Infection Control department

Record Keeping

A new questionnaire was designed last year to make sure our record keeping was compliant with national standards. The same questionnaire was repeated this year to ensure we were continually improving (see table below).

Across the services, the main problem areas were in safely and uniquely identifying each sheet in the record; non-use of NHS number; and recording religion, home language and ethnicity, GP contact details, allergies and previous reactions and lack of evidence of informed consent. Other areas for improvement included clarity, security of the records, chronological and unauthorised amendment. However, all services scored well over the pass mark of 80%.

	Category	Average compliance 2010	Average compliance 2011	Improvement/ Deterioration %
1	Identification data & alert notification	80%	84%	 3%
2	Chronology, legibility, dates & signatures	93%	96%	 2%
3	Enhancement of accuracy	84%	90%	 5%
4	Relevant clinical information	94%	98%	 3%
5	Child records	99%	99%	 0%
6	District nursing and community hospital nursing records	96%	98%	 2%
7	Therapy and Diana records	99%	96%	 -3%
8	Patient/client/carer involvement	87%	94%	 7%
9	Discharge information	92%	94%	 2%

Results of record keeping audit, all services, 2010 and 2011

Annual Internal Audits

Decontamination

This audit, to support infection control compliance and best practice, was completed in March this year. This audit highlighted items of equipment which required more frequent clean ie patient chairs, examination couches and weighting scales needing to be clean between each patient use. Remedial actions are being carried out to rectify shortcomings.

Health & Safety

The ECCH Health, Safety and Risk Manager has instigated a rolling programme of audit to assure compliance with the Management of Health & Safety at Work Act 1974.

Infection Control

The ECCH Infection Control Team carries out an ongoing, rolling audit of all ECCH inpatient wards and clinics to check that facilities, knowledge, practice and uniform match policy requirements. The audit is based on the Department of Health's Essential Steps to Safe Clean Care. All sites audited in 2011/12 scored a pass of over 80% and many scored over 90%.

Participation in Clinical Research

Eleven patients receiving NHS services provided or sub-contracted by ECCH were recruited to participate in research approved by a research ethics committee in 2011/12.

At ECCH we are committed to making our contribution to wider health improvement. At the time of going to press we were actively involved in 12 healthcare studies, including:

- A multi-centre randomised controlled trial of surgical versus non-surgical treatment of proximal fracture of the humerus in adults
- A longitudinal study to identify the risk factors that may be linked to the persistence of stuttering in children aged 2-5
- An investigation into the effects of National Health Service reforms on the management and provision of physiotherapy in England and Wales

We are also committed to developing our research profile as an opportunity to improve the quality of care we offer and to ensure our clinical staff stay abreast of the latest treatment possibilities.



Annual Internal Audits

Statement from the Care Quality Commission (CQC)

ECCH is required to register with the Care Quality Commission and its current registration status is unconditional. ECCH has not participated in any special reviews or investigations by the CQC during the reporting period. The CQC has not taken enforcement action against ECCH during 2011/12.

Statement on Relevance of Data Quality and Actions to Improve

ECCH will be taking the following actions to improve data quality:

- Continuing to include and refine feedback on data quality and data completeness entered by the services to
 - business unit lead
 - line managers
 - clinicians
 - admin staff
- Working with the services to improve understanding of the links between them, stressing that Clinical Commissioning Reporting is affected by the quality of data entry
- Working with other service providers (Acute, Social Services, Mental Health) to reduce the cost of ownership of data validation and data-cleansing tools
- Reviewing the requirement for a self-service reporting portal to improve data quality and data completeness. ECCH is currently in negotiations with solution providers regarding:
 - defining business and end user requirements
 - hardware and software requirements
 - potential cost savings
 - future-proofing the maintenance and development of the solution
 - cost of ownership
 - return on investment
- Continuing to implement its Data Quality Improvement Plan, which has helped plan improvements to data collection and roll out electronic patient record keeping (SystemOne) to more community services
- Continuing to work with the services to improve data quality, completeness and capture routines through Service Level data quality management ECCH's Data Quality Improvement plan has helped to
- Improve ECCH's position on 18 Weeks Referral to Treatment (no patient is currently waiting more than 18 weeks for their first definitive treatment)

Annual Internal Audits

- Reduce the number of unnecessary admissions to hospital by timely interventions, so enabling more patients to be seen and treated at home
- Increase the number of mothers still breastfeeding their baby at 6-8 weeks by 7% (based on comparison between Quarter 3 and Quarter 4 when electronic system was first used to collect information)

Since data quality and completeness are vital for sound business decision-making, in 2012/13 ECCH will be implementing:

- A self-service reporting portal
- Roll-out of SystemOne to more community services
- Quality and Performance Reporting (now incorporating the role of Data Quality Practitioner)
- Data quality management at clinical service and corporate level
- Continued development of the Data Quality Improvement Plan

NHS Number and General Medical Practice Code Validity

In 2011/12 ECCH submitted records to the Secondary Uses Service for the Hospital Episode Statistics, which are included in the latest published data. The percentage of records which included the patient's valid NHS number was:

- 98.03% for admitted patient care
- 99.79% for outpatient care
- 97.91% for accident and emergency care

Information Governance Toolkit Attainment Levels

ECCH's Information Governance Assessment Report overall score for 2011/2012 will be assessed and graded by end of first quarter 2012/2013, by an independent assessor. Previously was reported as grade 2 - satisfactory at all levels.

Clinical Coding Error Rate

ECCH was not subject to the Payment by Results clinical coding audit during 2011/2012 by the Audit Commission.



PART 3: Review of Quality Achievements 2011/12

Quality Framework

During 2011/12 our overarching plan for all our services has covered three domains of quality:

Patient Safety

- Annual cycle of reporting and analysis of adverse incidents with actions to reduce future risk reported to Board
- Implementation of our healthcare-acquired infection control action plan for 2011/12 (available on request)
- Continued monitoring and delivery of patient safety and quality (CQuIN) elements as agreed with the PCT in the 2011/12 contract

Patient Experience

- Patient experience gathering and reporting actions which are taken forward as a result of patient and carer feedback, reported quarterly to Board
- Improvements to patient information, supporting choice and patient-led care planning
- Continued monitoring and delivery of any patient safety (CQuIN) elements that related to patient experience, as agreed with the PCT in the 2011/12 contract

Clinical Effectiveness

- Development of new services through participation in the Clinical Transformation Board and clinical networks
- National Institute for Clinical Excellence (NICE) implementation
- Clinical Practice Reviews through the work of our Clinical Standards Group
- Review of clinical leadership and capacity to drive forward quality improvement through implementation of a talent management programme
- Delivery of any patient safety (CQuIN) elements to review clinical effectiveness as agreed with the PCT in the 2011/12 contract

PART 3: Review of Quality Achievements 2011/12

Improvements in Quality (CQuIN)

ECCH has met its quality improvement targets for 2011/12 (see page 16). The CQuIN scheme included six quality improvement and innovation goals addressing issues of patient safety, effectiveness and patient experience:

Healthcare-Associated Infections – Catheter Care

Evidence suggests that 60% of all urinary tract infections (UTI) are related to urinary catheter insertion.

Our goal was to ensure that all relevant staff in our community hospitals and in the District Nursing teams were trained in aseptic non-touch techniques for delivering catheter care. We achieved this goal and no patient with a long-term catheter (28 days or more) developed a catheter-acquired UTI while being cared for in our community hospitals.

Falls Prevention and Training

The NHS National Patient Safety Agency highlighted that 257,679 falls were reported in 2009/10. A significant number of falls result in injury and there is also significant cost associated with treating patients who suffer this potentially avoidable form of harm.

Our goal was to ensure that all nursing staff in our community hospitals were trained in falls risk assessment and prevention, to reduce the number of incidents where patients were injured by a fall. The training target was met, and the number of falls where patients suffered any harm was reduced by 23%, comparing the last three months of the year with the first three months.

Tissue Viability – Pressure Ulcers

In 2004 the NHS spent up to £2.1 billion treating pressure ulcers, with nursing time making up 90% of this cost.

Our goal was to ensure that all nursing staff in our community hospitals were trained in pressure ulcer awareness and prevention, so that all patients admitted to community hospitals were assessed promptly using a recognised assessment methodology (Waterlow) and reduce the number of patients acquiring a new pressure ulcer while in the care of the community hospital. The training target was achieved. By the end of the year 99% of patients were being assessed correctly and within the target time after admission.



PART 3: Review of Quality Achievements 2011/12

Productive Community Series – Transforming Community Services: physiotherapy, speech and language therapy in mainstream schools, and podiatry

The Productive Community Series is a proven programme for improving quality in clinical services. Module topics included: *Well Organised Working Environment, Patient Status at a Glance, Managing a Caseload, Planning Our Workload*. Programme modules were successfully implemented in all three services, achieving the target.

Productive Community Services No.2 – Health Visiting Service

A review of Health Visiting Services for 0-5 year olds in 2010/11 identified some areas for improvement to make it easier for parents to contact the service and get a response.

Our goal was to implement a centralised telephone contact system for each Health Visiting Team and to ensure that 95% of calls were forwarded to the appropriate practitioner/service and a response provided to the enquirer within two working days.

Five of the six teams implemented the centralised phone number. The team covering Gorleston and Hopton was due to be relocated into one central office, but building work delays mean that this will now be achieved behind schedule, in July 2012. Response times within the target set are now being achieved at the 98% level.

Nutrition

Evidence suggests that 28% of patients admitted to UK hospitals are malnourished or 'at risk of malnutrition'.

Our goal was to ensure that patients' nutritional status was evaluated using a recognised assessment (MUST) on admission to, and discharge from, our community hospitals and to ensure that patients had not lost more than 5% of their admission body weight on discharge (except where this was unavoidable for medical reasons). The target level of screening on admission and discharge was met for three of the four quarters in the year and no patient lost more weight than the target set.

PART 3: Review of Quality Achievements 2011/12

Review of Patient Safety 2011/12

Serious Incidents (SIs)

During 2011/12 all Serious Incidents (SIs) were reported in a timely way following the event. For each SI an investigating officer is appointed by the manager and a full investigation including Root Cause Analysis (RCA) takes place. A seven-day update report is sent to commissioning with a final report due within 45 days. In exceptional circumstances an extension of these timescales can be requested. The manager involved must ensure that learning from these events is shared across the organisation.

ECCH reported 49 SIs in this period to the commissioning PCT. A standardised timeline is in place across the organisation for investigations.

Indicator	2011/2012	October 2011 - March 2012
SIs	49	21
Total incidents	1,139	608
Medication Incidents	104	67

Pressure Ulcers

We share our Strategic Health Authority's ambition to eliminate avoidable grades 2, 3 and 4 pressure ulcers by December 2012. ECCH has focused on this important area, implementing a number of activities that include identifying a change champion for this area, the Patient Safety Manager.

Service Highlights

ECCH has responsibilities to report to Norfolk and Suffolk Local Safeguarding Children Boards (LSCB). The number of children subject to a Child Protection (CP) Plan has steadily increased over the past year both nationally and locally. The **Safeguarding Team** has been working closely with police, Children's Social Care and partner agencies to address the issue of domestic violence, a government high priority area.



PART 3: Review of Quality Achievements 2011/12

Health Improvement Services provide a tailored approach to exercise that is patient-focused, with a vast menu of possible activities and solutions to lifestyle inactivity and health improvement.

During 2011-12 our **Community Hospitals** (Inpatient Units and Minor Injuries Units) staff have improved the way incidents were reported using a new reporting system and improved patient record-keeping with new, simplified documentation. One hospital received a score of 97% after a re-audit for infection control in the report period.

Using the Department of Health's Good Practice in Continence Services and NICE guidance, our **Continence and Lower Urinary Tract Symptoms (LUTS) Service** has been able to assure patients it is performing to the recognised standard of safety. The service provided a strong educational role to other health colleagues on a range of continence related topics to promote best practice.

As part of the local falls service and falls steering group, our **Falls Prevention Service (FPS)** staff have written a falls and bone health policy for community services this includes a risk assessment tool – RADAR. Training on the tool has been offered to ECCH staff so that they can identify risk factors for falls and provide education and advice to patients.

Review of Patient Experience 2011/12

During the reporting period ECCH had no breaches of Delivering Same Sex Accommodation (DSSA).

ECCH has appointed a Patient Liaison Manager, who liaises with the Managing Director to deal with all complaints. Since becoming ECCH on October 1 2011 we have received 11 complaints. Some are being handled by the PCT under the previous contract agreement. Between October 2011 and March 2012, there were 51 Patient Liaison service enquiries related to ECCH, as shown in the table below.

Service	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
Inpatients	3	1	0	4	0	0
District Nursing	1	1	0	2	1	0
Continuing care	0	2	1	0	0	1
Occupational therapy	2	1	1	1	0	0
Minor Injuries Unit (MIU)	1	0	0	0	0	0
Physiotherapy	0	1	0	2	1	0
Podiatry	0	1	0	0	0	0
HMP Blundeston	0	3	0	3	0	0
Ad hoc queries	4	2	6	2	1	2

Where patients raise specific issues/concerns these are considered by the service and incorporated into their action plans for service improvement.

PART 3: Review of Quality Achievements 2011/12

Service Highlights

Our **Breastfeeding Service** trained peer supporters and placed these volunteers in the local maternity unit, to ensure that mothers and their partners receive the appropriate breastfeeding advice in a timely and supportive manner. The Team has supported the development of a Baby Cafe in each of the Children's Centres.

Health Improvement Services (MEND – tackling obesity in children and young people and HENRY – tackling obesity in younger children) saw 7,500 young people, leading to a 100% increase in physical activity levels for 74% of its project users (2,500 from schools, 5,000 community/other). 92% of users continued this behaviour change for a 12 week period. In 14 targeted schools it

successfully increased the number of children cycling to school by 400%.

After its first year, the clinical exercise referral pilot yielded an average improvement of 6cm loss in waist circumference and a BMI reduction of 3%-4% over a 12-week

period. Other improvements include 84% of all young people feeling more confident and 96% knowing and identifying with the key 'change 4 Life' healthy lifestyle messages.

Client satisfaction forms returned to the **Speech and Language Therapy (Children) Service** indicated that over 80% of the children using the service felt that they had made improvements and 100% of parents had found the advice and support they'd received was helpful.

As well as an annual survey, **Rayner Green Resource Centre (RGRC)** runs frequent service user meetings to ensure that the care they receive continues to meet their perceived needs, and provide an opportunity for queries, concerns or ideas for improvement.

In Primary Care & Prevention Services, the **Nelson Medical Practice's** annual patient survey showed that 99% of patients found the overall level of service was satisfactory, 91% stated that the receptionists are always polite and helpful, 96% were happy with opening times, 93% stated they have sufficient time with the GP and 97% had sufficient time with the nurse. In November 2011 the practice became the base for the local Out Of Hours GPs, and is now open 24/7 for the convenience of patients.

"Taking part in the exercise referral pilot was a turning point in my life, it helped me help myself to make lifestyle changes that will benefit me and my daughter for the rest of our lives. It gave me confidence and let me access activities and facilities I would not otherwise have been able to. I now have more energy and more confidence to do things, I feel better equipped to lead a healthier lifestyle"

Patient feedback, Health Improvement Services



PART 3: Review of Quality Achievements 2011/12

The Sexual Health Promotion Unit (sexual health promotion and chlamydia screening) delivered training for frontline health staff to help make services more 'young people friendly', in line with the Department of Health's *You're Welcome Quality Criteria*. It is an active member of the local *You're Welcome* Steering Group and verification panel.

The **Occupational Therapy** Service has developed outreach clinics in Norwich and Stowmarket to reduce the need for patients to travel long distances and provide care closer to home.

Our **Healthy Workplace Programme** has worked with 44 businesses across the Great Yarmouth and Waveney area, of which five are working toward the Staying Healthy at Work (DoH) or Healthy Ambitions Suffolk Health & Wellbeing Business Awards. During the summer of 2011 the programme carried out 304 blood pressure checks and 115 employees were either referred to their onsite occupational health department or advised to visit their GP. In further workplace health checks carried out in February and April 2012, 68 people with a BMI over 25 were advised to attend either weight management, exercise referral and/or healthy walks scheme. Smokers identified through the health checks are either referred or advised to see the Stop Smoking Service.

Workplace pedometer challenges have also taken place to encourage walking not only during work but also outside of work hours.

During 2011/12 our **Adult Physical Activity Service** developed Physical Activity Hubs, reducing travel time for clients to appointments and allowing them to exercise in an environment that can be custom-made, taking account of their individual conditions. Patients are now given the opportunity to opt out after four visits if they no longer wish to continue. This allows for the spaces to be filled by those ready to change, improving

"Since using the community hub I feel like a new person. The 'can do' attitude of the excellent instructors inspires me to improve myself, cheers guys!"

Physical Activity Hub user

patient experience and reducing the numbers of non-attenders. Since the development of Physical Activity Hubs, attendance on the scheme has risen from 48% to 78%. This is now one of the highest attendance rates of any scheme in the country. 92% of patients had a positive weight outcome.

"It highlighted how little we walk in the working day - I now know I have to make more of an effort to walk more on work days"
Employee, workplace check

"The care and attention I have been getting at Beccles Exercise Referral Hub has been outstanding. The professional experience and dedication of team all go to help me with the damage done after an illness. Happily my health and wellbeing is improving every week and I look forward to each session"

Physical Activity Hub user

PART 3: Review of Quality Achievements 2011/12

Review of Clinical Effectiveness 2011/12

ECCH Service Heads receive monthly notifications from the National Institute for Health and Clinical Excellence (NICE) about the latest guidance/best practice. The Central Alerting System (CAS) brings together the Chief Medical Officer's Public Health Link (PHL) and the Safety Alert Broadcast System (SABS). It enables alerts and urgent patient safety specific guidance to be accessed at any time and fed out to the relevant bodies. Since taking over responsibility for own CAS alerts on November 1st 2011, we have received 90 CAS alerts, 19 of which have been relevant and actioned by our services. 6 are still having their relevance assessed.

During the reporting period a new part-time Head Pharmacist has been appointed. All medicines management errors/incidents are monitored by the medicines management group.

Service Highlights

The **Nelson Medical Practice** achieved a fantastic score of 99.6% in the Quality and Outcomes Framework (QOF) in 2011-12. This forms part of the GP contract where practices are measured against a number of clinical and non-clinical indicators for general practice. Practices are rewarded financially for the quality of care provided in these areas. All staff at the Nelson Medical Practice support the QOF throughout the year and should be congratulated on this magnificent achievement through the quality of care they provide to their patients.

A particular strength of our **Children's and Families Services** (North Lowestoft Children's Centres at The Ark, Village Rise and Roman Hill) is the use made of adult education and training opportunities offered to improve staff skills. Close links have been developed with local registered child minders who access the centres' services on a regular weekly basis and also provide a childcare service to support parents attending courses. A range of different agencies located in the building have supported clinical effectiveness, including:

- Community nursery nurses are now co-located with the ECCH Health Visitors and Nursery Nurse team at Milton Road East which enables joint working and joint initiatives
- Children's Centre Nursery Nurses now receive clinical supervision from Health Visitors
- Well Baby clinics and developmental check services are now offered
- Information on all new births are now supplied by The Health Team to allow for early intervention needs to be identified
- A Speech and Language Therapist works closely with all three centres to ensure early referrals and consultation around a child's speech development and to help identify any underlying needs
- Speech and Language drop-in sessions have been introduced so parents can interact with their children in a structured environment allowing for early identification of any further needs



PART 3: Review of Quality Achievements 2011/12

ECCH's **Health Visiting Services** were appointed by the Strategic Health Authority (SHA) in March 2011 to be one of two initial Early Implementer Sites (EIS) to work with the Department of Health as part of the Call for Action (DH 2010). Being part of this flagship national project will enable us to build on existing best practice to ensure that we are able to deliver evidenced based care and demonstrate that early intervention and prevention are now the focus of our service delivery.

Working with colleagues from commissioning and NHS supply chain, our **Community Nursing** team now can order wound dressings and bandages online, with stocks held at district nursing bases and taken directly to patients' homes by the nurses. This new way of working ensures that dressings are in the right place at the right time.

Members of the **Podiatry** team have attended orthopaedic clinics to help divert patients away from unnecessary foot/ankle surgery, by suggesting podiatry or orthotics where surgery is not indicated. This has resulted in diverting more than 50% of patients referred to the clinic away from a surgical option.

During 2011-12 with number of GPs working with ECCH's **ME/ Chronic Fatigue Syndrome (CFS)** service has increased to five, enabling a greater than 100% increase in sessions provided compared to the previous year.

Speech & Language Therapy (Adults) introduced a new dysphasia support service in 2011, 'Comm Max', to maximise the communications skills of people with aphasia. It encourages clients to use total communication to get their message across using speech, gesture, facial expression, drawing and writing. There has been very positive feedback from patients.

In Prison Healthcare, **HMP Blundeston** has worked with its Writer in Residence to support prisoners to develop self-help leaflets for the management of mental health problems. It continues to use the in-cell television channel to promote positive healthcare, including an influenza campaign and self-examination for testicular pathology.

"What a wonderful therapy and support you and your team are providing stroke patients. In 16 years of healthcare communications, that was one of the best patient experiences I have ever seen"

Speech & Language Therapy (Adults)

ECCH's **Stop Smoking** Service has remained the No. 1 stop smoking service in the East of England and sits within the top 20 in the country. The service is on track to break through an elevated target with a projection of 2,273 quits for 2011/12.

PART 3: Review of Quality Achievements 2011/12

Delivering Quality

Education & Training

ECCH has been actively developing staff to prepare them for engagement in the quality improvement agenda. We offer employees the opportunity to undertake a two-year Foundation Degree in Health Studies, which equips them to apply for an Assistant Practitioner post.

Clinical skills study days help to drive quality in areas such as assessment of the deteriorating patient, clinical observations and tissue viability/pressure sores.

We also offer apprenticeships, continuing professional development in areas such as Dementia Care, Leg Ulcer Management, Healthcare Law and Ethics, and Advanced Injury Prevention & Management, and Leadership courses.

ELearning has helped increase ECCH's compliance with mandatory training. It allows staff to access training at a time and venue to suit them, which is especially useful to part-time staff and those who do not have access to a car. It is also available for courses such as End of Life Care and Sexual Health modules.

Staff Wellbeing

As a community interest company, owned by our employees, we value our staff's wellbeing very highly. In September and December 2011 the staff survey questionnaire was issued to all eligible employees. It coincided with ECCH's launch as a social enterprise and therefore it was a time of significant change.

Our basic sample size was 600 eligible staff and out of this 344 employees responded – a response rate of 58%, which is above average for social enterprises in England.

Staff were asked questions about their jobs, training and the services they provide.

- 71% said they felt satisfied with the quality of work and patient care they deliver
- 90% felt their role makes a difference to patients

In the spirit of openness approved by ECCH, the results of the staff survey have been published on the Care Quality Commission (CQC) website and shared with the Board, Executive and Joint Staff Forum. It has been agreed that 'The Hub' (ECCH's staff council) will review the results to agree an appropriate action plan.

The CQC will use the results from the survey to set national findings and inform patients and the public. The Department of Health also uses the results to inform commissioning, service improvement and performance measurement, and to review and inform NHS policies.



PART 3: Review of Quality Achievements 2011/12

Facilities

In 2011/12 ECCH's Beccles office was accredited as a training centre, allowing us to deliver more training (food hygiene, health and safety etc) cost-effectively to a broad range of staff, ultimately improving overall patient services.

We have also started a programme to fully deliver ECCH's facilities management services in-house, including cleaning, ground maintenance and gardening. Staff from these 'soft services' have been placed on NVQ courses, which will enhance our service delivery to patients and enhance the employees' personal development programmes (PDP).

We completed a full waste audit across our sites during 2011/12 and concluded a supplier due diligence visit at the clinical waste depot.

Patient Environment Action Team Audit (PEAT)

During this reporting period ECCH successfully conducted its first Patient Experience Assessment Team (PEAT) Audit. PEAT is an annual assessment of inpatient healthcare sites in England that have more than 10 beds. It is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

The report of the PEAT audit conducted on the 17th and 19th of January 2012 showed the four community hospitals to have a 'good' rating overall with some domains being rated as 'excellent'.

Quality Improvement Plans 2012/13

Our plans for the coming year include specific and measurable actions across our services to improve performance on patient safety, patient experience and clinical effectiveness.

Primary Care & Prevention Services (Nelson Medical Practice)

- Recruit two new GPs to support healthcare at Blundeston Prison
- Increase the number of GP reviews provided to our residential care home
- Expand the range of family planning services available to patients to include the Long Acting Reversible Contraception (Implanon) implants
- Improve the care offered to diabetic patients
- Reduce the number of secondary care referrals made for diabetic patients

ME/CFS

- Increase number of education sessions offered to GPs
- Continue work to ensure that referrers provide all required information, including blood test results, before referrals are made, to ensure accurate and efficient diagnosis and treatment of ME patients

Children's Services

(North Lowestoft Children's Centres (The Ark, Village Rise and Roman Hill))

- A dedicated member of staff to attend all initial child protection conferences
- Recruit additional members to the Combined Parents Group
- Recruit a parent representative to the advisory board
- Children's Centre manager to chair all Team Around the Child (TACs) meetings for 0-5s

Healthy Life Team

- To run the Fire Fighting Fit (14-17 year olds) programme with Suffolk Fire Service
- Family Nurse Partnership working with vulnerable young women to reduce maternal smoking levels.

Health Visiting

- Roll out the introduction of the Ages and Stages questionnaires to all professionals undertaking this review
- Deliver 70% of 2 – 2.5 year reviews by September 2012 and 100% by March 2013
- Increase client-facing time with the roll-out of mobile working solution
- Conduct a service evaluation with users
- Develop actions based on the feedback from the patient experience postcards



Quality Improvement Plans 2012/13

Health Improvement Services (obesity prevention schemes for children and young people)

- Meet the standards set by the Department of Education, the county council and national governing bodies (such as the FA and the Wright Foundation) for individual sports and activities

Speech & Language Therapy (Children)

- Hold listening events where we encourage our clients to tell us what we do well and what we could do better
- Produce a resource book for teachers
- Revise our written reports to make them simpler and more useful to parents
- Continue to develop information packs which will be available on the ECCH website
- Continue to carry out hand-washing audits

Adult Care Services: Community Nursing

- Take lead role within ECCH to meet the SHA ambition of the elimination of all avoidable grades 2, 3 and 4 pressure ulcers by December 2012
- Reorganise District Nursing Team into geographical areas to improve continuity of care
- Achieve 100% accuracy rate for records of care by year-end audit
- All qualified nursing staff to have received regular clinical supervision by year-end audit

Community Hospitals (Inpatient and Minor Injuries Services)

- Improve professional standards and pride in nursing.
- Community hospitals to maintain healthy budgetary control at year end
- Develop staff as individuals as well as for the good of the organisation
- Embrace ingenuity and innovation in the Social Enterprise and develop positive attitudes towards change
- Encourage staff to be more confident through increased competence and support
- Develop in-house tailored training to support learning needs

Falls Service

- Hold meetings with care home staff on falls and bone health, along with the Medicines Management team.
- Support the creation of a Fall Champion in each care home in the area
- Introduce an outpatient falls service
- Introduce exercise balance classes
- Introduce a new Assistant Practitioner post in the Community Orthopaedic Physiotherapy/Falls Prevention Service
- Offer the OTAGO Exercise Programme (a strength and balance exercise programme that has been shown to reduce falls in community dwelling older adults) to patients referred to the service

Quality Improvement Plans 2012/13

Podiatry

- Introduce a second practitioner clinic providing steroid injections
- Continue to use quarterly patient satisfaction survey
- Repeat the nail surgery pain audit
- Introduce team leaders into the service to ensure improved accountability and clinical supervision

Occupational Therapy

- Work to pilot the use of generic community patient record
- Develop electronic templates in readiness for mobile working
- Use feedback from annual survey to improve service to patients
- ECCH has now recruited a professional lead for OT and will work to develop this role to support the OT service, staff and the organisation

Speech & Language Therapy (Adults)

- Run a series of staff workshops to improve understanding of the psychological impact of communication difficulties
- Hold a succession planning event in September 2012 to help identify the future clinical leaders within our teams
- Run another Comm Max carers' group
- Hold listening events to encourage clients to tell us what we do well and what we could do better

Complaints & Patient Advice & Liaison Service (PALS)

Improving patient experience is a key aim for ECCH. By asking, monitoring, and acting upon patient feedback, we are able to make improvements in the areas that patients say matter most to them. The Business Unit Leads are developing an organisation-wide process to measure patient experience across all the services.

The ethos of the Patient Liaison Manager is to provide a totally patient-focused service to patients, including maintaining our PALS surgeries at HMP Blundeston. This includes:

- providing the new Patient Liaison poster to all sites and giving information to all staff on how patients and their families can contact the Patient Liaison Manager
- meeting the target of acknowledging all complaints within three working days and providing a full response within 30 working days
- providing a minimum of four refresher workshops for staff
- within 12 months to attend all team meetings to update staff on processes
- producing new Patient Liaison leaflets
- working alongside department heads to develop patient voice/experience and involvement



Quality Improvement Plans 2012/13

Infection Control

The Essential Steps to Safe, Clean Care (ESSCC) sets the framework for community based organisations to work towards a target of *no avoidable infections* with the ultimate aim to improve patient and service user safety. The Essential Steps underpin ECCH's key challenges in this area and is used to ensure the safety of patients/service users every time they receive treatment or care.

Specific members of staff have been tasked to ensure that the key elements of the ESSCC programme are understood and that the observational audits are implemented and action plans following audit are implemented. The team will also deliver infection control training to all staff in ECCH (see table)

Activity	Goal/Success Criteria	Plan for implementation and resource implications	When
Induction training	100% attendance within 3 months – before clinical work commences	Induction training events during the year	Throughout year
Clinical updates	100% uptake of annual infection control mandatory training	Infection prevention and control training will be delivered to ECCH via face-to-face sessions or on line alternate years only	Established and ongoing
Admin updates	100% uptake of three-yearly update	Online or face-to-face sessions	Throughout year Established and ongoing

We Welcome Your Views

We would very much value your comments on our Quality Account, and also to know what you would like us to focus on in the 2012/13 report. Please feel free to write to us at the address below.

Tracy Cannell
Managing Director
East Coast Community Healthcare
1 Common Lane North
Beccles
Suffolk
NR34 9BN



Appendix 1 Glossary of Terms

CLINICAL TRANSFORMATION BOARD (CTB)

This committee was set up in mid-2010 to bring together clinical and managerial partners from across the health system to focus on transforming our delivery of healthcare in response to the imperatives of quality improvement, patient safety and financial sustainability.

CQuIN

The Commissioning for Quality and Innovation (CQuIN) payment framework enables commissioners to reward excellence by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

LEAN

A new way of working which requires focusing on the customer experience and reduction of waste.

LINKs

Local Involvement Networks which represent the community.

LIVERPOOL CARE PATHWAY

The Liverpool Care Pathway for the Dying Patient (LCP) provides an evidence based framework for the delivery of appropriate care for dying patients and their relatives in a variety of care settings. It encourages a multi-professional approach to the delivery of care that focuses on the physical, psychological and spiritual comfort of patients and their relatives that has also been shown to empower generic staff in the delivery of care. End of Life care academic initiatives should be encouraged to bring research, educational and academic credibility to this area.

MID-STAFFORDSHIRE REVIEW

On 17 March 2009, the Healthcare Commission, the independent health regulator, published a highly critical report of the failings of emergency care provided by Mid-Staffordshire NHS Foundation Trust. Since then, the Government and the local NHS have had two priorities: first to ensure services at the trust improve as soon as possible to the level that patients and the public have a right to expect; and second to ensure the right lessons are learned both locally and nationally, so the events of Mid-Staffordshire cannot be repeated.

NATIONAL QUALITY BOARD

The National Quality Board (NQB) is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS.

Appendix 1 Glossary of Terms

NORCAS

A charity for helping people with addictions to alcohol, drugs or gambling to achieve their potential free from the problems caused by addictive behaviours.

NPSA

The National Patient Safety Agency.

OVERVIEW AND SCRUTINY is a function of local authorities in England and Wales. It was introduced by the Local Government Act 2000 which gives local authorities the power to scrutinise health services.

PALS

Patient Advice and Liaison Service.

PATIENT GROUP DIRECTIVES (PGDs)

Documents which make it legal for medicines to be given to groups of patients.

PAYMENT BY RESULTS (PbR) DATA ASSURANCE FRAMEWORK

Payment by Results (PbR) aims to support NHS modernisation by paying hospitals for the work they do, rewarding efficiency and quality through an audit reviewing the accuracy of clinical coding and other data.

QUALITY ACCOUNTS REGULATIONS 2009

High Quality Care for All (June 2008) set the vision for Quality to be at the heart of everything the NHS does, and defined quality as centred around three domains: patient safety, clinical effectiveness and patient experience. The document proposed that all providers of NHS healthcare services should produce a Quality Account: which is an annual report to the public about the quality of services delivered. The Health Act 2009 placed this requirement onto a statutory footing from April 2011. This account for 2009/10 is produced under the direction of the East of England Strategic Health Authority and should be viewed as part of our preparation for compliance in full next year. Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.

SWIFT PROGRAMME

The SWIFT fund (Strategic Workforce Investment Framework) was created to provide money for specific workforce changes that were needed to support the implementation of 'towards the best, together'.

VTE SCREENING

Venous thromboembolism screening aims to reduce the risk of sudden death by identifying those at risk of the condition and providing preventative treatment whilst in hospital.



Appendix 2 Services Provided by East Coast Community Healthcare CIC

East Coast Community Healthcare

From April 2011 to March 2012 East Coast Community Healthcare provided and/or sub-contracted 35 NHS services. ECCH has reviewed all the data available on the quality of care in all of these NHS services. The income generated by the NHS services reviewed during this period represents 100 per cent of the total income generated by the organisation.

Services provided in 2011/12 were:

Adult Care

- District Nursing (inc. Hospice at Home)
- Continence service (inc. Lower Urinary Tract Service from 1 April 2012)
- Admission Prevention Service and Falls service
- Inpatient services across four community hospitals
- Minor Injuries (MIU)
- Speech and Language Therapy
- Physiotherapy
- Neurology Nurse Specialist
- Occupational Therapy
- Podiatry
- Rayner Green Resource Centre
- Hospice at Home team
- Case management – community matrons
- ME/Chronic Fatigue Syndrome Services
- Chronic Obstructive Pulmonary Disease specialist nursing
- Continuing Care

Children's and Families Services

- Health Visiting
- School Nursing inc. HPV immunisation
- Family Nurse Partnership
- MEND – tackling obesity in children and young people
- HENRY – tackling obesity in younger children.
- Speech and Language Therapy for children
- Breastfeeding support team
- Sure Start Lowestoft
- Family Nurse Partnership Service
- Children and young people exercise promotion

Primary Care and Prevention

- Prison healthcare – HMP Blundeston
- Contraceptive and sexual health services (CaSH)
- Smoking cessation
- Sexual Health Promotion
- Nelson Medical Practice
- Physical Activity team
- Health Improvement
- Norfolk Healthy Schools Team
- TB Control Team



**Commentary from Norfolk Local Involvement Network (LINK)
Re: Quality Account 2011-2012 report of the
East Coast Healthcare Community CIC
(Community Interest Company)**

Norfolk LINK is pleased to read about the high degree of patient satisfaction recorded in the Account and would not dispute this.

To keep members of the public fully informed about community services it would be helpful to have sight of detailed data on serious incidents; and more information about waiting times for treatment after the first consultation.

We agree with the priorities identified for 2012-2013, particularly that of improving access to medication for prisoners at HMP Blundeston.

In a 2011 LINK prisons project, prisoners told us that they would like to have access to 'talking therapies' or a well-being service, similar to that which is currently available to service-users in the community. Our view is that a well-being service would be helpful to prisoner rehabilitation either alongside or as an alternative to medication. We hope that ECCH will work with the relevant Trusts (including the mental health Trust) to include this as a priority for 2012-2013.

We welcome ECCH's intention to improve communication with patients as we believe this is integral to providing excellent care; and hope that this extends to engaging or consulting with service-users prior to altering existing services.

Norfolk LINK looks forward to engaging more closely with the new East Coast Healthcare Community in the year ahead.

Norfolk LINK (Local Involvement Network)

23.6.12



June 22nd 2012

Your local involvement network – influencing health and social care services in Suffolk

ECCH Headquarters
1 Common Lane North
Beccles
Suffolk
NR34 9BN

Dear Tracy,

**Re:- East Coast Community Healthcare CIC
Review of Quality Accounts 2011-2012**

Suffolk Link thanks East Coast Community Healthcare CIC for this quality account which was submitted quite late as it was received by the LINK on the 8th of June 2012.

The document is quite readable and should be accessible to the general public. Data presented are clear and understandable.

The East Coast Community Healthcare CIC is presented as an organisation which holds quality at the centre of the services it offers to its population.

The organisation has a good compliance with regard to staff training. All the quality targets that they set themselves were realistic and were achieved.

The organisation is to be congratulated that it has maintained the focus on quality which characterised its predecessor organisation.

Suffolk Link looks forward with pleasure to closer working with East Coast Community Healthcare CIC in the coming year.

Yours sincerely

Marion Fairman-Smith

Chairman



Norfolk and Waveney

**Statement of Information Verification within the Quality Account submitted to NHS
Norfolk and Waveney by East Coast Community Healthcare June 2012**

NHS Norfolk & Waveney, as commissioner for the Trust working in partnership with HealthEast as the shadow CCG, are pleased to support East Coast Community Healthcare in its publication of a Quality Account for 2011/12.

East Coast Community Healthcare was launched on 1st October 2011 when the community services previously provided by NHS Great Yarmouth and Waveney were transferred into the new business. This is the first year that NHS Norfolk & Waveney and HealthEast has viewed a quality account from this provider. NHS Norfolk & Waveney looks forward to working with HealthEast to ensure that the services provided by East Coast Community Healthcare are of a high quality and assure patient safety.

We have reviewed the mandatory data elements required within this account utilising the limited data available to us and can confirm that it is consistent with that known to NHS Norfolk & Waveney and HealthEast. We are working together with East Coast Community Healthcare to improve the quality and range of the information available to support this scrutiny going forward and appreciate East Coast Community Healthcare's commitment to openness and swift agreement in this regard.

The NHS Norfolk & Waveney quality and safety team are looking forward to the commencement of monthly quality meetings for 2012/13 based upon the agreed quality metrics contained within the contract. These are vital in assuring the local population that the services contracted for are safe and of high quality and enable discussions to take place regarding new initiatives and challenges to be made to current thinking.

The quality goals identified for 2012/13 are relevant and are substantiated by involvement with the clinical quality and patient safety agenda via the Commissioning for Quality & Innovation payment framework (CQUIN). We look forward to the inclusion of an update on achievements in these areas in next year's Quality Account.

We look forward to working alongside East Coast Community Healthcare in achieving the aspirations outlined in this account.

Andrew Morgan
Chief Executive Officer
NHS Norfolk & Waveney

